



## GLOBAL ACTION PROGRAMME ON MIGRANT DOMESTIC WORKERS AND THEIR FAMILIES



International  
Labour  
Organization

# Migrant Domestic Workers: Promoting Occupational Safety and Health

Based on a report elaborated by Elisa Menegatti

## Summary

The International Labour Organization Constitution sets forth the principle that workers should be protected from sickness, disease and injury arising from their employment. Yet for millions of workers the reality is very different. Some two million people die every year from work-related accidents and diseases.

The suffering caused by such accidents and illnesses to workers and their families is incalculable. Due to the high employment rates of foreign-born workers in high-risk sectors such as domestic work, migrants and particularly those in an irregular status, are at greater risk for occupational injuries and work-related diseases, as well as death at work.

While a minority of migrant workers hold high-skilled jobs, many have jobs that are dirty, dangerous and demanding (so called “3D jobs”) and consequently face high risks of work-related accidents and disease.<sup>1</sup> As the demand for domestic work grows due to population aging and the progressive entry of women into the labor force of destination countries, more women - and a few men - from poorer countries are migrating in search of employment opportunities. Domestic work is not necessarily their first option but the only one available for them.

Indeed, the ILO recognizes that domestic workers can be particularly vulnerable to certain Occupational Safety and Health (OSH) risks including working long hours, limited rest, exposure to chemicals, lifting heavy weights, specific psychosocial risks and violence.<sup>2</sup> These risks may be higher in case a domestic worker is also a migrant, due to lack of legal protection, linguistic, social and cultural barriers.

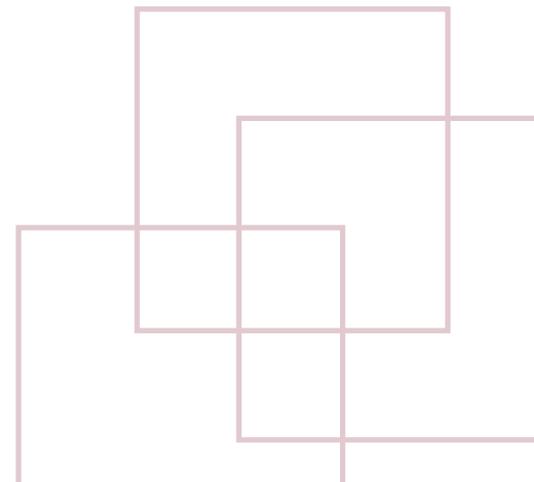
### Box 1. What is Occupational Safety and Health?

At its first session in 1950, the Joint ILO/WHO Committee on Occupational Health defined the purpose of occupational health. In 1995 the definition was revised as follows:

**Occupational health should aim at: the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations; the prevention amongst workers of departures from health caused by their working conditions; the protection of workers in their employment from risks resulting from factors adverse to health; the placing and maintenance of the worker in an occupational environment adapted to his physiological and psychological capabilities; and, to summarize: the adaptation of work to man and of each man to his job.<sup>3</sup>**

### Who is a migrant worker?

Migrant workers are people who leave home to find work outside of their hometown or home country. Persons who move for work in their own country are “internal” migrant workers. Persons who move for work to another country are commonly called “international” migrant workers.



## Box 2. Who is a domestic worker?

Under ILO Convention No. 189, a domestic worker is “any person engaged in domestic work within an employment relationship” (Art. 1(b)). A domestic worker may work on full-time or part-time basis; may be employed by a single household or by multiple employers; may be residing in the household of the employer (live-in worker) or may be living in his or her own residence (live-out). A domestic worker may be working in a country of which she/he is not a national.

## Migrant Domestic Workers (MDWs)

Today, the ILO estimates that there are 11.5 million migrant domestic workers (MDWs). This represents 17.2 per cent of all domestic workers globally. In other words, nearly one in five domestic workers in the world was an international migrant in 2013. **Women workers from lower income countries are increasingly finding work opportunities in the sector, often for low wages and poor working conditions, and with little legal protection.**

There is compelling evidence to suggest that migrant domestic workers face unique challenges concerning their safety and health.<sup>4</sup> Some of the most severe outcomes are expressed in the form of injuries and illnesses, and even death.

