

Mental Health of Women Working in the Informal Economy

Devika Oberai^{1*}

ABSTRACT

The purpose of this exploratory study was to understand the research question-what the mental health of women working in the informal economy looks like given the nature of their work and the possible instances of structural violence. Qualitative interviews were conducted with 10 women. Braun and Clarke's thematic analysis (2006) was used to interpret the coded data and three broad themes dealing with challenges, violence and its implications and an overview of mental health were conceptualised, with varying sub-themes underneath them. From this study, one can understand the deplorable state of mental health, especially for women with the structural, financial and physical violence that they endure while dealing with unstructured and unorganised work to make ends meet, resulting in a role overload. This research can be useful for further policy decisions as interventions can be designed in accordance to the same. Most importantly, the research doesn't just quantify mental health concerns, but aims to understand the everyday life consequences of those concerns.

Keywords: *Mental Health, Informal Economy, Gender-based Violence, Income Inequality, Unorganised Work*

The informal sector was first highlighted in anthropological studies in the 1950s. It now is an important part of the economy, in many countries and plays a major role in employment creation, production and income generation. Beyond that, the informal sector can be characterised as being unorganised, with no fixed employer, or fixed wage, or fixed working hours. Workers hence, become vulnerable to exploitation by their employers. On being exploited, there seem to be hardly any legal mechanisms the workers can seek for redressal.

The term informal sector is now replacing 'informal economy' as the focus is not only on the economics of it, but also on other aspects of life such as unorganised forms of shelter, and state neglect - all factors contributing to a similar problem of deteriorated mental and physical health within people. It has also been noted that this sector is particularly prominent in the developing countries, as a consequence of increased capitalism, which makes the rich richer and keeps feeding them the power to exploit the poor, and make them poorer (Sassen and Duncan, 2018).

¹Research and Data Associate at SEWA Bharat, New Delhi, India.

*Corresponding Author

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All societies work on numerous power hierarchies, and women, seem to be on the bottom of most of them. It has been suggested that women in the informal sector are concentrated in small enterprises, which are often family based using simple labour-intensive techniques of production, which involves repetitive monotonous work. A large part of the reason as to why women continue working here stems from the unavailability of work most part of the year, and the belief that even a little amount of money is better than no money altogether, even if they have to work twice as hard for it. To that extent, sometimes they even end up doing unpaid work (Bhatia and Singh, 2019).

In the informal economy, finding poor mental health would not be surprising. Given the uncertain nature of the work, and the unpredictable lives of the people associated, the stressors in their immediate surroundings increase, making them even more vulnerable; putting them at a direct risk of development of mental illnesses (Lepore et al, 1991).

The issues of gender-based violence as well gets more intensified as one moves to the informal economy, as legal redressal becomes more difficult, and hence the presence of deterrence mechanisms decreases. Perhaps, the idea rooted in the structures of the society-viewing women to be objects, and men to be entitled enough to do whatever with the apparent “objects” of their desire, still continues to be taken seriously in households across the country, making women more vulnerable (Szymanski et al, 2011).

There is a positive correlation between informal work, and it being a risk for poor mental health, indicating that the nature of informal work, is likely to put women employed at high levels of stress, hence endangering them to develop various mental disorders (Santana, 1997). This stressful environment can also lead to a complete ‘burnout’ of resources. Hence, reiteration of labour rights, especially in the informal economy becomes important, to protect women from its harmful consequences. Similarly, a relationship between workplace environment and psychiatric morbidity has also been noted, and it has been argued that Common Mental Disorders (CMDs) are associated with reduced workplace productivity, anticipating that this impact is greatest in developing countries. The more pressure that is put on an individual, the more is the propensity of him/her exhausting their resources, hence leaving none for things like emotional regulation (Clark et al, 2012).

Given these deplorable conditions, the poor state of mental health is evident. The rationale behind this exploratory study is to examine, in more detail, what lives of women working in the informal sector look like, and what the subsequent impact of the same on their mental health is. Previous literature in this context has only quantitatively examined the percentage of women suffering from various mental disorders, but has not focussed on understanding their manifestations in their daily life.

