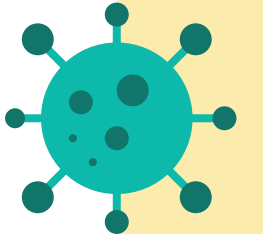




# DOMESTIC WORKERS AND SOCIAL PROTECTION IN TAMIL NADU (CHENNAI)

This fact sheet provides results from a survey completed in Tamil Nadu (Chennai) in 2019 with 73 domestic workers.

## RESPONSES TO COVID-19



The National Domestic Workers Movement in Tamil Nadu estimates that 90 percent of domestic workers stopped working because of the Covid-19 crisis of 2020. Cash grants were provided by the Domestic Workers Welfare Board, along with additional food support, often by non-state actors. However, these measures have done little to address widespread food shortages and the major loss of work and income experienced by domestic workers in the state.

## POLICY CONTEXT

Tamil Nadu was one of the first Indian states in which the National Domestic Workers Movement (NDWM) began organizing domestic workers in the mid-1980s. Compared to several other Indian states, Tamil Nadu has relatively progressive legislation and programmes for domestic workers, including its own Domestic Workers Welfare Board. The state has a more advanced set of labour protections in place for domestic workers in the country. Domestic Workers were included in the schedule of the Tamil Nadu Manual Labour Act 1982 on 1st June, 1999. This was the first instance of legal recognition of domestic workers as workers in India. Child labour in domestic work was specifically banned in October 2006, and the Tamil Nadu Domestic Workers Welfare Board was constituted in January 2007. Nevertheless, despite these provisions, domestic workers still face many work-related risks and many still lack access to social protection.

## LONGER-TERM RISKS TO INCOME SECURITY

**RS 8,051 (USD108.41) / month**  
MINIMUM WAGE - SKILLED WORKERS (8 HR DAY)

**RS 6,836 (USD92.05) / month**  
MINIMUM WAGE - UNSKILLED WORKERS (8 HR DAY)

**RS 5,020 (USD67.59) / month**  
TYPICAL DOMESTIC WORKER SALARY

## Occupational safety and health



### FEWER HOURS

due to illness or accident in the last 12 months

**25%** due to an injury/illness resulting from their work

**90%** visited a health care facility in the last 12 months



**Most** visited a mixture of public and private health care providers

**25%** went to a public hospital or clinic

## ACCESS TO SOCIAL PROTECTION

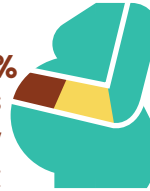
### Access to healthcare

70% have access to a health benefit



### Access to paid maternity leave

14% have access to maternity benefit



17% access to an education, marriage, and funeral benefit

### Access to old age pension

40% have access to pension



### Other benefits

36% reported access to a food security benefit

## COST OF HEALTHCARE ACCESS

**RS 1,255 (USD16.88)**  
TYPICAL WEEKLY SALARY



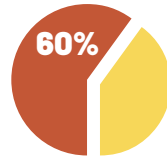
**Healthcare costs almost a week's wages**

**RS 1,100 (USD14.80)** typical direct cost of one healthcare visit



65% had to travel between 2-4.5 hours to reach healthcare facilities

60% spent between Rs 1000 - 2000 on transport



80% spent between 1-4.5 hrs waiting to see healthcare professional



waiting times

expense ..... main reasons given for delaying health care visits

40% had to borrow money to finance healthcare needs



20% spent Rs 8000 - 10 000

administrative costs



57% spent Rs 2000 - 6000

## RECOMMENDATIONS

Ensure the 2019/20 national labour codes, which do not recognize domestic workers, are not applied in Tamil Nadu until there is specific and comprehensive national legislation for domestic workers. The government should instead continue to promote the existing state labour code that includes domestic workers.

Implement reforms to the Domestic Workers Welfare Board to include direct representation of domestic workers and their unions on the Labour Welfare Board.



A Domestic Workers Welfare Board should be created outside of Chennai, to reduce access barriers for domestic workers living outside of the capital city.

The Welfare Board social security provision should include housing benefits. The issue of housing plays a large role in undermining income security.

Implement mechanisms for addressing sexual harassment, as there are no redressal mechanisms or complaint committees through which these issues can be addressed.