## Box 3. MDWs Globally

- In France, more than 50 per cent of migrant women are employed in domestic work.
- In Italy, some 600,000 people are registered as domestic workers; most are women non-EU nationals. About 600,000 more are undocumented, for an estimated total of 1.2 million domestic workers.
- In the Middle East there are some 2.1 million domestic workers; almost one-third of all female wage workers in this region.
- In Saudi Arabia alone there are an estimated 1.5 million domestic workers (primarily migrant women).
- In Eastern Europe and the CIS countries domestic workers number nearly 600,000.<sup>5</sup>

## A number of factors significantly increase MDW occupational safety and health risks

### Language, education and cultural barriers

A key challenge for many migrant workers is the language barrier at the country of destination, especially for those who are illiterate.<sup>6</sup> When they cannot understand or read the language of their host country, MDWs may not be able to understand OSH related information on key issues (such as the use of chemical cleaning products) and are therefore more at risk with regards to accidents and injuries. Statistics in different States (France, Germany and Belgium) show that the rate of accidents and injuries is higher among non-nationals than among nationals.<sup>7</sup>

### The private character of the workplace

There is a coincidence between the public sphere of employment relationships, and the private nature of family and household dynamics. Indeed, domestic work normally includes tasks women perform in their own house in an unpaid fashion and hence which have never been recognized as involving “risks”. Likewise contracting families do not tend to see themselves as “employers”, and do not view DWs as workers to be protected from risks. Finally, the nature of the workplace makes it harder for control/inspection mechanisms to monitor compliance with OSH norms.

### Social exclusion

Migrant Domestic Workers suffer from a significant degree of social exclusion leaving them more vulnerable and reducing access to resources that might assist them. Researchers have attributed social exclusion to a variety of factors, including: the limited contact migrants have with local populations due to long hours of work and the fact that MDWs commonly reside at the employer’s property.<sup>8</sup>

### Confinement and Isolation

Confinement is another common source of health risk. In a survey related to domestic workers in Thailand, less than half of those interviewed were allowed to leave the house of their employer to meet others.<sup>9</sup> Total isolation can be considered an important health risk. Live-in domestic workers are particularly

vulnerable to extreme restrictions on their freedom of movement sometimes including confiscation of identity papers by the employer as a guarantee against premature departure of the worker. “Kafala”, a common practice in the Arab region, prevents MDWs from leaving their job without consent of the employer.

### **Discrimination**

Most domestic workers are women and suffer discrimination on the grounds of their sex and associated gender roles. This is reflected in pay levels where the work remains undervalued and poorly regulated. Traditional attitudes and prejudices about women as subordinates also contribute to widespread practices of coercion and violence.<sup>10</sup>

Age, religion, class discrimination and national origin also affect how domestic workers are treated.

### **Lack of Access to Health Care and Social Protection**

The right to social security is universally recognized as a fundamental human right that guarantees a secure, healthy and decent standard of living for every individual. However, many domestic workers around the world lack such social protection due to the informal and atypical nature of employment. MDWs are further excluded by virtue of being non-nationals or in irregular status and are frequently unable to transfer benefits such as pensions across borders or to affiliate with the social security system of their country of origin.<sup>11</sup> As a result, many domestic workers do not have access to health insurance or health care, unemployment benefits, maternity protection, pensions or other types of benefits.<sup>12</sup>

### **Physically strenuous labour and poor ergonomic conditions**

Generally, domestic work requires monotonous but also strenuous tasks and actions (such as frequent repetitive lifting or awkward postures, like bending or twisting) that in the long term can cause physical problems. Moreover, working in a private household means these risks often are not recognized and that special equipment is not put in place to support workers.

For example, assisting elderly and taking care of children are typical domestic work tasks. In a given

work day, home care workers may assist persons in and out of bed, to and from the toilet, in and out of the bath tub, into a wheelchair, in and out of a car, and on and off a couch.

