



Level Of Stress, Coping Strategies and Quality Of Life Among Migrant Female Domestic Workers

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ABSTRACT

Migration is inherently stressful and so is domestic work. Migrant Female Domestic Workers (MFDWs) must cope with both elements, which lead to stress, affect their quality of life, and require an adaptable coping style. There have been numerous studies on stress, quality of life and coping of Foreign Female Migrant Workers. This study attempts to examine the level of stress, quality of life and coping strategies among MFDWs. In order to achieve the aim and objectives of the study, data from 38 MFDWs was collected and compared with that of the same numbers of Local Female Domestic Migrants (LFDWs). The participants above the age of 18 were selected by purposive sampling from the housing colonies in Gurugram Urban Estate. Depression, Anxiety and Stress Scale 21 (DASS-21) was used to assess the stress in both the groups. WHO QoL-Bref was used to evaluate the quality of life and the Cope Scale was used for the coping strategies of participants. The results of the study indicate a significant ($p < 0.05$) difference between the two groups in all four domains of Quality of Life viz Physical ($p = .003$), Psychological ($p = .002$), Social ($p = .001$) and environmental ($p = .001$). There is a significant ($p < .05$) difference in Depression ($p = .001$), Anxiety ($p = .001$) and Stress ($p = .001$) between the two groups. There is a significant ($p < .05$) difference in coping styles ($p = .003$). LFDWs are found to follow solution-focused coping while MFDWs follow emotion-focused coping. It may be concluded that the stress level among MFDWs was significantly higher, and their quality of life was significantly lower as compared to LFDWs. They resort to more emotion-focused coping than LFDWs.

Keywords: Stress, Quality of Life, Coping, MFDWs, LFDWs

Received 17.10.2022

Revised 18.11.2022

Accepted 11.12.2022

INTRODUCTION

Migration has been linked to high levels of stress and increased mental health problems [1-4]. A strong linkage has been found between migration stress and mental health in the migration population [5]. This is also true for women migrants [1]. However, the problems are further compounded for Migrant Female Domestic Workers (MFDWs) as they may be at risk of occupational and social stressors, including exploitation and abuse, which may negatively impact their quality of life, including psychological health [6]. These risks include exposure to physical, sexual, emotional, or financial abuse, financial stressors, exploitation or overwork including long hours, physically taxing work, lack of days off, or work without fair compensation [7].

Stress can produce anxiety, and/or other negative emotions and feelings such as pain, sadness, etc., and result in serious psychological disorders such as PTSD [8, 9]. This signifies the importance of efficient coping strategies. Maladaptive coping is associated with poor mental health outcomes and higher levels of psychopathology symptoms [10]. It is pertinent to know the coping strategies of MFDW and correct them if they are maladaptive.

MFDWs form a sizable workforce in our society. The present study aims at assessing the stress level, quality of life and coping of Female Migrant Domestic Workers (MFDWs) and comparing them with Local Female Domestic Workers (LFDWs).

Objectives:

1. To know the difference in the level of stress, coping and quality of life between Migrant Female Domestic Workers and Local Female Domestic Workers
2. To assess the relationship among levels of stress, coping and quality of life in Female Migrant Domestic Workers.

Hypotheses:

1. There will be no significant differences in level of stress, coping style and quality of life between those of Female Migrant Domestic Workers, and Local Female Domestic Workers.
2. There will be no significant relationships in the level of stress, coping style and quality of life in Migrant Female Domestic Workers.

MATERIAL AND METHODS

Sample: This cross-sectional study consists of 76 participants; 38 in each of the two groups; the sample was selected by purposive sampling method. The data of MFDW was collected from a residential colony in the Urban Estate of Gurgaon while those of LFDW were collected from Suburban areas of Gurgaon city.

Tools: The following Questionnaires were administered for the present investigation:

The Depression, Anxiety and Stress Scale – 21 (DAS-21) [5]. It comprises three scales in the form of self-report which are designed to measure depression, anxiety and stress in an individual. Each of the scales of DASS-21 scales namely depression, anxiety and stress, contains seven items. Scores are calculated by summing the scores of relevant items for depression, anxiety and stress separately. The Cronbach's Alpha for the internal consistency of the scale ranges from 0.76 to 0.90. Convergent validity had a moderate coefficient of -0.47 to - 0.66.

WHO QOL-BREF . WHOQOL-BREF is a five-point ordinal scale. Each individual item of which is scored from 1 to 5. It is a 26-item scale comprising four domains: Physical health (7 items), Psychological health (6 items), Social relationships (3 items) and Environmental Health (8 items). Cronbach alpha values for the four domains range from 0.66 to 0.84.

