

Employment Shifts by Women Workers and Underlying Intersectionality: A Case of Cuttack, India

Sukanya Mohanty*

Centre for Social Medicine and Community Health, SSS-II, Jawaharlal Nehru University

Pin code 110067, New Delhi, India

Tel: 91-011-267-04420 * E-mail: sss21_sukanya@yahoo.com

There are no conflict of interests involved since the research is not funded by any funding agency. (Sponsoring information)

Abstract

A review of literature related to use of intersectionality for social analysis reveals the dearth of studies on intersectional processes across time and space. This paper presents the nature, causes and micro-level intersectional processes underlying employment shifts made by women construction and domestic workers, including shifting between these occupations and withdrawal from work. The study uses mixed methods of survey and case studies. A total of 498 women were surveyed and 33 case studies were explored in 12 slums of Cuttack city, Odisha state, in India. Cleaned and complete data of reasons cited for employment change and respondents' age, work hours and work days from survey sample have been used for analysis. 4 representative case studies of the 33 have been used in this paper. Interactive processes of trade-off between paid and unpaid work, changes in the family, age and the woman's identity, ageing and physical/mental health issues were found to be an integral part of the women's lives and the causes behind employment shifts or withdrawal from work. Work-related decisions of respondents were taken amidst intersecting occurrences of care burden, unpaid domestic work, family debt, family support, ageing and health issues over time. Analysis of women's past and present shows that their work decisions were influenced by their intersectional position of gender, class, age and family support. Intersectionality of gender and class was found to imply similar experiences among women workers, whereas age and family support made differences in these experiences through interactive processes spread out over time, as in everyday life and in particular situations of illness, birth, marriage, death and others.

Keywords: Mixed methods, micro-level intersectional processes, family support, unpaid work

1. Introduction

The literature review undertaken for this study found that the link between past and present intersectionality through micro-level processes is underrepresented in existing work using the lens of intersectionality. Intersectionality is complex, borne out of interwoven identities of an individual and underlying social processes as well as social structures that dictate social relations and experiences over time.

Intersectionality is different from the unitary approach, which uses single categories for comprehending inequalities, and is also different from the multiple approach, which uses multiple categories in an additive manner for explaining differences (Bell, 2004, cited in Hancock, 2007: 68-70). The multiple approach is bereft of the complexity that the intersectional approach can focus on. Hancock (2007: 67) puts it thus: "The intersectional approach moves beyond the multiple approach, it changes the relationship between the categories of investigation from one that is determined a priori to one of empirical investigation." Intersection is not simply additive layers of multiple identities. Categories and identities are used interchangeably, which implies that overlap exists between the theoretical category and subjective identity. There are critics who believe any notion of categories hinders the growth of knowledge. Smith (2009: 79) states that treating "categories as locating discrete phenomena of difference bypasses, indeed conceals, the social relations of inequality in which they are woven". For Smith, categories and concepts such as race, class and gender need not limit thinking in social science enquiry, and there is a need to go beyond (ibid.: 76). Discarding all forms of categories theoretically and methodologically is one kind of intersectional approach, but methodologically analyzing complexity will pose its own challenges. McCall (2005) talks of three approaches to intersectionality, that of anti-categorical, inter-categorical and intra-categorical, each of these going beyond notions of unitary, multiple and categorical identity. The anti-categorical approach does not believe in any fixed categories or identities for the theoretical framework; the inter-categorical approach strategically uses or does not use categories; and the intra-categorical approach, even though it uses categories of identities, is not bound by them, and looks for differences within or beyond such notion of categories. How intra-categorical differences evolve over time has not been fully captured by these approaches. Dhmoon (2011: 237) brings out gaps in existing models such as Carbado and Gulati's (2000-2001) intersecting categories model, Rummens' (2003) multiple intersecting categories, stacking approach, centrifugal approach and multidimensional models as these are limited to intersecting or hierarchy of categories or identities she analyses that "none of these indicate that there are contingently formed relationships and patterns between multiple and differing sets of interactive processes and systems". She finds these models inadequate to explain variations in relationships across time and space. These models depicted intersectionality as intersecting or hierarchy of categories or identities relevant at different points of time, but missed out the complex set of interactions and the continuity. Dhmoon (2011: 238) finds the exception was Jang's (2010) matrix of meaning making model as it takes into account interactions and processes over time to study power and differences and does not assume that categories and intersections have predictable ways of interactive processes over time. There are very few studies on social processes and social relations, as most of them focus on structure alone.