The high rate of musculoskeletal disorders among home-care workers reflects the type of work performed: physically demanding labour that includes lifting and moving clients with limited mobility.<sup>13</sup>

### **Long working hours and lack of rest**

Less than half of all domestic workers in the world are legally entitled to weekly rest and annual leave and working hours around the world are among the longest and most unpredictable for all groups of workers.

The physical and mental fatigue resulting from working excessive hours also affects workers’ ability to perform their tasks, and some studies indicate that this leads to an increased risk of workplace accidents.

Particularly harmful is the irregular distribution of working hours and night work, factors that have also been found to have a biased impact on women during and after pregnancy.<sup>14</sup>

### **Hazardous work**

Migrant Domestic Workers face several risks involved in the use of equipment such as electric appliances and handling dangerous items including knives, axes and hot pans. They are often exposed to toxic and unhealthy substances (household cleansers) with a general lack of equipment such as gloves and masks to protect them from toxic substances or when caring for sick individuals and those with infectious diseases. This vulnerability is exacerbated by the fact that workers may be unfamiliar with certain products and their proper use, or unable to read instructions on toxic products.

### **Sexual abuse and violence**

Domestic workers in private households are frequently subjected to abuse as well as exploitation. This may take the form of psychological abuse - insults, threats and belittlement - combined with excessive demands for work, or physical violence. The social stigma attached to these crimes and the financial pressure to remain in the job at all cost,

prevent domestic workers from filing complaints against their employers. In fact, **abuse and violence constitute the second most frequent cause of resignations by DWs** (after inadequate remuneration). Anecdotal evidence suggests that most incidents of verbal and physical abuse are not treated as violence that necessitates action, but as an occupational hazard.<sup>15</sup>

In Thailand, a study among MDWs from neighbouring Myanmar found that a majority had experienced verbal assault, while others were subject to sexual abuse – ranging from unwanted physical contact (14 per cent) to rape by their employer (1 per cent).<sup>16</sup>

In most countries in the Middle East, the individual sponsorship system (kafala) for foreign labourers ties migrant domestic workers' visas to individual employers, resulting in a relationship of structural dependence that can encourage abuses.<sup>17</sup>

### Irregular status, forced labour and trafficking

Labour migration is considered as “regular” and migrant workers “in a regular situation” if they are authorized to enter, stay and work pursuant to the law of the destination country and international agreements to which it is a party. When workers fall outside of those conditions, they are considered as “undocumented” or “in an irregular situation”. Migrant workers in irregular situations are particularly vulnerable to abuse and exploitation of all types.

Incidental information suggests that the working conditions of undocumented migrants are much worse than those of other workers. Because of their precarious situation, undocumented migrants typically accept any kind of work and are less likely to complain of poor working conditions for fear of deportation.<sup>18</sup> In the extreme MDWs may be subjected to forced labour or human trafficking.

The ILO estimates that there are 20.9 million victims of forced labour worldwide with domestic work one of the most frequently cited economic sectors.<sup>19</sup>

### Health Hazards and Consequences

Health hazards and consequences for MDWs range from acute to chronic and include fractures, contusions, lacerations, burns, amputations, eye injuries with possible vision loss, head injuries or concussion, hearing loss, musculoskeletal strains/sprains, and chronic hand/wrist pathology such as carpal tunnel syndrome and de Quervain's tenosynovitis.<sup>20</sup> In particular, MDWs suffer from backache, leg pain and musculoskeletal problems caused by ergonomic challenges. In the extreme, health hazards faced by MDWs may contribute to or cause loss of life.

According to one study:

“These workers experience higher rates of debilitating musculoskeletal disorders than any other occupational group in the United States, including workers in coal mines and steel mills.”

