



UNIVERSITÀ
DEGLI STUDI
DI PADOVA

DIPARTIMENTO DI FILOSOFIA, SOCIOLOGIA, PEDAGOGIA
e PSICOLOGIA APPLICATA (FISPPA)

Migrant Domestic workers' health: an Italian case study

Francesca Alice Vianello

University of Padua, Italy

Segregation in the labour market

- **Migrant women** are segregated into specific sectors of the labour market, first of all **domestic and care services**.
- In Italy, certain national groups – Eastern Europeans, Philippines and Latina Americans – are overrepresented in this sector.

Work-related health risks

The few available studies point out that home care work exposes domestic workers to several health risks associated with adverse work conditions:

- physical, verbal and sexual abuse at the workplace;
- musculoskeletal strain associated with caregiving tasks;
- respiratory difficulty associated with chemical exposure;
- mental problems associated with emotional work and isolation (Malthotra 2013; Ahonen et al. 2010; Vianello 2019).

→ Mainly qualitative studies

Gaps in the literature

The great limitation of these studies is that they do not compare female migrant domestic workers' health with that of migrant women employed in other areas of reproductive work (i.e. industrial cleaning and hospitality) and in other sectors.

Our goals

- 1) To analyze health conditions of migrant of women employed in different jobs categories.
- 2) To carry out an in-depth analysis of home care workers' health problems.

Methodology: Multi-method approach

1) Representative (non random) survey

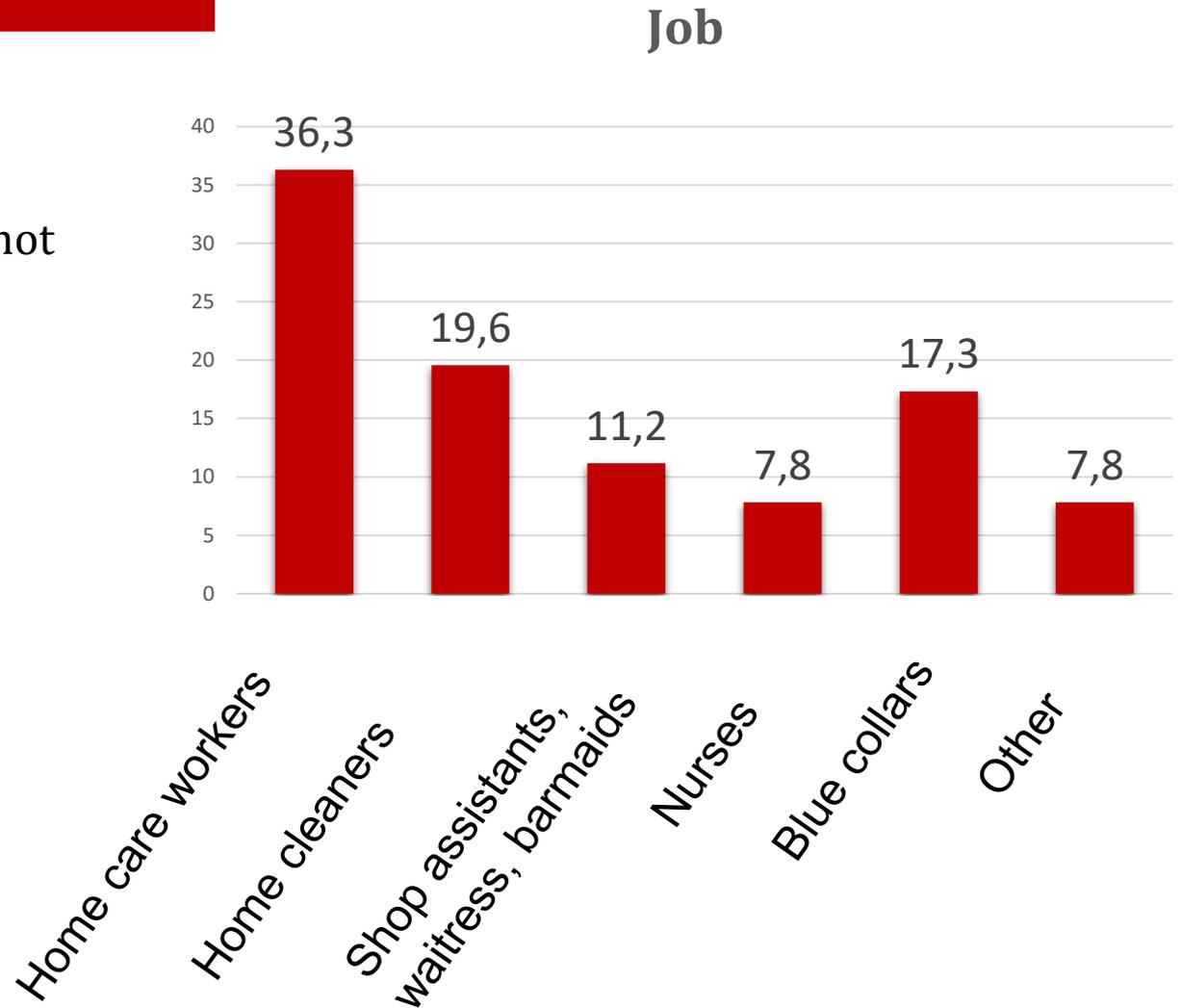
- Our sample: 173 female Moldovan migrants on 2500 legal female Moldovan migrants resident in Padua.
 - Why Moldovans? Because they are highly represented among domestic and care workers.
 - Why only Moldovan? To have a homogenous sample by culture
- Sampling method: venue based application on time-space sampling
- Research instrument: face to face questionnaire

