

**IMPACT OF COVID-19 PANDEMIC TO
THE DOMESTIC WORKERS OF KATHMANDU**

By

DEB RAJ KARKI

M-ED, Second Year

Symbol No.: 2180073 / 2070

T.U. Reg. No.: 6-2-7-1445-2001

A Thesis of

Master's Degree (M-ED) Level

**Second Year Code No. 598 of Partial Fulfillment of
the Requirements Submitted to Health Education Department**

TRIBHUVAN UNIVERSITY

JANTA MULTIPLE CAMPUS

DEPARTMENT OF HEALTH EDUCATION

ITAHARI, SUNSARI

MARCH, 2021

**IMPACT OF COVID-19 PANDEMIC TO
THE DOMESTIC WORKERS OF KATHMANDU**

**No.
032**

By

DEB RAJ KARKI

M-ED, Second Year

Symbol No.: 2180073 / 2070

T.U. Reg. No.: 6-2-7-1445-2001

A Thesis of

Master's Degree (M-ED) Level

**Second Year Code No. 598 of Partial Fulfillment of
the Requirements Submitted to Health Education Department**

TRIBHUVAN UNIVERSITY

JANTA MULTIPLE CAMPUS

DEPARTMENT OF HEALTH EDUCATION

ITAHARI, SUNSARI

MARCH, 2021



जनता बहुमुखी क्याम्पस
Janta Multiple Campus

इटहरी, सुनसरी, नेपाल
Itahari, Sunsari, Nepal

स्थापित: २०४५

Estd. 2045

RECOMMENDATION SHEET

This thesis is “**Impact of COVID-19 pandemic to the Domestic workers of Kathmandu**” Mr. DEB RAJ KARKI in the partial fulfillment of the requirement for Master’s Degree in Health Education under my supervision.

Therefore, it is

Recommended for viva voice.

Mr. Sanjib Kumar Yadav

Associate Prof. and Head, Department of Health
and Physical Education

Janta Multiple Campus, Itahari, Sunsari

.....

Supervisor



जनता बहुमुखी क्याम्पस
Janta Multiple Campus

इटहरी, सुनसरी, नेपाल
Itahari, Sunsari, Nepal

स्थापित: २०४५

Estd. 2045

APPROVAL SHEET

This thesis is “**Impact of COVID-19 pandemic to the Domestic workers of Kathmandu**” Mr. DEB RAJ KARKI in the partial fulfillment of the requirement for Master’s Degree in Health Education has been approved.

Thesis Evaluation Committee

Signature

10. Prof. Mr. Sanjib Kumar Yadav

Associate Prof Head, Department of Health and
Physical Education

Janta Multiple Campus, Tribhuvan University

.....

Chairmen / Supervisor

11. Mr. Birendra Karki

Asst. Lecture, Department of Health and Physical
Education, Janta Multiple Campus

.....

Member

12. Dr. Bhagwan Aryal

Central Department of Education

Tribhuvan University, Kritipur, Kathmandu

.....

External

Viva Date: 2077-11-29

:13 March, 2021

DECLARATIONS

I hereby declare that to the best of my knowledge this thesis is my original work and it had not been submitted for the candidate of research degree to any university, college or educational institution. Whatever subject matter, I have presented in this thesis report to my own except cited texts.

Date: 12 March, 2021

.....

DEB RAJ KARKI

~~JANATA MULTIPLE CAMPUS
ITAHARI, SUNARI, NEPAL~~

~~RECOMMENDATION SHEET~~

~~This thesis is “Impact of COVID-19 pandemic to the Domestic workers of Kathmandu” Mr. DEB RAJ KARKI in the partial fulfillment of the requirement for Master’s Degree in Health Education under my supervision.~~

~~Therefore, it is~~

~~Recommended for viva voice.~~

~~Mr. Sanjib Kumar Yadav
Associate Prof. and Head, Department of
Health and Physical Education
Janta Multiple Campus, Itahari, Sunsari~~

~~.....
-Supervisor~~

~~JANATA MULTIPLE CAMPUS
ITAHARI, SUNARI, NEPAL~~

~~APPROVAL SHEET~~

~~This thesis is “Impact of COVID-19 pandemic to the Domestic workers of Kathmandu” Mr. DEB RAJ KARKI in the partial fulfillment of the requirement for Master’s Degree in Health Education has been approved.~~

