

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

The ILO convention 189, mention the rights of domestic workers as live in and live out, wages, health or other insurance, other facilities etc. It should be focus on domestic work is a decent work in the globally. At present world is the world of modernization and the advancement of science and technology. There are astonishing discoveries of science which have changed the human life with the advancement of science and technology. Various kinds of fatal diseases or pandemic have been developed as the challenges to the human being. At the present, one of the most pandemic has been serious imbalances in human being which is known as COVID-19. Corona virus is one of the more dangerous problems created by the pandemic called Corona virus 2. Corona virus is the flying drops transmitted infection which has been emerging as burning issues all over the world in short time and great numbers of people have already died due to Novel Corona virus 2.

The newest and most frightening yet discovered was first documented in 17 Nov, 2019 in Wuhan city of China known as Corona Virus. When it is found in China named Novel Corona Virus. After in short time it is spread over on the world. The World Health Organization (WHO) was name as COVID-19. The hallmark of these breaks down of immune system the system that ordinary protects the body against the infection. Because of the collapse of the body defenses, people with Corona Virus get a variety of rare intension known as opportunistic usually found only in cancer or transplants whose resistance is lowered by mediations that impair immune responses. Corona Virus is caused by COVID-19 which is spread through mouth, nose, ear etc. specially flaying drops inter one of the healthy man

body. The most common method of transmission is unprotected human behaviors contact with the COVID-19, infected people. Other routes that include transmission of COVID-19 do not use protective equipment's as mask, globs, guan etc. In this way the lack of distance maintaining and regular hand washes with soap and water.

The global COVID-19 pandemic not only devastates individuals who become infected but also attack their families. Although the prevalence of COVID-19 in the worldwide new one during the last year. There has been wide spread of COVID-19 pandemic resulting in one of the major components of health hazards. The prevalence rate is even high in developed countries than the developing countries. There is the knowledge of COVID-19 and their treatment is less accessible in the world. The worldwide prevalence if Corona Virus is increasing day by day with the immergence of COVID-19. The awareness of it has become important and necessary too. Recent data from population based survey in selected American and European countries show that the proportions of elder or oldest people who have less immunity power of body. They also have become any kinds of long term affected by the Corona Virus it is a not new but feel very dangerous disease.

The WHO has estimated that four million people in the world are infected by COVID-19 and the largest number is in America after than European countries. Everyday nearly 100,000 people are infected by COVID-19. Similarly, by the end of 2020, more than five billion were infected patients world over in the countries this represents a jump up over the largest increase ever in one year (WHO, 2020).

The first COVID-19 infected in Nepal was identified in 2020 June, then after the absolute number of COVID-19 infected persons are increasing gradually every day by day. The oldest and elder young population is more likely to have COVID-19 infected in Nepal as the global scenario, surveillance data is

searched in Nepal. However, estimates based on the limited data indicate COVID-19 prevalence is correctly around 0.01 % in the general population.

The Nepal Government Ministry of health and population has reported that four people are COVID-19 infected. The number of this infected people is increasing at an alarming ratio. Nepal Government Ministry of Health and population have estimated on average of 2, 50,000 COVID-19, positive people in Nepal (Nepal Government Ministry of Health & Population, July 2020). In this way COVID-19 pandemic is one of the most serious health concerns not only in Nepal but also in the world today. Because of its high case fatality and lack of correct treatment and vaccines in different countries, in the researcher sight, most of the health worker, security force and social workers are more risky involve in their profession. Some of them give their service most of the Kathmandu districts respectively. During their profession they may stay with infected patients' as well as disease. They may have lack of knowledge about COVID-19, lack of personal protective equipment (PPE) and bad behaviour and some of them may have rare knowledge about it as well as mode of transmission, symptoms, preventive measures and the ways of remedy. If they have proper knowledge about the COVID-19, the research helps to have access to get knowledge about diseases and awareness COVID-19.

Most of the Corona Virus infection in Nepal is because of unsafe behavior or carelessness. The infection is most seen among long time disease affected people. They may have immunity power less during the traveling or mobility period they will infect by the virus. The group of mobile people such as health worker, forces as army, police and social worker etc. is most found to have been involved in mass people, frequent contact with infected.

Generally most of the Domestic workers come from extremely poor socio-economic background, most of them are illiterate and they may have only

limited access to COVID-19 knowledge. They even do not know about the disease, symptoms, mode of transmission, treatment and preventive measures. So, domestic workers have probably enclosed with multiple employers or risk behavior may be forces behind the spread of fatal Virus.

The Kathmandu is that district which is connected with 76 districts because of it is kingdom of Nepal. It is in Kathmandu valley there is three districts as like Kathmandu, Bhaktpur and Lalitpur among them the Kathmandu is one of the important in multiple aspect. Most of the people of Kathmandu worker in many professions like, hotel business, transportation, trade, domestic worker too. The domestic workers are one of the most vulnerable groups for the transmission of Corona Virus. Most of the domestic workers engaged in unsafe working practice and they may become at the high risk of COVID-19 transmission. The prevalence of COVID-19 among elder, oldest, youngest people is increasing every day. So, it is necessary to find out knowledge and well behaviour of domestic workers towards the COVID-19 and safety hygienic behaviour among the domestic workers of Kathmandu.

Understanding how Corona Virus spread is the first step to avoid infection. In average, only developed region more infected in comparison the developing region have a comprehensive correct knowledge of COVID-19. Though global averages remain slow, numbers of countries have made impressive progress in increasing people knowledge about COVID-19.

Nepal is also one of the developing countries and it may probabilities of having infection of COVID-19 infected person. Bulletin comparison to Europe America the COVID-19 did not caused continuously. It will be big problems to Nepal it spread widely like Europe and America. According to WHO, the present situation of allowed to persist could lead a point in which COVID-19 become a commonest causes of death in the next years. Although substantial progresses are in information education and communication

(IEC) as well as behavior change communication (BCC) have been made during this year in Nepal. Most of the societies are still closed and traditional with myth and bad conception about health care, preventive and transmitted infections COVID-19 and viral pandemic education. The viral transmission is found to be one of the commonest roots of COVID-19 transmission in Nepal. So, the clients of the domestic worker are at risk from COVID-19 due to unprotected their work. In Nepal the highest numbers of COVID-19 infected age groups are oldest, elder and youngest followed which are constituted respectively (The Government of Nepal, Ministry of Health & Population, 2020).

Empirical study shows that Nepal has the conditions conducive to the rapids, wide spread transmission on COVID-19 from high risks sub population to the general public. Data include that Nepal has progressed from being a low prevalence, low risk countries, in the world with poor health service, low level of literacy, high prevalence of socio-economic disparities, along with gender, caste, ethnicity, occupation, religion, development progress. Now most prepare to fight against the COVID-19 pandemic that in growing of the country. Though the Government, NGOs, INGOs, COVID-19 education consultant and information experts argue that mass awareness about the disease has reached on adequate level but the talk is that such an argument is often reflective urban bias. Today the vast majority is of urban resident have knowledge of Corona virus but majority of rural people knows focused in cities and urban area or only any workers group, focused on certain age group like domestic workers, long term patients. Although awareness spry by Government all over areas but lack proper using media and communication means it may remain consultant to those we conduct face monthly book. The community level especially in rural area where the exposure to mass media is least. Domestic workers come from marginalized socio-economic background. Most of them are

illiterate and even among the literate once. The literacy rate is relatively lower with this talk with background. It is social services and information; they may have only limited access Corona Virus information and knowledge with regard with their mode of transmission, treatment and preventive measures.

Furthermore, since these programs those are available for and targeted at local residents are more difficult to access by these domestic workers. These domestic workers probably have job with multi places owner. There may be one of the forces behind the spread of the fatal Corona virus / COVID-19. In this context undoubtedly the case of domestic workers of largest cities workers could hardly bear an exception to the alarming and amusing evidences elsewhere. The domestic workers may be blamed for Virus transformation and so the need for the analysis of this particular with this regard the present study deals with the current burning issues and so its signification can be exaggerated.

The prevalence of COVID-19 among the different socio-economic status group in urban domestic workers is also independent group of people having moving socio-economic status and interpersonal relation. They constitute a high risk group because of their marginalized socio-economic background and those they have higher probability of having domestic workers (DWs) without protection. Hence, the policy makers development and program managers can't ignore this group of people if their success in preventing and controlling COVID-19 as well as to get MDGS goals no. 6 and "zero new infection, zero discrimination and zero any virus related death" (UN Political declaration 2012, cited on Nepal progress report 2012).

1.2 Statement of the Problem

The COVID-19 is one of the most dangerous and harmful for human body. There is most transformation on the basis of questioner and objectives of the study there are many more problems created by the COVID-19 pandemic for every human being. The pandemic disease mostly affected to all types of laborious sectors as like transport, construction, tracking and traveling, hotel, restaurant, education, security and DWs etc. Among them mostly affected domestic works. The major points of problem of DWs as follows:

- The present study in this group of people would definitely provide specific data on the knowledge and prevalence adopt coherent policy and program implementation to combat the problem.
- In this selected area no study has been done on knowledge of COVID-19 and healthy behaviour among the domestic workers.
- Without data and information no plan and policy can be formed. In this area there is high number of people infected by COVID-19.
- To reduce Corona virus prevalence rate among oldest, elder, youngest and suffering from long term patients, it is necessary to find out sanitation and hygienic behavior as well as knowledge of COVID-19 to domestic workers.
- This study provides the data about knowledge of Corona Virus and that data will be helpful to design corona virus pandemic and prevention program in this area.
- Therefore, the problem was stated as "knowledge of COVID-19.
- The domestic work is a decent work but the owner householder did not support and respect them in the working
- Government also does not recognize till now, domestic workers.

1.3 Objective of the Study

The overall objectives of the study will be to examine the condition of knowledge of COVID-19 and health and safety hygienic behavior among the domestic workers. This survey is specifically targeted for domestic workers in Nepal in order to explore and reflect upon their health working and living conditions during this COVID-19 pandemic. The specific objectives of the study are as follows:

- 1.3.1 To access knowledge of COVID-19 among the domestic workers.
- 1.3.2 To explore any possible impacts of the COVID-19 pandemic on working conditions of domestic workers;
- 1.3.3 To ensure that domestic workers are given health and safety equipment while working in employers' houses;
- 1.2.4 To ensure that domestic workers have access to information about COVID-19 and know how to protect them.

1.4 Significance of the Study

Knowledge of COVID-19 and hygienic behavior among the domestic worker is one of the studies which help to examine the knowledge on COVID-19 and safety hygienic behavior. The study is significant because the DWs are one of the most vulnerable groups for the COVID-19 infection and they are involved in unsafe working. The significance of the study is as follows:

- 1.4.1 The study provided socio-economic and demographic characteristics of domestic workers.
- 1.4.2 The study is able to draw out actual figure regarding the knowledge of COVID-19 and hygienic behavior among the domestic workers which is important to formulate plan for policy makers.

- 1.4.3 The study finding may be useful to organization and people who are involved in the field of COVID-19 and safety hygienic behavior.
- 1.4.4 The study has provided secondary data regarding COVID-19 for those who involved in the study and research about corona virus.
- 1.4.5 The result of study helps to sensitive the DWs regarding the situation of the COVID-19 and safety hygienic behavior as well their practice.

1.5 Limitations or delimitation of the Study

Delimitation of the marked has been concerned to time, financial recourse / materials to make the study more valuable. The limitation/delimitation of the study has been listed follows:

- 1.5.1 This study is focus based domestic workers of Kathmandu Metropolitan of Kathmandu district
- 1.5.2 This study focused domestic workers whose are related with DW.
- 1.5.3 The population of this study has been limited over on the domestic worker of each house of Kathmandu district.
- 1.5.4 The study centered on COVID-19 related safety hygienic behavior like safe workers in domestic workers.
- 1.5.5 The conclusion of study is not generalized other workers of domestic.
- 1.5.6 The study was descriptive and purposive sampling method
- 1.5.7 As DWs, the budget and other resources have been limited.
- 1.5.7 The domestic works is one of the decent works but it has affected by the COVID-19 pandemic in the Nepal.

CHAPTER TWO

REVIEW OF LITERATURE

Review of literature is an important part of any kind of study. It gives insight to the researchers on what other says on the topic he / she is going to research on. It also helps to gap in the past literatures some available related materials like books, thesis, study report, magazines, newspaper, internet websites which is related to the subject will be review to support and guideline the study.

2.1 Theoretical study of Literature Review

In the employment developer is not only government, more than seventy percentages of Nepalese people working in the private sectors as Health and education, hotel, restaurant, truism, tracking, security forces, out sourcing company, construction, street vender, transportation, factories, self-employment, agriculture etc. The private sectors are two types as like formal and informal. The academic sector is formal and non-academy sector is called informal. The COVID-19 pandemic affected both sector.

In the COVID-19 pandemic informal sectors as domestic workers must be affected. The domestic work is an urban based labour sector there live in and lives out in two categories. The live in DWs are maximum full timer who did not lost their job and live out DWs are mostly part timer work maximum those loses their own job. The domestic workers work different types of the title as cleaning, washing, cooking, caretaker etc.

According to National Labor Academy, in COVID-19 pandemic is the working labor sector most of the affected sectors. There is different sectors for the working labour among all them an informal sectors home based and self-employment work hurdled by raw materials shortage twenty percent of the lockdown. Same way the domestic workers had been 80% loses their

job. The pandemic become huge problem to workers as lockdown second week they had feel difficult situation because of they become job lose, finished their small saving. So they went to go own home places by food with long time traveling. In case of Kathmandu valley, not less than eight million returned to their homes of outer districts of which less than five percent returned back recently with a little relaxed situation. Newsroom, ILO website, uncertain future is indicated by ILO Director General in his May Day statement, the new normal after pandemic is over may be dictated by constraints imposed by pandemic rather than our choices and preference". He has also analysis that an extraordinary precariousness and injustices of our world of work is exposed in a cruelest way by the pandemic in the form of current crisis. Besides socio-economic, demographic and cultural factors are also major reasons of pandemic.