Exceptions are Hankivsky and Cormier (2009), and Dharmoon and Hankivsky (2011), who have taken their analysis from intersecting identities or social positions of difference further into processes such as ‘forms of systemic oppression (racism, classism, sexism, ableism, homophobia) at macro and micro levels in ways that are complex and interdependent’ (cited in Bauer 2014: 12).

1.1 Indian Context: Shifts and Withdrawal by Women Construction and Domestic Workers

Mehrotra (2010) observes that women working as live-out part-time domestic workers were primarily migrants who had moved to the city with their families or were former female construction workers who entered domestic labour. Employers asked them to leave on a short notice or without compensation or construction was not available. Instances of domestic workers losing their jobs due to childbirth or ill health were often reported (ibid.: 5–7). While employers asking workers to leave does not give them any scope for choice, situations of childbirth or ill health in some cases could also imply women choosing to shift or withdraw. Unavailability of construction work and job contracts being unregulated in case of domestic work were systemic or macro-level issues. Mehrotra found that a few women shifted from construction to domestic work due to ageing and lack of work in the construction sector (ibid.: 20). And older workers did not have wage hike, took leave frequently which led to loss of work (ibid.: 31). Other micro-level dynamics responsible for work changes due to ageing and health issues have been ignored here. Mohankumar and Singh (2011) identify education and acquired skill as aspects that enabled construction workers to switch to alternative employment during a crisis period, again implying a macro-level process. However, as high as 64 per cent in the construction industry reported not to have attended school (ibid.: 69). Dalmia (2012) found that some women construction workers shifted to domestic work for various reasons, including age, in Delhi. They continued working past their 40s despite their unwillingness as they had no other means of supporting their families. They did not know where to search for alternate employment or learn skills in a big city like Delhi. The only alternative was paid domestic work, but many were unhappy with the salaries paid and felt unsafe working in other people’s houses. Some women also cited lack of basic toilet facilities at construction sites as embarrassing and provision of crèche facilities a must before choosing a work site (ibid.: 252-253). Age and gender-insensitive work conditions have been studied as reasons for employment decisions.

Baruah (2010) found seasonal fluctuations in construction work availability, the monsoon and the summer seasons meant difficult weather conditions and adversely affected construction work. Some construction workers lost out work to migrant workers who were usually paid low wages and who agreed to live in the work sites. Construction workers held increasing mechanization, lack of funds and water shortage as reasons responsible for decline in their employment opportunities (ibid.: 38).

Gothoskar (2013) found cases of Tamil women domestic workers who shifted from agricultural work after the commercialisation of agriculture and migrated to Delhi in the 1970s. Speaking of the macro-level process, according to her, modern commercial agriculture gradually ruined the living conditions of the poorer sections dependent on agriculture, resulted in loss of their land rights, increasing mechanisation and a low demand for agricultural workers (ibid.: 67).

Thus, studies in India have focused more on the macro-factors and less on the micro-level processes and dynamics associated with work-related changes among women in construction and domestic work. The present research explores micro-level social processes responsible for shifts in and withdrawal from employment of women construction and domestic workers, and their connection with intersectionality (Notes 1 & 2). This paper asks what the specific intersectional processes are that lead to employment shifts and withdrawal of women from construction and domestic work. The study attempts to contribute towards filling the gap that exists in intersectionality literature in this regard.

