

LONDON  
SCHOOL of  
HYGIENE  
& TROPICAL  
MEDICINE



LSHTM Research Online

Svensson, J; (2018) Young domestic workers: A qualitative study on the health and wellbeing of girls working in households in Delhi. PhD thesis, London School of Hygiene & Tropical Medicine. DOI: <https://doi.org/10.17037/PUBS.04648207>

Downloaded from: <https://researchonline.lshtm.ac.uk/id/eprint/4648207/>

DOI: <https://doi.org/10.17037/PUBS.04648207>

**Usage Guidelines:**

Please refer to usage guidelines at <https://researchonline.lshtm.ac.uk/policies.html> or alternatively contact [researchonline@lshtm.ac.uk](mailto:researchonline@lshtm.ac.uk).

Available under license. To note, 3rd party material is not necessarily covered under this license: <http://creativecommons.org/licenses/by-nc-nd/3.0/>

<https://researchonline.lshtm.ac.uk>

LONDON  
SCHOOL *of*  
HYGIENE  
& TROPICAL  
MEDICINE



Young domestic workers: A qualitative study on the health and  
wellbeing of girls working in households in Delhi

JENNY ANN ELISE SVENSSON

Thesis submitted in accordance with the requirements for the degree of  
Doctor of Philosophy

University of London  
AUGUST 2017

Department of Global Health and Development

Faculty of Public Health and Policy

LONDON SCHOOL OF HYGIENE & TROPICAL MEDICINE

Funded by Dr Tech. Marcus Wallenberg Foundation for Education in International  
Industrial Entrepreneurship, Sixten Gemzéus Foundation and Eva and Oscar Ahréns'  
Foundation

Research group affiliation: Gender Violence and Health Centre

'I Jenny Ann Elise Svensson, confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.'

(Word count 87,030 words excluding front page, table of contents, references and appendices)

## Abstract

India has among the highest number of working children and young people globally. While, precise figures on child domestic work (CDW) remain unknown, literature indicates middle- and upper-class households in urban India are increasingly seeking females, especially young girls, for domestic work. In 2011, CDW was identified as hazardous labour that poses serious health and safety risks. Yet, evidence on the health of CDWs is limited. This study aims to explore girls' lived experiences of domestic work, the social context of young female domestic work in Delhi and implications for girls' health and wellbeing. Data were collected from January to December 2015 in seven districts of New Delhi. Methods included: observations; group sessions; and in-depth interviews with 27 young female domestic workers aged 13-21. Nine interviews were conducted with young workers' parents and three with employers. Findings suggest that risk perceptions regarding CDW's health and wellbeing are low among parents, employers and the working girls themselves, despite various work hazards, for example ergonomic injuries from working in bent positions, which can lead to long-term disabilities, as described by working mothers. Work can also impede intellectual development because it interferes with school attendance. Girls were also at risk of harm because they received little training or support to address demanding physical and emotional tasks. Work also affected girls' menstrual health related to access to sanitary facilities and products. However, work simultaneously offered opportunities for girls, such as: mobility and autonomy; a new social role as breadwinner; and more gender equality in a patriarchal society. Nonetheless, findings indicate that the girls are not fully in charge of their own health and safety. Thus, girls' right to work in dignity and under healthy conditions should be recognised in Indian laws and regulations affecting the living and employment situations of young female domestic workers.

## Acknowledgements

I am truly thankful to all children and adults that took part in this study and shared their stories and lives with me. This study would not have been possible without their inputs, and I would not have a PhD without them. I will forever appreciate their contributions and their trust in me and this study. I am very grateful to Leena Kalla, whose relentless and accurate assistance throughout the fieldwork was pivotal for the realisation of this study. I am also thankful to Dr P.C Joshi for his supervision and important insights during the fieldwork.

Special thanks to my two supervisors, Dr Cathy Zimmerman and Dr Ana Maria Buller, for their impeccable support and guidance during the PhD journey. I am further very appreciative of Dr Jean Hunleth and Dr Janet Seeley, my two academic advisers, for their essential suggestions and knowledgeable feedbacks.

I warmly thank my funders, Dr Tech. Marcus Wallenberg Foundation for Education in International Industrial Entrepreneurship, Sixten Gemzéus Foundation and Eva and Oscar Åhréns' Foundation for the financial support during my PhD.

I also want to thank my generous family for their support and patience during this journey and for emphasising that the most important thing in life is to enjoy it even when one is doing a PhD. Also, special thanks to Rohan and the Mathew's family whose everlasting support and encouragement was helping me through to the other side. Thank you also to Nina for the ceaseless cheering and support during the PhD; to have you by my side makes life, including doing a PhD, much more enjoyable. I am also very grateful to Dr Linda Åhäll for the moral and intellectual support and the continual advice of how to survive a PhD.

Finally, my heartiest thanks to all my friends and colleagues at LSHTM (you know who you are!), with whom I shared the roller coaster ride of the PhD. We finally did it!

## Abbreviations

AIDS – Acquired Immunodeficiency Syndrome

BBA - Bachpan Bachao Andolan

CDW – Child Domestic Work

CDWs – Child Domestic Workers

CWC - Child Welfare Committee

DGKS – Delhi Gharelu Kamgar Sangathan

DU – University of Delhi

GDW – Girl Domestic Work

GDWs – Girl Domestic Workers

GOI – Government of India

HAQCRC – HAQ Centre for Child Rights

HIV – Human Immunodeficiency Virus

ILO - International Labour Organisation

IOM – International Organisation for Migration

IPEC – International Programme on the Elimination of Child Labour

JJA - The Juvenile Justice (Care and Protection of Children) Act, 2000

LSHTM – London School of Hygiene and Tropical Medicine

MDGs - Millennium Development Goals

NCESSRH – National Committee for Ethics in Social Science Research in Health

NCR – National Capital Region of Delhi

NCT – National Capital Territory of Delhi

NDWM - National Domestic Workers Movement

NGO – Non-governmental Organisation

NPDW - National Platform for Domestic Workers

NSDA – National Skill Development Agency

NMPS – Nirman Mazdoor Panchayat

PR - Participatory Research

RA – Research Assistant

RPL - Recognition of Prior Learning

RSBY – Rashtriya Swasthya Bima Yojana

SC - Scheduled Caste

SEWA – Self-Employed Women’s Association

ST - Scheduled Tribe

UCL – University City of London

UN – The United Nations

UNCRC – United Nations Convention on the Rights of the Child

UNESCO – United Nations Educational, Scientific and Cultural Organisation

UNICEF – United Nations Children’s Fund

UNJPHT – United Nations Joint Programme on Human Trafficking

UNODC - United Nations Office on Drugs and Crime

WHO – World Health Organisation

YP – Young Participant

# Table of Contents

<b>ABSTRACT</b> .....	<b>3</b>
<b>ACKNOWLEDGEMENTS</b> .....	<b>4</b>
<b>ABBREVIATIONS</b> .....	<b>5</b>
<b>TABLE OF CONTENTS</b> .....	<b>7</b>
<b>LIST OF TABLES</b> .....	<b>11</b>
<b>LIST OF FIGURES</b> .....	<b>11</b>
<b>LIST OF PICTURES</b> .....	<b>12</b>
<b>CHAPTER 1: INTRODUCTION</b> .....	<b>13</b>
1. WHY STUDY YOUNG FEMALE DOMESTIC WORK, HEALTH AND WELLBEING IN DELHI? .....	13
2. AIM AND RESEARCH QUESTIONS.....	15
3. KEY TERMINOLOGY.....	16
4. THESIS OUTLINE.....	20
<b>CHAPTER 2: BACKGROUND</b> .....	<b>22</b>
1. CHILD LABOUR OR WORKING CHILDREN?.....	22
1.2 <i>Numbers of working children globally and in India</i> .....	26
2. LEARNING FROM THE PAST: ADULT DOMESTIC WORK, GLOBALLY AND IN INDIA .....	27
3. CHILD DOMESTIC WORK IN INDIA .....	29
3.1 <i>Child domestic work and gender in India</i> .....	32
3.1.1 <i>Placing child domestic work in the Indian legal, economic and political context</i> .	
.....	33
3.1.2 Legal context.....	33
3.1.3 Politicisation of child domestic work .....	36
4. HEALTH, WELLBEING AND CHILD DOMESTIC WORK .....	39
4.1 <i>Impacts on the health and wellbeing of child domestic work</i> .....	40
4.1.1 Occupational hazards.....	41
4.1.2 Risk of abuse .....	42
4.2 <i>Beneficial and harmful implications of child domestic work</i> .....	43
<b>CHAPTER 3: THEORETICAL APPROACHES AND CONCEPTUAL FRAMEWORK</b> .....	<b>46</b>
1. CONCEPTS AND THEORIES .....	46
1.1 <i>Subjective health</i> .....	47
1.2 <i>Subjective wellbeing</i> .....	48
1.3 <i>Childhood lens: The Social Studies of Childhood</i> .....	50
1.3.1 Working children as economic and social actors in relation to health and wellbeing	53
1.4 <i>Gender as a social construct</i> .....	57
1.4.1 Applying a gender lens in young female domestic work .....	60
2. CRITICAL ACCOUNT OF THE APPLIED THEORETICAL APPROACHES .....	60
3. CONCEPTUAL FRAMEWORK .....	62
<b>CHAPTER 4: METHODS</b> .....	<b>65</b>
1. STUDY SETTING .....	65
1.1 <i>Data collection sites</i> .....	67
2. RESEARCH DESIGN.....	69
2.1 <i>Methodology</i> .....	70
2.1.1 Participatory research.....	70
2.1.2 Critical ethnography.....	72
3. FIELDWORK PROCESS.....	75
3.1 <i>Preparation for fieldwork</i> .....	75
3.2 <i>First fieldwork visit</i> .....	76
3.3 <i>Second fieldwork visit</i> .....	77
3.4 <i>Third fieldwork visit</i> .....	77

3.5	<i>Fourth fieldwork visit</i> .....	78
4.	COLLABORATING ORGANISATIONS.....	78
4.1	<i>Research team</i> .....	80
4.2	<i>Research assistant</i> .....	80
5.	DATA COLLECTION METHODS.....	81
5.1	<i>Field observations</i> .....	82
5.2	<i>Key meetings</i> .....	82
5.3	<i>Pilot group sessions</i> .....	83
5.4	<i>Group sessions with young participants</i> .....	84
5.5	<i>In-depth interviews</i> .....	86
5.5.1	Interviews with young participants.....	87
5.5.2	Interviews with parents.....	89
5.5.3	Interviews with employers.....	90
6.	SELECTION AND RECRUITMENT OF PARTICIPANTS.....	91
7.	TRANSLATION AND TRANSCRIPTION.....	93
8.	DATA ANALYSIS.....	94
8.1	<i>Data management</i> .....	94
8.2	<i>Analysis of data</i> .....	95
8.3	<i>Interpretation and selection of quotes</i> .....	97
9.	REFLEXIVITY AND EPISTEMOLOGICAL POSITION.....	98
9.1	<i>My stay in Delhi</i> .....	102
10.	ETHICAL CONSIDERATIONS.....	103
11.	LIMITATIONS OF THE STUDY DESIGN.....	108
<b>CHAPTER 5: UNDERSTANDING THE MEANINGS OF ‘CHILDHOOD,’ ‘CHILD DOMESTIC WORK,’ ‘HEALTH’ AND ‘WELLBEING’</b> .....		<b>113</b>
1.	WHAT IS A CHILD?.....	113
1.1	<i>Defining ‘child’ and ‘childhood’</i> .....	114
1.1.1	‘Inbetweenness’.....	114
1.1.2	Responsibility and parental love.....	115
1.1.3	Cognitive ability.....	116
1.2	<i>Transition from childhood to adulthood</i> .....	118
2.	PERCEPTIONS OF CHILD DOMESTIC WORK.....	121
2.1	<i>‘Domestic work is whatever you want them to do’</i> .....	121
2.2	<i>Child domestic work – not just one type of work</i> .....	123
2.3	<i>Defining factors of domestic work: payment and spatial location</i> .....	126
3.	GIRLS’ UNDERSTANDING OF SUBJECTIVE HEALTH.....	126
3.1	<i>Elements contributing to good health</i> .....	128
3.2	<i>Descriptions of ill health</i> .....	130
3.3	<i>Measures to maintain good health</i> .....	131
4.	GIRLS’ UNDERSTANDING OF SUBJECTIVE WELLBEING.....	131
4.1	<i>Family</i> .....	132
4.2	<i>Leisure time</i> .....	134
4.3	<i>Education and personal development</i> .....	134
4.4	<i>Autonomy</i> .....	135
4.5	<i>Work</i> .....	135
4.6	<i>Overall good health</i> .....	136
4.7	<i>Financial resources</i> .....	137
5.	CHAPTER DISCUSSION.....	138
<b>CHAPTER 6: DOMESTIC WORK, HEALTH AND SAFETY: YOUNG FEMALE WORKERS’ PERSPECTIVE</b> .....		<b>141</b>
1.	COMMON CONCERNS: HARM AND BENEFITS OF YOUNG FEMALE DOMESTIC WORK.....	141
1.1	<i>Food and water</i> .....	143
1.2	<i>Body aches and injuries</i> .....	147
1.2.1	Age related aches.....	151
1.2.2	Bodily benefits from work.....	153
1.3	<i>Allergies</i> .....	153

1.4	<i>Abuses including verbal, physical and sexual</i> .....	154
1.4.1	Verbal abuse.....	154
1.4.2	Physical abuse.....	155
1.4.3	Sexual abuse.....	158
1.5	<i>Menstrual health</i> .....	160
2.	WORK CONDITIONS AND HEALTH.....	162
3.	CHAPTER DISCUSSION.....	165
<b>CHAPTER 7: YOUNG FEMALE DOMESTIC WORK AND WELLBEING: CIRCUMSTANCES AND PERSONAL STRATEGIES .....</b>		<b>168</b>
1.	OPPORTUNITIES AND OBSTACLES TO WELLBEING AT WORK.....	168
1.1	<i>Decision-making</i> .....	169
1.2	<i>Employer and employee relationships</i> .....	174
1.3	<i>Domestic work and training</i> .....	177
1.4	<i>Stigma and social value of domestic work</i> .....	181
1.5	<i>Gendered tasks</i> .....	184
1.6	<i>Work effort in relation to monetary reward</i> .....	185
1.7	<i>Social support networks</i> .....	187
2.	COPING STRATEGIES: AGENCY AND ADVERSITIES AT WORK.....	189
2.1	<i>Working carefully</i> .....	189
2.2	<i>Keeping distance</i> .....	190
3.	CHAPTER DISCUSSION.....	193
<b>CHAPTER 8: DISCUSSION.....</b>		<b>195</b>
1.	MY LEARNING THROUGH THE RESEARCH STUDY.....	195
2.	ANALYSIS OF FINDINGS.....	198
2.1	<i>Childhood: "More" or "less" of a child</i> .....	198
2.1.1	Constructs of childhood.....	198
2.1.2	Work and Childhood.....	200
2.1.3	Work versus schooling with the consequences of stigma attached to child work ..	201
2.2	<i>Gender: The framework of girlhood</i> .....	203
2.2.1	Gendered expectations.....	204
2.2.2	Doing gender as a pathway into domestic work.....	205
2.2.3	Structural and individual aspect of gendered constraints.....	206
2.3	<i>Agency</i> .....	208
2.3.1	The interdependent relationship between the young person and adults.....	209
2.3.2	Closeness and distance.....	210
2.3.3	Power relations and wellbeing.....	213
2.4	<i>Work status and its implications for young female domestic workers' health and wellbeing</i> .....	214
2.4.1	Fluidity of domestic work.....	215
2.4.2	The servant or the worker.....	215
2.4.3	Vulnerabilities and work status.....	217
2.5	<i>What role does domestic work play for girls' health and wellbeing?</i> .....	218
2.6	<i>Theoretical framework</i> .....	221
3.	CONSIDERATIONS FOR METHODS.....	222
4.	POLICY AND PROGRAMMING.....	224
5.	FUTURE RESEARCH.....	225
<b>CHAPTER 9: CONCLUSIONS .....</b>		<b>227</b>
1.	KEY MESSAGE AND IMPLICATIONS FOR FUTURE RESPONSES.....	227
<b>REFERENCES .....</b>		<b>230</b>
<b>APPENDICES.....</b>		<b>244</b>
	<i>Appendix I: Key definitions of child domestic work</i> .....	244
	<i>Appendix II: List of interactions with actors</i> .....	245
	<i>Appendix III: Outline of the training in qualitative research methods</i> .....	246
	<i>Appendix IV: Outline of the guiding document for the interactive group sessions with young participants</i> .....	247

<i>Appendix V: Cards for the interactive group sessions with young participants</i> .....	248
<i>Appendix VI: Overview of young participants included in the individual interviews</i> ....	249
<i>Appendix VII: Topic guide for individual interviews with young participants</i> .....	251
<i>Appendix VIII: Topic guide for individual interviews with parents</i> .....	254
<i>Appendix IX: Topic guide for individual interviews with employers</i> .....	257
<i>Appendix X: Transcribing guidelines</i> .....	260
<i>Appendix XI: Ethics approvals</i> .....	262
<i>Appendix XII: Information sheets and consent forms</i> .....	264
Information sheet for parents and employers.....	264
Information sheet for caregivers of young participants .....	266
Information sheet for young participants.....	268
Consent form for caregivers of young participants .....	270
Assent form for young participants below the age of 18 .....	272
Consent form for young participants aged 18 to 21 .....	274
Consent form for employers .....	276
Consent form for parents.....	277
<i>Appendix XIII: Plan of action</i> .....	278

## List of Tables

Table 1: Overview of applied methods in relation to the research questions...p.69

Table 2: List of collaborating organisations...p.79

Table 3: Overview of the participants included in the pilot group sessions...p.83

Table 4: Age span of young participants included in the in-depth interviews...p.87

Table 5: Type of data...p.94

Table 6: Example of the spreadsheet to organise the data...p.96

Table 7: Young participants' perceptions and terminology used to indicate 'good health' in young people...p.128

Table 8: Factors constituting subjective wellbeing...p.132

Table 9: Main health concerns for young female domestic workers...p.142

Table 10: Body aches linked with injuries and work tasks...p.148

Table 11: Influencing factors to young female domestic workers' wellbeing at work...p.169

Table 12: Circumstances and personal strategies for young female domestic workers' wellbeing at work...p.193

## List of Figures

Figure 1: Conceptual framework of child domestic workers' health and wellbeing...p.63

Figure 2: District map of the National Capital Territory of Delhi...p.65

Figure 3: Map of the data collection sites...p.68

Figure 4: Time line of the fieldwork process...p.75

Figure 5: Flow chart of the data analysis process...p.97

Figure 6: The continuum of childhood...p.199

Figure 7: The framework of girlhood...p.204

Figure 8: The role of domestic work in relation to girls' health and wellbeing...p. 219

Figure 9: Theoretical framework...p. 222

## List of Pictures

Picture 1: Rally for informal work sectors, Jantar Mantar...p.78

Picture 2: Body maps from Group Session One and Two...p.143

Picture 3: Indian floor brooms...p.150

## Chapter 1: Introduction

### 1. Why study young female domestic work, health and wellbeing in Delhi?

My interest in domestic work developed over time through my various encounters with the topic. For example, during my previous work with an international organisation which involved, among other things, working with people who had been trafficked to Europe, I learned that many of the trafficking survivors had been promised domestic work. The survivors came to Europe with the intention to work as domestic workers but were lured into, for example, forced commercial sexual exploitation or a combination of the two. Working with people who had been trafficked gave me insights into the involuntary and exploitative side of domestic work. On the other end of the spectrum, in 2012 when I was writing an online article about adult domestic work I learned about how domestic workers globally organise themselves to gain legal coverage and protection under national laws and policies in order to claim equal occupational rights like in any other profession. I was particularly intrigued to learn that young domestic workers in parts of Latin America have been successful in organising themselves and voicing their needs. This piqued my interest to learn more about decision-making around 'child labour' as well as push and pull factors affecting work for young people. I also became interested in the impact of structural acknowledgment and the benefits of formal work sectors compared with workers in the informal sectors.

The decision to focus my doctoral thesis on young female domestic work is based on an interest in learning more about an often-hidden work force, neglected by policies and legal frameworks, traditionally understood as women's work. My interest in the topic may be linked with my own background of having grown up in Sweden, a country with an egalitarian society and strong welfare system. The foundation of Swedish society is the idea of equal opportunities and rights irrespective of wealth or power; thus, to have equal opportunities in life is my starting point and motivation for this research. I believe it is every person's right to be treated with respect, and I do not believe in social hierarchies and divisions based on wealth or social status. I therefore embarked on this study topic with the fundamental understanding that domestic workers, above the minimum legal age, have the right to work under decent conditions.

The specific topic and target group of my study are based on a larger research programme *Work in Freedom*, which aims to prevent forced labour within the textile industry and the

domestic work sector in Bangladesh, India and Nepal; however, my research was implemented independently. In addition to the link of my study with the *Work in Freedom* study, the specific focus on India is further based on figures presented by the International Labour Organisation (ILO) indicating that India has the highest numbers of child labour globally (ILO-IPEC, 2013b). The rationale for conducting the study in Delhi was a result of the initial pre-fieldwork mapping activity, as described in Section 3.1, Chapter 4, as most of the relevant actors are located in Delhi.

The Indian Government explains that the high number of child labourers in India can be ascribed to widespread poverty and illiteracy (Ministry of Labour and Employment, 2017). However, according to the ILO, the Government of India (GOI) has ever since India's independence in 1947, supported efforts to decrease the prevalence of child labour in India as per the ILO's mission to eradicate all child labour globally (ILO, 2010). In other words, child labour is a highly political topic in India, as well as globally, and the politicisation of the concept is important to recognise as it further influences the scholarly discussions on child labour by either agreeing with the stance of the ILO or arguing against it. I discuss this further in Chapter 2 (Section 1: Child labour or working children?).

*'The biggest challenge in the work with improvements for domestic workers is that every legislator and official who will ensure the laws is an employer. They are not neutral. Why would they implement the laws and regulations when this will impact on their own situations? People need to realise that because of the help of domestic workers, they have been able to pursue their own careers. What the employers have been able to earn is because of the assistance of the domestic workers. It all comes down to valuing the work of the domestic worker and acknowledging that their own success is possible due to the work of someone else in their homes.'*

*Source: Interview with Mr Subhash Bhatnagar, Legal Advisor, Nirmala Niketan, October 2015*

As illustrated in the above narrative, domestic work, in general, and child domestic work (CDW) in particular, is a controversial topic as India has a long tradition of having domestic "servants," serving the needs of privileged households (L. Kasturi, 2004). In this respect, domestic "service" in India may be socially perceived as part of the Indian tradition, which complicates the way in which the employers are treating domestic workers. Furthermore, due to, among others, high unemployment rates, particularly among individuals aged 15 to 29 (K. Kasturi, 2015) and increased demands of domestic service among the growing middle classes in urban India, millions of young females in India, seek employment in domestic work in cities like Delhi (Mohapatra, 2012). However, domestic work operates as an informal

labour sector and is therefore not legally recognised as a proper type of work (Mohapatra, 2012). Thus, domestic work remains unregulated, leaving workers, especially young workers, poorly paid, isolated and exposed to multiple health hazards.

*'If the workers are not healthy, how can they work? Domestic workers' least priority is their own health. They will put their family members first; thus, they will take a pill and go to work. If the domestic workers cannot go to work, they will send someone from their family to cover for them. This is necessary, as if they do not show up, they will lose their job.'*

*Source: Interview with Mr Ramendra Kumar, President of Delhi Gharelu Kamgar Sangathan, October 2015*

As emphasised in the above account, to be healthy is a necessity for young and adult domestic workers to be able to perform their work and earn a livelihood. In 2011, the ILO identified child domestic work as hazardous work that poses serious health risks (ILO-IPEC, 2011). However, as indicated by the scarcity of peer-reviewed literature on the health and wellbeing of child domestic workers (CWDs), this topic is an area that has received little attention from the health research community. Similarly, the international development community has paid little attention to the health risks and medical needs of young female domestic workers. There is further limited information on the role of social and contextual factors influencing the health and wellbeing of child domestic workers, despite emerging evidence indicating that the conditions of child workers may be influenced by how societies perceive and value childhood, work and education (Fassa, Parker, & Scanlon, 2010). Moreover, the experiences and perspectives of young people engaged in work have been under-represented in the literature of working children (Liebel, 2004; Woodhead, 1999a). In response to this evidence gap, this study aims to contribute to the literature on the increasing population of young females engaged in domestic work in Delhi by providing insights on the overlooked health and wellbeing of this population. To do so, the overarching question of this study is: what is the role that domestic work plays in young working girls' lives and the implications therein for the girls' health and wellbeing? To address this question, this study has developed the following aim and research questions, as described in the following section.

## 2. Aim and research questions

The aim of this study is to explore girls' lived experiences of domestic work, the social context of young female domestic work in Delhi and the implications therein for the girls' health and wellbeing.

The specific research questions are:

1. How do young female domestic workers, their parents and their employers understand childhood, child domestic work, health and wellbeing and the social contexts ascribed to these concepts?
2. What is the role of gender in the experience of domestic work and how do young female domestic workers perceive the ways that domestic work influences their health and safety?
3. How do the various work circumstances influence the wellbeing of young female domestic workers and how do the working girls actively shape their wellbeing in relation to their work?

### 3. Key terminology

The purpose of this study is to bring forward the study participants' views and opinions. Therefore, I have tried to use the participants' own terminology while writing this thesis, instead of using labels and concepts commonly applied in childhood studies and for working children (see Chapter 8: Discussion for a detailed discussion). Thus, this study concentrates on the context, local meanings and understandings, rather than on providing generalisations. To bring the participants' own terminologies and conceptualisations to the forefront, I must make my understanding of the main concepts explicit. I provide an in-depth reflexive account of how my own lenses have influenced my epistemological framing in Chapter 4 (see Section 9: Reflexivity and epistemological position); thus, the intention of this section is to provide an outline regarding the writing of this study and the differences in defining the central concepts in the literature.

In this section, I start with presenting how the literature and policy documents define child domestic work. I provide a brief outline of why I am using the term Minority and Majority Worlds including the meaning of these terms. I further define my understanding of context, lived experiences and culture.

#### **Child domestic work**

Domestic work, in general, has multiple synonyms. In the literature, domestic work and domestic workers are referred to as: domestic service, domestic help, maids, servants, household workers, domestics, etc. In the literature on child domestic work, evidence shows

that the children themselves prefer to be called 'household workers' and not 'domestics' (Black, 1997, p. 19). Similarly, the literature on adult domestic work has shown that the workers prefer to be called 'domestic workers,' with emphasis on workers and not 'helpers,' 'maids' or 'servants' (Meyiwa, 2012, p. 54). Black (1997) and Meyiwa (2012) both concludes that the terminology around domestic work is important in fostering self-worth and recognition of the workers.

In 2016, the National Platform of Domestic Workers (NPDW) in India presented the latest draft of the 'Domestic Workers Regulation of Work and Social Security Bill, 2016' as an attempt to have an inclusive regulation framework in India for the growing sector of domestic workers (see Chapter 2, Section 3: Child domestic work in India for more details). In this bill, the definition of a domestic worker is based on the ILO Convention 189, Article 1, which defines a domestic worker as 'any person engaged in domestic work within the employment relationship'(ILO, 2011, Article 1). Domestic work is further defined in the ILO Convention 189, Article 1, as 'work performed in a household or households' (ILO, 2011, Article 1).

The Domestic Workers Bill (2016) also details the different types of workers, including 'full-time worker,' 'live-in-worker,' and 'part-time worker' (National Platform for Domestic Workers, 2016, p. 3). A full-time worker is defined as 'a person who is employed as a domestic worker in a single household for working hours as specified in the section for regulation of the working conditions' (National Platform for Domestic Workers, 2016, p. 3). A live-in worker 'means a person employed as domestic worker who lives in the employers' premises' (National Platform for Domestic Workers, 2016, p. 3). A part-time worker 'means a person who is employed as a domestic worker for less than prescribed daily working hours of that of a full-time worker, whether employed in single or multiple households' (National Platform for Domestic Workers, 2016, p. 3). Throughout this study, I will refer to the young workers by using these different types of work statuses.

Child domestic work is characterised by work being done in the private sphere of the employing household, which may belong to a person related or unrelated to the young worker (Black, 1997). The tasks include everything the employer may ask and have the need for, such as different domestic chores, caring for elderly and children of the household, running errands, helping out with businesses, gardening and collecting water, among other things (ILO-IPEC, 2004). The work may be paid, unpaid or receive in-kind compensation such as food, education or accommodation (ILO-IPEC, 2004). The tasks, terms and conditions

associated with child domestic work vary across countries and contexts. Therefore, it is difficult to arrive at one single working definition of CDW without excluding possible situations of child workers.

The variation of definitions used by key international actors (see [Appendix I: Key definitions of child domestic work](#)) demonstrates the difficulty in identifying what counts as child domestic work. The lack of a homogenous definition may impede statistical visibility as well as societal acknowledgement of working children (Fassa et al., 2010).

According to Camfield et al. the definition of the term 'child' involves 'lived experiences' as well as a 'constructed status' which may bring limitations or benefits depending on the context and situation of the child (Camfield, Woodhead, & Streuli, 2009, p. 75). Lived experiences mean people's interpretations and meaning-makings of everyday events and situations (Atkinson, Coffey, Delamont, Lofland, & Lofland, 2007). Constructed status is the status ascribed to a child in a context, often in comparison to adults or older peers, as, for example, a lesser version of adults. Status is also linked with beliefs around roles, such as the belief that a child's role is different from the roles of adults. I discuss this further in Chapter 3, Section 1.3: Childhood lens: The Social Studies of Childhood.

Furthermore, the term 'child' complicates the creation of a standard definition of child domestic work, as the view of who counts as a child is regarded differently around the world (Woodhead, 2006). For example, in India, the Indian child labour law defines a child as an individual below the age of 14. Recently, the term adolescent<sup>1</sup> has also been added, which is defined as an individual between the age of 14 and 18 (Ministry of Law & Justice, 2016). The legal minimum working age in India is 14 years (Ministry of Labour and Employment, 2013). However, the United Nations Convention of the Rights of the Child (UNCRC), Article 1, defines a child as 'every human being below the age of 18 years unless under the law applicable to the child, majority is attained earlier' (UNICEF, 1989, Article 1). Thus, both the Indian definition of a child as well as the legal minimum working age in India contradicts the UNCRC definition of a child as any person under the age of 18. This disparity between the international and Indian definitions of a child highlights how understandings of the term 'child' and the concept of 'childhood' vary.

---

<sup>1</sup> Adolescent is a new concept in India; it was included in the Child Labour Act in 2006 (ILO, 2015).

To avoid potential exclusion of participants due to narrow definitions, child domestic work for this study is defined as ‘young females aged 13 to 21 who work/has worked in a household other than their own to “take care of a child” or “clean the house” and any other duties under the umbrella of domestic work, either paid or unpaid.’ In Chapter 4, Section 6: Selection and recruitment of participants I discuss the reasoning behind the age criteria, in more detail. This study does not include children or young females who are engaged in domestic work in their ‘own’ homes, as this is considered beyond the scope of this research. Moreover, the phrase ‘child domestic work’ in this study refers to the topic as an established subject area, while acknowledging that since this study includes participants aged 13 to 21, ‘young females’ or ‘girls’ may better reflect the wide age span. Therefore, when referring to the young workers, I use ‘girl domestic worker’ (GDW), ‘young female domestic workers,’ ‘young participants’ or ‘young workers.’

I form my understanding of child domestic work as outlined above, which was my initial lens in the contact with the study context. However, in Chapter 5, I present the study participants’ understandings of child domestic work and provide a wider contextual discussion around this.

### **Minority World and Majority World**

Minority and Majority World are commonly used terms in the literature of childhood studies (see for example Punch & Tisdall, 2012). The term Majority World is used to illustrate that most of the world’s population lives in areas commonly called ‘the third world’ or ‘the Global South’ (Punch & Tisdall, 2012, p. 1). Minority World is used to illustrate that fewer people of the world live in areas commonly referred to as ‘the first world’ or ‘the Global North’ (Punch & Tisdall, 2012, p. 1). I use the terms Minority and Majority World as I consider these more neutral terms as these does not imply a system of ordering or ranking countries, as the first world versus the third world does. Instead, the terms Minority and Majority World refer to statistical figures of the world’s population.

### **Context**

For this study, context includes the definition suggested by Eriksen (2004): ‘Context refers to the fact that every phenomenon must be understood with a view to its dynamic relationship to other phenomena. No forms of belief, technologies, marriage systems or economic practices (to mention a few examples) have any meaning whatsoever unless they are understood in a wider context’ (P. 40). In this respect, context for this study includes the

broader political, economic, cultural and social setting surrounding the study participant. I also acknowledge that context is time and location specific.

### **Lived experiences**

Lived experiences, for this study, refers to the study participants' own first-hand experiences and meaning-makings of their situations and everyday events (Atkinson et al., 2007), that are related to their health, wellbeing and work.

### **Culture**

The understanding of culture, for this study, is based on Geertz definition of culture as 'an historically transmitted pattern of meanings embodied in symbols, a system of inherited conceptions expressed in symbolic forms by means of which men communicate, perpetuate, and develop their knowledge about and their attitudes toward life' (Geertz, 1993, p. 89). I acknowledge that India is a diversified country with multiple cultures, customs, traditions, religions, etc.; therefore, it is with reservation that I apply 'culture' in the context of India as there is not just one Indian culture, rather cultures.

## **4. Thesis outline**

This thesis consists of nine chapters. The first chapter introduces the study by providing a brief rationale for the study. It further presents the aim and research questions, followed by central concepts and terminology.

Chapter 2 provides a review of relevant literature on childhood studies, child work, child domestic work, including implications of CDWs' health and wellbeing. This chapter further provides a review of the economic and political context around child domestic work in India.

Chapter 3 presents an overview of the theoretical approaches and the conceptual framework, based on the literature review, which I have applied for this research. This chapter further introduces a critical account of the limitations of the applied framework.

Chapter 4 describes the research methods including the study setting, research design, the fieldwork process, data collection methods and analysis process. This chapter also provides a reflexive account of the role of the researcher, ethical considerations as well as limitations of the study.

Chapter 5 is the first results chapter in which I address the first research question of this study. This chapter discusses local meanings and understandings of the central concepts of the study involving childhood, child domestic work, health and wellbeing. The results of this chapter form the foundation of the two following results chapters.

Chapter 6 addresses the second research question of this study. In this chapter, I discuss the girls' lived experiences and apprehensions of health concerning their household work.

Chapter 7 addresses the third and final research question of this study. This chapter focuses on how the study participants perceive that their work circumstances influence their wellbeing at work.

Chapter 8 discusses lessons learned and knowledge gained from the findings of this study. This chapter includes methodological lessons, policy implications, recommendations for programming and services as well as future research priorities around young female domestic work in Delhi.

Chapter 9 presents the conclusions of this study and offers implications for future scholarly and structural responses in areas that affect young female domestic workers in Delhi.

## Chapter 2: Background

This chapter commences with disentangling the concepts of ‘child labour’ and ‘working children’ and discusses the relevance of these two concepts for the present study. Thereafter, this chapter situates child domestic work within broader historical, political, legal and economic contexts in India. Lastly, I present reported health implications for young female domestic workers, both globally and locally in India.

### 1. Child labour or working children?

The aim of this section is to unravel the legal and political contexts associated with the two terms ‘child labour’ and ‘working children’ and to discuss their relevance for the aim of the present study concerning young female domestic workers’ health and wellbeing.

Working children have been on the international political agenda since 1860 when the International Workers’ Congress first created an international campaign to combat child labour (Heymann & McNeill, 2013). Since then, various conventions have been introduced that aim to protect children from violations of their fundamental human rights. The dominant discourse on child labour is highly influenced by international conventions and standards; an important convention is the ILO Convention of Minimum Work Age (No. 138), which was adopted in 1973 (ILO, 1973). According to the ILO Convention No. 138 Article 2, the recommended minimum working ages for children are 15 years for general work, and 18 years for heavy work (ILO, 1973). The ILO Convention No. 138 has not been ratified by India.

Another important international commitment that influences the global child labour agenda is the UNCRC, founded in 1989. The UNCRC was the first international standard that had an inclusive focus on children’s health and wellbeing (Hesketh, Gamlin, & Woodhead, 2006). For example, Article 32 of the UNCRC stresses that ‘States Parties shall recognise the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child’s education, or to be harmful to the child’s health or physical, mental, spiritual, moral or social development’ (UNICEF, 1989, Article 32). India ratified the UNCRC in 1992, though with the reservation ‘to take measures to progressively implement the provisions of article 32’ (United Nations, 2014). Concerning child domestic work, Black claims that the UNCRC is the first international recognition of children’s work in people’s households as actual work (Black, 1997). This created an important change to policy wherein the employing household was no longer regarded as a parental substitute, but as an employer (Black, 1997).

In 1999, ten years after the adoption of the UNCRC, the ILO implemented Convention No. 182 on the Worst Forms of Child Labour (ILO, 1999). Convention No. 182 outlines three different definitions of working children. The details of these definitions are important to specify as ILO's mission and statistics are based on these definitions. The most general term is 'children in employment,' which refers to all children engaged in paid work of minimum one hour per week (ILO-IPEC, 2013b). The next term is 'child labour,' which is a narrower definition of children in employment (ILO-IPEC, 2013b). According to the ILO, child labour involves children below 15 years of age (14 may be justified depending on the country) (in line with ILO's Convention on the Minimum Age) and refers to work that 'deprives children of their childhood, their potential and their dignity, and that is harmful to physical and mental development' (ILO-IPEC, 2017b). A subset of child labour is 'children in hazardous work,' which accounts for all children below 18 years old involved in work under hazardous conditions 'which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety or morals of children' (ILO-IPEC, 2017a). India has not ratified the ILO Convention No. 182.

A more recent addition to the child labour debate was first the Millennium Development Goals (MDGs) initiative. Child labour was not included as a specific goal in the MDG agenda for 2015; however, Turner-Moss claims that child labour is of relevance for the realisation of most of the MDG's goals and shall, therefore, be included in the post-2015 agenda (Turner-Moss, 2013). Turner-Moss's main argument for such inclusion is that the issue of child labour is affected 'by the same socioeconomic and political forces' on which the MDG agenda focuses (Turner-Moss, 2013, p. e53). However, the latest international development effort does include child labour. Goal 8 in the United Nations Sustainable Development Goals aims to 'take immediate and effective measures to eradicate forced labour, end modern slavery and human trafficking and secure the prohibition and elimination of the worst forms of child labour, including recruitment and use of child soldiers, and by 2025 end child labour in all its forms' (United Nations, 2017, Goal 8).

Despite the efforts of the abovementioned conventions and international commitments to protect children from violations of their fundamental human rights, some scholars argue that these conventions are exclusive and do not represent the reality of the majority of children worldwide (Bourdillon, Levison, Myers, & White, 2010). Scholars also argue that these conventions and definitions are primarily influenced by political and economic interests rather than efforts to adequately ensure children's wellbeing (Morrow, 2010). The child

labour discourse is further polarised by two main standpoints. One stance is in line with the United Nation's (UN) abolitionist approach, claiming that education and leisure are children's basic human rights and the core of an ideal childhood (Hesketh et al., 2006). The opposing viewpoint argues that work is a necessity for survival and an essential part of how children lead their lives in the majority of the world (Hesketh et al., 2006).

Those who critique ILO's abolitionist approach of eliminating child labour claim it disregards children's value, and necessity, to the labour market (Morrow, 2010; Nieuwenhuys, 1996). Further critiques state that children's voices have been ignored in the development of these interventions, policies and recommendations aimed to target the welfare and protection of children engaged in work (Bourdillon et al., 2010).

Scholars of childhood who state that work is an essential part of children's lives raise a particular critique of the ways international standards conceptualise 'child labour' (Nieuwenhuys, 2005). Nieuwenhuys argues that the foundation of the concept 'child labour' is based on ideals and values shaped during the industrial revolution in Europe and North America (Nieuwenhuys, 2011). During the industrial revolution, children's role in society went from taking part in both everyday work in the household and work that contributed to the state economy, to be placed in educational institutions (Nieuwenhuys, 2011). As described by Morrow, children went from 'earners' to 'learners' during this period (Morrow, 2010, p. 437). The new ideal childhood in Europe and North America no longer involved work; instead, the prime role of a child became that of a student (Morrow, 2010). Nieuwenhuys suggests that during this process, child labour became 'a legal notion that emerged to regulate the interests of powerful groups in society during the industrial revolution' (Nieuwenhuys, 2011, p. 290). These powerful groups were mainly 'employers, trade unions and the state' (Nieuwenhuys, 2011, p. 290). This shift in childhood ideals became the starting point of the child labour debate formed in both Europe and North America (Nieuwenhuys, 1996). In this respect, some childhood scholars oppose the way in which the concept 'child labour,' constituted by European and North American contexts of childhood, has become a global moral and legal measurement of correct and incorrect kinds of childhood, through the form of international conventions (Bourdillon et al., 2010; Nieuwenhuys, 1996, 2011).

A mounting critique suggests that the childhood ideals reflected in the child labour debate are not applicable for all children, especially in contexts beyond Europe and North America (Nieuwenhuys, 2010, 2011). According to Morrow, the move to eliminate child labour, as

described above, may have inadvertent ramifications for children outside the Euro-American sphere (Morrow, 2010). Nieuwenhuys argues that such ramifications include making children more vulnerable to exploitation (Nieuwenhuys, 1996). Evidence shows that children and young people aged 16 to 18 in 'India, Colombia, Peru, Paraguay and Guatemala [...] and their parents are being arrested, imprisoned, fined or prosecuted for labour law offences' (Morrow, 2010, p. 438). An unintentional effect of this criminalisation of child labour may be that children and young people, including their families, face more adversity or are pushed into more hazardous situations after removal from their work (Hesketh et al., 2006). Morrow argues that the international response should instead 'recognize and value the contributions of 15-17 years old and find ways to protect their rights at work', instead of banning them and potentially putting them at more risk (Morrow, 2010, p. 439).

The UNCRC was the first international commitment to include a focus on children's health and wellbeing (Morrow, 2010). However, rising critique suggests that UNCRC fails to have an inclusive and holistic approach to the health of children at work (Freeman, 2011; Woodhead, 2008). One such critique is that the UNCRC does not include children's own experiences about their work and its health implications, especially in regards to why and under what circumstances they work (Morrow, 2010). As Morrow explains (2010):

According to the UNCRC, children have the right to protection from exploitation at work (nobody could argue with this) but it is possible to draw upon the UNCRC to argue that children have the right to dignity at work (as well as to school systems that respect their dignity) and to have their views about matters that affect them taken into account (P. 438).

Hesketh et al. suggest that especially problematic for policy making is the application of 'harm' in the international conventions, because there is very little scientific proof regarding which aspects of child work are harmful (Hesketh et al., 2006, p. 721). Hesketh et al., suggest that there is a pressing need for research that unpacks and identifies the sectors and circumstances that 'place children at most physical and psychological risk' (Hesketh et al., 2006, p. 721). Hesketh et al., further suggest that there is a lack of scientific evidence that defines the difference between 'hazard, risk and harm' in the field of working children (Hesketh et al., 2006, p. 721).

Morrow concludes in her article on English children's participation in work during the Second World War that based on our knowledge of history, there is no possibility child labour could

be fully abolished (2010). Therefore, scholarly responses should instead shift focus to protecting children at work rather than condemning their presence (Morrow, 2010).

Finally, to answer the initial question of this section concerning child labour or working children: to begin with, these two concepts, 'child labour' and 'child work,' are commonly used interchangeably in the scholarly literature without clarifying the meanings of the two concepts. Morrow states that the misuse of the concept 'child labour' is due to the lack of scholarly efforts to 'define work, childhood, exploitation and hazard in relation to work' (Morrow, 2010, p. 439). Morrow recommends that childhood research be vigilant about language and terminology used for working children to prevent an exclusive debate and instead foster an inclusive approach to children engaged in work (Morrow, 2010). Consequently, for this research, I refer to 'child work' or 'working children' rather than 'child labour' to not confuse my word use with the terminology of the ILO. By using the definition 'working children' for this study, I further adopt a neutral and inclusive position towards working children, as the usage of the term 'child labour' commonly includes a value judgment.

## **1.2 Numbers of working children globally and in India**

According to the ILO's latest estimates in 2013, around 168 million children are engaged in child labour, of which 85 million children are working under hazardous circumstances (ILO-IPEC, 2013b). The highest rates of child labour are found in Asia and the Pacific (78 million), followed by Latin America and the Caribbean (13 million), and East and North Africa (9.2 million) (ILO-IPEC, 2013b).

In 2017, estimates show a total population of approximately 1.3 billion in India (Worldometers, 2017). The official number of working children in India, below the age of 18, according to the latest census data on child labour in 2011, is 35.3 million (Ministry of Labour and Employment, 2011). Broken down into age groups, the number of working children is: 2.1 million children aged 5-9, 6 million children aged 10-14, and 27.1 million children aged 15-19 (Ministry of Labour and Employment, 2011). However, including informal sectors, the number is argued to be around 100 million based on the number of children out of school in India (Weiner, Burra, & Bajpai, 2006).

The top five states with the highest numbers of working children in India are Uttar Pradesh (6.2 million), Maharashtra (3 million), Bihar (2.8 million), Rajasthan (2.66 million) and Madhya Pradesh (2.65 million) (Ministry of Labour and Employment, 2011). The state of the

National Capital Territory of Delhi (NCT) is 21st out of 35 states, with 221,507 thousand working children (Ministry of Labour and Employment, 2011).

## 2. Learning from the past: Adult domestic work, globally and in India

This study is informed by literature on adult domestic work as the literature on child domestic work is still limited. While an exhaustive historical account is beyond the scope of this study, the purpose of this section is to provide a summary of the key points drawn from the literature on adult domestic work and its relevance to the present study.

The global literature on adult domestic work stems mainly from discussions around capitalism, colonialism, slavery, race, class, caste and female oppression in relation to the nature and structure of paid adult domestic work (Anderson, 2001; Davis, 1981; Federici, 1975; Gaitskell, Kimble, Maconachie, & Unterhalter, 1983; Grant, 1997; Meyiwa, 2012; Rollins, 1985; Vishwanath, 2016).

Domestic workers are commonly portrayed in the literature as 'servants,' who tend to society's upper classes (Adams & Dickey, 2000; Froystad, 2003; Grant, 1997). Grant argues that domestic workers in South Africa are perceived as 'servants' due to ideological and historical factors, which in turn makes it difficult to change the working conditions of the workers (Grant, 1997). Davis explains that the low societal value of domestic work in North America is a result of industrialisation, wherein the economy shifted from the homes to factories and, in this process, women lost their economic roles (Davis, 1981). As a result, domestic work in North America became devalued as unskilled labour, and presented as opposed to skilled labour that makes a direct contribution to the productive labour force (Davis, 1981).

Meyiwa states that domestic work has become a feminised occupation worldwide due to patriarchal societal structures underpinning the notion that domestic work is women's marital duty (Meyiwa, 2012). Moreover, some scholars argue that the feminization of domestic work globally is due to longstanding systematic labour market exclusion of women (Grant, 1997; Meyiwa, 2012). However, with increased numbers of women entering the global labour force, household work has instead become the responsibility of less privileged women (Grant, 1997). Although domestic work is predominantly a feminised occupation, it is important to highlight that a considerable number of men are, and have throughout history been, engaged in domestic work (Rollins, 1985).

Globally, domestic work has been, and still may be argued to be, the main opportunity for women for paid labour (Meyiwa, 2012). This is important as it provides the employer and employee with different negotiating power positions (Meyiwa, 2012).

In South Africa, Gaitskell et al. suggest that the conditions of employment depend on whether the employing household can afford domestic work and whether the employers utilise their more powerful position to negotiate unfair wages at the expense of workers (Gaitskell et al., 1983). According to Gaitskell et al., power inequalities between the employer and employee contribute to why domestic workers are often more vulnerable than workers in other sectors (Gaitskell et al., 1983). In India, historically, the most common kind of domestic work has been full-time, live-in domestic workers (Raghuram, 1999). However, due to monetary inflation, many employing households find it too expensive to sustain live-in domestic workers. When coupled with the fact that houses have gotten smaller due to high population density in urban areas, part-time, live-out domestic work is becoming the most common form of domestic work in urban India (Raghuram, 1999). This is important as it underlines the issue that the conditions of domestic work are closely linked with economical and spatial assets of the employing household.

The global literature on adult paid domestic work shares many commonalities with the literature on domestic work in India. In India, the domestic work discourse has predominantly focused on social class (Adams & Dickey, 2000), caste (Froystad, 2003), migration (Momsen Henshall, 1999) and gender (Raghuram, 2001; Ray, 2000).

Social class and caste are especially important factors to understand in the Indian context as both aspects remain influential in contemporary India (Jodhka, 2016). In brief, the official categories of castes under the Hindu system are the Brahman (priests and teachers), the Kshatriya (warriors), the Vaishya (merchants and traders) and the Shudra (labourers) (Jodhka, 2016). Outside the four categories are the Accchhut (street sweepers and refuse cleaners), also called the 'Untouchable,' Dalits, or the Scheduled Caste (SC) (Jodhka, 2016). Besides these groups, there is a class called Scheduled Tribes (ST) also known as Adivasi, which is similar to the Accchhut but resides outside the caste categories because it originated in tribal areas of India.

In a study on adult domestic workers in urban upper- and middle-class households in North India, evidence shows that caste remains a vital factor in shaping social relations between the employer and employee (Froystad, 2003). According to another study, caste also determines the tasks of the domestic workers relative to each other (Raghuram, 2001): the

highest ranked would cook, another would babysit, another would drive and the lowest ranked worker would clean the toilets and do the refuse removal (Raghuram, 2001). Despite legal prohibitions in India against practising caste discrimination, caste still, to a certain extent, determines the domestic chores of workers (discussed in Chapter 5 in relation to the findings of this study) (Froystad, 2003).

Over time, change in the gender of migrants moving from rural areas to urban parts of India has further shaped the domestic workforce both demographically and structurally (Raghuram, 1999). In the immediate post-independency period,<sup>2</sup> migrants were mainly men heading from rural areas to urban areas in India for work (Raghuram, 1999). However, over time, the gender of migrants to urban areas changed to predominantly female; mainly 'female heads of households, in particular widowed, deserted and older women' who migrated for domestic work (Raghuram, 1999, p. 217). Thereafter, the migration flow changed to whole families, which led to the current state in which younger women predominantly constitute the contemporary urban domestic labour force (Raghuram, 1999).

Perspectives from the past shed light on how social inequalities shape the discourse and practice of domestic work. Such insights underscore the importance of understanding the impact of structural factors such as race, ethnicity, gender, class, etc., in creating inequalities for domestic workers. Moreover, these historical accounts highlight the fact that the struggles of young female domestic workers in India resemble those of domestic workers globally, as demonstrated in the subsequent section.

### 3. Child domestic work in India

According to ILO estimates, 17.2 million children under the age of 18 are engaged in paid or unpaid domestic work globally (ILO-IPEC, 2013a). Out of this, 11.5 million children are stated to be engaged in child labour, of which 3.7 million are involved in hazardous work (ILO-IPEC, 2013a). The remaining 5.7 million child domestic workers are thought to be working under acceptable conditions but are still in need of adequate protection from potential abuse and violations of their fundamental human rights (ILO-IPEC, 2013a). Growing evidence indicates

---

<sup>2</sup> India gained independence from the UK in 1947.

that significant numbers of CDWs are in debt bondage<sup>3</sup> and victims of trafficking;<sup>4</sup> however, exact numbers remain unknown (ILO-IPEC, 2013a). According to the ILO's estimates, most CDWs are girls (67.1 %). The age of the workers range from five to 17, and 65.1 % are below 14 years (ILO-IPEC, 2013a).

Domestic work is hard to measure since few employing households recognise and report the existence of their working children (Nivethida & Roy, 2005). Official figures suggest that there are 4.2 million adult domestic workers in India (ILO, 2013). However, unofficial approximations that include children under the age of 14 indicate that around 90 million domestic workers are engaged in this type of informal work (ILO, 2013). The high prevalence of child work in India may be due to cultural practices, the high demand for cheap labour or the standard of available technology (Sekar, 1997). Social inequalities tied to caste, gender and class combined with exploitation of poverty and rapid growth in urban areas together with the lack of progress in rural areas are additional factors often argued to influence the supply and demand of working children in India (Banjaree, 1995). Further, schooling is either difficult to access or of poor quality, which leads to children opting out of the school system to enter work (Weiner et al., 2006). A final major contributing factor is the influence of poverty, which pushes children into work for survival in India (V. Sharma, Sharma, & Bansal, 1995).

The scholarly literature on child domestic work in India indicates that children enter work at young ages. Some evidence suggests that children may start as early as five years old (Chakravarty & Chakravarty, 2008; Kacker, Varadan, & Kumar, 2007). One factor pushing

---

<sup>3</sup> Debt bondage is defined by the United Nations Convention on the Abolition of Slavery as 'the status or condition arising from a pledge by a debtor of his personal services or of those of a person under his control as security for a debt, if the value of those services as reasonably assessed is not applied towards the liquidation of the debt or the length and nature of those services are not respectively limited and defined' (United Nations, 1957, Article 1A).

<sup>4</sup> According to the United Nations protocol to Prevent, Suppress and Punish Trafficking in Persons, a child is any person below the age of 18 and trafficking in persons refers to 'the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs' (United Nations, 2000, Article 3A).

children into work is the increasing demand among the fast-growing middle- and upper-classes in urban areas, often because both parents are working outside the household (Mishra & Arora, 2007).

Studies among middle- and upper-class Indian households show that employers of child domestic workers represent a wide range of occupations. A study conducted in Kolkata, West Bengal reports government and private personnel (39.4 %) as the major represented occupation among child domestic employers, followed by business employees (20 %), government officials (12.1 %), professors and teachers (6.1 %), lawyers (4.2 %) and medical professionals (3.6 %) (Banerjee, Bharati, Vasulu, Chakrabarty, & Banerjee, 2008). Particular attention has been given to doctors who employ CDWs in the two states of Haryana and Madhya Pradesh, where paediatricians and general practitioners were highly represented in the study cohort (Mishra & Arora, 2007). The charity organisation Save the Children conducted a study in 2007 in the Ladakh region, which similarly concluded that government and business employees are the leading occupations among child domestic employers (Save the Children, 2007). As the evidence demonstrates, the demand for child domestic work is widespread across social classes and professions of employers. The employment of children among the middle and upper social classes in India suggests that cultural norms and social practices may underpin the prevalence and practice of child domestic work. Evidence shows that social norms, particularly, are considered to influence the decisions of parents to send children to work. Goto suggests that parents in countries with high numbers of child workers are more likely to send their own children into work (Goto, 2011).

Additionally, family problems, such as alcohol abuse and financial hardship, can contribute to children leaving home. For example, a multi-country study, including India, conducted among CDWs indicates that alcoholic fathers, as well as parental debts, were key stated reasons for children to seek domestic employment in India (Blagbrough, 2008b). Another reason for growing trends in child work in India, as posited by Weiner and colleagues, is related to the low status afforded to children. Weiner et al., argue that children in India are not considered independent actors with rights (Weiner et al., 2006). Girls, in particular, are valued less than boys in India and therefore have reduced 'rights, opportunities and benefits of childhood' than boys (Save the Children, 2007, p. 9).

### **3.1 Child domestic work and gender in India**

Morrow and Boyden's chapter regarding social values in relation to working children brings gender to the forefront as an influencing factor of working children's health (Morrow & Boyden, 2010). They suggest that girls, as opposed to boys, have commonly fewer opportunities to go to school or have free time, and are therefore more often engaged in work inside and outside their own home (Morrow & Boyden, 2010). Morrow and Boyden further suggest that the roles of a child are to a high degree shaped by social assumptions of what a girl and boy ought to do (Morrow & Boyden, 2010). Nieuwenhuys argue that practices of working children often resemble adult work with regards to gender and children's expected roles in the family (Nieuwenhuys, 1996). Nieuwenhuys highlight that especially in the field of working children, girls are socialised into assuming household work at an early age, thus gender and age are two important push factors for girls to enter 'unpaid domestic work' (Nieuwenhuys, 1996, p. 243).

Concerning girls in domestic work, the ILO estimates suggest that gender inequalities are a vital contributor to the high prevalence of girls engaged in domestic work globally (ILO-IPEC, 2004). In India, evidence shows that the number of girl domestic workers is regularly increasing (Chakravarty & Chakravarty, 2008). Employers prefer young girls as they are easier to control, less likely to complain, are cheaper to employ and present a low sexual threat to husbands and male members of the household (Brown, 2007; UNJPHT, 2012). Mishra suggests that incidents of abuse of household members by male domestic workers has strengthened this preference for girls due to the fact that violence is less likely (Mishra, 2009).

Additional evidence suggests that girls are overrepresented among CDWs in India due to their lower socially designated role in the family and society (Weiner et al., 2006). Furthermore, explanations for the large numbers of female domestic workers may be attributed to the patriarchal systems and parental preferences to send boys rather than girls to school, as well as dowry and marriage costs (A. Kumar, 2013).

In addition, Kumar suggests that low wages for females in India are an additional contributor to large numbers of girl domestic workers (A. Kumar, 2013). Banerjee et al. also emphasise the influence of low wages and gender inequality, as their findings indicate that, in Indian states where the number of female adult workers is high, there are also high numbers of young working girls (Banerjee et al., 2008). Finally, there is a growing trend of girls

accompanying their working mothers so that more tasks can be accomplished for extra wages (Weiner et al., 2006).

A considerable number of boys are employed in child domestic work in India, although reports show that there is commonly a difference between the sort of tasks assigned to boy-domestic workers and girl-domestic workers. Boys tend to do domestic tasks outside of the household, whereas girls are responsible for indoor tasks (Blagbrough, 2008b). However, girls are, to a greater extent than boys, expected to take on outdoor tasks such as heavy lifting, gardening and carrying heavy water containers, in addition to indoor responsibilities, which may double the workload of the girl domestic worker (Blagbrough, 2008b).

Black suggests that adults perceive child domestic work as a suitable and safe employment for girls as well as a good preparation for future work prospects and marriage (Black, 1997). However, some evidence shows that abuse, low school attendance and lack of future opportunities are all more prevalent among girl domestic workers than boys in India (Gamlin, Camacho, Ong, Guichon, & Hesketh, 2013). Kacker et al. conclude that girls in India are more discriminated than boys, which makes girls more vulnerable to 'lower enrolment in schools, higher levels of malnutrition, trafficking of girls for sexual exploitation, child marriage and their non-participation in decision-making in the family' (Kacker et al., 2007, p. 123).

As shown above, much evidence underlines the specific vulnerability of girl domestic workers in India. While, I appreciate that the literature on child domestic work is mainly focused on girls, which has led to that the evidence is scarce on the adversity faced by boy domestic workers. That said, one cannot ignore that gender makes girls and boys vulnerable in different ways as well as it has an impact on the prevalence of young female domestic workers in Delhi. For example, as demonstrated in this section, gender norms lead to large numbers of young females involved in domestic work, which restrict young females' opportunities to work in other areas.

### **3.1.1 Placing child domestic work in the Indian legal, economic and political context**

#### *3.1.2 Legal context*

All forms of domestic work mainly functions as unprotected labour with no social or legal recognition in India (ILO, 2015). The lack of legal coverage increases the risk of exploitation for CDWs as their working conditions are unregulated and remains closed for external inspections (Black, 2002). Legal instruments are important tools in the process of

prosecution of abusive employers and in raising awareness among workers of their fundamental human rights (Black, 2002). Legal recognition has also been linked to the health and wellbeing of CDWs, with findings identifying that inadequate laws contribute to poor psychosocial wellbeing among CDWs (Hesketh, Gamlin, Ong, & Camacho, 2012; Woodhead, 2004). For example, a study conducted by Blagbrough and Glynn regarding the needs of CDWs in 20 different locations in Africa, Asia and Latin America, found that increased legal recognition was one of the most commonly recommended improvements identified by CDWs themselves (Blagbrough, 2008b). Another obstacle to effective laws and regulations in India may be the notion among employers that the hiring of domestic workers is an act of charity. This perspective may specifically be fuelled by the fact that CDWs come from lower castes and may, therefore, be expected to serve. Consequently, employers may regard the arrangement as a favour rather than an agreement of employment as the child gain access to food and accommodation through the work (Blagbrough & Glynn, 1999). This section commences with information on the legal context around adult domestic work in India. Followed by the Indian frameworks around child work. I include these two different legal areas as there is no specific legal document for child domestic work in India.

To date, there is no national legislation on domestic work in India. However, important steps have been taken to formalise and recognise domestic work as actual work. In 1959, the first national 'Domestic Workers' Bill' was drafted, though it was not successfully implemented (Neetha, 2008, p. 28).

A more recent contribution towards legal protection of domestic workers is the inclusion of domestic workers in the 'Unorganised Workers' Social Security Act, 2008' (SEWA, 2014, p. 1). This act involves domestic workers, along with the legal working age in India, who are 'self-employed,' 'home-based' or working for an hourly payment (Ministry of Law & Justice, 2008, p. 2).

In 2009, a 'Task Force' on domestic work was formed by the Ministry of Labour and Employment in India with the purpose of formulating recommendations for a national policy, including welfare protection of domestic workers (ILO, 2015, p. 52).

In 2012, unions all over India formed the National Platform for Domestic Workers with the objective of lobbying for inclusive legislation for domestic workers (SEWA, 2014). Another important step is the addition of domestic workers in the 'Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act,' in 2013 (SEWA, 2014, p. 1).

On state level, for example in Karnataka, Maharashtra and Rajasthan, the inclusion of domestic workers into state regulations such as minimum wage and employment regulation acts has been more successful (Neetha, 2008).

Additional progress is the inclusion of domestic workers in the Rashtriya Swasthya Bima Yojana (RSBY) insurance scheme in 2015 (ILO, 2015). This scheme covers hospital costs up to INR 30'000 (approximately £360) for families located below the set poverty line in India with maximum five members, subject to the family being enrolled in the scheme (Government of India, 2009).

The most recent draft bill for domestic work was presented by the NPDW in December 2016 during a two-day workshop at the Indian Law Institute in Delhi. The workshop focused on the formulation and content of the 'Domestic Workers Regulation of Work and Social Security Bill, 2016.' I attended this workshop and participants included, among others, ministers, juridical representatives, unions, non-governmental organisations (NGOs), economists and domestic workers themselves.

Regarding international standards for adult domestic work, India has not ratified the ILO Domestic Workers Convention No. 189. Convention No. 189 is an important instrument comprising minimum standards and protection of the rights of domestic workers (ILO, 2011). According to ILO in Delhi, the Government of India has shown interest to ratify Convention No. 189 (ILO, 2015) even though it has not yet occurred.

Concerning the legal frameworks for working children in India, the Government of India implemented the 'Child Labour (Prohibition and Regulation) Act' in 1986, as an attempt to protect working children in India (Ministry of Labour and Employment, 2013). The minimum legal working age outlined in the Child Labour Act is 14. Moreover, there are several national regulations in place related to child work, such as the Children Act (Ministry of Labour and Employment, 1933), the Minimum Wages Act (Ministry of Labour and Employment, 1948) and the National Policy on Child Labour (Government of India, 1987). Furthermore, in 2002, the right to education was included in the Indian Constitution, Article 21A, stating that 'States shall provide free and mandatory education to all children from age six to fourteen as the State may, by law, determine' (Government of India, 2002, Article 21A).

The Indian Child Labour Act has undergone recent amendments which are important for the political debate on working children in India. For example, in 2006, the term 'adolescent,' as discussed in Chapter 1 (Section 3: Key terminology), was included in the Child Labour Act.

This inclusion brought an additional dimension of Indian childhood, as opposed to the previous child and adult terms. Moreover, in 2006, child domestic work was included in the Child Labour Act via the added list of hazardous occupations. The list bans anyone below the age of 18 from participating in hazardous occupations (ILO, 2015). However, concerning domestic work, the Child Labour Act prohibits domestic work only up to the age of 14 (SEWA, 2014). Despite this, in those cases where exploitation is identified, children engaged in domestic work between the ages 14 to 18 are still removed from their employment. The legal institution responsible for such cases is the Child Welfare Committee (CWC), who operates according to the 'Juvenile Justice (Care and Protection of Children) Act, 2000' (JJA) (ILO, 2015, p. 53). The JJA operates by the UNCRC, which involves the protection of all children below the age of 18 (ILO, 2015). The operative institution for removal of working children is Childline India (Union Ministry of Women and Child Development, 2017). In Delhi, Childline collaborates with designated organisations providing shelters for working children during investigations where they can stay before family reunification, if such reunification is deemed possible.

Another amendment to the Child Labour Act is the Child Labour (Prohibition & Regulation) Amendment Bill, 2012, which was approved by the Government of India in 2015. This amendment bill is widely debated in India as it states that children below the age of 14 can assist in family businesses after school hours and during holidays, unless the work is included in the list of jobs hazardous to children.

Despite the many policies and regulations in place regarding child work in India, scholars often deem these laws to be inadequate (Weiner et al., 2006). The laws in India may be insufficient as they conflict with cultural practices and beliefs around child work. Fassa et al. argue that laws around child labour, in contexts where this is a deep-rooted cultural practice, need to be implemented from the bottom-up, and that if cultural values do not support the laws and regulations, they will not prove useful (Fassa et al., 2010).

### *3.1.3 Politicisation of child domestic work*

As mentioned above, domestic work operates as informal work in India. It is estimated that 83.6% of people of working age are in informal employment and 67.5% of people total are engaged in the informal work sector, constituting both large numbers of men and women (ILO, 2012b). In India, salaries from informal work are significantly lower than in formal sectors. Evidence shows that female wages in the informal work sector are four times lower than female wages in the formal work sector (Das, Jain-chandra, Kochhar, & Kumar, 2015).

A substantial proportion of young domestic workers in Delhi have migrated from rural areas where income and education opportunities are scarce (Neetha, 2004). The increased demand for young female domestic workers in urban areas, has resulted in an increase in informal recruitment channels. These are mostly operated by placement agencies, which recruit young females from rural areas to work as domestic workers in urban households. Being informal, these placement agencies work in clandestine and unregulated ways, which poses additional risks to the wellbeing of domestic workers (Samantray, 2014). The government has introduced efforts in cities like Delhi, such as the Private Placement Agencies (Regulation) Order, which was presented by the state government of NCT of Delhi in 2014, to regulate private placement agencies and protect domestic workers (Samantray, 2014). However, due to inconsistencies regarding age definition of domestic workers and scope of the regulations, the Order is still under development by the state government of NCT of Delhi.