METHODOLOGY

Objective

The aim of this exploratory research was to understand what mental health of women working in the informal economy looks like given the context of their work in the inequitable societal structure.

Participants

10 women (members of SEWA Bharat) working in the informal sector in New Delhi were chosen for this study. They were all married and had at least one child (ranged from being 30-45 years). Unmarried women, women with no children and non- members were excluded

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from this research. Their occupations ranged from them being a domestic worker, to a street vendor to a construction worker- all work that did not have a formal structure or employer.

Research Design

This study was qualitative in nature, with in depth interviews being conducted and recorded with the consent of these participants. Snowball sampling was used to select the participants and the interview recordings were transcribed and then coded. Further, the data was coded using MS excel and Braun and Clarke's thematic analysis (2006) was used to understand the responses better. Confidentiality was maintained and informed consent was prioritised.

Tool

The interview schedule was built after doing a thorough review of literature. The tool was then verified by other researchers and colleagues in the organisation to establish the validity of the instrument. The tool aimed to understand domains like the nature of their work, presence of anxiety, stress and depressive symptomology and instances of structural violence.

Procedure

The area of the study was chosen after a literature review and research question was formulated. The interview schedule was then made on the basis of the review and was sent to other researchers in the organisation as well. The participants were selected through snowball sampling and interviews were conducted (and lasted for 30-45 minutes) and recorded after obtaining their informed consent. They were further translated, transcribed and then coded. Thematic analysis was used to understand the responses of the participants better.

RESULTS

Table 1: Themes and sub themes analysed from responses; n=10

Themes	Sub Themes
An overview of challenges	Uncertainty of wage employment
	No access to healthcare
Gender Based Violence- prevalence and impact	Financial control v/s financial violence
	Emotional violence intertwined with domestic abuse
	Normalisation of violence
What does mental health look like	Stress, burnout and physical exhaustion
	Shades of Resilience

DISCUSSION

Quantitative studies indicate that 95% of the people employed in the informal sector are prone to mental disorders of varying nature. However, most research does not talk about how this affects their everyday life (Santana 2007).

Hence, through this study, the larger aim is to understand how these mental health issues play a role in the lives of these women, primarily in terms of their work productivity and financial stability, as these two are the most important parts of their lives.

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An overview of challenges

This section highlights the challenges the respondents have to face, as a result of being a part of the informal sector.

On being asked, most respondents had a set of similar challenges they had to face. Things like wages, and improper working conditions were the common ones that almost everyone complained about, and things like having to walk in the heat for hours were more specific to street vendors, while for the home-based workers, absence of a fixed employer, who may/may not tell them the price of the piece to be made beforehand, seemed to be more important. These challenges have been argued to be demotivating to them, preventing them to invest fully in their work, only making the nature of their job more difficult (Aspaas, 1998).

Uncertainty in wage, employment and relationships

All women unanimously complained about not being paid well. The home-based workers are paid on a piece-by-piece basis, the construction worker seems to be paid on a daily basis and domestic workers get paid on a monthly basis, and street vendors and construction workers alternate their profession due to seasonal nature of the job.

The domestic worker complains about the fact that her bargaining with her employer would make the employer hire someone else, putting her at a risk of losing her job. Even their marital lives are uncertain, as the husband is either absent, or is a source of distress. The same amount of uncertainty can make them more prone to stress and burnout- contributing and adding to their already high levels of distress (Loewenson 2002).

No access to healthcare

One individual in the women's families has some health-related issues which cannot be dealt with due to lack of resources. These range from a street vendor's son having a piece of glass stuck in his eye, to another home-based worker's son having anger issues and getting into frequent fights, to a domestic worker's husband, being an alcoholic. Here, resources are not limited to financial resources only. The woman with an alcoholic husband doesn't know where to get him treated, indicating that information, as a resource (Cleveland, 1982) is also absent. For them to go around finding doctors, with the kind of work they do becomes almost impossible and no local healthcare centre is present in their immediate vicinity. This results in one of two things- either they wait for treatment, leading to delayed treatment of a worsened problem or they access drugs or medications, unsupervised, leading to worsening of health conditions (Selvaraj and Karan, 2009). One of the participants reported-

“My husband is an alcoholic and wastes all my money on his indulgences; I really wanted to do something, wanted to save my money, if not him. I didn't take him to any doctor, I didn't know where I could find one. But one day one of my friends mentioned this white powder that chronic alcoholics can be given, so I borrowed that and gave it to my husband. It didn't change much so maybe it didn't work.”