#### Box 4. MDW Deaths: the case of Lebanon

In 2007-2008, at least 95 migrant domestic workers died in Lebanon. Of these 95 reported deaths, 40 were classified by the embassies of the migrants as suicide, while 24 others were caused by workers falling from high buildings, often while trying to escape their employers.<sup>24</sup>

CAUSE OF DEATH (as reported to embassy or in police report)	NUMBER OF CASES
Suicide	40
Falling from high floor	24
Suffocation by carbon monoxide	5
Murder (beaten to death)	2
Accident (car accident or drowning)	9
Death by natural causes: heart attack, cancer, diseases, other	14
Unknown	1

Another European Union study concerning the health of migrant workers suggested that: *a)* hearing and musculoskeletal problems are more common among migrant workers than native workers; *b)* migrant workers have more sickness absence days than native workers. Moreover, higher rates of stress and burnout have been reported among non-white or migrant workers than among white or native workers.<sup>21</sup>

There are also physical pathologies and psychological consequences caused by lack of rest. Working excessively long hours with little or no rest combined with insufficient and interrupted sleep can lead to negative impacts on health<sup>22</sup>, such as an increased risk of diabetes, heart disease and depression to mention a few.<sup>23</sup>

## Key OSH International Legal Provisions Relevant to MDWs

### UN Conventions

#### UN: Safety and health at work – A human right

##### Universal Declaration of Human Rights, 1948

The right to safety and health at work is enshrined in the United Nations Universal Declaration of Human Rights, 1948, which states: “Everyone has the right to work, to free choice of employment, to just and favourable conditions of work ...” (Article 23)

##### International Covenant on Economic, Social and Cultural Rights, 1966

The United Nations International Covenant on Economic, Social and Cultural Rights, reaffirms this right in the following terms: “The States Parties to the present Covenant recognize the right of everyone to the enjoyment of just and favourable conditions of work, which ensure, in particular: ... (b) Safe and healthy working conditions ...” (Article 7)

## ILO Mandate On Occupational Safety And Health (OSH)

The protection of workers against sickness, disease and injury related to the working environment, has been central to the Organization’s work since its creation in 1919, and continues to be so today.

**Occupational safety and health is a key element in achieving sustained decent working conditions** and strong preventive safety cultures. The overwhelming majority of all ILO standards and instruments are either wholly or partly concerned with OSH related issues. A complete listing of ILO OSH instruments can be accessed at: [www.ilo.org/global/standards/subjects-covered-by-international-labour-standards/occupational-safety-and-health/lang--en/index.htm](http://www.ilo.org/global/standards/subjects-covered-by-international-labour-standards/occupational-safety-and-health/lang--en/index.htm).

The ILO policy on Occupational Safety and Health is essentially contained in three International Labour Conventions and their accompanying Recommendations:<sup>25</sup>

- The ILO Occupational Safety and Health Convention, 1981 (No. 155), and its accompanying Recommendation (No. 164), provide for the adoption of national occupational safety and health policy, as well as describing the actions to be taken by governments and within enterprises to promote occupational safety and health and improve the working environment.
- The ILO Occupational Health Services Convention (No. 161) and Recommendation (No. 171), 1985, provide for the establishment of occupational health services at the enterprise level, designed to ensure the implementation of health surveillance systems and to contribute towards implementing the OSH policy.
- The Promotional Framework for Occupational Safety and Health Convention (No. 187), and its accompanying Recommendation (No. 197), 2006, provide for the establishment of a permanent process of continuous improvement of occupational safety and health and the building of a preventive safety and health culture.

With the objective of promoting continuous improvement of occupational safety and health to prevent occupational injuries, diseases and death, the Convention provides for the development, establishment and implementation of a number of tools for

the sound management of occupational safety and health, in consultation with the most representative organizations of employers and workers, as well as other stakeholders engaged in the area of occupational safety and health.

### **ILO Specific Protection for Domestic Workers**

The ILO Convention concerning Decent Work for Domestic Workers (Convention 189), which was passed in 2011 at the 100th session of the International Labour Conference, includes Article 13(1) relating to Occupational Health and Safety:

“Every domestic worker has the right to a safe and healthy working environment. Each Member shall take, in accordance with national laws, regulations and practice, effective measures, with due regard for the specific characteristics of domestic work, to ensure the occupational safety and health of domestic workers.”

## **Recommendations**

As the demand for domestic work continues to grow globally, so does the need for implementation of mechanisms to effectively protect workers from sickness, disease and injury arising from their employment, including the following:

### **Advocacy and Policy Development**

Promotion of migrant-sensitive occupational safety and health policies that adhere to ILO key OSH Conventions, and equitable access to health protection and care for migrant domestic workers.