Domestic work, as well as child domestic work, has received increased policy attention in India due to, for example, global discussions around the ILO Convention No. 189 and India's consideration of ratifying this convention. Therefore, an increased number of NGOs and actors have entered the field of child and adult domestic work. During my fieldwork for this study, I became aware of the competitive nature among the NGOs and actors relevant for CDWs, as there was, along with the increased attention, more funding at stake.

One example of the increased policy attention for domestic work is the skills training project, Recognition of Prior Learning (RPL), initiated by the state government of the National Capital Region (NCR) in 2014 (National Skill Development Agency (NSDA), 2014). The skills training project is an attempt to formalise the work force of domestic work and to recognise that domestic work requires certain skills, which would be both valuable for the workers as well as a guarantee of quality for the employers. The RPL targeted 920 adult domestic workers in total in the NCR of Delhi (M. Sharma, 2016).

In India, age coverage is the primary focus of the child labour discourse regarding the recent amendments to the Child Labour Act, as described in the previous section. The strong voices of the NGOs are lobbying for the Child Labour Act to be amended to concern all children under the age of 18 in line with the UNCRC rather than the minimum working age of 14. For example, one influential voice who advocates for age amendments of the Child Labour Act is the 2014 Nobel Laureate Kailash Satyarthi, founder of the organisation Bachpan Bachao

Andolan (BBA).<sup>5</sup> Satyarthi's standpoint is that poverty is not the driving push factor in India for child labour, instead demand for cheap labour and unemployed parents are the main reasons to child labour in India (Satyarthi, 2015). In an article published in the Times of India, Satyarthi provides several points for why the Child Labour Act shall include children aged 15 to 18. For example, he argues that: 'Children are not aware of their rights, are easily misled and are too young to speak against their conditions, but our laws permit employers to exploit these hapless souls' (Satyarthi, 2015).<sup>6</sup> The opposing side, often voiced by childhood scholars, suggests that it is not feasible to increase the Child Labour Act to 18 with the main argument that NGOs in India mainly base their positions on Minority World's conceptualisations of childhood, which do not reflect the reality of children in India. Wadia, for example, argues that NGOs in India are undermining and neglecting the needs of the majority of India's children because their missions are based on the UNCRC (Wadia, 2011). Wadia instead suggests that childhood studies in India must problematize how childhood is conceptualised among actors who address the needs of children. Wadia further recommends that efforts targeted towards children must also explore what the effect dominant childhood discourses in India have on children's lives, instead of solely focusing on age (Wadia, 2011).

I further witnessed the different viewpoints regarding age coverage of domestic workers during the workshop, as mentioned in the previous section, on the draft bill 'Domestic Workers Regulation of Work and Social Security Bill, 2016' organised by the NDWP in Delhi in 2016. The draft bill included, prior to the workshop, the definition of a child as anyone below 18 years of age. However, the participants (a large number of whom were domestic workers) agreed during the workshop that the age had to be changed from 18 to 15 to reflect the reality of the majority of the workers in India (National Platform for Domestic Workers, 2016).

As shown in this section, multiple organisations and actors are operating in the field of child domestic work in India. However, these organisations and actors are often working in isolation and are only consistent with the international standards such as the ILO Convention No. 182 on the Worst Forms of Child Labour and the UNCRC. To date, there are no unified

---

<sup>5</sup> See for example this article published on the 27<sup>th</sup> of May 2015 in the Economic Times:

<http://economictimes.indiatimes.com/news/politics-and-nation/changes-in-child-labour-law-acceptable-if-children-work-with-parents-kailash-satyarthi/articleshow/47436139.cms>

<sup>6</sup> Retrieved from: <http://blogs.timesofindia.indiatimes.com/toi-edit-page/no-half-measures-please/>

efforts to improve the situation of young female domestic workers that acknowledge their rights to adequate protection from potential abuse and violations of their fundamental human rights as workers.

#### 4. Health, wellbeing and child domestic work

Studies offering insight into child domestic work are largely conducted by international organisations such as the ILO, United Nations Children's Fund (UNICEF), Human Rights Watch and Anti-Slavery International (Flores-oebanda, 2006; Human Rights Watch, 2004, 2005a, 2005b, 2007, 2009, 2012, ILO-IPEC, 2004, 2011; Kifle, 2002; UNICEF, 1999). Much of the focus of the existing literature on child domestic work has been to raise awareness, lobby for the rights of the young workers, as well as to provide recommendations for programming and practice (Black, 1997, 2002, 2005, Blagbrough, 2008a, 2008b, 2013; Blagbrough & Glynn, 1999). An increasing body of literature on domestic work comes from the field of children's geographies, providing important insights into the physical space and conditions of the hidden practice of child domestic work (Jensen, 2007, 2014, Klocker, 2011, 2012a, 2013). While research on child domestic work is starting to emerge, the evidence base regarding the health and wellbeing of the young workers is yet limited.

To broaden the understanding of health and wellbeing in relation to young female domestic work, this study draws on the growing body of literature on 'child labour' in the field of public health (Donnell, Doorslaer, & Rosati, 2002; Fassa, Facchini, Dall'Agnol, & Christiani, 2005; Fassa et al., 2010; Hadi, 2000; Ide & Parker, 2005; Leka & Jain, 2011; Woolf, 2002). This study further draws on discussions of children's work in the fields of sociology and anthropology of childhood in order to approach health and wellbeing from a holistic perspective that takes into account societal contexts associated with CDW (Aufseeser, Bourdillon, Carothers, & Lecoufle, 2017; Bourdillon et al., 2010; Bourdillon, Levison, White, & Myers, 2009; Hashim & Thorsen, 2011; Hunleth, 2011, 2017; Mayall, 1998; Woodhead, 1999a). The literature on domestic work health consequences in adults (Malhotra et al., 2013; Papadakaki & Chliaoutakis, 2016) is further important for this study, as evidence suggests that adult illness influences the health of young workers. For example, adult illness may lead to the need for children to work both inside and outside their own household to substitute for ill parents (Fassa et al., 2010).

The main evidence found in the peer-reviewed journal articles and grey literature on the hazards associated with child domestic work highlights a wide range of abuses and

exploitation practices, discussed in more detail below. The following sections are not intended to be an exhaustive description of health consequences; instead, these summaries highlight some of the main concerns for the health and wellbeing of young domestic workers.

#### **4.1 Impacts on the health and wellbeing of child domestic work**

Studies on child domestic work suggest that the health and wellbeing of the workers depend on the work tasks included in the work, conditions of the work and terms of employment (Blagbrough & Glynn, 1999).

The work tasks that present occupational health risks and can influence the health of the child are linked to the nature of domestic work. Work tasks such as handling of cleaning products without protective gear can lead to respiratory problems (ILO-IPEC, 2011). Another example is extreme workloads and heavy lifting that, for a child who is still growing, may cause future musculoskeletal problems (Benach, Muntaner, & Santana, 2007).

Working conditions of CDWs are highly dependent on the urge and control of the employer as the work is taking place in the employer's private household. The young worker is thus more vulnerable as the working conditions are based on the dependent relationship between the child and the employer (UNICEF, 1999). Evidence further shows that working conditions may jeopardize the health of the worker due to the withholding of payments, the lack of time for rest and, generally poor living standards (Black, 1997).

The terms of child domestic work involve formalisation, or lack of formalisation, of the child's work, whether the work is considered actual work with agreed salary, days off and maximum working hours as the case in most other work sectors (ILO, 2012a). One reported obstacle to the formalisation of child domestic work is the relationship between the working child and employer; wherein the child is often situated in a 'grey zone' as she is neither considered a proper worker-employee nor a family member (Blagbrough, 2008a). The specific terms of child domestic work are difficult to control due to its closed nature as it takes place in the employer's private household, which makes it easier for exploitation and abuse of the child (ILO-IPEC, 2004). Furthermore, the closed nature of domestic work makes it difficult for the child to interact and socialise with peers, which may generate increased feelings of isolation (Human Rights Watch, 2009).

Studies on the wellbeing of CDWs mainly assess psychosocial impacts of the work (Gamlin, Camacho, Ong, Guichon, et al., 2013; Gamlin, Camacho, Ong, & Hesketh, 2013; Hesketh et

al., 2012). A multi-study among CDWs conducted in Peru, Costa-Rica, Tanzania, Togo, India and the Philippines concluded that attending school, having contact with family, having decent working conditions, having access to social support, and maintaining a general good health contributed to the psychosocial wellbeing of CDWs (Gamlin, Camacho, Ong, Guichon, et al., 2013). Factors such as an employer's limiting or prohibiting of contact with the young worker's family are shown to increase the feeling of helplessness and isolation (Gamlin, Camacho, Ong, Guichon, et al., 2013). The extent to which the employer regulates the worker's life can lead to a low level of autonomy, which is argued to yield low self-esteem and self-value, both of which are important aspects of the psychosocial wellbeing of CDWs (Gamlin, Camacho, Ong, Guichon, et al., 2013). The age of entry into work is another factor that may affect the wellbeing of the child, as very young children are assumed to be less able to negotiate their rights with employers (Black, 2002). Gamlin et al. found that India together with Togo and Tanzania had the earliest age of CDW engagement with an age of six, compared with the average age of 12.3 among the other study countries (Gamlin, Camacho, Ong, & Hesketh, 2013).

Additionally, the child is frequently a migrant, having transited far away from home with little or no support network and limited or no contact with her family, which can add to the feeling of isolation (Camacho, 1999). Some children may have made their own decision to work and others may have been forced to work, as illustrated by above ILO statistics, indicating cases of bonded labour or trafficking situations among CDWs (see Section 3: Child domestic work in India in this chapter).

Working may further be an obstacle to education for children, particularly for girls in societies where girls' education is less valued, which may pose a barrier to the intellectual development of the child as well as future work opportunities (Assaad, Levison, & Zibani, 2010; Webbink, Smits, & de Jong, 2012).

#### *4.1.1 Occupational hazards*

Evidence indicates that child domestic work often includes a wide range of household chores, many of which may be either beyond the capacity of a child or pose dangers to them. For example, children may be required to operate appliances for which they may not be sufficiently trained (Blagbrough, 2008a). Handling toxic chemicals, such as cleaning products, without protective gear may also jeopardize children's health. Studies have found symptoms of respiratory tract infections and skin diseases, indicating that exposure to toxic chemicals may be common among CDWs (Banerjee et al., 2008). Evidence further suggests that burns

and cuts from cooking and ironing are recurrent problems for CDWs (Human Rights Watch, 2005a) underscoring the risks involved for children when handling sharp kitchen appliances and boiling liquids. Especially small children may be at risk from handling heavy pots, for example working at stoves that are too tall for them.

Adding to occupational risk exposures is the potential poor access to medical care in general or the refusal of access to medical attention by employers, particularly in the case of injuries. In the few studies that address health, seeking medical treatment is not discussed as common practice in the employing households (Save the Children, 2006, 2007).

#### *4.1.2 Risk of abuse*

The types of abuse commonly reported among CDWs are physical, psychological and sexual abuse. Increasing evidence suggests that acts of violence towards CDWs are common practice. Examples of reported acts of violence are beating, kicking, whipping, pinching, scolding, rejection of food and extreme workload (Blagbrough, 2008b; Lee, 2006). Blagbrough explains that the fact that employers function as a parental substitute, coupled with the private nature of the work sphere, can serve to justify the use of physical violence as a mean of punishment and discipline (Blagbrough, 2008a). Segal describes how corporal punishment is culturally and socially accepted in India and reflects adult attitudes that this is a correct way to discipline children, particularly in middle-class households (Segal, 1995). This practice of punishment is consistent with the level of child abuse in India, principally prevalent among girls, in general (Kacker et al., 2007), and among working girls in particular (B. R. Sharma & Gupta, 2004).

Gamlin et al. found in their multi-country study in Costa Rica, India, Peru, the Philippines, Tanzania and Togo that India had the highest reported cases of physical abuse among CDWs (Gamlin, Camacho, Ong, Guichon, et al., 2013). Save the Children reports similar findings in a study conducted in the state of West Bengal, where approximately 70% of the workers had experienced physical abuse and in 41.5% of the cases, the abuser was reported to belong to the employing household (Save the Children, 2006). Hesketh et al. report similar trends of high levels of physical punishment, where CDWs in India had experienced higher levels than those reported among CDWs in the Philippines (Hesketh et al., 2012).

Commonly reported examples of psychological abuse among CDWs in the scholarly literature are: discrimination; isolation; low pay or no pay; debt bondage situations; degrading treatment; little or no social interaction with peers and family; confinement; no or limited

free time; deception and false promises; restricted personal space; substandard living conditions; forced dependency on employers; and lack of autonomy (Hesketh et al., 2012; UNJPHT, 2012; Woodhead, 2004). In a comparative study conducted by Hesketh et al. among CDWs in India and the Philippines, children in India disliked their work and gained less pride from it compared with children in the Philippines (Hesketh et al., 2012). This may be due to that the Indian CDWs reported higher levels of abuse and had lower levels of social support than the Filipino CDWs. Woodhead argues that children's dissatisfaction with their work is a main contributor to poor psychosocial wellbeing among working children (Woodhead, 2004).

Another factor leading to poor psychosocial health is the practice of withholding food (Hesketh et al., 2012), which may be a frequent form of punishment, as malnutrition is reported to be prevalent in the literature on CDWs in India (Banerjee et al., 2008). This type of deprivation or punishment may also be gender-related, as the prevalence of malnutrition is reportedly higher among working girls in India compared with boys (V. Sharma et al., 1995).

Increasing evidence shows an augmented risk of sexual abuse for CDWs due to the closed nature of the work as well as power inequalities between employer and employee. It is primarily girls who report sexual abuse, though there are few reports of boy CDWs indicating acts of sexual abuse as well (UNJPHT, 2012). A study conducted in West Bengal among CDWs report that the types of sexual abuse include children being: 'touched on private body parts,' 'forced to touch the abusers private body parts,' 'forced to watch pornography' and 'forced to have sexual intercourse' (Save the Children, 2006, p. 20). The same study concludes that the abuser, in most sexual offenses, belongs to the employing household or is an acquaintance of the employer (Save the Children, 2006).

Sexual abuse also increases the child's risk of sexually transmitted infections, including, Human immunodeficiency virus (HIV) and Acquired immunodeficiency syndrome (AIDS), which is argued to be an unexplored health concern among CDWs (Flores-oebanda, 2006). Unwanted pregnancies are also a concern in cases of sexual abuse. Additionally, girl domestic workers who become pregnant face the risk of being expelled by the employing household. Early pregnancy among CDWs is a serious health hazard in itself and is also reportedly a gateway into commercial sex work (Flores-oebanda, 2006).

#### **4.2 Beneficial and harmful implications of child domestic work**

Increasingly, discussions of children's work in the sociology and anthropology of childhood suggest that there are both positive and negative effects of child work (Aufseeser et al., 2017;

Bourdillon et al., 2010, 2009). Similarly, literature on psychosocial wellbeing of working children suggests that child work must be viewed in light of both positive and negative implications (Woodhead, 2004). Both aspects are important to explore to obtain a representative understanding of working children's health (Bourdillon, 2009; Woodhead, 2004). Nevertheless, health risks and benefits are not always possible to separate from one another (Bourdillon et al., 2010). Rather, there is a 'continuum of harm and benefit' (Bourdillon et al., 2010, p. 161). On one pole of the continuum is 'intolerable' child work which calls to be 'eliminated' and 'criminalised' (Bourdillon et al., 2010, p. 161). On the opposite end is 'beneficial' child work which is to be 'encouraged' (Bourdillon et al., 2010, p. 161). In-between these two poles are 'harmful,' 'neutral' and 'positive aspects,' which all call for improvements (Bourdillon et al., 2010, p. 161).

According to Bourdillon et al., the harm and risks of child work are subject to the situation of the work, surrounding adults and abilities of the young worker (Bourdillon et al., 2010). Therefore, 'hazards must be weighed against potential benefits' (Bourdillon et al., 2010, p. 20). Consequently, Bourdillon et al. recommend that research with working children move away from good versus bad, the promoters versus abolitionist perspectives, and instead address children's work experiences as a whole (Bourdillon et al., 2010).

Benefits of child work might include, for example, increased self-confidence through the satisfaction of contributing to the family economy (Liebel, 2004). In addition, 'social benefits' for working children may further involve increased freedom and opportunity to develop their own life and social relationships outside the home (Bourdillon et al., 2009, p. 13).

Social benefits in terms of increased autonomy for girls in particular is another important aspect, because the generation of an income may keep girls away from cultural practices such as early marriage (Bourdillon et al., 2009). Improved quality of, or access to food, relative to what the working children may have in their own homes, or escaping abusive family conditions, are other possible benefits (ILO-IPEC, 2004).

As shown in a study conducted by Save the Children in Madhya Pradesh and Himachal Pradesh, India, 63 % of the included CDWs reported satisfaction with their work (Save the Children, 2007). However, in this study, all interviews with the CDWs were conducted in the home of the employing household, which may have hindered disclosure and influenced reporting of satisfaction levels.

Scholars further argue that benefits can be found with respect to schooling, as many children either work to get money to go to school or work in a household that will in return support their schooling (Bourdillon et al., 2010).

To conclude, as discussed in this section, the existing literature suggests that research on working children's health and wellbeing must include a holistic and inclusive approach. Moreover, it demonstrates that research shall explore working children's and young people's experiences of what circumstances that are harmful as well as beneficial for them (Bourdillon et al., 2010). Thus, identifying and analysing both negative and positive aspects are deemed necessary when understanding children's health and wellbeing in relation to their work as well as to contextualise their experiences and concerns for their future lives (Camfield et al., 2009).

## Chapter 3: Theoretical approaches and conceptual framework

This chapter provides a detailed description of the understandings of subjective health and wellbeing applied for this study. In this chapter, I further consider the key concepts childhood and gender with the identified relevant theoretical approaches developed by scholars associated with the Social Studies of Childhood as well as school of thoughts acknowledging gender as a social construct. Likewise, this chapter presents a critical account of the theoretical approaches that this study draws upon and finally, presents the conceptual framework developed for this study.

### 1. Concepts and theories

As confirmed in the literature on working children's health, described in Chapter 2, children's understandings and prospects of their childhood and work are socially constructed and vary between contexts (Bourdillon et al., 2010; Crivello, Camfield, & Porter, 2010; Liebel, 2004). Moreover, as identified in the literature review, working children's own experiences and opinions regarding their situations are under-represented in the literature on working children (Klocker, 2012a; Woodhead, 1999a). Thus, for this study, the focus is on the girls' own experiences and perceptions regarding their health and wellbeing in relation to their work, rather than medically diagnosed concerns. Therefore, I have identified the concept of subjective health defined by Haugaland et al. (2001) as relevant for the aim of this study. Haugaland et al.'s definition of subjective health acknowledges the person's own assessment and understanding of their health regardless of a medically defined diagnosis (Haugland, Wold, Stevenson, Aaroe, & Woynarowska, 2001). In addition, I relied on the concept of subjective wellbeing, as introduced by Diener et al. (2005) and further developed by Camfield et al. (2009). The combined definitions of subjective wellbeing recognise the need to look at both contextual and environmental factors constituting a person's overall welfare (Camfield et al., 2009; Diener, 2005).

As confirmed in the literature review, Chapter 2, the overarching influences on the girls' domestic work are related to their statuses as young people and their gender. Moreover, that the girls' social position due to childhood and gender are highly influenced by contextual and structural forces. Therefore, I have identified the theoretical approaches developed within the Social Studies of Childhood and the Social Construction of Gender as relevant for the aim of this study i.e.: to explore girls' lived experiences of domestic work, the social

context of young female domestic work in Delhi and the implications therein for the girls' health and wellbeing.

Scholars associated with the Social Studies of Childhood (I draw primarily on the contributions made by Hardman, 1973; James, 2007a; James & Prout, 1997; Mayall, 2002; Qvortrup, Corsaro, & Honig, 2011) have developed a theoretical approach that recognises and emphasises children as active contributing actors with the right of being studied as independent subjects. In addition, I approach the concept of gender as a social construct, which highlights that the girls' experiences are gendered and that their capacity to navigate their situation, and ability to make meaning of their situations and experiences, is within the constraints of the social circumstances and gender norms associated with girl domestic work. I draw primarily on scholarly contributions made by Hirdman (2001) to inform my understanding of the concept gender, Alanen (2011) and Mayall (2002) to inform my understanding of the intersection of gender and childhood, as well as, West and Zimmerman (1998) to explore the concept of 'doing gender' within the social space of girl domestic work. I present the concepts and theoretical approaches in the following four subsections.

### **1.1 Subjective health**

The concept 'health' has many different definitions and approaches to qualify and quantify health. One widely used definition is the World Health Organisation's (WHO) definition, which states that 'health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity' (WHO, 2006, p. 1). The WHO constitution further states that 'the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition' (WHO, 2006, p. 1). The UNCRC further emphasises children's rights to be healthy and have access to healthcare facilities specifically.<sup>7</sup>

Scholars of the sociology of health, call for revised definitions of both 'health' and 'illness' based on the argument that health is of complex nature, with different influencing factors on health and ill health, which results in different types of needs and differing service demands (Hunt & McEwen, 2008, p. 242). Bircher defines health as 'a dynamic state of

---

<sup>7</sup> According to the UNCRC, Article 24, signatory states shall 'recognize the right of the child to enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.' (UNICEF, 1989, Article 24).

wellbeing characterised by a physical, mental and social potential, which satisfies the demands of a life commensurate with age, culture, and personal responsibility. If the potential is insufficient to satisfy these demands the state is disease. This term includes sickness, illness, ill health, and malady' (Bircher, 2005, p. 1).

In response to the need to re-conceptualise health as argued by Hunt and McEwen, subjective health has gained importance, as it helps healthcare providers to better respond to individual habits and attitudes (for example smoking) that may influence the health of the patient (Hunt & McEwen, 2008). Thus, Sullivan suggests that research concerning subjective health is essential for medical effectiveness, because of understanding patients' perceived health, needs and demand for services is necessary for sustainable and effective healthcare (Sullivan, 2003).

The application of subjective health in this study refers to the definition established by Haugland et al. (2001), which defines subjective health as a person's own perceptions and assessments of their health status and needs. Subjective health complaints refer to experienced symptoms of disease or health issues regardless of a defined diagnosis (Haugland et al., 2001). Moreover, as identified important when researching working children's health, see Chapter 2, Section 4.2: Beneficial and harmful implications of child domestic work, this study applies both positive and negative aspects of subjective health in relation to the young females' domestic work.

This study places the understanding of subjective health at the core of the interpretation of results by first exploring the meaning of health among study participants and then exploring lived experiences of health in relation to their work. Lived experiences of health include participants' health complaints, harms and benefits of their health due to their work.

## **1.2 Subjective wellbeing**

Like health, the concept of wellbeing has a broad range of definitions as well as methodological approaches to quantify and assess it. One such assessment tool for wellbeing is the commonly applied Quality of Life index developed by the WHO, which was created for different thematic areas to assess individual's quality of life (WHO, 2017). The WHO tool defines quality of life as 'individual's perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns' (WHO, 2002, p. 3). In Scandinavia, another increasingly used model for wellbeing in the field of health promotion is Antonovsky's salutogenic framework, which

focuses on people's capability to assess and change their health situation, while taking into consideration the interaction between the person and societal structures (Lindström & Eriksson, 2005). Lindström et al. explain this as an interaction between 'human resources and the conditions of the living context' (Lindström & Eriksson, 2005, p. 440). The anthropological literature on wellbeing brings attention to the importance of context with respect to wellbeing. According to Corsin-Jimenez, it is essential to include local understandings about what 'the good life' may mean for individuals and to consider how this may vary between regions, countries and people to prevent biases rooted in Western assumptions of wellbeing (Corsin-Jimenez, 2008). It is therefore clear that wellbeing is highly contextual.

The mounting body of literature regarding wellbeing in the field of childhood studies and working children emphasises the need to include children's own views, while being sensitive towards the societal and economic context in which the child is embedded (Camfield, Streuli, & Woodhead, 2008; Crivello et al., 2010; Crivello, Camfield, & Woodhead, 2009; Gamlin, Camacho, Ong, Guichon, et al., 2013; Woodhead, 2004). A child-centred research approach including subjective meanings and experiences of wellbeing is also thought to provide a more accurate understanding of what is the child's best interest (Camfield et al., 2009).

The two terms, 'wellbeing' and 'subjective wellbeing' are regularly used interchangeably. However, Diener recommends mainly using wellbeing, because the term 'subjective' has a connotation of unknown or random elements (Diener, 2005). Nonetheless, this study makes a distinction between the two concepts of wellbeing and subjective wellbeing.

The application of subjective wellbeing in this study refers to the definitions established by Diener et al. (2005) and further developed by Camfield et al. (2009). Diener states that:

Subjective wellbeing refers to all of the various types of evaluations, both positive and negative, that people make of their lives. It includes reflective cognitive evaluations, such as life satisfaction and work satisfaction, interest and engagement, and effective reactions to life events, such as joy and sadness. Thus, subjective wellbeing is an umbrella term for the different valuations people make regarding their lives, the events happening to them, their bodies and minds, and the circumstances in which they live (Diener, 2005, p. 2).

Camfield et al. foreground the importance of including 'the influence of people's environments, cultures, values and frames of reference i.e. the ideational and personal

structures that allow people to make nuanced evaluations that may be differentiated by activity, relationship, setting etc.’ (Camfield et al., 2009, p. 90). For the purposes of this study, therefore, I apply subjective wellbeing as a concept which is context-sensitive in line with the social construction approach of this study and includes negative and positive aspects, as recommended by Bourdillion et al. (2010) assessed via personal experiences and understandings.

This study places the understanding of subjective wellbeing at the core of the interpretation of results by first exploring the meaning of wellbeing among study participants, followed by examining how work circumstances influence participants’ wellbeing. It is important to underline that the purpose of this study is not to measure either subjective health or wellbeing, but instead, the intention is to explore individual accounts and lived experiences of the participants’ self-defined health assessments and subjective wellbeing.

### **1.3 Childhood lens: The Social Studies of Childhood**

As outlined in the literature review, it is necessary for this study to apply a childhood lens, as the impact of the girls’ work on their health and wellbeing is rooted in, among others, their ‘social status’ as a young person (Mayall, 2002, p. 113). Hence, a childhood lens permits this study to explore the impact of the ‘social order’ as described by Mayall (2002, p. 27), of young female domestic workers in Delhi in contrast to, and in relation to, surrounding adults such as parents and employers. Based on this, I have identified the theorisations of childhood developed by scholars within the Social Studies of Childhood as relevant for this study.

The Social Studies of Childhood also known as ‘The New Sociology of Childhood’ was formed as a new theoretical field of anthropological and sociological childhood studies during the late twentieth century (Jens Qvortrup, Corsaro, & Honig, 2011). In brief, this new approach to childhood studies views childhood as a social and cultural construct and places importance on generational relationships while simultaneously recognising children’s agency (Lange & Mierendorff, 2011).

The Social Studies of Childhood was a critical response to the previous child/adult binary approach to childhood studies, which saw childhood as a set period with a clear beginning and an end when children entered adulthood (Qvortrup, 2011). Instead, the Social Studies of Childhood views childhood as a ‘structural form,’ which is both permanent as well as changing over time (Qvortrup, 2011, p. 26). Hardman explains the structural form of childhood as a ‘segment’ that a child enters and leaves, followed by new children entering

and leaving (Hardman, 1973, p. 87). Thus, childhood is a permanent concept serving as a stage of the child's life. However, the segment of childhood is changing as its participants, the children, change when they enter and leave childhood and move into new segments such as 'adolescence' or 'adulthood.'

Qvortrup has developed this idea further and calls childhood a permanent 'social space' (Qvortrup, 2011, p. 25). Qvortrup explains childhood, as well as adulthood and old age, as 'generational units' where the persons in each segment have different resources, tools, power and influences but also dissimilar interests to deal with external influencing factors (Qvortrup, 2011, p. 27). Qvortrup compares childhood with other concepts such as gender and social class to exemplify that these concepts are socially constructed as well as subject to societal change (Qvortrup, 2011). Childhood, however, as a structural form in relation to generation is different from gender or class. Children enter and leave the structural form of childhood more rapidly, than one would change one's gender or class (Qvortrup, 2011). Consequently, Qvortrup recommends that it is necessary to study the 'interrelations between generations as structural forms' (2011, p. 31), including the shaping parameters of the generational units to understand the circumstances in which young people live their lives (Qvortrup, 2011). Qvortrup further argues that childhood research must 'unravel the new contexts of significance for children's life worlds' (Qvortrup, 2011, p. 30). This includes the idea that childhood research should examine which situations matter for children, and explore these situations of the child's life, in detail.

Moreover, James advocates that it is important that research of childhood understands the influencing parameters in each of the generational segments as well as the generational differences and interdependencies between children and adults (James, 2011). In the context of young female domestic work, the Social Studies of Childhood highlights the need to explore the influences of adults associated with the girl workers' everyday lives, such as parents and employers.

Concerning children's agency, Qvortrup, among others, recognises children as social actors: the child is seen as an active agent embedded in various influencing structures such as 'economic, political, social, cultural, technological' etc. (Qvortrup, 2011, p. 25). This theoretical approach of viewing children as social actors created a new scholarly conceptualisation of what childhood is, as well as how children, as active and social participants in society, were understood (James, 2011). Previously, children were generally viewed in childhood research as a lesser version of adults. Hardman explains that previous

anthropological studies viewed children mainly as 'continually assimilating, learning and responding to the adult, having little autonomy, contributing nothing to social values or behaviour except the latent outpourings of earlier acquired experiences' (Hardman, 1973, p. 87). Scholars associated with the Social Studies of Childhood, however, changed the discourse around childhood from viewing children as 'human becomings' to 'human beings' (James, 2011, p. 34) and acknowledged that children have the right to be studied as a group in themselves, irrespective of their future as adults (Qvortrup, 2011). In this regard, children's agency includes their ability to deal with external factors influencing their situation and shape their own lives as active agents (James, 2011). In other words, agency for a girl domestic worker involves her ability to decide what is helpful/unhelpful or appropriate/inappropriate for her to do. For this study, the meaning of agency is therefore closely linked with freedom of action and individual autonomy.

The concept of children as social actors involves their roles in shaping 'social relationships and cultures', while creating meanings for situations and contexts in their own lives (James, 2011, p. 40). James and Prout explain that 'children must be seen as actively involved in the construction of their own social lives, the lives of those around them and the societies in which they live. They can no longer be regarded as simply the passive subjects of structural determinants' (James & Prout, 1997, p. 4). In this respect, in the context of young female domestic work, the girl shall not be seen as a passive victim. Instead, the girl should be viewed as an active agent who makes meaning of her experiences and negotiates her situations within the social circumstances of her work.

An additional important aspect of the Social Studies of Childhood's is its theorisation of how children's agency is influenced by social relationships surrounding them. Mayall suggests that it is necessary to examine 'child-adult' relationships when exploring children's agency (Mayall, 2002, p. 33). Mayall argues that the 'child-adult' relationship involves differently power-loaded 'social positions,' which create both 'limitations and possibilities' to the child's agency (Mayall, 2002, p. 33-35). Therefore, while agency is a possibility, not all children can access or exercise their agency. In fact, children's agency shall be understood as an 'individual attribute,' which children may negotiate differently or not at all depending on the context and situation they are in (James, 2011, p. 44). Towards this end, the overall aim underlined by the scholars associated with the Social Studies of Childhood is to explore the way societies conceptualise and form childhood and how this influences children's everyday lives.

As scholars within the Social Studies of Childhood views childhood as a social and cultural construct, this approach of childhood dismisses the notion of a universal childhood (Levine, 2007). Instead, this approach underlines the importance of studying the plurality of childhoods, as they are context-specific and vary significantly around the world (Punch, 2003). This critique is based on earlier influences of standardised childhood ideals shaped by European, 'white, urban, middle-class' values, which were imposed on the Majority World during the twentieth century (James & Prout, 1997, p. 4). The European childhood ideals presented childhood as a period for play, spare time and education (Nieuwenhuys, 2011). A central critique raised by childhood scholars of the new Social Studies of Childhood is that these enforced childhood ideals, produced by the Minority World, condemns the ways children lead their lives in the Majority World (James & Prout, 1997), especially in terms of children's participation in the labour market (Nieuwenhuys, 2011). Nieuwenhuys discusses that the childhood ideals produced in the Minority World disregard the importance of the role of work for many children in the Majority World (Nieuwenhuys, 2011). According to Nieuwenhuys, work for many children worldwide generates opportunities to contribute to their families and improve their own welfare (Nieuwenhuys, 2011). Critique is directed towards the prohibition of child labour, which has dominated, and still dominates, the intellectual and political debate on working children (See Chapter 2, Section 1: Child labour or working children?). Childhood scholars of the Social Studies of Childhood suggest that child labour prohibitions must be reassessed and instead addressed by child-centred, context-specific recommendations (Nieuwenhuys, 2011). Nieuwenhuys argues that such a reassessment of the dominant child labour prohibition discourse will open up the discourse to inclusive understandings of childhood rather than exclusive and at times harmful interventions (Nieuwenhuys, 2011).

The applied theoretical approach to childhood studies underline that young female domestic workers are active agents, who are operating and creating meaning for their experiences within the social circumstances of domestic work. Moreover, it centres on the fact that the girls' agency is limited by structural forces surrounding their work such as power, social class and poverty etc. Furthermore, it highlights that the adults associated with the girls' everyday lives, such as parents and employers, are influencing factors on their agency.

### *1.3.1 Working children as economic and social actors in relation to health and wellbeing*

One stream of the Social Studies of Childhood is the Sociology of Child Health. Mayall explains that a new Sociology of Child Health, based on the principles of the Social Studies of

Childhood, must explore children's own experiences of their health concerns (Mayall, 1998). Furthermore, according to Mayall, this approach of Sociology of Child Health should view children as social actors that make sense of their experienced health concerns and navigate situations that may be either harmful or helpful to their health (Mayall, 1998). Mayall further describes that the child's health concerns are influenced by adult-child relationships, and that these influences must be explored in the research on children's health (Mayall, 1998). Thus, in relation to girl domestic work, individuals closest to the girl such as parents, siblings and employers will influence and shape the girl's circumstances and personal experiences of their work (Woodhead, 2006).

Concerning the impact of child work, Woodhead advocates that research must look first at the complex cultural and social perceptions of childhood (Woodhead, 2006). Similarly, Morrow and Boyden suggest that social values around child work will shape both the working child's 'expectations' of her childhood as well as her 'experiences' of her work (Morrow & Boyden, 2010, p. 69). By exploring local understandings of childhood, Morrow and Boyden argue that research will gain much needed insights into how and under what conditions children work, as local views around childhood will reveal whether child work is an accepted or unaccepted practice (Morrow and Boyden 2010). Moreover, Boyden and Levison suggest that the consequences of child work are due as much to environmental factors as they are the result of subjective experiences (Boyden & Levison, 2000). For example, health implications of child work are less harmful in contexts where child work is perceived as a natural part of the formal education of the child (Boyden & Levison, 2000).

Childhood scholars emphasise the contextual importance when exploring values around children's economic activities and call for a greater understanding of prevailing work norms in the child's community (Bourdillon et al., 2009; Woodhead, 1999b). Bourdillon argues that effective protection efforts of working children must take into consideration 'the place of work in children's lives' (Bourdillon et al., 2009, p. 6). Woodhead explains:

For age groups where economic activity is valued, being unable to work challenges core human needs for identity, role and value. For age groups where economic activity is devalued, the impact of being required to work may in some respects be similar. If children feel ashamed of having to work, this may be one of the harmful effects of their work (Woodhead, 1999, p. 49).

Evidence further shows that the economic and social value associated with child work is reduced by the social status and age of the worker (Fassa et al., 2010). Instances where child

work has low social and economic value will, according to Fassa et al., impact the child's health negatively (Fassa et al., 2010). Along these lines, the Social Studies of Childhood, underline that child health, as well as childhood, is socially constructed and dependent on the child's agency to negotiate her health within the structural realm of her childhood.

Recognition of childhood as a social and cultural process, according to Woodhead, requires that research on health and wellbeing moves beyond the cause and effect approach (Woodhead, 2004). The cause and effect approach has been widely represented in the literature assessing health impacts of child work (Woodhead, 2004). According to Woodhead, such an approach limits the research to only focusing on an exposure and its direct link to health impacts. Instead, Woodhead suggests using a holistic approach when assessing the health effects of child work. A holistic approach includes what Woodhead refers to as 'development, context and mediation' (Woodhead, 2004, p. 17). In this study, I apply Woodhead's concepts to understand the interplay between contextual factors related to development, context and mediation, described in more detail below, and how these influence the girls' overall health and wellbeing.

Development is the space or 'place for work' in the child's life regardless of when the work takes place in the child's life, and the potential impacts work has on the child's development even after the work terminates (Woodhead, 2004, p. 17). Development also recognises whether work brings possible benefits or hampers the individual's development throughout her childhood and in the child's future life (Woodhead, 2004). Therefore, development refers to whether the girl believes that her work is either helping her to, or holding her back from, achieving personal development in her current and future life. Thus, development inquires the role of work in the child's life.

Context highlights the circumstances and conditions of work and asserts that these are as important to the child's health and wellbeing as the actual work and determines whether the impact of the work is beneficial or harmful (Woodhead, 2004). Hence, context includes, for example, nature of work, work conditions, terms of employment, and potential risk of abuses. In the realm of child domestic work, context involves the fact that the work is taking place in the employer's private household, the child may be working long hours with no breaks, there may be no formal employment contract and there might not be a set salary.

Mediation is linked to 'cultural beliefs and expectations' of child work and how these develop ideas about child development and understanding of children's health and wellbeing (Woodhead, 2004, p. 17). According to Woodhead, cultural beliefs and expectations mediate

'the child's experience on, and perceptions of their life and work' and influences the impact of work in positive and negative ways (Woodhead, 2004, p. 17). Consequently, mediation emphasises local understandings, norms and expectations of a child as well as notions around what constitutes childhood. This resonates with Morrow and Boyden's suggestion that local understandings of childhood and child work will influence the child's health and wellbeing as local perceptions will either condemn or support children's participation in the labour market (Morrow and Boyden, 2010).

Similarly to the Social Studies of Childhood, Liebel suggests that children's work shall be understood from the perspectives and experiences of the child (Liebel, 2004). However, Liebel also critiques this perspective by saying that instead of a child-centred approach, research must apply a 'subject-oriented approach' (Liebel, 2004, p. 9). Such an approach acknowledges the work of children as an essential activity both economically and socially without diminishing its value or devaluing children's autonomy and ability to actively contribute to their own welfare (Liebel, 2004). This perspective highlights that 'economic contribution and social recognition are of equal importance for children's development as subjects' (Liebel, 2004, p. 9). Hence, according to Liebel, a subject-oriented approach views children's work as 'an essential activity' and therefore places emphasis on improving 'working conditions appropriate to human dignity and 'just' financial rewards' (Liebel, 2004, p. 9).

Boyden and Levison stress that disregarding working children as 'productive economic actors' is to deny their agency and the realities in which they live (Boyden & Levison, 2000, p. 10). Evidence shows that economic factors are of relevance to children's wellbeing, which calls for recognition of the child as a potential economic resource in improving their own, as well as their families, welfare (Boyden & Levison, 2000). Accordingly, children in states of adversity should not be portrayed as passive victims, as such approach undermines children's agency, social value and recognition (Boyden & Levison, 2000). Instead, the approach of children as social and economic actors invites children as 'active survivors' to contribute and shape responses according to their own best interests (Boyden & Levison, 2000). The aspect of children as economic actors complements the approach of children as social actors by underlying the child's contribution and participation in the labour market and their rights to work in dignity and under decent conditions.

As discussed above, children's agency is highly influenced by a range of contextual factors and social relationships, which will limit as well as provide possibilities for their agency. The

theoretical approach of children as economic and social actors underlines the importance of recognising and examining local values, context and perceptions around childhood and child work among parents, employers and children themselves to comprehend the possibilities for, and obstacles to, improved health and wellbeing of young female domestic workers. I rely on the concept of children as social and economic actors to form my understanding of young female domestic workers' active participation and agency in social and economic life, and to enable conversation about their work.

#### **1.4 Gender as a social construct**

As discussed in Chapter 2, gender, in general, influences a child's capacity to maintain good health and wellbeing as well as the child's chances to survive (Boyden & Levison, 2000). Moreover, Mayall argues that gender is the main element in the child-adult relation which influences children's ability to exert their agency (Mayall, 2002). Moreover, as confirmed in the historical accounts of adult domestic workers detailed in Chapter 2, Section 2: Learning from the past: Adult domestic work, globally and in India, social inequalities tied to gender shapes the work conditions and opportunities in life. Therefore, I have identified a gender lens to be important to explore how gendered structures, roles and responsibilities influence the everyday lives, health and wellbeing of the young female domestic workers.

For this study, gender as a social construct implies that the subject is instructed by societal structures such as collectively agreed norms and cultural expressions, legal frameworks, religious belongings, political institutions, etc., to become one's gender. Hirdman defines gender by first differentiating from the idea of sex. Sex may be understood as a classification of a person, which is determined by the biological groupings of being a man or a woman<sup>8</sup> (Hirdman, 2001). Gender, on the other hand involves, for example, social, political, economic, cultural expectations and attitudes which forms gendered identities, norms and roles ascribed to one's sex (Hirdman, 2001). In this respect, gender is according to Hirdman a social institution (Hirdman, 2001). Gender is also an ongoing process which requires that the subject reproduces its gender in the meeting with the others. I call this the ping pong interplay of one's gender; by constantly reflecting our self-images in the response of the "others," the subject learns how and how not to behave. Hirdman explains that the ongoing

---

<sup>8</sup> For easy read, I refer to his or her gender instead of a gender-neutral word such as one's gender. However, I acknowledge that gender identity is not binary, girl/boy or woman/man. Instead, there are much individual varieties to people's gender identities.

process of gender is rooted in contextual 'gender rationalities' and 'gendered contracts' of what men and women ought to do, which in turn is grounded in unequal power dispositions attributed to women and men that appears to be a natural order in society (Hirdman, 2001, p. 84). In this regard, gender as a social institution operates by constructing collective agreements of what is "normal" or "natural" for women or men to do (Hirdman, 2001). Consequently, gender is a social construct and the subject is constantly socialised into and enacting one's gender. To view gender as a social construct, places focus on both the agent and the surrounding structures. It requires, therefore, that research unpack both the subject's gendered experiences and perceptions as well as the influencing societal structures shaping the subject's situation.

As recommended by scholars associated with the Social Studies of Childhood theory, childhood, as a social construct, must be examined together with other influencing factors such as 'class, gender or ethnicity' (James & Prout, 1997, p. 4). In particular, the intersection of childhood and gender is important to explore as these shape the subject's 'experiences and their everyday activities' and such experiences are 'structured by the material conditions of their social positioning' (Mayall, 2002, p. 25). The social positioning of a child involves the young person's ascribed level of independence and influence in the social order. For example, a child may be viewed as a lesser version of an adult, as described in the previous section. Equally, girls may be considered lesser important than boys, which may be expressed via cultural practices such as boy-child preferences or that more boys go to school than girls. Alanen has developed the approach of looking at the intersection between childhood and gender further and adds the need to 'recognize, investigate and conceptualise the generational order' that influences the segment of childhood (Alanen, 2011, pp. 162-163). The generational order is an additional dimension to the situation of the gendered child and involves, as explained by Alanen (2011):

That there exists in modern societies a system of social ordering that specifically pertains to children as a social category and circumscribes for them particular social locations from, which they act and thereby participate in ongoing social life. Children are thus involved in daily 'construction' of their own and other people's everyday relationships and life trajectories (pp. 161).

In other words, the generational order involves that the social category ascribed to what is being considered a child as well as a girl or a boy, is connected to other social categories such as adults. According to Alanen, childhood as well as adulthood is 'produced and reproduced'

through social interactions between those who are labelled children and adults (Alanen, 2011, p. 161). This generational order is pivotal to examine as it will shape the life trajectory of the girl and the boy. In this process, I draw on the concept developed by West and Zimmerman of 'doing gender,' which means that gender is a 'routine, methodical and recurring accomplishment' (West & Zimmermann, 1987, p. 126).

West and Zimmerman's concept suggests that a constructed gender identity is a result ('an accomplishment') of the person's doing, which is bound by social approvals of the others (West & Zimmermann, 1987, p. 126). These approvals are rooted in historical, cultural and political ideals (frameworks) of what makes a woman into a woman and a man into a man, which restrict the person's ability to practice his or her gender. Therefore, the doing of one's gender is thus not a fully separable act. Instead, gender is rather an automatic doing, or a 'routine' to use West and Zimmerman's terminology, operating within a prescribed framework of the sex (West & Zimmermann, 1987, p. 126). This means that a person operates almost subconsciously according to that person's gender, without questioning the ascribed roles and attributes that have become natural to the person over time. Hence, the doing of gender is subject to the limitations and conditions attached to the person's gender identity. Consequently, West and Zimmerman's concept emphasises the 'interactional and institutional' aspects of gender, rather than agency itself, as agency is primarily directed by existing conditions and ideals (West & Zimmermann, 1987, p. 126). In the context of girl domestic work, or young female domestic work, the girls will act and behave along with the social approvals attached to the notion of being a girl. The concept 'girl' is therefore rooted in historical, cultural and political perceptions of girlhood and the girl will act accordingly.

The Social Studies of Childhood and the applied approach of gender as a social construct share the idea that the concepts of gender and childhood are segments into which the person moves in and out, by doing gender roles or attaining a certain age, for example. This means that a person enters the segment of his or her gender identity, which is already determined by historical, cultural and political ideas of that gender, and the person starts acting in accordance with this role. However, the act of gender can only endure if actors keep entering the stage and remain doing the acts within the framework of the gendered script. Therefore, the specific gender attributes can only survive if people continue to behave according to the set values of his or her gender identity. For example, a girl will enter the stage of her gender identity (the stage signifies here a segment) and act the roles that she has been socialised to perceive as natural girl-behaviour. A person will operate and

reproduce the gendered category according to what is collectively believed appropriate for the girl child or young female.

#### *1.4.1 Applying a gender lens in young female domestic work*

The approach of viewing gender as a social construct is helpful to explore the ways in which domestic work is both constructed as, and constructs, an idea of girlhood/womanhood which the young participants have no choice but to perform. Such additional aspect adds another structural framework to domestic work and puts emphasis on the existing gendered frameworks associated with domestic work. Consequently, a gender lens supplements the Social Studies of Childhood by first stressing the need to explore the concept of gender in the context of girl domestic work. Additionally, the gender lens for this study complements the applied theoretical approach as it has less focus on the subject, and instead brings structural and intergenerational influences of the subject's situation to the forefront. A gender lens further brings attention to how gender is politicised (as gender is rooted in political, cultural and historical ideals) in the domain of female domestic work. Therefore, I use the gender lens to understand local meanings and practices of gender, as well as, how and in what way, gender as a concept with preconceived notions and values, may influence work circumstances and conditions of young female domestic workers. The gender focus further helps this study to understand why girls rather than boys end up entering the space of domestic work as this might prepare girls for the next gendered segment such as marriage or motherhood.

Finally, the developed gender lens for this study adds focus on the intersection of gender and childhood identity, and how such intersection may limit or provide possibilities for the study participants to exert their agency as social and economic actors, particularly while negotiating circumstances that affect their health and wellbeing. West and Zimmerman's concept of doing gender helps this study to explore how young female domestic work may necessitate performing (doing) gender, due to the general perception of the work as a feminised occupation, and the ways in which domestic work may re-establish or circumscribe gender.

## **2. Critical account of the applied theoretical approaches**

A recent contribution to the Social Studies of Childhood reassesses the glorified depiction of children's agency as presented in the early body of work. The new contribution objects to how previous literature within the Social Studies of Childhood claims that children, as social

actors, are fully competent to independently master their own lives and destinies (Tisdall & Punch, 2012). Tisdall and Punch suggest that the Social Studies of Childhood is in fact 'not so new' anymore and recommend that childhood studies shall focus on how to approach children's responses, particularly when children face considerable adversity, while still acknowledging that children will respond and navigate their situations (Tisdall & Punch, 2012, p. 3). Hunleth explains that while children's roles and agency in adversity is important to make visible, they are however no 'super agents' (Hunleth, 2013). Instead, Hunleth suggests that children experiencing adversity will attempt to take control over, and make sense of, their situation and adverse circumstances; but that such control is limited by situational factors (Hunleth, 2013).

Woodhead further stresses that while the Social Studies of Childhood recognises children's agency, there are situations in which children are generally more 'vulnerable, dependent and inexperienced' compared to adults, but also those where children are more 'competent, resourceful and resilient' than adults (Woodhead, 2011, p. 57). Thus, the challenge is to identify children as active in constructing meaning about their situations and acting within them, while also acknowledging that children face constraints.

Similarly, in the literature on child domestic work, Jensen states that CDWs have 'thin agency' as they have limited capabilities to 'make independent decisions or to act to their own benefit' due to the geographical, cultural and discursive constraints associated with child domestic work (Jensen, 2014, p. 154). Towards this end, Jensen recommends that CDWs should not be portrayed as fully independent actors, as their agency is highly restricted by the nature of domestic work (Jensen, 2014).

Gender as a social construct has had a longstanding tension within the sociological field rooted in the differing conceptualisation of agency and structure and the relationship therein (Elder-Vass, 2010). One stream argues that the agent operates consciously and by one's own free will in the social world. Therefore this stream questions whether social structure may affect the agent's behaviour (Elder-Vass, 2010). The opposing stream view the agent as subconsciously acting, and that acts and behaviours of the agent are fully determined by structural forces (Elder-Vass, 2010). However, Elder-Vass argues that agency and structure is not binary. Instead, that research must 'recognise that it is specific groups of people that have social structural power' (Elder-Vass, 2010, p. 4). Elder-Vass further argues that even 'human individuals themselves possess casual powers – human agency. Thus, social events, then, are produced by the interaction of both structural and agential casual power' (Elder-

Vass, 2010, p. 4). In this respect, it is important to include an overt discussion about the relationship between the persons' capability to act as a free individual and the act being directed by social structures. In other words, according to Elder-Vass's recommendation, research using a social constructionism lens should make explicit the social structures surrounding the agent, and then assess the person's agency in relation to the identified influencing structures.

For this study, I draw upon the combined approach of the Social Studies of Childhood and gender as a social construct, as discussed above, as these approaches together recognise agency and external structures, as well as highlight the interdependent relationships of these two aspects. In detail, I consider agency of the girl domestic workers and how they navigate their agency in work situations as well as how they negotiate their health and wellbeing in relation to their work. I further consider structural influences, such as the work's nature, and its conditions and terms, on the girl's circumstances and its impact on her health and wellbeing. I draw upon these theoretical approaches to explore both limitations and possibilities of agency, as well as underlying structural factors that influence the situation of the study participants, such as how childhood and gender may both limit and provide benefits to the girls' health and wellbeing.

### 3. Conceptual framework

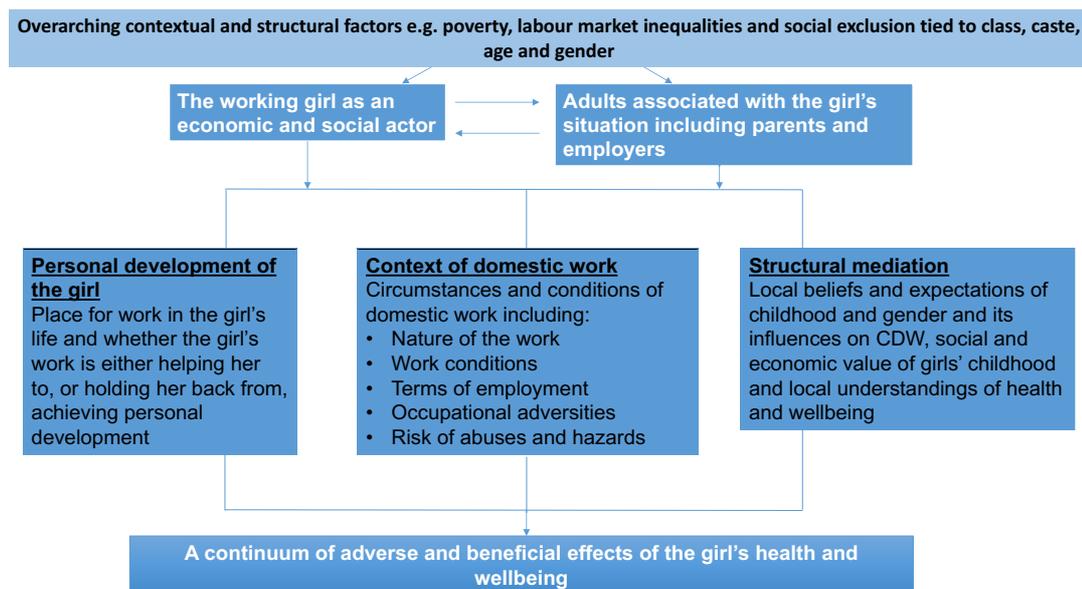
The conceptual framework, see Figure 1, draws on the concepts of subjective health and wellbeing as well as the theoretical approaches of the Social Studies of Childhood and gender as a social construct described in the previous sections. The conceptual framework oriented how the study was implemented and it facilitated conversations about health and wellbeing from the study participant's perspectives. It also added focus on underlying structural forces shaping the situation of the girls.

The framework recognises, in line with the Social Studies of Childhood, that young female domestic workers are social and economic actors who construct meaning about their situations and experiences. The framework also highlights that domestic work includes structural constraints related to social inequalities on the young workers' capacity to navigate their situations and agency. In accordance with the Social Studies of Childhood, the situation of girl domestic workers is subject to interdependent relationships between the young worker and adults, which is why both employers and parents are included in the framework. The framework, in line with the Social Studies of Childhood, reflects that both

childhood and work are cross-culturally variable and socially constructed and that context matters. The framework further includes Woodhead’s conceptualisations ‘development, context and mediation,’ as these add particular focus on the impacts of the work on the girls’ health and wellbeing (Woodhead, 2004, p. 17). The framework approaches health and wellbeing as a ‘continuum of harm and benefits’ as developed by Bourdillon et al. (2010, p. 161).

The framework further reflects, in line with the gender lens, that gender will influence the situation of girl domestic work. Domestic work is therefore the ‘social space’ or the segment, in which the girls operate. For example, at work (the social space), the girls behave (do their gender) according to the prescribed behavioural norms of their gender. The applied framework allows this study to unpack the prescribed rules/ structures attached to young female domestic work in Delhi.

**Figure 1: Conceptual framework of young female domestic workers’ health and wellbeing**



Overarching contextual and structural factors are placed centrally at the top of the figure to recognise that both the prevalence of young female domestic work, as well as, the ability for the young female domestic workers to navigate their situations at work and practice their agency, are located within larger structures pertinent to, for example, social and economic exclusions related to class, caste, gender and childhood which will have possible limitations and benefits to their health and wellbeing.

The working girl as both economic and social actor is placed on the second level of the figure from the top to acknowledge the status of the girl as a worker as well as the economic value

of her work. The girl is also placed at the centre to acknowledge her agency and her ability to make meaning out of her experiences and navigate her situation.

Adults associated with the girl's situation such as parents and employers are also placed on the second level of the figure. The position of parents and employers illustrates the interplay and interdependent relationships of the adults and the girls. Moreover, they are placed on the same level as the girls, to underline the influences of the associated adults on the agency and situation of the young worker.

The next components are personal development, context and mediation. The figure illustrates how these three components are interlinked and of similar importance for positive and negative impacts of the work on the girls' health and wellbeing.

Personal development involves the role of work in the girl's life and whether her work is helping or permitting her to achieve personal development. This component is also linked with economic development concerning her own and her family's welfare. It further relates to the role of education in relation to the necessity to work.

Context, with respect to domestic work, includes the girl's working circumstances, conditions and terms of employment. It also refers to occupational adversities, risks and hazards.

Structural mediation encompasses how aspects such as local norms, perceptions, beliefs and expectations of girl domestic work influence the girl's situation. This includes how structural forces shape gender roles in the social space of young female domestic work. Likewise, how the social and economic value of childhood, girl domestic work, as well as local understandings of childhood, gender and health and wellbeing mediates positive and negative impacts on the girls' health and wellbeing.

Ultimately, the interplay and intersection of the above generates both positive and negative effects on the young worker's health and wellbeing. Therefore, the continuum of the girls' health and wellbeing are placed at the bottom of the figure.

I developed this conceptual framework to examine how young female domestic workers practice their agency within larger structures pertinent to social and economic value, gender, childhood and social relations and possible limitations and benefits to the girls' health and wellbeing. Moreover, to explore the ways in which the working girls, as social and economic actors, may reproduce norms or develop helpful or unhelpful tactics to maintain health and wellbeing within the constraints of the social space of their work.

## Chapter 4: Methods

This chapter contextualises the study site, details the research methods, and describes my perspectives as a researcher. In this chapter, I present the study setting, study design, fieldwork process, collaborating organisations and research team, data collection methods, participant recruitment, data analysis and ethical considerations. I further reflect on how my background and “belongings” may have influenced this research. Finally, I describe the limitations of the study design. As noted by Ulin et al., transparent, detailed information on how the qualitative research has been created and by whom is crucial for an adequate assessment of the credibility and transferability of the findings (Ulin, Robinson, & Tolley, 2005).

### 1. Study setting

According to the most recent Census in India (2011), The National Capital Territory of Delhi has an estimated population of 16,349,831, of which 7,598,997 are women (The Census Organization of India, 2015). The NCT of Delhi (henceforth referred to as Delhi) is the capital of India and the most densely inhabited state (The Census Organization of India, 2015). The bordering states of Delhi are Haryana on the North, South and West sides and Uttar Pradesh on the East side. Delhi is divided into nine districts: North West, North, North East, East, West, Central, New Delhi, South West and South (See figure 2).

**Figure 2: District map of the National Capital Territory of Delhi**



Source: <http://www.delhiunlimited.com/geography/geographical-map-of-delhi.htm>

Hinduism is the main religion practiced in Delhi, followed by Islam, Christianity, Sikhism, Buddhism and Jainism (Census of India 2011, 2011). The major languages in Delhi are Hindi, Punjabi, Urdu and English.

In 1962, the National Capital Region of Delhi was introduced as an inter-state development strategy in response to the fast-growing urbanisation, industrialisation and migration influx to Delhi (Ministry of Housing and Urban Affairs, 2017). The NCR of Delhi includes the NCT as well as bordering cities of Sonapat, Ghaziabad, Noida, Faridabad and Gurugram (previously Gurgaon), among others. The estimated population of the NCR of Delhi is 25.8 million (The Census Organization of India, 2015). This high number of inhabitants makes the NCR of Delhi the biggest urban area in India and the second largest urban area in the world (United Nations Department of Economic and Social Affairs, 2015).

The main internal migration routes in India are from rural to urban areas (UNESCO, 2013). However, reports show an increase of temporary and circular migration flows in India (UNESCO, 2011). Delhi together with Maharashtra, Gujarat, Haryana, Punjab and Karnataka are the key destination states for internal migrants in India (UNESCO, 2013). According to a study conducted by the United Nations Educational, Scientific and Cultural Organisation (UNESCO), internal migrants are often members of the scheduled castes and tribes (see Chapter 2 for more details regarding the caste system in India) (UNESCO, 2011). According to the National Sample Survey (2007-2008), 80 % of internal migrants are women (National Sample Survey Office, 2010). The available national estimates (National Sample Survey Office and the Census), indicate that women migrate principally for marriage (Agnihotri, Mazumdar, & Neetha, 2012; Chakraborty & Kuri, 2013). However, the number of women migrating to Delhi for work is suggested to be much higher than indicated by the national statistics, since domestic work is not accounted for in the surveys due to its informal status (K. Kasturi, 2015). UNESCO estimates indicate that 20 % of all female internal migrants in India are engaged in domestic work (UNESCO, 2013).

Frequently, internal migrants reside in slum areas of Delhi. In colloquial language, a slum area is referred to as 'community area,' among other names. Due to the negative connotation of 'slum' and in line with local word use, this study uses the term 'community area' instead of slum. According to the 2011 Census, people living in community areas in India have increased during the period of 2001 to 2011 from 5,23,71,589 to 6,54,94,604 (Census of India 2011, 2013). Delhi has a high population residing in community areas, often located adjacent to wealthier residential areas, where community dwellers frequently work.

Typically, basic facilities such as running water, toilets, electricity, are scarce in the community areas, as are child- and health care services (Government of National Capital Territory of Delhi, 2015).

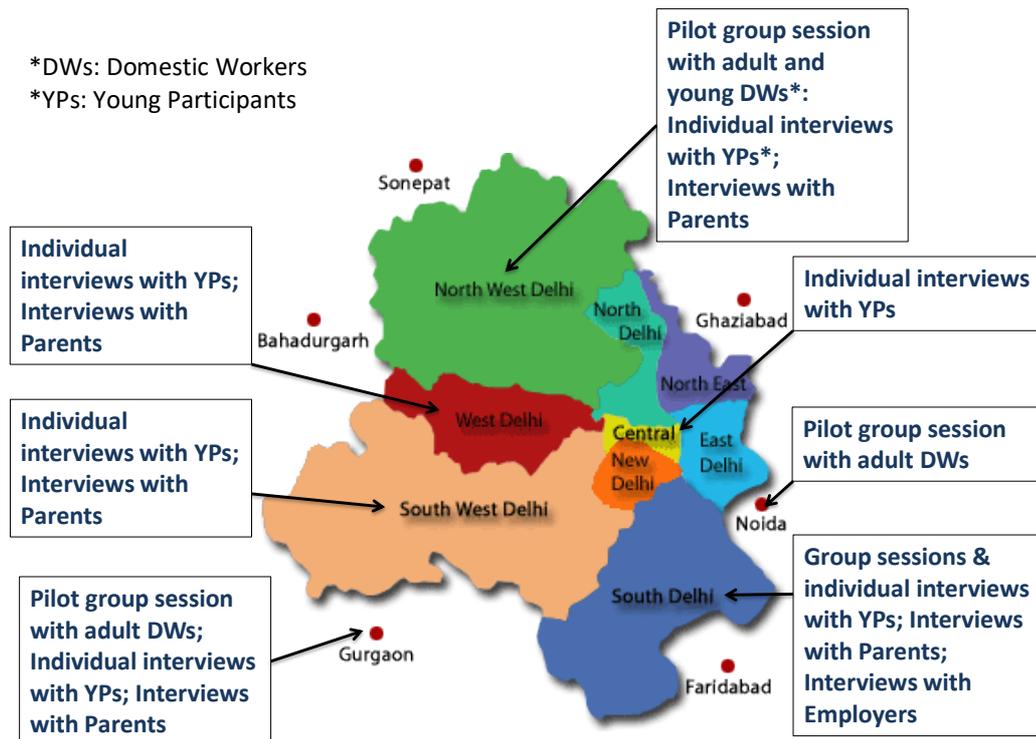
In addition to Delhi being a key destination for internal migration, Delhi is further a central destination and transit point for human trafficking routes in India. With regards to child trafficking to Delhi, the source areas are largely rural areas in West Bengal, Bihar, Jharkhand, Uttar Pradesh, Madhya Pradesh, Uttarakhand and Rajasthan (UNODC, 2013). Young girls are predominantly trafficked to Delhi for domestic work, to work in factories, for forced marriages and commercial sexual exploitation (UNODC, 2013).

Delhi is a city with a wide range of cultures, religions and movement of people. Such diversity poses a major challenge when trying to capture the specifics of a phenomenon in such environment. In other words, doing research in an urban setting like Delhi is challenging as it requires making sense of immense chaos and diversities that the researcher first must identify and familiarise oneself with and thereafter, organise and make sense of in a systematic way, to collect a credible set of data. Therefore, in order to gather a representative sample reflecting this diversity of Delhi, I decided to collect data from the main districts of Delhi (see figure 3) to capture a deeper understanding of young female domestic work in Delhi. My intention was also to have a wide spread of the data collection to promote transferability of the study findings to similar urban areas in India and elsewhere.

### **1.1 Data collection sites**

I collected data in five districts of the NCT of Delhi and in two districts, Gurugram (previously Gurgaon) and Noida, of the NCR of Delhi (see figure 3 for detailed information of the data collection activities).

**Figure 3: Map of the data collection sites**



Source: <http://www.delhiunlimited.com/geography/geographical-map-of-delhi.htm>

Most of the observations and interactions with the study participants took place in the local communities and in the homes of the participants. This brought the research assistant and myself to various community areas in Delhi. The following extract from my field diary provides an example portrait of one of the many homes we visited in the community areas for an interview:

*The interview took place in the same location as last time, in their home. It is a very small room, maybe three by three meters' square. They have one big bed where all four of them sleep. The mother, the little brother and the two sisters. They have a cooking stove and there are shelves all over each wall with clothes, items and crockeries. Despite the fact that the room is tiny and packed with their belongings, it has a pleasant and welcoming feeling. In fact, the whole lane is full of life and the community dwellers are always curious and want to converse when we come. The mother is so friendly and inviting. She mentioned when we left that now when we know how to reach the house on our own, we were welcome to come at any time. We mentioned that we would be very interested in coming to interview her, as part of the parent's perspective. She agreed.*

*Source: Field diary, 24 September 2015*

Each community area that we visited was unique regarding its size, its population and its demographics. Some areas were more advanced than others concerning sanitary facilities and standard of living.

## 2. Research design

This study relied on several qualitative data collection methods, informed by anthropological approaches to research. This study drew on an ‘iterative-inductive’ research approach, which according to O’Reilly involves a fluid and flexible process where aim, objectives, methods, data collection and analysis are interconnected and develop over time, in line with the researcher’s increased knowledge of the study setting (O’Reilly, 2012, p. 29-30). The methodological approach shaping the methods of this study is based on the principles of participatory research and critical ethnography. As shown in Table 1, the applied methods include observations, group discussions and interviews to fulfil the research questions. The process of knowledge production (methodology) and tools (methods) for this study have been selected to achieve an in-depth understanding of local meanings and influences that affect the health and wellbeing of girl domestic workers.

**Table 1: Overview of applied methods in relation to the research questions**

Research Questions	Data collection methods	Participants
Question 1: How do young female domestic workers, their parents and their employers understand childhood, child domestic work, health and wellbeing and the social contexts ascribed to these concepts?	Group sessions	Young participants
	Interviews	Young participants, parents and employers
Question 2: What is the role of gender in the experience of domestic work and how do young female domestic workers perceive the ways that domestic work influences their health and safety?	Group sessions	Young participants
	Interviews	Young participants, parents and employers
Question 3: How do the various work circumstances influence the wellbeing of young female domestic workers and how do the working girls actively shape their wellbeing in relation to their work?	Group sessions	Young participants
	Interviews	Young participants, parents and employers

## **2.1 Methodology**

The study used a mixed, child-centred methodology based on participatory research and critical ethnography. Liebel suggests that a child-centred approach is necessary to capture local understandings and experiences of child work (Liebel, 2004). Moreover, a combined approach allows the study to explore the social, cultural and economic factors that shape the child's experiences of everyday life (Crivello et al., 2009; James, 2007b).