Free movement of people is restricted by restricted by spread of pandemic and international borders are sealed. In our case in Nepal, the border dispute between Nepal and India basically caused by big-brother mentality of India Government may disturb the fight against pandemic and economic recovery. In addition the internal political problems in major political both ruling and opposition have also added fuel to uncertain in Nepal.

Among the domestic workers, part timers lost their job as working women have stayed at home during lock-down. Part timers remained in the cities through their job of four to five houses reduced to one to two houses. Full timers and mainly live-out (residential) DWs did not lose their job, but stress of work increased. The part-timers are suffering of non-payment of full wages, in most of the cases, only half of their wages are paid by the employers, through the employers are also facing loss of income in few cases. Even the caregivers lose their jobs and all DWs have got zero cash relief in the lockdown period. The Nepal government request do not ask house rents with house-workers but most of house-owners were not

sympathetic in such extremely difficulties situation even though someone of house-owners increases rents in this period. Because of COVID-19 crisis and lockdown altogether thirty percent of part-timer DWs left the capital city Kathmandu valley. In capital, Kathmandu valley more than sixty percent part timers DWs still need food relief. Very few employers have provided one-time assistance to their workers in credit and cash.

There is some cases of Corona Virus infected positive but non-death cases by the COVID-19 has been witnessed among the DWs. Hence overwhelming majority of DWs is out of any insurance scheme and are exposed to risk. Maternity cases during lockdown definitely facing critical condition two women have lost life in totality by the corona infection during the maternity. Among them, DWs three cases in capital city and two cases out of capital province one of maternity have been witnessed up to June.

2.2 Empirical Literature Review

The Nepal is lies in between two largest countries as China and India. It has two close neighbors who have locked us by land borders, have been the large playground of Nepal Novel Corona virus-2. The policy response of both these close neighbours is significant for us in effect and control. Latest total infected countries as like two hundred and twenty one in the world.

We are facing the problem between China as the origin point of COVID-19 in its city **Wuhan** from 17 November 2019. In April 2020 the China had already crossed the extreme path of COVID-19 attack. The first quarter of 2020 AD was the most difficult period for China. In the second quarter and additional one month of July, China has taken full control in infection and death, ultimately recovery of the infected persons tending towards cent percent of COVID-19 Pandemic as soon as.

Worldometer (31 June 2020) in the inter period from April 30 to July 31, additional number of infected persons is 1430 and death of only 1 person.

In this way, the policy and action of the government and people of China has been highly appreciated in the first quarter which continued for excellent results. There were more success policies of China government. In the case of worker the China government adopted policies as follows:

- Guidelines for employers to protect workers' health.
- Prohibition of discrimination on the ground of COVID-19.
- Protection of medical workers through various especial favors
- Protection of community workers.
- Flexibilisation of working hours.
- Injury benefits extended to workers who became infected at work.
- Temporary Reduction of employers' contribution for to social insurance schemes.
- Unemployment social assistance for maximum 6 months to the unemployment not eligible for unemployment insurance benefits.
- SMEs with low lay-off rate to get refund up to 100% of previous year's unemployment contribution.
- Adopted Basic Health Care & Health Promotion Law especially for workers including OSH improvement.
- Allocation of 250 Yuhan by ACFTU as poverty relief fund for low income workers.
- It focuses of ACFTU to the workplaces and sectors of women majority.
- Direct guiding by ACFTU for collective negotiations on flexible working hours, teleworking, wage arrangements and supporting measures in women concentrated sectors.

The India is third highest rate of infection, after the USA and Brazil the second quarter terrible for India. Worldometer from Google 2020, considering the figure of infection, death and recovery, infection increased in India from 33,610 on April 30 to 1,690,546 on July 31 during the 3 month period and the death toll from 1079 to 36497 same period, infection by 50 times larger and death by 34 times larger as exposed. Recovery of the infected persons on during same 3 months is fast from 8437 to 1,091,018 by 130 times larger. Through recovery is good, but virus spread and death toll are horrifying in spite of low in percentage increase.

Looking at the trend had very difficulties of the last month in December, 2020 as there is high risk of community level infection in the various cities and rural areas in India. Inside of the lockdown March 25, the infection of COVID-19 gained speed and naturally economy witnessed severe adversities and slowdown. The policies and action towards recovery, life-saving, health protection, food assistance and many more demands of the bad times have been address by the Indian Government as follows:

- Direct cash transfers of the USD 13 for pro-poor persons, windows and disables and USD 19.6 for 200 million poor women.
- State government to release funds into bank accounts of construction workers using cases and construction workers' welfare Board.
- State government to arrange food and shelter for poor and needy workers including migraine workers at their place of the works.
- During lockdown period house rents not to be demanded to workers.
- Advisory issued to the employers not to terminate workers, causal or contractual and not to reduce their wages during lockdown.
- Central level trade unions and worked for humanitarian services in local level, PPE and training for front line workers

Indian Government has declared free ration up to Deewali Festival end of October to 800 million citizens under Poor Welfare Food Scheme. In people level initiatives from social and religious organizations for food assistance to the needy individuals and families is quite exemplary in India, for instance a Gurudwara of Sikh Religion in Delhi distributed food for 200,000 needy people in different location everyday during April.

ILO (27 May, 2020) in order to lessen the impact of COVID-19, ILO has recommended four pillars of Action to address all possible issues of economy, work, workplace, workers, livelihood and working families. These pillars are as follows: Pillar-I. Stimulating the economy and job

Pillar-II, Supporting Enterprises, Employment and Incomes

Pillar-III, Protecting in workplace

Pillar-IV, Using social dialogue between government and workers' & employer' Organizations to find solutions to the problem

UN Policy Brief (June2020) among the policy responses and actions, it is witnessed that 170 countries have allocated \$ 9 trillion for fiscal structure plans. Mentionable are wages subsidies, direct income support to the working people, cash transfers as emergency income grant, temporary public employment programmers in relief, MSME focused programmers, targeted policies / programmers for hard-hit groups, sartorial policies for hard-hit sectors/sub-sectors etc.

NLFS (2017 / 18) presented concerning home-based and domestic workers through the number by place of work reveals that workers at home in number are as much as 916,000. The number goes up if we add those who work in workplace structures attached to home and worker working at the house of clients / employers. It gives us a figure equivalent to 1.7 million

(25 % of total 7 million employed) workers. In addition, there is equally large number in domestic work as high as 1.38 million nearly 20 % of the total number of fully employed workers in Nepal.

Home Workers Trade Union of Nepal (HUN) is affiliate of the International Domestic Workers Federation (IDWF) it-self mobilizes members to get food relief as rice, pulses, salt, sugar, potatoes, oil etc. to needy DWs, HBWs from the NGOs, CBOs and ward Municipalities. It also mobilized small funds from IDWF for safety material mask, gloves, face shield etc., sanitation material as bath soap, wash soap, sanitizer etc. and medical instruments as like thermo meter and some types of medicines too more than one thousand DWs. HUN has conducted more than dozen virtual meetings with IDWF and other national / international partners about COVID-19pandemic. The HUN executive secretary Miss Gyanu Maya Kshatri is an Asia representatives of the IDWF, she has cooperated the DWs and focused on the single or widow women for foods and health sanitation materials and medical assistance. In order to expand mutual help, HUN activated the passive cooperative and started saving group and Social Protection Funds (SPF) as named “HUN Saving Group” there is minimum two saving per month and two hundred and twenty rupees every yearly for Social Protection Fund (SPF). HUN is also lobbying and advocacy going on through virtual invitation and meeting for policy pressure and registration of works for contribution Based Social Protection Fund is planning for demonstration in capital city of Kathmandu. So, domestic workers job should be decent work all workers only one goal.

Zee News (19 April 2020), socialization crisis with no big gatherings, no dinner / lunch parties, no seminars, no huge, having social distancing as a normal life practice. Thousands of audience in stadiums may become a part of history. However, social distancing is beneficial for free thinking, for instance, during Plague of 1665-66 in London; Isaac Newton came with new discovery by his home as Cambridge University was closed.

Pandemic 2020, ILO has organized virtual global summit to address economic and social impact of the COVID-19 aiming at building back better in the post-pandemic. The summit involved two hundred and seventy five speakers from ninety eight countries with fifty four Heads of the States and five Heads of agencies. The single outcome is the unified message in one sentence-*We Need a Better Future of Work after COVID-19 with Decent work For All.*

The major and common question to deal with and resolve are twins:

- How to control, minimize and eradicate Corona virus infection.
- How to design and into economic recovery for better normal.

2.3 Implication of Literature Review

Latest time the novel corona virus-2 is a most dangerous pandemic disease in the world. It is a family of corona virus. Theoretical review of the pandemic, COVID-19 pandemic and its' social-economic impact and health impact help in my study as follows:

2.3.1 It helps to select the subject matter and topic of study

2.3.2 It helps to identify the concerning sector and same works

2.3.3 It helps to gain knowledge of descriptive and purposive research

2.3.4 It helps to prepare research tools as questioner

2.3.5 It helps to give feedback other researcher types of studies etc.

2.4 Conceptual Framework of the Study

A conceptual framework has been prepared based on the review of literature, selected variables for the analysis of knowledge and impact of COVID-19 and safety hygienic behavior. The various literature above indicated that the human sanitation and hygienic behavior is also determined by sources of knowledge, electronic media, printing media, relatives, peers, CBO, NGO, INGO programs etc. On the basis of above literature, this research

will study the knowledge COVID-19 and safety behaviour among the DWs. The researcher developed following conceptual framework.

Knowledge about Corona virus depends upon the pre-disposing factors for causing virus, like, level of knowledge, sanitation culture, legislative permission, self-control capacity, poverty/unemployment, possibility and movement of unsafe work and miss-behaves. Similarly, unhygienic behaviour of the people are depend upon the above the predisposing independent factors. The knowledge of COVID-19 helps people to follow the safety behaviour. Sanitation and hygienic behaviour reduces the risk of Corona virus infection. The knowledge of COVID-19 can be obtain from different sources like as electronic media, radio, F.M, T.V, printed media (Newspaper, Poster, Pamphlets'), friends, relatives, peers, health workers (Doctors, Nurses, H.As), CBO / NGO / INGO, Government, Social networks. Mostly a person who have knowledge about COVID-19 he / she is aware of risk of corona virus transmission and he/she has save work practices like solitary job, avoid unproductive works, use of PPE as well as ongoing job.

A person may be in the risk of COVID-19 transmission that has no knowledge towards introduction, symptoms, cause, and mode of transmission and prevention of corona virus. Similarly, who have not pre-protective domestic work, useless of PPF, no hand washing or hand sanitizing, do not maintain the physical / social distancing are the direct and indirect risks. To reduce this risk of COVID-19 infection a person should have knowledge of corona virus and safety. Knowledge is not enough, a person most have positive attitudes towards the safety as well as save working practices. The study purposed the following conceptual framework.

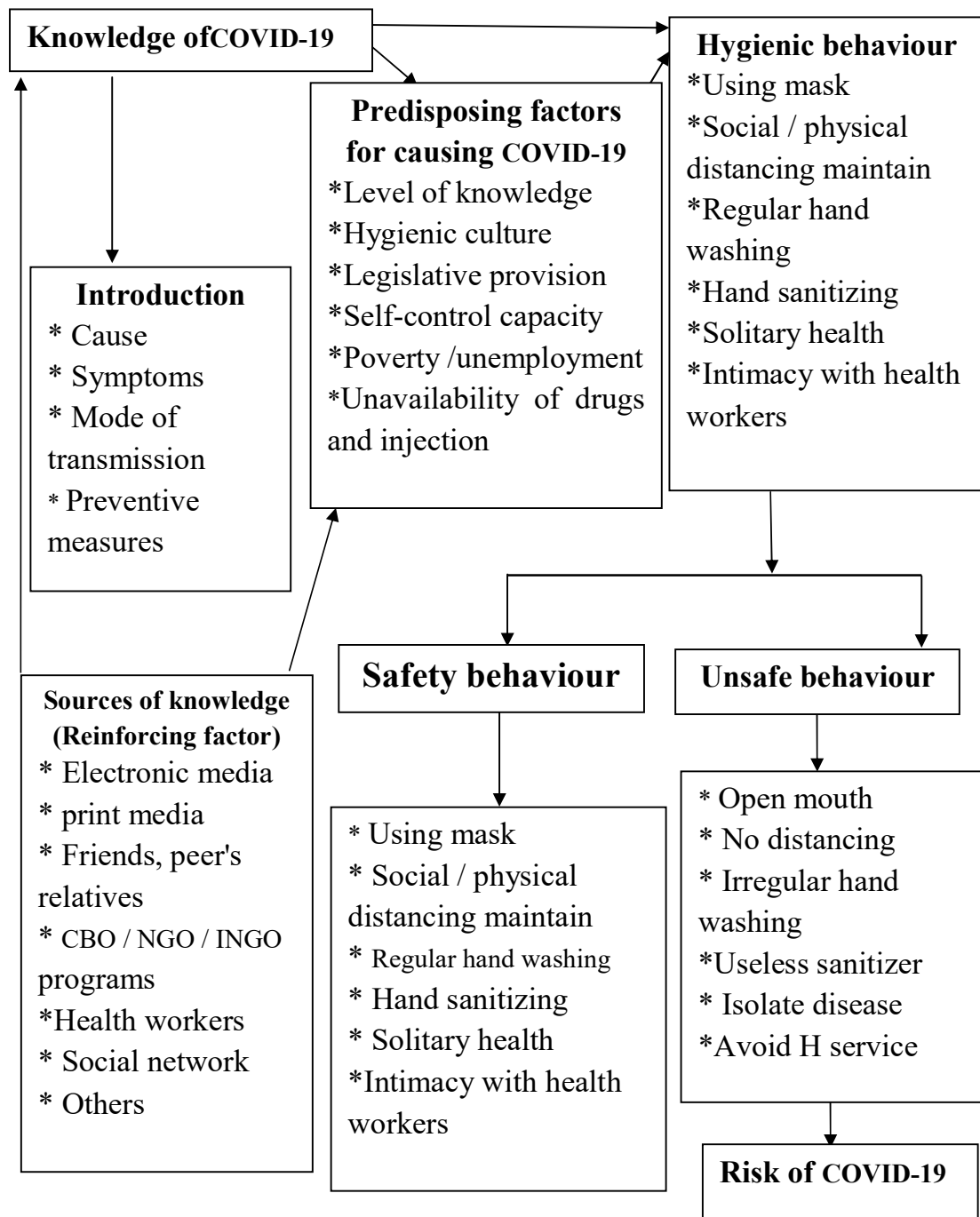


Fig.1 Conceptual framework of knowledge of COVID-19

CHAPTER THREE

RESEARCH METHODOLOGY

Research methodology is most important to achieve the objectives of the study. The detail methodology for the data collection, sampling procedures and other materials are given below:

3.1 Research Design

The research design of the study is descriptive and exploratory to examine the impact and knowledge of COVID-19 and safety behaviour among the domestic workers.