~~Thesis Evaluation Committee~~

~~Signature~~

~~10. Prof. Mr. Sanjib Kumar Yadav~~

~~Associate Prof Head, Department of Health and
Physical Education~~

~~Janta Multiple Campus, Tribhuvan University~~

~~.....~~

~~Chairmen / Supervisor~~

~~11. Mr. Birendra Karki~~

~~Asst. Lecture, Department of Health and
Physical Education, Janta Multiple Campus~~

~~.....~~

~~Member~~

~~12. Dr. Bhagwan Aryal~~

~~Central Department of Education
Tribhuvan University, Kritipur, Kathmandu~~

~~.....~~

~~External~~

~~Viva Date: 2077-11-29~~

~~—————:13 March, 2021~~

ABBREVIATIONS

COVID-19	= (Novel) Corona virus (2) Disease, 2019
DW	= Domestic works
ILO	= International Labour Organization
WHO	= World Health Organization
HUN	= Home Worker Trade Union of Nepal
GEFONT	= General Federation of Nepalese Trade Union
CCMC	= Central COVID-19 Management Committee
PCMC	= Province COVID-19 Management Committee
LCMC	= Local COVID-19 Management Committee
TU	= Tribhuvan University
PPE	= Personal Protective Equipment
M-ED	= Master's Degree of Education
TV	= Television
KII	= Key Information Interview
UNAIDS	= United Nationals Programme on HIV AIDS
AIDS	= Acquired Immuno Deficiency Syndrome
HIV	= Human Immuno Virus
MOHP	= Ministry of Health and Population

UN	= United Nation
JMC	= Janta Multiple Campus
WFP	= World Food Programme
IVI	International Vaccine Institute
UNGASS	= United National General Assembly Special Session on Drugs
WWW	= World Wide Webs
IEC	= Information Education and Communication
BCC	= Behavior Change Communication
NGO	= Non-Government Organization
CBO	= Community Base Organization
MDGS	= Millennium Development Goal Strategies
ACFTU	= The All-China Federation of Trade Unions
SME	= Small and Medium Enterprises
USA	= United State of America
NLFS	= Nepal Labour Force Survey
IDWF	= International Domestic Workers Federation
SPF	= Social Protection Fund
INGO	= International Non-Government Organization
VDC	= Village Development Committee

ACKNOWLEDGEMENTS

I wish to express heartfelt thanks and utmost gratitude and supervisor to Prof. Mr. Sanjib Kumar Yadav. His invaluable inspiration, guidance and tremendous support made me to complete this work with myriads of real and enthusiasm. I would humbly thanks for thesis external, prof. Dr. Mr. Bhagwan Aryal. Evaluation committee member Prof. Mr. Birendra Karki

I am indebted to Mayor, Mr. Bidhya Sunder Shakya and his executive team for his valuable guidance and support which have helped me to bring out the best in this study. I am extremely grateful to prof. Umesh Chandra Upadhya for his kind co-operation and encouraging attitude. I would like to express my great respect and thanks to all the Health Education Department Lectures and all college staff of JMC.

I must also express my profound gratitude to Trade Union leaders specially HUN and its' team, all unit committees in the valley, especial Ratopul unit committee its' given me the opportunity to utilize facilities for preparation contact respondents of DWs for my study. I am also thankful Executive Member of IDWF Asia representatives Miss Gyanu Maya Kshatri. She has facilitated to me national and international situation of DWs. GEFONT Chairmen, Mr. Binod Shreshtha and all the respected team for their care and creating a homely environment in study.

I would like to extend my sincere gratitude to my seniors for their valuable suggestions. I must extend thanks of DWs for their kind co-operation in sample and data collection.

DEB RAJ KARKI
M-ED SECOND YEAR

ABSTRACT

The study was carried out in domestic workers to determine the prevalence of intestinal viral infection. Workers were selected from Kathmandu district especially Kathmandu Metropolitan. Total sampling of samples is sixty six, except pretest ten samples.

Out of total of sample population 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 that 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 than, them have allowed to attain 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.

The COVID-19 controlling policies information is better than other information as lockdown known 100 % of respondents. Most of 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 % respondents had got skills' training that was conducted for affected workers the 70 % workers did not get any kinds of training. There is 59 % workers get relief through Trade Union (HUN) and the 33 % received of relief from the friends and relatives.

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 rs55000 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 had been decreased their income in the COVID-19 pandemic.