COPE SCALE [3]. The COPE scale has been devised to assess different ways in which people respond to stress. It broadly measures three aspects of coping; Problem-focused coping: Five scales (of four items each) measure conceptually distinct aspects of problem-focused coping; Solution Focused coping: five scales measure aspects of emotion-focused coping and Maladaptive Coping: Three scales measure coping responses that arguably are less useful. The Cronbach Alpha consistency ranges from 0.62 to 0.92 except for Mental Disengagement which is 0.45.

Statistical Analysis: Present study used t-tests to find the level of significance in differences in stress, anxiety and depression, quality of life and coping styles among MFDWs and LFDWs. Step-wise regression analysis was done to predict the relationships among variables viz stress, depression, anxiety, quality of life and coping styles.

RESULTS

Table 1 shows the comparison of Quality of Life between MFDWs and LFDWs.

| Variables | FMDW n=38 Mean ± SD | LFDW n=38 Mean ± SD | df | t | p |
|---------------|------------------------|------------------------|----|------|------|
| Physical | 18.68 ±2.94 | 21.10 ±3.93 | 74 | 3.04 | .003 |
| Psychological | 16.65 ±2.65 | 18.73 ±3.00 | 74 | 3.19 | .002 |
| Social | 8.02±1.40 | 9.57 ±2.02 | 74 | 3.88 | .001 |
| Environment | 12.89±3.20 | 18.07±5.85 | 74 | 4.79 | .001 |

The above Table 1 shows that there is a significant difference ($p < 0.05$) between the two groups in all four domains of Quality of Life.

Table 2 shows the comparison of Depression, Anxiety and Stress between MFDWs and LFDWs.

| Variables | FMDW n=38 Mean ± SD | LFDW n=38 Mean ± SD | Df | t | p-value |
|------------|------------------------|------------------------|----|------|---------|
| Depression | 6.57 ±1.83 | 4.81 ±2.06 | 74 | 3.93 | .001 |
| Anxiety | 7.02 ±1.88 | 5.23 ±2.34 | 74 | 3.67 | .001 |
| Stress | 11.55±2.06 | 7.15 ±2.13 | 74 | 9.12 | .001 |

The above Table 2 shows that there is a significant difference ($p < 0.05$) between the two groups regarding depression, anxiety and stress levels.

Table 3: shows the comparison of Solution Focused, Emotion Focused and Maladaptive styles of coping between MFDWs and LFDWs.

| Variables | FMDW n=38 Mean ± SD | LFDW n=38 Mean ± SD | df | t | p-value |
|------------------|---------------------------|---------------------------|----|-------|---------|
| Solution-focused | 8.44 ±2.51 | 10.34 ±2.85 | 74 | -3.07 | .003 |
| Emotion-focused | 11.34 ±2.85 | 9.26 ±2.40 | 74 | 3.03 | .003 |
| Maladaptive | 2.47±0.82 | 2.18 ±0.62 | 74 | 1.69 | .095 |

The above Table 4.2.3 shows that there is a significant difference ($p < 0.05$) in solution-focused and emotion-focused styles of coping between MFDWs and LFDWs.

Table 4. shows the correlation between Depression, Anxiety, and Stress; and Domains of Quality of Life in MFDWs

| Variables | PHYSICAL | PSYCHOLOGICAL | SOCIAL | ENVIRONMENT |
|------------|----------|---------------|--------|-------------|
| DEPRESSION | -.475** | -.617** | -.090 | -.686** |
| ANXIETY | -.589** | -.696** | -.215 | -.668** |
| STRESS | -.523** | -.597** | -.108 | -.551** |

**Significant at 0.01 level

The above table shows a significant negative correlation between Depression and Physical ($r = -0.475$), Psychological ($r = -0.617$) and Environmental factors ($r = -0.686$). Similarly, there is a significant negative correlation between Anxiety and Physical ($r = -0.589$), Psychological ($r = -0.696$) and Environmental factors ($r = -0.668$). Also, there is a significant negative correlation between Stress and Physical ($r = -0.523$), Psychological ($r = -0.597$) and Environmental quality of life ($r = -0.551$).

Table 5 shows the Correlation between Depression, Stress, and Anxiety and the Coping styles in MFDWs.

| | SOLUTION FOCUSED | EMOTION FOCUSED | MALADAPTIVE |
|------------|------------------|-----------------|-------------|
| DEPRESSION | -.596** | .566** | .488** |
| ANXIETY | -.672** | .708** | .477** |
| STRESS | -.675** | .634** | .585** |

**Significant at 0.01 level

The above table shows a significant negative correlation between Depression and Solution Focused coping ($r = -0.596$) and positive correlation between depression and Emotion Focused ($r = .566$) and Maladaptive coping ($r = 0.488$). However, Anxiety is negatively correlated with Solution Focused ($r = -0.672$) and positively correlated with Emotion Focused ($r = 0.708$) and Maladaptive ($r = 0.477$). Stress is negatively correlated with Solution Focused ($r = -0.675$) and positively correlated with Emotion Focused ($r = 0.634$) and Maladaptive coping ($r = 0.585$).