2. Research Design

A mixed methods framework, with both quantitative and qualitative methods, was adopted for the research design. The use of mixed methods was sequential; quantitative methods were followed by the qualitative methods to explain and elaborate the findings from the previous one. Quantitative methods were used to study the “what” part of the employment changes, such as, present work, work hours/days, mode of commuting, distance of workplace, earnings per day/month, immediate past work, reasons for work change, and age at which the respondent changed past work. Qualitative methods were used to understand the “how” part of employment shifts and withdrawal from work, such as, exploring individual experiences at work, and family, and trigger of such a work decision. It was a retrospective cohort study of women construction and domestic workers. The data was collected from slum women through a survey regarding the nature of employment change, a shift in or withdrawal from work, and the perceived reasons for the same. Case studies were purposively selected for understanding how the perceived reason worked to bring about work-related changes. The research questions to be answered by each set of methods (quantitative or qualitative) were different. A “development” strategy was used, that is, the findings of one method informed the findings of the other, as well as a strategy of “complementarity”, which involved elaborating, illustrating and clarifying the results of one method with the help of results from another for “an enriched understanding” of the process (Greene, Caracelli and Graham, 1989: 258).

2.1 Field of Study: Cuttack City

Cuttack is the second most populous city in Odisha state of India, after its capital city Bhubanewar (Note 3). The Ministry of Urban Development in its report states that Cuttack has the largest slum population in the state. The level of basic urban services in Cuttack has been skewed, “leaving the city’s poor with more than 180 persons per tap and more than 40 percent

of them without necessary sanitation facilities. Public wells and community bore wells are source of water supply for the residents. Only 60 percent of slum population has toilet facilities (CRISIL & Government of India, 2013: 64)."

Sahoo et al (2015) corroborate the poor status of sanitation in Cuttack district (including Cuttack city and its slums) and other districts. Cuttack district includes Cuttack city. They describe private latrines as being present, but uncommon. Public latrine facilities were found only in urban areas, and this was the only infrastructure alternative for people without a private one. *"Most public latrine facilities were pay-per-use, with costs prohibitive particularly for urination. Shared public latrine facilities were poorly maintained, covered in faeces, or lacking doors, other barriers included long wait times during morning hours, closed at night, inconsistent water supplies and open defecation sites were common in all locations, even among respondents with access to a latrine (ibid.: 83)."*

Mitra (2006) says, that the share of informal enterprise workers out of the total number of workers in Odisha was 87.5 per cent in 2000, the highest of all 15 states compared and way greater than the all-India figure of 55.2 per cent (ibid.: 2682) (Note 4). The Central Statistics Office (CSO), India, conducted a time-use survey from July 1998 to June 1999 in six selected states to capture the work pattern of both men and women within and outside the home (Note 5). The findings for urban females in Orissa was 8.37 for System of National Accounts (SNA) activities and 37.61 for extended SNA activities, whereas for rural females it was 19.03 for SNA activities and 35.28 for extended SNA activities. For males in rural and urban areas of Odisha, extended SNA activity did not exceed 5.00 (Patel and Hans 2004: 24-25). The ratio of SNA activities to extended SNA activities was more skewed for females in urban areas than rural areas. At the regional level, studies have corroborated concentration of labour in a few sectors, wherein the informal sector has a major share and women devoted considerable and greater time for unpaid work than paid work.

2.2 Sampling

Twelve slums were purposively selected for this study based on information about occupation of women residents. These were five slums of Pattapol from ward number 14 in Cuttack city, namely, Pattapol Ghantalidhi sahi, Pattapol Mochi sahi, Pattapol Batamangala sahi, Pattapol Goli Beedhi sahi and Pattapol Mamdi Beedhi sahi; three slums of Ranihat from ward number 27, namely, Ranihat Sagadia sahi, Ranihat Teli sahi and Ranihat Dhoba Sahi; two slums from ward number 34, namely, Ranihat Pilgrim Road Das sahi and Chattra Bazaar Pola Telugu sahi; and two slums from ward number 15, namely, Odiya Bazaar Baunsagali and Odiya Bazaar Gauda sahi. For convenience, I have treated these slums as located in four areas of Cuttack city—Pattapol, Odiya Bazaar, Ranihat and Chattra Bazaar. A minimum 50 per cent of the slum population were surveyed in the chosen areas. Every alternate house was contacted for the survey, which ensured a 50 per cent coverage. However, in cases where women refused interviews or their houses were locked for 15 to 20 days, two consecutive houses were contacted to compensate for the non-participating house. Whenever it was a joint family and two women resided in the same household, the preference was based on whether she was working and earning at the time of survey or in the past and earning and if both the women were earning then, the elder working woman was chosen from the household. Each survey was conducted in approximately 25 minutes. For the case studies previous occupation and reasons cited for work changes, as was indicated in the survey was the inclusion criteria. Women were purposively chosen for case studies. Case study interviews were conducted in at least three different sittings with prior appointment from each respondent, each sitting ranged between 30-60 minutes.