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 holidays. 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 % among them 56 % workers had paid premium themselves and 44 % workers premium had paid by their employer and other workers no health insurance. The illness expenditure of respondents 87 % paid themselves. In the pandemic 14% workers did not get any kinds of reproductive health. The 4 % and 4% workers feel physical and psychological violence or harassment during the pandemic.

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. The COVID-19 contracting secure feeling, the 70 % workers told they felt fair and the 15 % feel uncertain. Pandemic workers mental health and feel of anxious ranking the 61 % workers feel lack of savings, the 58% workers feel work uncertain and the 47 % feel 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.

TABLE OF CONTENTS

Title	Page No.
PRELIMINARI PART	
Declarations	i
Recommendation Sheet	ii
Approval Sheet	iii
Abbreviations	iv
Acknowledgements	vi
Abstract	vii
Table of Contents	x
List of Table	xv
List of Figure	xiv
Definition of Terms used	xviii
CHAPTER-ONE	
INTRODUCTION	1-9
1.1 Background of the Study	1
1.2 Statement of the Problem	7
1.3 Objectives of the Study	8
1.4 Significances of the Study	8
1.5 Limitation and Delimitations of the Study	9
CHAPTER-TWO	
REVIEW OF LITERATURE	10-19
2.1 Theoretical Literature review	10
2.2 Empirical Review of Related Literature	12
2.3 Implication of literature review	17
2.4 Conceptual Framework of the Study	17

CHAPTER-THREE

RESEARCH METHODOLOGY	20-21
3.1 Research Design	20
3.2 Sampling Procedure and Sample Size	20
3.3 Data Collection Tools / Instruments	20
3.4 Validation of the Tools	21
3.5 Data Collection Procedures	21
3.6 Techniques of Analysis and Interpretation of Data	21

CHAPTER-FOUR

ANALYSIS AND INTERPRETATION OF DATA	22-48
4.1 Personal information of respondents	23-29
4.1.1 Distribution of respondents by age	23
4.1.2 Distribution of respondents by religious	24
4.1.3 Distribution of respondents by gender	24
4.1.4 Distribution of respondents by caste	25
4.1.5 Distribution of respondents by marital status	25
4.1.6 Distribution of respondents by family member	26
4.1.7 Distribution of respondents by migration	27
4.1.8 Educational status of respondents	28
4.1.9 Distribution of respondents by membership	28
4.2 Employments status of respondents	29-31
4.2.1 Living condition of domestic works	29

4.2.2 Working situation of domestic workers	30
4.2.3 Written contract with the employer	31
4.3 Governments response to DWs in the COVID-19 pandemic	32-34
4.3.1 Government policies to control COVID-19	32
4.3.2 Relief programs during the pandemic	32
4.3.3 Skills training and information of respondents	34
4.4 The COVID-19 impact economic, impact on working condition in the rights at work of the DWs.	36-43
4.4.1 Workers job condition in the pandemic	36
4.4.3 Works load in the pandemic of respondents	39
4.4.3 During the COVID-19 health and safety	40
4.4.5 Health insurance of respondents	41
4.4.6 Reproductive health status in pandemic	42
4.4.7 Violence / harassment situation in pandemic	43
4.5 Conditions of the socio-economic issues in the pandemic	44-48
4.5.1 Income earning status of respondents	44
4.5.2 Impact of family member on COVID-19	45
4.5.3 Expenditure of respondents in the COVID-19	46
4.5.4 Contracting COVID-19 secure	46
4.5.5 Difficulties for room rent payment	47
4.5.6 Expenditure is increase in order	47
4.5.7 Level of knowledge on the COVID-19	48

CHAPTER-FIVE

SUMMARY AND FINDINGS OF STUDY	49-52
Findings-1	50
Findings-2	50
Findings-3	51
Findings-4	51
Findings-5	51

CHAPTER-SIX

CONCLUSIONS AND RECOMMENDATIONS OF STUDY	53-54
6.1 The conclusions of study	53
6.2 Recommendations of study	53
6.2.1 Recommendation for policy level	54
6.2.2 Recommended for Health Education Department	54
6.2.3 Recommended for COVID-19 Control Committee	54
6.2.4 Recommended for further study of researchers	54
6.2.5 Recommendation for Trade Union	55
6.2.6 Recommendation for Social Development	55