Table 6 shows the correlation between Solution Focused, Emotion Focused and Maladaptive Coping and the domain of Quality of Life in MFDWs.

| | PHYSICAL | PSYCHOLOGICAL | SOCIAL | ENVIRONMENT |
|------------------|----------|---------------|--------|-------------|
| Solution Focused | .528** | .648** | .203 | .634** |
| Emotion Focused | -.442** | -.635** | -.203 | -.651** |
| Maladaptive | -.391* | -.514** | -.150 | -.367* |

The above table shows a significant positive correlation between Solution Focused and Physical ($r = 0.528$), Psychological ($r = .648$) and environmental domain of quality of life ($r = .634$). However, Emotion Focused coping is negatively correlated between Physical ($r = -0.442$), Psychological ($r = -0.635$) and Environmental domains of quality of life ($r = -0.651$).

Similarly, Maladaptive Coping is negatively correlated with Physical ($r = -0.391$), Psychological ($r = -0.514$) and Environmental quality of life ($r = -0.367$).

The study shows that:

- Depression, anxiety and stress levels are significantly higher among FMDWs in comparison with LFDWs.
- The quality of life, in all four domains, of FMDWs is significantly lower than that of LFDWs.
- The coping strategies of FMDWs are a mix of solution-focused and emotion-focused. They largely take refuge in religion or seek instrumental support to cope with the stresses of life.
- Depression, anxiety and stress are negatively correlated to the physical, psychological and environmental domains of quality of life.
- Solution focus coping is positively correlated with the physical, psychological, social and environmental domains of quality of life.
- Emotion focus coping and maladaptive coping are negatively correlated with the physical, psychological, and environmental domains of quality of life.

Discussion

First hypothesis of the current study stated that there will be no significant differences in level of stress, coping style and quality of life between those of MFDWs, and LFDWs. To test these hypotheses statistical analysis was done with the help of t-test. The hypothesis was rejected because statistically significant ($p < 0.05$) differences were found between the two groups in all four domains of Quality of Life viz Physical ($p = .003$), Psychological ($p = .002$), Social ($p = .001$) and environmental ($p = .001$). There is a significant difference ($p < 0.05$) in Depression ($p = .001$), Anxiety ($p = .001$) and Stress ($p = .001$) between the two groups. There is a significant difference in coping style ($p < .05$), LFDWs follow solution-focused coping ($p = .003$) while MFDWs follow emotion-focused coping ($p = .003$). It may be concluded that the stress level among MFDWs was significantly higher, and their quality of life was significantly lower as compared to LFDWs. They resort to more emotionally focused coping than LFDWs.

The second, null hypothesis stated that there will be no significant relationships in the level of stress, coping style, and quality of life in Migrant Female Domestic Workers. Stepwise regression analysis was used to find the cause and effect among depression, anxiety, stress, quality of life and coping styles. The hypothesis was rejected as evident from the results.

Conclusion

The present study aimed at assessing the level of stress, coping strategies, and quality of life among MFDWs by comparing the same with those among LFDWs. The study confirms the significant differences in age profile, education level and family income of FMDWs and LMDWs. The present study shows that the depression, anxiety and stress level among FMDWs is significantly higher than that of LFMWs. The quality of life of FMDWs in the domains of physical, psychological, social and environmental is significantly lower than that of LFDWs. The coping style of FMDW is mixed of solution focused and emotional focused.

Recommendations:

1. The scope of the future study can be expanded to include different types of residential colonies widely dispersed in urban areas.
2. A longitudinal study can be carried out to establish the caustic relationship among variables.
3. Suitable interventions and policies to improve the physical and mental well-being of can be planned and implemented to ameliorate their condition.

Author contributions: Conceptualization: Yadava, Pujam; Methodology: Manglani, Yadava, Pujam; Data Collection: Yadava, Pujam; Data analysis: Yadava, Pujam, Manglani; Original draft preparation: Yadava, Pujam, Manglani ; Writing-review and editing: Pujam, Manglani, Yadava. All authors have read and agreed to the published version of the manuscript.

Conflict of interest: The Authors declare that there is no conflict of interest.

Acknowledgements: With immense respect and honour, we authors express our sincere thanks to all the participants for providing their valuable time for this research.

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CITATION OF THIS ARTICLE

R S Yadava, N K Pujam S, A Manglani, S C Sharma. Level Of Stress, Coping Strategies and Quality Of Life Among Migrant Female Domestic Workers. *Bull. Env.Pharmacol. Life Sci.*, Spl Issue [5]: 2022: 797-801.