### *2.1.1 Participatory research*

I identified participatory research (hereinafter referred to as PR) relevant for this study based on the rationale that PR is a methodology that encourages active involvement of the study participants and prioritises the participants' agency. The PR methodology helped to shape tools for this study that encouraged preferred activities of study participants, as the challenge with PR is to identify suitable activities that the study participants usually would do. PR further fortified a collaborative process of interactions with the purpose to learn about the participants' experiences and listen to their stories told in a way that made most meaning for them.

PR is increasingly used in the field of health research and childhood studies (Camfield et al., 2009; Jewkes & Cornwall, 1995; Wang, 1999; Woodhead, 1998b). PR is multidisciplinary and does not originate from a precise discipline of social sciences. Instead PR was developed as a critique of the way social sciences perform research 'on' participants; instead, PR suggested an approach of researching 'with' participants as a way to acknowledge their agency (Hunleth, 2011, p. 82). PR aims for democracy and social justice, and its application requires that the researcher participate in the life of the participant (Torre, Fine, Stoudt, & Fox, 2012). The epistemology of PR necessitates that research design, methods and analysis are produced collaboratively and democratically with the study participants (Torre et al., 2012). Consequently, key strengths of PR are argued to be its ability to explore local knowledge and perceptions as well as to support active participation of research participants, while advocating for their agency and empowerment (Jewkes & Cornwall, 1995). The participatory approach recognises the participant as the 'expert of her own needs, goals and suffering' (Grover, 2004, p. 82). In this sense, PR is a 'bottom-up' approach and it is committed to giving 'voice' to its participants and to create an arena where such voices best can be heard (Mand, 2012, p. 151). Scholarly literature suggests that PR is a suitable approach to encourage young people to raise their concerns and voices (Christensen & James, 2000). According to Nieuwenhuys, PR is especially apposite in the context of poverty of young people, as PR

respects the agency of youths and acknowledges and strengthen their strategies for survival (Nieuwenhuys, 1997).

Qvortrup reasons that PR, as a methodology, is a much-needed approach in childhood studies when aiming to learn about young people's worlds in diverse and changeable cultural and societal contexts (Qvortrup et al., 2011). Moreover, PR is a particularly suitable method when researching the wellbeing of young participants, as it provides a holistic view of young people's experiences and adversity in relation to their wellbeing (Camfield, Crivello, & Woodhead, 2008; Camfield, Streuli, & Woodhead, 2010; Crivello et al., 2009).

Despite PR being a widely applied methodology in the field of health and childhood research, there is a mounting body of literature criticising this approach, suggesting that it necessitates that adult researchers represent the voice of young people (Alldred, 1998; Gallacher & Gallagher, 2008; James, 2007b; Spyrou, 2011). As argued by Grover, the knowledge production in participatory research with young people is not a neutral interpretation of childhood despite the effort of participation and co-construction. Instead, Grover suggests that interpretation is an active 'construction' and 'reconstruction' process (Grover, 2004, p. 83). It is therefore necessary that the adult researcher reflect critically upon her influence in the representation of young people's voices to prevent misrepresentation of their concerns and priorities. A researcher should in this sense not assume that PR would provide an authentic representation of participant's voices. Instead, the representation of the voices is more likely to be partially based on who the researcher is and to whom they have spoken. It is imperative to prevent misrepresentation of young people's voices, as this may lead to severe implications if policies and interventions are incorrectly developed and implemented (Gallacher & Gallagher, 2008).

In brief, the main critiques identified in the literature on PR with young people are the existence of a power imbalance between the adult and the young person, the multiplicity of children's experiences, the potential lack of accuracy of the representation, the necessity of researcher reflexivity, and the problematic notion that children needs to be 'saved' by adults (Alldred, 1998; Gallacher & Gallagher, 2008; James, 2007b; Spyrou, 2011). Sections 9: Reflexivity and epistemological position and 11: Limitations of the study design in this chapter provides further information on how the issues of researcher reflexivity, power imbalance, the multiplicity of children's experiences and accuracy of the representation have been addressed in this study.

In the literature on child domestic work, the voices of the workers are gradually being integrated into research development (Blagbrough, 2008b; Woodhead, 1999). However, according to Klocker, it is primarily the voices of current domestic workers that need to be represented in the literature (2012a). Klocker concludes (2012a):

Research on sensitive issues may benefit from incorporating the contemporary accounts of individuals still enmeshed in the situation under analysis and the remembered accounts of those who have moved on. By doing so, researchers can acquire more nuanced and complex perspectives of the issue under investigation (pp. 894-895).

Thus, to achieve a fuller, more comprehensive understanding of girl domestic work, this study gathered the perspectives of both current and former young female domestic workers. The participatory elements in this study include: pilot group sessions with adult female and girl domestic workers, a high degree of involvement of the local research assistant in the development of the study design and ethical considerations, and interactive group sessions with young female domestic workers.

### *2.1.2 Critical ethnography*

I identified critical ethnography as a suitable methodology for this study as it provides a framework to explore 'how cultural meanings constrain existence' of a phenomenon (Thomas, 1993, p. 36). Critical ethnography involves enquiring below surface meanings and understanding the wider context. Drawing on this critical approach, I spent ample time trying to understand the political, economic and social aspects of domestic work in Delhi through initially performing a literature review followed by conducting observations and key meetings to identify relevant sources of data and to refine the questions for the "formal" interactions and interviews. Additionally, to gain critical insights during data collection and analysis, I paid attention to contradictory narratives. In this sense, we had a flexible approach when asking our questions and I tried to be observant towards discrepancies in the answers. I further aimed to follow up during the interviews with additional questions when I thought there was a situation of social desirability; when participants responded with what they thought the research assistant and I wanted them to say, instead of their honest opinion.

A critical approach involves identifying the 'best sources' of data that will provide 'insider's knowledge' of the topic (Thomas, 1993, p. 37). Along these recommendations combined with the fact that young female domestic work is such a diverse phenomenon, I aimed to include

all primary forms of girl domestic work in Delhi (live-in, live-out, part-time, full-time, rescued girl domestic workers, girls accompanying their mothers, and migrant girl domestic workers), to build up a comprehensive understanding of the many different lived experiences of girl domestic work. In addition to including the major forms of girl domestic work, this study further collected data in various districts of Delhi to demographically and socio-economically explore how the forms and conditions of young female domestic work may vary in the different areas of Delhi. Furthermore, to add depth and richness to my understanding of the subject, I included complementary perspectives of employers and parents to gather deeper insights of young female domestic work. In this respect, I aimed to comply with the critical approach of ethnography.

Similar to participatory research, ethnography is widely applied in both qualitative health research (Bloor, 2007) and childhood studies (James, 2007a; Levine, 2007). Ethnography as a methodology demands that a researcher personally experience and explore a certain social or cultural situation (Atkinson et al., 2007) and learn from individuals' own lived experiences and everyday life (O'Reilly, 2012). The principles behind ethnography are to place events, encounters and understandings in a broader context and give it a deeper meaning (Denzin & Lincoln, 2000). As stated by Eriksen (2004), 'the aim of ethnographic research is still to understand local practices and notions in the full context' (p. 48). The traditional methodological approach in anthropologic ethnography is participant observation. However, more frequently, multi-method approaches are being used, such as interviews and group discussions (Atkinson et al., 2007) and visual methods including photography and video (Pink, 2007), to name a few. One critique within the discipline of medical ethnography, regarding using participant observation exclusively, is that it may not generate a complete understanding of the issue (Bloor, 2007). This is, in part, why I included additional methods for this study. Moreover, similar to PR, both medical ethnography and childhood ethnography regularly aim to give voice to the 'silenced' and involve participants in the research process (Bloor, 2007; James, 2007a).

Critical ethnography is a form of analysis within ethnography that seeks to deeply explore meanings and appearances (Thomas, 1993). It compels the researcher to think critically about what is being observed and experienced while putting it in a wider context of influencing structures, policies and frameworks (O'Reilly, 2012). According to O'Reilly, only by considering the wider contexts of individual action and the potential links to structures, power and control, can research understand the actions and agency of individuals (O'Reilly,

2012). The main difference between ethnography and critical ethnography, according to Thomas is that ethnography 'describes what is' while critical ethnography 'asks what could be' (Thomas, 1993, p. 4).

Madison describes critical ethnography as 'an ethical responsibility to address processes of unfairness or injustice within a particular lived domain' (Madison, 2012, p. 5). Critical ethnography is, according to Madison, based on 'principles of human freedom and wellbeing' and aims to critique structures oppressing these elements in certain contexts and social groups (Madison, 2012, p. 5). The researcher is therefore ethically responsible for contributing to the exposure of oppressing structures, as well as to contextualise and describe the richness of the cultures discussed (Madison, 2012). Madison (2012) further explains that the role of the critical ethnography researcher is to:

Use the resources, skills, and privileges available to her to make accessible – to penetrate the borders and break through the confines in defence of – the voices and experiences of subjects whose stories are otherwise restrained and out of reach (p. 5).

Like arguments found within PR with children and young people (see for example Spyrou, 2011), both Tomas (1993) and Madison (2012) stress the importance of researcher reflexivity in the process of critical ethnography. As described by Madison, 'interpretation holds a great deal of power,' which is why reflexivity is of particular importance when aiming to represent the views of what Madison calls the 'others' (Madison, 2012, p. 4). According to Lather, the reflexive account requires the critical ethnographer first to take some distance from her own culture and 'unlearn one's privilege,' to prevent from ethnocentrism and to provide an authentic description of the study participants (Lather, 2007, p. 484). However, it is important to note that critical ethnography does not attempt to be objective, but instead to bring 'hidden injustice, oppression and power imbalances' to the forefront (O'Reilly, 2012, p. 198).

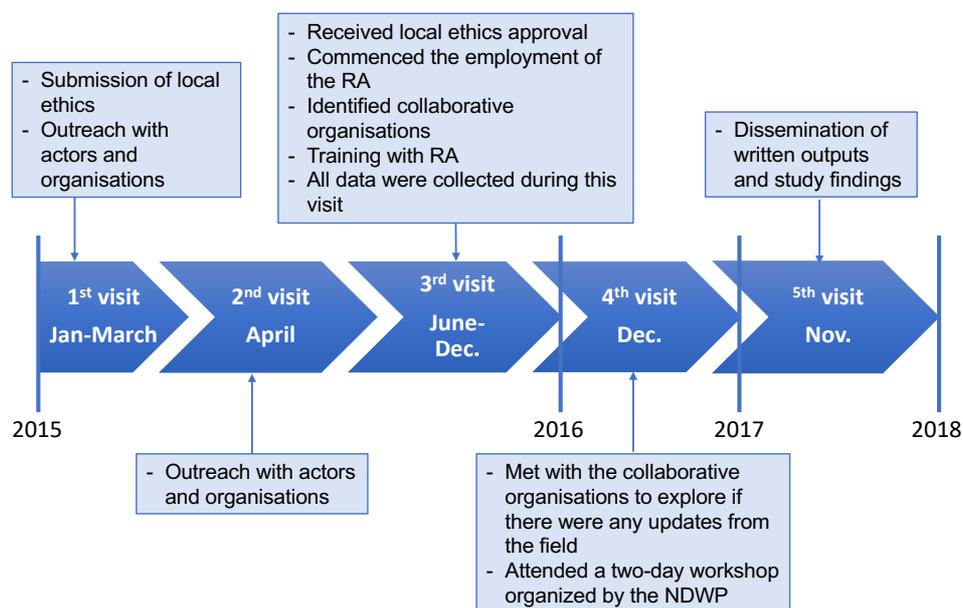
PR and critical ethnography are both grounded in the ideas of social justice and a democratic production of co-constructive knowledge. While PR adds a rather practical approach to knowledge production, critical ethnography provides a lens when analysing the context and surrounding structures influencing the data and situations. I applied the two methodologies for this study based on the understanding that this approach would promote complementary and context-appropriate high-quality data. Moreover, the combination of PR and critical ethnography emphasise active participation of participants with the intention that

participants benefit from taking part in the research, which is argued as essential for ethical considerations when doing research with young participants (Alderson & Morrow, 2011).

### 3. Fieldwork process

The fieldwork of this study was carried out during four visits to Delhi over a period of approximately 10 months in total. Figure 4 provides an overview of the fieldwork process. The longest consecutive field period was the third visit of six and a half months.

**Figure 4: Time line of the fieldwork process**



#### 3.1 Preparation for fieldwork

In preparation for the fieldwork, I undertook a ten-week Hindi course in London to have a basic understanding of the language. To gain a grounded understanding of the situation of domestic work in Delhi, before leaving for the fieldwork, I monitored news channels for relevant articles on domestic work in India, which I kept track of in a spreadsheet. In addition to news articles, I further monitored legal and political developments, which I also kept track of in a spreadsheet. I continued my monitoring efforts throughout the study, so I could maintain a broader understanding of various perspectives on the research topic. In addition, I mapped relevant organisations, institutions and actors in the field and sought contact with selected institutions before I began the fieldwork, so that I could start the fieldwork immediately upon arrival to Delhi. I later learned that meetings are not normally planned far in advance and it was much easier to get appointments over the phone when in Delhi.

However, I did manage to get in contact with few key organisations in Delhi before leaving for the fieldwork. I also applied for research affiliation with the University of Delhi (DU), which was granted and will continue until completion of my doctoral studies. It was important for me to have a research affiliation with one of the main universities in Delhi, as I wanted to ensure that the study was well informed by scholarly work in Delhi and by local research practices. Another important reason for the research affiliation was to apply for local ethics approval from the University.

### **3.2 First fieldwork visit**

The first visit commenced in January 2015 and lasted for nearly two months. During this visit, I aimed to familiarise myself with local terminology as well as with the social, political and economic context of girl domestic work in Delhi. I also aimed to do outreach with relevant organisations active in the field of child labour and domestic work and to explore possibilities for collaborations with appropriate organisations. Additionally, I aimed to submit the local ethics application to the University of Delhi.

During the first visit, I submitted the local ethics application. I also managed to do outreach with a wide range of organisations, scholars and institutions in order to map the active actors in the field. I attended skills training activities implemented by the state government of Delhi under the RPL project (described in Chapter 2, Section 3.1.1: Placing child domestic work in the Indian legal, economic and political context), with adult domestic workers in different community areas in South Delhi. Each skills training activity took place over a three-day course, which meant that I met with the same group of adult domestic workers on three different occasions. On two occasions after the third day when the training was over, I got invited into the homes of domestic workers for a snack. Though these visits were completely on a personal level, meaning I did not conduct any interviews or collect any data, they did help me to understand the life of domestic workers and the general life in the community areas, which are fundamental pieces of the fieldwork according to Eriksen (2004). Especially since these visits went beyond work and moved to their private sphere. These visits also allowed me to understand better the life in community areas. I learned, for example, about the lack of access to sanitary facilities, open drains, lack of garbage systems, risky house constructions, scarce water supply and that in some areas water was only provided once per week. I also learned about safety issues for women and how they put men's shoes on the doorstep to make it look like there was a man inside to keep other men away. Moreover, I

learned about alcohol abuse and I got to experience the atmosphere in community areas during the day and night time.

### **3.3 Second fieldwork visit**

My second visit to Delhi took place during most of April 2015. During this visit, I aimed to continue to do outreach with organisations, academics and actors in the field of domestic work, and to attend relevant events to deepen my understanding of the empirical field and topic. During this visit, I attended the 'National Workshop on Building Momentum on Living Wage' organised by the Society for Labour and Development<sup>9</sup> and Nari Shakti Manch.<sup>10</sup> I was further able to identify and establish good relations with those who later became collaborating organisations for the study.

### **3.4 Third fieldwork visit**

My third visit to Delhi was the longest consecutive visit and it took place from mid-June to the end of December 2015 and I received the local ethics approval during this visit. The aim of the visit was to employ and train a research assistant, begin collaborating with the identified organisations and to commence and complete the data collection.

The RA and I initiated and completed the data collection which included field observations, key meetings with organisations, pilot group sessions, group sessions with young participants, and in-depth interviews with young participants, parents and employers.

The research assistant and I were further able to increase our network of relevant actors and organisations and we attended events and meetings in Delhi relevant to domestic work. For example, we attended a rally for informal work sector in Jantar Mantar in Central Delhi in August 2015.

---

<sup>9</sup> Society for Labour and Development is a labour rights organisation located in Delhi, working in the field of social and economic wellbeing of labourers, women, migrants and marginalised populations (<http://sldindia.org/>).

<sup>10</sup> Nari Shakti Manch is working to address the issues faced by women workers and to put their concerns on the political agenda. This organisation works in the field, mainly in the area of Gurgaon (<http://sldindia.org/project/womens-rights/>).

**Picture 1: Rally for informal work sectors, Jantar Mantar**



Photo: Jenny Svensson

### **3.5 Fourth fieldwork visit**

The fourth visit took place during the entire month of December 2016. The aim of this visit was to follow up with the collaborative organisations regarding recent updates in the field.

## **4. Collaborating organisations**

Since inception of this study, I mapped relevant organisations in India around child work and domestic work and followed the legal and political developments in the field. During my fieldwork, I dedicated extensive time to establishing contacts with organisations to explore who they were, how they worked and what their priorities were. The organisations ranged from unions to NGOs in the field of domestic work, NGOs in the field of child labour, women's organisations, placement agencies, international organisations, research institutes and governmental labour institutes (See [Appendix II: List of interactions with actors](#)). Early on I understood the need to interact with a wide range of actors to fully grasp the social, political and economic situation of girl domestic work in Delhi. I spent time understanding the position and political standpoint of the collaborating organisations to account for potential biases during the data collection. I based my choices of collaborating partners on the following criteria:

- Willingness to collaborate and capacity to provide support to the research participants during and after the data collection activities, if needed;
- Ability to provide access to wide spectrum of girl domestic workers in Delhi including live-in, live-out, part-time and full-time workers;

- Geographical spread of the collaborating organisations so that I could conduct the data collection in most districts of Delhi, based on the assumption that girls' working conditions may vary depending on the different population demographics of the employing households in the various areas of Delhi.

I established collaborations with eight organisations covering five districts of Delhi and in Gurugram and Noida. Additional details of the specific collaborating organisations are outlined in Table 2.

**Table 2: List of collaborating organisations**

No.	Name of Organisation	Type of Organisation	Area of Delhi	Main organisational activities for DWs
1	Chetanalaya/ Delhi Domestic Workers Forum	Faith-based (Catholic) NGO	Central, North, South, West and East Delhi; Gurgaon; Faridabad; & Noida	Mobilise domestic workers, placement and skills training
2	Salaam Baalak Trust	NGO	South Delhi	Training centres for children
3	Nirmala Niketan/ National Platform for Domestic workers	NGO	North West Delhi	Mobilise domestic workers and placement
4	Self-Employed Women's Association (SEWA) Bharat	Trade union	Noida (East of NCT of Delhi)	Mobilise domestic workers
5	Nari Shakti Manch/ Gurgaon Gharelu Kamgar Sangathan/ Gurgaon Domestic workers Union	Trade union	Gurugram (South of NCT of Delhi)	Mobilise domestic workers
6	Delhi Gharelu Kamgar Sangathan (DGKS)/ Delhi Domestic workers Union	Trade union	West Delhi	Mobilise domestic workers
7	Prayas	NGO	South Delhi	Vocational training and shelter home for rescued children
8	Nirman Mazdoor Panchayat Sangam (NMPS)	Trade union	South West Delhi	Mobilise construction workers

#### **4.1 Research team**

The total research team of this study involved one Research Assistant (RA), three transcribers and myself. However, the core research team during the fieldwork consisted of the RA and myself. For this reason, when I refer to the research team, it consists of the RA and myself.

As an “outsider” with limited Hindi skills, it was important to recruit a RA who was a native of the country to support and translate during the data collection activities. I created a detailed ad, including information on the research study, job description and expected qualifications, which I sent out in my networks in Delhi. The RA and I worked closely together for six months (from June to December 2015).

I first hired one transcriber in November 2015. Thereafter, I had to employ a second transcriber in January 2016. Due to the high number of transcripts I had to engage a third transcriber in February 2016, to finish the transcription work according to the time plan of the study. I put up an ad at the Department of Anthropology and Department of Zoology at the University of Delhi and received a high number of applicants.

#### **4.2 Research assistant**

Alongside the complementary approaches of ethnographic fieldwork and participatory research methods, my work maintained a systematic approach to have strong participation and involvement of the RA, as this offered a cultural window to my foreigner’s lens of interpretation. Thus, when the RA was hired (during the third visit to Delhi), I asked her to write down her previous experiences in her own home with domestic workers. We had already discussed both her personal standpoint and experiences during the interview for the RA position for me to assess her suitability for the work. However, the aim of the writing exercise was to provide a personal account to better understand her approach to the topic as a native. Moreover, as I understood rather quickly after coming to Delhi, not only was child work a sensitive topic, but domestic work was as well, because almost all households have one or several domestic workers. Thus, it was useful to learn from the RA about practices of domestic work seen from an employer perspective. I further asked the RA to write down a list of all terminology that she knew was used for domestic workers in Hindi. This was done for us to identify and test the appropriate terminology and for me to get a semantic understanding of domestic work and the variations of domestic work in Delhi.

Before commencing the data collection activities, I developed a two-day training with the RA, to discuss the present study in detail, the qualitative research practices relevant for the

study, the positionality and role of the interviewer, and safety and ethical considerations (See [Appendix III: Outline of the training in qualitative research methods](#)). Instead of having a typical trainer-trainee approach, the training workshop was created to be inclusive and a learning opportunity for both of us by including group work and joint reflections upon the content of the training. It was also a first step to test the topic guides and consider how to ensure our and the participants' safety during the fieldwork. The collaborative approach helped to bring us closer as a team and emphasised shared responsibility and transparency of the work.

The main responsibilities of the RA during the data collection were to mobilise and perform outreach with collaborating organisations, young participants and parents. She was to jointly lead the interviews and perform simultaneous translation during all data collection activities, where relevant. The RA further influenced the design of the study to be context appropriate and overall functioned as an important sounding board during the fieldwork process. For example, throughout the data collection activities, we had regular debriefings after each interaction with participants to compare and share thoughts, ideas for improvements and analysis of the outcome. It was also an important opportunity to share reflections about the distressing stories told during the interactions. As mentioned by the RA on our return from one particularly difficult interview:

*'We are both so quiet on our way to the interviews and back, it is almost as if we build up energy and strength needed for the interview and then give it all during the interview, and then recharge our batteries again when are going back.'*

*Source: Research assistant, 2015*

The above reflection was so accurate of how I felt myself and it made me realise how synchronised we had become.

Upon completion of the main data collection, I interviewed the RA to get in-depth understanding of her own journey with the topic, thoughts around methods, our team-work and if her perceptions around domestic work had changed since the beginning of the work. This activity was useful for my own understanding of how the new knowledge had developed over time, during the data collection.

## 5. Data collection methods

Given the multi-faceted nature of girl domestic work and the challenges for its study, the present study drew on multiple methods and data sources to build a strong, focused corpus

of complementary data. The included data collection methods prioritised: the involvement of participants; emphasising their voices; and the social context of their voices. I applied these methods to generate in-depth understanding of participant's beliefs, motivations and behaviours. For this study, the data included, for example, field diary notes, photos, reflections, rudimentary analysis along the implementation, etc. I kept track of my notes and reflections during my visits in Delhi in order to follow how my own understanding and knowledge of the field, developed over time.

I implemented the data collection in sequence, based on a step-by-step approach, which meant that I could aim for the greatest possible sensitivity and least harm to participants as well as to adjust the methods throughout implementation. I present each step of the data collection and the included activities and involved participants in the below sections.

### **5.1 Field observations**

The field observations in this study took place during the interactions with research participants, in particular the pilot group sessions. In general, the observations involved that I focused on terminology, shared meanings, common feelings, and opinions and actions within the group of domestic workers, parents, employers and organisations. Furthermore, to situate domestic work, I paid careful attention to how domestic workers were treated and how they worked during visits to my friends' households in Delhi. Moreover, since I learned about common schedules of domestic workers and in what parks they were having breaks in my neighbourhood, I spent time observing random domestic workers to get a broader understanding of the everyday lives of part-time domestic workers in my area.

The field observations laid the ground for further development of the research methods and data collection tools. The collected empirical material during this step was field notes.

### **5.2 Key meetings**

I carried out key meetings with representatives from selected organisations identified relevant during the outreach, as described during the first and the second fieldwork visit. The word 'key' describes people who were identified as important based on the assumption that they would provide insights and expertise. Though, it is important to note, as argued by Eriksen, that the aim of fieldwork is not to meet with as many people as possible (2004). Instead, the aim is to make sure that the researcher interacts and learns enough to accurately master the empirical field under study (Eriksen, 2004). O'Reilly calls such an approach: 'good collaborative ethnographic practice' and she further urges the researcher to reflect upon the

potential implications of the specific type of understanding generated on the basis of the approached people (O'Reilly, 2012, pp. 44-45).

The aim of the meetings was to capture a diverse understanding of local practices of girl domestic work, the social context around it, and terminology and meaning of central concepts such as childhood, gender and girl domestic work, in order to build on the understanding gained from the field observations.

### **5.3 Pilot group sessions**

Three pilot group sessions were implemented on the premises of, and supported by, three collaborating organisations in South Delhi. The geographical coverage of these sessions is North West Delhi, Gurugram and Noida.

As illustrated in the table below, the three pilot group sessions were held with a variety of domestic workers and ages.

**Table 3: Overview of the participants included in the pilot group sessions**

<b>No.</b>	<b>Number of participants</b>	<b>Age span</b>	<b>Work status</b>
1.	25 domestic workers	18 - 48	Part-time workers in several households per day
2.	4 domestic workers	32 - 50	Part-time workers in several households per day
3.	7 domestic workers	19 - 23	Full-time, live in workers in the house of the employer

The pilot group sessions encouraged brainstorming moderated by the RA and myself, instead of having us steer the conversations. The aim of the pilot group sessions was to shape the development of the group discussion tool for young participants. Furthermore, we sought to identify appropriate terminology and word-use in Hindi in the words of the domestic workers and to see if they matched the word-use identified during the key meetings.

The outcome of the pilot group sessions helped to develop appropriate and contextualised tools for the following group sessions with girl domestic workers (also referred to young participants). The collected empirical materials for this step were field notes.

#### **5.4 Group sessions with young participants**

Two group sessions were conducted at two centres of one of the collaborating organisations in South Delhi. The group sessions were kept general and were intended to gain knowledge regarding the collective understanding of key concepts, needs and priorities of girl domestic work. This included collective understandings of: lived experiences of domestic work; general challenges for health and wellbeing due to work; and priorities for improved safety, health and wellbeing.

The first group session involved eight Young Participants (YPs) aged 15 to 18. All YPs lived with their nuclear family and seven out of eight accompanied their mothers who were working as domestic workers. One YP worked on her own.

The second group session was conducted with six YPs, aged 16 to 18, of whom two were former full-time, live-in domestic workers and the remaining four were part-time, live-out domestic workers.

I developed a guiding document for the group sessions (See [Appendix IV: Outline of the guiding document for the interactive group sessions with young participants](#)). This document was based on the outcome of the pilot group sessions as described above, and literature review on suitable participatory tools for anthropological research with young participants (Hunleth, 2011). In addition, the included participatory activities drew mainly on tools developed to examine young people's subjective wellbeing (Camfield, Crivello, & Woodhead, 2013a, 2013b), and *The Children's Perspectives Protocol*, as developed by Woodhead, to explore the meaning of work among working children (Woodhead, 1998b). I shared the document with the RA before implementation. The document included clarifications of my understanding of subjective health and wellbeing, applied in this study. The document also had a list of items needed for the activities, the roles of the RA and myself, and six exercises with the young participants. The group session was developed to take approximately one hour to implement.

The first exercise aimed to explore everyday life practices where we asked the participants to jointly draw a time-line and later asked them to explain for us their daily life routines (including work), in a way that made sense to the participants, while placing the events on the time-line. In this sense, the time-line drawing functioned as a visual aid for both the young participants and the research team. I planned the first exercise to be an easy and

encouraging activity, with the further intention to function as an icebreaker and for us to get to know each other.

Exercise two aimed to explore the perceptions among the young participants regarding childhood, and where adulthood starts, and its potential link to work. Moreover, this exercise was conducted to explore the participant's perceptions of age and gender appropriate activities in relation to domestic work. This exercise was divided into three components, where the first one was about childhood, second about gender and the third about age. Each participant was given four different animated cards showing: one adult, one child, one girl, and one boy (See [Appendix VII: Topic guide for individual interviews with young participants](#)). Thereafter, we asked the young participants to raise the card they found our questions related best to. We asked questions such as whether there were any differences in what a girl/female and boy/man can or should do in domestic work according to the young participants.

Exercise three was formed to gain knowledge of what the YPs perceived as health and ill health in general, and in relation to their work. We aimed to get an initial understanding of their collective health concerns and what they needed and felt important to maintain good health and safety. In addition, we tried to learn what they viewed as the main opportunities and obstacles with their work and what they found most challenging to their health. For this exercise, one YP was asked to draw a body, with the help of the others. Thereafter each participant was asked to think about health and ill health with regards to their work and put a coloured sticker on the place of the body where their thoughts around health/ ill health best fitted. When done with the stickers, we all went through each sticker to learn its meaning and why it had been placed on the part of the body. In this way, an interactive way of learning about the YPs perceptions and notions of health were explored (see chapter 6, Picture 2).

Exercise four focused on wellbeing and included perceptions and thoughts around what constitutes 'a good life' as discussed by Corsin-Jimenez (2008, pp. 2-3) and the place of work in relation to the good life. We were interested in learning about their thoughts around main opportunities and obstacles that working as domestic workers may have on their life (wellbeing). Furthermore, we intended to examine the participants' thoughts and aspirations in life and with regards to their work, including the function of work in their lives. The same body map as used for exercise three was used for this exercise as well. The YPs were again

asked to put stickers on the body, now in different colours, which we later discussed together (see chapter 6, Picture 2).

Exercise five concerned the most important people in the YPs life. This exercise was aimed to identify those adults that were associated with their everyday life and work including their potential influences on their situations. Moreover, we also wanted to learn about what type of responsibilities the YP felt towards these important people. Each participant was given colour crayons and drawing paper. Each participant was then asked to draw herself in the middle of the paper. Thereafter, they were asked to draw circles around the middle point and draw the people most important to them in the circle closest to themselves and then put each person in the relevant circle. When everyone was done, we asked for volunteers to share who they had drawn and why.

The sixth and final exercise focused on the young participants' priorities and advice to other girls either considering or currently working as domestic workers. In other words, we were interested in learning what messages the participants would like to bring forward. This exercise was done by using role play, where I played the role of a prospective domestic worker and the participants were asked what kind of advice they would like to give me for me to stay healthy, happy and safe at work.

The intention of the group sessions was to gain an initial understanding of the participants' experiences and perceptions of domestic work, and their understanding of their health and wellbeing. The exercises were adapted to ensure the agency of the participants and to give space for as much participant freedom and creativity as possible, within the framework of the research study. The group sessions engaged the participants in framing the questions for the study, which were thereafter compiled in the topic guide for the subsequent in-depth interviews with young participants.

The materials collected during this step included drawings, audio-recordings, field notes and the field diary of the research team.

### **5.5 In-depth interviews**

I conducted in-depth interviews with young participants, parents and employers for this study according to the developed conceptual framework (see Chapter 3: Conceptual framework). I present the process for each interview group below.

### 5.5.1 Interviews with young participants

In total, 27 in-depth interviews were conducted with young participants aged 13 to 21. The age breakdown of participants is illustrated below in Table 4.

**Table 4: Age span of young participants included in the in-depth interviews**

Age of participants	No. of participants
13	1
14	1
15	1
16	2
17	7
18	7
19	5
20	2
20-21	1
<b>Total</b>	<b>27</b>

Further details of the participants are summarised in Appendix VI (see [Appendix VI: Overview of young participants included in the individual interviews](#)). In summary, the specifics of the interviews with young participants were as follows:

- Three YPs of the total 27 in-depth interviews were girls who had participated in the group sessions.
- 26 interviews were referred via the collaborating organisations and one interview was identified via the network of the RA.
- The 26 interviews that were referred by the collaborating organisations each had one staff member, familiar to the participant, present during the interviews in case there were any signs of distress. The presence of the staff member was first approved by the YP.
- 10 interviews took place at the premises of the collaborating organisation.
- 17 interviews were conducted in the home of the YP or privately in a communal venue in the community area where the YP lived.
- The work status of the YPs involved the following: part-time girl domestic workers; full-time girl domestic workers; live-in and live-out girl domestic workers; current

and former girl domestic workers; rescued girl domestic workers; and girls who accompanied their working mothers to work with domestic work.

- One participant was below the age of 14. This participant was, along with the sought local ethical approval, a former girl domestic worker who had been rescued out of her domestic work.
- The interviews with YPs covered the following areas of Delhi: North West; Central; South; South West; West; and Gurugram (See Figure 3: Map of the data collection sites).

I developed a topic guide to support the interviews with young participants (See [Appendix VII: Topic guide for individual interviews with young participants](#)). I draw on different types of ethnographic styles of asking questions. For example, all in-depth interviews first started with what Spradley calls the 'friendly conversation' (Spradley, 1979, p.55). According to Spradley, the friendly conversation helps to loosen up the interview situation while still providing valuable information (Spradley, 1979). Thus, the friendly conversation method builds rapport and creates a soft transition to the actual questions (Spradley, 1979). I further applied Spradley's method of using 'descriptive questions' including 'grand tour questions' followed by 'mini-tour questions' (Spradley, 1979, p. 62-63). Grand-tour questions are broad and general and allow the participant to reflect upon his or her experiences (Spradley, 1979). Examples of grand tour questions were: 'Can you describe a typical day in your life from early morning to when you go to sleep in the evening?' I included mini-tour questions to generate more detailed accounts of a particular thing, as opposed to the rich descriptions often generated by grand tour questions (Spradley, 1979). Examples of mini-tour questions were: 'Could you describe what you do when you feel sad at work?' Or, 'Can you give me an example of a person in the household giving you a difficult time while working?'

Due to the sensitivity of the study topic, we frequently switched between the friendly conversation and asking questions. By applying this approach, I aimed to prevent possible distress or re-trauma and to keep the interview dialogue away from an interrogation style. Avoiding a coercive style was particularly important because some of the young participants had been interrogated by authorities about their situation. Thus, I applied a mix of friendly conversation and questions in each interview with YPs because it seemed to be an efficient way of building trust and rapport. One example of a sign of successful trust building was when the YP would, in the middle of the interview, lower her voice to tell us private

information beyond the scope of the research. Such information was very helpful to understand, for example, the dynamic in the participant's family or community area.

Each interview ended with 'advice questions,' which are commonly applied in ethnographic interviews when seeking to understand behaviour, feelings, knowledge and opinions of participants (Madison, 2012, p. 30). The advice questions were also meant to finish the interview on an empowering note. Giving someone who is not necessarily used to be asked to offer their guidance the chance to give advice, especially to a person they perceive to be in a higher societal position, emphasised the agency of the participants and their expertise and noted the respect that the RA and myself had for the participant. This gesture emphasised that the participants were the experts and the RA and myself were there to learn from them (Driskell, Bannerjee, & Chawla, 2001).

Despite having a detailed approach and a topic guide for the interviews, we put great emphasis on encouraging the study participants to share their stories as freely as possible to nurture a situation where the participant could tell their experiences in a way that made most sense to them. I further approached each interview in a complementary manner, meaning that the interviews were aimed to build on each other, to provide a holistic view of girl domestic work in Delhi.

The advantage of conducting the interviews in the YPs' own home was that it gave the RA and myself good insights into the family situation of the young worker and the dynamics in the variety of community areas. The in-home interviews were also an important way to get to know the parents, when they were present, as some of them were later asked to participate in in-depth interviews, as described in the following section.

The materials generated from this step were: audio-recordings, transcripts, field notes and field diary of the research team.

### *5.5.2 Interviews with parents*

In total, we conducted nine interviews with parents of girl domestic workers below the age of 21 in the following areas of Delhi: South, South West, North West, West and in Gurugram (See Figure 3: Map of the data collection sites). All nine participants were referred via the collaborating organisations. Eight out of nine participants were parents to young participants included in the study. Among the nine participants, two were fathers to girl domestic workers and the remaining seven were mothers who all worked as domestic workers themselves.

Like the in-depth interviews with young participants, I applied Spradley's technique of the friendly conversation to build rapport and trust (1979). I also used this technique to try to avoid making the parents feel accused by our questions, as there were often signs of embarrassment over sending their children to work. The topic guide for this activity included open-ended questions to explore parents' perspectives about, and influences on, their daughters' health and wellbeing. In addition, I also applied the advice technique as outlined by Madison (2012) with parents to explore their point of view, behaviour and knowledge about the situation of girl domestic work. For example, I asked what the parents' advice would be to other parents who are considering sending their daughters to work with domestic work (see [Appendix VIII: Topic guide for individual interviews with parents](#)).

The materials collected from this stage were: audio-recordings, transcripts, field notes and field diary of the research team.

### 5.5.3 Interviews with employers

We conducted a total of three interviews with employers who had employed a girl under the age of 21 for domestic work in Delhi. It turned out that employers were the most challenging group to recruit. Therefore, the number of interviews with employers is much fewer than with parents. The RA and myself approached all employers by knocking on doors. The households were selected either randomly or because I had seen young girls engaged in domestic work on the premises or standing on the balconies of the house, a common phenomenon as illustrated with the below quote:

*'I was never sent out alone. Neither did they allow me to move out of the house. I never had friends or anything. At times, I used to stand on the balcony and they used to tell me to come inside.'*

*Source: YP013, 17-years-old, rescued live-in, full-time worker*

I conducted two interviews myself without the RA and one interview was done by both of us. I developed a topic guide for the interviews (see [Appendix IX: Topic guide for individual interviews with employers](#)). I applied the method of 'quotation questions,' as outlined by Madison, as a way of building rapport and to facilitate trust in me as an outsider, as most of the employers were reluctant to speak to me and suspicious about the research topic (Madison, 2012, p. 30). One quotation question was for example: 'Other people have said that you cannot trust domestic workers, what do you think about that?'

An additional technique I applied for this activity was 'opinion and value questions' (Madison, 2012, p. 27). This technique aims to explore a participant's 'conviction, judgement,

belief, or particular persuasion towards a phenomenon' (Madison, 2012, p. 27). The opinion and value question technique was particularly fruitful in helping the RA and myself to understand the employer's attitudes towards both domestic work as well as the workers. One example of an opinion and value question I used was: 'In your opinion, is domestic work a proper type of work?' Finally, I ended the interviews with advice questions to gain further insights into the employers' behaviour and opinions around girl domestic work (Madison, 2012).

The materials generated from this step were audio-recordings, transcripts, field notes and field diary.

## 6. Selection and recruitment of participants

In general, the main challenge in all forms of qualitative research is to ensure recruitment of participants who will generate a rich body of data with regards to the study aim and research questions (Green & Thorogood, 2004). Moreover, in ethnographic research, the inclusion of participants is mainly on-going and develops along with the progress of the researcher getting familiar with the field (O'Reilly, 2012). However, this does not mean that the selection of participants is random. Instead, the inclusion of participants may be theoretically informed or carefully considered in order to be representative for the group or issue under study (O'Reilly, 2012). Though, at times, the selection process is merely based on practical limitations (O'Reilly, 2012).

The pre-fieldwork data from the literature review shaped the initial approach of this study to first rely on purposive sampling<sup>11</sup> techniques when entering the field. Marshall describes purposive sampling as a set of variables defined through the researcher's understanding of the topic in question (Marshall, 1996). Based on the pre-fieldwork data combined with my limited knowledge of Delhi, I anticipated that the most challenging part for this study would be to gain access to girl domestic workers. As a result, I had initially planned to include only former girl domestic workers in the age group 13 to 21 in Delhi. While the age group proved to be relevant, it became apparent that accessing a wider range of girl domestic workers was not only possible but also necessary to give a representative account of the diversity of girl domestic work in Delhi. Moreover, the pre-fieldwork data gained from the literature review

---

<sup>11</sup> I acknowledge that 'sampling' is a terminology derived from quantitative research practices and does not necessarily reflect ethnographic research practice (O'Reilly, 2012).

made me decide to seek the perspectives of individuals who often seem to influence the circumstances of girl domestic workers, which included parents and employers (Woodhead, 2006). The final applied sampling technique relied on snowball techniques supported by referrals from the collaborating organisations. For this to occur, the collaborating organisations informed their members about the study and asked if people were interested to take part and thereafter referred the interested candidates to me.

The recruitment of parents and young participants was mainly done via referrals from the collaborating organisations, based on their judgment that participation was safe for the participants. However, the RA and myself decided to recruit some young participants through our own outreach to capture perspectives from girl domestic workers who had not been sensitised/ empowered by organisations/ unions (see Section 11: Limitations of the study design). However, only one participant was successfully recruited via our own outreach. Finally, we recruited employers via knocking on doors in wealthier areas of Delhi.

The appropriateness of the age span applied for young participants was based on the current gap in Indian child labour laws (minimum legal working age 14), education law (free schooling for children aged six to 14) and the current considerations of the Indian Government to change the child labour laws to 18 years old. In this respect, I decided it was necessary to capture the perspectives of young people below and above 18.

Following is a description of the inclusion and exclusion criteria for all participants:

- **The inclusion criteria for young participants (girl domestic workers)** included: young female domestic workers aged between 13 and 21 located in Delhi who either currently work, or have worked, in another house taking care of a child or cleaning the house or engaging in other tasks that may be considered under the umbrella of domestic work, either paid or unpaid. However, in line with local ethics approval (see Appendix XI: Ethics approvals), participants aged 13 to 14 had to be former domestic workers or not officially working.
- **The exclusion criteria for young participants** included: signs of distress, psychological instability or similar reasons that could jeopardize the young participant's wellbeing as determined by the research team and/or the collaborating organization.

- **The inclusion criteria for adult participants** involved: a) parents, b) employers, and c) professionals, scholars and staff members of organisations were recruited based on the following elements: a) parents/main guardians who either had a or have a daughter below the age of 21, who was engaged in domestic work in a third party's household in Delhi; b) employers who had or have employed a girl domestic worker below the age of 21 and live in Delhi; and c) members who are working in an institution/ organisation relevant for the situation of girl domestic work in Delhi.

## 7. Translation and transcription

During the interviews with young participants and parents, I first introduced questions and probes in English, followed by immediate translation into Hindi by the research assistant. I conducted two out of three interviews with employers in English.

Before arriving at the implementation phase of this study, I made a great deal of effort to identify context-appropriate word use in Hindi, including several synonyms for those terms the RA and myself knew may be difficult for the participants to understand. In this way, the RA and I tried to prevent key concepts from losing their meaning in the translation process. In ethnographic fieldwork, a close relationship with the research assistant is of absolute necessity when working in foreign language, as the RA will function as the cultural window and the extended voice for me. In this sense, the more synchronized the RA and myself became, the better we could complement each other's roles in the interview situation, which further improved the richness of the interviews. Also, along with the development of my Hindi skills, I incorporated Hindi words successively during the interviews. This proved valuable to lessen the semantic distance between the participants and myself, as well as to stimulate rapport. It further helped to increase my credibility as a foreign researcher and my genuine interest to learn from, and assimilate with, the empirical field.

Three transcribers transcribed verbatim in phonetic Hindi and translated into English a total of 39 interviews. The average length of the interviews was between 30 and 60 minutes per interview. The RA translated and transcribed the two group sessions of around 4 hours of recorded material. To ensure the quality of the transcriptions, all transcribers were given transcription guidelines developed for this study, (see [Appendix X: Transcribing guidelines](#)), and a list of study specific terminology in Hindi, used during the interviews. They were also thoroughly informed about the study in Hindi by the research assistant. Thereafter, each transcriber was asked to do a sample transcription following the given instructions and

guidelines. The transcriber was then recruited subject to highest quality and accuracy of the sample translation and transcription. Once the translation and transcriptions were completed, the research assistant reviewed each transcript against the original recording, followed by the same review procedure by myself, to ensure absolute accuracy. As reported by Davidson, a thorough approach to avoid translation and transcription errors and to increase the credibility of the findings, is necessary when hiring external transcribers (Davidson, 2009). Finally, I transcribed all interviews conducted in English with employers.

## 8. Data analysis

The study drew primarily on empirical data collected from young participants, parents and employers regarding their understanding and experiences of health and wellbeing in relation to domestic work. In line with the on-going iterative-inductive approach, data from this study was analysed throughout the study. In addition, a great deal of the data analysis occurred during the writing up period. Following is a detailed description of the management, analysis, interpretation and presentation of the empirical data.

### 8.1 Data management

As illustrated in Table 5, the applied data collection methods generated diverse types of data, including textual, visual and audio recordings:

The textual data consisted of (i) transcripts of two group sessions (GS) with in total 14 young participants; (ii) transcripts of interviews with 27 young participants; (iii) transcripts of interviews with nine parents; (iv) transcripts of interviews with three employers; (v) and fieldwork diary notes.

The visual data encompassed of two health and wellbeing body maps from the group sessions with young participants (see chapter 6, Picture 2).

Audio-data comprised of recordings from group sessions with young participants, and interviews with parents, employers and young participants.

**Table 5: Type of Data**

Sources	Audio	Textual				Visual
		<i>Group sessions</i>	<i>Interviews</i>	<i>Meeting notes</i>	<i>Fieldwork diaries</i>	
Young participants	X	X	X	X	X	X
Parents	X		X		X	
Employers	X		X		X	

During the observations and interviews I wrote down reflections and thoughts in a designated note book. I made sure to include these notes in the field diary, which I wrote on my computer later the same day as the activity had taken place. I stored all data such as signed consent forms, field notes and field diary on my computer. I also took pictures of the body maps and drawings from the group session, which I saved on my computer.

## **8.2 Analysis of data**

Along with the on-going analysis process, initial themes emerged during the data collection, which were noted and organized in an Excel spreadsheet. By recording the initial emerging broad themes, I could explore the themes further in the subsequent interviews and interactions during the data collection. The spreadsheet of the emerging themes was further helpful when commencing the data analysis post-fieldwork.

Data were analysed stepwise and drew on an approach similar to thematic content analysis. The aim of content analysis is to offer knowledge and understanding of a particular phenomenon (Hsieh & Shannon, 2005) by reducing complex narratives into overarching themes (Green & Thorogood, 2004). In this respect, the purpose of thematic content analysis fits with the principal aim of this study to describe understandings and experiences of health and wellbeing in relation to child domestic work.

Following is a description of the included steps:

1. Getting to know the data and broad coding: The first step involved listening to the audio-files, reading and re-reading transcripts, notes and field diaries. During this process, I created broad codes and added notes and thoughts in the transcripts, field diaries and meeting notes, which was helpful for the subsequent steps.
2. Matrix of data according to broad codes: The second step included summarising and organisation of: a) interview transcripts from group sessions and interviews with young participants; b) interview transcripts from parents and employers; c) field diaries; and d) meeting notes. In this step, to acquire an overview of the many data sources, I created matrixes in Excel into which I inserted extracted information from the transcripts according to the relevance of the research objectives and the broad codes as described in the previous section (see Table 6 for an example). The spreadsheet allowed me to more easily track the process of knowledge production along with the sequential approach of the data collection activities.

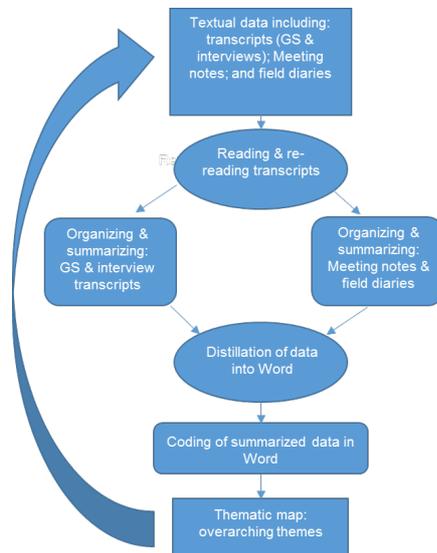
**Table 6: Example of the spreadsheet to organise the data**

<i>Individual interviews with young participants - Information regarding health</i>					
Participant code	Work status	Broad codes			
		Understanding of health	Health risks	Health benefits	Safety
YP000	Part-time, live out	Transcript extract	Transcript extract	Transcript extract	Transcript extract

3. Distillation of data per each broad code: This step involved creating a separate word document for each broad code. The word document included all relevant textual data in relation to each broad code/research objective. The word document consisted of two columns. The left column included the textual extracts and the right column was created for the second coding process, as described in the following step.
4. Active coding process: The following fourth step included active coding of all the textual data transcripts for each broad code/ research objective. The coding was processed in the word documents as described in the previous step. This second process of coding allowed further extraction of the data and breaking down the data into a focused pool of information. The codes and analysis were inserted in the right column of the word document. In this step, I further aimed to critically view the material to search for non-literal meanings such as societal structures, norms, power relations that may influence the perceptions of health and wellbeing. For this, I applied what Thomas describes as the ‘defamiliarisation’ process (1993, p. 43). Therefore, I had to first distance myself from the familiar, the ‘taken-for-granted,’ to critically view the material and decode it into something new (Thomas, 1993, p. 43).
5. Thematic map: The fifth step involved searching for commonalities, contradictions and connections between the generated codes. This step resulted in identification of overarching themes, which formed the structure of the respective results chapters.
6. The original meaning of the narratives: The final step included going back to the original data to check that the interpretation and new representation was justified with its initial meaning and structure.

The above steps were helpful as they provided the opportunity to deeply explore the data, to rearrange it, to navigate it and to support the interpretation of the data. The below flow chart in Figure 5, illustrates the steps included in the analysis, as described above.

**Figure 5: Flow chart of the data analysis process**



### **8.3 Interpretation and selection of quotes**

In line with the applied methodologies - participatory research and critical ethnography - and their shared goal of giving voice to the participants, the interpretation of the data was primarily done on 'an emic level' in the results chapters (Chapters 5, 6, and 7) (Green & Thorogood, 2004, p. 205). Green and Thorogood describe the emic level of analysis as a practise to 'represent the worldviews of participants' (Green & Thorogood, 2004, p. 205). However, in the discussion chapter (Chapter 8: Discussion) I seek to provide a deeper interpretation of the data to provide a more comprehensive explanation of the accounts of the participants. Thus, in the discussion, I present the findings of this study considering the applied theoretical framework. The level of analysis in the discussion's chapter is, therefore, like what may be called an 'etic level of analysis' (Green & Thorogood, 2004, p. 205). An etic level of analysis seeks to explain with theory 'what is going on' on a more 'abstract' level (Green & Thorogood, 2004, p. 205).

In terms of my own influences in the analysis, I challenged my interpretations by asking myself how and why I came to a certain understanding to prevent from ethnocentrism, both on individual and cultural levels. As explained by Alldred, the risk of individual 'ethnocentrism,' also referred to as 'adult-centrism,' is specifically relevant when doing research with young participants, as the adult researcher tends to interpret children as

undeveloped versions of adults (Alldred, 1998, p. 7). Instead, I aimed to remain close to the participant's own terminology in order to bring forward their agency and their meaning-makings of their experiences (O'Reilly, 2012). Moreover, the active involvement of the research assistant meant to prevent cultural ethnocentrism, to some extent, and to make me aware of potential biases in the results created by my own characteristics in a reflexive manner. The process of reflexivity for this study is detailed in the subsequent section.

The selection of quotes followed my intention to perform the analysis inclusively by including the experiences of all participants, where relevant and possible. For example, the selection of quotes involved the process of first examining all quotes related to the issue in question to try to ensure that the chosen quote was representative. I further aimed to include unexpected and contradicting experiences to present different angles of the same issue in question. The quotes in this thesis are edited and translated from spoken to written language to make the answers clear and to avoid misunderstandings. For each quote, I include the work status and age of the participant with the purpose to contextualise the included narrative.

## 9. Reflexivity and epistemological position

For both participatory research (Jewkes & Cornwall, 1995) and critical ethnography (Thomas, 1993), it is necessary that the research process is transparent and reflexive regarding theoretical perspectives and researcher subjectivity. In this regard, reflexivity is important to make explicit as it enables the reader to understand who I am, what my approach to research is and how these factors influence the findings of the study; therefore, below is a detailed account of my background, my initial journey with the topic and my epistemological position.

As I briefly mention in the Introduction chapter, I was born and raised in Sweden. A substantial part of my personality, however, has been influenced by my worldly mindset developed through extensive travels around the globe as well as through living and working in different countries. I had never been to India before I started my PhD, and I quickly understood that it is one thing to travel to densely populated places for leisure and a completely different thing to conduct research in such a place under PhD time constraints. I therefore had no idea of what it would be like to conduct research in a megacity like Delhi, which I had learned from the pre-fieldwork data (the literature review) is the most polluted city in the world (P. Kumar et al., 2015), has high rates of sexual crimes against women (The Hindustan Time, 2017), and is in general a city with huge disparities between rich and poor.

In line with my equal-rights standpoint, I spent much time reflecting upon how to best deal with my own reflexive stance and guilt related to being born in a white privileged woman's body, which was compounded by my lack of contextual knowledge about India.

The first and the second visits to Delhi were the most challenging periods of the fieldwork. I felt confident and well equipped with dealing with difficult topics and working with 'vulnerable' populations due to my professional background. I have, for example, worked with detained asylum seekers, child migrants, trafficked people and refugees. Instead, for me, the most challenging aspects of this study were becoming independent enough in Delhi and accepting my dependency on the research assistant in the meeting with the study participants. I also found it challenging to identify organisations that were willing to collaborate with me, which required that I first fully understood their lines of work and that I was successful in creating trust in me as a researcher and in the intention of the study.

Moreover, as I had identified, based on the literature review, critical ethnography to be relevant for this study, I was assuming from start that there was some sort of oppressive structure influencing the situation of young female domestic workers in Delhi. However, I did not want this study to feed into the common idea of the poor in the Majority World in need of being rescued by Minority World's efforts. Therefore, I informally reached out to Andrea Cornwall, Professor in Anthropology at University of Sussex, who I had previously heard speaking at an event about the film she co-produced 'Save us from Saviours'.<sup>12</sup> The informal conversation helped me to lay emphasis on the importance of having the research questions framed by the encounters, contextual observations and findings during the fieldwork, to prevent from a top-down approach. I further learned from my conversation with Professor Cornwall that I wanted to have a strong and honest reflection on my own positionality, and I wanted to make my own privileges explicit in the meeting with the study participants. Specifically, as these are the privileges that give me access to arenas and permit me to raise my voice. I learned from my conversation with Professor Cornwall that by making these privileges explicit, participants can better use them as tools for their own expression, as well as to better facilitate a bottom-up approach.

My conversation with Professor Cornwall provided me with practical tools for dealing with my own privileged white guilt when meeting with the study participants. My guilt was further

---

<sup>12</sup> See: <http://saveusfromaviours.net/>

challenged when I started the data collection activities. I quickly understood that the overrepresented depiction of girl domestic workers in the literature as passive victims did not fully reflect the reality of the study participants. Instead, throughout my meetings with the study participants, the image of passive victims was challenged. For example, one girl participant answered my question on ill health by pointing at me and saying that I did not look healthy according to her standards and that I was, in fact, too skinny and too pale. These types of insights were important, especially since the aim of this study is to explore the meaning of health and wellbeing seen from the viewpoint of the participants.

I dealt with the overwhelming feelings associated with conducting research in Delhi by applying a sequential approach to the study context. Through this approach, I slowly managed to navigate myself and my work through the chaos. My feeling of dependency decreased significantly when I appointed the research assistant during my third visit, and by this time I felt more comfortable finding my way around in Delhi. As explained in Section 4 in this chapter, the research assistant was invaluable to the realisation of this study as she was, in many respects, my voice during the data collection. Our close relationship required that I adopted a flexible and patient approach to our teamwork, and it required me to try to fully understand her thinking. As suggested by Thomas, 'bringing the original act of knowledge back into consciousness' is essential in that it helps the researcher to become aware of the process and consequences of the new knowledge (Thomas, 1993, p. 46). The research assistant and I frequently compared lenses of interpretation to prevent preconceived notions and values from affecting the research process.

As argued by Lather, the ethnographic reflexive approach requires the researcher to move away from her own culture (Lather, 2007). Lather insists that 'confining the other within your own sphere is a violence of Western thought and the way beyond this is to unlearn one's privilege' (Lather, 2007, p. 484). Thus, I spent a great deal of time reflecting upon what my privileges were in the meeting with the study context, how they manifested and whether they were reduced by different ways of living. One example of a noticeable privilege by being a foreign student was having easy access to elite people and institutions compared to 'native' students. Another privilege of mine was related to a general special treatment, such as access to apartments only available for expats, or being served first at shops. However, my sex – me being a woman – did on many occasions reduce my privileges as a foreigner, in comparison to the 'native' man. One such example was when I was food shopping and had a 'native' male friend with me and the shop attendant immediately turned to my male friend,

even though he was not standing by the till, instead of talking to me, who was standing right in front of him and ready to pay. I further realized that when I was living at a lower socio-economic level, my privileges as a foreigner were reduced. In contrast, the privileges increased when I lived like a 'local' at a higher socio-economic level, even sometimes having more privilege than my fellow 'native' friends, despite their belonging to higher socio-economic levels. Most importantly, I understood that my main advantage was that I had the privilege to walk in and out of the different arenas and up and down on the societal ladder.

While acknowledging that my birthplace has formed who I am, I, however, refrain from labelling myself as Swedish. In my mind, people are products of their exposures and experiences rather than having their intrinsic identities determined by a passport. Philosophically, I believe that humans are the products of shared assumptions about existence and the life worlds. My epistemological position is thus grounded in the social construction of reality informed by developments made by Berger and Luckmann (Berger & Luckmann, 1966). According to Berger and Luckmann, society is an objective reality that is built up by everyday life's many meetings (1966). This means that a person's previous exposure to and experience of a situation informs that person's next encounter with the same situation. For example, if one falls off a horse, this may lead to fear of riding, as the person will refer to their first experience when they got hurt. Through this system, individuals share their experiences in parts that eventually form a whole. The individual's common sense and understandings are, thus, constructed by the individual's everyday experiences (Berger & Luckmann, 1966); therefore, as the subjective experiences are placed at the core of this study, I do not hold the philosophical view that reality exists without the interaction of the observers (Realism) or that existence is solely determined by mathematics and logic (Positivism). The social constructionist approach to new knowledge resonates with the aim of this study to explore lived experiences and local understandings, as well as the identified methodologies of co-constructed data (participatory research) to bring forward the voice of the participants.

Regarding my epistemological position, I acknowledge that my way of interpreting the world is influenced by my membership in white Minority World culture, my feminist convictions, and my rights-oriented position. I also acknowledge that, in the meeting with the study context and participants, I was a cultural outsider and an adult. To provide a more subjective account of my experiences in Delhi, the below section includes information about my stay in Delhi.

## 9.1 My stay in Delhi

As my stay in Delhi developed over time, I went from the initial state of feeling very dependent on my roommates to becoming independent and comfortable manoeuvring a new life in a city that appeared less and less chaotic. In fact, towards the end of my stay I even drove a car, which for me was a major achievement of independence. I stayed in the same location during my first and second visit, as well as at the beginning of the third visit. I thereafter moved twice during my third visit. Following is an extract from the first letter to both my supervisors after having spent two weeks in Delhi, which describes my first place of stay in more detail:

*I live a very simple life here in Delhi. My life looks the same as people who earn between £250 - £500 per month. That is my flatmates' wage range. So, we only travel by public transportation (an adventure every time), our shower is a bucket of water, we hand-wash our clothes, we have a limited amount of water supply, we spend a lot of time going to different food markets to find the cheapest options of vegetables and food, etc. Well, you both know what it is like. The primary language in our flat is Hindi and some Malayalam, and English translations for me when I do not understand (which is most of the time). But hopefully, my Hindi skills will improve quickly.*

*I am so glad that I got the opportunity to stay with these people. We are already like a small family. I learn so much about India that I would never have done if I stayed in a typical "expat" community. Three of them come from South India and are Christians and the fourth person is from Northeast and is Hindu. They are three women and one guy. My home is a vibrant and a lively source of constant learning in so many ways: religious, regions of India, traditions and customs, gender norms, culture, etc. We all take care of each other and there is no such thing as private space or "this is mine" attitude. Everything is everyone's and we check up on each other and make sure we all come back home safe and sound. In other words, I could not have been any luckier!*

*Source: Email to my supervisors, 11 February 2015*

As much as I enjoyed staying in the first place, I decided during my third visit to move to another more conveniently located flat, with a slightly higher standard of living. In the end, we were seven people sharing the first flat and it was hard to find time and space to operate as I needed. Following is an extract from my field diary, written after I had moved into my second home in Delhi:

*I have moved into a new apartment in Delhi. The move was necessary for my productivity and headspace. I realized that I needed to have my home to operate as a sanctuary since I am so mentally exhausted all the time in this city. My home must be a place where I can rest and recuperate before a new day begins. During the last time of my stay in the previous home, I shared the same bedroom as everyone else. My own*

*room was impossible to sleep in due to the excessive heat; even my roommates said the same thing. So, we all shared one same bedroom, which was the only room with AC. I shared a mattress with one of my roommates. I was so grateful that my roommate agreed to share her mattress with me. However, after several sleepless nights due to wakening up by the others or the on-and-off of the AC, I decided I had to look for a new place which allowed a bit more privacy and space to work. It was, of course, sad to say goodbye to everyone but I can always come visit. It is now time for me to experience another side of Delhi.*

*Source: Field diary, 6 August 2015*

During the last month of my stay, I moved a second time to a studio flat in South Delhi, with an even higher standard than the previous home I had. In the end, the many housing experiences turned out to be a great source of knowledge in addition to the fieldwork, as I managed to get insight into the life of “Delhiites” on different societal levels.

## 10. Ethical considerations

This study acquired ethics approval from the Ethics Committee of the Department of Anthropology, University of Delhi and the Ethics Committee of LSHTM (See [Appendix XI: Ethics approvals](#)).

According to the local ethics committee, study participants below the minimum legal working age of 14 had to be former workers or rescued and rehabilitated or not officially working by law. One participant aged 13 was included in this study as this participant was a former, rescued girl domestic worker. The inclusion of this participant provided important insights into accounts of rescued girls below the legal working age.

The literature regarding research with young participants highlights the following main ethical considerations: informed consent, anonymity and confidentiality, protection of the participants and payment of research participants (Powell, Fitzgerald, Taylor, & Graham, 2012). Powell et al. further emphasise the issue that many ethical standards for research with young people are based on Minority World’s standards that may not be applicable in the Majority World (Powell et al., 2012). In addition, guidelines developed for health research with young participants are largely intended for clinical research (Alderson, 2007). In this regard, the applied ethical protocol for this study is informed by a complementary

pool of inputs identified in the literature, relevant Indian<sup>13</sup>, UK<sup>14</sup> and international<sup>15</sup> ethics guidelines and recommendations from the Indian ethics committee and the collaborating organisations. In addition to the guidelines identified as relevant for this study, I applied a flexible ethical approach for each interview to ensure the rights and welfare of the participants. A flexible approach was shown to be necessary because each of the participant's situations were different and required a different type of sensitivity. In line with recommendations in the increasing literature on social research with young people, we put considerable emphasis on understanding the local context and societal dynamics that could influence the research ethics (Morrow, 2013). However, in general, the pillars of the applied ethical approach covered the following areas: informed consent; dissemination of findings; anonymity and confidentiality; protection of participants; protection of the research team; and recognition of participants. I discuss how these aspects were addressed in the following paragraphs.

Carrying out informed consent procedures with minors may pose several complexities. To mitigate as many concerns as possible, we offered information on the study verbally as well as in writing that we made available in English and Hindi. Prior to any interactions taking place, we shared and explained the information sheets (see [Appendix XII: Information sheets](#))

---

<sup>13</sup> I read the following Indian guidelines:

1. 'Indian Ethical Guidelines for Social Science Research in Health' published by the National Committee for Ethics in Social Science Research in Health (NCESSRH).
2. 'Ethical Guidelines for Biomedical Research on Human Participants' published by the Indian Council of Medical Research.

<sup>14</sup> I read the following British guidelines:

1. 'Guidelines on Good Research Practice' published by the London School of Hygiene and Tropical Medicine.
2. 'Guidance Note 1: Research Involving Children' developed by the University City of London (UCL) Research Ethics Committee.
3. 'Ethical Guidelines for Good Research Practice' developed by the Association of Social Anthropologists of the UK and the Commonwealth.
4. 'Child Protection Policy' developed by the International Save the Children Alliance (2003).

<sup>15</sup> I read the following international guidelines:

1. 'Ethical considerations when conducting research on children in the worst forms of child labour in Nepal' developed by the International Labour Organisation (2005).
2. 'WHO Ethical and Safety Recommendations for Interviewing Trafficked Women' developed by Zimmerman, C, & Watts, C. (2003).

and consent forms) with all collaborating organisations and participants. Moreover, as suggested by Schenk and Williamson, I discussed the information sheets and consent/assent forms with the local ethics committee and had them translated locally to ensure that the information was contextually appropriate (Schenk & Williamson, 2005). An authorized translator did the translation of the information sheets and the assent/consent forms. These forms were also reviewed by the research assistant to ensure accuracy and sensitivity. I wrote the printed information in an easy language and tailored it for each group of participants to promote a clear understanding of the purpose of the research and the included methods (Madison, 2012). The assent and consent forms were duly clarified before consent was sought in writing, thumbprint or recorded verbal consent. In line with the UNCRC's definition of a child and local ethics practices, assent from young participants below the age of 18 had to include signed consent from adult caregivers or adult guardians. According to Alderson, children's competence to understand research activities is shown to be developed by the age of 12 to 14 (Alderson, 2007), which contributed to identifying 13 years as a minimum age of involvement in this study.

In addition to informed consent, I applied the principles of the 'lay summary', as introduced by Madison, in order to ensure that all participants were well informed about the possible dissemination of the findings, because there are always limitations to the information sheets and consent forms in the process of ensuring informed consent (Madison, 2012, p. 23). The lay summary included that the RA and I introduced ourselves, where we came from, the purpose of the study, and what would happen with the results of the study, so that the participants could make a well-informed decision about their participation.

Furthermore, the study aimed for anonymity and confidentiality of all participants by using participant codes for all collected material. Additionally, the names of the collaborating organisations and the related data collection activities have not been mentioned in this study as a supplementary measure of protection of the participants' identities. As recommended by Alderson and Morrow, all collected data such as voice recordings, drawings and field notes were stored separately from the participants' names and the collected materials were coded by using participant codes (Alderson & Morrow, 2011). I further refer to the participant codes throughout this study to prevent any names or other information being revealed that may put the participants at risk or reveal their identity.