3.2 Sampling Procedure and Sample Size

The population of this study is the domestic workers of Kathmandu Metropolitan of Kathmandu. From the many more district workers there were workers came to search job. From this data that the total population of the study is sixty six sample size because it contains with some leaders of domestic workers.

This study is based on quantitative type of research method. Even though there is possible qualitative data also use. So, the researcher was used the census method to required sample. There are many more trade union, NGOs, INGOs which were working in this domestic workers. Including trade union leader of each domestic worker, the researcher had included sixty six respondents for this study.

3.4 Data Collection Tools / Instruments

Interview schedule was used as main tools of data collection which included open ended and closed type of question. Questionnaire is related with demographic, socio-economic characteristics, knowledge about COVID-19 and impact of it. Questions were divided according to the state objectives. There is possible group discussion conducted.

3.5 Validation of the Tools

The study tools developed valid according to the suggestion of the supervisor and exports. The pre-test of interview schedule conducted in Lalitpur and Bhaktpur municipality approximately seven to ten samples. When sample size implementation in the completion after that these tools finalized according to the feedback of exports, guider and result of pretest of seven respondents. There is was rights suggestion from all of respondents and guider / supervisor.

3.6 Data Collection Procedures

The researcher visited the mayor of Kathmandu Metropolitan, Kathmandu district with the help of authorized requested letter of the department of Health, Physical and population Janta Multiple Campus. After getting approval from mayor of Kathmandu Metropolitan, Kathmandu the researcher had been explained in about the purpose and significance of the study. The researcher also meeting with the deferent Trade Union leaders whose were advocated related with domestic workers rights. The researcher had been requested to respondents for their response. After taking consent of respondents, question was asked to the respondents and collect necessary data from the different location where domestic workers lived.

3.7 Techniques of Analysis and Interpretation of Data

After getting the required data it researcher calculate with verify collected data. Then tally with check list and tabulated in a master chart and inter in excel sheet. The frequencies tally will be converted into the percent. To analyze the data, it had been arranged with the help of tables, graphs and charts. Lastly, conclusion by drawn and the recommendation it for make for the future studies researcher and future plan to government or trade unions.

CHAPTER FOUR

DATA ANALYSIS, INTERPRETATION AND PRESENTATION

In the world various kinds of fatal diseases or pandemic have been developed as the challenges to the human being. At the present, one of the most pandemic has been serious imbalances in human being which is known as Corona virus 2. Corona virus is one of the more dangerous problems created by the pandemic called COVID-19.

The globally COVID-19 pandemic not only devastates individuals who become infected but also attack their families. Although the prevalence of COVID-19 in the worldwide new one during the last year. There has been wide spread of COVID-19 pandemic resulting in one of the major components of health hazards. The prevalence rate is even high in developed countries than the developing countries. In this situation I had done one of the case studies of COVID-19 impact on domestic workers in Kathmandu district. I had collected data primarily also collected secondary and qualitative information.

The domestic workers are migrated population so is it not appropriate total population and actual job location. Even though I had searched them and discuss about impact of COVID-19. These data and information are presented in this study report through the tabulation, diagrams and so on appropriate or comfortable as well as needed. There are sixty six respondents of DWs discursion about COVID-19 impact in their own life and family members. The researcher collected primary data and also used secondary and qualitative data in the presented report. Most of domestic workers affected by the COVID-19 pandemic as they became illness, economic problem and social recognized.

4. 1 Personal information of respondents:

The collected sample data is presents in the table, chat, line graph, diagrams etc. that needs. There is data analysis and presentation views, interpretation.

4.1.1 Distribution of respondents by age:

Table no. one is based on age group of the domestic workers respondent of the study. There is different categories all of respondents age groups. There is divided in to the seven years age different each groups as follows:

Table no. 1, age status of respondents				
S. N	Descriptions			
	Particulars	Respondents	Percentage	Remarks
1	12 to 18 year	5	8	
2	19 to 25 year	14	21	
3	26 to 32 year	14	21	
4	33 to 39 year	19	29	
5	40 to 46 year	9	14	
6	47 to 53 year	3	5	
7	54 to 60 year	2	3	
8	61 above year	2	3	*70 years
Total		66	100	

According to table total population is sixty six (100 %) age of respondents divided in eight groups. The first particular is twelve to eight year respondents' five (8 %) persons. Same ways, nineteen to twenty five years respondents' number is fourteen (21 %) persons. In this way sixty to thirty two years respondents are fourteen (21 %) persons. The thirty three to thirty nine respondents are nineteen (29 %) persons. The forty to forty six years age group nine (14 %) persons. The forty seven to fifty three years age group respondents are three (5 %) persons. The fifty four to sixty years age group respondents are two (3 %) persons. Above sixty years age group respondents are two (3 %) persons. One person is thirteen years old and two persons of seventy years old people working in domestic workers.

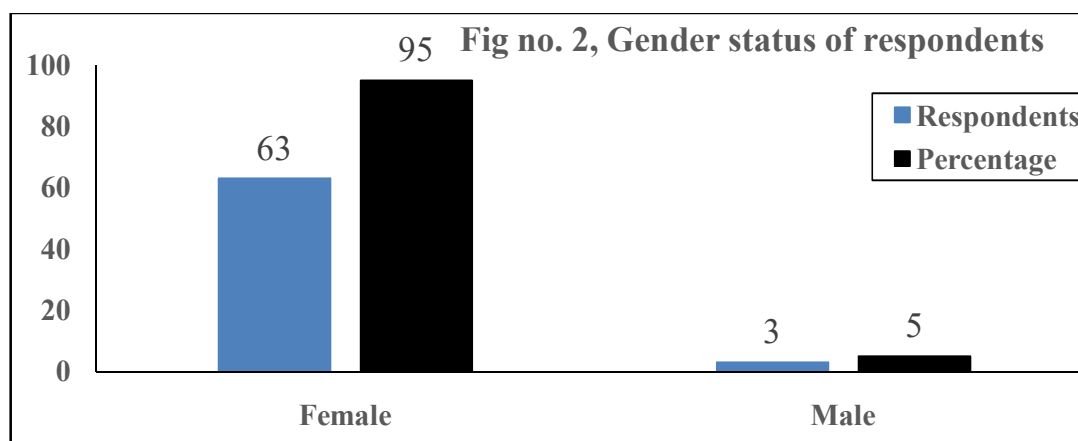
4.1.2 Distribution of respondents by religious

The table no. 2 presents religious status of the respondents is as follows:

Table no. 2, Religious status of respondents				
S. N	Descriptions			
	Particulars	Respondents	Percentage	Remarks
1	Hindu	50	76	
2	Christine	6	9	
3	Buddhist	10	15	
Total		66	100	

According to table the fifty (76 %) respondents are Hindus. Same ways six (9 %) respondents are worshipping Christine. The ten (15 %) respondents are worshipping Buddhism. The Muslim and other religious are not in among them. The highest numbers of the respondents are Hindus being largest number in the country of Nepal. Among them very highest no of domestic workers are Bahun, Kshatri, Dasnami etc. it shows about caste destination to be continue from former time to now. It is bad condition for the caste discrimination rate is not stop still.

4.1.3 Distribution of respondents by gender (sex)



According to figure, three of them are respondents' sixty three (95 %) members are female domestic workers. Same ways three (5 %) members in total respondents are male domestic workers. Other gender status is zero. In order to data most of domestic workers are female who has going to another owner house for cooking, child or old care, washing clothes and cleaners.

4.1.4 Distribution according of respondents by caste:

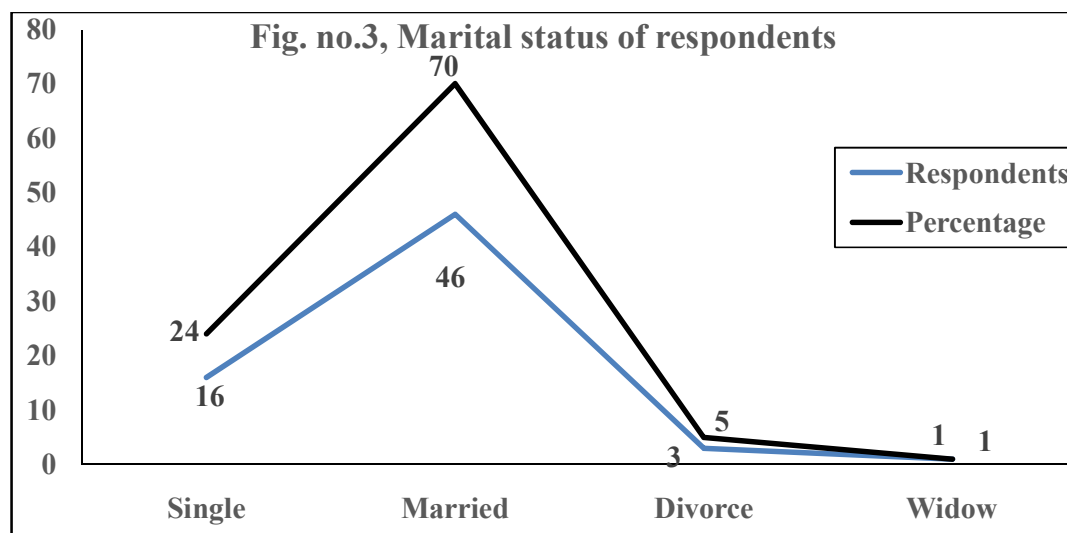
Table no. 3, caste / ethnicity status of respondents				
S. N	Descriptions			
	Particulars	Respondents	Percentage	Remarks
1	Janjati	19	29	
2	Dalit	7	11	
3	Other	40	60	
Total		66	100	

The table presented total sixty six respondents of the study, out of no. Janjati number is ninety (29 %) persons. Same ways, Dalit and Other caste respondents are as serially seven (11 %) and forty (60 %) persons. Other caste kshatri, bahun more than another caste population of respondents those are working in domestic workers in the urban areas as Kathmandu district.

4.1.5 Distribution of respondents by marital status:

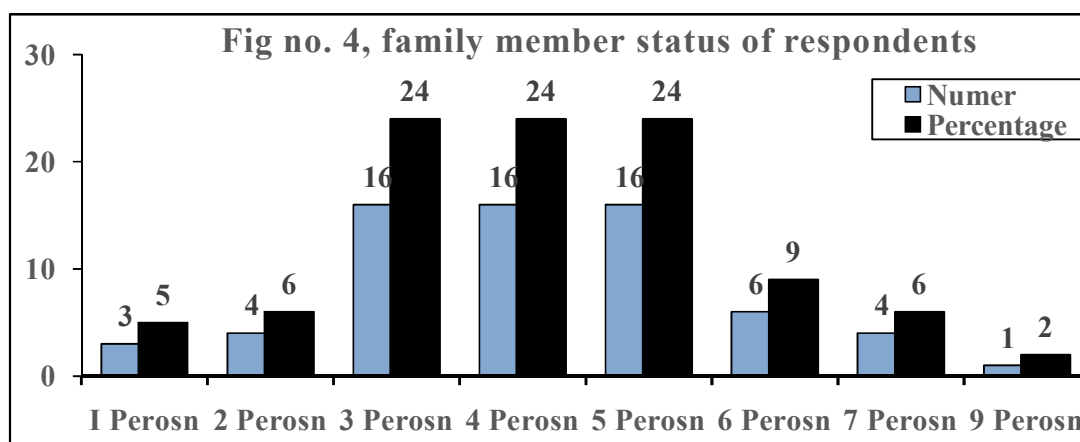
The fig. no.3, presented to marital status of the respondents in this study.

There are four categories of division of respondents as follows:

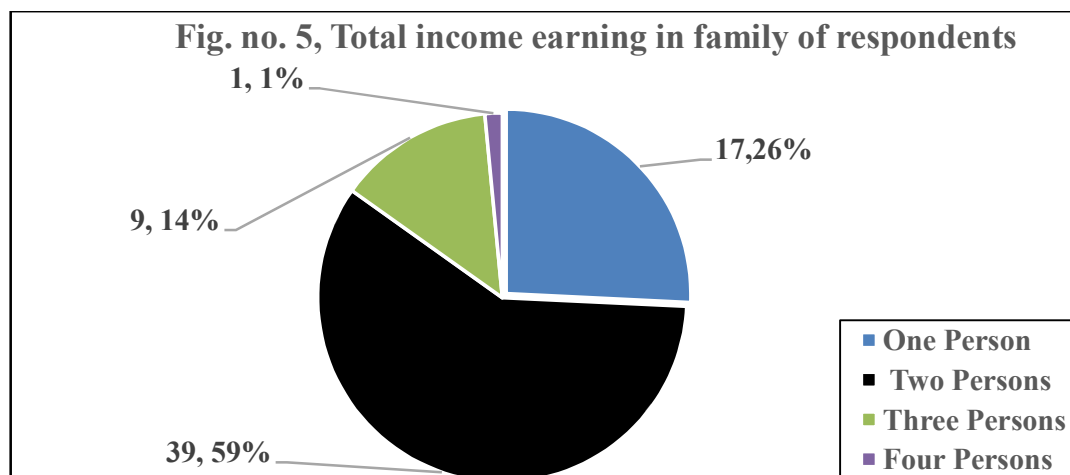


According to figure there are single or unmarried respondents sixteen (24%) persons. Same ways forty six (70 %) persons are married respondents, three (5 %) respondents s are divorce and one (1 %) widow respondent. There is marred population is high of them. It means they may be believable for owner and longtime stable. Unmarried respondents also second highest in the study and another widows and divorce respondents are very low.