2) In-depth interviews to domestic workers

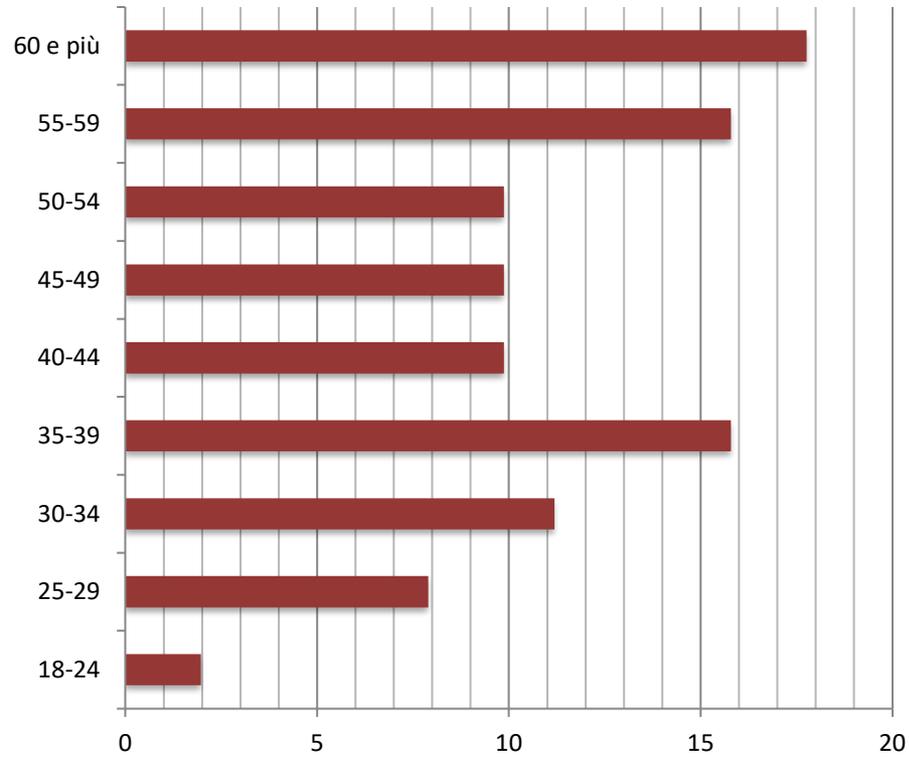
- 30 interviews
- 1/2 hours
- in Padua

Our sample

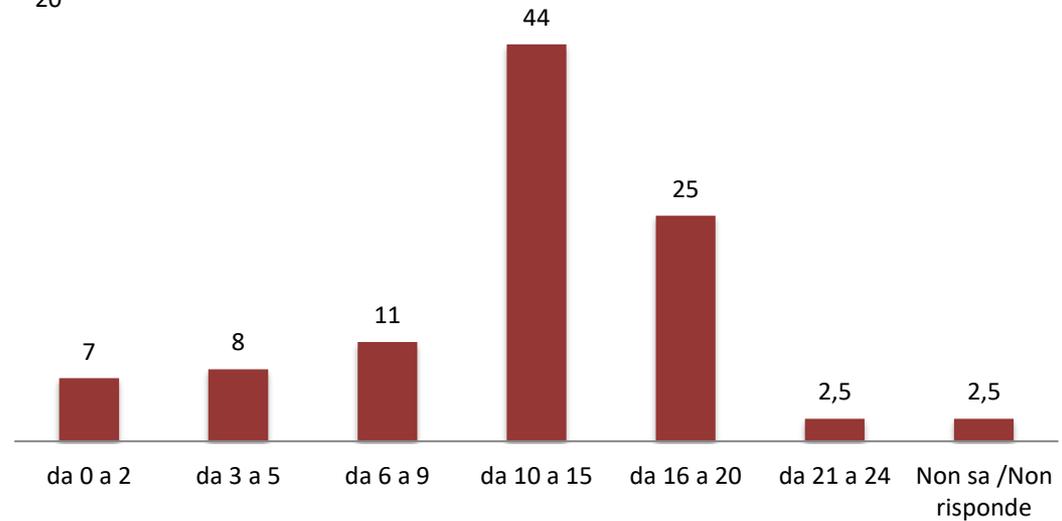
- 5% of interviewees were not employed, they were assigned to the last job