In addition, all data was stored and protected by the use of passwords (Alderson & Morrow, 2011). We made our focus on confidentiality, data safety, and anonymity clear to all

participants in the process of asking for consent/ assent. In terms of protection from misuse of the collected data and audio-recordings among the study team, the RA and the transcribers had to sign confidentiality agreements before enrolment and were instructed to delete all study-related material and audio-recordings upon completion of their work.

In line with our intention to protect the wellbeing of all participants, the RA and I carefully explained the reason for the study activities, methods to be used and possible outcomes of the research (ILO, 2005; Zimmerman & Watts, 2003). The collaborating organisations first reached out to potential young participants and parents that they had identified as fit for taking part and only referred those who had agreed to participate. The RA and I explained voluntariness and the possibility to opt out at any time of the research process before commencement of the study activities. The RA and I further gave each participant the contact details of the research team in case they needed to discuss the content of the interview or wished to opt out of the research at any point. None of the participants decided to opt out during or after the interviews. However, there was one occasion when a participant showed signs of distress and the RA and I then immediately terminated the interview.

Before starting each interview, the RA and myself emphasized that there was no right or wrong answer and that we were there to learn from the participants. The group session tools and topic guides were developed by using context appropriate terminology and we duly discussed them within the research team before implementation to promote a non-harmful and non-distressful approach (Schenk & Williamson, 2005).

The interviews took place in locations preferred by the participants, which could vary from their own homes, to venues in community areas or to the premises of the collaborating organisation. In line with the ILO recommendations for child protection (2005), we asked all young participants if they preferred a support person or friend present during the interviews to create a supporting and comfortable environment. Consequently, some of the in-depth interviews with young participants were conducted jointly with two or even three young participants, simultaneously.

The RA and I were attentive to the wishes of the participants even if they were not explicitly expressed at times. The RA and I also tried our best to manoeuvre away curious community members and to ensure the privacy of the participant by not asking any uncomfortable questions in case other people were present. I learned that a closed door could create more curiosity and suspiciousness in the community, so some of the participants, therefore,

preferred the interview conducted with the door open or in an open space. It was then up to me to make it as ethical as possible and not create any uncomfortable situations for the participant when other people were present.

In the occasion of particularly vulnerable participants, meaning I knew there had been severe violations of their health, emotional wellbeing and safety, I did not ask any questions that could cause re-traumatising of the participants. Instead, I approached the support member of the collaborating organisation to fill in the gaps after the interviews.

During the research training with the research assistant, we discussed context-appropriate demeanour such as how to promote mindful rapport, how to prevent power imbalances, and what sort of clothes to wear. As recommended by the identified ethical guidelines, I developed a plan of action (see [Appendix XIII: Plan of action](#)) before the implementation of the data collection activities in case the young participant showed signs of distress (ILO, 2005; Zimmerman & Watts, 2003).

The RA and I put significant effort into creating a comfortable situation for the activities with all participants. For example, I developed the tools for the group sessions with young participants with the intention for them to have 'fun' while at the same time informative for the data collection (Barker & Weller, 2003, p. 33). In terms of the in-depth interviews, we put emphasis on moving away from what could be perceived as an interrogative situation; instead, we wanted to create a friendly conversation mixed with questions. For example, we learned during the implementation that papers could increase tension among the participants and therefore we paraphrased the topic guide as much as possible rather than reading from the paper. Additionally, we always took time before the interview started and after the interview was terminated to talk about other things to maintain the comfort of everyone involved, including ourselves. Especially when the interview had been emotionally draining, we spent considerable effort on rebuilding a positive situation before leaving.

Pursuing research on a sensitive topic and in a challenging context can be very draining for the implementers. Therefore, I tried to prepare the RA and myself mentally for possible personal challenges prior to the commencement of the data collection. As means of preparation and as recommended to qualitative researchers (Ulin et al., 2005), I first sought advice in the literature, searching out the challenges faced by those working in similar areas (See Bolstad Jensen, 2007; Klocker, 2012b). Furthermore, the RA and I discussed how to attend to our own welfare during the two-day training workshop. Thereafter, the RA and I

had an assessment meeting after the first month of our work to assess needed improvements and strategies of how to maintain our own wellbeing.

Moreover, the close partnership with the collaborating organisations was fundamental to ensure the safety of everyone involved, as they knew the community areas and their residents and could therefore safely move all of us inside the areas. From day one of the enrolment of the RA, I stressed my collaborative endeavour with the study and that we were primarily a team. To fully support the incorporation of the RA into the research and to nurture a collaborative work approach, I aimed for full transparency and I further gave the RA individual responsibilities and leading roles in the implementation of certain initiatives according to the terms of reference of her work role. The team efforts made it easier for the RA and myself to ensure each other's comfort and welfare during challenging situations and to complement each other during the activities with the participants. For example, the RA and I had de-briefings after the data collection interactions to talk about our overall impressions and what could be improved.

Concerning recognition of the participants, the RA and I first discussed appropriate reimbursement of participants with the collaborating organisations. However, as suggested by Alderson and Morrow, none of the participants were paid in money as this may jeopardize the voluntariness of the participation and may be seen as bribery (Alderson & Morrow, 2011). Instead, the RA and I asked each collaborating organisation for advice on appropriate tokens of appreciation after completion of the data collection. It was agreed that providing biscuits and refreshments was appropriate on those occasions when the interview took place in the home of the participant. In all other instances, no form of reimbursement was given to the study participants.

As discussed above, conducting ethical research with young people is a complicated process. Despite the many ethical implications, researching young people's situations without involving them may also be argued unethical (Shaw, Brady, & Davey, 2011). Despite the many ethical concerns specific to young people's involvement in research, I decided to include the young participants as their accounts are important to make sure that the research findings are informed by the actual concerns of those being researched (Shaw et al., 2011).

## **11. Limitations of the study design**

One of the major limitations to this study was the necessity to conduct interviews and have interactions with most of the participants in Hindi. The quality of data was therefore highly

dependent on how well I selected, trained and worked with the research assistant and the transcribers/translators. This limited my control of the data collection process, hence why I developed a thorough approach to encourage that the data were of good quality. One such method was to provide thorough training to the research assistant, as described above, in qualitative and child-focused methods. In addition, to reduce linguistic biases in the process of translating study documents as well as during the data collection activities, the RA and I first identified contextually appropriate terminology through discussions with local experts and pilot testing with domestic workers. The RA and I also developed synonyms for key words that did not translate well into Hindi and could be difficult to understand, so we could use these during the implementation when participants did not understand what we meant. I also applied quality checks of all transcripts to ensure their accuracy. However, despite the efforts to prevent linguistic biases, the language barrier was an unavoidable fact since many of the participants spoke Hindi mixed with their native Indian languages. In cases where the participant or we did not understand something, other people present during the interview such as family members, peers or member of the collaborating organisation helped with clarifying or translating.

Moreover, I encountered a major limitation when I analysed the data. I found that follow up questions had been lost in the translation process. Even though the transcription was verbatim, translating between Hindi and English was complicated as there was not always a direct word in either target language that described correctly the meaning of the intended word. Despite my attempts to reduce biases linked to translation and transcription, I acknowledge that several important linguistic nuances have been lost in this process.

In terms of the sample group of study participants, previous studies discuss that former child domestic workers are more likely to report bad experiences with their work than current workers (Klocker, 2012a). A limitation of this study may therefore be that I did not include an even spread of current and former young workers to consider nuances and comparisons between the two groups. Nevertheless, I aimed to include all the major forms of girl domestic work in Delhi to prevent the study from having a one-sided representation, based on the argument that a varied sample is important to bring forward the diversity and complexity of the topic. There is also a risk that current young workers feared repercussions, such as loss of employment, if they gave an honest account. I addressed this possibility by only interviewing current domestic workers in situations outside their work and without their employers' knowing about their participation in the study.

Another major limitation is that all study participants, apart from one, were linked with an organisation. It might be considered that these participants were in an empowered situation and therefore only provide one-sided insights into young female domestic work in Delhi. This situation could also have potentially resulted in participants' answers being biased by the political agenda of the collaborating organisation. I tried to prevent this from happening by carefully selecting the collaborating organisations before the commencement of the data collection. Furthermore, I have made explicit, in the results chapters, when I suspected that the narratives of the participant might have been influenced by the collaborating organisation. Despite this, I do acknowledge that I cannot fully prevent possible bias in the data.

Another challenge was the diversions and disturbances from other people present when conducting interviews in the community areas. The presence of other people notably affected the responses of the participants. Consequently, I had to pay attention to diverted responses and then later return to the topic in question when no disturbance was present, to see whether a change in the response was given.

Moreover, the location of the interview was at times challenging in terms of noise and uncomfortable spaces in the community areas, which may have influenced the quality of the interviews. Also, the young participants sometimes had little time to speak, which had to be taken into consideration and adjusted accordingly. For example, one interview took place while the young participant was cooking, as this was the only time she could talk, while making food to her family during her break between her jobs. In these instances, I relied on the complementary interview approach, as described in Section 4.7: In-depth interviews. This meant that what I did not have time to cover in one interview was later compensated for in another interview, in order to collect a broad set of data.

A further constraint was my position as a non-native adult researcher, which may have created a power imbalance between the participants and myself (Grover, 2004). There is also the possibility of being assigned the role of the expert in the meetings with participants, which may have created further power imbalance (Nieuwenhuys, 1997). To reduce potential power imbalances, the RA and I promoted appropriate conduct and mindful rapport in the meeting with all participants. Additionally, the referral process of study participants via the collaborating organisation was pivotal in decreasing the distance between myself as an outsider and the participants, as the study participants trusted these organisations.

An additional restraint may be linked to the logistic limitations of conducting PhD fieldwork. The data collection was limited by both financial and time constraints regarding the level of involvement of the participants in the process of designing the research as deemed necessary by participatory research. Instead, I was the principal investigator. However, I put a great deal of effort into the co-creation of data with the research assistant, collaborating organisations and participants (Denzin & Lincoln, 2000). The RA and I emphasised a cooperative approach with all participants by making it explicit that they were the experts and that we were there to learn from them. Moreover, representing the active role of the research assistant was another limitation to the applied methods. The assistant is crucial to conducting participatory research in a context unfamiliar to the principal researcher. While I emphasised the inclusion of the voice of the research assistant during the implementation, it was not possible to involve her in the analysis process.

Another limitation is due to my status as a cultural outsider and the impossibility for me to fully understand the participants' life worlds and experiences. For this reason, I relied on the idea introduced by Freilich regarding ethnographic researchers as marginal researchers (Freilich, 1977). Freilich approach made me understand that I as a researcher represent the views of the study participants as well as my own. Thus, the intention is not to claim that this study fully represents the participants' voices; instead, the representation of their voices is conducted in the manner of me as a researcher operating in the margins of the participants' lives (Freilich, 1977). Furthermore, I acknowledge that the influences from my own "cultural" belongings directed my attention with respect to the study context (see Section 9: Reflexivity and epistemological position). To prevent this from being a problem, I aimed to employ anthropological concepts and definitions of lived experiences, social context, gender, childhood, etc. to frame the study questions rather than my own individual belongings (Eriksen, 2004).

Finally, a major constraint is related to the authenticity of the representation of the narratives of the participants. To begin with, during the data collection, the RA and I struggled to get some participants to provide their opinions. I understood that the participants were not always used to having an opinion, let alone to be reflecting upon their health and wellbeing. To combat this, the RA and I had to put substantial effort into identifying ways to encourage the participants to speak about and consider their health and wellbeing. Again, the support of the collaborating organisations was crucial, as they could employ aiding references for the participants to reflect upon the concepts included in the

study. Moreover, as I did not have the opportunity to feedback preliminary findings with the actual participants, I cannot fully ensure that my representation of the participants' accounts fully reflects their initial meaning.

## Chapter 5: Understanding the meanings of ‘childhood,’ ‘child domestic work,’ ‘health’ and ‘wellbeing’

This chapter will address the first research question of this study, as detailed in Chapter 1: how do young female domestic workers, their parents, and their employers understand childhood, child domestic work, health, and wellbeing, as well as the social contexts ascribed to these concepts?

This chapter examines local and contextual perceptions of childhood, including what is a child and what constitutes childhood. I further discuss what child domestic work is and the various forms of child domestic work that are present in the lives of the young participants. Moreover, I present the study participants’ self-defined understandings of health and ill health. This chapter also includes a discussion on young people’s wellbeing, the meanings of the concept, and the ways in which wellbeing is constituted for the young participants. The final section of this chapter includes a brief discussion of the findings.

This chapter’s findings lay the foundations for the following results in chapters 6 and 7. The analysis draws primarily on data collected during two group sessions and 30 individual interviews with young female domestic workers. Data collected from nine interviews with parents and three with employers are also included. These interviews complement the young participants’ narratives, where available data exist, to illustrate potential differences, as well as to provide deeper insights into possible influences on young participants’ everyday lives. Where possible, I have used the participants’ own terminology regarding their understandings of, and opinions on, the concepts used. The data have been arranged under headings following the structure of the first research objective: meanings of ‘childhood,’ ‘child domestic work,’ ‘health’ and ‘wellbeing.’ The parents’ and employers’ accounts, where relevant, are included under each heading of this chapter.

### 1. What is a child?

During group sessions and interviews, we asked young participants to describe their idea of a child and the factors they equated with childhood. During the group sessions, the participants offered ideas about the general characteristics of a child as someone who is *chota* [small], *jid* [stubborn/obstinate] and *chidchara* [restless, cranky or irritable]; as someone who *khelane* [plays] or *padhta* [goes to school/ is learning]; and as someone who asks ‘questions’ [they used the English word ‘question’]. The collective descriptions of a child included a mix of physical characteristic and behaviours.

Most young participants referred to themselves to either reject or confirm that they were a *baccha* [child].<sup>16</sup> In cases where young participants did not perceive themselves as children, they instead described a child by referring to younger siblings, children in the next-door household or children present in the vicinity. During the interviews, young participants could point towards a child playing on the street to exemplify who, in their mind, was a child. Thus, the young participant's definition of a child generally relied on her own personal experience. The following section presents young participants' and parents' defining factors of 'child' and 'childhood', in more detail.

### **1.1 Defining 'child' and 'childhood'**

Defining what constitutes a child was challenging for both individual interviewees and participants in group sessions. However, when comparing children with adults, young participants were better able to define what characterised a child and describe what it meant to be a child (to experience childhood). The main understandings of a child illustrated a period of 'inbetweenness,' responsibility towards the family and parental love, and cognitive abilities. The underpinning factors for their conceptualisations of childhood were further influenced by gender norms and personal experiences of childhood, as explained in more detail below.

#### *1.1.1 'Inbetweenness'*

In Group Session One, half of the group identified themselves as children and the other half did not. Such wide division was not surprising, since the ages of the 8 participants ranged from 15 to 18.<sup>17</sup> Those participants who did not perceive themselves as children used words such as *bada* [bigger] when differentiating themselves from what they called the *chote* [smaller] group participants. When we asked for clarification between the two groups, one participant explained by saying 'we are small [*chote*] and they are big [*bade*]' (Source: GS-1/P1). Another participant asked the rest of the group if they would watch a child's movie or a movie for adults, to clarify the differences within the group. Yet another participant answered the movie question by saying: 'we are adults [*bade*] but girls [*larki*]' (Source: GS-1/P2). This quote illustrates how the participant in question placed herself and her peers somewhere between adulthood and childhood. In other words, the young participant was

---

<sup>16</sup> *Baccha* refers to a male child. The female version of child in Hindi is *bacchi*. In everyday talk, it is common to use the male form of generic Hindi words.

<sup>17</sup> Group Session One included 11 participants in total, aged 12 to 18. Of these participants, 10 out of 11 worked part-time with their mothers. One participant worked part-time on her own (see Appendix VII for an overview).

neither a child nor an adult. Instead, she was a *larki* [girl]. This period of ‘inbetweenness’ described by the young participant illustrates that she has moved away from being a child and instead entered a new segment of ‘girlhood,’ in which her identity is gender determined. The young participant’s understanding of girlhood is therefore different from her understanding of a child.

In Group Session Two, three participants debated whether they were children or not. One of them stated that all of them were children, whereas another participant replied that they were, ‘not that much of a child’ (Source: GS-2/P2). This suggests that childhood is a concept with indistinct margins. Childhood is in this sense not binary; instead, this young participant shows that a person can be ‘not that much of a child.’

### *1.1.2 Responsibility and parental love*

Participants in Group Session One described play as the difference between those who considered themselves ‘children’ and those who saw themselves as ‘bigger.’ The older participants said that they played too, but they added that their parents did not allow them to play as much as the younger children. Participants in Group Session One used the term ‘play’ to illustrate having spare time i.e. time to play. During the individual interviews with young participants, they also mentioned play as an important distinction between children and bigger participants; in these interviews, ‘play’ referred to a more carefree situation for the person. YP000 explained as follows:

*‘When a girl turns 10 to 12 years old she does not remain a child anymore; she turns into a girl. As children, we play and jump around and do whatever we wish to. When we turn 12 years old, we start thinking about, and becoming tensed<sup>18</sup> about, the things that need to be done for the house. When I was younger, I would play around and never thought of all that. Nobody says anything or stops you from playing and fooling around during your childhood. Nowadays girls are expected to stay at home.’*

*Source: YP000, 16-year-old, part-time worker*

The account illustrates that the concept ‘girl’ includes different roles to those of a child. The new roles that come with girlhood involve more responsibility to the family and the household, such as care of siblings, domestic chores and financial support. A similar statement emerged in Group Session One, where one participant explained the difference between children and older [participants] as *‘bache* [children] do not have any responsibility

---

<sup>18</sup> Participants described stress and worries by using the terms ‘tension’ and ‘being tensed.’

but *bade* [older/bigger] have' (Source: GS-1/P2). This indicates that the young participant perceived childhood as a period with fewer responsibilities. Hence, the young participants are suggesting that there is a shift in the girl's life from being nurtured to nurturing and taking care of the household herself. Additionally, the process of girlhood includes complying with gender expectations and conforming to gender norms. As illustrated in YP000's account, the new roles and responsibilities that come with girlhood, as differentiated from the roles during her childhood, are nurturing roles, which in turn leads to more 'tension'<sup>19</sup> and worries. The narrative of YP000 suggests that when a girl enters girlhood she has less time to play, due to her increased responsibilities to the family. She is also expected to stay at home. In other words, girlhood for young participants involved undertaking new nurturing roles, having increased household responsibilities, being burdened with more worries, and experiencing a reduced level of physical freedom.

Young participants described parental love as another indicator of the difference between younger children and older children. Young participants expressed that younger children were more *pyaar* [loved] than older children. One participant explained that '*Chote* [smaller] ones are loved first and *bade* [older/bigger] later' (Source: YP005). YP005 suggests that there is a difference in the parental love due to the status of being a child, which may be related to the level of dependency between a child and a parent. YP005 perceived such dependency as an act of parental love. When the child grows older and receives new roles and greater family responsibilities, the attention of the parent reduces, and the parents instead perceive the child as someone who has left childhood.

### 1.1.3 Cognitive ability

To know and to *samajh* [understand] things was another commonly reported difference between children and adults. In Group Session Two,<sup>20</sup> young participants explained a child as someone who does not 'know about things' (Source: GS-2/P2) or 'someone who had no objective thinking' (Source: GS-2/P3). Another participant claimed that they were not children as they could now *samajh* [understand] things.

---

<sup>19</sup> The term 'tension' is a commonly used word in India to express a general feeling of distress, or of having an occupied mind. A recent study shows that the idiom 'tension' is the most recurrent term to express distress among trauma-exposed women from Indian slums (Patel, Kovacevic, & Newman, 2016).

<sup>20</sup> In Group Session Two, there were in total six participants, aged 12 to 17. Four out of six participants worked part-time on their own. Two participants were former full-time live-in domestic workers (see Appendix VII for an overview of the included young participants).

Young participants described adults as being more independent and knowledgeable than children. One participant in Group Session Two expanded on this, saying: 'If adults need anything they do it themselves, while children ask others to do [it for them]' (Source: GS-2/P4). This illustrates how the participants perceived a child to be someone in need of support, in contrast to adults, who had the physical capability to do things themselves. An adult's physical capability, as opposed to a child's, was explained in more detail during the individual interviews. YP004 illustrated the difference by saying that 'children cannot prepare food, but adults can' and 'children cannot wash their own clothes or eat by themselves' (Source: YP004). Moreover, YP017 explained the difference between a child and an adult by referring to physical as well as mental differences:

*'A child [bache] is someone who does not have the understanding [samajh]...Someone who does not understand how to do things and how to behave, what not to do...Whatever a child is taught, he can only accomplish some of it, but an adult can accomplish twice of what he is taught. Adults/bigger [bade] have the maturity about how to behave and what to do.'*

*Source: YP017, 17-year-old, part-time worker with mother*

YP017 suggests that the meaning of 'understanding,' as a difference between children and adults, goes beyond the physical capability or knowledge of how to perform certain tasks. Adulthood, according to YP017, involves the ability to understand what people expect of them. The adult, in this sense, has the mental capability (maturity) to know how to behave and what to do. Consequently, YP017 suggests that social expectations of an adult and a child are different.

I found further examples of social expectations relating to a child's level of understanding in the narratives of the parents. For example, the father (P003) of a former full-time, live-in domestic worker explained that the difference between a child and an adult was that an adult 'becomes very understanding; they help their parents; they understand that if they do not work, their parents feel sad' (Source: P003 father to YP015). P003 suggests that, as different from the child, will understand and do what their parents expect from them, to prevent the parents 'feeling sad.'

Parents also discussed the importance of understanding as a marker for adulthood. P000 (father to YP013) introduced this idea in the following exchange:

*I: Is your daughter a child?*

*Parent: No, she has grown-up...she is 16-year-old now [sic]*

*I: So, who is an adult?*

*Parent: An adult... like YP013 has grown up, there is so much in her brain now and she understands. There will be so many expenses now.*

*Source: P000, 40-year-old*

The increased family costs indicate that the burden on the father increases alongside his daughter's transition towards adulthood. Level of cognitive ability is for the father linked to age and therefore with financial costs. Such financial costs, in correlation to the increased understanding of his daughter, operate as a marker for the father to distinguish when his daughter moves from childhood and enters adulthood. The costs that the father is referring to are most certainly expenses for his daughter's marriage. Girls from lower societal strata are commonly married at an early age in India (HAQCRC, 2013; Kacker et al., 2007). Due to the widespread practice of providing a dowry, especially common in the rural area of India where this family is located, marriage arrangements can be financially challenging for the bride's family.

Another separating factor between young children and older children/adults in relation to cognitive ability was the ability to work effectively. During Group Session One, one participant mentioned that 'bade bache [older/bigger children] can cook food' (Source: GS-1/P4) to which another participant added that 'bade [older/bigger] can do jobs' (Source: GS-1/P5).

Participants also expressed the cognitive ability to work independently as different between children and older people:

*'Now we work on our own. Brain started working. That time I was small, and did not know so much work. Now I work on my own wishes and use my brain.'*

*Source: YP007, 18-year-old, part-time worker*

According to YP007, a young person, as opposed to a small child, has the capacity to learn work skills and not having to be told what to do. Instead, someone who is bigger can independently work and decide to work.

## **1.2 Transition from childhood to adulthood**

Young participants and parents frequently referred to specific markers to illustrate a child's transition into adulthood. The main markers found in the narratives for adulthood concerned age, menarche (the onset of menstruation), marriage, and work.

In terms of a specific age for attaining adulthood, young participants referred to a range between seven and 18. The specific age that each young participant equated with adulthood reflected their own situations and exposures. Those participants who suggested 18 as the age of adulthood had often had strong exposure to NGOs that advocated perspectives on childhood based on international conventions. Those participants who had less exposure to such information commonly suggested younger ages. In general, there was no consensus on a specific age for adulthood:

*'Till the age of four to five [you are a child]; after the age of 10 he grows up a little.'*

*Source: YP003, 19-year-old, full-time, live-in domestic worker*

There is no clear age that YP003 associates with adulthood. Instead, 'a little' highlights that YP003 perceives the transition between childhood and adulthood as a process. Other narratives indicated that such process could for example be influenced by skills, thought processes, abilities, physical changes, likes/dislikes, behaviour etc.

Other young participants used terminologies such as 'teenager' [an English word used in Hindi], *larki* [girl], *bade ho gaya* [grown-up] or *thodi badi* [grown a little older/bigger] when they referred to themselves as neither children nor adults. This finding supports arguments in existing literature on working children, which states that 'the life stages and persons are classified not by years or by age but by the physical conditions and the capability to assume specified roles and perform certain tasks' (Liebel, 2012, p. 168). Thus age, in comparison to menstruation, marriage and work (as discussed in the below paragraphs), was perceived as a fluid process and not an absolute marker for adulthood.

Participants described menstruation as a marker for adulthood to change girls' self-perception but also others' view of them:

*'When you start your periods, bachpan [childhood] is khatam [over]; at that time people think of them [smaller/children] as being bade [bigger/adults].'*

*Source: YP001, 19-year-old, former part-time worker*

With the onset of menstruation, YP001 becomes aware of the reality of an approaching marriage. As shown in the literature on early marriage in India, rural marriage practices commonly happen around a girl's menarche (HAQCRC, 2013). A marriage also changes the status of the child, as a married young person is commonly considered an adult, and expected to create a family of her own, providing financial support for the family when

needed (HAQCRC, 2013). Menstruation is in this sense an accelerating marker for responsibilities associated with adulthood. For YP001, menstruation is what makes her into a girl, as opposed to a child.

Participants described marriage as a marker for adulthood in different ways. General statements among young participants involved the idea that 'before marriage everyone is a child' (Source: YP010). One mother explained the changing role of the girl as, 'she will grow up when she will be married but she will live with me as a child only' (Source: P001, mother to YP000 & YP007). Thus, with marriage, the burden on the parent is reduced and the daughter will instead be the responsibility of the husband and his parents. However, P001's quote also suggests that marital decisions are not made by her daughter. Instead, as often referred to during the interviews, the parents decided and arranged the girl's marriage.

Young participants argued that marriage was an important marker for adulthood as it brought new, grown-up social roles. These included being a mother, someone's wife and someone's daughter in-law. Five out of 30 young participants involved in the interviews were married and had children of their own (see Appendix VI for an overview):

*'When my parents got me married I felt that I had grown up. I got married when I was 17-18. For myself, I am a mother of a child and a person's wife. I have grown up. I am a daughter in-law for my in-laws.'*

*Source: YP002, 19-year-old, former part-time worker*

At the time of the interview, YP002 was 19 years old and had two children of her own. Her actual age was irrelevant to her sense of adulthood; instead, entering matrimony was the significant marker. Parents also mentioned marriage as a marker for adulthood. However, depending on the person, the marker varied in significance:

*I: Are you a child?*

*P: No!*

*Mother of P: She is not married so she has to be a child.*

*P: I stopped being a child when I started working...I started working when I was 10 to 12 [years] of age.*

*Source: YP006, 18-year-old, part-time worker*

Even though YP006 perceived herself to be an adult because of her work, the mother, who entered the interview for a short time, still considered her daughter to be a child because she was unmarried. This also illustrates the different ways in which the mother and child viewed adulthood and work. According to the mother, a child can work and still be a child.

Her daughter, meanwhile, views a person who works as an adult. The above quote also demonstrates how fluid and contested meanings of childhood and adulthood can be for different individuals, even within the same family.

## 2. Perceptions of child domestic work

As with understandings of 'child' and 'childhood', as presented in Section 1, young participants explained 'child domestic work' in a wide variety of ways, throughout group sessions and interviews. We asked the participants how they would explain domestic work to someone who does not know what it is. Their responses included the following tasks:

- Cooking, including washing rice, boiling rice, cutting vegetables, kneading dough and making chapattis, making tea and boiling milk;
- Cleaning, including sweeping, mopping, dusting, washing utensils and washing cars;
- Laundering, including soaking and washing clothes, either by hand or by machine, and ironing;
- Child-minding, including babysitting, feeding children, walking children to and from school;
- Miscellaneous chores, including making beds, watering plants, walking dogs, giving massages and running errands.

In addition to domestic work including a wide variety of responsibilities, certain tasks could have different meanings. For example, giving a massage could have a twofold meaning. Young participants mentioned that the 'madam' of the household could ask for a foot massage to help her relax after work. Alternatively, massage could have a sexual insinuation or relate to male household members with bad intentions (discussed in more detail in Chapter 6).

### 2.1 'Domestic work is whatever you want them to do'

Despite the detailed outline of child domestic work, as presented in the previous section, I found another, more ambiguous understanding of such work in the accounts of young participants and employers. One young participant stated that 'whatever is done in the household is domestic work' (Source: YP000), while the interview with YP001 led to the following exchange:

*I: Suppose I do not know what domestic work is, then how would you explain it to me?*

*P: Sweeping, mopping, washing dishes, dusting, and washing clothes. Suppose they asked me to make tea, then I would have to make tea. If they asked me to wash a couple of extra clothes, then I would have to do that. If they asked me to massage their head a little, then I would have to do that.*

*I: You would have to massage too?*

*P: Yes, that is the work.*

*Source: YP001, 19-year-old, former part-time and full-time worker*

As suggested by YP001, young female domestic work does not always operate as a job with set tasks. Instead, the tasks included can be dependent on the demands of the employer. When I asked one employer to explain child domestic work, she explained the work with an indistinct description, like that of YP001:

*'I can explain it to you. It [domestic work] is whatever you want them to do. Whatever you want to be done. I mean, suppose you want a part-time for cooking, she can cook for you and then go. If you want to give her food, you say take this home, take this. Or if you want to get some utensils done or whatever work you want to give them. But you have to tell it beforehand, that you must do this thing, this and that, but they [domestic workers] will not do the bathrooms.'*

*Source: E002, 76-year-old*

The narratives above suggest that the list of tasks involved in young female domestic work is variable, according to the urges and needs of the employer. There are seemingly no boundaries to what employers expect the young worker to do. This supports the findings in previous literature on female domestics, where Grant argues that domestic workers are frequently seen as servants rather than employees, as a result of colonial practices in which servants provided for the needs of more privileged people (Grant, 1997). During the interview with E002, the employer referred to domestic workers as 'servants' seven times, even though I used the term 'domestic workers'. This finding suggests that young participants are not only treated like servants but the perception of the young participants as servants showed up in the language used to refer to them. I discuss implications of perceptions of domestic work in chapter 7, in relation to participants' wellbeing.

Moreover, the above statement of the employer (E002) that her domestic workers do not 'do the bathroom' most probably refers to old practices of domestic work that are determined by the caste of the worker (discussed in Chapter 2, Section 2: Learning from the past: Adult domestic work, globally and in India). Today, this practice is less common in Delhi

but varies from household to household. In E002's household, she employed a domestic worker specifically to clean the bathrooms.

## **2.2 Child domestic work – not just one type of work**

During data collection, it became clear that child domestic work operates in multifaceted forms. Some young participants did a small amount of work outside their home. Other young participants accompanied their mothers to work. Some young participants went to multiple households each day, while others worked all day in one household. Each individual experience of child domestic work affected the worker differently. In this section, I present the main status differences between the young participants. In Chapters 6 and 7, I discuss the importance of status for young participants' health and wellbeing.

Appendix VI provides an overview of all young participants who engaged in the individual interviews (see [Appendix VI: Overview of young participants included in the individual interviews](#)). The 'Work Status' column shows the different work arrangements experienced by the participants, including:

- i) Part-time workers who stayed with their own families
- ii) Full-time workers who stayed with their own families
- iii) Full-time workers who lived with their employers on a 24-hour basis
- iv) Participants who accompanied their mothers to part-time work (unpaid and/or paid).

Out of 30 young participants, 23 were, or had been, working part-time (see Appendix VI for more details). Part-time workers commonly worked for multiple employers and often reported visiting each household twice a day. The tasks they were asked to complete varied from household to household. Among the part-time workers in the individual interviews, the number of employers ranged from one to six, with the majority working in two households per day (see Appendix VI for an overview). Due to the multiple employers, 'part-time workers' could work the equivalent of full-time hours per day. One part-time worker describes below her work in six different households, each of which she goes two times per day:

*I: At what time do you go to work in the morning?*

*P: 7 am.*

*I: And you come back home at 2 pm?*

*P: Yes.*

*I: Then you go again?*

*P: Yes. I have to go in the evening as well.*

*I: At what time?*

*P: 4 pm.*

*I: Then at what time do you come back home again?*

*P: I come back home around 6 pm [Later on in the interview she says that she comes back around 7-8 pm]*

*I: In how many households do you work?*

*P: Six households.*

*I: And how many hours do you work in each household?*

*P: Around an hour each household.*

*I: So, you go to all six households in the morning and then you go to all six households in the evening again?*

*P: Yes.*

*Source: YP014, 16-year-old, part-time worker*

Based on the above responses, YP014 works between nine and 11 hours per day, which resembles full-time work rather than part-time work. To clarify, the different tasks that the young participants completed in the morning would commonly vary from what they did in the evening. Therefore, as illustrated above, the morning work took longer than the evening work.

Full-time workers frequently either worked 12 hours and lived in their own home, or they lived in the employing household and had to be available to work at any time during the day or night. Of 30 young participants, seven participants were, or had been, working full-time (see Appendix VI for more details).

Six out of 30 young participants accompanied their mothers to work. They were not all paid for their efforts. The payment seemed to depend on what kind of agreement that the mother had with the employer. The main contribution of the young participant was either to take on some of the mother's workload or to contribute financially to the family. Two young participants respectively clarified the division of tasks between the mother and child as 'mother wash clothes, so we cook food' (Source: GS-1/P1) and 'if mother brooms the floor,

so I wash utensils' (Source: GS-1/P2). As with the part-time workers who worked on their own, young participants who accompanied their mothers frequently went twice a day to each employing household.

The employment of a domestic worker by multiple households is argued to be a recurrent phenomenon within the informal work sector. In India, as well as in other countries, domestic work is one of many occupations that takes place within this informal sector (Mohapatra, 2012). Informal workers are frequently pushed into multiple employments in order to earn a sustaining wage, which contributes to their vulnerability (Meyiwa, 2012). The consequence of multiple employers is long working days for young female domestic workers, and can be a source to increased stress. Additionally, this employment structure means the work is more difficult to regulate. I discuss the implications of multiple employment arrangements for young participants' health and wellbeing in Chapters 6 and 7.

The multiple forms of domestic work are defined in the literature with terms like 'part-time' and 'full-time,' which come from the formal work sector. However, the young participants interviewed did not always understand the meaning of these established terminologies. In these instances, we had to clarify the terminology by asking if they came back home after work. The following quote by YP010 shows one such example:

*I: And you work part-time?*

*P: What is part-time?*

*I: You would come and go?*

*P: Yes, I was working part-time. I used to work but now I quit and I go with my mother to help her out. I study at a parlour now and help at home.*

*Source: YP010, 17-year-old, part-time worker with mother*

This exchange highlights two interesting issues. The first issue is that YP010 was not familiar with the term 'part-time.' This adds to the complexity around the term 'child domestic work' and terminology associated with this type of work. As shown above, child domestic work takes various forms and therefore it is complicated to apply terminology originating in formal work concepts. The other issue is that the young participant did not consider herself working anymore, as she had changed from working on her own to accompanying her mother. YP010 went with her mother to two of her mother's employing households, which involved around two hours of work per day. Nevertheless, the young participant did not refer to herself as 'working.' The narrative of the young participant suggests that she defines 'work' as working

on her own, and that she has shifted from ‘working’ to doing what is expected of her – ‘to help her [mother] out.’ This illustrates the complexities around young participants’ conceptualisation of work, and shows that the varying arrangements of child domestic work influenced YP010’s perception of the term ‘child domestic worker.’

### **2.3 Defining factors of domestic work: payment and spatial location**

Though ‘child domestic work’ operates as a fluid concept with no consistent understanding of the specific work tasks involved, young participants associated the exchange of money and working outside of their own home as key factors. These factors helped to distinguish the work in an employer’s household from the work most of the young participants did in their own homes. YP020 explained the role of money as a distinguishing factor in the following way:

*‘We tell [others about our work] that we have to clean what someone else tells us to clean. I do not consider it [domestic work] as work. Work is something when we go out to do. However, when people ask us where we go, then we have to tell them that we go to work. So I consider it [domestic work] as work. The work is similar to all other work we do in day-to-day lives. Here, we get money for the work we do and we are benefitted.’*

*Source: YP020, 19-year-old, part-time worker*

YP020 demonstrates an ambiguity around her conceptualisation of domestic work and whether it is considered actual work to her or not. YP020 indicates that when meeting ‘others,’ it may be problematic to reveal that she is ‘cleaning up what other people tell her to clean up.’ However, her understanding of domestic work is partly influenced by what other people may think about the work, which further makes YP020 refer to her work as actual work. YP020 also refers to domestic work as actual work due to the physicality of working outside of her own home and the exchange of money. It is important to highlight the observation by the young participant that her paid work is like the unpaid chores she does in her own home. Doing household chores for money may be a better arrangement than doing the same chores at home for no pay. Payment is important to YP020, as it makes her ‘benefitted.’ Consequently, money confirms the value of the work, as well as of her role as a worker.

### **3. Girls’ understanding of subjective health**

It was important to understand the participants’ general understanding of health as a concept, and to find out whether health was a priority in their life, irrespective of whether they considered themselves a child or a young adult. As detailed in the Chapter 3 (Section

1.1: Subjective health), in this study I form my understanding of 'health' based on the definition of 'subjective health' as a person's own perception and assessment of their health status and needs. This includes the experience of illness symptoms or health issues regardless of a defined diagnosis (Haugland et al., 2001).

During the group sessions, we asked the young participants to brainstorm what they first thought of when we said 'health' and what it meant to be healthy to them. We applied a more in-depth approach during the individual interviews, where we asked each participant to describe a healthy child, followed by what it meant to be healthy and how they maintained good health. We used the Hindi word *swasth*, which literally means 'healthy.' However, young participants often preferred to use the English words 'health' and 'healthy.' Frequently, English words are used in informal Hindi. Moreover, since the young participants' native languages were sometimes different than Hindi, it may have been easier for them to refer to the English word. As described above, this section refers only to the general understanding of health among young participants. In Chapter 6, I discuss health in relation to their working lives.

Table 7 shows what the young participants saw as the main elements that contribute to good health, how they described ill health and what they regarded as important measures to maintain good health.

**Table 7: Young participants’ perceptions and terminology used to indicate ‘good health’ in young people**

Elements contributing to good health:	Descriptions of ill health:	Measures to maintain good health:
<ul style="list-style-type: none"> <li>• Being strong and in good bodily condition</li> <li>• Drinking clean water</li> <li>• Being well-nourished and eating home-made food</li> <li>• Being chubby or medium-sized</li> <li>• Being clean and wearing clean clothes</li> <li>• Living in a clean and nice environment</li> <li>• Being active, cheerful, interactive and playful</li> </ul>	<ul style="list-style-type: none"> <li>• Being dirty</li> <li>• Having a dull face</li> <li>• Hair loss</li> <li>• Eating unclean food, i.e. prepared in unclean conditions</li> <li>• Being skinny</li> <li>• Being weak</li> <li>• Having fever, bodily aches or similar symptoms</li> <li>• Being tense, irritated and stressed</li> </ul>	<ul style="list-style-type: none"> <li>• Eating and drinking regularly and on time</li> <li>• Using clean water</li> <li>• Taking care of oneself, getting proper rest and going to sleep on time</li> <li>• Ensuring cleanliness when preparing food, and covering food properly</li> <li>• Washing clothes properly and regularly with running water</li> </ul>

### **3.1 Elements contributing to good health**

Young participants described a healthy child as being in good physical condition with a body that would operate well. YP026 described a healthy child with ‘he would be *mota* [fat] and strong and would eat well’ (Source: YP026). Another young participant noted the importance of good bodily condition by describing in detail, which parts of the body would operate well:

*‘When he is completely okay and walks properly. He walks properly and his limbs are fine. When the child is active. He talks properly. Speaks well. He can hear properly. His eyes are all right. If his body is in a good condition. He is interactive.’*

*Source: YP010, 17-year-old, part-time worker with mother*

Eating nutritious, balanced and homemade food was a major concern among young participants. They associated health with being well-nourished and having access to clean drinking water. One participant stated: ‘eating well is being healthy’ (Source: YP006). Participants also mentioned the importance of refraining from eating oily food, choosing instead to eat green vegetables and fruits, and drinking milk. To be able to eat well was also associated with having a good-sized body. The young participants described a healthy body

as 'fat,' 'chubby' or 'medium-sized.' The young participants also used the word 'healthy' as an adjective to describe a person who was opposite of skinny.

Cleanliness was another major concern among young participants in terms of being healthy. The young participants stated that clean body and clean clothes were signs of being healthy. Vishwanath discusses cleanliness in relation to cultural values and caste practices in India:

Cleanliness reflects the larger cultural values of being an educated Indian – one who is advanced in thinking, but also subscribes to traditional gender roles for the sake of organised living conditions. However, cleanliness in India is not only a matter of hygiene and organisation but also one of caste, of a superior way of living that in a traditional way underscores the value of being educated and performing roles within a society (Vishwanath, 2016).<sup>21</sup>

Vishwanath argues that cleanliness is a sign of an 'educated' and 'superior' society member (Vishwanath, 2016). In this sense, lower caste members may instead be associated with being characteristically dirty. To this end, cleanliness has a broader implication than that of health alone. Cleanliness is also a reflection of societal value and status. Therefore, cleanliness may operate as a measure to distinguish a poor child from a more privileged child.

In addition to the person's body being clean, living in a clean and nice environment were also seen as indicators of health. Two participants explained that a clean and good house would not melt (disintegrate) in heavy rain (Source: YP028 and YP029). This was a concern for the young participants as they lived in huts made by mud or cow dung that would commonly disintegrate during monsoon seasons. YP028 and YP029 also explained that the huts were cold during the winter, which affected their health. According to YP028 and YP029, a good house was a robust house built with firm material and not affected by climate conditions. Similarly, YP018 described a clean and good house as follows:

*'If we are rich then we can live in a good house with a good environment, good living conditions and good air, which prevent illnesses. If we stay in a dirty area and have no money, then we will work in others' houses and stay in the house that we can afford. If we live like that then we can get ill and our money would be spent in curing the illness.'*

*Source: YP018, 17-year-old, part-time worker*

---

<sup>21</sup> The article is retrieved from: <https://blindfieldjournal.com/2016/09/08/the-politics-of-housework-in-contemporary-india/>

A child who lived in a poor house would be more inclined to undertake domestic work. The above quote illustrates how YP018 understand poverty as a vicious cycle that leads to poor health and the need to work with domestic work to afford health care. Existing research brings focus to the effect of 'the vicious circle of poverty' as a reason to why female domestic workers are particularly vulnerable workers (Meyiwa, 2012, p. 58).

In addition to being in good physical condition, eating nutritious food and being clean, a healthy child was also associated with being active and cheerful. The young participants associated activities such as playing and interacting with other children and adults as an indication that the child was healthy.

Parents expressed similar ideas to the young participants when considering good child health. One parent explained a healthy child as someone 'who is more beautiful and who is chubby' (Source: P004, mother to YP019, an 18-year-old part-time worker).

### **3.2 Descriptions of ill health**

As shown in Table 7, young participants associated ill health with poor cleanliness, being weak and being in poor physical condition. During Group Session One, three participants explained that an unhealthy child had 'dull face' (Source: GS-1/P4), is 'slim' (Source: GS-1/P5), to which another participant added 'if their food is not clean then they are unhealthy' (Source: GS-1/P6). Food was, in addition to being a factor of good health, also an element of being unhealthy. Young participants linked eating unclean food to experiencing ill health. By 'unclean', they meant that the food had been prepared under unhygienic circumstances, using contaminated water, or similar circumstances. An unhealthy body was referred to as 'thin,' 'weak' and 'inactive.' YP016 explained:

*"When the child looks chubby then one is healthy. When you see a child, whose face looks dull then it can be said that he is sick and the ones who are not sick smile and look healthy and chubby."*

*Source: YP016, 18-year-old, former part-time worker*

Suffering from different types of health conditions, as well as being generally tense, irritated and stressed, were all associated with ill health. The young participants referred to a range of symptoms when describing an unhealthy child, including fever, diarrhoea, stomach ache, headache, leg pain, coughing and having a cold.

Young participants further associated ill health with financial situation. They reasoned that a person who can afford to eat well and clean herself will be healthy, while someone who cannot afford such things will have a poor health.

### **3.3 Measures to maintain good health**

Young participants emphasised eating and drinking regularly as important measures for good health. They also highlighted the need to take good care of oneself, including resting and going to sleep on time. They stressed the value of clean water, ensuring that meals were prepared under clean circumstances and covering food to protect it from insects. The participants also recommended washing clothes well and often, using running water instead of standing water. YP010 explained:

*'Cleanliness is important to stay healthy. You must cover the food and prepare it in cleanliness. Also to wash your clothes properly and to work with flowing water. Sometimes people wash their utensils with very less water. That happens because some people have water problems in this community area.'*

*Source: YP010, 17-year-old, part-time worker with mother*

Parents agreed that good, nutritious food and clean water were pivotal to maintain good health. They also mentioned clean clothes and cleanliness in general as necessary to have a healthy child.

## **4. Girls' understanding of subjective wellbeing**

As discussed in the Chapter 3 (Section 1.2: Subjective wellbeing), for the purpose of this study I applied 'wellbeing' based on the definition provided by Diener (2005) as 'an umbrella term for the different valuations people make regarding their lives, the events happening to them, their bodies and minds, and the circumstances in which they live' (Diener, 2005, p. 2). Camfield et al. further add the importance of including 'the influence of people's environments, cultures, values, and frames of reference, i.e. the ideational and personal structures that allow people to make nuanced evaluations that may be differentiated by activity, relationship, setting etc.' (Camfield et al., 2009, p. 90).

This study further applies the approach, as discussed by Corsin-Jimenez (2008), of exploring local understandings of 'the good life' to grasp the meaning of wellbeing among the young participants. During the interviews, we first asked the young participants to describe what 'a good life' meant to them, then asked them to describe a child who was living well. We next asked the young participants to explain how they could tell that a person was doing and living

well. The Hindi word used for wellbeing was *khushali*, which means ‘pleasure’, ‘happiness’ and ‘enjoyment.’ As a result, young participants often used the term ‘happiness’ when they described a good life. In Chapter 7, I discuss wellbeing in relation to their working lives.

Table 8 shows the main aspects that young participants associated with a good life. The following ideas featured prominently in their answers: family; leisure time; going to school; personal autonomy in life; a good working life; health; financial resources. I discuss each factor in the following sections.

**Table 8: Factors constituting subjective wellbeing**

Factors	Description
Family	<ul style="list-style-type: none"> <li>To have the family close by, to live with the family, or having a family of one’s own.</li> </ul>
Leisure time	<ul style="list-style-type: none"> <li>To have time to rest, play, watch TV, listen to music, read, and to enjoy life.</li> </ul>
Education/ personal development	<ul style="list-style-type: none"> <li>To have the possibility to go to school, have time to study well, and get a good future job.</li> </ul>
Autonomy	<ul style="list-style-type: none"> <li>To decide for herself, to be left alone and have personal space.</li> </ul>
Work	<ul style="list-style-type: none"> <li>To pay for education, to ensure the welfare of her family and herself.</li> </ul>
Overall good health	<ul style="list-style-type: none"> <li>To have good health as necessary to be able to accomplish things in life.</li> </ul>
Financial resources	<ul style="list-style-type: none"> <li>To attain a good standard of living, to eat well and not have to worry about how to pay for essentials.</li> </ul>

#### **4.1 Family**

Young participants associated family with a good life in terms of living with one’s family or having one’s family close by. They felt it was important to be treated well by parents and in-laws. Young participants also valued being able to see family members happy and healthy, and being able to make them happy when they were sad. Furthermore, young participants saw being able to support parents and siblings as being important for their own wellbeing. Young participants emphasised that they did not feel well when they were not able to help their family and make them happy. Participants often identified the mother as the most important family member, stating that they were happy when their mothers were happy, and they felt bad when their mothers were stressed or in pain. The fact that the girls often

referred to their mother in relation to their own wellbeing illustrates that the mother has a strong influence on the girl's overall wellbeing. This highlights the interdependent relationship between the mother and the girl. During Group Session Two, when we talked about responsibilities towards the family and what made their families happy with them, one participant stated, 'while giving money to our mothers, we are the most happy' (GS-2/P4). Another young participant explained that it is her duty to help her parents, as they were unable to work (GS-2/P1). The wider implication of this may be that a child, as a social and economic actor, makes the decision herself to work and contribute to the family for her own wellbeing. The counterargument would be that the child only conforms to the social expectations of her and that such behaviour is therefore not linked to her wellbeing. Nonetheless, the young participants suggest that having a happy and healthy family, as well as being able to make family members happy, is central for their wellbeing. The interdependent relationship between the young person and her family highlights how her wellbeing is collective as opposed to a potentially more individualised wellbeing in the Minority World.

Other young participants identified having a husband and children of their own as being important to their wellbeing. During the individual interviews, one 19-year-old former part-time worker explained: 'I am happy with myself, I have everything: family, friends, mum and dad' (Source: YP001). Another 19-year-old former part-time worker expressed her satisfaction with life thus: 'I have my children, my husband and my parents and the fact that I can still meet them and hope so for all my life' (Source: YP002). As illustrated in the above two narratives, to belong to a family and to have the family close by are fundamental for these participants' wellbeing. However, the family could also be a source of distress:

*P: [A good life is] when no one disturbs you and parents keep you happy and there is no problem. In some houses, mother in-law keeps on shouting. Also, when grandparents love us, then life is good.*

*I: Can you tell when someone in your neighbourhood does not have a good life?*

*P: Some people have a good life here [in my community], while some do not. Some men drink and beat their wives.*

*Source: YP007, 18-year-old, part-time worker*

YP007 associates her wellbeing with being nurtured by her family and living with her family in a trouble-free home. Most importantly, YP007 suggests that her wellbeing is subject to

her ability to negotiate her agency in her own home, but stating that a good life is ‘when no one disturbs you.’

#### **4.2 Leisure time**

Young participants mentioned leisure time as being important. This meant having time to play and to enjoy life. As one participant described, ‘when I am happy, I tour the world’ (Source: GS-2/P3). This young participant sees leisure time as time to daydream, which enriches her sense of wellbeing. The above quote suggests that when she is happy, she feels able to do whatever she wants, even touring the world if she likes.

Other young participants described leisure activities such as playing games, listening to music and watching TV, as being important for their wellbeing. For example, one participant during Group Session Two said: ‘I am very happy when I get time to rest in the home’ (Source: GS-2/ P4). Regardless of the specific leisure activities, time to rest was the overall priority for wellbeing among the participants.

#### **4.3 Education and personal development**

Education was associated with living a good life, opening possibilities to go to school, have time to study well, and get a good future job. Some young participants spoke more generally about being able to learn new skills, such as beauty treatments, as being important for their wellbeing. Young participants also stated that not having time to study properly if they went to school, and not having opportunities to develop, negatively affected their wellbeing. YP017 described education’s effect on wellbeing as follows:

*‘When they [children] are educated. They are educated, staying in a good place. By staying well, I mean happy.’*

*Source: YP017, 17-year-old, part-time worker with mother*

As illustrated above, YP017 connects personal development with happiness, and associates education with ‘staying in a good place.’ YP017 suggests that a person who can afford schooling is a person who can attain a good standard of living. It is important to mention the notable difference in the responses between those young participants who we recruited via one specific NGO<sup>22</sup> that advocated for the Minority World’s childhood ideals and those young participants that we recruited via NGOs that did not advocate such ideals. Young participants associated with this NGO argued more frequently that education was pivotal to

---

<sup>22</sup> In order to ensure the safety of the study participants, I do not disclose the name of the organisation.

their wellbeing. Other young participants prioritised having a good job. This is an important aspect to highlight, as it reflects the complexities, benefits and shortcomings of the current global emphasis on schooling. Nonetheless, young participants argued that personal development in general was important for their wellbeing and future life prospects.

#### **4.4 Autonomy**

Young participants also pointed out that personal autonomy was important for their wellbeing. This was illustrated by statements such as 'to do whatever one likes' (Source: YP013) and 'gets to do what one wants' (Source: YP017). Personal autonomy here refers to the opportunity to decide things for oneself. One young participant cited the ability to make autonomous decisions relating to marriage and choice of husband. She argued that she was happy in life because she had a love marriage (Source: YP001). In other words, YP001 had been able to decide herself whom to marry. Personal autonomy is in this sense closely linked with YP001's agency, her ability to act according to her own love preferences.

Young participants also described personal space as another aspect of personal autonomy in relation to their wellbeing. Statements such as wishing to be left alone and not be constantly disturbed, or not having to listen to rude comments from others illustrated personal space. Autonomy is therefore important for their wellbeing as it generates a sense of agency, self-efficacy and independence.

#### **4.5 Work**

Young participants suggested that work was an important factor in their wellbeing. They explained the importance of either having a good job or not needing to work at all. Thus, work could potentially aid or impede wellbeing. As described by one participant: 'A good life is when one works, eats and drinks well' (Source: YP027). The work generated income, which enabled the worker to eat and live well. Another participant described how work was essential for her wellbeing by stating 'whatever I want to do, I will have to earn money to be able to do it. I can only do things when I earn right?' To which her sister in-law, who was present during parts of the interview, added, 'we do work properly so that our lives changes for the better' (Source: YP022). As shown, work allowed the participants to progress and ensure their welfare.

Work also allowed participants to support family members and fund their own education or that of their siblings. YP020 noted:

*'My work has helped me to pay for my college fees and as I told you earlier, when I was suffering from Dengue my employers helped me with the hospital costs. If I need anything and I ask my employers to help me, they do it. My life has only changed for the better.'*

*Source: YP020, 19-year-old, part-time worker*

YP020 highlights the central role of work in her life. The money she is making is permitting her to go to university. Moreover, her employer operates as a safety net for unpredictable expenditures and life events. In this sense, YP020 perceive work as beneficial and pivotal for her overall wellbeing.

Work could, however, be an obstacle to learning other preferred skills:

*'[Happiness is] when there is no work. If I will study. Like we think we will learn something, but we are not able to learn anything. I want to learn but I am not able to learn anything. Like I was thinking to learn [beauty] parlour and tailoring, but nothing is happening because of the [domestic] work.'*

*Source: YP014, 16-year-old part-time worker*

YP014 describes that her work is preventing her from pursuing an education or learning new skills. This illustrates how the different factors that constitute the girls' perception of subjective wellbeing are interlinked and overlap. This further highlights how the salience of these factors is highly individual and varies from person to person. For YP014, personal development via learning new skills was more relevant to her wellbeing than work.

#### **4.6 Overall good health**

Another important aspect of the young participants' wellbeing was health. During the body-mapping activity, one participant in Group Session Two pointed towards the heart and said that happiness was 'felt at heart' (Source: GS-2/P2). When we asked her to explain what she meant, she said that her happiness came from seeing the family happy and that made her feel good. The heart illustrated the core of her wellbeing, which made her healthy. Another participant expressed during Group Session Two that 'I will be the happiest when my father has good health' (GS-2/P3). This indicates that not only her own health is important for her overall wellbeing, but also the health of her family members are crucial for her. This highlights, again, how the girls' wellbeing was strongly interlinked with other factors – in this case, family health and happiness.

Another participant noted, 'if we are healthy then we can live a good life ahead' (Source: YP004). Young participants also described health as important to their wellbeing, in that they

had to be healthy to support their mothers. Happiness in relation to being healthy was associated with not having any troubles or problems in life. Examples of such problems included unattainable life goals or asking for more than was achievable.

#### **4.7 Financial resources**

Financial resources were essential to a good life, enabling people to live well in a good house, eat nutritious and varied food and possess all the essentials. This is illustrated in the following conversation with the father of YP015:

*I: What is a good life?*

*P: (Thinking silently)*

*Father to P: One who does not lack anything, they get what they want. We cannot have things even if we desire. To live properly. We cannot eat what we want. We cannot always eat the things we want. We cannot spend money on milk or fruits. If we do, we will not be able to buy the necessary rice and vegetables because we do not have enough money.*

*Source: YP015, 18-year-old, full-time, live-out (former full-time, live-in) and P003, 46-years-old*

The Father of YP015 suggests that having a good life involved being able to enjoy food instead of just eating to survive. The above quote provides a deeper understanding regarding why his daughter had to work. Earlier in the interview, the father explained that his daughter had to work, as he could not, due to illness. Consequently, YP015, as the oldest child, had to enter work in order to ensure the family's overall wellbeing.

The importance of money for young participants' wellbeing was also associated with being able to afford medical care and treatment, in case of accidents or illness. The illnesses commonly referenced were dengue, malaria and food-related conditions, as these were particularly prevalent in the areas where the young participants stayed. Young participants often referred to lack of money as the main cause of their life worries and stress:

*'If someone is tensed then they cannot be happy. Daily life has a lot of stress, money for example. A child who is poor will not have anything and will not be happy, since only money can buy things. This is why even children end up going to work, because if they want to fulfil their happiness, then they have to work for it.'*

*Source: YP018, 17-year-old part-time worker*

Absence of money may be the main push factor to work and work the ultimate way of achieving happiness. YP018 stresses that 'even' children must work (if they want to be happy), as opposed to for example going to school. This finding supports my observation

from a previous section on the complexities of current global emphasis on schooling and how this contradicts the reality of the young participants. The above quote suggests that the girl is justifying her work due to the financial situation of her family, and her wish to be happy. In contrast, one parent disregarded the idea of money as being necessary for one's happiness. While he agreed with needing money for basic amenities, he stated that material resources were irrelevant for happiness. Instead, the parent explained that 'a hut instead of a bungalow may also give you happiness' (Source: P000, father to YP013). The different perspectives of the parent and the young participant, as described above, may indicate that the society in Delhi is in transition between traditional village practices and urban influences. To this end, it is important to consider the wider implications of context-related influences and exposures in relation to wellbeing, especially if the girl has migrated from a rural area to an urban area for work. I discuss this further in Chapter 7.

Overall, parents associated a good life with similar elements to those mentioned above by young participants. However, parents placed more emphasis on the importance of marriage for a girl's future wellbeing than young participants did. When parents referred to marriage, they often stressed the need for a good husband and good in-laws. This is exemplified by one mother who said, of the prospect of a good life for her daughter: 'if I get her married in a good house she can live well in the house' (Source: P008). The parent is indicating that her daughter's wellbeing is determined by marriage, and that it is her duty to cater for her daughter's wellbeing, in seeing her married to a good household.

## 5. Chapter discussion

It is notable that while participants perceived 'domestic work' to include wide-ranging tasks such as laundering, child-minding etc., there were seemingly no boundaries as to what could be expected of the worker. Instead, the tasks differed based on the impulses and needs of the employers. This ambiguity, coupled with its low societal and economic value, complicated participants' perception of whether domestic work was proper work. However, working outside of the young participants' own home and being paid were pivotal ways to distinguish the work the girls did for others, as opposed to that they did in their own homes.

The findings of this chapter illustrate how young participants understand childhood as a process rather than a binary identity and the young participants suggest that a person's ability to work in relation to age is non-binary. Instead, a person's ability to work develops over time – it is a progression.

In relation to the abolitionist versus promoters' standpoints of child work, aspects of "modern" childhood ideals in the narratives of young participants included the desire to go to school and have time to play and watch TV in their spare time. Aspects of "traditional" childhood ideals were associated with work as part of her informal education and responsibility to support her family. The findings of this chapter suggest that young participants complicate a binary view of modern and traditional childhood ideals. Instead, the narratives offer insights into how the young participants adapt certain aspects of modern and traditional ideals into their understandings of themselves and their lives. Moreover, the reality of the young participants did not always reflect the reality advocated by Minority World's childhood ideals. This chapter has shown that instead of age, circumstances and gender influences her understanding of childhood and the roles of a child.

Concerning gender, the young participants suggest that their identity includes an 'inbetweenness' of girlhood. Girlhood is in this sense a new segment that the girl enters when leaving the segment of childhood. Girlhood includes a shift from being nurtured by her family to nurturing the family herself. Thus, girlhood involves a different role for the girl than that of a child. Hecht argues that the difference between a nurtured child and a nurturing child depends on the 'physical setting in which the child grows up' (Hecht, 1998, p.84). Hecht explains that the physical setting is subject to the socio-economic status of the child's parents. A child who grows up in a privileged setting in Brazil is nurtured, while a poor child in Brazil will have to assume a nurturing role and contribute towards the household (Hecht, 1998). Hecht has observed that an older child's value is dependent on his or her contribution to the household (Hecht, 1998). Children who are nurtured are loved simply because they are children, but 'the love received by nurturing children is to a great extent a function of what they do, and they struggle to win the affection of their mothers' (Hecht, 1998, p. 80). In this respect, the new segment of girlhood will include new constraints, possibilities, expectations and roles for the girl. I discuss this further in Chapter 8.

Hecht's theory regarding socioeconomic status of the child explicates the way young participants described themselves as *larki* [girl]. In a Euro-American context, people would consider a girl (as well as a boy) a child. In the context of the young participants, however, the concept of 'girl' was different from 'child.' This supports what has been found in the literature on childhood studies, that the concept of childhood is socially constructed and cross-culturally variable (Liebel, 2004, 2012). Moreover, that context matters, as the significance of the word *larki* [girl] changes, and may instead mean 'a child,' if the girl comes

from a family of a higher Indian societal strata (Hecht, 1998; Nieuwenhuys, 2009; Wadia, 2011).

This chapter also demonstrates how fluid and contested meanings of childhood and adulthood can be for different individuals, even within the same family. Similarly, different generations place different importance on the factors constituting health and wellbeing of the young workers. Moreover, the family in general, and the mother in particular, played a central role in the young female's lives, as well as their sense of health and wellbeing. This illustrates how the health and wellbeing of the girls were highly collective rather than purely individual. Collective aspects of the young participants' health and wellbeing further highlight how their health and wellbeing are dependent on interdependent relations between young people and adults. Hence, these findings confirm the importance of exploring local meanings among not only girls but also among those who may influence the working girl's experiences and expectations of her childhood, health and wellbeing (Bourdillon et al., 2009).

In sum, this chapter illustrates how ideas about childhood intersect with gendered social expectations, financial situations and domestic work, and examines how this influence understandings of health and wellbeing of young female domestic workers. The ambiguity around the nature of domestic work influences the situation of each worker differently, and potentially also affects her health and wellbeing (further explored in Chapter 6 and 7).

Finally, as mentioned in the introduction of this chapter, the findings of this chapter lay the groundwork for the following two result chapters by providing insights into how the study participants perceived the central concepts of this thesis, as well as the social contexts that surround these concepts. In Chapter 6, I discuss ways in which young participants experience obstacles and benefits to their health because of their domestic work. The specifics around potential influences on workers' health take shape in Chapter 6.

## Chapter 6: Domestic work, health and safety: Young female workers' perspective

This chapter addresses the second research question of this study, as detailed in Chapter 1: what is the role of gender in the experience of domestic work and how do young female domestic workers perceive the ways that domestic work influences their health and safety?

This chapter examines health experiences, including harm and benefits in relation to young participants' work. In line with the applied conceptual framework, I integrate the data on harm and benefits throughout this chapter to move away from the cause and effect approach (Woodhead, 2004). This chapter discusses health concerns of young female domestic workers including: food and water, body aches and injuries, allergies, abuses and menstrual health. I thereafter present effects of work conditions on young workers' health. The final section of this chapter includes a chapter discussion of the findings.

The analysis draws primarily on data collected during body mapping activities with 17 young participants in two group sessions, as well as data collected from 30 individual interviews with young participants. I complement the young participants' narratives, where available data exist, with data from nine interviews with parents, and three with employers. The complementary data aim to illustrate potential differences as well as to provide deeper insights into possible influences of health in the young participants' working lives. The accounts of parents, employers and organisations, where relevant, are included under each heading of this chapter.

In this chapter, I mainly apply the concept of health based on young participants' own understanding of their subjective health, as detailed in Chapter 5 (Section 3: Girls' understanding of subjective health). During the conversations, we used the Hindi word 'swasth' for health, which literally means healthy. Wherever possible, I have used the participants' own terminology to emphasise their voices in the analysis.

### 1. Common concerns: Harm and benefits of young female domestic work

This section addresses perspectives of young participants' experiences of good and ill health in relation to their work. During the body mapping activities, I asked the participants to think of health aspects they had experienced as either difficult or beneficial to their health. Thereafter, they were told to put a coloured sticker on each place of the body relevant to their experiences (see Chapter 4, Section 5.4: Group sessions with young participants).

During the interviews, I asked questions in relation to working conditions such as questions about access to food, sleeping arrangements, breaks etc. Thereafter, I asked general health questions such as if there was anything with their work that was difficult or good for their health. This was followed by specific health questions such as if the girls had any problems with their health, experienced any injuries, if they had access to medical care, etc.

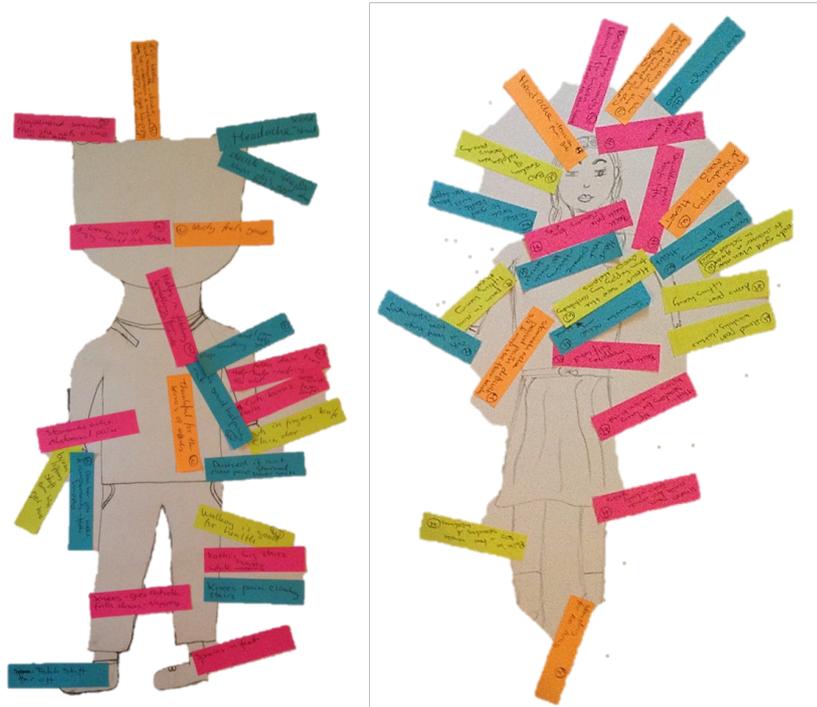
Table 9 provides a brief overview of what young participants described during group sessions and interviews as the main health difficulties associated with their working lives.