4.1.6 Distribution of respondents by family member:

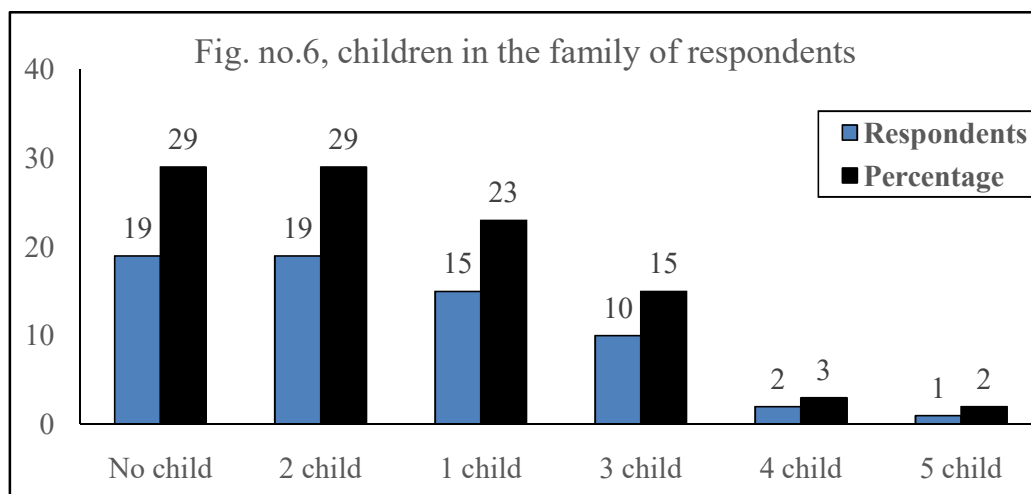


There is total population presented by figure, one person in a family told three (5 %) respondents. The two persons in a family told four (6 %). The three persons in a family told sixteen (24 %), the four persons in a family told sixteen (24 %), the five persons in a family told sixteen (24 %), the six persons in a family told six (9 %), the eight person in a family told four (6%) respondents and the nine person in a family told one (2%) respondents.



The pie-chart presents income earning in the family. The one person in a family told seventeen (26 %) respondents on this study. The two persons in the family told thirty nine (59 %) respondents, the three in a family told nine (14 %) respondents and the four in a family told only one (1 %) respondents. There are dependent member of respondents ratio is very high than the others the point of view on the study.

Figure no. 6, presents number of child in a family of respondents as follows:



The figure presents number of children in the family the sixty six total respondents of the study. The fifteen (23 %) respondents told one child in a family. The nineteen (29 %) respondents told they have two children in a family. The ten (15 %) respondents told they have three children in their family. The four children told two (3 %) respondents and the five children told one (2 %) respondent. And the nineteen (29 %) respondents told they have not child in their family. The study conclude child numbers is limited due to facilities of Governments

4.1.7 Distribution of respondents by migration:

The table no. 4, presented migrated population of respondents as follows:

Table no. 4, migration status of respondent				
S. N	Descriptions			
	Particulars	Respondent	Percentage	Remarks
1	Migrate	63	95	
2	No. Migrate	3	5	
Total		66	100	

The table shown there is total population is sixty six (100 %) on the study. Out of them, migrated respondents number is sixty three (95 %) persons. Same ways, permanent population of respondents' number is three (5 %) persons. In this way, there is more than more number of population of respondents are migrated out of Kathmandu valley of Nepal.

4.1.8 Educational status of respondents:

The table no.5, shown educational status of the respondents as follows:

Table no. 5, educational status of respondent				
S.N	Particulars	Respondents	Percentage	Remarks
1	No formal	34	52	
2	Elementary school	16	25	
3	High school	16	25	
4	Vocational	4	6	3 only
5	Tertiary	7	10	4 only
Total		77	117	

There is total population of respondents sixty six (100 %) of the study. The thirty four (52 %) respondents told no formal education. The sixteen (25 %) respondents told they got an elementary (secondary) education. The sixteen (25 %) respondents had told, they have higher (secondary) school education. Out of total respondents four (6 %) respondents told, they got vocational and seven (10 %) respondents told they gain tertiary education.

4.1.9 Distribution of respondents by membership

Fig. no.7, shown organizational involvement of respondents as follows:

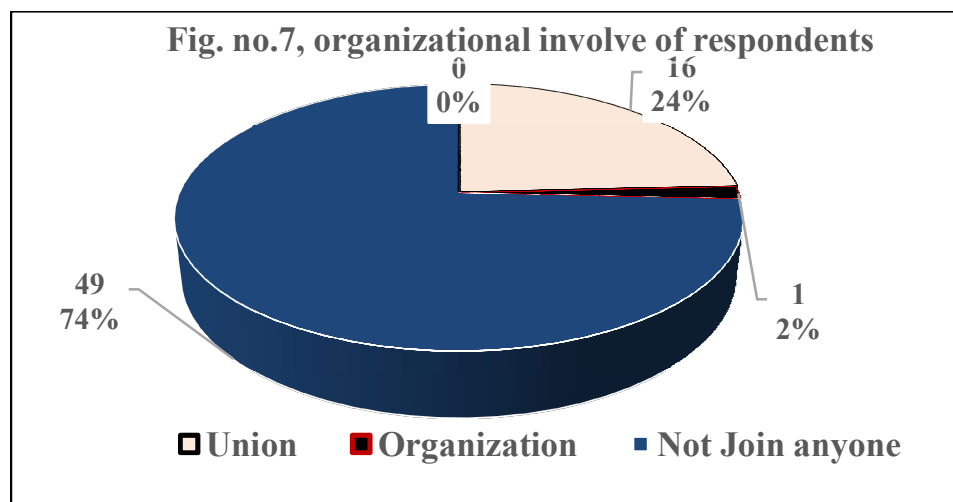
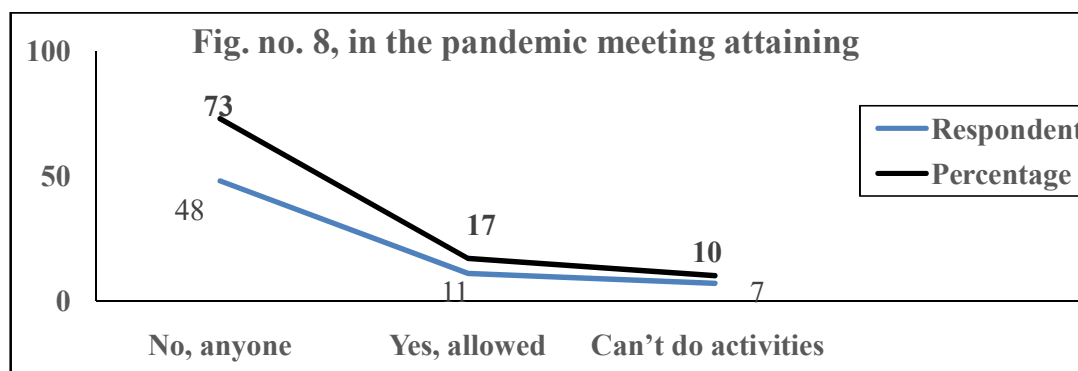


Figure shows organizational involve of sixty six (100 %) respondents of the study. The sixteen (24 %) respondents joined in trade union. Same ways, one (2 %) respondent is involve in other organization. The forty nine (74 %) respondents are not joined anyone organization or union on the study.

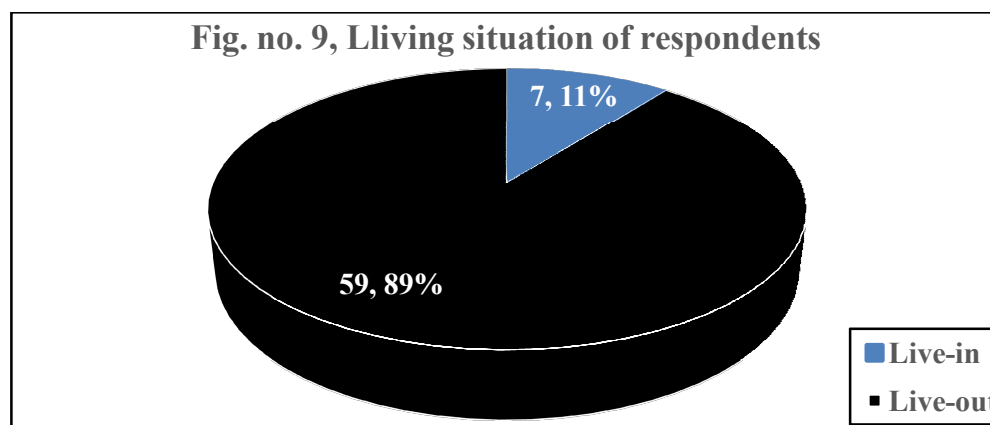


According to figure there is total population of respondents is sixty six among the forty eight (73 %) respondents told that, they are not member of any union / organization. Same ways, eleven (17 %) respondents told that, they allowed joining union/organization activities as usual. The seven (10%) respondents told that, they can't attain organizational activities as usual.

4.2 Employment status of respondents

In this section job status of the respondent's working condition situation of the respondents. There are divided many categories on the study as follows:

4.2.1 Living condition of domestic works



In the Pie-chart presents total population sixty six respondents of the study. According to figure there is highest number fifty nine (89 %) domestic workers told that, they live-out of the employers' house. Same ways, lowest number seven (11 %) respondents told that, they live-in same employers' house those domestic workers are more protective than the live-out DWs.

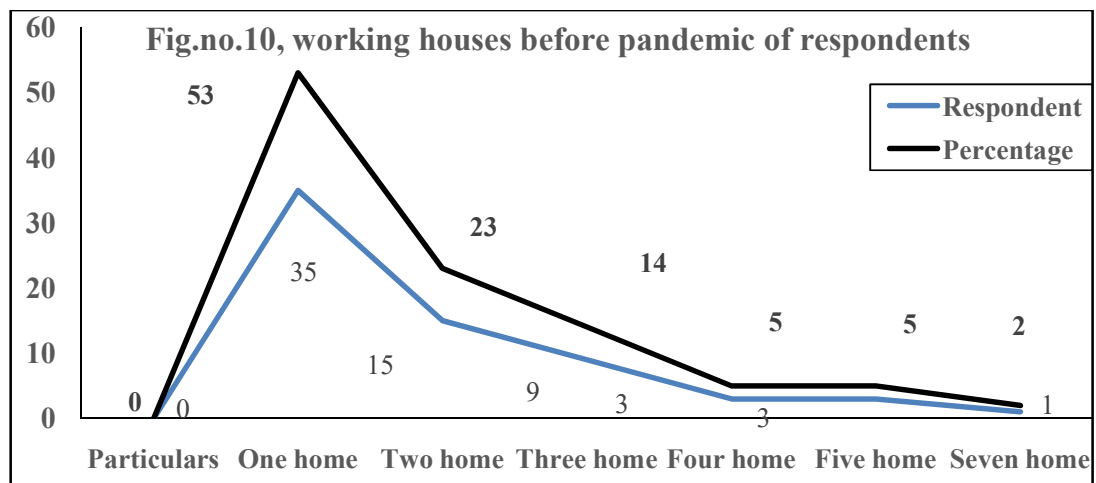
The table no.6 has been shown live-out situation of the respondents. There are two categories divided by the researcher of the study as follows:

Table no. 6, live-out status of respondents				
S. N	Descriptions			
	Particulars	Respondent	Percentage	Remarks
1	Own House	1	2	
2	Rent House	58	98	
Total		59	100	

There are fifty nine total population live-out respondents of the study. The total population highest number fifty eight (98 %) respondents told that, they have not own house, so they are living in rent house. The lowest or few number one (2 %) respondents have own house in the Kathmandu. So, that we can say DWs they are migrated from the outside of the Kathmandu.

4.2.2 Working situation of domestic workers:

The graph fig. no.10, presents working home before COVID-19 as follows:



In figure total population is sixty six working house hold respondents in the study. Out of it, one house told thirty five (53 %) respondents. The two house hold told fifteen (23 %) respondents. In this way, three, four, five and seven houses hold told as serial wise nine (12 %), three (5 %), three (5 %) and one (2 %) of respondents in the study. The highest advantages of the workers before the COVID-19 pandemic as they have got work more than more houses in many times and allowance also high up.

The table no. 7, shown work types of respondents particulars are as follows:

Table no. 7, types of work status of respondents				
S. N	Descriptions			
	Particulars	Respondent	Percentage	Remarks
1	House cleaning	53	44	
2	Old care	9	7	
3	Child care	10	8	
4	Cooking	26	22	
5	Gardener	15	12	
6	Driving	9	7	
Total		122	100	

According to table the highest number fifty three (44 %) respondents working house cleaning. Same ways, nine (7 %) person respondents are working old caring. In this way, the ten (8 %) respondents told their work is child caring. The twenty six (22 %) workers told they are cooking. The fifteen (12 %) workers told they are gardener in the employers' private house. And the nine (7 %) respondents are driver in the employer of the study. Therefore, highest number of respondents is cleaning house and dices and second highest number of worker is cooking.

4.2.3 Written contract with the owners of respondents:

Table no.8, represents written contract status of respondents as follows:

Table no. 8, Written contract status of respondents				
S. N	Description			
	Particulars	Respondent	Percentage	Remarks
1	Yes	10	15	
2	No	48	73	
3	No Idea	8	12	
Total		66	100	

According to table shown that written contract status of respondent total population is sixty six (100 %) number are ten (15 %) persons. Same ways, forty eight (73 %) respondents told that they did not have any written contract with their employers. There are eight (12 %) respondents no ideas written contract of DWs. It shows that very highest fifty six (85 %) no written contract. The study shows that written contract is not more practice.