REFERENCES

APPENDIXS

LIST OF TABLES

Table no.	Title	Page No.
1.	Age status of respondents	23
2.	Religious status of respondents	24
3.	Caste / ethnicity status of respondents	25
4.	Migration status of respondents	27
5.	Educational status of respondents	28
6.	Live-out status of respondents	30
7.	Type of work status of respondents	31
8.	Written contract status of respondents	31
9.	Information of Government policies of respondents	32
10.	If yes, what are the relief packages by respondents?	33
11.	If no why did not get relief by the respondents	33
12.	From other organization relief received of respondents	34
13.	Regular information received status of respondents	35
14.	From where regular information received?	35
15.	If (yes) you have lost your jobs, resumed it?	36
16.	During the job loss getting compensation or not?	37
17.	Earning in a month before pandemic of respondents	38
18.	After pandemic in a month earning of respondents	38
19.	Increase workload in the pandemic of respondents	39

20.	During COVID-19 use of safety measures by respondents	40
21.	If you have health insurance, who pay it?	41
22.	During COVID-19, illness expenditure payments	42
23.	If not get reproductive health treatment, what are these?	43
24.	During pandemic main income earning of respondents	44
25.	During the pandemic impact status of respondents in family	45
26.	If family expenditure increases, what are components?	46
27.	Decreasing income and house expenditure manage	47
28.	Mental health stress or feel anxious of respondents	48

LIST OF FIGUERS

Figure no.	Title	Page No.
1.	Conceptual frame works of knowledge of COVID-19	19
2.	Gender status of respondents	24
3.	Marital status of respondents	25
4.	Family member status of respondents	26
5.	Total income earning in the family of respondents	26
6.	Children in the family of respondents	27
7.	Organizational involve of respondents	28
8.	In the pandemic meeting attaining	29
9.	Living situation of respondents	29
10.	Working houses before pandemic of respondents	30
11.	Relief information and receiving of respondents	32
12.	Participation training of respondents	34
13.	During the pandemic job loss of respondents	36
14.	If you have resumed new jobs. What types of jobs?	37
15.	If you increased workload, what types of it?	39
16.	During the pandemic holidays of respondents	40
17.	Health insurance status of the respondents	41
18.	During the pandemic reproductive health	42
19.	During the pandemic violence / harassment	43

20.	Additional violence / harassment, where was happened	44
21.	Crisis impact of family members' job	45
22.	COVID-19 contrasting secure feelings rank	46
23.	Difficulties of room rent of respondents	47
24.	Knowledge of COVID-19 of respondents	48

DEFINITION OF TERMS USED

Corona Virus: It is a kindly virus. This is a fatal illness caused by Corona family group of virus which damages the human body's immune system.

COVID-19: It is a human immune system damages corona virus which can cause to develop Wuhan city of Chin in first. Then it spread all over the world the WHO named COVID-19. Its' full form Corona Virus Disease and found by 2019 AD.

Hygienic and sanitation: It is a major component of the health and fitness.

Domestic Worker: These workers who worked in the other employments house works as cooking, cleaning, care giver, driver etc.

Knowledge: It refers to the understanding an awareness of concept as well as retention of facts concerning COVID-19 measured by the instrument formulated by the researcher.

Lymphocytes: A type of white blood cell that is important in the formation of antibodies and that can be used to monitor the health of COVID-19 sick.

Migrant labours: Individual who moves from one place to another place with the purpose of earning seasonal or permanently inside or outside country, in these study migrant labors means men those who are working in Kathmandu with the purpose of earning seasonally and together.

Opportunistic infection: An infection by organisms the usually do not cause infection in people whose immune systems are working normally.

Hygienic behavior: it means Human behavior related to the health desire and interest and activities observed. In this study safety hygienic behavior represent sanitation activity of domestic workers.

Safe job: Bad-practice reduces the risk of transmitting pandemic during sanitation hygienic activity, on the other hand unsafe work allows expose to fluids that can transmit COVID-19.

Pandemic education: It implies to the instruction to the people with regard to the basic factors. Actually, it is the process of developing satisfying interpersonal relation and perception for the responsibility about pandemic disease and education.

Syndrome: A set of symptoms and signs resulting from a single abuse or so commonly occurring together that a definite clinical picture in manifest.

Safety: The condition of being protected from or unlikely to cause danger, risk or injury, they should leave for their own safety.

Pandemic: A pandemic is epidemic of an infectious disease that has spread across a large region, for instance multiple countries or worldwide, affecting a substantial number of people. A widespread endemic disease with a stable number of infected people is not a pandemic.

Breadwinner: A person who earns money to support their family, typically the sole one.