**Table 9: Main health concerns for young female domestic workers**

<b>Health concerns</b>	<b>Examples of lived experiences</b>
Food and water	<ul style="list-style-type: none"> <li>• No time to eat during or in-between work; hunger and thirst during work; no access to food or water</li> </ul>
Body aches and injuries	<ul style="list-style-type: none"> <li>• Pain in all parts of the body due to heavy and/or repetitive tasks</li> </ul>
Allergies	<ul style="list-style-type: none"> <li>• Rash and allergy from dust, detergents and chemicals</li> </ul>
Verbal abuse	<ul style="list-style-type: none"> <li>• Scolding and shouting employers</li> </ul>
Physical abuse	<ul style="list-style-type: none"> <li>• Slapping and hitting</li> </ul>
Sexual abuse	<ul style="list-style-type: none"> <li>• Rape and sexual harassment</li> </ul>
Menstrual health	<ul style="list-style-type: none"> <li>• Access to hygienic products and increased work related pain</li> </ul>

As shown in picture 2, the identified health concerns overlapped and covered the entire body. I discuss each of the above themes in subsequent sections.

**Picture 2: Body maps from Group Session One and Two**



### **1.1 Food and water**

Access to food and water was a main health concern of the young participants. The narratives suggest that hunger and thirst were risk factors for injuries and mistakes, as this made them tired and giddy during work. However, workers may refrain from eating and drinking due to not having access to lavatory facilities during work. During the key meetings with local organisations, I was informed that their members had to attend to their bathroom needs on the road, or in nature, after or on their way to work. Thus, according to the organisations, female domestic workers often experience urinary tract infections and constipation. However, the organisations mentioned that access to lavatories had improved after focused interventions to address these issues with employers.

During the interview with P002, the mother of YP015, she explained the common issues around food as follows:

*'I kept on checking her [YP015] food for 2-3 days by visiting the [employer's] house at the same time around 11-12 in the morning when they gave her food. I saw the food they gave her for 2-3 days. I fought with the madam. I told the mistress that things would not go this way; if my daughter is working hard at your house with sincerity then she should be fed properly. No one can work if they are not getting proper food and I will not keep my daughter there. I can fight with anyone for proper food. I do not have any resources to spend on healthcare if my child falls ill due to this.'*

*Source: P002, 35-year-old mother to YP015, 18-year-old, full-time worker*

At the time of the interview, the daughter had changed employer and was no longer working as a live-in domestic worker, since her employer had not fed her well. Instead, the daughter worked for a new employer for 12 hours per day, and stayed with her family at night. Thus, the family could better monitor the daughter's welfare and food intake. The above account suggests two important aspects. One is the importance of the mother's role in advocating for the girl's basic rights and needs such as food at work. The other aspect is how work status influences the situation of the young workers differently. A full-time, live-in worker may face issues with employers withholding food or providing only little and less nutritious food, as explained in the account of P002. Other full-time workers described that the food they had been given was either stale or half-eaten, which made it potentially detrimental to their health. A part-time worker, on the other hand, may face issues of not having time to eat between jobs, as they must rush from one household to another. The testimony of one part-time worker illustrated this during Group Session One, when the participant in question stated that the most difficult health aspect during her domestic work was: 'If we are hungry then we are unable to get food' (Source: GS-2/P1). These findings correlate with previous literature on adult part-time domestic workers in Delhi. For example, according to Mehrotra, food intake is problematic for part-time workers as they have little time to prepare and bring food with them; due to long working days coupled with long commutes and meagre living conditions in Delhi's community areas (Mehrotra, 2010). Previous literature on child domestic work reports high prevalence of malnutrition in particular among young female domestic workers (Banjaree, 1995; V. Sharma et al., 1995). Additional evidence suggests that malnutrition is one of the most frequent and severe health threats to child development and wellbeing (Dornan & Woodhead, 2015).

The above account of the mother (P002) of YP015 further demonstrates wider implications of food practices. The mother argues that her daughter 'who works with sincerity,' should be fed properly. The word 'sincerity' in this context refers to her daughter's effort to do a good job, an effort that the employer should acknowledge. This relates to the recognition and value of the worker, where food is a separating factor between the worker and the household members and a manifestation of power. The narratives of young participants confirm this by describing how they ate different food than what the household members would eat. One employer elaborated:

*I: In terms of food, do you eat together?*

*P: You cannot! I mean that is out of the question. Domestic workers cannot possibly eat together with the household. If you make them [domestic workers] sleep on the bed in your house inside, they would be eating at the table, which is just not done. Domestic workers all over India; first they feed the family, who eats at the dining table and the table is set properly like in the West. They feed the family, they clear the table, do the washing up or whatever and then they sit down for their meal in the kitchen on little stools or even on the floor. Not on chairs and tables.*

*I: Okay but do they eat the same food as you?*

*P: That again, 99.9 percent of the households, it cannot possibly be the same food!*

*I: Okay.*

*P: Again, it depends from which strata of society you belong to; the upper level has four things cooked for one meal. There are other families, maybe middle-class or lower-middle-class. Lower- or middle-class families, where only one or two dishes are cooked but those [households] are the ones that do not have full-time workers. So even in the families, where many things are cooked for the family, the domestic workers do not normally eat all of those. Only one or two things are made separately for them [domestic workers] and they eat that. One of the reasons for that is for example; I would eat one chapatti or one roti. The domestic worker needs six. I would eat, say four tablespoons of the vegetable that is cooked, they [domestic workers] would need twenty. Therefore, food would have to be cooked in a big quantity.*

*I: Okay, okay...*

*P: Secondly, like in my household, we, the family does not eat chili. Red chili. Domestic workers cannot do without red chilli. Therefore, their dishes are cooked with chilli and things.*

*Source: E000, 76-year-old*

Differing food practices draws attention to the different status of the employer and the employee. Food is in this sense creating boundaries between the employer (the superior) and the employee (the inferior) and reinforcing social hierarchies. According to E000, a privileged person from higher societal strata eats less and eats a varied diet; whereas, a person from lower societal strata eats plenty of food, but has little diet variation and wants to eat a lot of red chilli. The domestic worker does manual labour, which requires more food than the employer's life does. Consequently, food practice is a manifestation of the superior being "civilised" compared with the inferior being "uncivilised," which correlates with more traditional practices in India. The physical space for food intake and order of food further stresses the opposing statuses of the employee and employer. The employer eats first and by the dining table. The employee eats last while sitting on stools or on the kitchen floor.

These findings confirm power imbalances between the employer and employee and illustrate how inequalities are reproduced in daily practices via, for example, food.

Food plays a central role in India in terms of health and social status. For example, preparing food had a higher value than other domestic tasks such as cleaning, washing clothes etc. One employer described that she had entrusted the most intelligent worker with the cooking (Source: E000). Another employer explained that she 'cooked the food herself' while the young worker did 'little jobs like dusting, brooming, wiping and washing clothes' (Source: E001). The account of the employers confirms existing research findings regarding social hierarchies within the domestic work force (Raghuram, 2001). In addition to separating the employer from the employee, handling food further imposes social hierarchies between the domestic workers and ranks their services and value as a worker.

Young participants as well as parents commonly used food as a marker for good and bad employers. Not all participants described that their employers withheld food. In fact, some young participants reported that their employers offered snacks, tea and food. A 17-year-old, part-time worker described: 'A good employer ask if you had food and if the health is good, while a bad employer is less concerned, they do not consider humans [workers] as humans' (Source: YP019). According to the young participants, access to better food in the employing household than what they ate in their own home was one of the main health benefits with their work. In this same vein, one employer noted that young domestic workers should be 'kept in good manner' and they should be 'fed properly rather than serving them leftovers' (Source: E001). E001 explained that good treatment and providing food were important means to retain domestic workers. This highlights how the relationship between the employer and employee is based on various forms of liabilities of both parties and how both sides may operate according to challenges presented to them. Consequently, it may be argued that young female domestic work is a relational practice.

Another health benefit with regards to food was expressed by YP005 who stated that she had more independence in Delhi and did not live under the control of her mother-in-law who 'never gave her much food' (Source: YP005, 20, part-time worker). In Delhi, YP005 could decide for herself what to eat and when. YP004 also emphasised the opportunity to make autonomous decisions regarding what and when to eat as a beneficial aspect:

*'I prepare the food by my choice they [the employer] never say no to anything [pause]. If I feel like eating something, then I prepare it and eat.'*

*Source: YP004, 20-year-old, full-time, live-in worker*

YP004 is entrusted to prepare her own and her employer's food. Food is in this sense a means for the young worker to practice her agency as a worker and an individual. This narrative illustrates how trust between the employer and employee enhances the young worker's positive experience of work. The above accounts of YP004 and YP005 draw attention to how their food intake was strongly influenced by surrounding adults (mother in-law and employer). Hunleth demonstrates how interdependent relations between adults and children influence the child's means and opportunities to navigate her everyday life (Hunleth, 2017). In the context of YP004 and YP005, the relationship between the surrounding adults and the young girl, alongside either the presence of, or a lack of, trust, impacted their ability to negotiate their food intake and thus, their overall health. The adult-girl relationship may further have influenced the girls' perceptions of their health and independence.

## **1.2 Body aches and injuries**

I noticed during the group sessions and the interviews that too broad a question such as 'have you had any difficulties with your health during work?' resulted in absence of responses from the girls. However, if I instead asked detailed questions such as 'have you gotten hurt or had any injuries during work?' the answer of the same person could change to yes.

In terms of experienced body aches and injuries, young participants commonly referred to the full body. One young participant explained: 'My body hurts, my back, my head - my entire body hurts' (Source: YP005). However, the specific body parts that the young participants highlighted for work related pain were: 'head,' 'neck,' 'shoulders,' 'arms,' 'hands,' 'back,' 'legs,' 'knees,' 'feet,' and 'heels' (see picture 2). Table 10 provides an overview of the experienced body aches in relation to the work circumstances during which they appear, examples of injuries, and associated work tasks. The table draws on data from the two group sessions and individual interviews with young participants.

**Table 10: Body aches linked with injuries and work tasks**

Body part in pain	Work circumstances	Example of experienced Injuries	Particularly relevant work tasks
Head	<ul style="list-style-type: none"> <li>- Headache due to:                             <ul style="list-style-type: none"> <li>o Shouting and scolding employers;</li> <li>o Use of chemicals;</li> <li>o Thirst and hunger;</li> <li>o Pungent smell from hot cooking oils</li> </ul> </li> </ul>	Accidentally hit the head on sharp edges while bending down to pick things up from the floor or while sweeping or mopping floors	Cleaning Cooking
Neck	<ul style="list-style-type: none"> <li>- Pain after working on high surfaces for long hours</li> </ul>	Neck strain after cleaning fans	Cleaning
Shoulders	<ul style="list-style-type: none"> <li>- Heavy liftings and repetitive liftings</li> </ul>	Shoulder strain after carrying heavy household items	Cleaning
Lower and upper back	<ul style="list-style-type: none"> <li>- Working at a height;</li> <li>- Squatting and bending down during long periods while washing clothes, mopping and sweeping floors</li> </ul>	Falls from high heights; Hit on sharp surface corners e.g. doors while working forward bent	Cleaning Laundering
Legs and knees	<ul style="list-style-type: none"> <li>- Working in bent position and squatting;</li> <li>- Kneeling while mopping;</li> <li>- Running around and climbing stairs in the household</li> </ul>	Bruised and sore knees and legs	Cleaning Laundering
Arms, hands and fingers	<ul style="list-style-type: none"> <li>- Use of sharp kitchen supplies;</li> <li>- Hand washing which includes squeezing the water out of the clothes, particularly difficult when washing heavy items such as sweaters, carpets, big blankets etc.;</li> <li>- Carrying heavy items;</li> <li>- Joint pain in hands from working with cold water;</li> <li>- Pain in hands from hand mopping floors</li> </ul>	Cuts and burns from cooking e.g. chopping vegetables; Burns from hot liquid and oils	Cooking Laundering Cleaning
Feet and heels	<ul style="list-style-type: none"> <li>- Standing or sitting for long hours while e.g. laundering;</li> <li>- Running around and climbing stairs in the household.</li> </ul>	Cuts from sharp items laying on the floor such as nails or broken glass on feet due to being barefoot; Sprain from falls due to slippery floors	Cleaning Laundering

As illustrated in table 10, the main issue regarding the head was experiencing headaches due to shouting and scolding employers (see section 1.4.1: Verbal abuse), use of chemicals (see section 1.3: Allergies), being thirsty and hungry during work (see section 1.1: Food and water) and pungent smell from hot cooking oils. The most common injury for the head was accidentally hitting it on sharp surfaces. One participant explained this with: ‘I was brooming and the dish drainer stand hit me hard on my head, there was blood and the skin got open’

(Source: YP014). This draws attention to the multiple areas of risks for injuries, in addition to risks linked with a task. Due to the many risks, the young worker must pay attention to her surroundings while performing tasks such as sweeping and mopping. Her ability to ensure her safety may be influenced by hunger, time constraints, workload, etc.

Young participants explained that neck and shoulders were particularly painful from work tasks on high surfaces, such as cleaning ceiling fans. Tasks performed at heights were also a reason for upper and lower back pain. Additionally, young participants expressed that they were scared to perform these tasks, as they were afraid of falling. Another reason for back pain was tasks performed in squatting and bent forward positions during long periods while washing clothes, sweeping and mopping floors. As noted by one young participant during Group Session Two: 'Most of the time we are bent or standing, which is why we have so much pain' (Source: GS-2/P2). Another young participant explained her issues with back pain as: 'My back hurts the most, takes away everything when I am sweeping the floors' (Source: YP005). These findings support previous literature on working children, which shows that musculoskeletal pain is particularly prevalent among children who work with heavy jobs as a young person's body has 'lesser bone elasticity, strength and capacity to support heavy workloads' (Benach et al., 2007, p. 69). Evidence has shown that risk of musculoskeletal injuries is particularly high for people engaged in repetitive and heavy work (Barbe & Barr, 2006).

Young participants also described pain in their knees while mopping floors. Commonly, the girls mop floors by hand while using a cloth and a bucket of water, which requires her to kneel. Hence, bruised knees were the most commonly experienced injuries among the young participants. Picture 3 illustrates the common Indian floor broom, which makes the worker stand in a forward bent and squatting position and therefore contributes to experienced pain in legs and knees and lower and upper back.

**Picture 3: Indian floor brooms**



Photo: Jenny Svensson

According to the young participants, pain in arms and hands was linked with heavy lifts and monotonous work tasks such as mopping floors and washing clothes by hand. One former part-time worker mentioned during the interview that she ‘used to like washing utensils as there is nothing heavy about it’ (Source: YP016). It was particularly difficult during the winter for young participants in those cases where they did not have access to hot water in their work:

*‘If we work in winters, I have to put my hands in cold water and I have to wash clothes and utensils in this cold water.’*

*Source: YP026, 17-year-old, part-time worker*

Other young participants explained that the use of cold water gave them joint pain and made them feel cold overall. I found similar arguments during the interviews with employers. Upon the question regarding potential health difficulties for young female domestic workers, one employer stated:

*‘Look! This is wintertime, we have awarded them [domestic workers] with water, the heater is there. They wash all the utensils with hot water.’*

*Source: E002, 76-year-old*

Cold water was, according to the employer (E002), the only potential obstacle to young female domestic workers’ health. Therefore, as she had ‘awarded’ her workers with heated water, they did not face any health difficulties at work. Potentially, this is the reason why the

employer used the word 'awarded' to emphasise her generous behaviour of addressing the only seasonal obstacle to the worker's health. Another employer elaborated:

*'There is no cause for injuries in household work but they [domestic worker], I mean, if they [the girl] get sick I look after them [domestic worker]. I get medicine for them [domestic worker]. If they [domestic worker] need to go to a doctor, then I take them [domestic worker] to a doctor. And with my small little experience, I can treat them [domestic worker] myself.'*

*Source: E000, 87-years-old*

The account of E000 reflects a perception of domestic work as a 'small' job, and therefore does not include any reasons for occupational health concerns. The employer instead refers to the fact that anyone can catch a cold or get sick, which she then will treat either herself or take the domestic worker to a doctor. The low health risk perceptions among employers confirm what came up during key meetings with organisations. Organisations underlined that health risks of domestic work were of low priority for employers as well as among the young workers themselves.

Injuries related to hands were predominantly cuts and burns from cooking:

*'My hands get burned while making chapattis. Like when I am doing something and I am not focussing. I look to another side and I get cut and it starts to bleed.'*

*Source: YP028, 13-year-old, former full-time, live-in worker*

The above account supports earlier findings of the importance of working attentively to prevent injuries to occur. These findings suggest that domestic work requires multifaceted skills to ensure the young worker's safety.

The main issues with feet and heels were according to the young participants due to performing monotonous tasks in standing or sitting positions for long hours. The young workers also sustained these injuries while running around and climbing stairs in the employer's households. The most common feet injuries were due to broken glass and nails on floors. Young participants frequently reported that they had to work barefoot as the employer forbid indoor slippers. Working barefoot was also a risk for falling on slippery floors while for example mopping.

### **1.2.1 Age related aches**

The accounts of the young participants suggest that the experienced health difficulties increased with age:

*'It is difficult; as you age you have problems in your knees, aches in your back and hands. When you are young you do not feel that way and working is easier.'*

*Source: YP021, 21-year-old, part-time domestic worker*

YP021 suggests that her work-related pain has increased over time. In fact, YP021 had been working from the age of 15 and she was working in three households at the time of the interview. The mother of YP021, who had been working with domestic work for 15 to 20 years, added 'I do not feel like working, my limbs are not as active anymore, one hand gives me trouble' (Source: P005). At the time of the interview, the mother (P005) was working in seven households as a part-time worker and she was around the age of 40. Another working mother explained:

*'Yes, health gets upset and limbs starts paining. There is so much pain that I am not able to close my fists at night while sleeping. I feel such a pain that I have no idea at night and both my arms pain so much. My back is in pain too because of bending during work but then also I have to get up in the morning and rush to work again.'*

*Source: P002, 35-year-old, part-time worker*

The above account supports the findings in previous paragraphs regarding negative impact of poor work postures such as forward bent positions while mopping and sweeping floors. The narrative of P002 further indicates that she does not have enough time to rest as she must wake up early every day and go back to work. Other parents, who also worked with domestic work, described how they could only do lighter tasks and had to work less due to increasing body aches.

Domestic work involves repetitive physical tasks performed in poor postures, which causes the experience of ill health among the study participants. Previous literature on working children has drawn attention to the increased risks of developing long-term ergonomic disabilities in adulthood due to heavy lifting and poor posture during early work life (Donnell et al., 2002; Fassa, Facchini, Dall'Agnol, & Christiani, 1999). The accounts of the working mothers, who covered an approximate age range of 35 to 46 and had worked in domestic work for between 8 to 26 years, confirm that health difficulties increased over time. Heavy lifting, repetitive tasks and non-ergonomic positions are in line with previously established risk factors for work-related musculoskeletal disorders and may lead to acute and irreversible damages, if neglected (Barbe & Barr, 2006; Buckle & Jason Devereux, 2002).

### 1.2.2 Bodily benefits from work

Despite various body aches, young participants also stated that domestic work is good for their health as it provides an opportunity to exercise. Walking to and from, as well as during work was, according to some of the girls, beneficial for their health.

One young participant argued that ‘for a person who is fat, it is healthy for them to bend and work’ (Source: YP001). Still another young participant argued that everything about domestic work is good for her health:

*‘Everything. Whatever work you do, washing clothes for example, your body gets exercised and massaged. Same when you go up and down - you feel relaxed.’*

*Source: YP006, 18-year-old, part-time worker*

The accounts of the young participants mainly underline the opportunity to exercise through their work. Parents expressed similar arguments regarding physical exercise concerning health benefits:

*‘It is good to work for the body. If one just sits, the body will not be good; if one works, it feels good. Working is good for walking. There are a lot of benefits. By working, I do not fall ill. It is good to work. If I do not work for a day and stay back at home, I feel bad. The body feels heavier.’*

*Source: P001, 35-year-old, part-time worker*

In addition to pinpointing various benefits from work, P001 further highlights broader important aspects linked with structural factors. These structural factors may relate to labour market participation and job opportunities. By speaking in general terms regarding ‘work’ and benefits from ‘working,’ P001 refers to work in general rather than just domestic work. It could be argued that her health is in this sense subject to her status as a worker rather than specifically a domestic worker.

### 1.3 Allergies

The main experienced health issues regarding allergies and respiratory symptoms were: excessive exposure to dust, cleaning detergents and chemicals. Example of specific products are: kerosene oil for cooking, cleaning products such as sulphuric acid (tezaab in Hindi), and phenyl or other similar detergents that the employer would ask the worker to use when cleaning the house and the toilets. One 17-year-old, part-time worker explained that she experienced health issues while sweeping the floors as she ‘caught a cold due to the dust’ (Source: YP018). YP018 further explained that she suffered from dust allergy and that she

tied a cloth to cover her face while working to reduce the symptoms. During another interview with a 21-year-old part-time worker and her working mother, the mother explains that she suffers from allergic reactions on her hands due to bad cleaning products (Source: YP021 and P005). Other young participants described that they got headaches from the smell of chemicals (see section 1.2: Body aches and injuries).

Similarly, the 25 adult domestic workers that participated in the first pilot session (described in Chapter 4, section 5.3: Pilot group sessions) explained that the above-mentioned chemicals and detergents made them nauseous and gave them the sensation of being unable to breathe. The adult domestic workers mentioned that some employers briefed them about the risks with using these types of chemicals, including the importance of diluting them properly with water. However, according to the participants in Pilot Session One, not all employers briefed the workers about protective measures for handling chemicals or excessive dust. Donnell et al. argue that excessive contact with 'dust, toxins, chemicals and pesticides' causes increased risk of long-term health consequences among working children (Donnell, Doorslaer, & Rosati, 2002, p. 3). Moreover, there is a growing body of literature demonstrating respiratory difficulties due to chemical exposure among adult female domestic workers (Malhotra et al., 2013). The lack of risk awareness among employers will in this sense influence the young workers' ability to maintain good health.

#### **1.4 Abuses including verbal, physical and sexual**

##### *1.4.1 Verbal abuse*

Most young participants mentioned verbal abuse as negative for their health. Employers' motives for verbal abuse could range from specific issues to nothing at all. As an 18-year-old part-time worker stated during the interview: 'Some people shout without reason' (Source: YP008). Other triggers for verbal abuse were arriving late to work, making a mistake, or accidentally damaging an item in the household. Repercussions of these mistakes, in addition to verbal abuse, were extra workload and time in case the young workers had arrived late, deduction from their salaries to compensate for the value of the damaged item, or even physical abuse (see 1.4.2: Physical abuse).

According to the young participants, the most frequent type of verbal abuse by the employer was scolding, shouting and nagging. YP015 and her father explained:

*P: There are a lot of people [employers] who do not talk properly or do not make you feel comfortable.*

*Father: They speak harshly.*

*P: They scold you about the work you do.*

*Father: They rudely tell you what to do and what not to do.*

*P: That is when you come to know if the employer is good or bad.*

*Source: YP015, 18-year-old, full-time worker and P003, 46-year-old*

This exchange highlights the frequency of verbally abusive behaviour and how this is perceived as negatively influencing the situation of the young worker. Moreover, a shouting employer is in this sense a way of identifying a bad employer. Other young participants emphasised that a good employer allows the worker to work in peace. Additionally, good employers trust the young workers' capability to do the job correctly without micromanaging the work by constantly following them around. YP023 elaborated concerning a good employer as follows:

*'If you talk to me in good nature and talk properly, I will not have any problem. However, if you keep on saying do this, do that and always scold me then I will have problem. We have not come to fight with anyone... we are here to work. You can talk to us softly. If you keep us properly, we will... we will even do extra work and we will enjoy that too. However, if you keep on nagging me, then we do not enjoy the work.'*

*Source: YP023, 19-year-old, part-time worker*

The young participant suggests that her level of work satisfaction, 'to enjoy the work,' is subject to the employers' treatment and behaviour. In this sense, if the employer treats the young worker well and speaks with respect, she will even feel motivated to do extra work. However, if the employer is harsh or verbally abusive, the young worker will face 'problems.' Other young participants stated that they 'feel very bad' or 'feel hurt' when employers shout and scold them. One young participant in Group Session One explained that she feels bad when 'our employer shouts at us in front of their guests' (Source: GS-1/P2). Young workers here seem to confirm that if they are treated with respect by their employer, this will prevent them from experiencing 'problems' with work, from 'feeling uncomfortable' and getting 'headaches.'

#### **1.4.2 Physical abuse**

A substantial body of literature has reported acts of physical abuse towards CDWs in India (Gamlin, Camacho, Ong, Guichon, et al., 2013; Gamlin, Camacho, Ong, & Hesketh, 2013; Hesketh et al., 2012; Save the Children, 2006). Some scholars argue that employers take the role as parental substitutes and apply corporal punishment as a way to discipline CDWs;

especially in countries where corporal punishment is socially and culturally accepted (Blagbrough, 2008a). According to the young participants, the most common form of physical abuse was slapping, hitting and pushing. One participant in Group Session One explained that employers push 'when we do not work properly' (Source: GS-1/P9). Another participant elaborates:

*'They [employing household members] used to slap me and the day I ran away, they hit me with the TV remote control directly on my face [...], they used to beat me a lot and in between they never bought me clothes.'*

*Source: YP013, 17-year-old, former full-time, live-in worker*

The narrative demonstrates how the young participant weighs her experiences of repetitive physical abuse with the added neglect of the employer to not provide any new clothes during her time of work. This finding suggests that YP013 conceptualise health implications with not only physical abuse but also with denial of new clothes.

Previous literature has pointed out that the most vulnerable type of CDW is the live-in full-time modality as they are living under the control of the employer in their house (Jensen, 2014). However, during the group interview with three young participants, of whom two worked part-time, they reported similar experiences of repetitive physical abuse. YP024, a 17-year-old, part-time worker, YP025 a 17-year-old, full-time (live out) worker and YP026, a 17-year-old part-time worker described their experiences as follows:

*I: When employers beat, how do they beat you? Do they slap you?*

*YP026: Yes.*

*YP025: Some slap.*

*YP026: They [employer] slap or sometimes they hit you with whatever they get in their hand.*

*YP025: Usually they [employer] just slap.*

*I: Is it common?*

*YP026: Yes, it has happened to us, right?*

*I: What could be the reason for employers to slap you?*

*YP025: If you spoil some work [if something breaks].*

*YP024: Or if a glass bottle breaks.*

*YP025: Or if we make a mistake.*

*YP024: If something falls.*

YP025: ... like that.

I: Okay.

YP024: They do not bother asking what happened and they just hit you.

I: With what do they hit you?

YP025: Could be a stick.

YP024: Stick, broom.

YP026: Anything, even a spoon.

YP024: Spoon, rolling pin [used for making chapattis].

I: Okay.

YP024: Whatever it is, pillow anything, they will hit you with it.

YP024, YP025 and YP026 bring attention to the use of routine-like acts of physical abuse with 'whatever' the employers had in their hands. The reason for punishment could be trivial. The young participants suggest that physical abuse is a common practice irrespective of the work status of the girl. As detailed in Chapter 2, evidence indicates that corporal punishment is socially accepted in Indian middleclass households, as it is practiced as a means to discipline children (Segal, 1995). However, according to Hesketh et al. physical abuse towards child domestic workers correlates strongly with poor psychosocial health (2012). One could argue that the accounts of YP024, YP025 and YP026 illustrate the fact that employers have taken on the role to discipline the girl as the employer may see it as their right to control and punish the young workers. Attitudes among employers with regards to their perceived role in the young workers' lives is thus of great importance for the girl's ability to negotiate her safety and health at work.

Physical abuse is a strategy used by the employer to exert their power and reiterate their superiority. It is important to highlight that only four participants explicitly reported experiences of physical abuse and found these difficult for their health. Such low number of health complaints due to physical abuse raises the question of how young participants conceptualise abuse. One may argue that if the young workers themselves perceive a slap or hit as a normal method of discipline by adults, the girls may not regard this as a threat to their health. Drawing out these potential distinctions is important for a better understanding of how the young workers conceptualise health and abuse when they are facing what I as an outsider would perceive as bad for their health.

### 1.4.3 Sexual abuse

Similar to physical abuse, a mounting body of evidence has shown a pattern of sexual abuse towards CDWs (Human Rights Watch, 2007; Nath, Dimri, & Sekar, 2013; Veitch, Dharel, & Ojha, 2014; Woodhead, 1998a). Previous literature underlines the risk of sexual abuse for girls as the work is taking place in the employer's private sphere and that they are forced to be under the control of the employer (Blagbrough, 2008a). Two young participants, 13 and 14 years old, explicitly mentioned that they had experienced rape.<sup>23</sup> One of the participants explained that the placement agent 'did wrong thing with me [...] like what happens between a husband and a wife' (YP028). In both instances, the perpetrators were placement agents. Both placement agents violated the young participants before they placed the girls in households to work as full-time, live-in domestic workers.

A more common finding was concern regarding sexual harassment. Young participants expressed a pervasive fear of facing sexual harassment from male household members. Young participants frequently argued that they preferred to work in households with mostly female members. One participant clarified: 'If there are only men, then I do not prefer to work there' (Source: YP005). Another young participant explained that she was uncomfortable working in front of men and made sure to cover herself with clothes, such as wearing a stole (Source: YP018). Overall, the accounts of the young participants suggest that their safety was primarily in their own hands as no one advocated for their safety. Moreover, that the young participants were afraid of getting a bad reputation or held accountable for household members' misconduct:

*'In some households, male members ask you to give them massage. If she does, then the girl will be removed by the employer from that household or the employer will not recommend you for other jobs.'*

*Source: YP003, 19-year-old, full-time, live-in worker*

Given the employers' reactions, one may infer that the term 'massage' in this quote has a sexual connotation. I found that participants regularly referred to massage rather than terms such as sexual abuse or harassment. For methodological reasons, this is important to highlight, because findings may differ depending on locally appropriate terminologies and euphemisms. Returning to the narrative of YP003, employers exerted their power by 'removing' (dismissing) the girl and potentially blaming her for the employer's sexual misconduct. Such power imbalance between the young worker and the employer is an

---

<sup>23</sup> The participants were former live-in domestic workers.

important aspect to highlight, in addition to risk of sexual abuse, as this will have wider implications for the girl's wellbeing. The working girl and her family may face serious problems in the case that girl's honour is damaged. Implications may include difficulty finding a future husband as well as tarnishing her reputation in the community. A bad reputation further affects the girl's ability for future work prospects and hence has an impact on her ability to earn a living. In this sense, the wider implications of sexual abuse are economic, social, physical and psychological consequences.

Both parents and employers identified young female domestic work as high-risk work in terms of sexual abuse. The following exchange with an employer shows this further:

*I: Is domestic work a safe type of work for young females?*

*E: They are very unsafe, whether it is an old man or a middle-class man, middle-aged one, any male, anything can happen nowadays. Previously people [men] was afraid of society, they would not do a thing in which would hurt their family name. Family name was important at that time. Nowadays nobody bothers. Nobody cares.*

*I: Why do you think that is?*

*E: Beta,<sup>24</sup> how many rapes are now taking place? Are you not reading the newspapers? Everyday... it is so terrible. People are throwing acids. I mean abductions, what is all this? I can only say... previously rape was never reported because of this, this shame, but now it is coming up. Much younger girls, maybe 3 or 4 years old even half month-old babies are being raped. So what do you think? These rapes are being reported now because previously nobody dared to say anything. People were afraid of the family's reputation. Family name was important. Very important! But nowadays, no! Girls are coming out [meaning leaving the house]. Girls are being educated so they know what it [sexual abuse] is and they know that the lawyer is on their side.'*

*Source: E002, 76-year-old*

E002 argues that the decreased role of family status, combined with girls' increased mobility, are influencing the risks of sexual abuse towards girl in general and towards young female domestic workers, in particular. However, due to the increased social recognition of sexual abuse as a crime, reports of abuse have increased significantly. These findings highlight the role of socially and culturally accepted and unaccepted behaviour as another risk factor for young female domestic workers' health. Additionally, it illustrates that gender is what

---

<sup>24</sup> In Hindi, beta means son and the word for daughter is beti. However, beta is a gender-neutral form to politely address someone younger in a 'motherly' or 'fatherly' way.

ultimately renders young girls most vulnerable rather than merely being domestic workers and being exposed to the health risks associated with this kind of work.

Sexual harassment did not always come from household members, with some girls reporting risk of sexual harassment and abduction during their commute to and back from work. For example, YP026 explained that she was afraid of boys and men:

*'Even if we go on the road the boys' eve-tease, whistle or something else. It is scary to travel alone; there are cases of kidnapping in the van.'*

*Source: YP026, 17-year-old, part-time worker*

Other young participants expressed similar concerns and highlighted an increased fear during winter times when Delhi is cold and foggy. When considering young participants' work status, risks of sexual harassment during the commute was primarily a risk for part- and full-time workers who returned home to their own families at the end of their workday. However, I found that full-time live-in workers might face similar challenges when running an employer's errands outside the household.

### **1.5 Menstrual health**

A strong theme that came up during data collection was menstrual health. The specific questions that arose during the fieldwork was if and how cultural practices around menstruation influenced the health and wellbeing of young female domestic workers. Moreover, if the work status and working conditions had any impact on the young worker's menstrual health.

Research has shown that menstrual practices differ between urban and rural areas in India, as well as among religious affiliations (Garg, Sharma, & Sahay, 2001). Cultural practices around menstruation are for example to avoid religious ceremonies and not to enter temples; these are mainly practiced by Hindus and Muslims (Garg et al., 2001). In some practices, it is also necessary to avoid domestic chores such as cooking and contact with food (Garg et al., 2001). Garg et al. explain that the menstrual taboo in India is due to perceptions of menstrual blood as 'dirty blood' (Garg et al., 2001, p. 18). Garg et al. suggest that the belief of menstruation as a bodily process of extracting dirty blood causes 'segregation and untouchability' (Garg et al., 2001, p. 18). Concerning domestic work, I found that taboos around menstruation made it difficult for young participants to express their concerns to their employers:

*'It does not look good to ask them [the employers] so we buy it [hygienic products] ourselves. It does not feel good to ask aunty [employer] and explain to her so it is better to get it [hygienic products] ourselves. If I inform them [employer] about it [the period] then she tells me not to clean too much. Because you have to bend down so much, that it may hurt someone's stomach or someone's legs. I inform them beforehand. Our house is big so I tell them [the employer] and she asks me to leave the cleaning and only to sweep the house. They [the employer] do let us cook. Earlier people used to say not to enter the temple and things like that, but if nobody is going to cook then how will one eat?'*

*Source: YP004, 20-year-old, full-time, live-in worker*

The above quote highlights five central aspects linked with menstrual health of young female domestic workers that I found in the narratives: stigma and taboo, menstrual hygiene, difficulties in performing work tasks, work restrictions, and how cultural practices around menstruation can both be a barrier to, and a facilitator of, the young female domestic worker's health.

In relation to stigma and taboo, YP004 describes that it does not 'look and feel good' to ask the employer about menstruation-related concerns and hygienic products. Therefore, YP004 buys the hygienic products herself. Another full-time (former live-in) worker explained that her employer only provides her with cloths and not pads (Source: YP013). This in turn relates to menstrual hygiene: full-time live-in young female domestic workers' access to hygienic products are subject either to whether they are allowed to leave the employing household, or to the willingness of the employer to provide products for her. A girl that works part-time may not have the same issues in terms of access to hygienic products. However, a part-time worker might instead face other sanitary problems such as access to toilets during work, as discussed in section 1.1: Food and water. It is also important to highlight that sanitary products in India are relatively expensive; therefore, use of cloths made by for example old clothes or fabric is common in poor areas in India (Garg et al., 2001; Shanbhag et al., 2012).

Regarding difficulties in performing work tasks, the narrative of YP004 further describes difficulties in performing work tasks during her menstruation that involve squatting and bending. As demonstrated in previous section (Section 1.2: Body aches and injuries), a great deal of the young workers' tasks involves forward bent and squatting postures. The account of YP004 also highlights that young female domestic workers are restricted to perform work tasks such as cooking during menstruation. As illustrated above, YP004 could talk openly with her employer about her menstruation. Thus, her employer re-arranged YP004's workload according to what the employer considered appropriate tasks while menstruating.

In terms of work restrictions, part-time workers expressed concerns regarding loss of money due to menstruation, as they had to be on unpaid leave during these days:

*'Yes, some houses do not allow [you to work] but if we do not tell them then they will let us [work]. This is to prevent getting our money cut out of the salary.'*

*Source: YP018, 17-year-old, part-time worker*

Later on in the interview, YP018 explained that her employers would ask in case she never took leave due to her menstruation:

*'I take leave when it is important and then tell them that I got my period those days. Some houses, two of my employing households, do not have any problem, so I can still work there and leave.'*

*Source: YP018, 17-year-old, part-time worker*

Menstruation limits YP018 to work and may result in money loss, in those cases where she is not entitled to paid leave. Consequently, menstruation may add a layer of economic vulnerability of the young worker. However, the narrative of YP018 illustrates how she uses cultural practices around menstruation to her advantage. YP018 uses menstruation as a reason to get time off when there is something 'important.' In this respect, YP018 used cultural practices around menstruation to negotiate her agency and personal autonomy to get time off from work.

## 2. Work conditions and health

A growing body of literature brings attention to adverse terms and conditions of employment that pose serious health risks to young domestic workers (Blagbrough & Glynn, 1999; Hesketh et al., 2012; Human Rights Watch, 2009). Young participants' main concerns regarding work conditions and terms of employment were few or no breaks, few or no days off, no job security, no set working hours, meagre wages and poor living conditions in the employing households.

Young participants reported that they had few opportunities to rest between chores or jobs. For example, part-time workers had little time for themselves as they were occupied with working in either their own home or the employers' homes. The girls who accompanied their mothers explained that they had very little time to rest between school, the work she did in her own home, and the work she did in the employer's home. Some full-time, live-in workers reported that they had the opportunity to rest while the house was empty or in between certain tasks. However, other full-time live-in workers said that they never had time to rest.

These findings suggest that the girls' ability to rest depended on their work status as well as the level of responsibilities in their own home. Previous literature has repeatedly drawn focus to lack of rest as a pressing concern for young and adult domestic workers' health (Malhotra et al., 2013). However, rest in relation to work status has received less scholarly attention.

With regards to few or no days off, the working girls expressed negative health experiences from not having any sick leave and the fact that they often had to work when they were sick:

*'I went to my employer and told [her] that I had fever. She [the employer] checked and said it is very high and she asked me to leave work and go back home and rest and have medicine. Then I went to the other bungalow [employer] to tell them that I would not be able to work. She asked me to wash utensils and said that she would do the rest. I said I would not be able to do it. She forced me to do a little bit of work. They [the employer] make us do work forcefully. Some [employers] ask us to leave and take rest while some [employers] ask us to work. Some employers are good; they will give us medicine and ask us to leave.'*

*Source: YP023, 19-year-old, part-time worker*

YP023 suggests that her ability to get sick leave is in the complete control of the employer. The above account illustrates how the opposing power and social positions between the employer and the employee affected YP023's health negatively. Moreover, young participants commonly reported that they would lose their job if they went on extended sick leave. Lack of job security in general caused distress among the young workers, as they never knew if they would lose their job or not.

Concerning no set working hours, young participants found it difficult to have a healthy work-life balance. Part-time workers described difficulties in estimating required time in each household, as it depended on the employer's daily needs. This led to additional stress for part-time workers, as they had to work in a hurry to be able to complete the work in their often-multiple employing households. Moreover, another part-time worker stated that she had to work extra during festivities and events:

*'Sometimes it takes one hour or two or sometimes an hour and a half. It depends on how much work there is and if there are visitors.'*

*Source: YP010, 17-year-old, part-time worker*

Planning and managing the work is according to YP010 difficult for her due to the irregular workload and fluidity of domestic work (as described in Chapter 5, Section 2.1: 'Domestic work is whatever you want them to do'). The unknown and shifting requirements of the

employers caused additional stress for the young participants engaged in part-time work, particularly.

Previous studies have drawn attention to the impact of living conditions in employing households for full-time live-in workers (Human Rights Watch, 2005a; ILO-IPEC, 2004; Jensen, 2014). Among the full-time, live-in workers included in this study, I found both positive and negative accounts. The negative accounts involved sleeping on cold floor without seasonally appropriate bedding and not having any private space. The positive accounts confirmed that they had their own room and toilet:

*'I sleep in the room upstairs and the uncle and aunty [the employer] sleep downstairs. They asked me to sleep upstairs so that I can sleep properly because uncle [the employer] wakes up in the middle of the night at 4 am or 5 am and goes to the bathroom.'*

*Source: YP004, 20-year-old full-time, live-in worker*

Previous literature have demonstrated similar findings as shown above regarding having better living conditions in the employing household than what the girl has in her home village (Jensen, 2014). The above account shows that YP004's living conditions permitted privacy and proper sleep. Privacy and sleep, as shown in Chapter 5 (Sections 2: Perceptions of child domestic work and 3: Girls' understanding of subjective health), were important for the young participants' health and wellbeing. Other benefits concerning improved living conditions in the employing household, compared with previous living conditions, included having access to, for example, running water. YP029 described benefits with her previous work with 'yes there was more water while washing clothes (YP029, 14-year-old, rescued full-time, live-in worker).

All three employers acknowledged the importance of proper living conditions as pivotal for young workers' health. One employer emphasized the importance of rest during the interview as follows:

*'Yes, there is a break after eating food. I make her sleep... [Giggling]. I remain awake because I am not habituated to sleep but she [young female worker] has to work. My daughter-in-law wakes up in the morning and make food for the kids and she [young worker] helps her [the daughter-in-law] with that. It is not that everything is left over to the maid to wake up early and make food. No. Therefore, as I know she [the young worker] has to wake up early so I make sure that she sleeps for an hour in the afternoon after having lunch. She [the young worker] asks for more work. Then I refuse and ask her to do it after getting up [from her rest]. Right! This way she gets some rest and she will not fall ill. If I make her work more, then she will fall ill.'*

*Source: E001, 87-year-old*

The employer highlights the need for sleep and good treatment to keep the young worker healthy. The young worker's health or ill health will otherwise negatively affect the employer, as the young worker will not be able to do her work. This finding adds to the previously discussed interdependent relationship between the employee and employer. Good treatment is in the employer's interest, since she and her family are reliant on the work of the young worker.

Young participants further underlined the need to have protective gear available at work as additional methods to ensure her safety at work:

*'Nothing can be done to prevent cuts. While cutting vegetables maybe if we tied our hands with a cloth then we could prevent ourselves from being cut. We can wear gloves while cooking to prevent hot oil or boiled water from spilling. We can wear slippers while sweeping the floors to prevent injuries on the feet. You should wear indoor slippers while sweeping and use a hand-held wiper while mopping the floor so that our feet and hands are not spoilt. By this, we do not get cuts. If we get cut then we should get ourselves bandaged and eat tablets or even show the doctor.'*

*Source: YP018, 17-year-old, part-time worker*

The above narrative provides concrete suggestions of how YP018's work experiences may be improved and she stresses the importance of having access to first aid supply in the employing households. During the interviews, young participants stated they had varied levels of access to first aid supply while working, and not having access to first aid kits was a strong concern among the young workers.

### 3. Chapter discussion

This chapter demonstrates that occupational and employment conditions as well as interrelation individual aspects pose constraints to the young participants' health and their efforts to develop helpful tactics to maintain good health. Occupational and employment conditions include, for example, risks related to non-ergonomic work postures, usage of hazardous chemicals without sufficient training, low wages, and no set working hours. The occupational and employment conditions linked closely with individual aspects of young female domestic work. For example, power imbalances and social hierarchies expressed via verbal, physical and sexual abuse; and limited access to basic amenities such as food, water and toilets during work were occupational conditions that were expressed at the individual level. Consequently, differing power positions ascribed to the status of the young worker as

inferior compared with employers' superior position restricted the girl's ability to sustain good health, which was manifested via her ability to decide when and what to eat, have access to toilets, taking sick leave versus being forced to work, etc.

This chapter further reveals that long-term disabilities among working mothers is an important aspect to highlight in the discussion around push factors of young females into domestic work. This chapter also brings focus to a single aspect's multidimensional influences i.e. the multiple impacts of food and water on the health and safety of the worker.

Likewise, this chapter demonstrates that social and physical restrictions around menstrual health affect the overall health of the working girls. Findings of this chapter indicate that the girls' menstrual health is affected by her work status, her relation to the employer, and her employer's attitude around menstruation. Previous studies have shown that menstruation operates as a 'physical and psychological burden' on young girls in poor areas around Bangalore, India (Shanbhag et al., 2012, p. 1356). Shanbhag et al. argue that traditional misapprehensions prevent open communication and information regarding menstrual health (Shanbhag et al., 2012). Shanbhag et al. suggest that there is an urgent need to increase knowledge regarding the importance of 'water, sanitation and hygiene' for female's menstrual health in poor areas in India (Shanbhag et al., 2012, p. 1359). According to Shanbhag et al., increased information on menstrual health and hygiene will decrease the rampant reproductive tract infections among young females from deprived areas in India (Shanbhag et al., 2012). In the context of young female domestic work, the findings of this chapter highlight the importance of access to hygienic products, toilets and clean water for young female domestic workers' menstrual health at work, which is an area that has received no scholarly attention.

Despite the numerous outlined health difficulties, young participants found benefits from their work including physical exercise, improved food and living conditions. These benefits show an opposing viewpoint, since the same factors are commonly expressed as health concerns. This confirms that health benefits and difficulties are not always possible to separate from one another (Bourdillon et al., 2010). Rather, as detailed in the background chapter, there is a 'continuum of harm and benefit' (Bourdillon et al., 2010, p. 161). In the context of the young study participants, their work status, the influence of surrounding adults, and their family responsibilities were important aspects for the young worker when they assessed benefits against perceived negative experiences to their health.

This chapter demonstrates how aspects related to Woodhead's (2004), concepts of 'context' and 'mediation' particularly influenced young female workers' health and safety. For example, aspects related to context such as work tasks included in young female domestic work, terms and conditions of the employment, and the risk of abuse negatively influenced the girls' health as it made the girls work for long hours with no rest, rush from one household to another, working with no protective gear, or be afraid of being molested or maltreated by the employer, etc. Aspects concerning mediation such as social and cultural beliefs and values around gender, especially in relation to sexual harassment and victim blaming of the girl, as well as perceptions of low health risk among parents, employers and the young workers' themselves, mediated the girl's ability to negotiate and maintain good health.

Finally, the results of this chapter show that young participants, as social and economic actors, practice autonomy and have the ability to contribute to their own health by challenging occupational and individual constraints. However, the girl's tactics to maintain good health or strive for improved health, was within the relatively confined social and economic space of young female domestic work.

In Chapter 7, I discuss in what ways autonomy, social relations, social value, gender, power influences and social support networks are important to the young workers' welfare. In particular, I address how the working girls assess their wellbeing within their circumstances and how they actively try to shape their wellbeing in relation to their work.

## Chapter 7: Young female domestic work and wellbeing: Circumstances and personal strategies

This chapter will address the final research question of this study, as detailed in Chapter 1: How do the various work circumstances influence the wellbeing of young female domestic workers and how do the working girls actively shape their wellbeing in relation to their work?

This chapter examines the girls' lived experiences of wellbeing, including obstacles and opportunities in relation to: decision-making regarding work, employer-employee relationships, domestic work and training, stigma and social value of domestic work, gendered tasks, work effort in relation to monetary rewards, and social support networks. This chapter further presents the young girls' coping strategies regarding adversities at work, and how they generated helpful and unhelpful tactics to maintain their wellbeing. Finally, this chapter briefly discusses the findings in relation to the conceptual framework.

I integrate the data on opportunities and obstacles throughout this chapter, as these aspects are difficult to disentangle entirely (Bourdillon et al., 2010). Wherever possible, I have used the participants' own terminology to emphasise their voices in the analysis. In this chapter, I mainly apply wellbeing based on young participants own understanding of wellbeing, as detailed in Chapter 5 (Section 4: Girls' understanding of subjective wellbeing). During the conversations, we used the Hindi word *khushali*, which means 'pleasure', 'happiness' and 'enjoyment.'

The analysis draws largely on data collected during body mapping activities with 17 young participants in two group sessions as well as data collected from 30 individual interviews with young participants. I complement the young participants' narratives, where available data exist, with data from nine interviews with parents and three with employers. The complementary data aim to illustrate potential differences as well as to provide deeper insights into possible influences of young participants' wellbeing in their working lives. The accounts of parents and employers, where relevant, are included under each heading of this chapter.

### 1. Opportunities and obstacles to wellbeing at work

This section discusses seven emerging themes shaping opportunities and obstacles to wellbeing at work as illustrated in Table 11.

We first explored experiences of wellbeing during body mapping activities in two group sessions followed by in-depth interviews (see Chapter 4, Sections 5.4: Group sessions with young participants and 5.5: In-depth interviews). During the body mapping activities, we used the same body map that the young participants had drawn for the health activity (see Chapter 6, picture 2). We asked the participants to think of aspects that made them ‘happy,’ ‘sad,’ ‘proud’ and ‘ashamed’ with their work. Thereafter, we asked them to put a coloured sticker on each part of the body where they felt these feelings and thoughts. During the in-depth interviews, we asked questions such as ‘is there anything that makes you feel good/bad about your work.’ Moreover, we asked if their work had helped the young participants in their current situation and their expectations for their future. We further asked the young participants if their work had prevented them from doing anything they wanted to do in their life. In the below sections, I discuss each of the identified themes as illustrated in Table 11.

**Table 11: Influencing factors to young female domestic workers’ wellbeing at work**

<b>Influencing factor</b>	<b>Link with wellbeing</b>
<ul style="list-style-type: none"> <li>• Decision-making</li> </ul>	E.g. to be actively involved in making the decision to work made the girl see more benefits with work than if the decision had been imposed on her, or if she had been pushed into work due to life circumstances.
<ul style="list-style-type: none"> <li>• Employer and employee relationships</li> </ul>	E.g. to have access to help during work increased positive experiences with work.
<ul style="list-style-type: none"> <li>• Domestic work and training</li> </ul>	E.g. to receive training so the girl could cater to her needs and attend to her safety at work and perform the work efficiently and safely.
<ul style="list-style-type: none"> <li>• Stigma and social value of domestic work</li> </ul>	E.g. to have to work instead of going to school.
<ul style="list-style-type: none"> <li>• Gendered tasks</li> </ul>	E.g. to be asked to do tasks that conflicted with the girl’s perception around gender norms.
<ul style="list-style-type: none"> <li>• Work effort in relation to monetary reward</li> </ul>	E.g. to be asked to do extra work without additional compensation.
<ul style="list-style-type: none"> <li>• Social support networks</li> </ul>	E.g. to have access to social networks to safeguard from bad employers.

### **1.1 Decision-making**

The importance of decision-making regarding the girls’ work was related to their feelings of being ready to work. This could operate either as an obstacle or an opportunity regarding the girls’ wellbeing. For example, when the girls perceived themselves as active agents in the

decision to work, this generated a feeling of being readier to appreciate the benefits of work than when someone else made the decision for them or when life circumstances pushed them to work.

Concerning the decision to enter the workforce, the most common descriptions were: the young participant herself had made the decision (18 out of 30), it had been a joint decision, or a parent – frequently the mother – had asked them to start working (8 out of 30). Other participants argued that no one had made the decision for the girl to enter work (4 out of 30). However, as this section will show, the decision-making process was commonly influenced by contextual factors rather than just one single person's decision.

Young participants who argued that they had made the decision to work themselves described this with phrases such as, 'I thought,' 'I decided by myself,' and 'I started on my own.' However, as illustrated by YP002, life circumstances and decision-making were strongly interlinked:

*'I started working by my own will. I saw my parents' situation; they had a lot of kids and could not run the house. How much could my parents do? They did as much as they could. We understood by then that we needed to start earning if we wanted to put food in our tummies.'*

*Source: YP002, 19-year-old, former part-time worker*

The above narrative shows two important aspects. These are that YP002 understood that she had to work in order to ensure her own welfare and that her parents alone could not provide for her welfare. YP002 highlights that life circumstances influenced her decision to work, while also stating that she had independently decided to work. It may also be argued that by emphasising that YP002 had independently decided to work, she removes the responsibility of her parents and any potential negative judgements due to increasing stigma attached to child work as opposed to school enrolment. YP002 suggests that work has an important role in her life as it provides her with food and therefore, her work is directly benefitting her overall wellbeing.

Participants whose parents had made the decision argued that it was a joint decision although the parents had asked them to work. A joint decision was for example 'I decided but my parents also asked me' (Source: YP018) or 'my mother used to take me along, but I decided myself' (Source: YP006). Alternatively, the parent had fully decided for them:

*'My mother took the decision for me. I used to go to school sometimes, so my mother told me that I should go to work more and less to school.'*

*Because of that, I used to go to work and not to school as much. Once I stopped school, I went to work every day.'*

*Source: YP024, 17-year-old part-time worker*

The account of YP024 illuminates the strong influence of the parent in her life. YP024 further suggests that the parent prioritised short-term benefits gained from work over long-term benefits that could be derived from schooling. This implies that YP024's wellbeing is dependent on whether her and her mother's priorities are the same, or if they have different priorities. Additionally, important is whether the young participant had to sacrifice what is important to her to comply with her mother's decision. YP014 describes this with 'Yes, we have to leave school for this [domestic work]. Like I did not like it all, I wanted to study' (Source: YP014). Thus, YP014 does not perceive domestic work as helpful for her overall wellbeing as the decision to work had been imposed on her.

Equally, a parent whose 15-year-old daughter had to cover for her domestic work due to illness explained that 'she [the young participant] is not ready to work' (Source: P006 mother to YP022). Both the mother (P006) and the young participant (YP022) emphasised that the girl would rather go to school than to work, but they did not have any other option. This illustrates the importance of perceptions of childhood in terms of feeling ready to work as either an obstacle or opportunity to the girl's wellbeing, because YP022 perceived herself as still a child and associated childhood with going to school. Therefore, having to work conflicted with her understanding of her role as a child. Hence, YP022 perceived her work as an obstacle to lead a good life (her wellbeing).

The four participants who stated that 'no one' or 'nobody' had made the decision, referred to circumstances requiring them to work. Examples of such circumstances were that one or both parents had passed away or moved back to the village. A 17-year-old full-time worker explained: 'After my mother passed away I had responsibilities towards my younger siblings and even my father was in the village' (Source: YP025). Another participant noted, 'I have to work, I am the oldest one, I have to see to everything' (Source: YP007). Consequently, birth order and composition of siblings are important factors for young females to feel ready to work. Additional aspect was gender:

*'No one decided. I used to sit at the house and get bored. Mother used to go alone, which I did not like. Therefore, I started to go with her.'*

*Source: YP019, 17-year-old, part-time worker*

YP019 suggests that she was actively involved in deciding to work. Additionally, the account illustrates wider implications of gender. Such implications include limited opportunities for YP019 as a girl combined with her gendered responsibilities towards her mother. Later in the interview, YP019 explained how she disliked her work but her responsibilities as a girl required her to do domestic work:

*'No I do not consider it [domestic work] as work. I do not like the work. I go to work to help my mother. I take it as my mother faces problem so I am helping my mother. She gets unwell so they call and ask me to come. It is my mother's work, so I have to do it. I would never have gone.'*

*Source: YP019, 17-year-old, part-time worker*

The decision-making changed from being an active decision to a must, as her mother was ill. Thus, it is YP019's responsibility as a girl to undertake her mother's responsibilities. However, the girl copes with her situation by not identifying herself as a worker. Instead, YP019 devalues the work as 'help.' This finding highlights the 'place of work' in YP019's life. Woodhead argues that 'the place of work in children's lives' is essential to explore as it will shape positive and negative work experiences in relation to the child's development (Woodhead, 1999b, p. 12). As shown in the account of YP019, the place of work is not simply good or bad. Instead, the work provided the girl with the opportunity to help her mother and contribute towards her and her family's overall financial welfare. However, if YP019 could have chosen entirely herself, she may have preferred a different type of work or going to school instead. In this respect, the lack of autonomy reduces YP019's opportunity to see benefits from her work. Moreover, the account brings attention to the importance of gender when understanding the positive and negative aspects of work. YP021 demonstrated the influence of gender further:

*'You have to do it [work] out of necessity. If the girls in the family do not support, then who else will? The boys do not do anything. The girls must think of matters whether they are big or small. Boys will not think of anything even if they grow up. Girls always think of things.'*

*Source: YP021, 21-year-old, part-time worker*

The narrative suggests that gender affects the girl's situation as she is expected to assume a nurturing role, as opposed to boys. Hence, having positive or negative experience with domestic work depends on how much the girl agrees or disagrees with the expectations and responsibilities associated with gender. Consequently, gender may detrimentally affect or promote her overall wellbeing depending on her conceptions thereof.

Young participants who had migrated to Delhi for work described that limited work opportunities in their places of origin triggered their readiness to work. One 19-year-old part-time worker who had migrated to Delhi explained her reason to come to Delhi and the importance of work with: ‘We are here [in Delhi] to work’ (Source: YP023). YP005 elaborated:

*‘There is no opportunity in the village and you just sit all day and eat. My husband goes out in someone else’s field to harvest wheat. We eat what is at our own house and stay there the entire day. There is barely any work there and if you do work, there is no money left in your hand. When my husband earns in Delhi he can send home some money sometimes. The rest we spend and use for food. In the village, you will barely earn to feed yourself for the day. How will I earn and make my life? Thinking about all this made me come to Delhi. I can earn for myself and take care of my children with it. Once we got here [to Delhi], we decided we would stay here, do odd jobs and can earn. I could feed the children well, earn for myself, save some money and send some back home.’*

*Source: YP005, 20-year-old part-time worker*

The young participant had made an autonomous decision to move to Delhi with the intention to work. Hence, the participant was ready to work, and her work had a strong economic and social value in her life. For example, the economic value is that both her and her husband could earn and save money. For YP005, social value included the opportunity for her as a young woman to financially contribute to her own and her family’s welfare. In this sense, YP005 had received a new social role as breadwinner as opposed to her role back in the village. Bourdillon et al. (2010) and Liebel (2004), among others, have argued that social and economic benefits of work may lead to increased self-confidence, increased freedom, the opportunity to develop one’s own life, and autonomy for girls in a context where this is restricted by traditional practices (see Chapter 2, Section 3.1: Child domestic work and gender in India). Along these lines, YP005 illustrates how her work was pivotal for her own and her family’s financial wellbeing as well as an opportunity for personal development.

In contrast, young participants who had not made an independent decision to migrate to Delhi commonly perceived work as an obstacle to their wellbeing:

*‘I did not come by my own will. I came for work, but I did not know that he [placement agent] would take me so far. I never imagined that I will be caught in such difficulty.’*

*Source: YP013, 17-year-old rescued full-time, live-in worker*

The geographical distance increased the young participant’s feeling of lack of control over her situation. While YP013 was ready to work, she was not ready to migrate far away from

her family. This finding highlights the additional layer of migration and proximity as a determinant to her negative or positive experiences with work. The account underlines the importance of well-informed decision-making and proximity to the girl's family concerning positive and negative experiences with her work.

## **1.2 Employer and employee relationships**

The narratives of young participants indicated that social relationships in the employers' household influenced their positive and negative experiences with work. Key factors were: the composition of the employing household; the employer's appreciation of the employee and her work effort; the employer's shifting mood and unpredictable behaviour; and access to support during work, when needed.

Concerning composition of the household, young participants expressed varied preferences such as no children, no male members or a mix of the two. Generally, a preferred employing household had few household members as this decreased the workload.

Children could be a source of both enjoyment and distress, which was the reason why young participants either did or did not prefer to work in households with children. The parent of an 18-year-old full-time worker explained that since this was his daughter's time to 'play,' she was 'fine' with her work. According to the parent, playing with the employer's children made the young participant 'feel active' (Source: P003). The children of the household may even be the working girl's opportunity to have a moment of 'childhood,' during her work.

However, other participants described opposite experiences. For example, a 20-year-old, full-time live-in worker explained: 'I quit because there were children and they were troublesome (Source: YP004). During Group Session Two, one participant expressed a similar sentiment:

*'Children of the house where we work create problems for us. Once, a child came when I had finished cleaning the kitchen and broke a glass and a bowl. She told her mother [the employer] that I did it.'*

*Source: GS-2/P1*

The narrative illustrates that children of the household could get the young participant into trouble and threaten her job security. The above account further highlights the different social positions of the working girl and the children of the household and how this is manifested via power. The children of the household are deliberately creating a situation which may result in repercussions for the young worker such as verbal or physical abuse.

These findings suggest that each household member, including children, is a potential risk to the young workers' psychological wellbeing by being falsely accused of breaking items and having to deal with potential consequences. Household members are also a potential risk for the girl's financial wellbeing by the risk of losing her job. Consequently, a way for young participants to reduce such potential danger is to seek employment in households with fewer members.

Regarding the employer's appreciation of the young worker, some girls found it difficult when the employer ignored abusive household members. One such example that came up during the interviews was that one employer did not tell her children off when they misbehaved towards the young worker. Instead, the employer told the young worker to keep to herself and ignore the shouting or beating (Source: YP008). One may argue that the employer's action shows an acceptance of her own children's behaviour as these positions them above the girl in the household ranking and suggests that the household members are more important than the young girl. Thus, the employer's indifference of the misbehaving children may have undermined the value of the young worker and reinforce power imbalances and social hierarchies in the household, which may have implications for the girl's psychological wellbeing and feelings of self-worth.

Young participants reported that their employers' constant badgering and dissatisfaction with the work completed, no matter how hard the young participant tried, created feelings of being incompetent and being ill at work. During Group Session One, a participant expressed this with 'even if you do good work, they never like it' (Source: GS-1/P0). In Group Session Two, a participant emphasised that they work long hours and still do their best to do a good job but employers are not willing to disregard a small mistake: 'We work for whole day and then even if once we do any mistake we are scolded so much' (Source:GS-2/P5).

On the contrary, some young participants expressed happiness with their work when employers recognised and complimented their work. YP016 describes on the question if there was anything good with her work: "Yes when I did a task well they [the employer] would appreciate it" (Source: YP016). The following exchange illustrates further:

*P: I feel good in two houses that I work in, not in the rest.*

*I: What makes you feel good in those two houses?*

*P: I like that everyone talks to each other and is happy. She [employer] talks to me, tells me to do this or that. Sometimes she even gives me food or tea. When I go to work [in the bad households], they do not say*

*anything and are quiet even if they are around. I go and wash the vessels and sweep. When I am sweeping the floor, she follows me around. When I asked her why she does that, she did not say anything.'*

*Source: YP005, 20-year-old, part-time worker*

The employer's refusal to recognise YP005's presence generated a state of not feeling comfortable while working. Furthermore, the employer's distrust towards her as a person and her ability to do the work independently, led to negative experiences with the work in these particular households. This highlights social appreciation as an important determinant of YP005's positive or negative experiences with work, which will either hamper or benefit her emotional wellbeing.

Concerning employers' shifting mood and unpredictable behaviour, YP013 described this as follows:

*'Initially they [the employer] kept me like a child [of the household]. After one year, I asked them to call my parents or that person [placement agent]. They [the employer] said that they had lost the number. I asked them [the employer] to ask for the number from one of their relatives but they said that even their relatives did not have [the number]. Eventually they [the employer] used to shout at me and beat me a lot. I used to cry a lot. Many fights also happened. Their [employer's] daughter was very angry. If she had fought with anyone outside the house, she used to take out all her anger on me inside [the household]. Like, if I was taking her cup of tea away, she would start shouting and beat me for no particular reason.'*

*Source: YP013, 17-year-old, rescued live-in, full-time worker*

The above narrative highlights that the employer's unexpected shift from treating her like a child of the household to a target for pent-up anger was an added obstacle to YP013's emotional wellbeing. In fact, the working girl can never know what she may expect from the household members as this is shifting from day to day. An added obstacle is the increased risks for live-in workers and the physical constraints posed by the isolated nature of domestic work: YP013's live-in status meant that she was unable to escape the abuse and instead had to endure it.

A 17-year-old, part-time worker (with mother) further elaborated upon how their employers' unpredictable behaviour could be a source for distress: 'I do not feel ashamed [of working], I felt it the first time but not after [some time], instead, I felt weird during the first few days [of work] - they should not scold me' (Source: YP017). This aspect of not knowing how the employer will treat the young worker added a supplementary layer of distress and added to

a sense of ill health, especially at the beginning of YP017's employment, before she had come to know the employer and how the employer behaved.

With regards to access to help during work, young participants' narratives indicate that this was mainly related to the nature and conditions of domestic work. As discussed in chapters 5 and 6, domestic work involves physically arduous tasks. Moreover, the young worker is commonly alone in her workplace, with no support from colleagues or a manager, as would be the case in other work sectors. Therefore, the young workers had to rely on the willingness of the employer to help with a difficult or heavy task:

*P: Some employers do not make us work too much and they help. Some employers give two holidays and other give three holidays sometime.*

*I: Can you ask your employer for help?*

*P: No, I cannot because they will start shouting. Some are good and they help. Others start scolding and say, you are taking money for this so do it yourself.*

*Source: YP007, 18-year-old, part-time worker*

Not having access to support in case YP007 needed it during the work added to her sense of distress, as she knew that the employer would scold her if she were incapable of performing the work on her own. In this respect, the fact that most of the young females worked on their own without any collegial support added to their sense of vulnerability, as the fear of not being able to perform the tasks properly was compounded by fear regarding potential repercussions for poor performance, as well as the fear and uncertainty created by being unable to ask for or rely on help from potential colleagues or superiors.

As discussed in Chapter 5, social relations around work are a main contributor to working children's positive and negative experiences of work (Bourdillon et al., 2009). The findings of this section confirm the importance of social relationships in the household for young participants' wellbeing at work. Within these social relationships, girls expressed their agency by choosing their desired household composition. However, the girls' agency was influenced by the employer's shifting mood and unpredictable behaviour, often regarding the level of appreciation of her work, as well as by access to support during work.

### **1.3 Domestic work and training**

Training in relation to wellbeing relates to young participants' ability to cater to her own needs and safety at work by acquiring relevant skill sets needed to do the work efficiently and safely. Moreover, training entails the ability to mentally prepare herself for what will be

expected of her during work. In fact, young participants expressed fear from not knowing how to perform a certain task:

*'Earlier we were very scared; how to do mopping, how much water we should take. We were very scared. Now I do not feel scared.'*

*Source: YP023, 19-year-old, part-time worker*

The account demonstrates that with time, along with her increased knowledge of the work, her fear of how to do the work properly diminished. This finding confirms the importance of receiving relevant training in the outset of the girl's employment, to reduce obstacles to her confidence at work. To be confident at work will further direct the impact of her work on her wellbeing as this will generate positive or negative experiences.