2.3 Sample Size

A total of 498 women from the chosen slums in Cuttack city were surveyed. Cleaned and complete data of reasons cited for employment change and respondents' age, work hours and work days from survey sample have been used in this paper. 33 women, a sub-sample of the original 498 were picked as case studies. Four representative case studies have been cited in this paper (Note 6).

2.4 Methodological Issues

Temporality of a research topic that studies the past of a present state, in this case the employment shift or withdrawal that has happened in past, relies on recall during interviews and had related challenges regarding remembering past events correctly. Some respondents spoke on their own with open-ended questions like: How has been your life, as well as your work and family? Please tell about it. Why did you take a work break? And so on. Others did not speak on their own at length, their responses being short and specific, and had to be probed with further questions like: Who stays with you now? What did you do the whole day? How was it at work? How were you initiated into paid work? Did someone help? You said you were sick and took a break from work, what really happened? Were there health issues previously too? Did you take a loan then? How did you manage the expenses? Such prodding helped the respondent talk openly. Also, summarising the previous interviews before starting the next session helped.

3. Findings

Women had migrated from rural areas to urban slums and had transitioned from paid or unpaid agricultural work at villages to wage or non-wage work in the city. Within the city, they had made a transition, from not working to working or vice versa, from construction work to domestic work or other work, and also from domestic work to any other work. Of the data available for 494 women, 198, or approximately 40 per cent, had shifted or withdrawn from employment. Employment-

related changes had social origins since the key preceding events identified by respondents during the survey were marriage, health, work burden at home, and closure of work setting or change of employer's residence. Among these 198 women who had left work or moved to other employment, approximately 31 per cent cited marriage-related reasons, around 27 per cent cited health issues, about 12 per cent stated income motives, approximately 10 per cent expressed work demands at home, about 5 per cent had the employer dismissing them from work, about 2 per cent cited childbirth, and approximately 13 per cent had other reasons, such as difficulty in commuting, sickness in family, monetary help from son and sexual harassment.

Health and work demands at home were the two crucial reasons cited after marriage and higher earnings. While 74 per cent of erstwhile construction workers cited health as a reason, only 22 per cent of past domestic workers did so. Work demands at home or double/triple burden were cited by approximately 19 per cent of domestic workers, whereas for construction workers the figure was only about 7 per cent. Approximately 62 per cent of construction workers and around 47 per cent of domestic workers had seen work changes; employment shifts were found to be higher among the women in construction than in domestic work. More changes happened after the age of 35 for construction workers, with approximately 43 per cent having shifted after 35 years of age, compared to approximately 32 per cent of women domestic workers.

Interlinkages in work changes, age and health of workers were found from survey data. Women construction workers experienced greater incidence of work shifts and more so post 35 years of age and majority of them cited health as a reason than domestic workers. Metadata of 33 case studies shows interactive occurrence of more than one causal event in respondents' lives, even if only one factor was cited as the reason for employment shift or withdrawal from work. This suggests women construction and domestic workers shared common experiences in spite of the differences. Four intersecting processes emerged from the metadata, these complex and criss-crossing processes as the cause of employment related changes are explored in the following section.