Gender based violence: prevalence and impact

Violence is not always explicit and evident; not all instances of control can be classified as violence as there's a fine line difference between the two. While control is about taking authority and charge, at all points in time, violence is about misusing that control and causing distress in the process (Tanha, 2012).

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Gender based violence, has been one of the most common occurrences, especially when it comes to women. It's not necessary that one would see it in being manifested in physical terms, but other implicit manifestations are also just as common (Carruthers, 2013).

Financial control v/s financial violence

Financial control has been argued to be about having access to the finances in the household, and supervising them (Gage and Hutchinson, 2006). This would imply that the wife has to take the husband's permission before accessing the household finances, since he is the one having control over it. Violence, in this context, can be argued to be an extension of the same, i.e., when the husband won't let the wife have any access to these finances- even if she has contributed to the same. This further limit her independence and sense of agency, both of which tie her to the abusive husband more.

In this study, the existence of violence as well as control, both were common. While some women complain about not having a say in management of household resources, even when the husband spent most of it in drugs and alcohol, other women complain about having to ask for permission of the slightest of things. To that end, husbands denying 'permission' to women's own money was also not uncommon- leaving her in a state of despair with no economic mobility or agency.

One of the participants said-

"it's the norm that the man controls the money, I can't use it without taking his permission. Yes, he can say no to me for the same, but there's nothing I can do about it. If I have to choose between my man and my money, I can't not choose my man".

Emotional violence intertwined with abuse

Another common occurrence was violence in intimate, familial relationships. What makes it interesting, is its identification as something which is not related to violence in any way, as it is treated as being very "common" (Wood, 2001). Here, this ranged from their husbands hitting them when drunk, and then attempting to make up for it when sober, making the wife look unforgiving and evil if she refused to put up with it, to sons not respecting their mothers, discarding her most basic of requests, and leaving her on her own to manage her work and the housework. The women didn't complain about this either, i.e., didn't think some implicit forms of violence and control were "problematic" per se.

Normalisation of violence

In terms of its impact however, most of the women reported it as a casual occurrence, in a matter-of-fact way. They didn't seem to be upset about it, neither did they appear to be particularly distressed while narrating any of these instances. On being asked if they had done something to stop it, all of them unanimously refused, as if it wasn't important enough to be looked into, or they perceived themselves as too powerless to be doing anything (Bachman, 1994).

One of the respondents said that-

"Yes, when he's drunk, he beats me up sometimes, but I can't take him seriously since he's not in the right frame of mind. He is very nice the next morning, usually not remembering much and behaves well- so I never thought of doing anything about it."

Further-

"honestly it's not a lot to put up with and it's not uncommon. What kind of a person will I be if I don't forgive him later, when he's behaving nicely and asking to be forgiven?"

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Normalisation here could be referring to the gradual process of internalising these acts of aggression; coming to terms with the negotiations based on which they have to live their lives, and hence just accepting it as a part of ‘normal’ (Gracia, 2004).

What does mental health look like?

Amongst the women interviewed, signs of constant worrying were perpetual. Women reported over thinking, which made them unable to sleep at night, and also getting overwhelmed by almost every new, changing situation. Most of them constantly worried about things like the loans they had to repay or the children they had to get married, giving them stress. Others felt agitated and were restless throughout, making them unable to concentrate on the work they were doing. Beyond this, they were also fatigued, which made indulging in physical activity difficult. Almost all women interviewed complained of these symptoms, in different variations putting them at risk for generalised anxiety disorder.