### **Assessment, Research and Information Dissemination**

Steps should be taken to assess the occupational safety and health of MDWs, identifying and filling gaps in service delivery to meet their occupational safety and health needs, documenting and disseminating best practices and lessons learnt in addressing migrant domestic workers' occupational safety and health.

### **Capacity building**

Capacity must be enhanced through sensitizing and training relevant policy-makers and stakeholders involved in migrants' occupational safety and health in countries of origin, transit and destination. This can be addressed through networks of collaborating centres, academic institutions and other key partners for furthering research into migrants' occupational safety and health and for enhancing capacity for technical cooperation. Educating household employers about the conditions in domestic service and strategies to improve those conditions. Ensuring adequate training, outreach and information activities for MDWs, including health promotion and disease prevention initiatives should also be key elements.

### **Effective Monitoring**

Due to the isolated and private nature of employment in the domestic work sector, measures should be taken to identify and eliminate hazardous conditions likely to cause serious physical harm to workers, including sector monitoring and outreach to workers and employers alike. The ILO Labour Inspection Convention, 1947 (No. 81) calls for Member States to create labour inspectorates with the core mission of “protection of workers while engaged in their work”.



## Box 5. Useful Tools / Good Practices

Governments, policy makers, associations of workers and trade unions are actively engaged in producing OHS training materials for MDWs, including the following:

- Guía de prevención de riesgos domésticos. Instituto andaluz de prevención. [http://www.ccoo.us.es/uploads/descargas/saludLaboral/Pildoras\\_seprus/Guia%20de%20prevencion%20de%20riesgos%20domesticos.pdf](http://www.ccoo.us.es/uploads/descargas/saludLaboral/Pildoras_seprus/Guia%20de%20prevencion%20de%20riesgos%20domesticos.pdf).
- Immigrant Worker Health & Safety: A Guide for Front-Line Advocates. Make the New Rad. New York. 2011. <https://mail.google.com/mail/u/0/#search/gallotti%40ilo.org/152ee34d9c89279f?projector=1>.
- Migrant Worker Management Toolkit: A Global Framework Managing Workers and Protecting Rights. BSR. September 2010. [http://www.bsr.org/reports/BSR\\_Migrant\\_Worker\\_Management\\_Toolkit.pdf](http://www.bsr.org/reports/BSR_Migrant_Worker_Management_Toolkit.pdf).
- Layers of Vulnerability in Occupational Safety and Health for Migrant Workers: Case Studies from Canada And The UK Malcolm Sargeant BA LLB PhD & Eric Tucker BA LLB LLM: <http://www.tandfonline.com/doi/abs/10.1080/14774003.2009.11667734>.
- Manual de capacitación de los trabajadores domésticos en Argentina (MDW training manual): [http://www.ilo.org/buenosaires/publicaciones/WCMS\\_369832/lang--es/index.htm](http://www.ilo.org/buenosaires/publicaciones/WCMS_369832/lang--es/index.htm).
- Prevention is the best medicine. Toolkit. Institute for Work And Health, Canada 2011: <http://www.iwh.on.ca/pbm>.
- National Council of Occupational Safety and Health. US Department of Labor: <http://www.coshnetwork.org/node/15>.
- Guía de seguridad y salud en el trabajo para trabajadoras de casa particular, Chile. Tool regarding labour rights and occupational safety and health of domestic workers.
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- ILO, Ministry of Labor Lebanon, Migrant Domestic Workers Guide: <http://www.mdwguide.com/>.
- BSR Migrant Worker Management Toolkit: [http://www.bsr.org/reports/BSR\\_Migrant\\_Worker\\_Management\\_Toolkit.pdf](http://www.bsr.org/reports/BSR_Migrant_Worker_Management_Toolkit.pdf).

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## Project partners

The project is implemented by the ILO in collaboration with the following partners and associates:



[www.unwomen.org](http://www.unwomen.org)



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This project is funded by  
The European Union

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ISBN 978-92-2-131034-1

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ISBN 978-92-2-131048-8



9 789221 310488