4.3 Government response to DWs in the COVID-19 pandemic:

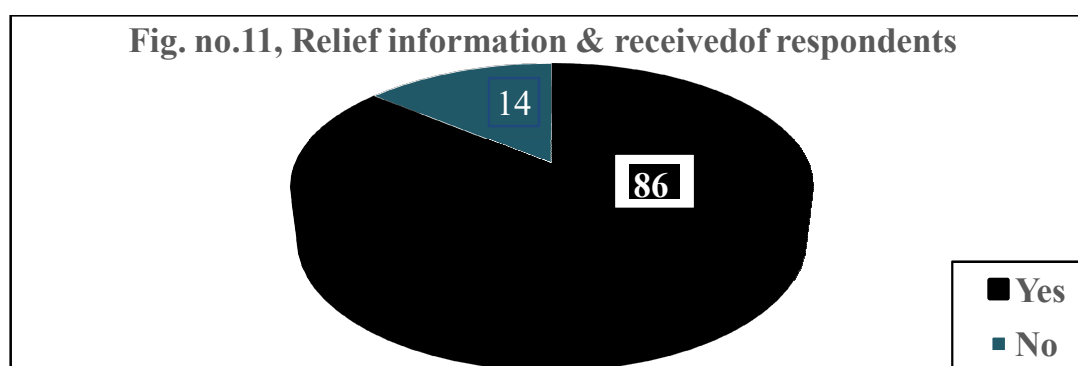
There is presentation COVID-19 Government response to people as follows:

4.3.1 Government policies to control COVID-19

S. N	Particulars	Respondent	Percentage	Remarks
1	Lockdowns	66	100	
2	Closed schools	60	91	
3	Transport suspension	60	91	
4	Social / physical distancing	64	97	
5	Restriction social gathering	56	85	
6	Curfews	42	64	
7	wearing facemask	53	80	mandatory
Total		401	608	

The total is sixty six respondents but multiple option haves. The lockdowns is sixty six (100 %) respondent. Same ways, sixty (91 %) respondents has known to close school. Same ways, sixty (91 %) respondents told transportation suspension. Other are social / physical distancing, restriction of social gathering, curfews and mandatory wearing facemask as well as sixty (91 %), sixty four (97 %), fifty six (85 %), forty two (64 %) forty two (64 %) and fifty three (80 %) respondents have information about.

4.3.2 Relief programs during the pandemic:



According to figure there is information of government relief program have or have not total of respondents sixty six (100 %). Among them fifty seventy (86 %) workers have information about relief program. The nine (14 %) respondents have not information of government relief programs.

The table no.10, shown about governments relief packages are as follows:

Table no. 10, if yes, what are the relief packages by respondents?				
S. N	Descriptions			
	Particulars	Respondent	Percentage	Remarks
1	Emergency financial aid	1	2	
2	Food basket / vouchers	54	94	
3	Unemployment benefits	2	4	
Total		57	100	

There is total population fifty seven (100 %) respondents of this table or topics. Among them, very high information fifty four (94 %) respondents know about food basket or voucher. And next two options information one (2 %), and one (4 %) respondents have serially emergency financial aid, unemployment benefits and other. In summary they have relief programs information of government. HUN proved food relief to members.

Table no.11, if no why did not get relief by the respondents				
S. N	Particulars	Respondents	Percentage	Remarks
1	The government does not provide any relief to people	3	33	
2	I am not qualified for the relief because DWs are not recognized	2	23	
3	I am not qualified for the relief because of my residency status	3	33.	
4	I am qualified for the relief but I still don't get it	1	11	
Total		9	100	

There is total nine (100 %) among them three (33 %) respondents had told that the government does not provide any relief to people. Same ways, two (23 %) persons has told that I am not qualified for the relief because domestic workers are not recognized. The three (33 %) person had that told I am not qualified for the relief because of my residency status and one (11%) person had told that I am qualified for the relief but I still don't get it.

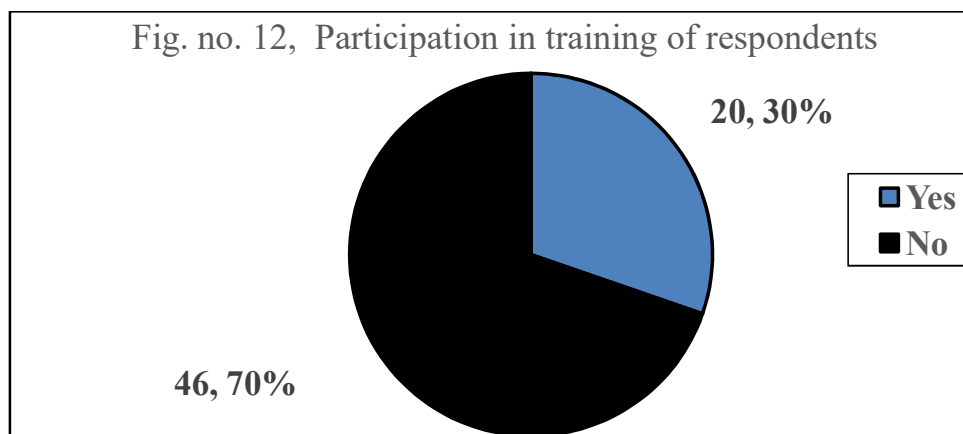
The table no. 12 shows another organization relief packages are as follows:

Table no. 12, from other organization relief received of respondents				
S. N	Descriptions			
	Particulars	Respondents	Percentage	Remarks
1	From church / mosques /temple	2	3	
2	From friends and family	22	33	
3	From the unions	39	59	
4	From local neigh associations	3	5	
Total		66	100	

According to the table there is a receiving relief package from the different organization as from the church / mosques / temples two (3 %) person respondents. The food relief had got numbers are twenty two (33 %) persons from the friends and family, thirty nine (59 %) person from the unions and three (5 %) from local neighborhood associations.

4.3.3 Skills training and information of respondents:

The figure no. 12 shown skills training conducted for COVID-19 affected by Government and different organization. The training gain respondents' response categorical divided and presents in fig. particulars are as follows:



The COVID-19 pandemic, there were many more skills training conducted by the different organization. According to the pie-chart there is total of respondents are sixty six person. Among them twenty (30 %) has been taken skills training. Same ways, forty six (70 %) workers have not participation any training during and after COVID-19 pandemic in the Kathmandu district.

The table no. 13 is shown about regular receiving information of COVID-19 pandemic respondents. The categorical divided particulars are as follows:

Table no. 13, Regular information received status of respondents				
S. N	Descriptions			
	Particulars	Respondent	Percentage	Remarks
1	Yes	64	97	
2	No	2	3	
Total		66	100	

According to table there is sixty four (97 %) respondents told, they have got regular information of COVID-19. Same ways, two (3 %) respondents told, they did not get regular information of COVID-19 number of respondents. The respondents are gain information about COVID-19 in high ration.

The table no. 14 presents receiving the regular information different organization during COVID-19 respondents categorical divided as follows:

Table o. 14, from where regular information received?				
S. N	Particulars	Respondent	Percentage	Remarks
1	Social media	52	81	
2	Friends	60	94	
3	Trade Union	8	13	
4	Government	54	84	
5	Radio / TV/ newspaper	24	38	
6	Employer	59	92	
Total		261	408	

The table shows the total sixty six (100 %) among them the fifty two (81 %) respondents told they had got regular information from social media. Same ways, the sixty (94 %) respondents told that they had got information from their friends. The eight (13 %) respondents told that they had got information from Trade Union. The fifty four (84 %) respondents told that they got from the Government. The twenty four (38%) respondents had got information from the radio / TV / newspaper. The fifty nine (92 %) respondents had got information from their employer. Except these source DWs also had got information from the other activities of society.

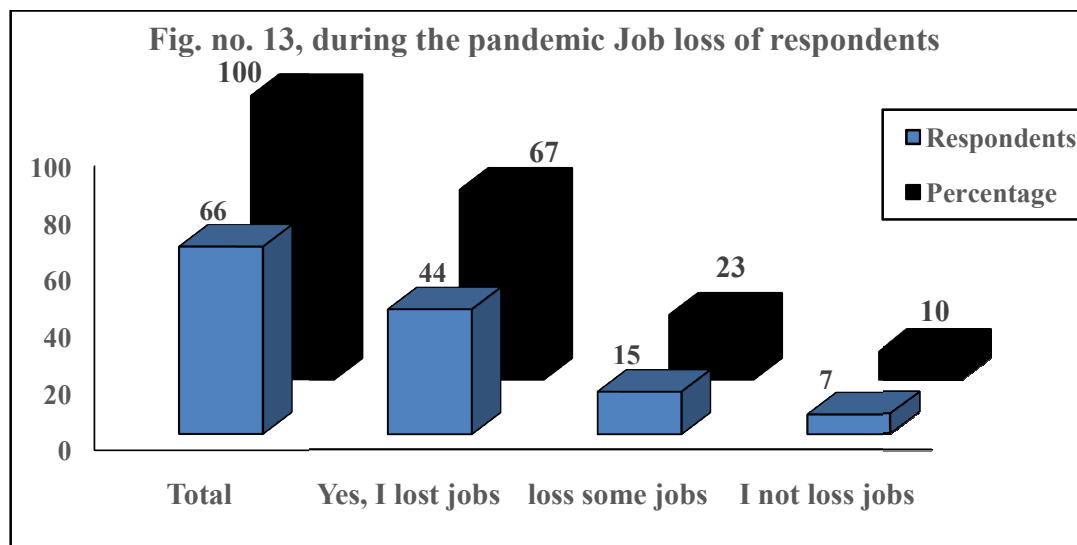
4.4. The COVID-19 impact economic, impact on working condition in the rights at work of the DWs.

This chapter is shown about pandemic impact on working condition, rights of DWs. The categorical divided respondents' responses are as follows:

4.4.1 Workers job condition in the pandemic

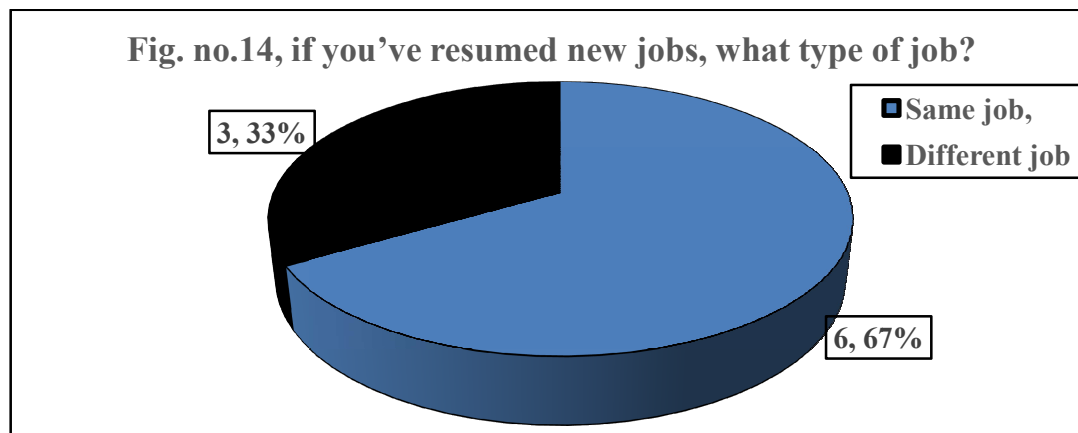
S. N	Particulars	Respondents	Percentage	Remarks
1	Yes, I've resumed in jobs	17	29	
2	I've resumed in some jobs	24	41	
3	I've resumed new jobs	9	15	
4	I'm still jobless	9	15	
Total		59	100	

Among the total job lost domestic workers number is fifty nine (100 %). There are seventeen (29 %) respondent told that, I have resumed all my jobs. The twenty four (41 %) respondents had been told that, I have resumed in some of my jobs. The COVID-19 pandemic impact globally but most of national and migrant domestic workers, migraine workers are affected.



According to figure total respondents are sixty six, among them there is forty four (67 %) respondents told that I lost all my jobs during the COVID-19. The, fifteen (23 %) person had been told that, I have lost some my jobs. There is seven (11 %) person had been told that, I did not lose my entire job.

The figure no. 14, shown job lose status during the pandemic respondents. There are two tables given different information categorical as follows:



There is total population of respondents number is nine (100 %). Among them, six (67 %) respondents told that, I have resumed same new jobs and the three (33 %) respondents told that, they had got different kinds of job after pandemic. The most of respondents have got new and deferent jobs.

The able no. 16, presents status of compensation about the job loser during COVID-19 pandemic categorical divided in different those are as follows:

Table no. 16, during job loses getting compensation or not?				
S.N	Descriptions			
	Particulars	Respondents	Percentage	Remarks
1	Yes	11	17	
2	No	55	83	
	Total	66	100	

According to table the total populations of respondents are sixty six of the study. Among them, eleven (17 %) respondents told that, I have got compensation during job losing period. Among the total number fifty (83%) respondents had been told that, they have not get compensation during job loss in the COVID-19 pandemic. The study found that the Government not transfers economic funds of the workers account. In this pandemic the Government should be provide the financial relief for the domestic workers.

Table no.17, earning in a month before pandemic of respondents				
S. N	Particulars	Respondent	Percentage	Remarks
1	1000-5000	3	5	
2	5001-10000	19	29	
3	10001-15000	28	42	
4	15001-20000	9	14	
5	20001above	5	7	1*55000
6	No job	2	3	
Total		66	100	

In the table total sixty six (100 %) respondents earning status in a month. Among them, the highest earners are one (1 %) respondent who earns fifty five thousand in a moth. The second highest four (6 %) respondents earned twenty thousand and one to twenty five thousand. Third highest nine (14%) respondents earned fifteen thousand and one to twenty thousand. The fourth twenty eight (42 %) respondents earned ten thousand and one to fifteen thousand. The fifth nineteen (29 %) respondents earned five thousand one to ten thousand. Lastly three (5 %) respondents earned one thousand to five thousand in a month and two (3 %) are jobless.