3.1 Trading Off Paid and Unpaid Work

Asha quit construction work in her second month for a safe pregnancy and delivery. By then she had worked for 6-7 years as a construction worker and was in her mid-20s. This was her second pregnancy. Traumatized by her first miscarriage, she had waited eight years after her wedding for this baby. After her delivery, she stayed off paid work for four years as there was no one else to look after her baby, and shifted to paid domestic work once she decided to rejoin the workforce. She took this decision only when her child was around 4 years old, old enough to be carried to her workplace. Until that time she had decided to forego her earnings and managed household expenses with her husband's earnings and 'baaki' or credit at local grocery store. She did not have her in-laws or parents with whom she could entrust the care of her child at home (Note 7). In a different space and time, when she was close to her 50s and identified herself as ageing, she deliberately reduced her workload to two employers. She did so only after she repaid a loan of INR 50,000 taken primarily for her son's education. Her son had begun contributing INR 2500 out of his total income of INR 5000 to family earnings every month. Her husband earned INR 50-100 a day and spent regularly some money on his drinking habits and gave her the rest. She earned INR 1000 and 1500 from two houses every month. Her paid work included sweeping and mopping floor, cleaning utensils and washing clothes. She walked one way 15-20 minutes of distance to her employers' houses. At home, she cooked two meals a day, cleaned used plates, utensils and clothes for three of them. She used a common source of tap water supply at about 10 metres distance from her house for washing and cleaning, she shared this water supply with around 15 neighbourhood families. She used a common toilet which was used by more than 15 families. The water supply was for specific duration in a day and she carried about 40 litres of water every day from this common source to her home for purposes of cooking and drinking. She ate her breakfast meal on days when her employer provided for it, rest of the days she missed it. She had started planning for her son's marriage and expenses and was not sure whether she would increase her paid work once her daughter-in-law started staying with them.

Compromising paid work for a safe pregnancy had two different connotations simultaneously. One was a reassertion of gender norms, with a woman being brought up to internalise the patriarchal norms and values attached to motherhood and her identity; and the other was allowing herself personal time and rest when there was a physical need for less work, with the support of her husband. Post childbirth family's care burden affected paid work. Credit was a way of survival in this trade off. Repaying the debt eased off her paid workload. Financial help from her son was helpful, but reducing paid work did not necessarily mean rest for her as there was the unpaid workload of domestic chores at home.

Family support in terms of physical and financial emerged as a determining aspect in work decisions, women chose paid work when they received family's physical support in attending to care work whereas they stayed off paid work when they did not get this help (Note 8). On the contrary, women chose to stay off paid work when they had family member's financial help and instead attended to unpaid work at home. Many handed over domestic chores at home partially to another family member, a mother/mother-in-law or daughter/daughter-in-law, and then engaged in paid work or increased paid work days or hours. Interviews revealed that at times they handled all domestic chores at home while staying off paid work, usually just after marriage, also when ageing or during demanding situations in the family. Women faced this dilemma of balancing paid and unpaid work where no paid work meant no earnings, particularly in situations of illness, pregnancy, childbirth and death in the family.

In normal situations, women attempted a balancing act when they engaged in paid work. Most of the women construction workers preferred their work site to be within city limits in order to have time for unpaid work and leisure, even though some of them travelled outside the city for construction work at times. Within the city, they worked wherever the site was, irrespective of distance from their homes. For most domestic workers, their employers' houses were within 20-25 minutes walking distance and they all walked to work. Women domestic workers were found to have greater negotiating power than

construction workers when work location was the concern (Note 9). Women construction workers had to spend an additional one to three hours commuting besides work hours.