Age distribution



Years of residence in Italy (Percentage)



According to the doctor they are suffering from one of the following diseases:		Domestic and care workers	Other workers
		%	%
AFTER MIGRATION	Arthrosis or arthritis	34	16
BEFORE MIGRATION		8	6
AFTER MIGRATION	Lumbar pathology or other chronic back affection	34	32
BEFORE MIGRATION		3	7
AFTER MIGRATION	Cervical pathology or other chronic neck disease	30	23
BEFORE MIGRATION		6	7
AFTER MIGRATION	Diabetes	7	1
BEFORE MIGRATION		2	1
AFTER MIGRATION	Allergy, rhinitis, hay fever, eye inflammation, dermatitis, food allergy or other (excluding allergic-asthma)	30	25
BEFORE MIGRATION		11	12
AFTER MIGRATION	Depression	14	7
BEFORE MIGRATION		5	1,5
AFTER MIGRATION	Severe Chronic Anxiety	8	4
BEFORE MIGRATION		3	3
AFTER MIGRATION	hypertension (high blood pressure)	31	9
BEFORE MIGRATION		11	1

Tab. 1 People with anxiety and depression problems according to HSCL-10

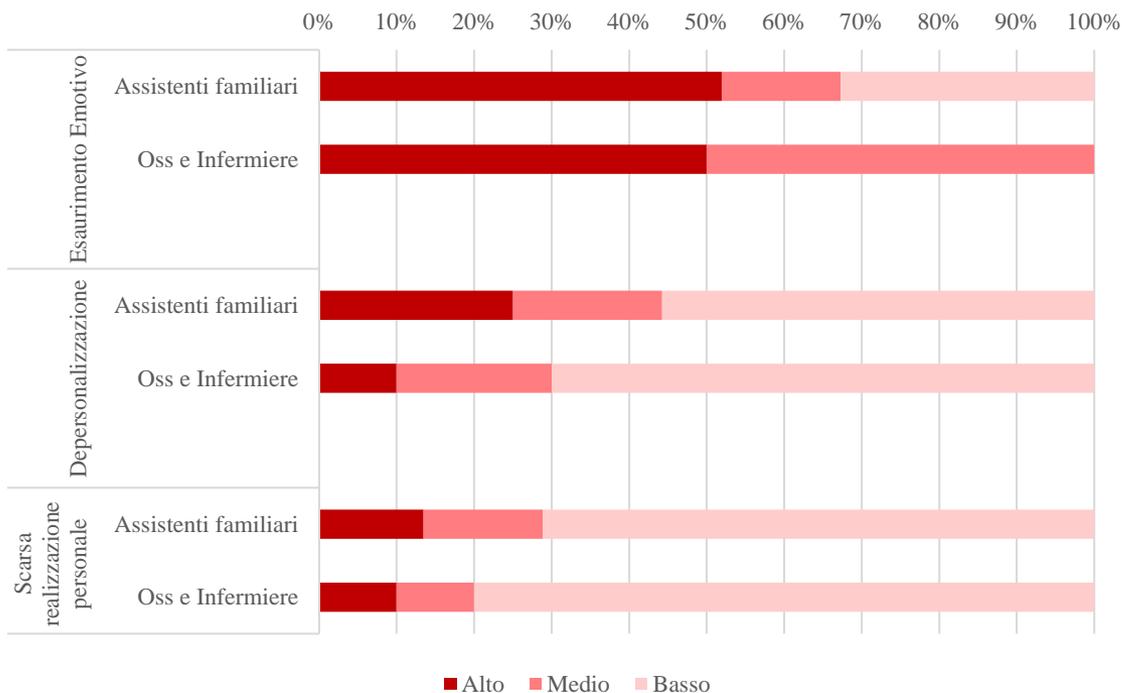
	N	%
Home care workers	13	24,53
Home cleaners	12	40,00
Nurses	3	27,27
Blue collars	3	11,11
Shop assistants, waiters, barmaids	1	6,25
Others	3	23,08
Total	35	22,73

71,43% (p 0,023) of those with mental health problems are domestic workers.

Tab. 1 Mental ill-health by work conditions

	<i>Mental ill-health (HSCL-10)</i>		<i>Tot.</i>	<i>P value</i>
	<i>Yes</i>	<i>No</i>		
Night work	31,11	68,89		0,041
She often finds herself in emotionally disturbing situations	37,93	62,07	100	0,035
Often deals with angry clients / patients	36,67	63,33	100	0,046

Fig. 1 Burnout



Il 52% of home care workers is affected by a high level of emotional exhaustion

Conclusions

- Domestic migrant workers have more health problems than other kind of female migrant workers.
- They are particularly affected by mental ill-health
- Domestic work is an arduous work
- Workers' occupational health should be improved and protected.