Table no.18, after pandemic in a month earning of respondents				
S. N	Particulars	Respondent	Percentage	Remarks
1	1000-5000	8	12	
2	5001-10000	27	41	
3	10001-15000	17	26	
4	15001-20000	6	10	1*22000
5	Still job less	8	12	
Total		66	100	

The very highest one (2 %) respondents earn twenty thousand one to above. She was twenty thousand earning in a month. The second highest five (8 %) respondents earn fifteen thousand and one to twenty thousand. Third highest seventeen (26 %) respondents earn ten thousand and one to fifteen thousand. Fourth seven (41 %) respondents earn five thousands one to ten thousands. Lastly, eight (12 %) respondents earn one thousand to five thousand in a month. The eight (12 %) respondents are still jobless. After lockdowns there are problems that the workers did not get proper job.

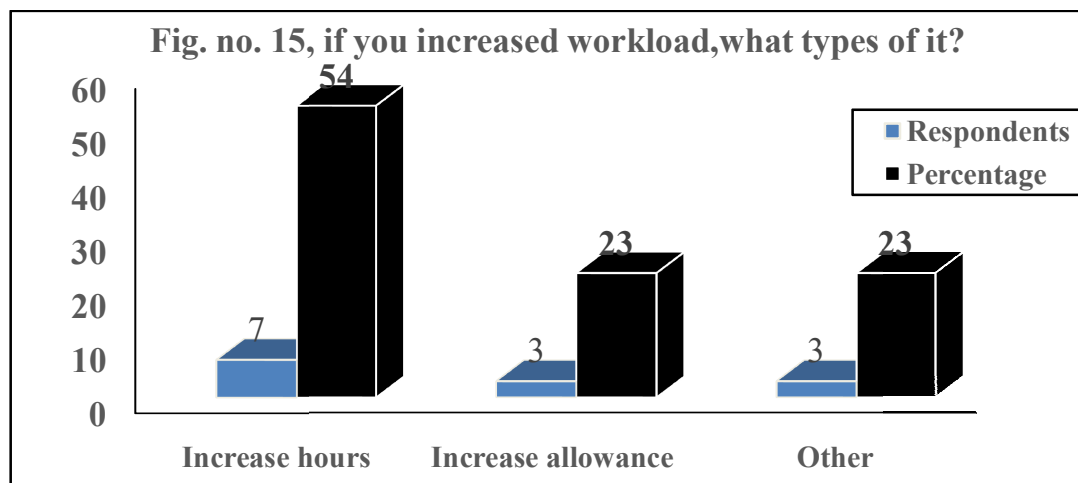
4.4.3 Works load in the pandemic of respondents

The table no.19, presents increased workload during COVID-19 as follows:

Table no. 19, increased workload in the pandemic of respondents				
S. N	Descriptions			
	Particulars	Respondents	Percentage	Remarks
1	Yes	13	20	
2	No	53	80	
Total		66	100	

The presentation of table explain about increase workload during the pandemic total population is sixty six (100%) respondents. Among them, thirteen (20 %) respondents number has been told that, they had been increased their work load during the pandemic period. Same ways, fifty three (80 %) number of respondents has told that, they had not increase workload due to job lost. It is better point of view of workers.

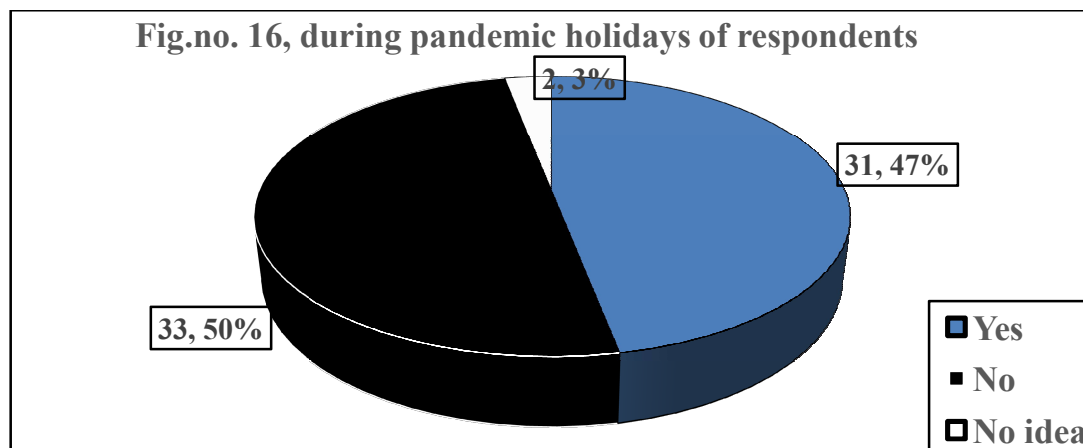
The figure no.15, presents about increased workload of the workers during COVID-19 respondents' responses are as follows:



The figure presents increase workload those who did not lose their job during the pandemic. The total respondent's numbers are thirteen (100 %). Out of them, seven (54 %) respondents told, their workload increase in working hours. Same ways, three (23 %) respondents told, they had increased workload in allowance of work and three (23 %) respondents told, they had increased workload in other sector.

4.4.4 During the COVID-19 health and safety

The figure no.16, has been shown about status deprive holiday by the all of respondents' during COVID-19. Their responses categorical division as follows:



According to figure there is a total respondent number is sixty six persons. Among them, thirty one (47 %) respondents told they had got additional holidays during the COVID-19. Same ways, thirty three (50 %) respondents told they did not get any kinds of holidays and two (3 %) respondents told they did not any ideas about additional holidays during COVID-19 pandemic.

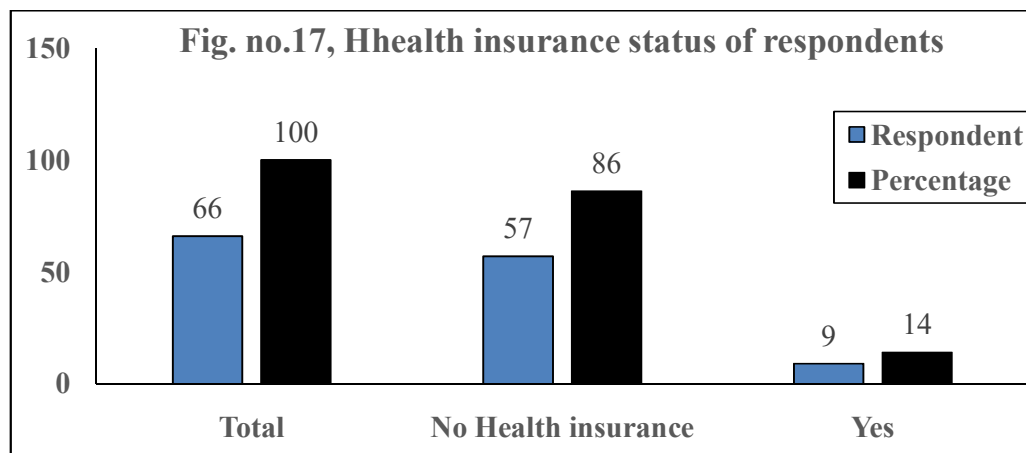
Table no. 20, presents safety measure the COVID-19 There is different categories all respondents' divided into the three particulars are as follows:

S. N	Descriptions			
	Particulars	Respondents	Percentage	Remarks
1	Yes, and it is enough	20	30	
2	Yes, but it is not enough	10	15	
3	No	36	55	
Total		66	100	

The table shown the total population sixty six (100 %) that use of safety measures by respondents. Out of them, twenty (30 %) respondents told, they had got an enough safety measures as like mask, gloves, sanitizer etc. Same ways, ten (15 %) respondents told, they had got safety measures but not enough it. The thirty six (55 %) respondents told they did not get any kinds of safety measures from their employers. Safety guards needed for workers.

4.4.5 Health insurance of respondents

The diagram no. 17, shows about health insurance respondents' response divided into the two categorical divided particulars are as follows:



The figure presents to mention the status of benefitted by health insurance. The diagram explained about health insurance of respondents total number is sixty six (100 %) among them nine (14 %) respondents told that, they have health insurance and fifty seven (86 %) respondents told that, they have not any health insurance. The health insurance is necessary workers but not to get well information and facilities by workers till now.

Table no.21, shows about health insurance of respondents' response that divided into the two categorical divided particulars are as follows:

Table no.21, if you have health insurance, which pay it?				
S. N	Descriptions			
	Particulars	Respondent	Percentage	Remarks
1	My employer	4	44	
2	The government's	0	0	
3	Myself	5	56	
Total		9	100	

The presentation is respondents who have health insurance. The total sample populations of respondents are nine (100 %). Among them, four (44 %) respondents had paid by their owner and five (56 %) respondents had paid by themselves. The health insurance is an important for worker all situation.

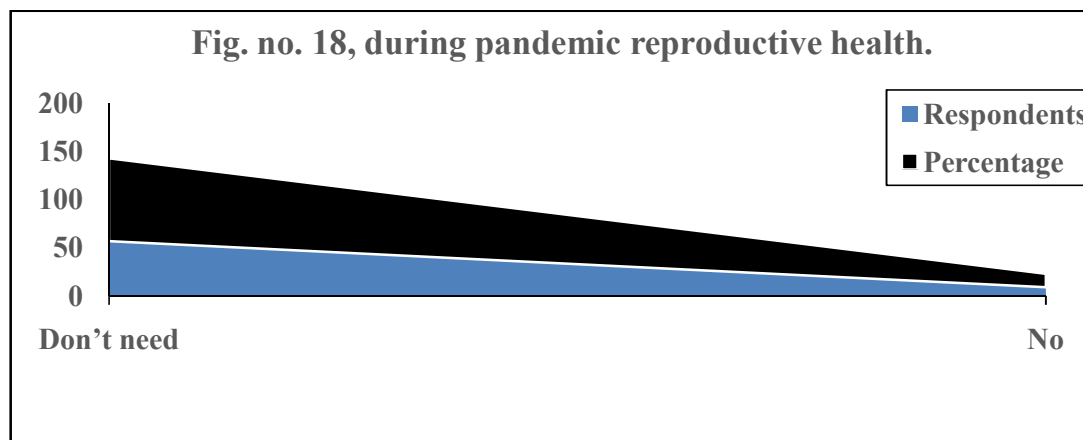
Table no. 22 is shown sick expenditure payment during COVID-19 respondents. The categorical divided into particulars are as follows:

Table no. 22, during COVID-19 illness expenditure payments				
S. N	Descriptions			
	Particulars	Respondent	Percentage	Remarks
1	My insurance	4	6	
2	My employer	3	5	
3	Myself	59	89	
Total		66	100	

The present total population is sixty six (100 %) persons, among them four (6 %) respondents told that; the insurance had been paid their illness expenditure. Same ways, three (5 %) respondent told that, employer had been paid their illness expenditures. The huge number as fifty nine (89 %) respondents told that, they had been paid their own illness expenditure.

4.4.6 Reproductive health status in pandemic:

Figure no. 18, presents reproductive health needs of the DWs as respondents on the study. There is categorically divided in to three particulars as follows:



The figure presents total sample populations of respondents are sixty six (100 %). Out of them nine (14 %) respondents had told that, they did not get any kinds of reproductive health services. Sam ways, the fifty seven (86 %) respondents told that they not need any kinds of reproductive health services. During the COVID-19, pandemic health facilities totally stop by hospitals although the DWs largest number not come the health problem.

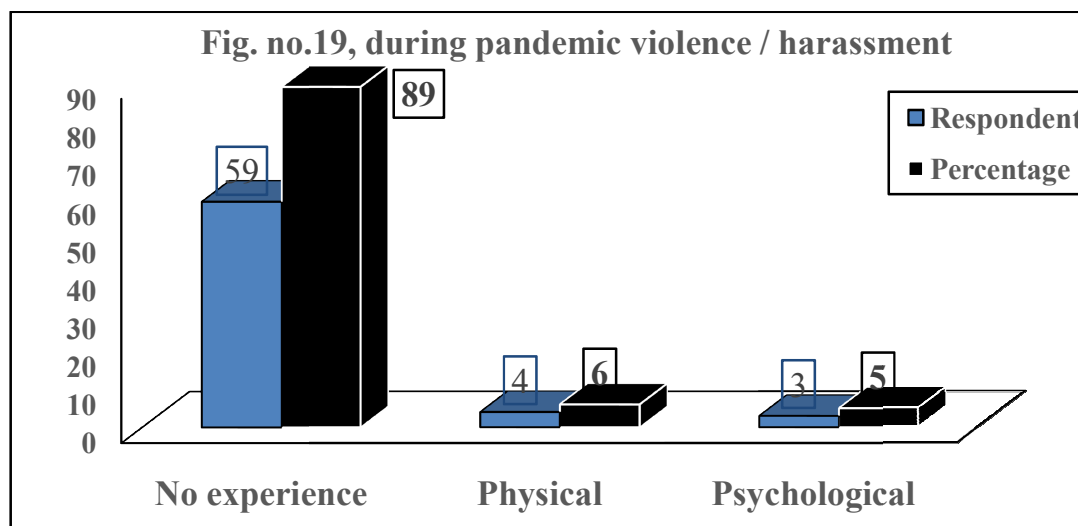
Table no. 23 presents reproductive health needs of the DWs are as follow:

Table no. 23, if not get reproductive health treatment, what are these?				
S. N	Descriptions			
	Particulars	Respondent	Percentage	Remarks
1	I can't get medical attention for maternity needs	2	22	
2	I can't get maternity leave	0	0	
3	I can't buy milk for children	3	33	
4	I can't access to napkins, contraceptives / sanitary	4	45	
Total		9	100	

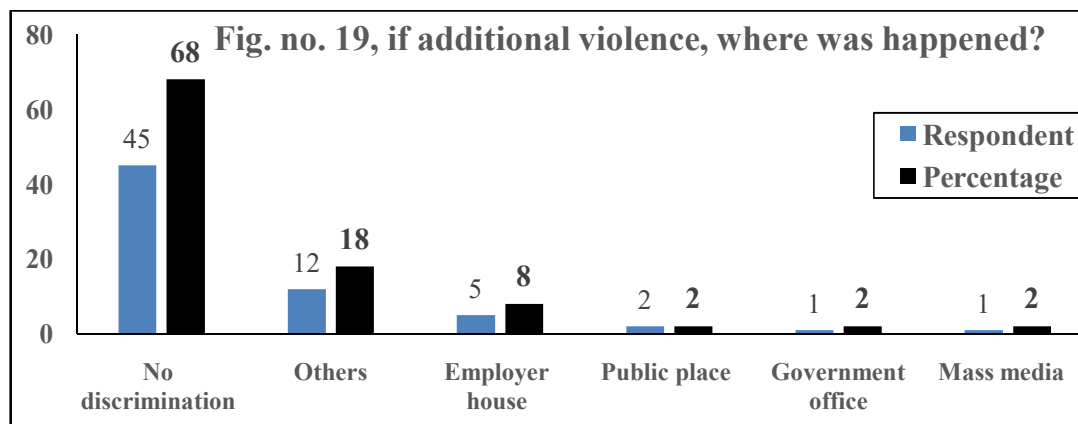
The table represents nine (100 %) respondents of total population among them, two (22 %) respondents told, they can't get medical attention for maternity needs. The three (33 %), told, they can't buy milk for children and four (45 %) told, they can't access to contraceptive, sanitary napkins etc.