Relatively lesser women reported symptoms indicating depressive disorder. Some of them said that getting out of bed in the morning was a task as they feel tired when they wake up and others reported this tiredness to be constant and perpetual, throughout the rest of their day. This further made them inhibitory of social interactions, and made them feel like not eating, which is why they had been skipping meals, without bothering about the same. Furthermore, the constant feeling of tiredness and fatigue made falling asleep at night difficult, and made them wake up early in the morning, even before dawn. Most of them have large families and having to feed them from their limited income becomes another cause of concern for them. Poor physical health combined with lack of savings, makes them even more vulnerable, as they will have no way of sustaining themselves if their body gives up and stops working.

One participant reported –

“sometimes I just can’t sleep at night because I’m so worried. People tell me that the things I’m worried about are too much into the future and I can’t control them; but I’m helpless.”

Stress, burnout and physical exhaustion

Stress is defined as a feeling of strain and pressure. It is usually experienced when one’s ability to cope with the environment is lesser than the pressures one is facing in the environment. The women complained of being in a perpetual state of worry, being unable to stop thinking about their kids and the future they can (and cannot) provide for them, or about the nature of their work which doesn’t give them the privilege of planning things ahead. An underlying cause for the same appears to be *role overload*- since it's not just economic work that this woman is expected to do, but she’s also burdened with domestic responsibilities-leaving little to no time for leisure activities or even “restful” periods.

On probing further, it appeared that all of them have reached physical burnout, where the resources of their body are now inadequate to help them work. Despite reporting numerous physical problems like high BP, constant headaches, stroke, heart attacks, constriction of chest muscles resulting in breathlessness, none of them have had the privilege to take time off work, as this directly translates to losing money. However, the only point at which their physical and mental health comes before their work, is when the immediate threat becomes instant death due to heart attack, or high BP. All of this can be seen to be a direct result of the poor working conditions, and the ‘role overload’ women have to face, as they take care of household responsibilities while managing work demands (Glynn et al, 2009).

One of the participants was noted saying that-

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“I haven’t taken a single day off in months but I finally had to quit and be at home because of my BP condition- if my BP increases anymore, the doctor said I could get a heart attack and die and hence working anymore was simply not an option. Its only because of this I stopped working and now we’re dependent on our children.”

Shades of Resilience

Another interesting component in all their lives, has been resilience, i.e., their ability to bounce back after stressful conditions (Seligman, 2009). Their threshold for stress, seems to be higher than what it is for other people, with more relaxed lives. Which is why, even after facing tough situations, like losing a spouse due to death, or divorce, or domestic violence they continue living their lives. It appears that this resilience is a product of the way their lives work; despite the structural violence, poor physical and mental health, their lives don’t stop for anything. The reason they bounce back, and don’t take time to grieve or mourn about any of this, is perhaps because they have other pressing obligations that need to be looked after, or because they don’t have the privilege to grieve losses, which have been innumerable (Goodman et al, 2017).

Limitations and suggestions

Despite the small sample size, lack of generalisability and being locationally limited, the research has implications for policy makers. Interventions to foster mental health in communities via teaching effective stress management, interventions to build resilience and providing information about things like subsidised healthcare are all suggestions that can be taken up. Moreover, this research can be used as baseline data for more similar researches with larger samples.

CONCLUSION

The aim of the study was to understand the question- what lives of women working in the informal sector look like, and understand its impact on their mental health and its manifestations. It was noted that due to the deplorable working conditions, women are stressed and burnt out. Most of them also deal with anxiety and depression symptoms, which can only be diagnosed on consultation with psychiatrists or clinical psychologists- who they don’t have access to. It was observed that healthcare, or even information about subsidised healthcare is absent. To that end, violence and control were also seen in different ways- ranging from being financial to physical in nature, and its normalisation was also evident. Nevertheless, the resilience these women have developed to deal with any and all kinds of challenges has been what has kept them going for years, and supporting their families despite the role overload, the deteriorating physical and mental health. Future research on these lines can prove valuable.

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Conflict of Interest

The author declared no conflict of interest.

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