As is the case with any person who starts a new job, the young participants explained that they had to learn a broad range of things when they began work. This could range from learning how to operate unfamiliar household items to familiarising oneself with new social and cultural practices related to food and behaviour. YP021 described: 'When you start [the domestic work] there are things that needs to be learnt, they [employer] tell you, small things like where to start from' (Source: YP021). Participants, who had migrated to Delhi from other regions in India, emphasized that they were particularly unfamiliar with food habits and household appliances that did not exist in the village. A 20-year-old, full-time live-in worker noted the differences in eating habits between her and her employer: 'I did not even know how to make rotis [Indian bread] then, so I learnt to make rotis here [in Delhi]' (Source: YP004). YP004 continued to describe that she had to learn how to 'switch on the gas' when she arrived at her work in Delhi (Source: YP004).

Despite being required to learn new skills, young participants explained that they had not received any training before entering work. Instead, young participants had to learn 'by myself' (Source: YP005). Other young participants stated that they had received insufficient training. YP026 explained this with 'they only show you once' (Source: YP026). The narratives further illustrate that common practice is to learn by doing. One participant described the training with 'if I dropped a glass and if it broke, they would tell me that this is not the right way to work' (Source: YP016). Alternatively, as suggested by YP025, employers applied an approach of 'learning by scolding': 'They do not teach us but if we mess up something, they either scold us or tell us' (Source: YP025). The following exchange between three participants during Group Session One illustrates this further:

*P1: They should first make us understand rather than punishing us.*

*P2: If we break anything, so they [employers] cut money for the same.*

*P3: We do not do it intentionally.*

*Source: GS-1/P6, P7 and P8*

The group members underline the need to receive adequate training rather than punishment to perform their work effectively.

Young participants who had received training explained that either the employer or working siblings, mother or peers provided the training. The training focused mainly on the range of tasks and employers' preferences of how to perform the tasks. The following exchange with YP007 describes the training in more detail:

*P: 'How to cut vegetables, whether it should be thick or thin. How to run washing machines. How to use and clean the fridge. How to lay the table and how to wash and arrange utensils.'*

*I: Was this helpful for you?*

*P: Yes!*

*Source: YP007, 19-year-old, part-time worker*

The training further included familiarisation of the household, including where to find relevant items:

*'They [employer] told me, the broom is kept here. The mop is kept here. First wash the sink and how to wash it.'*

*Source: YP014, 16-year-old, part-time*

The two accounts of YP007 and YP014 demonstrate how employers provided training based on their own priorities. The two accounts further confirm the need for the young participants to learn a wide range of tasks in the outset of her work in order for the young workers to feel confident at work.

The training provided by working mothers, in addition to clarifying the included tasks, involved prevention of potential repercussions of a mistake:

*'Yes, she [mother] told me to be careful to not break anything or else the ma'am [employer] would scold me. She told me that I should keep things clean and there should not be any dirt. That is all she told me.'*

*Source: YP017, 17-year-old, part-time worker with mother*

Training provided by the mother helps the young participant to prepare herself mentally of what the work may entail. The narrative further suggests that the mother is shaping the

content of the training based on her own experiences and perception of risks involved in domestic work. No narratives of parents, employers or young participants involved training in line with the scholarly approach to occupational health and safety such as hygiene, ergonomic posture and protective equipment. Instead, as suggested by YP017, her mother had identified social and mental repercussions of a mistake as the most pressing risks for YP017. This finding illustrates the importance of also addressing the most pressing issues identified by the young worker and the working mother in addition to what I understand as occupational health and safety.

Successfully learning how to perform a task on their own also increased young participants' wellbeing at work. If the young participant had the opportunity to learn, their work could be a source of personal development and empowerment. One participant in Group Session One noted: 'Like if we do anything on our own, then it feels good' (Source: GS-1/P3). Another young participant explained: 'I have learnt a lot; cooking, babysitting, mopping and sweeping' (Source: YP001). Similarly, YP024 stated: 'If they make us cook good dishes then I learn.' Moreover, YP025 described: 'The one good thing is that we get to learn new dishes that we can prepare for our family at home' (Source: YP025). The following account elaborates further:

*'When I was working with my mother, I learnt how to use the [washing] machine. Then when I was working alone, I knew how to do everything, and I was not clueless. I know how to operate everything. I had to learn first. My mother still does not know how to use the mixer, but I can do all tasks.'*

*Source: YP021, 21-year-old, part-time domestic worker*

YP021 illustrates pride due to her increased knowledge of the work and that she masters all the involved tasks. The training had prevented her from feeling 'clueless' when she started to work on her own. The word choice clueless may relate to the girl feeling uncomfortable or unconfident at work in case she does not know how to perform the tasks, which may have negative effects on her wellbeing. This finding highlights the need for training to increase the value of domestic work in the young participant's life as well as to increase their positive experiences of work.

This section has mainly discussed training regarding specific tasks involved in domestic work. However, during Group Session One, one participant pointed out the emotional tasks involved with domestic work. She explained this with 'in all our work we use our complete body; at times, we act and make people happy and in return it gives us happiness' (Source:

GS-1/P7). This finding highlights the complexity of domestic work and the fact that managing people's feelings is part of the work. As the young participant demonstrates, she caters to the overall welfare of the household. This draws attention to the need to provide tools for young workers to deal with emotionally challenging work, to reduce obstacles to young workers' wellbeing at work.

#### **1.4 Stigma and social value of domestic work**

The social value of domestic work had a strong influence on young participants' perceptions of their work as an opportunity or obstacle for their wellbeing. Low social value interconnected with feelings of shame. However, young participants who had experienced direct improvements in their home or life due to their work expressed pride. The ways in which social value and stigma act as influencing factors on young participants' wellbeing includes prevailing social views of domestic work as either a good or a bad type of work.

Young participants' perceptions of domestic work as a bad type of work was expressed with descriptions of domestic work being a job for the poor and illiterate. As described by YP024, she had to undertake domestic work out of 'compulsion' and therefore 'we have to call it work' (Source: YP024). YP024 is suggesting that she only perceives domestic work as work because it sustains her and her family. However, there is an undertone in YP024's quote that indicates that she views domestic work as a less favourable work. YP000 elaborated further by saying that 'nobody gets involved in it [domestic work] out of interest' (Source: YP000). YP006 argued that 'whoever is helpless they do it [domestic work]' (Source: YP006). Moreover, YP008 noted: 'People who do not know Hindi, people who are illiterate, they work in this type of work' (Source: YP008). Furthermore, YP025 explained that domestic work is the only work she can get: 'For someone who is illiterate, this is the only work' (Source: YP025). YP007 suggested that domestic work was for poor migrants: 'We are poor and live on foreign land' (Source: YP007). The above accounts offer insights into low social value of domestic work linked with migration, illiteracy, poverty and 'helplessness.'

The young domestic workers' sense of wellbeing was negatively affected by this sense of low social value, as they experienced feelings of shame and embarrassment. During my fieldwork, I learned that many of the young participants lived in socially tight-knit communities, and that this could have both positive and negative impacts on their lives. Gossiping community members were an area of concern, especially in relation to the participant's personal and familial reputation. One participant argued during Group Session Two that 'work is not good; therefore, we feel bad' (Source: GS-2/P2). Similarly, one

participant explained during Group Session One: 'Like when our guests come to know that we work as domestic workers, then we feel awful' (Source: GS-1/P1). YP014 elaborates further:

*'Everyone says that this work is very dirty because we clean the leftovers. Like our neighbours say this. They keep on talking within themselves saying someone's daughter they do this work. I feel sad that everyone speaks like this. Then we speak out that we work from our own will. Yes, we speak out. It is a necessity. Therefore, we work. Except for the youngest sister; everyone has worked [in her family].'*

*Source: YP014, 16-year-old, part-time worker*

YP014 offers an insight into prevailing notions in her community regarding domestic workers as girls whose families cannot afford schooling and therefore ends up doing 'dirty' cleaning work. YP014 copes with such negative influences by emphasizing her autonomous decision to work. In this sense, the importance of stigma attached to domestic work, personal autonomy and YP014's family reputation are important factors for her wellbeing. YP016 described the influence of family reputation further:

*'No I was fine with it [her domestic work] but some people would comment to my mother about how she was sending me to work and I felt bad about it.'*

*Source: YP016, 18-year-old, former part-time worker*

The above account suggests that external negative comments about her mother influenced her wellbeing more negatively than the work itself. Moreover, in relation to activities deemed appropriate for girls, some young participants said that community members would talk negatively about girls who worked outside their own homes. These findings suggest that addressing low social value of domestic work, as well as addressing gendered expectations, on a societal level is important for young workers' overall welfare as it may reduce feelings of shame and stigma.

Furthermore, social ideas around what a 'good' job is, influenced young participants' feelings of pride or shame of her work. Examples of a good job was 'working in an office' or on 'computers.' According to the young participants, a good job required the person to have an education or official training. One participant described that the only work they could get was 'cleaning work' as 'people who have passed 12<sup>th</sup> standard, only they are given official work' (Source: YP007). YP006 explained further:

*I only want to do domestic work. I cannot find any other work anyway. I do wish I could do this or do that. That I could study well and join some*

*office, get so much money. I think of all that but thinking is not going to help.'*

*Source: YP006, 18-year-old, part-time worker*

YP006 indicates that her work has a value as it sustains her and her family. However, limited by few job opportunities and lacking money to study, she refrains from aiming for unattainable goals. YP027 expresses a similar worry by pointing out that the need for work is an obstacle to study: 'I have to work, if I were literate then I would have found myself a good job, I worry about that, nothing else' (Source: YP027). The narratives suggest that the participants' conceptualisation of childhood and of their responsibilities as a child conflict with their families,' and her own, reality. Consequently, YP006 and YP027 perceives their work as bad as it prevents them from pursuing their preferred aspirations. In this respect, the participants' work may operate as a long-term obstacle to their wellbeing as it hampers their personal development but at the same time provides short-term financial benefits to them and their families survival and welfare.

Two out of three employers interviewed argued that domestic work is a proper type of work. One employer described this with 'it would have to be called a proper work only, suppose you are hiring a maid, then you will have to tell the duties for sure' (Source: E001). Another employer notes:

*'Actually, it is work... because that person is doing it [domestic work] for money, that person is doing it [domestic work] for money for her/his economic independence. Whatever it is, she/he has to send it to her/his family.'*

*Source: E002, 76-year-old*

The two accounts of the employers, E001 and E002, highlight the two aspects of 'exchange of money' and 'necessity to acquire relevant 'skills' as the reasons why domestic work is a proper type of work. This offers important insights into how the social value of domestic work can be increased: by tailoring efforts that addresses domestic work training, as well as by attending to current minimum wages. Such efforts may in the long-term promote the wellbeing of the young worker as it would generate increased societal acknowledgment of domestic work on the formal economic labour market as well as enhance the recognition of the worker herself as an actual worker rather than a 'helper' or 'servant.'

Young participants who expressed pride and opportunities with their work recognized that their job made it possible for their families and themselves to live well. The following

exchange between the two participants YP025 and YP024 about the value they placed on domestic work illustrates their differing feelings around their work:

*I: Is there anything that makes you feel ashamed about doing domestic work?*

*P1<sup>1</sup>: No, I am not ashamed.*

*P2<sup>2</sup>: You are not ashamed of it?*

*P1<sup>1</sup>: No! The one work that runs my house and gives my family happiness; why should I be ashamed of it.*

*Source: <sup>1</sup>YP025 17-year-old, full-time worker and <sup>2</sup>YP024 17-year-old, part-time worker*

The exchange highlights the economic value of work in YP025's (P1) life. The economic value reduces YP025's perceptions of the negative consequences of the low social value of domestic work, as demonstrated by YP024 (P2). The following exchange with YP021 elaborates further:

*I: Is there anything that makes you feel proud about your work?*

*P: Yes!*

*NGO staff: You do not think the work is inferior?*

*P: No, why should I? Whatever work you do, it is never too small. Anything you do is big. Even if it is to wash vessels or cleaning. According to me, it is a superior task.*

*I: Would you say that domestic work is a proper type of work?*

*P: It is fine for now. I think it is proper work because we depend on it. There has been no problem, when I need money I ask for it.*

*Source: YP021, 21-year-old, part-time worker*

By demonstrating a sense of pride in what she and her fellow young workers do, she opposes influencing negative structures around domestic work. Thus, YP021 opposes the notion of domestic work and workers as inferior. In this sense, the young participant re-negotiates the meaning and value of her work, which positively influences her wellbeing as she feels proud of it.

### **1.5 Gendered tasks**

Young participants' notions around gendered tasks, for example appropriate tasks for boys and girls, had an impact on the way they experienced work as beneficial or detrimental to their wellbeing. YP001 explained gendered tasks with 'a girl can mop and sweep but it is

wrong to make gents do that' (Source: YP001). YP010 further described that 'women make their male workers wash their undergarments; I do not think they should do that' (Source: YP010). YP003 found it difficult when the employer asked her to perform tasks that she perceived as men's work:

*'I do not like it when they ask you to give massages or wash cars; that is a man's job. The first job that I had joined, they asked me to wash the car and I refused by saying it was a man's job. Thereafter, they did not make me do it.'*

*Source: YP003, 19-year-old, full-time, live-in worker*

YP003 suggests that her perception of what is inappropriate for girls to do, such as massage, collide with the employer's requests. Consequently, YP003 negotiates her given task by referring to gender norms, i.e. that washing car is a man's job. Thus, YP003 takes advantage of her gender in order to re-negotiate her work tasks and practice control of her situation, as she was successful in her negotiations. However, YP003 also reinforces a structure of gender that may render her vulnerable, as these same gender norms determine that YP003, as a girl, is bound to support her family and do domestic work. Hence, gender can either constrain or promote young participants' wellbeing at work depending on their level of agency and perceptions of gender norms.

### **1.6 Work effort in relation to monetary reward**

Young participants' narratives indicate that a balanced or imbalanced relation between work effort and economic compensation had an impact on their way they experienced work as beneficial or detrimental to their wellbeing. Occupational health scholars define psychosocial work stressors as, among other definitions, a discrepancy between work effort and work reward (Benach et al., 2007). According to Benach et al., the concept of reward involves 'esteem reward (respect and support), income and status control (promotion prospects, job security, and status consistency)' (Benach et al., 2007, p. 81).

Young participants were particularly prone to suffer from discontent toward their employers if they did not receive enough money for their work. One participant in Group Session Two expressed this with 'they [the employer] never give extra salary and in fact they scold us so much' (Source: GS-2/P1). Another young participant described: 'They think they will pay for something and get the double work out of you' (Source: YP018).

Young participants recurrently referred to money as pivotal for their wellbeing. YP005 explained that: 'The most important thing is my work; if I work, I will make money and get a

salary and that is good for my children' (Source: YP005). YP023 also noted the importance of money, stating, 'when there is work and money, then only life will be better' (Source: YP023). YP023 continued to clarify that: '[Employers], they do not give much money and make us work a lot; I wash so many clothes and lot of bottles and she [the employer] gives me only 1300 Rupees' (Source: YP023). Similarly, YP013 noted:

*'I was never paid. Never ever. They [the employer] did not even give me 100 rupees as salary. At times, there were birthday parties in the house and the outsiders [guests] used to give me money. But they [the employer] even used to take it away and said, we will return [the money] to them [guests]. I do not know if they actually returned [the money] or not.'*

*Source: YP013, 17-year-old, rescued full-time, live-in domestic worker*

The employer diminished the value of YP013 and her work by withholding money. The employer further refused the young worker's moment of joy when visitors showed their appreciation. Previous studies have shown that withholding a salary is a frequent form of punishment and reduces the young worker's ability to practice her autonomy as well as her ability to terminate the employment (Human Rights Watch, 2005a, 2005b; ILO, 2012a). YP013 offers an insight into the ways her employer's withholding money, as well as preventing the worker from receiving gifts from visitors, have demeaning consequences of her wellbeing as the employer's action implies that the girl is not worthy of being properly paid or awarded by guests for her extra work. The effects of the lack of financial acknowledgment may, consequently, be reduced personal self-worth of the girl.

Findings further show that a sudden increase of workload without notice from the employer posed additional obstacle for young participant's wellbeing at work:

*'In one house that I started working in the beginning, I had to mop, sweep and wash vessels. She was offering me 1200 Rupees and now she is asking me to wash all her clothes in the machine without informing me about it beforehand. She [employer] has asked me to come at 4 am tomorrow. She [employer] did not say anything to me. Now she [employer] tells me that she will give my son clothes for Diwali. I am thinking of taking up the task of washing clothes because she will do something nice in return.'*

*Source: YP005, 20-year-old, part-time worker*

Although YP005 expresses difficulties with the sudden change, the potential for receiving gifts enables her to weigh and assess the increased work burden against concrete benefits such as receiving clothes for her son. One may think that YP005 would otherwise have to buy new clothes for her son anyway, as Diwali was approaching at the time of the interview and

gift giving is socially expected during Diwali. Therefore, to work more is, according to YP005, worth it in this situation. This finding highlights the importance of receiving a concrete reward for her increased work and how the girl assesses her needs, with the employer's needs as well as the trade-offs involved. Moreover, YP005 shows how her assessment of the work situation is within the constraints of the power exchange between her and the employer as the girl arguably have more to lose than the employer. The account further underlines the importance of work status. The young participant, who worked part-time, had the choice to either accept or reject the offer. However, a full-time, live-in worker may not be able to negotiate the terms of her work. Thus, work status will influence the young worker's ability to maintain their economic welfare and work burden. However, the narrative of YP005 also illustrates the influence of the fluidity of domestic work in relation to her wellbeing, as domestic work does not have defined workload and tasks. Instead, the fluidity of domestic work posed obstacles to the young workers' ability to negotiate their workload and monetary reward.

### **1.7 Social support networks**

An additional important factor for young participants' wellbeing at work was access to social networks. Such social networks involved working peers or mothers, community members, and having access to relevant organisations or unions. Having a social network made it possible for young participants to: find jobs, avoid 'bad' employers, protect themselves from abuse, and prepare themselves, practically and mentally, for their work.

Frequently, young participants found employment by word of mouth. Thus, access to a social network was important to improve young participants' chances to find employment. The role of the community was especially important for those young participants who had migrated to Delhi for work:

*'We will give them [newcomers] work and tell them how to switch on the gas, where the lighter is etc. Where the rice and vegetables are.'*

*Source: YP004, 20-year-old, full-time, live-in domestic worker*

In addition to assisting peers by providing jobs, this narrative further highlights the differences between houses in the villages and those of the employers in Delhi. As discussed in section 1.3 in this chapter, young participants commonly had to learn how to operate household appliances with which they were not previously familiar. Moreover, not knowing how to perform a task was a source of distress (Section 1.3: Domestic work and training). Consequently, the role of the social network, as suggested by YP004, was to help the new

girls to prepare themselves mentally and practically for their work, which promoted safety at work and confidence of the girl.

Community members and working peers commonly alerted each other about bad employers. This was particularly efficient as young participants often lived adjacent to the areas of the employing households. One young participant explained, 'so in bad houses, people get to know, and no one likes to work over there' (Source: YP023). YP002 elaborated further:

*'Whoever puts me to work I will ask them how the employer is. Whether she [the employer] pays well every month. Whether she [the employer] is troublesome or makes unnecessary comments. I will enquire first before joining. Suppose a lady introduces me to the employer, then I would ask her since she knows better about the employer and her household.'*

*Source: YP002, 19-year-old, former part-time worker*

The above account highlights how YP002 applies a safety mechanism by looking for references for potential new employers, to make sure that she will not end up in a bad work situation. This demonstrates the autonomy and safety awareness of YP002 and how the girl has developed a strategy of protection in the narrow margin of her agency. Hence, having access to a social support network allows YP002 to prevent risks to her physical safety as well as mental and economic wellbeing.

Another key element of a social support network is to fight against the isolated nature of domestic work, which increases the ambiguity of domestic work and the unpredictable behaviour of the employers. The narrative of YP013 illustrates this as follows:

*'It actually all depends on the employer you have got. Domestic workers, who are connected to NGOs or offices, their employers are really good. They [the employers] also give their workers off on Sundays. In the whole month, they [the employers] give two days off. They [the domestic workers] also get time to sleep every day. It is good for them [the domestic workers]. Other workers they go on shopping and have freedom after their meetings in the office [organisation]. But people [domestic workers] who are not connected to offices [organisations], they are tied hard in the trap. No employers let you go outside. Here even if we buy telephone, the employer takes it away. While the other workers connected to offices, have cell phones as well. If you have a cell phone, you will talk to more people and then they [the domestic workers] might discuss about their employer. Therefore, the employers do not want that, that you contact anyone, not friends or parents.'*

*Source: YP013, 17-year-old, rescued full-time, live-in worker*

To have access to an organisation as well as means to communicate with her support network via, for example, a mobile phone provides an opportunity for the young worker to safeguard herself and nurture her wellbeing by having time off and feeling less isolated. The account of YP013 draws attention to how a support network reduces the risks related to the closed nature of domestic work. In fact, it makes the work more transparent and reduces the risk of abuse. Overall, to be associated with an organisation further brought benefits to young female domestic workers such as help with false threats and accusations from employers, standardised rates of salary, lobbying for the workers' rights and recognition, and increased feelings of belonging.

## 2. Coping strategies: Agency and adversities at work

Two major themes emerged in the narratives of the young participants regarding strategies that they had developed to attain a greater sense of wellbeing and safety at work. These strategies included 'working carefully' and 'distance keeping.' I discuss each of these themes in the following subsections.

### 2.1 Working carefully

To work carefully, attentively and slowly were strategies that the young participants applied to ensure their wellbeing at work. Working carefully was, according to the young participants, necessary to prevent injuries or breaking household items. As discussed in Chapter 6, the price of a mistake could be salary reduction or verbal and physical abuse. YP007 elaborated further:

*'Work properly and carefully, nothing should break. If it does, they [the employer] will deduct from your salary. Work in a way that you do not hurt yourself. Work carefully and slowly.'*

*Source: YP007, 18-year-old, part-time worker*

The young participant ensures her salary and safety by working 'carefully and slowly.' An important aspect to highlight is that the need to work carefully and slowly increases the total time to complete the workload. As another young participant stated: 'Cleaning takes time' (Source: YP008). Part-time workers who must rush from one household to another may not have time to work carefully and slowly. These findings suggest that part-time workers with multiple employers have less time to ensure her safety at work.

Parents also highlighted the need to work carefully, which led to the following exchange:

*P: We work with care, wherever we think we will get hurt we work slowly and carefully in those areas. We will not hurry up so we do not get injured.*

*I: Do you give the same instructions to your daughter?*

*P: Where she can work quickly she does and where she thinks she can get injured she works with care.*

*Source: P008, 45-year-old*

The narrative of P008 shows that working carefully was necessary for not only young female domestic workers but also for adult workers. This finding underlines that domestic work is a form of work that includes multiple risks for all workers. Therefore, it is problematic that structural factors necessitate especially part-time workers to work quickly because of having multiple employers. Or having a large and shifting work load (both full- and part-time workers). These are important factors that put constraints to the young workers' physical safety and mental stress at work.

## **2.2 Keeping distance**

Young participants also kept distance from their employers as a way to protect themselves. The girls practiced this by either refusing to eat with the employers, not going on holiday with the employer, or by reducing overall interactions with the employer. The purpose of keeping distance was to reduce risk of wage reduction, sexual harassment, and false theft accusations, as well as to protect themselves emotionally by not becoming too attached to the household. However, attachments to the household could be both an obstacle and a benefit to the young worker's positive experiences with work, as discussed later on in this section.

In relation to the fact that some young participants refused to eat with their employers, YP024 explained this as follows:

*'My employer makes [food] for me but I do not eat because I do not have the habit. I come home and eat.'*

*Source: YP024, 17-year-old, part-time worker*

YP024 suggests that she exercises her agency through avoiding food sharing and the potential commensality that goes along with eating together with the employer. Staples argue that rules around food and commensality in India are an expression of caste politics as well as of oppression (Staples, 2016). In this sense, by avoiding eating together YP024 protects herself from potential risks of feeling oppressed or less valued than the household

members by having to eat with different cutlery or different food than the employer, which was often mentioned by the young participants. By refusing offers of food, YP024 can further prevent unpredictable salary cuts from occurring due to deductions of the food costs. One of the employers problematized the expenses of food in relation to domestic workers' salary as follows:

*'Another thing that strikes me whenever I read in the newspaper that the government is setting up a minimum wage for domestic workers; is that minimum wage is when you pay just a wage. You do not give them housing, you do not give them food, and you do not give them clothing, nothing, which comes to more than what the wage is.'*

*Source: E000, 87-year-old*

The narrative of the employer highlights that sustaining female domestic workers may be a costly matter for the employer. Consequently, the working conditions and salary of the young worker are subject to the available financial resources and living standard of the employer and the young worker's access to these. A part-time worker may in this sense be better off as she the opportunity to keep her distance, which may be more difficult for a live-in domestic worker. Nonetheless, these findings show that the young worker's protection measures regarding refusing food may hamper her health in terms of malnutrition but protect her financial and emotional wellbeing by keeping her distance to the employer.

Other young participants explained that they focused on completing the workload with minimum interactions with the household members. Examples of minimal interactions included not engaging in any unnecessary talking beyond just responding politely to employers' inquiries, and not getting involved in employers' household matters:

*P: So, we just go and work and then come back [home], we do not interact much with the employer, we keep distance.*

*I: As a way to protect yourself?*

*P: Yes, we do not mingle with anyone. Even my sisters and brothers have this good habit of not getting unnecessarily involved [in general]. We do not talk to everyone. We do not talk to our neighbours. We talk within ourselves. We talk to our sisters.*

*Source: YP014, 16-year-old, part-time worker*

YP014 offers an insight into how she does not trust her employer or community members in general, and therefore keeps her distance to practice her agency and ensure her safety and emotional wellbeing. YP003, who worked full-time and lived with her employer, described another form of distance keeping by refusing to accompany the employer during holidays: 'I

refuse, I do not like it [to go on holiday], I ask them to go and tell them to give me the keys and I will not go to the office [NGO], instead I will stay at home [the employer's household]' (Source: YP003).

However, other participants described that they felt good about their work if they were attached to the employer. One young participant explained this with 'some madams are nice and we get attached to that household, they love us' (Source: YP007). Parents and young participants frequently described a good employer as someone who treated the young worker like a family member. One parent explained: 'The household is very nice; they treat her [the daughter] like a member of the house' (Source: P003). Another young participant explained, 'They [employers] will scold but they are loving too' (Source: YP003). YP010 even referred to the employer's household as her own:

*'There are a lot of houses where it happens that they give you the previous night's leftover food, but this lady makes us feel like her own. She tells us to think of her house as our own. If there is anything that we want to eat or drink, we are welcome to it. She makes me feel like her own daughter. I can eat or drink anything there and I can ask her for anything I need. She even asks me to go study in school and that she will pay for all the books required. It is not just this house, a lot of houses they have told me to stay with them. That they would take care of me and make me study. I like it a lot. If I tell her any problems being faced at home, she gives me extra money. If there are festivals she buys us clothes, which saves my mother's money a little.'*

*Source: YP010, 17-year-old, part-time worker with mother*

The above account highlights two important aspects: the diffuse boundary between the employer and the employee and the fact that being attached or feeling close to the employing household made YP010 feel more of a child than a worker. YP010's happiness at feeling part of the family, and being able to expect gifts from the employer, complicates the employer and employee roles. However, the narrative demonstrates that YP010 did not perceive this as an issue; instead, it made her feel better about her work. In fact, the close relationship made the young worker feel nurtured by the employer, which complicates previous recommendations in domestic work literature that employers must treat domestic workers as workers, and not as family members, in order to increase the status and formulation of the profession (Meyiwa, 2012). Arguably, in the case of YP010, age and her perception around childhood are the influencing factors regarding why feelings of being attached to the employer impacted her positive experiences with work.

### 3. Chapter discussion

The findings of this chapter show both the ways girls applied agency in constrained circumstances and demonstrated the various limitations posed by their situations, relationships and occupational contexts. Table 12 illustrates the main circumstances and personal strategies identified in this chapter for young participants' physical, emotional and economic wellbeing in their working lives.

**Table 12: Circumstances and personal strategies for young female domestic workers' wellbeing at work**

Circumstances posing risks	Personal strategies
<ul style="list-style-type: none"> <li>• Unreasonable expectations from parents and employers</li> <li>• Colliding interests and future life goals such as interference between work and school</li> <li>• Stigmatised due to low social and economic value associated with child domestic work</li> <li>• Deprived of tools and skills to protect herself at work</li> <li>• Deprived of social support networks such as contact with family and peers</li> <li>• Personal and emotional neglect by the employers</li> <li>• Perceptions around gender norms including inappropriate tasks for girls</li> <li>• Financial exploitation including low or irregular salaries</li> <li>• Ambiguous and fluid nature of domestic work</li> <li>• Unpredictable and changing behaviour of the employer</li> </ul>	<ul style="list-style-type: none"> <li>• Seek employment in households with few members, especially no children or men</li> <li>• Access to adequate training</li> <li>• Access to supportive social networks including peers, community members and organisations</li> <li>• Access to means of communication such as a mobile phone</li> <li>• Ability to practice personal agency</li> <li>• Working carefully and attentively</li> <li>• Keeping distance to the employer</li> <li>• Attachment to the employer</li> </ul>

In detail, the girls acted, as social and economic actors, to shape their circumstances as well as the girls leveraged gendered expectations such as caring for the household or performing certain types of domestic work. As well, the chapter demonstrates how the girls made use of social networks to find work and protect themselves from bad employers as means to attain a greater sense of wellbeing including physical safety, employment opportunities and occupational training. Through these actions, the young participants leveraged better job conditions, money for their family, better family reputation, and other factors which were important for their overall wellbeing.

However, this chapter has further shown that the young participants were not always able to shape their situation, for example regarding negotiating wages and workload, and therefore were not fully in charge of their own situation. For example, employment decision-making had a great impact on the young participants' readiness to work. Though the implications of the decision-making on the girls' wellbeing were closely linked with individual aspects such as perceived level of autonomy, childhood ideals, parents' health and expectations, and responsibilities associated with gender; as well as with structural aspects such as migration, poverty, lack of work opportunities in their places of origin, and domestic work being an isolated and unregulated form of work. Consequently, the girls were acting within their social circumstances and within the great number of constraints linked with these individual and structural factors.

In sum, this chapter demonstrates how aspects related to Woodhead's (2004), three concepts of 'development,' 'context' and 'mediation' all influenced young female workers' wellbeing. For example, aspects related to development were demonstrated by the social benefits that the young girl could gain via her work and new role as the breadwinner, which would have been impossible for the girl in the village. Furthermore, to be treated well, acknowledged by the employer and awarded when the girl had done a good job helped the girl to grow her confidence and feelings of independence. On the other hand, if there were an imbalance between the work effort and award from the employer, such imbalance would instead hamper the girl's development, and the girl would not perceive the work useful or positive in her current or future life. Aspects concerning context were demonstrated in this chapter by, for example, the importance of having access to social support networks as the nature of domestic work does not permit such support naturally. In this sense, the context of domestic work as an isolated form of work added a layer of distress as the girl was dependent on help from her employer, which was not a reliable source of help. This lack of collegial support may increase feelings of loneliness and isolation at work for the girl. Aspects with regards to mediation were illustrated in this chapter by, for example, the importance of the social and economic value of young female domestic work and the effects this could have on the girl's emotional wellbeing, financial recognition and access or lack to occupational training, so the girls could work safely. However, young female domestic work could also mediate benefits to the girl as the work itself was an opportunity to challenge gender norms and life trajectories of a girl from lower societal strata, as the work itself generated a gateway into the otherwise limited job market for uneducated girls.

## Chapter 8: Discussion

This chapter provides a discussion of my own learning of the topic throughout the study, as well as, it summarises the main findings of the study, described in Chapters 5, 6 and 7. I discuss the findings in relation to the applied conceptual framework and theoretical approaches, and consider these in relation to those of the corpus of work on child domestic work, reviewed in Chapter 2. In this chapter, I also answer the overall question regarding the role that domestic work plays in young working girls' lives and the implications therein for the girls' health and wellbeing. In order to answer this question, I discuss positive and negative aspects of young female domestic work, along with the main themes running through the results, namely conceptualisation of childhood, gendered experience of girl domestic work, agency and vulnerability, and work status and impact on health and wellbeing. I further suggest a theoretical framework for research related to young female domestic work, health and wellbeing. This chapter discusses the applied methods including limitations to the study. It also offers further recommendations for policy and programming. Finally, this chapter provides suggestions for future research in the field of young female domestic work.

### 1. My learning through the research study

In this section I offer a reflexive discussion on my learning through the research process, and I consider how my background influences the findings and analysis. The reflexive discussion involves the following concepts: 'work,' 'support,' 'health' and 'gender.'

Concerning the concept 'work,' before I started the research study my understanding of work was mainly shaped by the formal labour sector of a contractor working within a set number of hours. At the onset of this study, I had to critically consider what work meant in the Indian context and in relation to domestic work. For example, before coming to the field I did not think of girls accompanying their mothers as workers. During the first meeting with my field supervisor I was asked to reflect upon my definition of young female domestic workers and whether I would involve the many girls who accompany their mothers to work. Commonly, the group of girls accompanying their mothers are not statistically accounted for or covered by laws, which is why this group is under-represented in the literature on domestic work. Along with the implementation of this study, I learned that girls who accompany their mothers are exposed to similar exposure as those girls who work independently. This new knowledge led me to the conclusion that 'accompanying girls' is an important group to

include in the definition of domestic work. In this sense, my understanding of the concept 'work' broadened beyond what may be the conventional definition of work. Today, 'work' for me is a complex concept determined by individual and political factors rather than a set definition.

Regarding the concept 'support,' 26 out of 27 participants were enrolled via an organisation. My decision to enrol participants via organisations was based on ethical considerations and the rationale that it would provide important support to the study participants, if needed. I therefore spent time reflecting upon the meaning of support in the context of my study. Before commencing the data collection, I thought of the role of the organisations in the young workers' lives as mainly an important provider of psychological support. My understanding was most certainly derived from the image of victimhood and abuse recounted in the literature on child domestic work. I realised, however, that the role of the organisations was mainly to provide practical support such as information on legal rights, training, protection and even acting as employment agencies. I had also ascribed more importance to the impact of organisations in the lives of the young workers than what I later found in the field. While many study participants were aware of the fact that they had rights, they did not always know of the specifics of these rights. For example, knowledge around legal minimum working age varied greatly. In addition, being connected with an organisation did not necessarily generate confidence among the participants that improvements were being made. One participant mentioned after one interview that it did not matter if I did this research or not, and that I could even speak to the Prime Minister, but nothing will change for domestic workers in India. This particular participant had been enrolled with an organisation for over two years and she had not seen any improvements. I understood that the importance of support was primarily in relation to individual needs of the study participants rather than a general measure of empowerment.

My own understanding of health was continuously challenged during the implementation of the research study. Along with the study aim to explore the participants' understanding of subjective health and wellbeing, I decided to not base the conceptual framework on measures quantifying or theorising health and wellbeing. Although it was important for me to first have a scholarly understanding of subjective health and wellbeing to methodologically approach the concepts, I remained open to the fact that this was my understanding only. For example, prior to the data collection I had imagined that abuse and sexual exploitation would be more present in the girls' health concerns and in the

conversations in general. As I demonstrate in the results chapters, however, risk of theft was frequently reported as a main obstacle to their health as this could have far-reaching ramifications for their lives and possibilities for livelihood. I realised that health had a much wider meaning than the simplified scholarly definitions. Moreover, I further recognised the importance of understanding the contexts in which these concepts are being discussed. For example, to be skinny in Europe is fashionable, whereas to be skinny in parts of India may be a sign of poverty and malnutrition. Throughout the study, I had to constantly remind myself to not exclude accounts on health and wellbeing contradictory to my own understanding, and instead to make these explicit in order to challenge myself.

My journey with the concept 'gender' is important to make explicit in order to understand how I have approached the data and the empirical field. In everyday life, I constantly see the making of gender as I always wear a pair of gender glasses. I am aware that my understanding of gender is influenced by the Swedish values on gender equality. Before entering the field, I reminded myself of the endeavour to be objective in order to be open to standpoints different from mine; I was afraid that if I failed to do this I would miss important data or wrongly misinterpret the narratives. For example, if the participant perceived a caring family role as the most natural and appropriate role for a girl, or that washing cars is inappropriate for girls, I made sure to bring such accounts forward without interpreting them as an oppressive measure or backwards. Instead, I paid much attention to understanding the context in which these accounts were told. Regarding my own journey with the concept of 'gender,' much of what I had anticipated was found in the data. In the data, there were both 'rural' and 'urban' views on gender depending on exposure, time of stay in Delhi and place of origin of the participants; therefore, my own understanding was least challenged with regards to gender. However, it was apparent that I, with respect to the study participants, could be perceived as a less accomplished woman. At the time of the interview, I was unmarried, I had no children and I was old compared to the participants. This insight was the most important lesson enabling me to better situate the accounts, rather than judging their gender discussion from a feminist scale determining what are 'urban' and 'rural' gender values.

In this section, I aimed to unmask the production of my new knowledge linked with the central concepts of the findings in order to further situate the analysis of the findings. In the subsequent section, I provide a deeper analysis of the findings in relation to the applied conceptual framework and theoretical approaches.

## 2. Analysis of findings

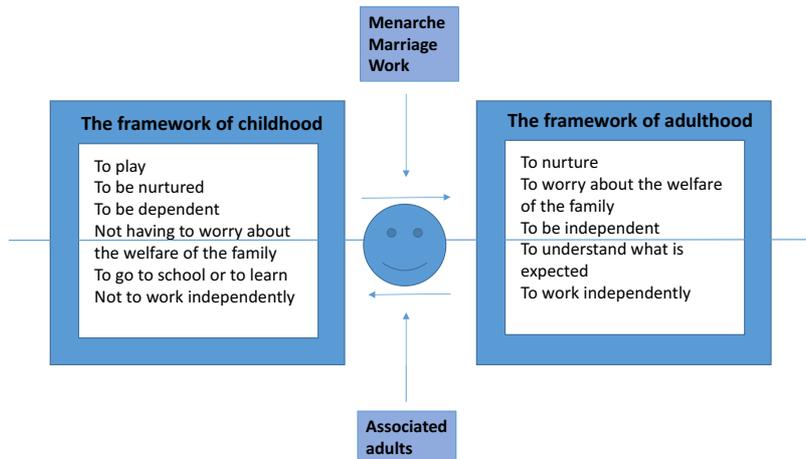
### **1.1 Childhood: “More” or “less” of a child**

This section presents three interconnected themes: ‘constructs of childhood,’ ‘work and childhood’ and ‘work versus schooling and associated stigma of child work’ and how these key themes operated either as an obstacle to, or a facilitator of, the girl’s health and wellbeing.

#### *1.1.1 Constructs of childhood*

The young participants’ overall view of what defines a child was based on their personal experiences and ideas that a child was someone who was dependent on adults, in need of help and unable to take care of oneself; someone who played, had free time and went to school. An older person, on the other hand, had different roles as they could understand what was expected of them, and they had the cognitive ability to work, lead their lives independently and make their own decisions. Moreover, a child had significantly fewer social expectations and responsibilities in comparison to those of an adult. The theoretical approach within the Social Studies of Childhood is helpful to understand that the concept of childhood operates as a ‘segment,’ that children move in and out of as new children will keep entering the segment of childhood and others will move on to new segments such as adulthood (Hardman, 1973). The findings of this study suggest that the segment of childhood operated as a continuum, which shaped the child’s life. The continuum of childhood is creating boundaries (i.e., frameworks) determining what a child can, shall and wants to do and this will further influence the young person’s perception of having a good life or not. Hence, the continuum of childhood is not a permanent or linear process. Instead, the young people in this study could move from one end to the other of the scale of childhood, with the framework of childhood operating as a desired or undesired category of the young person. Figure 6, illustrates the continuum of childhood and how it operates in the young persons’ lives. I explain the figure below.

**Figure 6: The continuum of childhood**



The child is located in the centre of the scale to illustrate the indefiniteness of childhood. As shown in this study, childhood was fluid and operated, as introduced by Qvortrup (2011), as a ‘social space’ rather than an adult/child binary as the girls’ perceptions of what constituted childhood was strongly influenced by life events (described below), and influencing adults, which together moved the girl from one end to the other of the scale. During the transition through the segment of childhood into the new segment of adulthood, there were moments where the child could be ‘not that much of a child.’ This means that the child could, in fact, move in and out of the segments and be “more” or “less” of a child.

The factors that transitioned the young participants into what they perceived as adulthood were key life events: primarily menarche, marriage and work. These life events had stronger cultural meaning than age for the girl as these changed the girl’s self-perception as well as those of the surrounding adults. For example, the onset of the girl’s menarche manifested that the girl was biologically ready to bear children, the marriage involved new social roles as a mother and a wife, and work included a new social role as a breadwinner. Hence, menarche, marriage and work accelerated the move of the child into a new segment by generating new roles that the child and ‘others’ associated with adulthood. Age had little value in this transitional process and therefore little value in the young participants’ constructions of childhood, unless they had been exposed to an organisation that advocated for childhood ideals based on Minority World childhood ideals. In those cases, the young participants referred to the age of 18 as a distinct marker for adulthood, matching the definition of a child as outlined in the UNCRC.

The findings further confirmed the importance of 'child-adult' relationships in the process of constructing ideas of childhood, as suggested by Mayall (2002, p. 33). This was illustrated by contested meanings of childhood, as adults and young participants constructed childhood differently. In Chapter 5, I demonstrate how a parent perceived the young participant as a child because she was unmarried, while the young participant perceived herself as an adult because she was working. The capacity to work was shown in this study to be central in the girls' conceptualisation of childhood.

### *1.1.2 Work and Childhood*

Young participants' construction of childhood suggested a shift in their lives, from being nurtured to assuming a nurturing role (Hecht, 1998), and this shift was a strong accelerator into a new segment as it signified the end of their childhood. For example, young participants suggested that a small child would not worry about the welfare of the family. An older person, on the other hand, understood what was expected of them, and would be tense from the responsibility of nurturing the family. Hecht observed that poor children must assume nurturing roles earlier than rich children do (1998). As a result, a nurtured childhood is a reality only for those children whose family can afford it. Consequently, the socio-economic status of the child is a strong factor of the girls' construction of childhood. Assuming a familial nurturing role involved primarily for the girls to take up waged labour. In this regard, the young participants suggested that a person who was capable of working was not a child. Hence, the young participants' conceptualisation of childhood strongly intersected with their conceptualisation of work. This connection was illustrated by findings showing that the young participant refrained from perceiving her domestic work as actual work; instead, the girl referred to the work as 'helping' her mother or called it 'my mother's work.' Especially those young participants who perceived themselves as children used this strategy to refer to the work as their mothers' work or help, as they did not work independently. To work independently would require the girl to change her self-perception and identity from child to an 'adult.' To work independently may also include that surrounding 'others' would change their view of the girl into an adult, and the implications of such change of status would also increase the social expectations of the girl. To claim a childhood identity and devalue the work to 'help' or call it 'the mother's work' helps the girl to refrain from increased social responsibilities. The benefit of being a child is that the girl can engage in play, going to school and not having to worry about the welfare of her family. This suggests that childhood for the girl is an identity or desired category rather than a permanent status defined by age. Childhood as an identity or desired category involves that

the young person may be “less” of it sometimes and “more” of it in other situations. In relation to viewing childhood as a desired category, this suggests that if the girl perceived herself as a child and could play with children in the household during her work, this opportunity generated moments of childhood nurturing her identity as a child. However, children of the household may also act as a reminder of what the girl does not have. In this regard, the children of the household are afforded due to their socio-economic status to have a childhood, while the girl must work and assume an identity of an adult. In such case, the girl is assigned a different identity than the one she may have herself, against her will. These findings add important insights to how children in the employing household could be either a source of distress or joy for the girl, as illustrated in Chapter 7. However, as shown in this study, it is not entirely up to the child to decide whether she is a child or an ‘adult.’ Instead, life circumstances may require the child to assume nurturing roles and entering waged labour and therefore also receive a new identity as an adult. Another important factor of her identity as a child was determined by learning or going to school. I discuss this below.

### *1.1.3 Work versus schooling with the consequences of stigma attached to child work*

When viewing children as economic and social actors, the Social Studies of Childhood emphasise that children’s experiences with work are closely linked with cultural understandings of, and values around, work and education (Bourdillon et al., 2010, 2009; Liebel, 2004; Morrow & Boyden, 2010). This forms the concept of ‘mediation’ (Woodhead, 2004, p. 17). As described in Chapter 6, mediation aspects included the young participants’ own beliefs, and those of their parents, community members and employers around whether a young person should go to work or study. This had an impact on their wellbeing, fostering feelings of shame and stigma if they went against the norm. Alternatively, young participants could feel proud to support their family, which increased their autonomy and independency if work was considered a normal thing to do in their community.

Those young participants who had been exposed to organisations emphasising education, or who perceived themselves as children, or whose lives were not focused around work, were commonly ashamed of having to work, as opposed to going to school. As discussed in Chapter 7, it was not only the young participants’ reputation that was at stake if their reality contradicted with childhood norms in their community; their whole family’s reputation could be damaged if the young participant had to work.

The young participants' welfare was therefore highly collective and relational rather than individual. Young participants' feelings of shame and stigma were closely linked with a prevailing emphasis on schooling. In this respect, the process of ascribing meaning and value to the young participants' work was grounded in their ideas of what they considered normal, necessary or fair (Woodhead, 2004). Woodhead describes this aspect of psychosocial wellbeing in working children:

When children feel, their work is a normal thing to do, that they are doing something valued by their families, and they are treated fairly; these feelings can serve as a coping mechanism that helps their resilience. When they feel stigmatised or ashamed, or unjustly treated, this can add to their vulnerability and distress (Woodhead, 2004, p. 48).

The implications for young girls deviating from the norm of going to school and having to work instead, are linked with the disparity between Minority World ideals of childhood and the reality of the young females included in this study, who all came from lower Indian societal strata. These findings demonstrate that young participants' conceptualisation of childhood differed from the childhood ideals emphasised in the Minority World. As described in the literature review of this study, childhood ideals rooted in the Minority World place importance on 'education, play and freedom from livelihood responsibilities' (Jensen, 2014, p. 156); this divides children from adults 'as a category excluded from the production of value' (Nieuwenhuys, 1996, p. 246). International treaties such as the UNCRC reinforce these childhood ideals, with clear-cut definitions of a child as anyone under the age of 18 (Aufseeser et al., 2017). As discussed in Chapter 5, young participants adapted aspects of what may be called as "modern" and "traditional" Indian lifestyles into their understanding of themselves and their lives. I found that aspects of modern lifestyles were, for example, to be able to work as a girl, having access to school as this would have been limited in the village. Modern Indian lifestyles further involved the possibility for the girl to be a child for a longer period than what the girl would be in the village as traditional lifestyle practices would involve getting married or helping the mother in the household.

The process of adapting modern and traditional childhood ideas was also linked to whether the young participant had migrated to Delhi for work. Rural practices of childhood placed more emphasis on the role of the young participant as an economic contributor, and therefore childhood involved informal learning and work from an early age. Migrants, therefore, felt more prepared for work at an early age, compared to those young participants

who had been born and raised in Delhi and exposed to an urban lifestyle and potentially also Minority World childhood ideals emphasising education. These findings show that the economic value of domestic work in the girl's life was linked with the level of exposure to modern and traditional beliefs regarding the role of a child and how much these had been internalised by the girl's identity. Migration status, in addition to socio-economic status, is thus an important factor to explore when looking at intersecting factors influencing the wellbeing of the working child.

The young study participants' understandings of childhood and conceptualisation of work are in line with previous literature critiquing the Minority World's ideals of childhood and the role of work in young peoples' lives (Aufseeser et al., 2017; Bourdillon et al., 2010; Hesketh et al., 2006; Nieuwenhuys, 2005, 2010). It is important to highlight that some young participants emphasised the role of personal development in their conceptualisation of wellbeing, but stressed that schooling denies young participants, as social and economic actors, to contribute to their own welfare by entering waged labour and benefitting directly from their work. These young participants valued improved living standards, the ability to pay for their education, improved food, increased autonomy and independency, as they contributed to their own and their family's welfare. This finding supports similar findings as introduced by Boyden and Levison, highlighting the link between young people's wellbeing and their role as 'productive economic actors' (Boyden & Levison, 2000, p. 10).

The findings of this study suggest that viewing childhood as an identity or a desired category that the child may be "less of" sometimes and "more of" in other situations, will help to explore the effect of work in young people's lives. It is therefore important to unpack when the young person is "more" or "less" a child, what these situations/ circumstances are that triggers a childhood identity of the young person and how this will influence the young person's ability to work, the effect that the work will have on her/his physical safety, emotional welfare and her/his possibilities to lead a good current and future life. In addition to the constructions of childhood, my results showed that the lived experiences of domestic work were highly gendered, which influenced the girl's situation and possibilities to have a good life. I discuss this further below.

## **1.2 Gender: The framework of girlhood**

As explained in the previous section, the young participants' construction of childhood was shaped by the boundaries they associate with the framework of childhood. This section will demonstrate that moving from childhood to adulthood is not a direct transition for the young

participants. Instead, they entered the interim state of girlhood after leaving the previous segment of childhood. Figure 7, illustrates this process of girlhood as an interim step towards adulthood.

**Figure 7: The framework of girlhood**

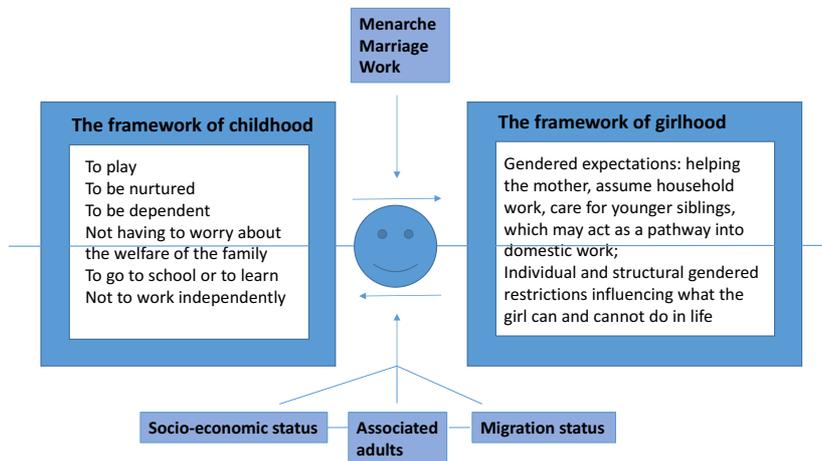


Figure 7 shows that the segment of girlhood is constituted by gendered expectations which will shape the lived experiences of the girls. Girlhood further involved that the girls started to act according to their gender to a much greater extent than during the childhood segment. This section will also show that doing gender for the girl could operate as a pathway into domestic work. Likewise, the lived experiences of the girls involved structural and individual aspects of gender constraints. I discuss these themes ‘gender expectations’, ‘doing gender as a pathway into domestic work’ and ‘structural and individual aspect of gender constraints’ in the following three sections in relation to the young workers’ health and wellbeing.

### 1.2.1 Gendered expectations

As discussed in Chapter 5, findings suggest that young participants perceived themselves to be in a period of ‘inbetweenness’; they were neither a child nor an adult. Instead, they were ‘larkiyā’ (girls). The transition towards adulthood featured an interim step of girlhood.<sup>25</sup> In line with Hardman’s concept of childhood as a ‘segment’ (1973) and Qvortrup’s further development of each segment as a ‘social space’ (2011), girlhood for the young participants

<sup>25</sup> In a different context, the young participants may have referred to themselves as adolescence but in the Indian context, the concept of adolescence was not present in the ways the young participants conceptualised childhood. Instead, the young participants were primarily girls.

happened over time, along with increased cognitive abilities and internalised expectations of them as girls, as opposed to children.

I discuss in Chapter 5 that the young participants perceived children as dependent and adults as independent beings. However, girlhood did, in fact, bring less freedom and autonomy, as the girls instead started to attend to the social expectations of their gender, which they and the associated adults in their lives reiterated. In this regard, the findings show that the study participants started to act their gender to a much higher degree within the framework of their identity as girls. The new framework of girlhood was formed by externally (society, community members, parents and employers) and internally (individual) endorsed gender norms. Thus, the young participants' gender was social and reiterated by a social interplay between the girl and surrounding others, rather than being an intrinsic aspect of the girls' identities (West & Zimmermann, 1987). This construction of girlhood involved assuming new gender-specific roles, such as contributing to the welfare of the family, caring for younger siblings, substituting for the mother in her work and in their own household. Because of the girl's new role as a contributor to the family, this further led to that the girl entered domestic work, as discussed below.

### *1.2.2 Doing gender as a pathway into domestic work*

As demonstrated in Chapter 2, previous literature confirms that the feminisation of domestic work is due to traditional gender norms where household and child rearing activities are ascribed to women based on their gender; thus, domestic work is regarded as good preparation for a girl approaching marriage (Black, 1997; ILO-IPEC, 2004; UNICEF, 1999). In this respect, girlhood for the young participants was a step towards the 'accomplishment' of womanhood (West & Zimmermann, 1987, p. 126). In this process, domestic work operated as a vital part of the transitioning process of the girl towards womanhood, as discussed below.

In the socialising process of the young participants towards womanhood, the girls' mothers played a central role. As discussed in Chapter 5, the young participants' wellbeing was linked with the wellbeing of the mother and making the mother happy made the young participant happy. This commonly involved helping the mother in their own household, as well as taking on domestic work in a third party's household. This pathway into domestic work may involve a period of 'helping the mother,' and later lead to independent work. The girl is in this sense repeating the acts of gender performed by the mother. In other words, the young participants perform domestic work as an appropriate and expected thing to do upon

entering girlhood. In the context of doing gender, young participants are acting in accordance with their perceived role: to help the mother, nurture the family, assume domestic work etc. Some young participants are therefore socialised into beginning domestic work and they may perceive domestic work as a natural part of a girl's identity. Hence, the findings of this study support the theoretical approach of gender as a social construct as it underlines that gender is an ongoing process in which the young person is socialised into their gender (Hirdman, 2001).

Despite the important role of the working mother, other structural factors associated with gender norms, such as labour market inequalities, could also operate as the pathway into domestic work. These structural factors commonly operated as constraints to the young participants' situation. I discuss these in the following section.

### *1.2.3 Structural and individual aspect of gendered constraints*

This section shows how gender produced constraints on various aspects of the young participants' lived experiences in general, and their experiences of domestic work, in particular. I discuss below how these constraints are subject to both structural and individual factors and the effect of these constraints on the young participants' health and wellbeing.

The main structural factors were related to, as discussed in Chapter 2, gendered labour markets created by patriarchal systems, which imposed limitations on women's participation in formal labour and left young workers with few wage-labour options (Neetha, 2004). As discussed in previous sections, the findings show that the intersection of childhood identity, migration and socio-economic status proved important for the young participants, in addition to gender. The specific impact of gender was demonstrated by workers who had grown up with 'village' practices, as they were more influenced by 'traditional' gender norms, where the role and life trajectory of a girl were to care for her family, become a wife and create her own family. Exposure to more 'modern' gender norms in Delhi, on the other hand, made the young migrant participants more aware of different life trajectories for girls than those practiced in their places of origin. On the other side, structural factors in their places of origin, such as a lack of work opportunities for young females, made young female migrant participants link their work with more benefits. Gender determined if the girl felt ready to work, irrespective of the type of work, as the new role of the girl when entering 'girlhood' was to care for her family by taking up wage labour. In this sense, Delhi provided the context for the new roles of girlhood for the young migrant participants, as comparable roles in relation to marriage and reproductive roles may have differed in the village setting.

Moreover, I discuss in Chapter 2, the politicisation of domestic work, which has roots in political, economic, cultural and historical systems of caste and social oppression towards young girls and women from lower socio-economic classes in India. The literature review further confirms that the low social value of domestic work has historical roots in perceptions of unskilled women's work in general (Davis, 1981; Grant, 1997; Meyiwa, 2012). In Chapter 7, I show that the low social value of domestic work has had detrimental impacts on the girls' wellbeing (e.g., shame versus pride, an impediment to personal development, etc.). For example, if the young participants saw domestic work as the natural thing for a girl to do, they were more likely to perceive their work as having benefits, generating useful skills for their future lives both in and out of their work. In this case, these young participants were doing their gender in a way that made sense for their current and future lives. Hence, gender operated in favour of the girl's personal development. However, if the young participants had been exposed to modern gender norms through the urban lifestyles in Delhi, where girls and women have access to other jobs than domestic work, as well as greater educational opportunities, gender norms could operate as a constraint to their autonomy and personal development and the girl would experience negative feelings towards her work. This was particularly true if the young participants had been pushed into domestic work through their working mother's illness, or through poverty, as shown in Chapter 7. Consequently, gender norms together with migration influenced the perceived value of domestic work and played an important role in the girl's positive and negative experiences of domestic work.

Gender-imposed restrictions at a structural level were also expressed at the individual level. These included cultural and social practices around menstruation, and community members' behaviour towards girls and women during their commute to work, which generated social and economic vulnerability for the working girls. In addition, victim-blaming for young girls who had experienced sexual abuse or harassment could have vast implications for their welfare and reputation and that of their family, in terms of community standing, marriage prospects and livelihood. Sexual harassment and risk of sexual abuse by male household members, household visitors, placement agents and community members indicated that gender was a risk factor in itself, to the young worker's health and safety. Gender also imposed restrictions on the young participants' occupational health, like body aches (e.g., back pain) increased after giving birth. Sometimes social constructions around a gendered constraint operated in favour of the girl's wellbeing. For example, as discussed in Chapter 6, the social construction of menstrual blood as something dirty helped the young participants to capitalise on such perceptions and negotiate time off from work.

The findings demonstrate that gender and the new framework of girlhood and roles associated with girlhood brought more ‘tension,’ stress and worries, and reduced the girls’ mobility, as they were expected to stay home. Girlhood further reduced the young participants’ freedom to play and do whatever they preferred to do, as they were expected to assume a caring role, or ‘nurture’ for the family as identified by Hecht (1998). However, the results of this study draw attention to the important focus on the intersection of gender and socioeconomic status of the young participants and their families. Hecht (1998) built his concept of the nurturing child mainly on boys in relation to childhood, but his theory does not rely on gendered differences. As shown in this study, the study participants described that they due to their gender had to carry more responsibilities for their families than their boy siblings had to do. To be a girl involved reduced personal freedom to decide for herself and greater social expectations from the parents to care for the family at an earlier age than boy siblings. In this regard, the implications of the young workers’ health and wellbeing must be understood in relation to social expectations to assume a caring role, which is thus highly gendered and subject to the socio-economic status of the girl. Consequently, due to the increased gendered social expectations and restrictions along with the framework of girlhood, the girl is to a greater extent dependent on the approval of the others such as surrounding adults than what they are during the framework of childhood.

Based on the above, the role of gender in the young participant’s experiences of domestic work was shown by attempts to leverage gendered expectations and restrictions in the girls’ attempts to exert their agency. I discuss agency in the following section.

### **1.3 Agency**

As discussed in the previous section, ‘Gender,’ the young participants operated within their situations in relation to ascribed gender norms, roles, expectations and restrictions. The influence of gender in the young participants’ everyday lives was closely linked to their ability to assert their agency. This section discusses the conditions relating to the young participants’ agency: interdependencies between the young person and adults in their own households, as well as the employing household; how the young participants negotiated their agency by either distancing themselves from, or attaching themselves to, adults and children present in their everyday lives; and power relations between the young participants and associated adults, such as parents and employers. I discuss these three themes – ‘interdependency,’ ‘closeness and distance’ and ‘power relations’ – in relation to the health and wellbeing of the young workers, below.

### *1.3.1 The interdependent relationship between the young person and adults*

As discussed in Chapter 7, decision-making regarding entering work could have positive and negative impacts on the young participants' wellbeing. For example, it was important for positive domestic experiences that the girl had made an autonomous decision to work, or at least perceived that she had made the decision, even if she had had few other opportunities due to poverty, parental death, birth order, family composition or similar factors. Girls commonly had negative experiences if they felt that domestic work had been imposed on them. This underlines the central role of perceived agency in the young participants' conceptualisation of their subjective wellbeing, as feelings of being in control and freedom of choice generated a sense of having a good life. However, the findings of Chapter 7 also show that going into domestic work was not always a single person's decision; it was often a collective decision based on, for example, the overall situation of the girls' family. Thus, as introduced by Punch, the young participants' autonomy was constrained by 'adult-child interdependencies' (Punch, 2001, p. 1), which had different impacts on their health and wellbeing. For example, as discussed in Chapter 6, young participants had to rely on employers, peers or working mothers to train them to perform their work safely and efficiently. Hence, the conceptualisation of both benefits and obstacles for the young workers' health and wellbeing were imparted to the young workers via their parents' and employers' understanding of the same, as the girl relied on training regarding occupational risks and safety perceived by the parents (specifically working mothers) and employers. In Chapter 7, I show that not knowing how to perform a task, or having little understanding of what the work would entail, acted as a stressor for the young participants' wellbeing because this generated the feeling of not being in control of their situation. Hence, the girl could not exert her agency accordingly or manoeuvre her safety at work.

My findings support what scholars associated with the Social Study of Childhood have emphasised important for children's agency, namely, the influence of child-adult relations (Mayall, 2002) and the generational differences and interdependencies between children and adults (James, 2011; Punch, 2001, 2015). In the context of girl domestic work, this study confirms that the girl's agency is subject to a co-dependent relationship between the adult and the child. However, findings of this study add that working peers are further important to highlight as essential actors in the situation of the young girl, in addition to surrounding adults. As shown in Chapter 7, working peers provided important information regarding how to operate unfamiliar household appliances, information regarding tasks involved in domestic work, as well as, provided protection during the commute by walking in big groups.

The importance of working peers may be closely linked with the general perception among the girls that 'their safety was in their own hands' as no one else cared about them, which may have been coupled with the generally low-risk perception among parents and employers regarding occupational health and safety. To rely on peers is thus a tactic, a coping strategy, that the girls may have developed when surrounding adults either failed to provide support or simply were not present. Nonetheless, as discussed in Chapter 7, social support networks including parents, working peers and organisations in the field helped the young participants to look out for particular aspects of their wellbeing such as safety at work, job security, decent wages, etc. Social support networks also influenced how the girls exerted their agency such as avoiding bad employers, finding employment and accessing information about their rights as workers.

In addition, the interpersonal aspect of girl domestic work also involved the relationship between the girl and the employer as well as members of the employing household. The employers and employing household members could all pose individual risks to the girl's occupational health and emotional and physical wellbeing by either accusing her of breaking items, using her for pent-up anger or practicing acts of verbal, physical and sexual abuse. However, the employer could also be a positive influence, providing benefits to the young worker by offering an improved living situation and better food, and helping with unexpected costs or contributing to the girl's schooling. Consequently, the findings of this study suggest that the phenomenon of girl domestic work is an interpersonal practice, which is an additional aspect to consider in relation to the concept of childhood and agency as intergenerational and interdependent statuses (James, 2011; Mayall, 2002; Punch, 2015). Because of the interpersonal dimension of girl domestic work, the girls had developed coping strategies and were asserting their agency by either keeping their distance to the employers and surrounding others or ascribing closeness to the members of the employing household. I discuss this in the following section.

### *1.3.2 Closeness and distance*

In Chapter 6 and 7, I demonstrate how the young participants' agency was restricted by structural, contextual and individual factors. This meant that the girls could exert their agency in one situation while their agency could drastically change in another. For example, the unpredictable behaviour of the employer and shifting nature of their domestic work, such as workload or working hours, meant that the girl could have no agency or ability to negotiate her safety at work, as the girl had to stress from household to household. However,

the findings of this study show how the young participants applied strategies such as attaching themselves to the employers (e.g., consider themselves as part of the employing family) or detaching themselves from the employers (e.g., keeping distance by refusing to eat with the employer or go with the employer on holidays, etc.). The young participants further kept their distance with community members and other children in their vicinity to protect themselves from negative comments and consequences related to the stigma associated with child work (work versus school), gendered perceptions that girls should stay at home or perceptions that domestic work is a 'dirty' type of work. Hunleth argues that the challenge in research with children in adversity is to understand how children construct meaning regarding their experiences and acting within them (Hunleth, 2013). In this respect, by keeping distance, the girl could protect her emotional wellbeing and reduce feelings of shame related to external judgements implying that the way the girl and her family lived their lives was wrong.

By keeping a distance between potential risks from demeaning behaviour of the employers and other people in their closest sphere, the young participants felt more in control of their situation and thus gained wellbeing from leading their lives autonomously and independently. For example, those young participants who perceived that their safety was primarily in their own hands kept a greater distance from their employers. This may indicate that the young participants had assessed that too close a relationship could jeopardise their health, wellbeing and safety. Hence, keeping physical and psychological distance could help the girl to reduce the risk of salary reduction, disappointment due to unmet expectations, and abuse. However, one may argue that this tactic of the girl can be twofold; while it helps the girl to eliminate emotional harm from negative comments, it may instead add social isolation and feelings of loneliness by not having any social support networks or friends. This is an added avenue to explore in relation to coping strategies of the working girls.

Other young participants attained financial and emotional wellbeing by feeling close or attached to their employer. These young participants described themselves as being a part of the employing family, or were treated like a child of the employing household. Being attached to the employer could operate as job security or a safety net, in case the young participant or their families experienced unexpected difficulties. Being close to the employer generated positive feelings about their work and therefore the work was helpful for the working girls' wellbeing by generating feelings of pride. One may also argue that there is an aspect of pride from being accepted by a person (the employer) that the girl perceives as a

higher societal member, and how this may generate increased self-worth of the girl acquired by the social approval of the employer and the fact that the girl had a clear function in the employer's lives.

On the other hand, the implications of, for example, verbal and physical abuse on the young participants' physical health and emotional wellbeing were closely linked with their perceptions of the employer's role in their lives. The girls' health and wellbeing in this situation were related to whether they perceived the employer's actions as just or unjust, as well as expected or unexpected (Woodhead, 2004). Some young participants perceived that scolding employers could help them to improve their work. As described in Chapter 6, some participants expected to be scolded if they made a mistake, as the employer was, in some senses, operating in a similar role to a mother. This demonstrated that the closeness of the employer made the girl perceive the repercussion of the mistake as fair and expected, which therefore had less negative impact on her emotional wellbeing and self-esteem at work. Similarly, when there was an imbalance between the work effort and the monetary reward, combined with nagging and badgering employers, the young participants reported mainly negative experiences with their work, which impacted their wellbeing badly. Keeping some distance from their employer may have helped the girls avoid the negative impacts of not being paid well enough or acknowledged for their work, as the distance would make them expect less of the employer.