4.4.7 Violence / harassment situation in pandemic:

Fig no.19, presents violence / harassment status during the COVID-19 of the DWs. The respondents' response divided in to four particulars as follows:



There is violence or harassment status of total population sixty six (100 %) respondents. Among them, four (4 %) respondents told that, they had got physical violence or harassment. Same ways, three (4 %) respondents told, they had got psychological violence or harassment. Then fifty nine (59 %) respondents told that, they did not get experience of violence or harassment.



The chart mention total respondents are sixty six (100 %). Among them, five (8 %) respondents told, they had got violence or harassment inside the employer house. Same ways, two (3 %) respondents told, they had got violence or harassment in public place such as market, streets etc. The two (3 %) respondents told, they had got violence or harassment in internet / cyberspace. The twelve (18 %) respondents told, they had got violence in the mass / social media. Altogether is faced discrimination.

4.5 Conditions of the socio-economic issues in the pandemic

This part presents condition socio-economic issues of respondents during pandemic. There is categorical divided into different partial as follows:

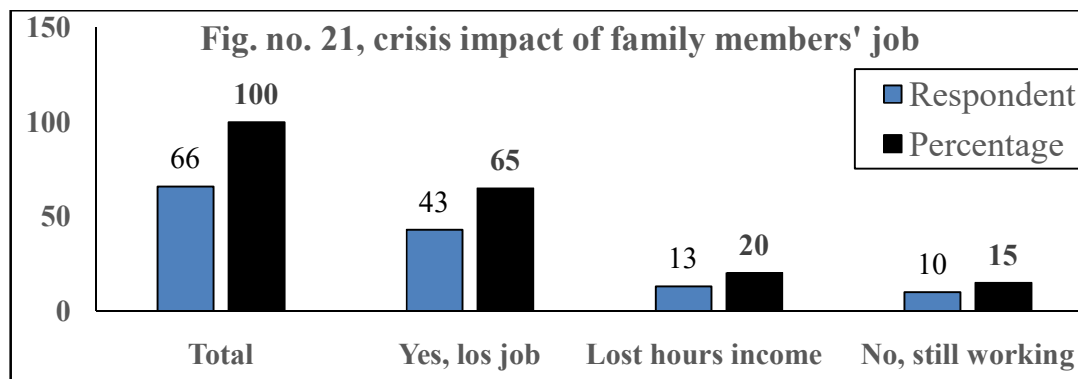
4.5.1 Income earning status of respondents

Table no. 24, during pandemic main income earning of respondents				
S. N	Particulars	Respondents	Percentage	Remarks
1	Yes, I am the main breadwinner in my family	27	41	
2	No, my income supplements the family	39	59	
Total		66	100	

The table presents about total number of respondent is sixty six (100 %). Among them, twenty seven (41 %) respondents told that, they were the main breadwinner / main income earner in their family. Same ways, thirty nine (59 %) respondents told that, they are not breadwinner / main income earner or their income only supplementary in the family.

4.5.2 Impact of family member on COVID-19

The figure no. 21, shows on the basis impact information of pandemic crisis respondents. The categorical divided in different respondents are as follows:



The figure presents crisis impact status of total respondents is sixty six among them forty three (65 %) respondents told that, they lost their job in the pandemic. Same ways, thirteen (13 %) told that, they lost their working time and income. The ten (15 %) respondents told that still working.

The table no. 25, shows about impact of pandemic crisis on the family of respondents. The categorical divided in different respondents are as follows:

Table no. 25, during pandemic impact status of respondents in family				
S. N	Descriptions			
	Particulars	Respondent	Percentage	Remark
1	More family burdens : child	13	20	
2	More family expenditure	54	82	
3	More domestic violence	0	0	
54	No impact in my family	7	11	
Total		74	112	

The pandemic impact in family member and increased expenditure total respondents number is sixty six (100 %). Among them thirteen (20 %) respondents told that, they had had more family burden as child, elders. Same ways, fifty four (82 %) respondents told that, they had had more family expenditure in the pandemic. The seven (10 %) respondents told that, they had not any negative impact in the family. The eight respondents have dual problems and the workers also did not feel domestic violence too.

4.5.3 Expenditure of respondents in the COVID-19:

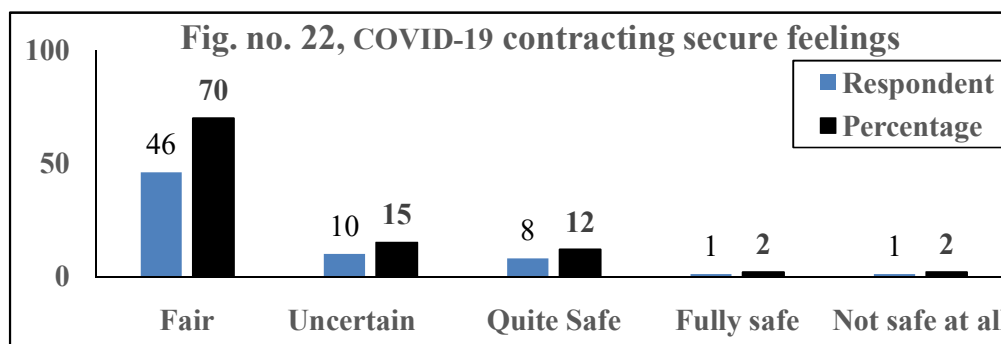
Table no. 26, shown impact during pandemic in family and increase expenditure different particular categories all of respondents as follow:

S. N	Particulars	Respondent	Percentage	Remarks
1	Telecommunication	32	59	internet
2	Medical treatment	20	37	
3	Transport cost	2	4	
Total		54	100	

Total number of expenditure fifty four (100 %) among them, thirty two (59%) respondents told telecommunication and internet access expenditure increased in the pandemic. Same ways, twenty (37 %) respondents told they had increased medical expenditure and four (4 %) respondents told that, their transportation expenditure and internet access expenditure is high.

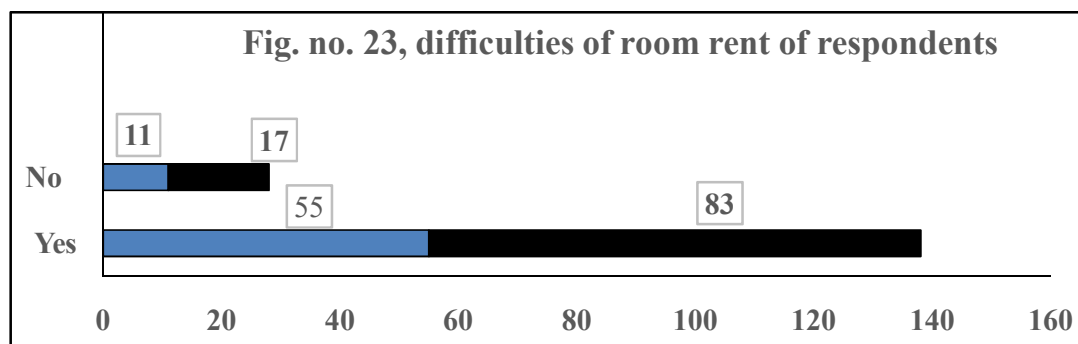
4.5.4 Contracting COVID-19 secures

Fig. no.22, shown felling secure during COVID-19 contracting as follows:



According to table there is total respondents number is sixty six among them, highest number forty seven (70 %) respondents told that, they had felt fairness contracting COVID-19. Same ways, second highest ten (15 %) respondents told that, they had felt uncertain secure from the COVID-19 contracting. The third highest is eight (12 %) respondents told that they felt quire safe. And the fourth one and one (2 % and 1%) respondents told they had not safe as all and contracting COVID-19. The figure shows that the people are fairness rate so high up during the COVID-19, pandemic globally.

4.5.5 Difficulties for room rent payment



The figure presents payment difficulties of room rent total respondents number is sixty six (100 %). Among them, fifty five (83 %) respondents told that they had got difficulties for payment of room rent because of pandemic. Same ways, eleven (17 %) respondents told they had not get payment difficulties for room rent in the pandemic.

4.5.6 Expenditure is increase in order

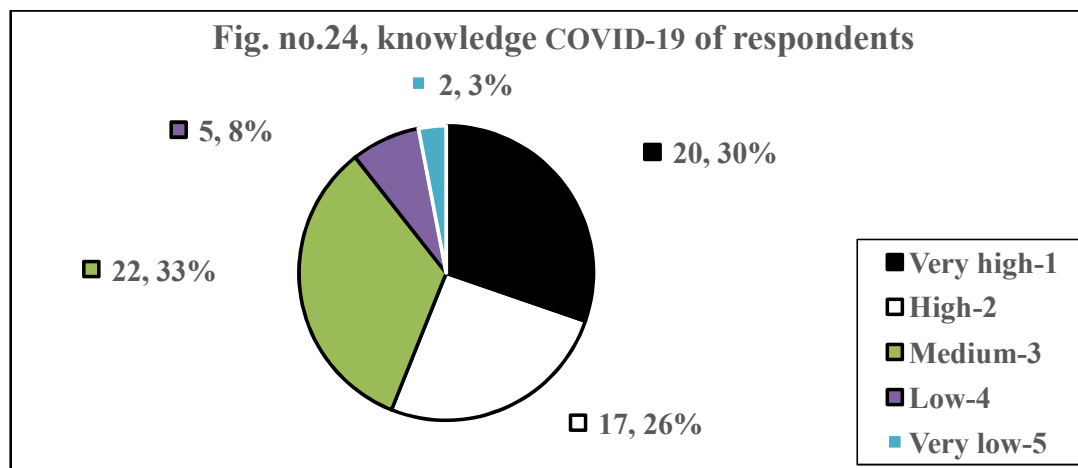
Table no. 27, decrease income & house expenditure manage				
S.N	Particulars	Respondent	Percentage	Remark
1	I contracted a debt / loan	23	35	
2	I borrowed money from friends or relatives	25	38	
3	I used my own savings	25	38	
4	I sold my assets / property	4	6	
5	I started selling home made products (food, mask, clothes, liquated soap etc.)	7	11	
6	I applied for another job	2	3	
Total		86	130	

Above expenditure increasing order but income is very low sixty six (100 %). Among them, the twenty three (35 %) respondents told they contracted debt and loan for house expenditure. The twenty five (38 %) respondents told that, they borrowed money from friends and relatives. The twenty five (38%) respondents told they used own savings. The four (6 %), seven (11%) and two (3 %) respondents told that, they sold them own assets / property, started selling home made products as food, mask, clothes liquid soap pickle etc. and the two (3 %) respondents applied for another job.

Table no. 28, mental health stress or feel anxious of respondents				
S. N	Particulars	Respondent	Percentage	Remarks
1	Health fair	14	21	
2	Work uncertain	38	58	
3	Lack of savings	40	61	
4	Difficult transportation	38	57	
Total		130	197	

The table presents mental health or feel anxious total is sixty six (100 %). The highest forty (61 %) respondents told, they had lack of savings so feel anxious. The second highest thirty eight (58 %) respondents told, they are uncertain of works so felt anxiousness. The third thirty one (47 %) respondents told, they had difficult access to public transportation. The fourth fourteen (21 %) respondents told, they health fair. The fifth seven (11%) respondents told, they had felt anxiousness other reasons.

4.5.7 Level of knowledge on the COVID-19



The pie-chart presents knowledge the COVID-19. There is total respondents number is sixty six (100 %), among them the highest perceptive knowledge respondents number twenty two (33 %) is in medium-3 rank. Same ways, the second highest respondents number twenty (30 %) is in very high-1 rank. The third highest respondents number seventeen (26 %) is in high-2 rank. The fourth highest respondents number five (8 %) is in very high-4 rank and the fifth highest respondents number two (3 %) is in very high-1 rank. The workers have high of knowledge on COVID-19 that among at all.

CHAPTER FIVE

SUMMARY AND FINDINGS OF STUDY

In the globally problems created by the COVID-19 pandemic for every human beings. Among them, private workers sectors are more affected those earning on the day and eat of evenings. These sectors as like transport, construction, tracking and traveling, hotel, restaurant, education, security and DWs etc. altogether mostly affected domestic works. In this selected area no study has been done on knowledge of COVID-19 and healthy behaviour among the domestic workers. In DWs are highly infected by COVID-19, so without primary data and information plan and policy can be formed. This study helps to reduce Corona virus prevalence rate among elder, youngest DWs and also those information cached out those are suffering from long term disease. This study provided primary data about knowledge of Corona Virus and that data helpful to design plan to control Novel Corona Virus-2 pandemic and prevention program workers.