Just as the young participants adopted strategies to apply distance or closeness, their employers also took measures either to keep the young workers close to them or at a distance. For some employers, keeping the young worker close and treating them well was an effective way of retaining them, and helped to reduce the risk of theft in the household. Employers used several strategies to maintain distance from the worker, including designating separate areas of the house for both parties, providing different foods, employing part-time workers rather than full-time workers, etc. By applying distance or remaining close, the young female domestic worker helped the employer to deal with the challenges they faced because of having an outsider or stranger working in their home.

When the young workers described their strategies for maintaining closeness or distance relative to their employers, semantics were important; specifically, the ways in which the young participants referred to their employers. Participants who kept their distance commonly referred to their employers as Madam or Sir. Those participants who had a closer relationship with their employers referred to them as Aunty or Uncle. These semantic

insights illustrate how agency relating to closeness and distance complicates the young participants' work status as it blurs the idea of the young person as an actual worker with rights rather than a 'helper' or 'part of the family.' Thus, the semantics around girl domestic work complicates the possibility of formalising young domestic work as actual work.

The findings highlight that the domain of domestic work is interpersonal, as well as, that the health and wellbeing of the worker is based on the girl's relationship with parents, employers and peers. The interpersonal aspect of girl domestic work was closely linked with power positions, which was particularly important for the girls' ability to negotiate their agency at work. I discuss this below.

### *1.3.3 Power relations and wellbeing*

Mayall highlights that the social positioning of a child involves the young person's ascribed 'dependency' and 'subordination' of adults in the social hierarchies of society (Mayall, 2002, p. 20). Mayall refers to a child's social positioning as a 'minority social status,' which involves that the child's experiences are highly dependent on the 'social setting' (such as the school and the home) and social hierarchies therein (Mayall, 2002, p. 20). Therefore, the social setting of domestic work operates in the same way as an arena for power expressions. Moreover, as shown in the literature review, the relationship between the employer and the working girls can be interpreted by the Indian literature on domestic work which incorporates dimensions of class, caste, gender, age and how power is frequently implicit within these aspects (Adams & Dickey, 2000; Froystad, 2003; Mattila, 2011; Raghuram, 2001; Ray, 2000). The findings of this study demonstrate that the intrinsically different power positions due to age, gender and socio-economic class of the employer and the working girl, had direct impacts on the girl's ability to exercise her agency and to maintain good occupational health such as how to perform the tasks safely and carefully, to have access to nutritious food, sanitary facilities etc. Moreover, the different power positions influenced the girls' emotional wellbeing by acts of verbal, physical and sexual abuse as well as via food commensalities (e.g. to be given different food, different cutlery and to eat on the floor or by sitting on stools in the kitchen), as these were expressions of power by the employer to discipline and control the girls. The ways in which employers exercised their power suggested that their actions were meant to ensure their own social status. They disciplined the young workers possibly in a parental role and possibly to protect their own safety from having a stranger working in their home and risks of, for example, 'theft.' However, the social positions of the girls and the employers provided unequal negotiating positions, and the

working girls had much more to lose than the employer, which made the girls' health and wellbeing more vulnerable as she was dependent on the income from her work.

For young participants to be in control, or to feel that they had control over their work situation, was shown to be pivotal to their wellbeing, irrespective of they kept their distance or were attached to the household. Young participants gained pride from being able to work efficiently and independently, to complete a work task to the satisfaction of the employer, or to master the different household appliances needed to do a successful job. This highlights the central role of autonomy in the girls' perceived wellbeing and that her wellbeing is, therefore, challenged when her autonomy is reduced by power practices in the household.

Previous literature on live-in girl domestic workers in Dhaka conclude that the working girls have 'thin agency,' which Jensen discusses by using a Foucauldian lens of interpreting power in child domestic work (Jensen, 2014, p. 154). Jensen argues that 'the main thinner of their agency is the space-time geography of their work, i.e. the around-the-clock presence in the private space of the employers' home, as well as the inferiority caused by the social constructions of their position in society as poor, young, female servants' (Jensen, 2014, p. 164). While Jensen suggests that young female domestic workers are the 'least powerful people in society' by referring to four features including 'gender, age, social class and occupation' (Jensen, 2014, p. 155), the findings of this study add the importance of work status and how this influences the girl's ability to manoeuvre her safety and health at work. This insight provides important inputs to the body of literature on child domestic work, as the majority, including Jensen's study, has a specific focus on a single type of girl domestic work, commonly live-in girl domestic workers. I discuss work status below.

#### **1.4 Work status and its implications for young female domestic workers' health and wellbeing**

As demonstrated in the literature review, young female domestic work in Delhi operates as an unregulated, informal type of work (ILO, 2015). The informal status of the work posed obstacles to the girls' health and wellbeing due to the changing nature and fluidity of domestic work. It also complicates the definition of a young domestic worker and their role. As demonstrated in this study, young female domestic work is performed in different forms, such as part-time, full-time, live-in and live-out, and that each status generated different, and at times similar, types of vulnerabilities and benefits. I discuss the themes of 'fluidity of domestic work,' 'the servant or the worker' and 'vulnerabilities and work status', in relation to the health and wellbeing of the girls, in the following sections.

#### *1.4.1 Fluidity of domestic work*

In Chapter 5 I discuss how the girls' work conditions and terms of employment varied and were dependent on the employers' day-to-day urges and needs. Chapter 5 also shows that young female domestic workers are a heterogeneous group, as the work takes shape in various forms. These can include working a few hours in one household, working in several households per day, helping a working mother with her domestic work, working full-time and staying with the employer, and working full-time and returning to her own home each night. These varying work conditions, terms of employment and different forms of workers involve what I define as the 'fluidity of domestic work.'

Work fluidity had several consequences for various aspects of the girls' health. If, for example, the girl worked part-time for several employers, she had little control of the workload in each household and found it difficult to plan in order to cover all of the households in one day. As discussed in Chapter 7, the girls found that work related stress obstructed their ability to work safely and attentively. Fluid domestic work, as discussed in Chapter 6, also affected the girls' ability to eat properly during or between jobs. Some full-time workers faced the problem of not being able to eat what and when they wanted. Some part-time workers did not have time to eat between jobs at their multiple employing households. These findings confirm similar findings of previous literature on child domestic work, which indicates a high prevalence of malnutrition among girl workers, in particular (Banjaree, 1995; Gamlin, Camacho, Ong, & Hesketh, 2013; V. Sharma et al., 1995). Ability to eat and access to food are important findings to highlight as malnutrition is one of the most frequent and severe health threats to child development and wellbeing (Dornan & Woodhead, 2015). However, as discussed in Chapter 6, food could also be a benefit, mainly for full-time workers, who had access to better food in the employing household than in their own home. Nonetheless, the findings of this study show an additional risk factor to malnutrition in terms of work status.

Varied understandings of a working girl's role also affected the girls' health and wellbeing. With no clear definition, the girls lacked boundaries in their work, which reduced their ability to negotiate work positions and control their situations, and increased the power imbalance between the employer and the worker. I discuss this further below.

#### *1.4.2 The servant or the worker*

The social and economic value of young female domestic work in Delhi, as confirmed in the literature review and the findings of this study, was commonly low. Moreover, this study has

shown that the low social and economic value of young female domestic work influenced what employers, parents and the girl herself perceived as the work role.

If employers, as well as the girl, perceived domestic work as inferior or of little value, the girl's ability to negotiate her work situation and agency were more constrained and the girl was more prone to encounter obstacles within the work. For example, the low social and economic value of the work and the girl, reduced the boundaries as to what the employer could ask the worker to do. This ambiguous aspect was out of the girl's control, increasing her fear before entering a new employment situation, and distress during the employment, relating to unpredictable risks from members of the employing household. The employer could, for example, demand the girl to give them a massage. This illustrates the employer's perception of the girl's role as a worker to serve whatever need the employer might have. As shown in Chapters 6 and 7, some participants found it very difficult to provide massages, while for other participants it had been normalised; the latter girls stated that massage was a normal thing to do, as employers often asked for such services.

If the girl perceived domestic work as a good type of work and an opportunity for their wellbeing (e.g., personal development), she was more prone to go against influencing societal norms and notions around inferiority and she could more easily identify benefits in her work. These participants valued their work more highly and were generally more satisfied with their work. As a result, the girl was often in a better position to negotiate her work role when she had not internalised her inferior position as a young female domestic worker, despite the work's low social and economic value. I demonstrated this in Chapter 7 in relation to gender, where one participant did not want to wash cars and she successfully convinced her employer that washing cars were an inappropriate task for a girl. This shows that the girl, ascribed herself the right to negotiate the terms of employment with her superior. In this regard, the girl attended to her own needs to feel good at work, rather than conforming with the intrinsic social hierarchies in the household.

Irrespective of the type of work that the girls did, the lack of boundaries as to what young female domestic work entailed, and what the girl was expected to do, severely threatened the girls' ability to express their autonomy, and assert their agency to maintain and attain good health. I discuss these vulnerabilities in relation to work status in the following section.

### *1.4.3 Vulnerabilities and work status*

Throughout the results chapters I have discussed how the work statuses of the girls influence their health and wellbeing differently. However, as I demonstrate in Chapter 6, certain risks such as physical abuse was a risk to all young participants, regardless of their work status. Though, the aspects of risk could be constant but vary significantly depending on the work statuses of the girls. I discuss these variations below.

A full-time, live-in worker for example, may be confined in the household of the employer and given stale or insufficient food. A full-time live-in worker is in their employer's power, and has less agency because of their work status. A full-time live-in worker must navigate the emotional tasks involved in domestic work, as discussed in Chapter 6. A part-time worker does not have to take on as many emotional tasks, as they can leave the household when they are done with the work.

A part-time worker, in contrast, juggles multiple employers in the same day, with varying demands and workload. The worker commutes to and from jobs, and must contribute to their own household before and after their domestic work in the employer's household, which leaves them with little time to attend to their own basic needs, like sleep and food. A part-time worker has an increased risk of sexual harassment during the commute; this is less likely for full-time, live-in workers.

A full-time, live-in worker is less able to escape verbal, physical and sexually abusive situations in the household. While part-time workers are also exposed to similar risks of verbal, physical and sexual abuse, however, due to their work status they have better access to social support networks, which have proved important for their wellbeing. Moreover, part-time workers may refuse to work in a particular household, an option which may be impossible for a full-time live-in worker. This is especially likely if the girl is a migrant and has been placed by a placement agent.

A part-time worker may experience financial constraints if they are unable to work while menstruating, due to social and cultural practices. However, cultural practices around menstruation could also benefit part-time workers by negotiating time-off during these periods. A full-time, live-in worker, may instead have difficulties in accessing hygienic products during their menstruation due to confinement in the employer's household. Alternatively, the full-time, live-in worker could be granted reduced workload during her

menstruation, due to increased pain. Thus, work status shapes menstruation as an obstacle for, or facilitator of, the girls' health and wellbeing.

A full-time, live-in worker is in a more stable and continuous term of employment (unless the girl is in a trafficking situation or bonded labour), which is important for their wellbeing, as shown in Chapter 7. A part-time worker, on the other hand faces a higher risk of being fired or losing money if they do not arrive on time for work, or complete tasks to the employer's satisfaction.

If a girl had migrated from a rural area of India, they were more likely to work as full-time live-in workers. As demonstrated in Chapter 7, the physical distance to their family increased feelings of loneliness, especially if the girl had little ability to communicate with her family back home. But being away from the girl's family, exposed to modern lifestyles and experiencing improved living standards in Delhi was also beneficial for the young workers' wellbeing, as it gave her new skills, autonomy and independence.

In Delhi, there is a growing group of girls who enter domestic work by first accompanying their mothers. In order to take an inclusive approach to children and young people engaged in domestic work, the cohort of girls accompanying their mothers to work should be accounted for. Regardless of their work status, girls accompanying mothers are still exposed to hazards like ergonomic disabilities, work place injuries, exposure to chemicals etc., as well as benefits such as financial (e.g. salary to support herself and her family), social benefits (e.g. learning useful skills for her personal development) and health benefits (e.g. access to improved food).

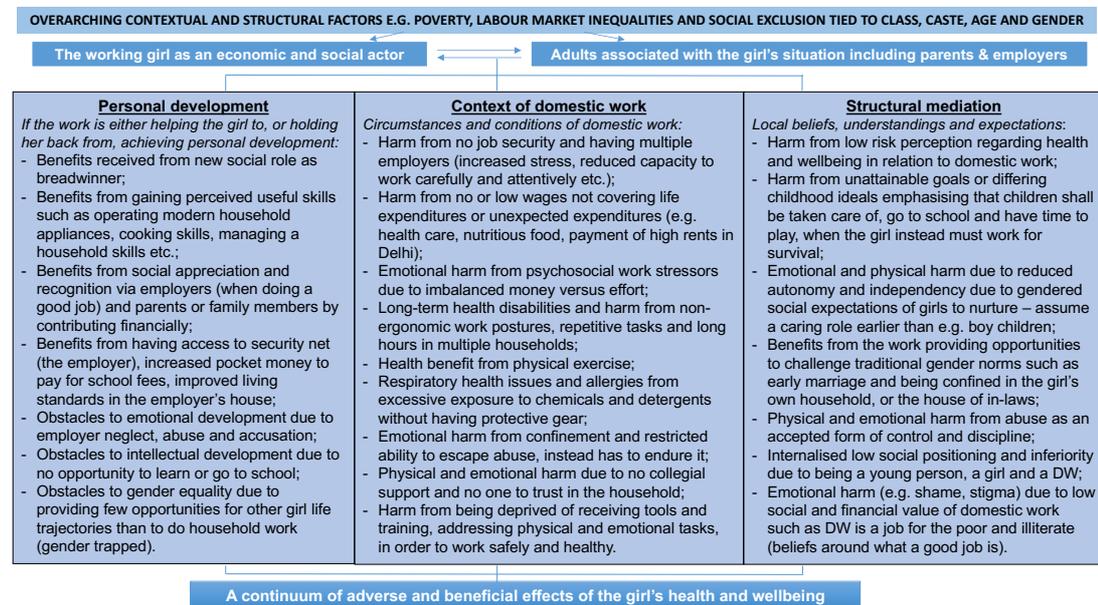
This study has shown the significant role of the girls' work status in her ability to, as social and economic actors, maintain good health and wellbeing. In addition to factors relating to age, gender, socio-economic and migration status, as discussed above, work status is an added factor which introduces both benefits and limitations for the girls' agency.

### **1.5 What role does domestic work play for girls' health and wellbeing?**

In order to answer the overall question regarding what role domestic work play for the girls' health and wellbeing, I address this by returning to the conceptual framework developed for this study. Following the concepts introduced by Woodhead (2004), in Figure 8, I provide examples of the girls' lived experiences and its relation to her personal development, the context of domestic work and structural mediation of local beliefs, norms and understandings to illustrate the role of domestic work in the girls' lives. As demonstrated in

Figure 8, within each of Woodhead’s concepts there are various aspects of both opportunities and obstacles for the girls’ health and wellbeing, which are often interconnected and overlap. I discuss these below.

**Figure 8: The role of domestic work in relation to girls’ health and wellbeing**



The overall obstacles from domestic work for young women and girls derived from prevailing low risk perceptions regarding health and wellbeing among parents, employers and the young workers themselves. Moreover, as shown in Figure 8, the girls may experience harm from unattainable life goals or differing childhood ideals emphasising that children shall be taken care of, go to school and have time to play, when the girl instead must work for survival. Additional obstacle involved impeding intellectual development by pushing the girl into work instead of school. Furthermore, physical and emotional harm for the girls were due to having no collegial support and having no one to trust in the household. The work could also cause harm to the girls as they were deprived of receiving tools and training, addressing physical and emotional tasks, needed to work safely and healthy. Additional harm could be related to having multiple employers, which increased stress and reduced the girls’ capacity to work carefully and attentively. Added harm was related to low wages (or none) not covering life expenditures or unexpected expenditures such as health care, nutritious food, payment of high rents in Delhi, etc. Emotional harm could be derived from psychosocial work stressors due to an imbalance between work effort and monetary reward. Example of obstacles to the girls’ emotional development was due to employer neglect, abuse and false accusation of stealing or breaking household items. The work could also generate emotional

harm when abuse was a socially accepted form of control and discipline by the employers. Moreover, there were risks of emotional harm such as stress, tension and worries due to not knowing what the work would entail or how the employer would behave (fluidity of the work and unpredictable behaviour of the employer). The work could also pose verbal, physical and sexual risks from employers and placement agents, as well as, community members during the commute. Added risk was also related to ergonomic injuries due to repetitive, non-ergonomic, forward bent positions for long hours, which may lead to long-term health disabilities, shown among working mothers, as the young workers are entering work when the body is still growing. Another obstacle was related to low social and economic value of domestic work, which could generate feelings of shame, inferiority and stigma coupled by beliefs around girl domestic work as a job for the poor and illiterate. In addition, the work could be an obstacle to gender equality due to providing few opportunities for girl life trajectories than to do household work. Additionally, the work could pose risk to the menstrual health if the girl was deprived of sanitary facilities and products.

As illustrated in Figure 8, the benefits from domestic work for young women and girls were increased autonomy and feelings of being in control, which was proven important for the girls' wellbeing, gained from being active agents in their own lives. The work also generated increased independence as the girl could make her own money. Furthermore, the girl gained 'social benefits' (Bourdillon et al., 2009, p. 13), such as access to an additional safety net via the employer as domestic work commonly involves low job security. Additional benefits were that the girls had access to, and got exposure to, urban and modern lifestyles which could, for example, prevent early marriages back in their village of origin. By earning money, or with the help of her employer, a girl could gain access to otherwise unaffordable education or vocational training. The work also provided an opportunity for exercise. The work offered an opportunity for the girl to gain increased mobility and freedom; they might otherwise be confined in their own household due to a lack of job opportunities, as well as restrictions on mobility after reaching 'girlhood.' Working could also be a way out of abusive family situations, such as alcoholic parents or abusive in-laws as demonstrated in Chapter 6.

The above paragraphs on benefits and obstacles show how the same aspects could both jeopardize and facilitate the girls' health and wellbeing. In this regard, many of these aspects overlap and are closely intertwined. In addition, the findings of this study show that some aspects could be more important than others, and the importance could vary from girl to girl as well as having different meanings to surrounding adults. For example, my understanding

of health risks was centred around abuse, while parents' and the girls' main concern could be losing the job. Thus, the findings confirm that it is pivotal to explore the working girls' as well as surrounding adults' own understandings of health and wellbeing, as these understandings could differ significantly.

The many benefits included in girl domestic work does not mean that young female domestic workers should be neglected by policymakers and scholars, or be perceived as 'super agents' in charge of their own destiny (Hunleth, 2013). Instead, as suggested by Aufseeser et al., policies and interventions regarding young people engaged in work should explore the positive aspects alongside the negative aspects of the young worker's situation (Aufseeser et al., 2017). This is important to avoid developing the one-sided focus described in Chapter 2, e.g. to eliminate child labour and enrol all working children in education (United Nations, 2017). Instead, Aufseeser et al. calls for a 'holistic approach to child protection' that includes removal in cases where there is identifiable exploitation; such an approach also considers 'opportunities for growth and development' by assessing harm against the benefits of the young person's work (Aufseeser et al., 2017, p. 14). In this regard, the findings of this study echo the increasing voices of childhood scholars calling for a holistic and inclusive approach to working children (Aufseeser et al., 2017; Bourdillon et al., 2010, 2009; Woodhead, 1999a).

### **1.6 Theoretical framework**

As demonstrated in the above sections (Sections 1.1 to 1.4), the findings of this study draw attention to the central role of the influences of: childhood identity; gender; socio-economic status of the girl and their families; migration; and work status and how the interplay between these factors move the young person's experiences of domestic work up and down on the continuum of positive and negative effects on their health and wellbeing. Based on this, I argue that it is important to explore these factors when assessing the benefits and harm of domestic work on girls' health and wellbeing. Thus, I propose the below theoretical framework, as illustrated in Figure 9, useful for research regarding girl domestic work, health and wellbeing.

**Figure 9: Theoretical framework**

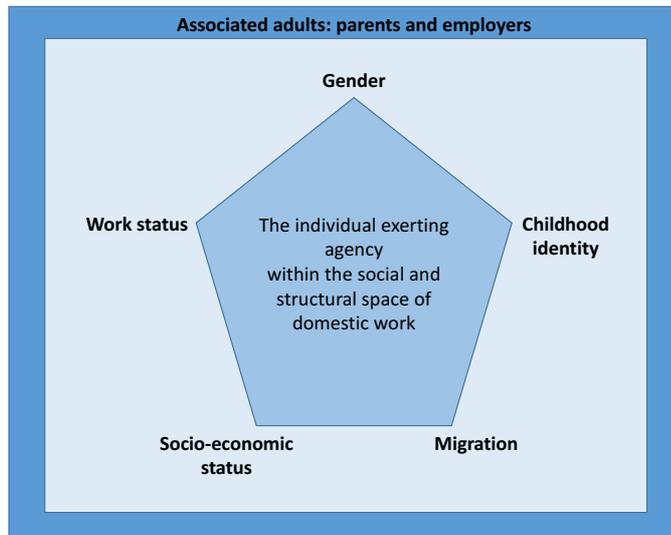


Figure 9 shows that the girl – the agent – is operating as a social and economic actor within the constraints derived from the social and structural space of girl domestic work, which is why the agent is placed at the core of the figure. The second layer illustrates that the constraints related to the social and structural space of girl domestic work is highly influenced by the girls' gender, childhood identity, migration status, socio-economic status and work status. The outer layer constitutes that girl domestic work is an interpersonal practice, which creates boundaries to the girls' agency as her opportunities to exert her agency is co-dependent on the approval and sanctions of surrounding adults.

### 3. Considerations for methods

In conducting this participatory research, I endeavoured to stay close to the terminology of the participants, in order to highlight their voices in the analysis, as well as to take a collaborative and co-constructive approach to the new knowledge. It was also a major challenge to get the young participants to talk in the first place, which posed the question: *How do I talk to a person about their knowledge and experience when they are not used to having a voice?* The power imbalance of the interview situation played a vital role, despite my attempts to reduce the discrepancy as much as possible. To minimise this imbalance, we allowed young participants who preferred to talk in group in-depth interviews to do so. It turned out to be a successful strategy, and added richness to the data, as the participants naturally started to interview each other. As an outsider, I could never fully grasp the contextual nuances or relevant wordings; instead, the young participants supported the

interviews by taking over and re-framing my questions to the group in ways that made more sense to them.

It was also particularly challenging to discuss wellbeing and health in relation to domestic work as the young participants were not always used to relating these concepts with their work. I took a sequential approach to data collection to give the young participants' time to reflect on this subject before answering. Moreover, it was further challenging to discuss positive and negative aspects of health and wellbeing. While the scholarly literature underlines the need to consider both sides, especially the individual social benefits gained by working children (Aufseeser et al., 2017; Bourdillon et al., 2009); such benefits are not always explicit, as I discovered during the data collection stage of this study. When I asked the young participants about benefits relating to work they often found it difficult to pinpoint specific examples. Instead, examples of work-related benefits emerged further along in the interview process. In this sense, it is important to conduct in-depth research rather than rapid assessments when inquiring about both benefits and harm to young workers' health and wellbeing, as the negative aspects are often easier to identify, which may skew the scholarly response to young female domestic work.

I encountered an added challenge during the writing-up phase. I caught myself, far removed from the field, applying Western psychological concepts to the analysis, rather than highlighting and examining the participants' own wording. I received a great deal of help from my advisory board member, who has considerably experience in conducting participatory research, and who constantly reminded me to be aware of the semantic distance. Moreover, I managed to reduce the distance and mentally re-connect with the data by frequently returning to the field after the fieldwork. I acknowledge that this privilege is not always possible due to logistical constraints such as time and money. I argue, though, that when conducting participatory research, it is important to have intellectual feedback from someone familiar with the method, who can identify when the distance has become too big and bias could affect the representation of the study participants in the findings.

While reading through the transcripts, I also identified unintended semantic reductions of the participants' situations that opposed the collaborative approach of participatory research. For example, I saw wordings such as 'so you ONLY work in three households?' or 'you JUST sweep the floors in the first household?' To promote a positive interview situation and aid the co-construction of the new knowledge, I argue that it is important to pay close attention to terminology before entering into interactions with study participants. It is

important to eliminate wordings with potential negative connotations such as ONLY and JUST and instead use words that affirm the participants' situations. This was especially important in this study, given that young female domestic workers frequently faced demeaning language in their everyday lives.

#### 4. Policy and programming

In line with identified overall low-risk perceptions, programming efforts are needed to raise awareness among parents, employers and young female domestic workers, relating to demonstrated individual, contextual and structural obstacles to the girls' health and wellbeing. Furthermore, extended skills training among domestic workers, in addition to the training implemented by the Government of India, as detailed in Chapter 2, should include a specific focus on health and wellbeing. Such inclusion would promote safety at work, promote dignity among workers and show recognition to the work force.

At a practical level, I argue that young female domestic workers should have the right to receive tools, proper gear and context-relevant information on maintaining health and safety at work. Consequently, the findings of this study echo Bourdillon et al.'s recommendations, i.e. that interventions addressing concerns around young people's work should advocate learning both at work and outside of the work, while engaging young workers, parents, employers and organisations to promote safety at work (Bourdillon et al., 2009). Furthermore, the findings show that we must consider the Minority World's emphasis on education against the reality of children in the Majority World, in order to prevent risk of adding stigma to those children who has to work. The finding of this study suggests that a realistic response to this is to have a balanced approach promoting learning outside as well as during work, as this would foster young female domestic workers' personal development and prospects in life as well as occupational health and safety.

Moreover, I argue that it is necessary to explore parents' and employers' attitudes on the health and wellbeing of young female domestic workers, as they can be key facilitators or obstacles in each girl's situation. An important first step would be to gather information on what employers need to ensure their workers' occupational health and wellbeing.

The findings of this study further underline the idea that policies such as the 'Domestic Workers Regulation of Work and Social Security Bill, 2016' (still under development), should demonstrate concern for the health and wellbeing of young and adult domestic workers. The bill includes, in its draft form, the right to maternity benefits and access for workers to the

social security scheme, both of which would be important steps towards improved health and wellbeing for the young workers. However, the bill needs to specify health issues, such as poor work postures and posture-friendly equipment. Such inclusions could have an immediate positive impact on the occupational health of the young workers. Moreover, with regards to the fluidity of domestic work, which makes it difficult for policy interventions to develop coherent responses to improve the working situation of the girls; policy efforts must include the under-represented cohort of part-time workers, as confirmed in the literature review as well as hidden workers, such as girls accompanying their mothers to work, in order to cover all forms of young female domestic work in Delhi. I further argue that policy interventions must differentiate by full-time and part-time workers recognising diverse exposures to varying issues.

Overall, I suggest that policy and programming efforts intended to address concerns around young female domestic work should be informed by bottom-up, context-specific risk factors in order to safeguard the health and wellbeing of the workers.

## 5. Future research

As mentioned in Background Chapter 2, the programmatic response to children in exploitative domestic work situations in Delhi involves removal of these children by the Child Welfare Committee, in accordance with the Child Labour Act and Juvenile Justice Act in India. The rescue process for these children has received very limited scholarly attention and during the field work, I saw children who had been placed in the rescue shelters describing the conditions in these shelters as poor and overcrowded. Moreover, during the key meetings with organisations, I was informed that allegations of abuse in the shelter homes had been reported to the organisations. While the media has started to draw attention to this in India,<sup>26</sup> the response rate from the public health community remains low. I therefore suggest that there is scope for further investigation into the rescue process, including the health responses and support available to removed child domestic workers and the re-integration process of these children into their communities, as means to prevent re-traumatisation and increased vulnerability in their futures.

---

<sup>26</sup> This is an example of an article published in the *Hindustan Times* in January 2015, regarding the conditions in the juvenile justice shelter homes for children in Delhi: <http://www.hindustantimes.com/india/homes-of-horror-when-juvenile-shelters-become-exploitation-centres/story-eA26mA20UErk85YaPJEtqO.html>

During the fieldwork, I also encountered plenty of boy domestic workers. As mentioned in the Background Chapter 2, scholarly and programmatic responses in the field of child domestic work are mainly targeted towards girls. I suggest that there is an opportunity for much-needed scholarly insights into the implications of, and priorities for, boy domestic workers' health and wellbeing. As domestic work is generally a feminised occupation, research on how boy domestic work conflicts with, or impacts, workers' masculinity may add a critical dimension to our understanding of child domestic workers' health and wellbeing.

Finally, there was a slight indication in the findings of a general pathway for young female domestic workers into work. I propose that there is scope for longitudinal studies that focuses on how young workers may move from one status to another, and how different statuses influence their work and health. One such pathway may involve a young girl being introduced to work via helping her mother with her work, before moving on to work independently, then returning later to accompany the working mother whose own capacity for work may be limited by long-term work-related health problems or disabilities. Such insights would provide much-needed information on the actual long-term effects of child domestic work and provide, further insights into the intergenerational interdependencies involved in young female domestic work.

## Chapter 9: Conclusions

This final chapter presents a summary of the key points of this thesis and offers implications for future scholarly and structural responses in areas affecting young female domestic workers in Delhi.

### 1. Key message and implications for future responses

This study has demonstrated that the risk perceptions and knowledge around consequences for girl domestic workers' health and wellbeing are low among parents, employers as well as the working girls. Hence, the findings of this study suggest that there is a need for raised awareness regarding health and wellbeing in relation to girl domestic work. In order to do so, the final key message, based on the findings as presented and discussed in previous chapters, invite scholarly and structural responses to address the following aspects when aiming to improve young female domestic workers' health and wellbeing in Delhi:

- A. *To support personal development both in the working situation and in the personal lives of young female domestic workers, to promote health and wellbeing*

In line with the findings outlining the importance of personal development in relation to the young workers' health, wellbeing and safety, this study has shown the importance of having an equal emphasis on capacity-building in the working situation, as well as in the personal lives of the workers in Delhi. Training at work should highlight occupational health risks, protective factors, emotional management and occupational rights and safety. Learning outside work should include opportunities for education or vocational training. Delhi requires support for an infrastructure that facilitates schooling and safety at work in the communities where most young female domestic workers live; this will enable them to pursue personal development while helping their families in their daily lives. An unbalanced approach with the emphasis purely on schooling is, as shown in this study, not realistic or in line with the overall priorities of the young workers. Such an approach may undermine a girl's agency and bring shame and stigma to her and her family if the girl must work for her survival and welfare instead of going to school. It is important to enable communities to promote education, both in work and in workers' personal lives. This can help to improve health and occupational health, prevent long-term and short-term health risks for the girl, and improve future life prospects and wellbeing for young female domestic workers.

*B. To develop bottom-up, evidence-based interventions to reduce occupational health risks in young female domestic work*

In response to the current political discussions regarding child domestic work in Delhi, as detailed in Chapter 2, I argue that discussions around whether child domestic work is the worst form of 'child labour' in Delhi are not helpful at this point in time. Neither are discussions around whether the legal minimum working age of young domestic workers should be changed from 14 to 18 relevant for young female domestic workers in Delhi. As shown in this study, young females are working and will continue to work in domestic situations, due to a range of factors, including structural labour market inequalities, few opportunities in rural areas and poverty in India. Instead of pushing young female domestic workers further into the margins, the public health community needs to secure young female domestic workers' rights to work in decent and regulated conditions, supported by occupational health standards and regulations informed by priorities and challenges identified by the young workers themselves. Efforts to regulate domestic work in Delhi, such as the Draft Bill 2016, should, therefore, have a clear emphasis on occupational risk factors, such as long-term musculoskeletal disorders, health disabilities due to poor posture and repetitive work undertaken over long hours. Policies must emphasise training to address the physical and emotional demands of domestic work, to promote and safeguard young female workers' health and wellbeing.

*C. To foster social acceptance of young female domestic work at the individual, community and societal levels*

As shown in this study, a great deal of the young workers' wellbeing stems from negative or positive social affirmation (i.e., social and economic value) of their domestic work. With this in mind, it is essential to foster social acceptance of young female domestic work in Delhi to prevent harassment by community members and employers, and feelings of shame, isolation and social exclusion among young female domestic workers. Increased social affirmation will generate greater social and economic value of young female domestic work, which is shown to be at the core of perceived wellbeing among the young workers. Thus, social acceptance will nurture positive feelings for young female domestic workers and promote wellbeing and safety at work, as well as, during the commute to work. I argue that social acceptance of young female domestic work is necessary at individual, community and society levels, in order to have a sustainable impact on the wellbeing of the workers.

*D. To promote gender equality among employers, parents and young female domestic workers*

This study has demonstrated that gender norms pose obstacles to young female workers' agency, autonomy, independence and safety at work. It is important to promote gender equality and emphasise the negative implications of gender norms on young workers' health and wellbeing. Such efforts should be targeted at employers, parents and the girl herself, and should address the risk of sexual harassment, sexual abuse, victim blaming and stigma, menstrual health rights and sexual and reproductive health rights. It is also important to raise awareness of how gender is reinforced in young female domestic work by parents, employers and the girl herself, to promote sustainable gender equality for young female domestic workers in Delhi.

*E. To address young female domestic work as an interpersonal concept and a heterogeneous phenomenon*

Finally, this study has shown the complex and varied composition of young female domestic work. I argue that an approach that explores the potential implications of each task involved in 'child domestic work' will help the public health community to understand the implications for the young workers' health and wellbeing in more depth, and provide much-needed insights into the complexities of child domestic work. An overly narrow definition of child domestic work that only includes tasks or hours of work (as the ILO's definition of child labour), could misrepresent a girl's domestic work and the associated impact on her health and wellbeing. Consequently, it may be misleading and incorrect to treat child domestic work as a homogeneous type of work. Instead, I argue that research on young female domestic work should address the topic as an interpersonal concept and a heterogeneous phenomenon in which a working girl's ability to negotiate her agency is influenced by her work status and the individual, contextual and structural factors associated with the work. Ultimately, in line with the interpersonal aspect of young female domestic work, all efforts to improve the working girls' situation must address employers and parents as well as the girls themselves.

## References

- Adams, K. M., & Dickey, S. (2000). *Home and Hegemony: Domestic Service and Identity Politics in South and Southeast Asia*. Michigan: The University of Michigan Press.
- Agnihotri, I., Mazumdar, I., & Neetha, N. (2012). *Gender and Migration: Negotiating Rights A Women's Movement Perspective*. New Delhi.
- Alanen, L. (2011). Generational Order. In J. Qvortrup, W. Corsaro, & M. Honig (Eds.), *The Palgrave Handbook of Childhood Studies* (pp. 159–174). London: Palgrave Macmillan UK.
- Alderson, P. (2007). Competent children? Minors' consent to health care treatment and research. *Social Science and Medicine*, 65(11), 2272–2283.
- Alderson, P., & Morrow, V. (2011). *The Ethics of Research with Children and Young People: A Practical Handbook*. London: SAGE Publications Ltd.
- Allred, P. (1998). Ethnography and discourse analysis: Dilemmas in representing the voices of children. In J. Ribbens & R. Edwards (Eds.), *Feminist Dilemmas in Qualitative Research: Public Knowledge and Private Lives*. SAGE Publications.
- Anderson, B. (2001). Just another job? Paying for domestic work. *Gender & Development*. <http://doi.org/10.1080/13552070127731>
- Assaad, R., Levison, D., & Zibani, N. (2010). The Effect of Domestic Work on Girls' Schooling: Evidence from Egypt. *Feminist Economics*, 16(1), 79–128. <http://doi.org/10.1080/13545700903382729>
- Atkinson, P., Coffey, A., Delamont, S., Lofland, J., & Lofland, L. (2007). *Handbook of Ethnography*. London: SAGE Publications Ltd.
- Aufseeser, D., Bourdillon, M., Carothers, R., & Lecoufle, O. (2017). Children's work and children's well-being: implications for policy. *Development Policy Review*. <http://doi.org/10.13140/RG.2.2.15019.64802>
- Banerjee, S. R., Bharati, P., Vasulu, T. S., Chakrabarty, S., & Banerjee, P. (2008). Whole Time Domestic Child Labor in Metropolitan City of Kolkata. *Indian Pediatrics*, (45), 579–582.
- Banjaree, S. . (1995). Child labour in India: Present status. *Indian Pediatrics*, 32.
- Barbe, M. F., & Barr, A. E. (2006). Inflammation and the pathophysiology of work-related musculoskeletal disorders. *Brain, Behavior, and Immunity*, 20(5), 423–429. <http://doi.org/10.1016/j.bbi.2006.03.001>
- Barker, J., & Weller, S. (2003). "Is it Fun?" Developing Children Centred Research Methods. *International Journal of Sociology and Social Policy*, 23(1), 33–58.
- Benach, J., Muntaner, C., & Santana, V. (2007). *Employment Conditions and Health Inequalities*.
- Berger, P. L., & Luckmann, T. (1966). The social construction of reality. *Penguin Group*, 249. <http://doi.org/10.2307/323448>
- Bircher, J. (2005). Towards a dynamic definition of health and disease. *Medicine, Health Care, and Philosophy*, 8(3), 335–41. <http://doi.org/10.1007/s11019-005-0538-y>
- Black, M. (1997). *Child domestic workers: A handbook for research and action*. London. Retrieved from [http://www.antislavery.org/includes/documents/cm\\_docs/2009/c/cdwresearchhandbook.pdf](http://www.antislavery.org/includes/documents/cm_docs/2009/c/cdwresearchhandbook.pdf)
- Black, M. (2002). *Child domestic workers: Finding a voice, a handbook on advocacy*. London. Retrieved from

- [http://www.antislavery.org/includes/documents/cm\\_docs/2009/a/advocacyhandbookeng.pdf](http://www.antislavery.org/includes/documents/cm_docs/2009/a/advocacyhandbookeng.pdf)
- Black, M. (2005). *Child Domestic Workers: A handbook on good practice in programme interventions*. London.
- Blagbrough, J. (2008a). Child Domestic Labour: A Modern Form of Slavery. *Children & Society*, 22(3), 179–190. <http://doi.org/10.1111/j.1099-0860.2008.00149.x>
- Blagbrough, J. (2008b). “They respect their animals more” *Voices of child domestic workers*. London. Retrieved from [http://www.antislavery.org/includes/documents/cm\\_docs/2009/t/they\\_respect\\_their\\_animals\\_more\\_08.pdf](http://www.antislavery.org/includes/documents/cm_docs/2009/t/they_respect_their_animals_more_08.pdf)
- Blagbrough, J. (2013). *Small grants, big change. Influencing policy and practice for child domestic workers*. London.
- Blagbrough, J., & Glynn, E. (1999). Child Domestic Workers: Characteristics of the Modern Slave and Approaches to Ending Such Exploitation. *Childhood*, 6(1), 51–56. <http://doi.org/10.1177/0907568299006001004>
- Bloor, M. (2007). The Ethnography of Health and Medicine. In P. Atkinson, A. Coffey, S. Delamont, J. Lofland, & L. Lofland (Eds.), *Handbook of Ethnography* (p. 507). London: SAGE Publications Ltd.
- Bourdillon, M., Levison, D., Myers, W., & White, B. (2010). *Rights and Wrongs of Children’s Work*. London: Rutgers University Press. Retrieved from [http://books.google.com/books?id=KaV\\_0GZa-2UC&pgis=1](http://books.google.com/books?id=KaV_0GZa-2UC&pgis=1)
- Bourdillon, M., Levison, D., White, B., & Myers, W. E. (2009). *A place for work in children’s lives?*
- Boyden, J., & Levison, D. (2000). *Children as economic and social actors in the development process*. Stockholm, Sweden.
- Brown, E. (2007). *Out of Sight, Out of Mind? Child Domestic Workers and Patterns of Trafficking in Cambodia*.
- Buckle, P. W., & Jason Devereux, J. (2002). The nature of work-related neck and upper limb musculoskeletal disorders. *Applied Ergonomics*, 33(3), 207–217. [http://doi.org/10.1016/S0003-6870\(02\)00014-5](http://doi.org/10.1016/S0003-6870(02)00014-5)
- Camacho, A. Z. V. (1999). Family, Child Labour and Migration: Child Domestic Workers in Metro Manila. *Childhood*, 6(1), 57–73. <http://doi.org/10.1177/0907568299006001005>
- Camfield, L., Crivello, G., & Woodhead, M. (2008). Wellbeing Research in Developing Countries: Reviewing the Role of Qualitative Methods. *Social Indicators Research*, 90(1), 5–31. <http://doi.org/10.1007/s11205-008-9310-z>
- Camfield, L., Crivello, G., & Woodhead, M. (2013a). *Young Lives Qualitative Fieldwork Guide: Round One (2007)*. Oxford: Young Lives. Retrieved from <http://oro.open.ac.uk/37997/1/TN27-Qual1-fieldwork-guide.pdf>
- Camfield, L., Crivello, G., & Woodhead, M. (2013b). *Young Lives Qualitative Fieldwork Guide: Round Two (2008)*. Young Lives.
- Camfield, L., Streuli, N., & Woodhead, M. (2008). Children’s Well-being in Contexts of Poverty: Approaches to Research, Monitoring and Participation. *Young Lives*, 12, 1–44. Retrieved from <http://www.younglives.org.uk/publications>
- Camfield, L., Streuli, N., & Woodhead, M. (2010). Children’s Well-being in Developing Countries: a Conceptual and Methodological Review. *European Journal of Development Research*, 22(3), 398–416.
- Camfield, L., Woodhead, M., & Streuli, N. (2009). What’s the Use of “Well-Being”

- in Contexts of Child Poverty? Approaches to Research, Monitoring and Children's Participation. *The International Journal of Children's Rights*, 17(1), 65–109.
- Census of India 2011. (2011). Population by religious community: Delhi. *Population (English Edition)*. New Delhi.
- Census of India 2011. (2013). *Primary Census Abstract for Slum*. New Delhi.
- Chakraborty, D., & Kuri, P. K. (2013). Rural-urban migration and urban informal sector in India: An inter-state analysis. *International Journal of Current Research*, 5(4), 950–956.
- Chakravarty, D., & Chakravarty, I. (2008). Girl Children in the Care Economy: Domestic in West Bengal. *Economic & Political Weekly*, 93–100.
- Christensen, P., & James, A. (2000). *Research with Children: Perspectives and Practices*. London: Falmer Press. Retrieved from [http://books.google.co.uk/books/about/Research\\_with\\_Children.html?id=IGMVAAAIAAJ&pgis=1](http://books.google.co.uk/books/about/Research_with_Children.html?id=IGMVAAAIAAJ&pgis=1)
- Corsin-Jimenez, A. (2007). *Culture and Well-Being: Anthropological Approaches to Freedom and Political Ethics*. UK: Pluto Press.
- Crivello, G., Camfield, L., & Porter, C. (2010). Researching Children's Understandings of Poverty and Risk in Diverse Contexts. *Children & Society*, 24(4), 255–260.
- Crivello, G., Camfield, L., & Woodhead, M. (2009). How Can Children Tell Us About Their Wellbeing? Exploring the Potential of Participatory Research Approaches within Young Lives. *Social Indicators Research*, (90), 51–72.
- Das, S., Jain-chandra, S., Kochhar, K., & Kumar, N. (2015). *Women Workers in India: Why So Few Among So Many? IMF working Paper* (Vol. 55).
- Davidson, C. R. (2009). Transcription: Imperatives for Qualitative Research. *International Journal of Qualitative Methods*, 8(2), 35–52.
- Davis, A. (1981). The Approaching Obsolence of Housework: A Working-Class Perspective. In *Women, Race and Class*. London: Women's Press Ltd.
- Dembe, a E., Erickson, J. B., Delbos, R. G., & Banks, S. M. (2005). The impact of overtime and long work hours on occupational injuries and illnesses: new evidence from the United States. *Occupational and Environmental Medicine*, 62(9), 588–97. <http://doi.org/10.1136/oem.2004.016667>
- Denzin, N. K., & Lincoln, Y. S. (2000). *Handbook of Qualitative Research* (First). London: Sage Publications. Retrieved from [http://books.google.co.uk/books/about/The\\_SAGE\\_Handbook\\_of\\_Qualitative\\_Research.html?id=X85J8ipMpZEC&pgis=1](http://books.google.co.uk/books/about/The_SAGE_Handbook_of_Qualitative_Research.html?id=X85J8ipMpZEC&pgis=1)
- Diener, E. (2005). *Guidelines for National Indicators of Subjective Well-Being and Ill-Being*. Illinois.
- Donnell, O. O., Doorslaer, E. Van, & Rosati, F. C. (2002). *Child labour and health: evidence and research issues*. Rome. Retrieved from [http://www.ucw-project.org/attachment/standard\\_ChildLabour\\_Health\\_Review\\_withappendix20110420\\_113126.pdf](http://www.ucw-project.org/attachment/standard_ChildLabour_Health_Review_withappendix20110420_113126.pdf)
- Dornan, P., & Woodhead, M. (2015). *How Inequalities Develop through Childhood: Life Course Evidence from the Young Lives Cohort Study*. Florence.
- Driskell, D., Bannerjee, K., & Chawla, L. (2001). Rhetoric, reality and resilience: overcoming obstacles to young people's participation in development. *Environment and Urbanization*, 13(1), 77–89. Retrieved from <http://eau.sagepub.com/cgi/doi/10.1177/095624780101300106>
- Elder-Vass, D. (2010). *The Casual Power of Social Structures: Emergence,*

- Structure and Agency*. Cambridge: Cambridge University Press.
- Eriksen, T. H. (2004). *What is anthropology?* Pluto Press.
- Fassa, A. G., Facchini, L. A., Dall'Agno, M. M., & Christiani, D. (1999). Child Labor and Health: Problems and Perspectives. *International Journal of Occupational and Environmental Health*, (160).
- Fassa, A. G., Facchini, L. A., Dall'Agno, M. M., & Christiani, D. C. (2005). Child labor and musculoskeletal disorders: the Pelotas (Brazil) epidemiological survey. *Public Health Reports*, 120(6), 665–73.
- Fassa, A. G., Parker, D. L., & Scanlon, T. J. (2010). *Child Labour: A Public Health Perspective*. Oxford: Oxford University Press.
- Federici, S. (1975). Wages Against Housework. *Revolution at Point Zero. Housework, Reproduction, and Feminist Struggle*.
- Flores-oebanda, C. (2006). *Addressing vulnerability and exploitation of child domestic workers: An open challenge to end a hidden shame*.
- Freeman, M. (2011). Children's Rights as Human Rights: Reading the UNCRC. In J. Qvortrup, W. A. Corsaro, & M.-S. Honig (Eds.), *The Palgrave Handbook of Childhood Studies* (pp. 377–393). London: Palgrave Macmillan UK.
- Freilich, M. (1977). *Marginal natives: anthropologists at work* (Second). Cambridge: Schenken Publishing.
- Froystad, K. (2003). Master-Servant Relations and the Domestic Reproduction of Caste in Northern India. *Ethnos*, 68(1), 73–94.
- Gaitskell, D., Kimble, J., Maconachie, M., & Unterhalter, E. (1983). Class, race and gender: domestic workers in South Africa. *Review of African Political Economy*. <http://doi.org/10.1080/03056248308703548>
- Gallacher, L.-A., & Gallagher, M. (2008). Methodological Immaturity in Childhood Research?: Thinking through 'participatory methods'. *Childhood*, 15(4), 499–516.
- Gamlin, J., Camacho, A. Z. V., Ong, M., Guichon, A., & Hesketh, T. (2013). *Home Truths. Wellbeing and vulnerabilities of child domestic workers*. London.
- Gamlin, J., Camacho, A. Z. V., Ong, M., & Hesketh, T. (2013). Is domestic work a worst form of child labour? The findings of a six-country study of the psychosocial effects of child domestic work. *Children's Geographies*, 0(0), 1–14. <http://doi.org/10.1080/14733285.2013.829660>
- Garg, S., Sharma, N., & Sahay, R. (2001). Socio-cultural aspects of menstruation in an urban slum in Delhi, India. *Reproductive Health Matters*, 9(17), 16–25. [http://doi.org/10.1016/S0968-8080\(01\)90004-7](http://doi.org/10.1016/S0968-8080(01)90004-7)
- Geertz, C. (1993). *The Interpretation of Cultures: Selected Essays* (Second). London: Fontana Press.
- Goto, H. (2011). Social norms, inequality and child labor. *Journal of Socio-Economics*, 40(6), 806–814. <http://doi.org/10.1016/j.socec.2011.08.026>
- Government of India. (1987). National Child Labour Policy 1987. Retrieved June 29, 2014, from <http://www.tnchildlabour.tn.gov.in/nclp87.htm>
- Government of India. (2002). Article 21A of the Constitution. Retrieved May 19, 2017, from [http://ssa.nic.in/rte-docs/Article 21A of the Constitution - Constitution \(Eighty - Sixth Amendment\) Act , 2002.pdf/view](http://ssa.nic.in/rte-docs/Article%2021A%20of%20the%20Constitution%20-%20Constitution%20(Eighty%20-%20Sixth%20Amendment)%20Act%20,2002.pdf/view)
- Government of India. (2009). Rashtriya Swasthya Bima Yojana (RSBY). Retrieved May 15, 2017, from [http://www.rsby.gov.in/faq\\_scheme.html](http://www.rsby.gov.in/faq_scheme.html)
- Government of National Capital Territory of Delhi. (2015). *Urban Slums in Delhi*. New Delhi.
- Grant, B. (1997). Domestic Workers: Employees or Servants? *Agenda: Empowering*

- Women for Gender Equity*, (35), 61–65.
- Green, J., & Thorogood, N. (2004). *Qualitative Methods for Health Research* (Third). London: SAGE Publications Ltd.
- Grover, S. (2004). Why Won't They Listen to Us?: On Giving Power and Voice to Children Participating in Social Research. *Childhood*, 11(1), 81–93.
- Hadi, A. (2000). Child abuse among working children in rural Bangladesh: prevalence and determinants. *Public Health*, 114(5), 380–384.
- HAQCRC. (2013). *Child Labour in India: A Situational Analysis*. New Delhi.
- Hardman, C. (1973). Can There be an Anthropolgy of Children? *Journal of the Anthropological Society of Oxford (JASO)*, IV(2), 85–99.
- Hashim, I., & Thorsen, D. (2011). *Child Migration in Africa*. London: Zed Books. Retrieved from <http://iss.sagepub.com/content/27/5/618.full>
- Haugland, S., Wold, B., Stevenson, J., Aaroe, L. E., & Woynarowska, B. (2001). Subjective health complaints in adolescence - A cross-national comparison of prevalence and dimensionality. *European Journal of Public Health*, 11(1), 7.
- Hecht, T. (1998). *At Home in the Street: Street Children of Northeast Brazil*. Cambridge: Cambridge University Press.
- Hesketh, T., Gamlin, J., Ong, M., & Camacho, A. Z. V. (2012). The psychosocial impact of child domestic work: a study from India and the Philippines. *Archives of Disease in Childhood*, 97(9), 773–8. <http://doi.org/10.1136/archdischild-2012-301816>
- Hesketh, T., Gamlin, J., & Woodhead, M. (2006). Policy in child labour. *Archives of Disease in Childhood*, 91(9), 721–723. <http://doi.org/10.1136/adc.2006.096263>
- Heymann, J., & McNeill, K. (2013). *Children's Chances, How Countries Can Move From Surviving to Thriving*. Cambridge: Harvard University Press. Retrieved from <http://www.hup.harvard.edu/catalog.php?isbn=9780674066816>
- Hirdman, Y. (2001). *Genus - om det stabila föränderliga former*. Malmö: Wallin & Dalholm Boktryckeri AB.
- Hsieh, H. F., & Shannon, S. E. (2005). Three Approaches to Qualitative Content Analysis. *Qualitative Health Research*, 15(9), 1277–1288. <http://doi.org/10.1177/1049732305276687>
- Human Rights Watch. (2004). *Abuses against child domestic workers in El Salvador* (Vol. 16).
- Human Rights Watch. (2005a). *Always on Call: Abuse and Exploitation of Child Domestic Workers in Indonesia* (Vol. 17).
- Human Rights Watch. (2005b). *Inside the Home, Outside the Law Abuse of Child Domestic Workers in Morocco*.
- Human Rights Watch. (2007). *Bottom of the Ladder, Exploitation and Abuse of Girl Domestic Workers in Guinea*.
- Human Rights Watch. (2009). *Workers in the Shadows: Abuse and Exploitation of Child Domestic Workers in Indonesia*. Human Rights Watch.
- Human Rights Watch. (2012). *Lonely Servitude: Child Domestic Labor in Morocco*.
- Hunleth, J. (2011). Beyond on or with: Questioning power dynamics and knowledge production in “child-oriented” research methodology. *Childhood*, 18(1), 81–93.
- Hunleth, J. (2013). Children's roles in tuberculosis treatment regimes: Constructing childhood and kinship in Urban Zambia. *Medical Anthropology Quarterly*, 27(2), 292–311. <http://doi.org/10.1111/maq.12028>
- Hunleth, J. (2017). *Children as Caregivers: The Global Fight against Tuberculosis and HIV in Zambi*. New Brunswick: Rutgers University Press.
- Hunt, S. M., & McEwen, J. (2008). The development of a subjective health

- indicator. *Sociology of Health & Illness*, 2(3), 231–246.  
<http://doi.org/10.1111/j.1467-9566.1980.tb00213.x>
- Ide, L. S. R., & Parker, D. L. (2005). Hazardous child labor: lead and neurocognitive development. *Public Health Reports*, 120(6), 607–12. Retrieved from <http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1497781&tool=pmc-entrez&rendertype=abstract>
- ILO. (1973). Minimum Age Convention (No. 138). Retrieved June 29, 2014, from [http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100\\_ILO\\_CODE:C138](http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C138)
- ILO. (1999). Worst Forms of Child Labour Convention (No. 182). Retrieved May 8, 2017, from [http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100\\_ILO\\_CODE:C182](http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C182)
- ILO. (2005). Ethical considerations when conducting research on children in the worst forms of child labour in Nepal. Retrieved from [http://www.ilo.org/ipecc/informationresources/WCMS\\_IPEC\\_PUB\\_1341/lang--en/index.htm](http://www.ilo.org/ipecc/informationresources/WCMS_IPEC_PUB_1341/lang--en/index.htm)
- ILO. (2010). *Accelerating Action Against Child Labour: Global Report Under the Follow-up to the ILO Declaration on Fundamental Principles and Rights at Work*. Geneva. Retrieved from [https://books.google.co.uk/books?id=5K0pVY\\_YZmoC&pg=PA21&lpg=PA21&dq=ILO+end+child+labour+by+2020&source=bl&ots=Wdbhvix9\\_L&sig=T-rYSvIRhemb499DN\\_itLSCwrAQ&hl=en&sa=X&ved=0ahUKEwiAk8Wv4-DTAhWJBcAKHdcmDC4Q6AEIWDAl#v=onepage&q&f=false](https://books.google.co.uk/books?id=5K0pVY_YZmoC&pg=PA21&lpg=PA21&dq=ILO+end+child+labour+by+2020&source=bl&ots=Wdbhvix9_L&sig=T-rYSvIRhemb499DN_itLSCwrAQ&hl=en&sa=X&ved=0ahUKEwiAk8Wv4-DTAhWJBcAKHdcmDC4Q6AEIWDAl#v=onepage&q&f=false)
- ILO. (2011). Convention on Domestic Workers (No. 189). Retrieved April 12, 2017, from [http://www.ilo.org/dyn/normlex/en/f?p=1000:12100:0::NO::P12100\\_ILO\\_CODE:C189](http://www.ilo.org/dyn/normlex/en/f?p=1000:12100:0::NO::P12100_ILO_CODE:C189)
- ILO. (2012a). *Effective protection for domestic workers: a guide to designing labour laws*. Geneva: International Labour Organization.
- ILO. (2012b). *Statistical update on employment in the informal economy*. Geneva. Retrieved from [http://laborsta.ilo.org/informal\\_economy\\_E.html](http://laborsta.ilo.org/informal_economy_E.html)
- ILO. (2013). *Domestic workers across the world: Global and regional statistics and the extent of legal protection*. Geneva.
- ILO. (2015). *Indispensable yet unprotected: Working conditions of Indian domestic workers*. New Delhi.
- ILO-IPEC. (2004). *Helping hands or shackled lives? Understanding child domestic labour and responses to it*. Geneva: International Labour Organization.
- ILO-IPEC. (2011). *Children in hazardous work: what we know, what we need to do*. Geneva.
- ILO-IPEC. (2013a). *Child domestic work: Global estimates 2012*. Geneva. Retrieved from [http://ilo.org/ipecc/Informationresources/WCMS\\_IPEC\\_PUB\\_23235/lang--en/index.htm](http://ilo.org/ipecc/Informationresources/WCMS_IPEC_PUB_23235/lang--en/index.htm)
- ILO-IPEC. (2013b). *Marking progress against child labour: Global estimates and trends 2000-2012*. Geneva.
- ILO-IPEC. (2017a). Hazardous child labour. Retrieved July 28, 2017, from <http://www.ilo.org/ipecc/facts/WorstFormsofChildLabour/Hazardouschildlabour/lang--en/index.htm>
- ILO-IPEC. (2017b). What is child labour. Retrieved July 28, 2017, from <http://www.ilo.org/ipecc/facts/lang--en/index.htm>

- James, A. (2007a). Ethnography in the Study of Children and Childhood. In P. Atkinson, A. Coffey, S. Delamont, J. Lofland, & L. Lofland (Eds.), *Handbook of Ethnography* (p. 507). London: SAGE Publications Ltd.
- James, A. (2007b). Giving Voice to Children's Voices: Practices and Problems, Pitfalls and Potentials. *American Anthropologist*, 109(2), 261–272.
- James, A. (2011). Agency. In J. Qvortrup, W. Corsaro, & M. Honig (Eds.), *The Palgrave Handbook of Childhood Studies* (pp. 34–45). London: Palgrave Macmillan UK.
- James, A., & Prout, A. (1997). *Constructing and Reconstructing Childhood: Contemporary Issues in the Sociological Study of Childhood*. London: RoutledgeFalmer. Retrieved from [https://books.google.co.uk/books?id=wQ6V2WUlaTsC&pg=PR5&source=gbs\\_selected\\_pages&cad=2#v=onepage&q&f=false](https://books.google.co.uk/books?id=wQ6V2WUlaTsC&pg=PR5&source=gbs_selected_pages&cad=2#v=onepage&q&f=false)
- Jensen, K. B. (2007). *Child domestic workers in Dhaka: A geographical study of discourses, work and education*. The Pennsylvania State University.
- Jensen, K. B. (2014). Space-time geography of female live-in child domestic workers in Dhaka, Bangladesh. *Children's Geographies*, 12(2), 154–169. <http://doi.org/10.1080/14733285.2013.783986>
- Jewkes, R., & Cornwall, A. (1995). What is participatory research? *Social Science & Medicine*, 41(12), 1667–1676.
- Jodhka, S. S. (2016). Caste: Why does it still matter? In K. A. Jacobsen (Ed.), *Routledge Handbook of Contemporary India* (pp. 243–255). New York: Routledge.
- Kacker, L., Varadan, S., & Kumar, P. (2007). *Study on Child Abuse: India 2007*. New Delhi.
- Kasturi, K. (2015). Comparing Census and NSS Data on Employment and Unemployment. *Economic & Political Weekly*, L(22), 16–19.
- Kasturi, L. (2004). Domestic Workers in Delhi: Some Issues. In P. Uberoi & S. Chakrabarti (Eds.), *Gender & the Political Economy of Domestic Service: Comparative Perspectives from India & China*. New Delhi: Institute of Chinese Studies CSDS.
- Kifle, A. (2002). *Investigating the Worst Forms of Child Labour No.38: Ethiopia, Child Domestic Workers in Addis Ababa. A Rapid Assessment*. Geneva.
- Klocker, N. (2011). Negotiating change: working with children and their employers to transform child domestic work in Iringa, Tanzania. *Children's Geographies*, 9(2), 205–220. <http://doi.org/10.1080/14733285.2011.562381>
- Klocker, N. (2012a). Conducting sensitive research in the present and past tense: Recounting the stories of current and former child domestic workers. *Geoforum*, 43(5), 894–904.
- Klocker, N. (2012b). Doing Participatory Action Research and Doing a PhD: Words of Encouragement for Prospective Students. *Journal of Geography in Higher Education*, 36(1), 149–163. <http://doi.org/10.1080/03098265.2011.589828>
- Klocker, N. (2013). Struggling with child domestic work: what can a postcolonial perspective offer? *Children's Geographies*, (March 2015), 37–41. <http://doi.org/10.1080/14733285.2013.827870>
- Kumar, A. (2013). Preference based vs. market based discrimination: Implications for gender differentials in child labor and schooling. *Journal of Development Economics*, 105(1), 64–68. <http://doi.org/10.1016/j.jdeveco.2013.07.004>
- Kumar, P., Khare, M., Harrison, R. M., Bloss, W. J., Lewis, A. C., Coe, H., & Morawska, L. (2015). New directions: Air pollution challenges for developing

- megacities like Delhi. *Atmospheric Environment*, 122, 657–661.  
<http://doi.org/10.1016/j.atmosenv.2015.10.032>
- Lange, A., & Mierendorff, J. (2011). Method and Methodology in Childhood Research. In J. Qvortrup, W. A. Corsaro, & M.-S. Honig (Eds.), *The Palgrave Handbook of Childhood Studies* (pp. 78–95). London: Palgrave Macmillan UK.
- Lather, P. (2007). Postmodernism, Post-structuralism and Post(Critical) Ethnography: Of Ruins, Aporias and Angels. In P. Atkinson, A. Coffey, S. Delamont, J. Lofland, & L. Lofland (Eds.), *Handbook of Ethnography* (p. 507). London: SAGE Publications Ltd.
- Lee, A. C. W. (2006). Child slavery in Hong Kong: case report. *Hong Kong Medical Journal*, 12, 463–6.
- Leka, S., & Jain, A. (2011). *Assessing Psychosocial Hazards and Impact of Child Labour*.
- Levine, R. A. (2007). Ethnographic Studies of Childhood: A Historical Overview. *American Anthropologist*, 109(2), 247–260.
- Liebel, M. (2004). *A will of their own: cross-cultural perspectives on working children*. New York: Zed Books.
- Liebel, M. (2012). *Children's Rights from Below - Cross-Cultural Perspectives*. London: Palgrave Macmillan. Retrieved from <http://www.palgrave.com/us/book/9780230302518>
- Lindström, B., & Eriksson, M. (2005). Salutogenesis. *Journal of Epidemiology & Community Health*, 59(6), 440–442. <http://doi.org/10.1136/jech.2005.034777>
- Madison, D. S. (2012). *Critical Ethnography: Method, Ethics, and Performance* (Second). SAGE Publications.
- Malhotra, R., Arambepola, C., Tarun, S., de Silva, V., Kishore, J., & Østbye, T. (2013). Health issues of female foreign domestic workers: a systematic review of the scientific and gray literature. *International Journal of Occupational and Environmental Health*, 19(4), 261–277.  
<http://doi.org/10.1179/2049396713Y.00000000041>
- Mand, K. (2012). Giving children a “voice”: arts-based participatory research activities and representation. *International Journal of Social Research Methodology*, 15(2), 149–160. <http://doi.org/10.1080/13645579.2012.649409>
- Marshall, M. N. (1996). Sampling for Qualitative Research. *Family Practice*, 13(6), 522–5. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/9023528>
- Mattila, P. (2011). *Domestic labour relations in India : Vulnerability and gendered life courses in Jaipur*.
- Mayall, B. (1998). Towards a sociology of child health. *Sociology of Health & Illness*, 20(3), 269–288. <http://doi.org/10.1111/1467-9566.00102>
- Mayall, B. (2002). *Towards a Sociology for Childhood: Thinking from Children's Lives*. Philadelphia: Open University Press.
- Mehrotra, S. (2010). *Domestic Workers: Conditions, Rights and Responsibilities. A Study of Part-Time Domestic Workers in Delhi*. New Delhi.
- Meyiwa, T. (2012). Domestic workers' rights in global development indicators. *Agenda: Empowering Women for Gender Equity*, 26(1), 54–66.
- Ministry of Housing and Urban Affairs. (2017). National Capital Region Planning Board. Retrieved August 14, 2017, from <http://ncrpb.nic.in/ncrconstituent.php>
- Ministry of Labour and Employment. The Children (Pledging of Labour) Act 1933 (1933). Ministry of India.
- Ministry of Labour and Employment. Minimum Wages Act, 1948 (1948). Ministry of India.

- Ministry of Labour and Employment. (2011). Census Data on Child Labour. Retrieved May 10, 2017, from <http://labour.nic.in/childlabour/census-data-child-labour>
- Ministry of Labour and Employment. The Child Labour (prohibition and regulation) Amendment Bill, 2012 (2013). New Delhi: Government of India.
- Ministry of Labour and Employment. (2017). About Child Labour. Retrieved April 10, 2017, from <http://labour.nic.in/childlabour/about-child-labour>
- Ministry of Law & Justice. (2008). The Unorganised Workers' Social Security Act, 2008. Retrieved August 3, 2017, from [http://www.ilo.org/dyn/travail/docs/686/Unorganised Workers Social Security Act 2008.pdf](http://www.ilo.org/dyn/travail/docs/686/Unorganised+Workers+Social+Security+Act+2008.pdf)
- Ministry of Law & Justice. The Child Labour (Prohibition and Regulation) Amendment Act, 2016 (2016). New Delhi: Government of India, Ministry of Labour and Employment.
- Mishra, D. (2009). Domestic child labor in India - Reasons and Responses. *Indian Pediatrics*, 46(3), 266. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/19346580>
- Mishra, D., & Arora, P. (2007). Domestic Child Labor. *Indian Pediatrics*, (44), 291–292. Retrieved from <https://indianpediatrics.net/apr2007/apr-291-292.htm>
- Mohapatra, K. K. (2012). Women Workers in Informal Sector in India: Understanding the Occupational Vulnerability. *International Journal of Humanities and Social Science*, 2(21), 197–207.
- Momsen Henshall, J. (1999). *Gender Migration and Domestic Service*. London: Routledge.
- Morrow, V. (2010). Should the world really be free of “child labour”? Some reflections. *Childhood*, 17(4), 435–440. <http://doi.org/10.1177/0907568210387334>
- Morrow, V. (2013). Practical Ethics in Social Research with Children and Families in Young Lives: A longitudinal study of childhood poverty in Ethiopia, Andhra Pradesh (India), Peru and Vietnam. *Methodological Innovations*, 8(2), 21–35.
- Morrow, V., & Boyden, J. (2010). Social values and child labour. In A. G. Fassa, D. L. Parker, & T. J. Scanlon (Eds.), *Child Labour: A Public Health Perspective* (pp. 69–78). Oxford: Oxford University Press.
- Nath, P. A., Dimri, P., & Sekar, H. R. (2013). *Child Labour and Health Hazards*.
- National Platform for Domestic Workers. Domestic Workers Regulation of Work and Social Security Bill, 2016 (Draft) (2016). New Delhi.
- National Sample Survey Office. (2010). *Migration in India 2007-2008*. New Delhi.
- National Skill Development Agency (NSDA). (2014). Recognition of Prior Learning (RPL). Retrieved May 15, 2017, from <http://nsda.gov.in/nsda-old/NSQF/nsqfIndexPage.html?name=rpl>
- Neetha, N. (2004). Making of Female Breadwinners, Migration and Social Networking of Women Domestic in Delhi. *Economic & Political Weekly*, 1681–1688.
- Neetha, N. (2008). Regulating Domestic Work. *Economic and Political Weekly*, 43(37), 26–28. <http://doi.org/10.2307/40277945>
- Nieuwenhuys, O. (1996). The Paradox of Child Labor and Anthropology. *Annual Review of Anthropology*, 25(1), 237–251. <http://doi.org/10.1146/annurev.anthro.25.1.237>
- Nieuwenhuys, O. (1997). Spaces for the children of the urban poor: experiences with participatory action research (PAR). *Environment and Urbanization*, 9(1), 233–

- Nieuwenhuys, O. (2005). The Wealth of Children: Reconsidering the Child Labour Debate. In J. Qvortrup (Ed.), *Studies in Modern Childhood: Society, Agency, Culture* (pp. 167–183). New York: Palgrave Macmillan.
- Nieuwenhuys, O. (2009). Is there an Indian childhood? *Childhood*, *16*(2), 147–153.
- Nieuwenhuys, O. (2010). Keep asking: Why childhood? Why children? Why global? *Childhood*, *17*(3), 291–296.
- Nieuwenhuys, O. (2011). From Child Labour to Working Children's Movements. In J. Qvortrup, W. A. Corsaro, & M.-S. Honig (Eds.), *The Palgrave Handbook of Childhood Studies* (pp. 289–300). London: Palgrave Macmillan UK.
- Nivethida, T., & Roy, G. (2005). A Study of Child Labour Among School Children and Related Factors in Pondicherry. *Indian Journal of Community Medicine*, *30*(1).
- O'Reilly, K. (2012). *Ethnographic Methods* (Second). Abingdon: Routledge.
- Papadakaki, M., & Chliaoutakis, J. (2016). Sexual harassment against female migrant domestic workers. *Public Health Aspects of Migration in Europe*, 1–13.
- Patel, A., Kovacevic, M., & Newman, E. (2016). Cultural expressions of distress among trauma-exposed women from Indian slums. In *Poster presentation presented at the 50th Association for Behavioral and Cognitive Therapies convention*. New York.
- Pink, S. (2007). *Doing Visual Ethnography* (Second Edi). London: SAGE Publications Ltd.
- Powell, M. A., Fitzgerald, R., Taylor, N., & Graham, A. (2012). *International Literature Review: Ethical Issues in Undertaking Research With Children and Young People (Literature review for the Childwatch International Research Network)*.
- Punch, S. (2001). Negotiating Autonomy: Childhoods in Rural Bolivia. In L. Alanen & B. Mayall (Eds.), *Conceptualising Child-Adult Relations* (pp. 23–36). London: RoutledgeFalmer.
- Punch, S. (2003). Childhoods in the Majority World: Miniature Adults or Tribal Children? *Sociology*, *37*(2), 277–295.  
<http://doi.org/10.1177/0038038503037002004>
- Punch, S. (2015). *Reflections on negotiated and constrained interdependencies within and across generations*.
- Punch, S., & Tisdall, E. (2012). Exploring children and young people's relationships across Majority and Minority Worlds. *Childrens Geographies*, *19*(3), 241–248.  
<http://doi.org/10.1080/14733285.2012.693375>
- Qvortrup, J. (2011). Childhood as a Structural Form. In J. Qvortrup, W. A. Corsaro, & M.-S. Honig (Eds.), *The Palgrave Handbook of Childhood Studies* (pp. 21–33). London: Palgrave Macmillan UK.
- Qvortrup, J., Corsaro, W. A., & Honig, M.-S. (2011). *The Palgrave Handbook of Childhood Studies*. (J. Qvortrup, W. Corsaro, & M. Honig, Eds.). London: Palgrave Macmillan UK.
- Raghuram, P. (1999). Interlinking trajectories: migration and domestic work in India. In J. Momsen Henshall (Ed.), *Gender Migration and Domestic Service* (pp. 215–228). London: Routledge.
- Raghuram, P. (2001). Caste and Gender in the Organisation of Paid Domestic Work in India. *Work, Employment & Society*, *15*(3), 607–617.
- Ray, R. (2000). Masculinity, Femininity And Servitude: Domestic Workers In

- Calcutta In The Late Twentieth Century. *Feminist Studies*, 26(3).
- Rollins, J. (1985). *Between Women: Domestic and Their Employers*. Philadelphia: Temple University Press.
- Samantray, E. (2014). Regulating international labour migration: issues in the context of recruitment agencies in India. *Contemporary South Asia*, 22(December), 406–419. <http://doi.org/10.1080/09584935.2014.979763>
- Satyarthi, K. (2015). No half measures please. Retrieved May 8, 2017, from <http://blogs.timesofindia.indiatimes.com/toi-edit-page/no-half-measures-please/>
- Save the Children. (2006). *Abuse among child domestic workers: A research study in West Bengal*. Calcutta.
- Save the Children. (2007). *Child Domestic Work: A Study Report on the lives of Child Domestic Workers in Leh and Kargil*. London.
- Schenk, K., & Williamson, J. (2005). *Ethical Approaches to Gathering Information from Children and Adolescents in International Settings: Guidelines and Resources*. Washington, DC: Population Council.
- Segal, U. A. (1995). Child abuse by the middle class? A study of professionals in India. *Child Abuse & Neglect*, 19(2), 217–31. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/7780783>
- Sekar, H. (1997). *Child Labour Legislation in India: A Study in Retrospect and Prospect*. Child Labour Series. New Delhi.
- SEWA. (2014). *Domestic Workers' Laws and Legal Issues in India*. Cambridge, MA, USA.
- Shanbhag, D., Shilpa, R., D'Souza, N., Josephine, P., Singh, J., & Goud, B. R. (2012). Perceptions regarding menstruation and practices during menstrual cycles among high school going adolescent girls in resource limited settings around Bangalore city, Karnataka, India. *International Journal of Collaborative Research on Internal Medicine and Public Health*, 4(7), 1353–1362. Retrieved from <http://www.scopus.com/inward/record.url?eid=2-s2.0-84863848244&partnerID=tZOtx3y1>
- Sharma, B. R., & Gupta, M. (2004). Child abuse in Chandigarh, India, and its implications. *Journal of Clinical Forensic Medicine*, 11(5), 248–56. <http://doi.org/10.1016/j.jcfm.2004.01.009>
- Sharma, M. (2016). “Skill India” for Informal Workers: An Integration through National Skills Qualifications Framework. *Labour & Development*, 23(1), 121–135.
- Sharma, V., Sharma, A., & Bansal, R. (1995). The tragedy of child labour. *Indian Journal of Maternal and Child Health*, 6(1), 3–6. Retrieved from <http://medind.nic.in/cgi/ndimj.pl?plrd+MFN-073421>
- Shaw, C., Brady, L., & Davey, C. (2011). *Guidelines for Research with Children and Young People*. London.
- Spradley, J. P. (1979). *The Ethnographic Interview*. Holt, Rinehart and Winston. Retrieved from [https://books.google.co.in/books/about/The\\_Ethnographic\\_Interview.html?id=XP5\\_AAAAMAAJ&pgis=1](https://books.google.co.in/books/about/The_Ethnographic_Interview.html?id=XP5_AAAAMAAJ&pgis=1)
- Spyrou, S. (2011). The limits of children's voices: From authenticity to critical, reflexive representation. *Childhood*, 18(2), 151–165.
- Staples, J. (2016). Food, Commensality and Caste in South Asia. In J. A. Klein & J. L. Watson (Eds.), *The Handbook of Food and Anthropology*. London: Bloomsbury Academic.
- Sullivan, M. (2003). The new subjective medicine: Taking the patient's point of

- view on health care and health. *Social Science and Medicine*, 56(7), 1595–1604. [http://doi.org/10.1016/S0277-9536\(02\)00159-4](http://doi.org/10.1016/S0277-9536(02)00159-4)
- The Census Organization of India. (2015). Delhi Metropolitan Urban Region Population 2011 Census. Retrieved February 8, 2016, from <http://www.census2011.co.in/census/metropolitan/50-delhi.html>
- The Hindustan Time. (2017, April 19). How safe are you in Delhi: 2016 crime data paints bleak picture. New Delhi. Retrieved from <http://www.hindustantimes.com/delhi-news/unsafe-capital-there-s-a-rape-every-4-hours-in-delhi/story-8GtiB5CAX6DMOG5zRnPFHK.html>
- Thomas, J. (1993). *Doing Critical Ethnography*. SAGE. Retrieved from [http://books.google.co.uk/books/about/Doing\\_Critical\\_Ethnography.html?id=JjoGmvRekIQC&pgis=1](http://books.google.co.uk/books/about/Doing_Critical_Ethnography.html?id=JjoGmvRekIQC&pgis=1)
- Tisdall, E., & Punch, S. (2012). Not so “new”? Looking critically at childhood studies. *Children’s Geographies*, 10(3), 249–264. <http://doi.org/10.1080/14733285.2012.693376>
- Torre, M. E., Fine, M., Stoudt, B. G., & Fox, M. (2012). Critical Participatory Action Research as Public Science. In H. Cooper (Ed.), *Handbook of Research Methods in Psychology* (pp. 171–184). The American Psychological Association.
- Turner-Moss, E. (2013). Child labour must be on the post-2015 agenda. *The Lancet*, 382(9910), e52–e53. [http://doi.org/10.1016/S0140-6736\(13\)61975-3](http://doi.org/10.1016/S0140-6736(13)61975-3)
- Ulin, P. R., Robinson, E. T., & Tolley, E. E. (2005). *Qualitative Methods in Public Health: A Field Guide for Applied Research*. San Francisco: Jossey-Bass.
- UNESCO. (2011). *Internal Migration in India Initiative: National Workshop on Internal Migration and Human Development in India* (Vol. 1). New Delhi.
- UNESCO. (2013). *Social Inclusion of Internal Migrants in India, Internal Migration in India Initiative*. New Delhi.
- UNICEF. (1989). *The United Nations Convention on the Rights of the Child. Journal of tropical pediatrics* (Vol. 55). Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/24495490>
- UNICEF. (1999). *Innocenti Digest: Child domestic work. Innocenti digest*. Florence.
- Union Ministry of Women and Child Development. (2017). Childline India. Retrieved May 16, 2017, from <http://www.childlineindia.org.in/cif.htm>
- United Nations. (1957). Supplementary Convention on the Abolition of Slavery, the Slave Trade, and Institutions and Practices Similar to Slavery. Retrieved June 23, 2014, from <http://www.ohchr.org/EN/ProfessionalInterest/Pages/SupplementaryConventionAbolitionOfSlavery.aspx>
- United Nations. (2000). United Nations protocol to prevent, suppress and punish trafficking in persons, especially women and children, supplementing the United Nations Convention against Transnational Organized Crime. Retrieved June 23, 2014, from [http://www.uncjin.org/Documents/Conventions/dcatoc/final\\_documents\\_2/convention\\_traff\\_eng.pdf](http://www.uncjin.org/Documents/Conventions/dcatoc/final_documents_2/convention_traff_eng.pdf)
- United Nations. (2014). Status of signatories of the UNCRC. Retrieved June 29, 2014, from [https://treaties.un.org/pages/viewdetails.aspx?src=treaty&mtdsg\\_no=iv-11&chapter=4&lang=en](https://treaties.un.org/pages/viewdetails.aspx?src=treaty&mtdsg_no=iv-11&chapter=4&lang=en)
- United Nations. (2017). Sustainable Development Goals, Goal 8: Promote inclusive and sustainable economic growth, employment and decent work for all.

- Retrieved August 26, 2017, from  
<http://www.un.org/sustainabledevelopment/economic-growth/>
- United Nations Department of Economic and Social Affairs. (2015). *World Urbanization Prospects 2014 Revision*. New York.
- UNJPHT. (2012). *Sweeping the Bedroom, Children in Domestic Work in Zambia*.
- UNODC. (2013). *India Country Assessment: Current Status of Victim Service Providers and Criminal Justice Actors in India on Anti Human Trafficking*. New Delhi.
- Veitch, H., Dharel, M., & Ojha, R. (2014). *Learning from Children Exposed to Sexual Abuse and Sexual Exploitation: The Bamboo Project Study on Child Resilience: Resilience in Child Domestic Workers, Nepal*. London.
- Vishwanath, M. (2016). The Politics of Housework in Contemporary India. Retrieved September 12, 2016, from  
<https://blindfieldjournal.com/2016/09/08/the-politics-of-housework-in-contemporary-india/>
- Wadia, H. (2011). Confining childhood in India. Retrieved December 15, 2016, from  
<http://southasia.oneworld.net/peoplespeak/confining-childhood-in-india#.WFKeSbmml9B>
- Wang, C. C. (1999). Photovoice: A Participatory Action Research Strategy Applied to Women's Health. *Journal of Women's Health*, 8(2), 185–192.
- Webbink, E., Smits, J., & de Jong, E. (2012). Hidden Child Labor: Determinants of Housework and Family Business Work of Children in 16 Developing Countries. *World Development*, 40(3), 631–642.  
<http://doi.org/10.1016/j.worlddev.2011.07.005>
- Weiner, M., Burra, N., & Bajpai, A. (2006). *Born Unfree: Child Labour, Education, and the State in India*. New Delhi: Oxford University Press. Retrieved from  
[http://books.google.co.uk/books/about/Born\\_Unfree.html?id=blxRnwEACAAJ&pgis=1](http://books.google.co.uk/books/about/Born_Unfree.html?id=blxRnwEACAAJ&pgis=1)
- West, C., & Zimmermann, D. H. (1987). Doing Gender. *Gender and Society*, 1(2), 125–151. <http://doi.org/10.1017/CBO9781107415324.004>
- WHO. (2002). *WHOQOL-HIV Instrument Users Manual, Scoring and Coding for the WHOQOL-HIV Instruments*. Geneva.
- WHO. Constitution of The World Health Organization, Basic Document Forty-fifth edition 1–18 (2006). New York. <http://doi.org/12571729>
- WHO. (2017). The World Health Organization Quality of Life (WHOQOL). Retrieved July 29, 2017, from  
[http://www.who.int/mental\\_health/publications/whoqol/en/](http://www.who.int/mental_health/publications/whoqol/en/)
- Wolff, F.-C., & Maliki. (2008). Evidence on the impact of child labor on child health in Indonesia, 1993-2000. *Economics and Human Biology*, 6(1), 143–169.  
<http://doi.org/10.1016/j.ehb.2007.09.003>
- Woodhead, M. (1998a). *Children's perspectives on their working lives. A participatory study in Bangladesh, Ethiopia, The Philippines, Guatemala, El Salvador and Nicaragua*. Stockholm, Sweden.
- Woodhead, M. (1998b). The Children's Perspectives Protocol: A participatory approach to studying child work issues. In *Children's Perspectives On Their Working Lives: A Participatory Study in Bangladesh, Ethiopia, The Philippines, Guatemala, El Salvador and Nicaragua*. Stockholm, Sweden: Rädda Barnen.
- Woodhead, M. (1999a). Combatting Child Labour: Listen to What the Children Say. *Childhood*, 6(1), 27–49. <http://doi.org/10.1177/0907568299006001003>
- Woodhead, M. (1999b). *Is there a place for work in child development? Implications*

*of child development theory and research for interpretation of the UN Convention on the Rights of the Child , with particular reference to Article 32 , on children, work and exploitation.* Stockholm.

- Woodhead, M. (2004). Psychosocial Impacts of Child Work: A Framework for Research, Monitoring and Intervention. *The International Journal of Children's Rights*, 12(4), 321–378. <http://doi.org/10.1163/1571818043603607>
- Woodhead, M. (2006). Changing perspectives on early childhood: theory, research and policy. *International Journal of Equity and Innovation in Early Childhood*, 4(2), 1–43.
- Woodhead, M. (2008). Promoting young children's development: implications of the UN Convention on the Rights of the Child. In L. Miller, R. Drury, & C. Cable (Eds.), *Extending Professional Practice in the Early Years*. London: Sage Publications. Retrieved from <http://oro.open.ac.uk/31032/>
- Woodhead, M. (2011). Child Development and the Development of Childhood. In J. Qvortrup, W. A. Corsaro, & M.-S. Honig (Eds.), *The Palgrave Handbook of Childhood Studies* (pp. 46–61). London: Palgrave Macmillan UK.
- Woolf, A. D. (2002). Health hazards for children at work. *Journal of Toxicology. Clinical Toxicology*, 40(4), 477–482.
- Worldometers. (2017). India Population. Retrieved July 29, 2017, from <http://www.worldometers.info/world-population/india-population/>
- Zimmerman, C., & Watts, C. (2003). *WHO Ethical and Safety Recommendations For Interviewing Trafficked Women*.

## Appendices

### Appendix I: Key definitions of child domestic work

Organization	Definition of Child Domestic Work	Source
ILO	ILO defines domestic work according to the ILO Domestic Workers Convention No. 189 developed in 2011, as work 'performed in or for a household or households,' and domestic workers as 'any person engaged in domestic work within an employment relationship.' The convention further outlines that member states ought to set a minimum age for domestic workers in line with the ILO Minimum Age Convention No. 138 and the Worst Forms of Child Labour Convention No. 182 and in line with national laws and regulations on legal minimum age of employment.	<a href="http://ilo.org/ipec/areas/Childdomesticlabour/lang--en/index.htm">http://ilo.org/ipec/areas/Childdomesticlabour/lang--en/index.htm</a>
Worldbank	'A person under 18 years of age performing domestic chores in the home of a third party, with or without remuneration'	<a href="http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2010/10/21/000333037_20101021003622/Rendered/PDF/574140WP0Measu10Box353749B01PUBLIC1.pdf">http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2010/10/21/000333037_20101021003622/Rendered/PDF/574140WP0Measu10Box353749B01PUBLIC1.pdf</a>
Unicef	'Child domestics or domestic workers are defined as children under the age of 18 who work in other people's households, doing domestic chores, caring for children and running errands, among other tasks'	<a href="http://www.unicef-irc.org/publications/265">http://www.unicef-irc.org/publications/265</a>
Anti-Slavery International	'Persons under 18 years who work in households other than their own, doing domestic chores, caring for children, tending the garden, running errands and helping their employers run their small businesses, amongst other tasks. This definition includes children who 'live in' and those who live separately from their employers, as well as those who are paid for their work, those who are not paid, and those who receive 'in-kind' benefits, such as food and shelter'	<a href="http://www.antislavery.org/includes/documents/cm_docs/2009/t/they_respect_their_animals_more_08.pdf">http://www.antislavery.org/includes/documents/cm_docs/2009/t/they_respect_their_animals_more_08.pdf</a>

## **Appendix II: List of interactions with actors**

- BASIX Academy for Building Lifelong Employability (B-eable)
- Bachpan Bachao Andolan (BBA)
- Butterflies
- Centre for Women's Development Studies (CWDS)
- Chetanalaya/ Delhi Domestic Workers Forum
- Child Welfare Committee/ Child Helpline (*phone call only*)
- ChildFund India
- Delhi Domestic Workers Union/ Delhi Gharelu Kamgar Sangathan
- Don Bosco
- Domesteq
- Empower Pragati
- Global March Against Child Labour
- HAQ Centre for Child Rights
- Internal Labour Organisation (ILO) / Work in Freedom Team
- Know Violence in Childhood: A Global Learning Initiative
- National Human Rights Commission India (*phone call only*)
- National Domestic Workers Movement (NDWM)
- National Platform for Domestic Workers (NPDW)
- Nari Shakti Manch/ Gurgaon Gharelu Kamgar Sangathan/ Gurgaon Domestic Workers Union
- Nirmala Niketan
- Nirman Mazdoor Panchayat Sangam
- Prayas Juvenile Aid Centre Society
- Salaam Baalak Trust
- Self-Employed Women in India (SEWA Bharat)
- Shakti Vahini
- Society for Labour and Development
- South Asian Women's Fund
- V.V. Giri Labour Institute/ Centre for Gender & Labour

## Appendix III: Outline of the training in qualitative research methods

### Qualitative Research Training: Ethnographic Methods & Ethical Considerations

# Content

2

- 1) The research study in brief
- 2) Basics of qualitative research
- 3) Methodological principles
- 4) Ethnographic methods relevant to the study
- 5) The role of the interviewer
- 6) The interview/ topic guide
- 7) Ethical considerations
- 8) Potential risks & avoiding harm
  - Code of conduct & ethical guidelines (hand-outs)
  - Data protection principles (hand-outs)



- Data protection principles (hand-outs)

**Appendix IV: Outline of the guiding document for the interactive group sessions  
with young participants**

**Table of Contents**

<b>Understanding of Health .....</b>	<b>3</b>
<b>Understanding of Well-Being .....</b>	<b>5</b>
<b>Research Objectives.....</b>	<b>8</b>
<b>Draft Instruments for Group Sessions with Young Participants .....</b>	<b>9</b>
Items needed for the activities.....	9
Duration .....	9
Roles .....	9
Before you start .....	9
Approach.....	9
<b>Instruments .....</b>	<b>11</b>
Group exercise 1: Every-day life (10 min) .....	11
Group exercise 2: Who is a child? (10 min) .....	12
Group exercise 3: Health (15 min) .....	13
Group exercise 4: Well-Being (15 min) .....	14
Group exercise 5: Reference group – who matters? (5 min) .....	15
Group exercise 6: Priorities (5 min) .....	16
<b>Topic Guide for Individual Interviews with Young Participants .....</b>	<b>17</b>
<b>References.....</b>	<b>21</b>

## Appendix V: Cards for the interactive group sessions with young participants

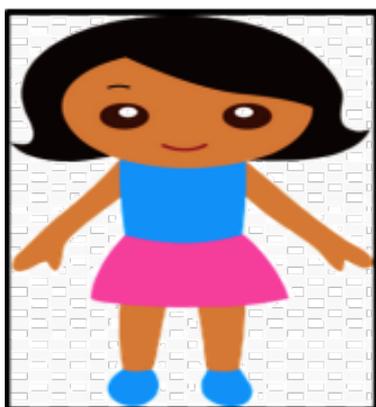
### Workshop material

Set of Cards:

- The first set of cards includes one card of a girl and the other card of a boy. Each participant was given one set each.
- The second set of cards includes one card of adults and the other card of a children. Each participant was given one set each.
- I used animated and as gender-neutral cards as possible.

Example of use:

Prepare cards showing a picture of an adult and one of a child and provide a set to each YP. Ask the YP to raise the card they find relevant to the following question: Are you a child or an adult?



Sources:

Top picture, left: <http://clipart-library.com/clipart/947222.htm>

Top picture, right: <https://www.pinterest.co.uk/pin/504825439457558381/>

Bottom picture, left:

<http://cdn28.us1.fansshare.com/photograph/friendshipday/friendship-day-clip-art-images-1646258858.jpg>

Bottom picture, right: <http://hddfhm.com/images/animated-senior-citizen-clipart-10.jpg>

## Appendix VI: Overview of young participants included in the individual interviews

No	Participant ID	Age	Civil status	No of children	Level of education	Work status	Age at first employment	No of current households
1	YP000	16	Single	0	2nd	Part-time, live-out	13	4
2	YP001	19	Married	1	None	Former, part-time, live-out & former full-time	10	(10-12 in total since start)
3	YP002	19	Married	2	6th	Former, part-time, live-out	10	(2-5 in total since start)
4	YP003	19	Single	0	10th	Full-time, live-in	16	1
5	YP004	20	Single	0	None	Full-time, live-in	7	1
6	YP005	20	Married	3	Unknown	Part-time, live-out	20	5
7	YP006	18	Single	0	2nd	Part-time, live-out	10 - 12	2
8	YP007	18	Single	0	3th/4th	Part-time, live-out	17	1
9	YP008	18	Single	0	9th	Part-time, live-out	13 - 14	3
10	YP010	17	Single	0	7th	Part-time, live-out (with mother)	12 - 13	2
11	YP013	17	Single	0	5th	Live-in, full-time (rescued)	12	1
12	YP014	16	Single	0	9th	Part-time, live-out	13	6
13	YP015	18	Single	0	7th	Full-time, live-out (former full-time, live-in)	16	1
14	YP016	18	Single	0	11th	Former, part-time	16	2
15	YP017	17	Single	0	12th	Part-time, live-out (with mother)	16	1
16	YP018	17	Single	0	11th	Part-time, live-out	14 - 15	3
17	YP019	18	Single	0	10th	Part-time, live-out (goes with mother but in a separate house)	16	2
18	YP020	19	Single	0	1st year BA	Part-time, live-out	18	1
19	YP021	20-21	Married	1	2nd	Part-time, live-out	15	3
20	YP022	15	Single	0	6th	Part-time, live-out	15	1
21	YP023	19	Married	1	8th	Part-time, live-out	18	5
22	YP024	17	Single	0	9th	Part-time, live-out	15	2
23	YP025	17	Single	0	None	Full-time, live-out	13	1

24	YP026	17	Single	0	10th	Part-time, live-out	17	2
25	YP027	18	Single	0	None	Part-time, live-out	12	4
26	YP028	13	Single	0	5th	Former full-time, live-in (rescued)	10	1
27	YP029	14	Single	0	6th	Former full-time, live-in (rescued)	10	1

## **Appendix VII: Topic guide for individual interviews with young participants**

The below questions were adjusted along the implementation of the study activities and functioned as guidance in order to cover the involved topic areas.

### **A. General information**

- ⇒ Location of the interview:
- ⇒ People present during the interview:
- ⇒ Name of the interviewer:
- ⇒ Date of the interview:
- ⇒ Start time:
- ⇒ End time:

### **B. Introduction**

1. What is your name?
2. How old are you?
3. Where do you come from?
4. What is your caste or tribe?
5. What is the highest level of education you completed?
6. Are you engaged/ married?
7. Do you have children, if yes how many?
8. Do you work part-time/full-time/live-in/live-out?

### **C. Every-day life**

1. Please tell me about a typical day at work, let's think about yesterday, if you like you can start from when you got up in the morning till bedtime.
  - a. When did you wake up to start working? Is this the time when you normally wake up to start working?
  - b. What do you do first thing in the morning?
  - c. What else do you do in the morning?
  - d. What do you do mid-day?
  - e. What do you do in the afternoon?
  - f. What do you do in the evening?

### **D. Perceptions of child domestic work, childhood and gender- and age-appropriateness**

1. How would you describe child domestic work for someone who does not know what it is?
2. In your meaning, who is a child in your community? Can you describe someone who is a child in your community?
3. Are you a child or an adult?
4. (If relevant) When did you stop being a child and become an adult?
5. What makes an adult different from a child?
6. How common is it that a girl/ young female of your age is working with domestic work?
7. Who is best fitted for doing domestic work? (boys/girls/adult/child)
8. Is there any difference of what a girl and a boy can do in domestic work?
9. In your meaning, when is it appropriate for young people to start working?
10. Is there any law in India, which indicates when a young person can start working?

**E. Entry into domestic work**

1. How old were you when you had your first employment with domestic work?
2. Can you please tell me about how you started to work as a domestic worker?
  - a. Who made the decision? Whose idea was it that you should work?
  - b. How much were you involved in the decision?
3. Did you have to leave school to be able to work?
4. Did you have a different kind of job before?
5. Did you feel involved in the decision making?
6. How many households have you worked for?

**F. Work conditions**

1. Can you please tell me about your current/ previous work?
  - a. Where do you work?
  - b. Who do you work for?
  - c. How many members in the household?
  - d. (If relevant) is it closely located to your own house?
  - e. What skills are involved, how did you learn them?
  - f. Please describe to me where you stay in the house?
  - g. (If relevant) How is the food in the employing household compared to in your own home?
  - h. Are you entitled to have breaks?
  - i. Do you go on holidays with your employer and how does this affect the work?
  - j. Do you receive any money or other compensation for your work?
  - k. What happens to the money you make?
  - l. Do you have time to see friends or meet people while you are working?
2. What makes a household good or bad to work for?
3. Have you faced any problems with your work?
4. Is there anything you can do yourself to overcome these problems or to make them easier to tackle?
5. What else could be done to prevent these problems, to make your work easier?
6. If you made a mistake, what could be the reaction of your employer?
7. (If relevant), can you please describe to me your contact with your family?

**G. Social network, family responsibilities, expectations and autonomy**

1. Who are the most important people in your life?
2. What is your relationship with them?
3. How do they help you?
4. What responsibilities do you feel towards them?
5. What things make them pleased with you?
6. What things make them unhappy with you?
7. Do they expect anything from you?
8. Can you object to what they say if you disagree?
9. Migration status and potential impact of her stay in Delhi? (Feelings of being far from family and friends)

**H. Health**

1. How would you describe a child who is a healthy child?
2. Is health important to you?
3. In general, is there anything with domestic work that is difficult for the health?
4. In general, is there anything with domestic work that is good for the health?

5. Have you had any problems with your health due to your work?
  - a. Have had injury while working? What happened?
  - b. Did anyone help you?
  - c. Did you get any medical help?
  - d. Did you have to go to the hospital?
  - e. Is there anything you can do yourself to prevent injuries?
  - f. Is there anything anyone else can do to prevent injuries?
6. What are the main challenges to your health with your work?
7. What are the main benefits to your health with your work?
8. What is needed for you to be safe at work?

**(The person's own understanding of symptoms experienced, with or without a medically defined diagnosis & her subjective assessment of needs, priorities, problems and risks to her health).**

#### **I. Wellbeing**

1. What is a good life?
2. How would you describe a child who is living well?
  - a. What is it about a person that tells you that he or she is doing well?
3. How would you describe a child who is not living well?
  - a. What is it about a person that tells you that he or she is not doing well?
4. Is there anything that makes you feel good about your work?
5. Is there anything that makes you proud of your work?
6. Is there anything that makes you feel bad about your work?
7. Is there anything that makes you feel ashamed of your work?
8. What do you do to make yourself happy if you are sad during work?
9. Based on your experiences, what are the best things gained through your work?
10. Is there anything that you wanted to do but you could not do because of your work?
11. Has your work helped you in any way to where you are today and how you see your future?
12. Has your worked hindered you in any way to where you are today and how you see your future?

**(Influences of other people, environment, cultures, values, events happening to them, their body and their minds and the circumstances in which they live)**

#### **J. Future, priorities and advise**

1. If you were to change anything with the work, what would that then be?
2. How long do you think you will carry-on with your current domestic work?
3. Do you know what you will do next?
4. Who (or what) will decide?
5. What is your advice to other girls considering working as domestic workers?
6. What are the top priorities you would say regarding your health and wellbeing based on what we have talked about today?

#### **K. Methods**

1. Have any of the questions made you feel uncomfortable?
2. How would you like to be approached when sharing a difficult experience/ story?

Is there anything else you would like to add before we finish?

## **Appendix VIII: Topic guide for individual interviews with parents**

The below questions were adjusted along the implementation of the study activities and functioned as guidance in order to cover the involved topic areas.

### **A. General information**

- ⇒ Location of the household of the parent:
- ⇒ Number of members of the household:
- ⇒ Name of the interviewer:
- ⇒ Date of the interview:
- ⇒ Start time:
- ⇒ End time:

### **B. Introductory questions**

1. What is your name?
2. How old are you?
3. What is your occupation?
4. What is your caste or tribe?
5. What is the highest level of education you have completed?
6. What is your civil status (married, single)?
7. Who is the head of the household?
8. How many children do you have?
9. How many of your children are working with domestic work?
10. How many of your children are working with something else than domestic work?

### **C. Perception around domestic work**

1. In your meaning, what is domestic work?
2. Did you know anything about domestic work before your daughter started to work with it? What?
3. What do you know about it now, after having had a daughter working with domestic work? Anything new from the experience?
4. Why does your daughter work with domestic work and not some other job?
5. Is domestic work a safe type of work?
6. Is domestic work, in your opinion, a proper type of work?
7. How do you think others think around domestic work of young females?
8. How is domestic work beneficial for your daughter?
9. How is domestic work beneficial for your family in general?
10. Are there any risks involved with domestic work for young females like your daughter?
11. Can domestic work help your daughter in any way? (Present and future)

### **D. Entry into domestic work of the child**

1. Can you please tell me how your daughter entered domestic work? (Entry process)
  - a. How was the decision made to send your daughter into domestic work?
  - b. Why her and not one of your other children?
  - c. Did you know the employing household or is the household related to your family in some way?
  - d. What sort of agreement has been made between your family and the employing household?

- Written or verbal agreement; benefits for the daughter; remuneration; to whom is such benefits/ remuneration given?
- e. To what extent was your daughter involved in the decision-making?

**E. Perceptions of childhood/ gender/ age**

1. In your meaning, who is a child in your community?
2. When does a child become an adult?
3. What is appropriate for girls and boys in your community in terms of education, work, social activities etc.?
4. Is it common that girls, like your daughter, in your community work with domestic work?
5. Why do you think Domestic Work and not some other type of work?
6. In your meaning, when is it appropriate for young people to start working?
7. Is there any law in India, which indicates when a young person can start working?
8. What and who decides what child to work with what and where?

**F. Health obstacles or benefits**

1. How would you define health?
2. What makes a person in general healthy or unhealthy in your community?
3. How would you describe a child who is a healthy child?
4. Is health important to you?
5. In general, is there anything with domestic work that may be difficult for the health of your daughter?
6. In general, is there anything with domestic work that may be good for the health of your daughter?
7. In your meaning, is domestic work a safe or unsafe type of work for your child? Why, How?
8. Do you know if your daughter has had any problems with her health due to her work?
  - a. Any injury while working? What happened?
  - b. Did anyone help her?
  - c. Did she get any medical help?
  - d. Did she have to go to the hospital?
  - e. Is there anything you can do as a parent to prevent injuries/ risks of your daughter while working?
  - f. Is there anything anyone else can do to prevent injuries for her?
9. Have you heard from other families with daughters engaged as domestic workers if they have had any problems during their work?

**G. Wellbeing obstacles or benefits**

1. How would you describe a good life? What is a good life to you?
2. How would you describe a child who is living well?
  - a. What is it about a person that tells you that he or she is doing well?
3. How would you describe a child who is not living well?
  - a. What is it about a person that tells you that he or she is not doing well?
4. Has the work of your daughter improved your and your family's good life?
5. Has the work of your daughter improved or hampered the good life of your daughter?
6. Is there anything that you can do to help improve the good life of your daughter? Or that the employer can do to improve it? Or herself?
7. Are you in contact with your daughter? How often?

**H. Priorities**

1. In your meaning, what could be improved to ensure the health, wellbeing and safety of your daughter and other families working daughters?

**I. Advise to other parents in similar situation & future**

1. Have you heard about other families in your community who are or have been in the same situation as your daughter/ family?
2. Based on your daughter's experiences and situation, what would be your advice to other parents in the same situation as you?
3. How do you see the future of your daughter and your family?

**J. Methods**

1. Have any of the questions today made you feel uncomfortable?
2. How would you like to be approached when sharing a difficult experience/ story?

Is there anything else you would like to add before we finish?

## **Appendix IX: Topic guide for individual interviews with employers**

The below questions were adjusted along the implementation of the study activities and functioned as guidance in order to cover the involved topic areas.

### **A. General information**

- ⇒ Location of the household:
- ⇒ Number of members of the household:
- ⇒ Name of the interviewer:
- ⇒ Date of the interview:
- ⇒ Start time:
- ⇒ End time:

### **B. Introductory questions**

1. What is your name?
2. How old are you?
3. What is your occupation?
4. What is your caste or tribe?
5. What is the highest level of education you have completed?
6. What is your civil status (married, single)?
7. Who is the head of the household?
8. How many children do you have?
9. How many domestic workers do you have employed in your household?
  - a. How come you have X amount of domestic workers?
  - b. Have you always had this specific number of domestic workers employed in your household?
  - c. Gender?
  - d. Specific tasks of the workers?
  - e. Why women and not men?
  - f. Is there any difference in the work tasks involved?

### **C. Perceptions around domestic work**

1. In your meaning, what is domestic work?
2. Is domestic work according to you a proper work? Check for word use such as family member etc.
3. When children accompany their mothers to work, is that then work or not?
4. How do you think others think around domestic work of young females?
5. Why do you think households prefer young females instead of adults?
6. Can domestic work be beneficial for young females and if so, in what way?
  - a. Can domestic work help the young females in any way? (Present and future)
7. Can domestic work put obstacles for young females and if so, in what way?
8. Is domestic work a safe type of work?
  - a. Are there any risks involved in domestic work for young females?

*(The link between social classes and growing demand of domestic work seen from an employer perspective)*

### **D. Entry into domestic/ process of hiring**

1. Can you please tell me the specifics around the employment of your domestic worker?
  - a. Through contacts/ agent/ or other channels?
2. Did you provide your DWs with any type of training when they first started?
3. Why do you prefer young females?
4. Do you know the family of the young female working in your household?
5. Have you signed a contract with the young female or with her parents?
6. How were the work conditions determined? Salary? How receives the money?
  - a. To what extent was the young worker involved in the decision-making?
7. Have you had any problems with your DWs?

**E. Perceptions of childhood/ gender/ age**

1. In your meaning, who is a child?
  - a. When does a child become an adult?
2. What would you consider is appropriate for girls and boys to do in terms of education, work, social activities etc.?
3. In your meaning, when is it appropriate for young people to start working?
4. Does your own children work? Why or why not?
5. Is there any difference between your own daughter and the young female working in your household? Why or why not? In what way?
6. Is there any law in India, which indicates when a young person can start working?
7. In your meaning, do you think it would it be helpful to have clear laws and regulations around DW in India?
  - a. Do you think people will follow them?
8. What do you think would happen if the DWs became more empowered, received the same status as other types of work (slept in a bed inside the house, eat by the kitchen table, etc.)?
9. In case of live-in, do you ever get annoyed with always having DWs around? Less privacy for you, is that ever a problem?

**F. Work conditions**

1. Can you please tell me about the specifics around the tasks involved of the young domestic worker?
  - a. Her tasks? (Check for unconventional tasks such as massage etc.)
  - b. The work routine?
  - c. What skills are involved? Was the worker provided with any training before commencing her work?
  - d. Where in the house does she stay, if relevant?
  - e. Is she provided with food? Same food? When does she eat?
  - f. Does she have any breaks?
  - g. Does the employer ask the young worker to come with the employer on holidays?
  - h. Is she allowed to leave the house? When and for what purpose?
2. In your meaning, what would you say is a good or bad household to work in for a young female domestic worker?
3. Have you faced any problems with your employee?
4. Is there anything you can do yourself to overcome these problems or to make them easier to tackle?
  - a. What else could be done to prevent these problems?
5. If the young female worker makes a mistake, what happens then?

#### **G. Health - obstacles and benefits**

1. How would you define health?
2. What makes a person in general healthy or unhealthy?
3. How would you describe a healthy child?
4. Is health important to you?
5. In general, is there anything with domestic work that may be difficult for the health of the young female working in your household?
6. In general, is there anything with domestic work that may be good for the health of the young female working in your household?
7. In your meaning, is domestic work a safe or unsafe type of work for young females' health? Why, How?
8. Have the female domestic worker had any problems with her health due to her work?
  - a. Any injury while working? What happened?
  - b. Did anyone help her?
  - c. Did she get any medical help?
  - d. Did she have to go to the hospital?
  - e. Is there anything you can do as an employer to prevent injuries/ risks for the young female domestic worker?
  - f. Is there anything anyone else can do to prevent injuries for her?
9. Have you heard from other families who have employed young female domestic workers, if they have had any problems during their work?

#### **H. Wellbeing - obstacles and benefits**

1. How would you describe a good life? What is a good life to you?
2. How would you describe a child who is living well?
  - a. What is it about a person that tells you that he or she is doing well?
3. How would you describe a child who is not living well?
  - a. What is it about a person that tells you that he or she is not doing well?
4. Do you think that the work of the young female has improved her and/ or her family's welfare?
5. Do you think that the work of the young female has hampered hers and/ or her family's welfare?
6. Is there anything that you can do to help foster a good life of the young female? Her family? Herself?

#### **I. Advise to other employers in similar situation**

1. Based on your experience with employing young female domestic workers, do you have any advice to other employers of how to best ensure the health, safety and well-being of the worker?

#### **J. Priorities**

1. In your meaning, what could be improved to ensure the health, well-being and safety of the worker?

#### **K. Methods**

1. Have any of the questions today made you feel uncomfortable?
2. How would you like to be approached when sharing a difficult experience/ story?

Is there anything else you would like to add before we finish?

## **Appendix X: Transcribing guidelines**

### **Transcribing Guidelines:**

*Young domestic workers: A qualitative study on the health and wellbeing of girls working in households in Delhi*

#### **File name**

Save the transcribed document in the same name as the recording. For example, if the file name of the recording is YP000, then save the Word file as YP000.

#### **Formatting**

Font: Use Times New Roman, font size 12 in Microsoft Word

Paragraph: Use 1.5 line spacing. Start a new paragraph each time a person speaks, leaving one line space between each paragraph and begin each line with an identifier of the person and a colon, see below:

I: refers to the interviewer

RA: refers to the Research Assistant and translator

P: refers to the interviewee/participant

Line numbers: Use line numbers in the entire document. To insert: go to layout → Line numbers → continuous

Example:

- 1 I: What did you think of the Hermes domestic violence training session? ¶
- 2 ¶
- 3 RA: Aap heemeez ghareeluu hinsa prashikshan satr kee kya lagata hai? ¶
- 4 ¶
- 5 P: Main yah vaastav meen bahut accha laga/ I thought it was really good actually ¶
- 6 ¶
- 7 RA: She says that she thought it was really good ¶

#### **Notations**

Do a verbatim record of all that was said (and not said) using the notations as shown below. Include silences and pauses, laughter etc., with qualifiers when needed as follows:

... Long pauses in the flow of talk

[...] Material deliberately absent

[text] Explanation e.g. pause, laughter, external noises etc...

text Word(s) emphasised by the participant

If there is any interruption to the interview or the recording, such as a loud sound or person entering the room, write what you can distinguish about it within brackets.

If you are unsure about a word or phrase, highlight in yellow

### **Example**

I: What is your name and where do you live?

P: My name is Mary and I live in Caglioli [lowering voice]

### **Translation and language**

The interviews have been conducted in English but translated into Hindi by the Research Assistant during the interviews. The transcription is meant to capture both languages. Hence, the transcription shall include both the English and Hindi sections of the conversations. Use Hindi Roman – alphabetic letters when typing Hindi.

However, you will hear on the audio files that the Research Assistant often just gives a brief translation of the answers during the interviews. You will translate this as well as translate properly the answer provided in Hindi by the Participant. In other words, everything is to be transcribed and captured.

## **Appendix XI: Ethics approvals**

Ethics approval from London School of Hygiene and Tropical Medicine:

### **London School of Hygiene & Tropical Medicine**

Keppel Street, London WC1E 7HT  
United Kingdom  
Switchboard: +44 (0)20 7636 8636

[www.lshtm.ac.uk](http://www.lshtm.ac.uk)



### **Observational / Interventions Research Ethics Committee**

Ms. Jenny Svensson  
Research Degree Student  
PHP  
LSHTM

3 November 2014

Dear Ms. Svensson,

**Study Title: Young female domestic workers in India: Qualitative research on the perceptions of, and influences on their health and well-being**

**LSHTM Ethics Ref: 8630**

Thank you for your letter of 22 October 2014, responding to the Observational Committee's request for further information on the above research and submitting revised documentation.

The further information has been considered on behalf of the Committee by the Chair.

### **Confirmation of ethical opinion**

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation as revised, subject to the conditions specified below.

### **Conditions of the favourable opinion**

Approval is dependent on local ethical approval having been received, where relevant.

### **Approved documents**

The final list of documents reviewed and approved by the Committee is as follows:

Document Type	File Name	Date	Version
Protocol / Proposal	Study protocol_Svensson.pdf	30/09/2014	Full version
Information Sheet	Consent forms and info sheets_second submission_Svensson.docx	30/10/2014	Second submission

### **After ethical review**

Any subsequent changes to the application must be submitted to the Committee via an Amendment form on the ethics online applications website. The Principal Investigator is reminded that all studies are also required to notify the ethics committee of any serious adverse events which occur during the project via an Adverse Event form on the ethics online applications website. At the end of the study, please notify the committee via an End of Study form on the ethics online applications website. Ethics online applications website link: <http://leo.lshtm.ac.uk>

Yours sincerely,



**Professor John DH Porter**  
Chair

[ethics@lshtm.ac.uk](mailto:ethics@lshtm.ac.uk)  
<http://www.lshtm.ac.uk/ethics/>

---

Improving health worldwide

Ethics approval from University of Delhi:

	<b>DEPARTMENT OF ANTHROPOLOGY</b> UNIVERSITY OF DELHI DELHI- 110007 <b>ETHICAL COMMITTEE</b>	
<b>CHAIRMAN &amp; MEDICAL DOCTOR</b> Dr. M. M. Singh MD, DNB (PSM), FRCR Department of Community Medicine Maulana Azad Medical College, Delhi	Ref. No./2015/	22 September 2015
<b>LAWYER</b> Prof. A. K. Bansal, Ph.D. Faculty of Law, Uni. of Delhi, Delhi 110007.	<b><u>Certificate of Ethical Committee Meeting</u></b>	
<b>PHILOSOPHER</b> Dr. H.P. Gangneji, Ph.D. Department of Buddhist Studies University of Delhi Delhi - 110007	<p>The ethical Committee of the Department of Anthropology met on 22 September 2015 at 3:30 p.m. in Department of Anthropology to consider the Ph.D. research proposal of Ms. Jenny Svensson titled, "Young female domestic workers in Delhi: An ethnographic study on the perceptions of, and influences on her health and well-being under the academic supervision of Prof. P. C. Joshi.</p>	
<b>BIOLOGY SCIENTIST</b> Dr. A. K. Kapoor, Ph.D. Professor Department of Anthropology University of Delhi Delhi- 110007	<p>Jenny Svensson should consider following aspects for her Ph.D. work.</p>	
<b>SOCIAL SCIENTISTS</b> Prof. Anita Sharma, Ph.D. Dean, Faculty of Social Science University of Delhi Delhi - 110007	<ol style="list-style-type: none"><li>1. Age below 14 yrs, who have been rescued or rehabilitated can be study subjects. Those who are actively involved as domestic worker and below 14 years should be excluded.</li><li>2. Assent from as per guidelines of Indian Council of Medical Research available on Website <a href="http://www.icmr.nic.in">www.icmr.nic.in</a> should be considered.</li><li>3. Any subject with physical health problems, mental health problem such as depression or suicidal ideation, sexual assault, reproductive tract infections (symptoms signs such as vaginal discharge with pelvic pain, burning urination etc. ) may be provided support for medical help by referral or from NGO.</li></ol>	
<b>COMMON MAN</b> Mr. Raj Mohan C-143, Reid's Line, North Delhi Delhi- 110007	<p>The Research project is approved by the Ethical Committee and ethical clearance is given to the above mentioned research project after ensuring the safety of the data collected and also the safety of the subject while collecting the data.</p>	
<b>MEMBER SECRETARY</b> Dr. V. K. Srivastava, Ph.D. Professor, Department of Anthropology University of Delhi Delhi- 110007	<div style="background-color: black; width: 150px; height: 30px; margin: 0 auto;"></div> <p>(Prof. V.K. Srivastava) Member Secretary</p>	
	<p style="text-align: center;">22 09/09/15</p> <p>Head. Department of Anthropology University of Delhi Delhi - 110007</p>	

## **Appendix XII: Information sheets and consent forms**

### *Information sheet for parents and employers*

#### **INFORMATION SHEET FOR PARENTS & EMPLOYERS**

##### **Research study about health and wellbeing in relation to domestic work**

---

Greetings!

Which language do you prefer using (Hindi, English or other)?

My name is Jenny Svensson and this study is part of a course I am doing with the Gender Violence and Health Centre at the London School of Hygiene and Tropical Medicine in the United Kingdom. During my time in India, I am affiliated with the University of Delhi. Together with me is the Research Assistant who will be assisting during the interview.

We would like you to take part in an interview where we will ask about your views on domestic work. We are approaching you as you either A) had or have employed a young female domestic worker below the age of 21 and live in Delhi; B) is a parent/main guardian who either had a or have a daughter below the age of 21 engaged in domestic work in someone's household in Delhi; or C) is a member of an institution relevant for the situation of young female domestic workers in India.

#### **Why are we doing this study?**

We would like to learn about young female domestic worker's views on the main opportunities and obstacles that working in a house may have on her health and wellbeing. We would also like to learn about the perspectives of employers and parents with regards to influences on the health and wellbeing of the working young females.

#### **What are we doing in this study?**

This study takes place in Delhi from January to December 2015. For this phase of the study we will interview members of institutions relevant for the situation of young female domestic workers in Delhi. We will interview employers and parents located in Delhi. We will also carry out observations, group sessions and interviews with young female domestic workers aged 13 – 21.

#### **Is it mandatory to participate in this study?**

No, your participation in this study is voluntary. If you feel uncomfortable about any questions we ask then please feel free not to answer them. If you wish to stop the interview you may do so at any point.

#### **How will you be involved if you decide to participate in this study?**

We would like to interview you. The interview will take approximately an hour and we will audio record it so that we do not need to take notes while you are speaking and have an accurate register of your answers. We will type out your answers afterwards. We can organize the interview on a location, date and time convenient for you. In case any clarifications are needed after the interview, we would like to have the permission to contact you again should we need to ask you any additional information to clarify what has been discussed during the first interview.

**Will things you tell us be kept private?**

Yes, your name and other information that may reveal your identity will be kept confidential. The results of this research may be published but your identity will be strictly protected, and we will not use your name in any report.

**Is there any financial benefit for participating in this study?**

No, there is no financial benefit for your participation in this study. There are no direct benefits associated with participation in this study but there may be indirect benefits for your community in the future.

**Who can I contact if needed?**

If you have any questions, need to discuss anything regarding this study or would like to add something to what was discussed during the interview, please contact me at: Jenny Svensson, Email [jenny.svensson@lshtm.ac.uk](mailto:jenny.svensson@lshtm.ac.uk), Telephone +91 XXXXXXXXXX.

This study has been approved by the Ethics Committees of the Department of Anthropology at the University of Delhi and the London School of Hygiene and Tropical Medicine.

Thank you for reading this information sheet.

## **INFORMATION SHEET FOR CAREGIVERS OF YOUNG PARTICIPANTS**

### **Research study about health and wellbeing in relation to domestic work**

---

Greetings!

Which language do you prefer using (Hindi, English or other)?

My name is Jenny Svensson and this study is part of a course I am doing with the Gender Violence and Health Centre at the London School of Hygiene and Tropical Medicine in the United Kingdom. During my time in India, I am affiliated with the University of Delhi. Together with me is the Research Assistant who will be assisting during the study activities.

We would like to have group activities, conversations and interviews with girls who are or have worked as domestic worker in a household. So that we can learn about what the girls need, feel and think is important for their health and wellbeing in order for future programmes to be better designed and implemented. In this sense, we would like to invite the girl to attend one group session with other girls in similar situation and age where they can talk to us about their everyday activities and views of their work. During the session, the girls will have the opportunity to draw, play, act, etc. We would also like to come back a second time to talk to the girl individually to complement the information from the group session so we can better understand her views on the main opportunities and obstacles that working in a house may have on her health and well-being.

#### **Why are we doing this study?**

We would like to learn about young female domestic worker's views on the main opportunities and obstacles that working in a house may have on her health and well-being. We would also like to learn about the perspectives of employers and parents with regards to influences on the health and well-being of the working young females.

#### **What are we doing in this study?**

This study takes place in Delhi from January to December 2015. For this phase of the study we will interview members of institutions relevant for the situation of young female domestic workers in Delhi. We will interview employers and parents located in Delhi. We will also carry out observations, group sessions and interviews with young female domestic workers aged 13 – 21.

#### **Is it mandatory to participate in this study?**

No, your and the girl's participation in this study is voluntary. Either you or the girl can stop the study activity at any point and decide to not participate.

**How will you be involved if you decide to participate in this study?**

The girl will participate in a group session together with 4 or 5 girls to talk about what they need to be safe and well at their work as well as what they would like to change to be even safer and better. At these sessions, the girls will be given the opportunity to draw, take photos and make maps of what is important to them to be safe and well at their work. On a second occasion, the girl will be interviewed individually to talk in more detail about her experiences and views on the main opportunities and obstacles that working in a house may have on her health and wellbeing.

You will be asked to participate as an observer and support person in the group session and the individual interview to support the needs of the girl, if and when needed.

**Will things you tell us be kept private?**

Yes, your name, the girl's name and other information that may reveal your identities will be kept confidential. The results of this research may be published but your both identities will be strictly protected, and we will not use your name in any report.

**Is there any financial benefit for participating in this study?**

No, there is no financial benefit for your or the girl's participation in this study. There are no direct benefits associated with participation in this study but there may be indirect benefits for your community in the future.

We will offer the girls and yourself light refreshments during the group sessions.

**Who do I contact if needed?**

If you have any questions, need to discuss anything regarding this study or would like to add something to what was discussed during the interview, please contact me at: Jenny Svensson, Email [jenny.svensson@lshtm.ac.uk](mailto:jenny.svensson@lshtm.ac.uk), Telephone +91 XXXXXXXXXX.

This study has been approved by the Ethics Committees of the Department of Anthropology at the University of Delhi and the London School of Hygiene and Tropical Medicine.

Please also read the Information Sheet for Young Participants before deciding to participate.

Thank you for reading this information sheet.

## **YOUNG PARTICIPANTS' INFORMATION SHEET**

### **Research study about health and wellbeing in relation to domestic work**

---

Greetings!

Which language do you prefer using (Hindi, English or other)?

My name is Jenny Svensson and this study is part of a course I am doing with the Gender Violence and Health Centre at the London School of Hygiene and Tropical Medicine in the United Kingdom. During my time in India, I am affiliated with the University of Delhi. Together with me is the Research Assistant who will be assisting during the study activities.

We would like to invite you to attend one group session with other working girls around your age to tell us about your everyday activities of your work. You will have the opportunity to draw, play, act, etc. during the group sessions to express yourself. We would also like to come back a second time to talk to you individually so that we can better understand your views, thoughts and needs to be safe and well at your work.

#### **Why are we doing this study?**

We would like to learn about girl's views on the main opportunities and obstacles that working in a house may have on her health and wellbeing. We would also like to learn about the perspectives of employers and parents with regards to influences on the health and wellbeing of the working girls.

#### **What are we doing in this study?**

This study takes place in Delhi from January to December 2015. For this phase of the study we will carry out observations, group sessions and interviews with girls working in households aged 13–21. We will interview members of institutions relevant for the situation of young female domestic workers in Delhi. We will also interview employers and parents located in Delhi.

#### **Is it mandatory to participate in this study?**

No, your participation in this study is voluntary. Voluntary means that you don't have to participate if you don't want to. You can also change your mind during the process. If you feel uncomfortable about any questions I ask, please feel free not to answer them. Also, some of my questions may make you uncomfortable or make you sad. If that happens, we will stop the interview immediately.

#### **How will you be involved if you decide to participate in this study?**

You will be invited to participate in a group session together with 4 or 5 other girls so you can tell us about your everyday activities at work and what you need to be safe and well at your work. During the group session, you will be given the opportunity to draw, take photos and make maps of what is important to you to be safe and well at your work.

On a second occasion, we will come back one last time so you can teach us a bit more about your experiences of your work and your views on the main opportunities and obstacles that your work brings. And if there is anything you would like to change to be even better and safer at work.

The interview will take approximately an hour and we will audio record it so that we do not need to take notes while you are speaking and can fully listen to what you tell us. We will type out your answers afterwards. The interview will involve only you and the support person from the NGO (insert name). However, if you feel more comfortable to have someone else present during the interview, we will arrange for that.

We would like to have the permission to contact you again should we need to ask you any additional information to clarify what has been discussed during the activities.

**Will things you tell us be kept private?**

Yes, your name and other information that may expose your identity will be kept confidential. Confidential means that nobody will know that you take part in this study. The results as well as drawings and/or pictures of this study may be published but your identity will be protected, and we will not use your name in any report.

**Is there any financial benefit for participating in this study?**

No, there is no financial benefit for your participation in this study. There are no direct benefits associated with participation in this study but the information you provide may help institutions to better respond and assist girls working in households that need assistance.

We will offer you light refreshments during the group sessions.

**Who do I contact if needed?**

If you have any questions, need to discuss anything regarding this study or would like to add something to what was discussed during the interview, please contact me at: Jenny Svensson, Email [jenny.svensson@lshtm.ac.uk](mailto:jenny.svensson@lshtm.ac.uk), Telephone +91 XXXXXXXXXX.

This study has been approved by the Ethics Committees of the Department of Anthropology at the University of Delhi and the London School of Hygiene and Tropical Medicine.

Thank you for reading this information sheet.

## **CONSENT FORM FOR CAREGIVERS OF YOUNG PARTICIPANTS**

### **Agreement to participate and right to refuse or withdraw**

---

I have received and been explained the enclosed *Information Sheet for Caregivers*, which I fully understand. I have also been explained and read the *Consent/Assent Form for Young Participants* as well as the *Information Sheet for Young Participants*, which I understand and agree with. I have been given the opportunity to ask questions, which have been answered to my satisfaction. I am aware that in case of any questions or need of additional information, I can contact Jenny Svensson, Email [jenny.svensson@lshtm.ac.uk](mailto:jenny.svensson@lshtm.ac.uk), Telephone +91 XXXXXXXXXX.

I am aware of that:

- Participation of the young participant is fully voluntary;
- If I found it necessary, I can end participation of the young participant from the study at any time without any drawback to the young participant;
- I understand that the collected information on the Young Participant such as audio records and transcripts will be stored in secure storage for a minimum of ten years;
- I understand that the young participant will take part in one group session with other Young Participant, which will be facilitated by the study team;
- I understand that the young participant will take part in one interview facilitated by the study team;
- I understand that only Jenny, the Research Assistant and Jenny's supervisors will have access to the personal information of the young participant;
- I understand that drawings made by the young participant and photographs taken by the young participant may be published following strict adherence to anonymity, confidentiality and use of pseudonyms;
- I understand that the results of the study may be published but that both mine and the young participant's name and other information that could possibly jeopardise our safety will be protected by strict adherence to anonymity, confidentiality and use of pseudonyms;
- I have been given Jenny's contact details and I understand that I may contact her at any point should either I or the Young Participant need to discuss any issues related to participation in this study.

All participants in this study are asked to consent in either writing, verbally or by thumbprint.

Based on the above, I give my consent for the Young Participant to participate in this study.

Name of Caregiver \_\_\_\_\_

Date and signature of Caregiver \_\_\_\_\_

Date and signature of Interviewer 1 \_\_\_\_\_

Date and signature of Interviewer 2 \_\_\_\_\_

*Assent form for young participants below the age of 18*

**ASSENT FORM FOR YOUNG PARTICIPANTS BELOW THE AGE OF 18**

**Agreement to participate and right to refuse or withdraw**

---

*Instructions: To be asked in the presence of adult staff member of the local NGO who has signed the consent form for the particular child/ young participant and after having explained the Information Sheet for Young Participants.*

Greetings!

Which language do you prefer using (Hindi, English or other)?

My name is Jenny Svensson and this study is part of a course I am doing with the Gender Violence and Health Centre at the London School of Hygiene and Tropical Medicine in the United Kingdom. During my time in India, I am affiliated with the University of Delhi. Together with me is the Research Assistant who will be assisting during the activities.

We would like to invite you to attend one group session together with 4 or 5 other girls so you can tell us about your everyday activities at work and what you need to be safe and well at your work. During the group session, you will be given the opportunity to draw, take photos and make maps of what is important to you to be safe and well at your work.

We would then like to come back one last time so that you can tell us a bit more about your experiences of your work and your views on the best things and the less good things that your work brings. We would also like to learn if there is anything you would like to change to be even better and safer at work. The interview will take approximately an hour and we will audio record it so that we do not need to take notes while you are speaking and can fully listen to what you tell us. We will type out your answers afterwards. The interview will involve only you and the support person from the NGO (insert name). However, if you feel more comfortable to have someone else present during the interview, we will arrange for that.

Your participation is voluntary. Voluntary means that you do not have to take part in this research study. If you decide not to participate, that is not a problem and there won't be any consequences in terms of the services you receive at this NGO. You can also decide to stop your participation in case you change your mind after having agreed to participate.

There is a chance that you may feel uncomfortable with some of the questions I ask. If this happens, then please let me know or the staff member of the NGO, and we will stop the interview immediately.

The drawings made by you or photographs taken by you may be published in the future, but your name and any information that may tell your identity will be kept private. No one will know apart from the study team that you have participated in this study.

There is no money involved for your participation. There are no direct benefits associated with participation in this study but the information you provide may help institutions to better respond and assist girls working in households that need assistance.

We will offer you light refreshments during the group sessions.

Is there anything you would like to ask us about this research?

You do not have to answer right away if you wish to participate or not. When you have decided, please let us know if you agree to be part of this research or if you would rather not partake.

*Consent form for young participants aged 18 to 21*

**CONSENT FORM FOR YOUNG PARTICIPANTS AGED 18 TO 21**

**Agreement to participate and right to refuse or withdraw**

---

*To be asked in the presence of caregiver/ staff member of the local NGO who has signed the consent form for the particular young participant and after having explained the Information Sheet for Young Participants*

I have received and been explained the enclosed *Information Sheet for Young Participants*, which I fully understand. I have been given the opportunity to ask questions, which have been answered to my satisfaction. I am aware that in case of any questions or need of additional information, I can contact Jenny Svensson, Email [jenny.svensson@lshtm.ac.uk](mailto:jenny.svensson@lshtm.ac.uk), Telephone +91 XXXXXXXXXX.

I am aware of that:

- My participation in this research study is completely voluntary and I am free to change my mind at any time;
- I understand that the collected information such as audio records and transcripts will be stored in secure storage for a minimum of ten years;
- I understand that only Jenny, the Research Assistant and Jenny's supervisors will have access to my personal information;
- I understand that drawings made by me and/or photographs taken by me may be published following strict adherence to anonymity, confidentiality and use of pseudonyms;
- I understand that the results of the study may be published but my name and other information that could disclose my identity will be protected by applying anonymity, confidentiality and use of pseudonym;
- I have been given Jenny's contact information and I understand that I may contact her at any point in case I need to discuss any issues related to my participation in this study.

All participants in this study are asked to consent in either writing, verbally or by thumbprint.

Based on the above, I give my consent to participate in this study.

Name of Participant \_\_\_\_\_

Date and signature/ thumb impression of Participant \_\_\_\_\_

Date and signature of Interviewer 1 \_\_\_\_\_

Date and signature of Interviewer 2 \_\_\_\_\_

*Consent form for employers*

**CONSENT FORM FOR EMPLOYERS**

**Agreement to participate and right to refuse or withdraw**

---

I have received and been explained the enclosed *Information Sheet for Employers*, which I fully understand. I have been given the opportunity to ask questions, which have been answered to my satisfaction. I am aware that in case of any questions or need of additional information, I can contact Jenny Svensson, Email [jenny.svensson@lshtm.ac.uk](mailto:jenny.svensson@lshtm.ac.uk), Telephone +91 XXXXXXXXXX.

I am aware of that:

- My participation in this study is completely voluntary and I am free to change my mind at any time;
- I understand that the collected information such as audio records and transcripts will be stored in secure storage for a minimum of ten years;
- I understand that only Jenny, her Research Assistant and Jenny's supervisors will have access to my personal information;
- I understand that the results of the study may be published but my name and other information that could reveal my identity will be protected by strict adherence to anonymity, confidentiality and use of pseudonym;
- I have been given Jenny's contact information and I understand that I may contact her at any point in case I need to discuss any issues related to my participation in this study.

All participants in this study are asked to consent in either writing, verbally or by thumbprint.

Based on the above, I give my consent to participate in this research study.

Name of Participant \_\_\_\_\_

Date and signature/ thumb impression of Participant \_\_\_\_\_

Date and signature of Interviewer 1 \_\_\_\_\_

Date and signature of Interviewer 2 \_\_\_\_\_

**CONSENT FORM FOR PARENTS**

**Agreement to participate and right to refuse or withdraw**

---

I have received and been explained the enclosed *Information Sheet for Parents*, which I fully understand. I have been given the opportunity to ask questions, which have been answered to my satisfaction. I am aware that in case of any questions or need of additional information, I can contact Jenny Svensson, Email [jenny.svensson@lshtm.ac.uk](mailto:jenny.svensson@lshtm.ac.uk), Telephone +91 XXXXXXXXXX.

I am aware of that:

- My participation in this study is completely voluntary and I am free to change my mind at any time;
- I understand that the collected information such as audio records and transcripts will be stored in secure storage for a minimum of ten years;
- I understand that only Jenny, the Research Assistant and Jenny's supervisors will have access to my personal information;
- I understand that the results of the study may be published but my name and other information that could reveal my identity will be protected by strict adherence to anonymity, confidentiality and use of pseudonym;
- I have been given Jenny's contact information and I understand that I may contact her at any point in case I need to discuss any issues related to my participation in this study.

All participants in this study are asked to consent in either writing, verbally or by thumbprint.

Based on the above, I give my consent to participate in this research study.

Name of Participant \_\_\_\_\_

Date and signature/ thumb impression of Participant \_\_\_\_\_

Date and signature of Interviewer 1 \_\_\_\_\_

Date and signature of Interviewer 2 \_\_\_\_\_

## **Appendix XIII: Plan of action**

### **Contingency plan**

*To be confirmed by the collaborator*

Steps to take in case of signs of distress of the participant:

- The interviewer and the Research Assistant, together with the support person from the collaborating organisation, shall be attentive to signs during the activity.
- Identify before commencement of the activity who is the responsible person at the collaborating organisation who is trained to/ responsible for providing support.
- End the interview / activity in case of signs of distress.
- Any participant who reports medical concerns or issues, shall be informed of the nearest place to seek for medical care. Printed cards with information of the nearest hospital shall always be available during the interview.