Present study carried out in domestic workers to determine the prevalence of intestinal viral infection. Workers were selected from Kathmandu district especially Kathmandu Metropolitan. DWs were selected from local government and public relation. This study also specifies the correlation between viral infection, safety, hygienic and sanitary facilities and source of flaying drops of mouths, public health awareness, occupation, socio-economic status and others among these infected groups. The study was conducted from December 2019 to March 2021. Altogether sixty six samples size were collected from the DWs in the Kathmandu district. The samples were formalin fixed and brought Bhaktapur and Lalitpur or Sunari districts. The official processing is from the supervisor, lecture, export and sample respondents. The samples were examined using direct wet amount using pretest after the sample concentrated by interview techniques. There

were fifty one main questions and more those 35 sub-main questions and qualitative information also collected from the KII and group discussion.

Findings-1: The total final sample size is sixty six (100 %) except ten pretest sample. Out of total number of sample 19 to 39 (21 % to 29 %) age group had been found. The study also found 1 respondents' is 13 year and 2 respondents are 70 year old, both of them out of legal provision. The study found that most Hinduism 76 % among them total population of study. Other side 95 % workers are female respondents of study. There is 60 % DWs is other caste as kshatri, bahun, jaisi, dasnami. The study found the most important thing is dalit 11 % also DWs. The 70 % workers are married. The largest numbers children more than 5 child respondents are very low 2% and none of child has 29 %. Domestic worker immigrated population out of urban areas as like 95 % population is migration. Most of workers 52% respondents are no formal education got. Large number 74 % of workers did not joined in union and 24 % workers only join in Trade union. Less of them have allowed attaining organizational activities as meeting involve. The 89 % workers are live-out among them 98 % were living in rent house. The highest number 53 % workers worked one household and only seven house hold working number is 2 % before COVID-19. There is 85% did not have written contract with owner of the worker.

Findings-2: The COVID-19 controlling policies information is better than other information as lockdown known 100 % of respondents. Most of the 43 % DWs are working in house cleaning. The 87 % respondents have got information of COVID-19 relief program out of it 94 % known food relief package. During the pandemic 30 % respondent had got skills training that was conducted for affected workers but 70 % workers did not get any kinds of trainings. There is 59 % workers received relief from the Trade Union (HUN) and the 33 % received of relief from the friends and relatives.

Findings-3: The regular information had been taken workers 97 % among them the 94 % friends and the 92 % from employer. The 83 % workers did not receive any kinds of compensation, even though 17 % workers got some compensation during the COVID-19. Before of the pandemic one worker income earned rs 55000 before pandemic with highly satisfactory. The ten thousand and one to fifteen thousand earned 42 % workers in a month. The second highest five thousand one to ten thousand earned 29 % workers in a month. After COVID-19 most of workers lost their job as 41 % workers earn five thousands to ten thousands. There is more than 50 % workers decreased their income in the pandemic.

Findings-4: The workers had been lost their all jobs 67 % in pandemic. The workers did not lost some job 23 % among them 54 % workers increased their workload during the pandemic. The 85 % workers told they resumed job after lockdown but the 15 % workers still jobless. The 47 % workers deprived holidays during pandemic but 53 % workers did not get any kinds of holiday. The workers are getting enough necessary protective measures 30% only and 15 % had got but not enough and 55% workers did not get any kinds of safety measures in pandemic. The 14 % workers have their health insurance; 86 % workers did not have health insurance. Total 14 % workers have own health insurance among them 56 % workers had paid premium themselves and 44 % workers premium had paid by their employer. The illness expenditure of respondents 87 % paid themselves. During the pandemic 14 % workers did not get any kinds of reproductive health. The 4 % and 4 % workers felt physical and psychological violence or harassment during the pandemic.

Findings-5: The workers are main breadwinner 41 % in their family and remaining 59 % workers are not main income earner in the family or their income is supplementary only. The COVID-19 pandemic impact affected 65

% workers family member they loss all of jobs and the 15 % workers family member still working. The 82 % workers told that their family expenditure increased in pandemic and the 20 % workers told more impact is burden of family as child, elders disable shown percentages among the 59 % expenditure increase in internet or telephone. In the pandemic COVID-19 contracting secure feeling, the 70 % workers told they felt fair and the 15 % felt uncertain. The during pandemic workers mental health and feel of anxious ranking the 61 % workers felt lack of savings, the 58 % workers felt work uncertain and the 47 % felt transportation difficulties.

There is most measurable and sensitive things about knowledge level it called L-Kurds scale methods of test. The very high knowledge level is 30 % of workers. The high level is 33, medium level is 26 %, low level is 8 % and very low level is 3 % out of total sample. In this way, the researcher have limitation of the marked has been concerned to time, financial recourse / materials to make the study more valuable. The study is focus based domestic workers of Kathmandu district of Kathmandu Metropolitan. All of respondents are linkages to the domestic workers whose are related with domestic work. The population of this study has been limited over on the domestic worker of Kathmandu district. The study centered on COVID-19 related safety hygienic behavior as safe workers in domestic workers and the conclusion of this study is not generalize with other workers of domestic.

CHAPTER SIX

CONCLUSION AND RECOMENDATION

6.1 The conclusion of the study:

The study objectively find out every movements / impacts of the COVID-19 pandemic on working conditions of domestic workers. It also ensure that domestic workers had got or not about health and safety measures while they are working. It ensured that DWs have access to information about COVID-19 and known to protect them. It also finds out access the knowledge about COVID-19 pandemic and novel corona virus-2.

The study finds out that the domestic workers are one of the most risky groups of the COVID-19. The study provided the socio-economic and demographic situation of domestic workers and decent work. It is able to draw out the actual figure regarding the knowledge of COVID-19 and hygienic behavior which is important to formulation of plan for policy makers. The study finding useful to organization and people who are involved in the field of COVID-19 and other pandemics. The study has been provided secondary data regarding COVID-19 for those who will be participate in the study and research about corona virus. The result of study helps to sensitive the domestic workers regarding the situation of the COVID-19 and other same types pandemic disease and form its' safety hygienic behavior as practice.

6.2 Recommendation of the study:

The study conducted impact of COVID-19, on Kathmandu district of domestic workers, sample collection of respondents of DWs from different areas where were they lived. The collected data researcher analyzed and presented in through many categories in parts. After then concluded the result of study and recommended to related as follows:

6.2.1 Recommendation for the policy level

The study should be helps for making policies of pandemic disease and treatment. The COVID-19 impact spreads globally so it may concert with command control mechanism. The policy maker needed data of domestic workers. The Government will develop about polices to the DWs worker capacity development trainings. The ministry of health also carry out these data mention planning.

6.2.2 Recommendation for Health Education Department

The study may be utilization for the education curriculum develop and educated to people in different level. The ministry of education and health education department of TU carry out the information of the study. The university develop their new curriculum should improve about health education.

6.2.3 Recommendation for COVID-19 control committee (CCMC, PCMC and LCMC)

The Novel Corona Virus-2 is a family of corona virus. It was founded long time ago but it is newly appeared particular one founded in 17, November 2019 wuhan of China. It was spreads globally in short time and happened big crisis in labours specially private sector. From the Chin within two months it transformation in the Europe, America and all over world. Its impact affected in the Nepal.

6.2.4 Recommendation for further study of the COVID-19

The study for the researcher who will go gone for the further study of the COVID-19 the study is fruitful of information. It must be independents on the primary data base so real sample size was

collected by the researcher. The Study can be carried out in other setting covering a large sample.

6.2.5 Recommendation for Trade Union

The study also helps to extend their organization among the new membership distribution. This organization may needed details of information and contracting to the new members. It also conducted epidemic and pandemic situation they helps the members s relief foods, financial etc. The Union also develops their saving groups and conduct skills training for the members in different time and places. The Trade Union advocate rights of the domestic workers as HUN.

6.2.6 Recommendation for social development

The Study is fruitful to the social development agencies as non-government organizations. Those organizations make plan to domestic workers and implication of projects. They managed funds for the workers capacity developed.

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Interviewer:.....
Interview Place:.....
Date of interview: 2021-.....

APPENDIX - ONE
TRIBHUWAN UNIVERSITY
JANTA MULTIPLE CAMPUS

DEPARTMENT OF HEALTH EDUCATION
ITAHARI, SUNSARI
2021

Interview Schedule

Dear respondents following are the interview question for research. You are kindly request to provide the correct information in each question. Collected information will be kept confidential and used only for academic purpose.

Part-I: Personal Information

1.1. Name:.....Age:....yr Religious: Serial no..

1.2. Gender: Male Female Other.... Caste:...

1.3. Marital status: Single Married Divorced Widow

1.4. No. family members: Total number of family....

No. of income earning members ... No. of children....

1.5. Do you migrate from other places?

Yes, If yes, where is your native place?..... No

1.6. Educational Status: no formal education Elementary school

High School Vocational Tertiary

1.7. Membership: Are you member of Union or DWSorganization?

Union Other organization not join anyone

Part-II: Employment Status

2.1. What is your employment status?

a. Live-in b. Live-out (i. Own house ii. rented)

2.2. How many employers do you have in normal time? (Before the pandemic)..... (No of houses)

2.3. What work do you do in the households?

- a. House cleaning
- b. Elderly care
- c. Child care
- d. cooking
- e. gardening
- f. driving
- g. Others

2.4. Do you have a written contract?

- a. Yes
- b. No
- c. No idea

Part-III: COVID-19 government response and relief Programs and information source

3.1. What were the government policies to stop the spread of COVID-19?

- a. lockdowns
- b. closure of schools
- c. transport suspension
- d. social distancing
- e. restriction of social gatherings
- f. curfews
- g. mandatory wearing of facemasks
- h. Others...

3.2. Do you know if the government has national assistance / relief programs to address negative impacts of the pandemic in our country?

- a. Yes
- b. No

3.3. If yes, what are relief packages?

- a. Emergency financial aid
- b. Food basket or food vouchers
- c. Unemployment benefit e.g cash, short-term work, skills training etc.
- d. Support for accommodation e.g rent, water, & electricity etc.

3.4. If no idea, why?

- a. The government does not provide any relief to people
- b. I am not qualified for the relief because domestic workers are not recognized.
- c. I am not qualified for the relief because of my residency status
- d. I am qualified for the relief but I still don't get it
- e. others...

3.5. Did you receive skills training or re-training programs for those who lost their jobs?

- a. Yes, if yes, what are they? b. No

3.6. Did you receive other forms of support? What are they?

- a. From the church or mosques or temples b. From friends and family
c. From the union d. From local neighborhood association e. other..

3.7. Do you receive regular information about COVID-19?

- a. Yes b. No (skip to Q. No. 4.1) c. No idea

3.8. If yes, where did you get your information?

- a. Social media b. Friends c. Trade Union d. Government
e. Radio / TV/ newspaper f. Employer g. others

Part-IV: Impact of COVID-19 Economic impacts, Impact on Working Conditions in the rights at work.

4.1. Do you lose your job because of COVID-19?

- a. Yes, I have lost all my jobs b. Yes, I have lost some
my jobs c. No, I did not lose all my jobs (skip Q. 4.3)

4.2. If you lost your job, have you resumed working in the past months?

- a. Yes, I've resumed in all my jobs b. Yes, I've resumed in
some of my jobs c. Yes, I've resumed new jobs
(i. same job ii. different kinds of job) d. No I'm still jobless

4.3. Did you get compensation or severance pay if you were dismissed from your job because of COVID-19?

- a. Yes b. No

4.4. How much did you earn in a month before COVID-19?.. ...per month

4.5. How much earning a month now? per month.

4.15. Do you experience violence or harassment during COVID-19?

- a. Sexual violence
- b. Physical violence
- c. Psychological violence
- d. Others
- e. No, I don't experience violence / harassment

4.16 If you have more discrimination during the pandemic, where you had become victim?

- a. Inside the employer house
- b. In public place such as market, streets etc.
- c. In internet / cyberspace
- d. in the government offices in the mass media
- f. No I have any discrimination

4.17. If you are member of union or workers' association, were you allowed or able to do union work (i.e. join meetings) during the lockdown?

- a. No, I am not member of any.
- b. Yes, I am allowed to join union / organization activities as usual
- c. No, I can't do union / organization activities as usual

Part-V, Socio-economic issues

5.1. Are you the breadwinner in your family?

- a. Yes, I am the main breadwinner in my family
- b. No, my income supplements the family.

5.2. Were the other members of your household also impacted by the crisis?

- a. Yes, they lost their job
- b. Yes, they lost hours of work and income
- c. No, they are still workingd. I am only one in my family

5.3. What are the impacts of pandemic on family?

- a. More family burdens (e.g. children & elders)
- b. more family expenditure
- c. More domestic violence
- d. no impact in my family

5.4. If more family expenditure, what are these?

- a. Telecommunication & internet access
- b. Medical treatment
- c. Transport cost
- d. Other expenditure, please

5.5. If you are renting in your residence, did you have difficulty in paying the rent during the pandemic?

- a. Yes
- b. No

5.6. If you have lost your income, did you take any of the following action?

- a. I contracted a debt / loan. If so, to whom?
- b. I borrowed money from friends or relatives
- c. I used my own savings
- d. I sold my assets / property
- e. I started selling home made products
- g. food, mask, clothes..
- f. I applied for another job

5.7. How safe did you feel from the threat of contracting COVID-19 in your work? Rank your feelings?

- a. Not safe at all
- b. uncertain
- c. Fair
- d. quite Safe
- e. fully safe

5.8. What other issues add stress to your mental health or make feel anxious?

- a. Health fair
- b. Work uncertain
- c. Lack of savings
- d. difficult access to public transportation
- e. others

5.9. Level of knowledge of COVID-19.

Very low	Low	Medium	High	Very High
1	2	3	4	5

Thank you for your participation in my Study.