3.2 Changes in Family and Identity

Anu, around 40 years old, was an agricultural labourer at her village, she shifted to the city after her eldest son was born. She started working as a domestic worker at a monthly salary of INR 250. Her daughter was born within two years of coming to the city. Her eldest sister came to the city then and helped her care for the baby. She did not work during her first pregnancy, while she worked during her third and fourth pregnancy rigorously. Even though she worked during her second pregnancy, it was less strenuous with leave and flexible timings. She had her 8-year-old son, her oldest, look after her young baby girl so that she could do paid domestic work after her third delivery. Her second daughter was around 6 years old then. Occasionally she went for construction work to earn more money at a wage of INR 80 per day. Her husband provided for the family by pulling trolley rickshaw. Her husband did not work for a year before his death, he used to drink a lot and physically abuse her. He had taken a loan of INR 30,000. When she conceived for the fourth time, her husband had jaundice, other health issues related to his excessive drinking habit and became bed-ridden. Her eldest daughter helped in care work and other unpaid work at home. Her eldest son started working then for INR 2000 per month. She said she had been compelled to take up construction work to meet her sick husband's health expenses, rent expenses, food expenses and loan interest. She initially combined paid domestic work and construction work, but later took up full-time construction work with a wage of INR 120 per day. Her husband died about six months before her fourth child was born. She gave birth to a boy at a Government hospital and was given a blood transfusion during her delivery as she was severely anaemic. For her delivery, she was again pushed to take a loan. Within six months, her outstanding loan money increased to INR 40,000. There was no rest and she continued construction work post child birth. After she became a widow, her older sister had offered her family free shelter in the same slum, this saved around INR 600, a house rent she used to pay before. Her and her son's earnings was used for repaying loan. Her eldest daughter had started working for INR 1000 per month then. A year and half after her husband's death she quit construction work to take care of the baby and some rest. She also shared the issue of being paid INR 120 against the usual wage of INR 200 per day and this was a reason too for quitting construction work. After a year she started paid domestic work and her younger daughter, 8, who did not go to school, took care of the baby boy most of the time. She earned INR 1000 and INR 800 from two houses as a domestic worker and received financial support of about INR 4000 from her two working children. After 3 years of her husband's death she received widow pension of INR 300 per month from the Government. She had taken an advance of INR 2000 from her employer for giving a community feast at her village in South Odisha to celebrate her eldest daughter attaining puberty or 'gujira' at the time of interviews.

Changes in her family was signified by illness, birth, death, children entering workforce and support from extended kin in her life. Linked to her work decisions were intersecting processes amidst the change of place, onset of illness, care burden, double burden, debt, death, widowhood, and birth. She decided to shift work during birth and illness in family. First, she decided to shift from domestic work to construction work for managing health and loan expenses, and second, she took the decision to reduce her workload to rest and take out time for the younger children when there was family's financial support. When she decided to work in spite of her delicate health post child birth, the interaction of health issues and debt was complicated. It was difficult to gauge her next course of action. Changes in family implied changes in physical and financial aspects of family support, family demands and change in her identity, from being secondary earner to provider of the family, from being married to a widow, from being mother of young children to mother of working children, mother of a newborn and mother of a daughter who had attained puberty. Family's financial support was not always adequate, particularly when the husband spent on drinking or there was a loan. Changes in family and family support was also influenced by kin, in this case her sister. Work conditions such as fair pay was crucial, but any unfair treatment was kept in backburner to fulfill family demands. These changes interacted to shape her work decisions.

Care burden, domestic chores and financial expenses were different types of demands made by the family. Respondents said they were uneasy about paying interest and principal, or 'sudha' and 'mula', for a long time and it was stressful (Note 10). A loan was usually taken during festivals, daughters' puberty and in situations of birth, marriage, death and illness in the family. And debt meant unpredictability with age and fluctuating family support. As found, desertion and widowhood both resulted in women taking similar work decisions in similar circumstances.

While there were region of origin, caste, class and gender identities which were expressed in an explicit or implicit manner by respondents, her identity in relation to family was found relevant too. Metadata suggests change in family occurred evidently in times of death, birth, marriage, separation, desertion or illness and occurred subtly in situations when husband became an alcoholic or sick and did not contribute towards family earnings, son started working but did not financially help, son became an alcoholic, daughter attained puberty, working daughter who contributed to family earnings got married, or children began working and contributed financially. Changes in family intersected with changes in her identity and had gender and class based implications such as who provided for the family, who bore the health expenses, who took the care burden, who repaid a debt, who did or shared the domestic chores. Women adapted to these changes and implications by taking work decisions to shift, withdraw, join or resume work.

3.3 Age and Identity

Change in family and change in age, both were found associated with respondent's identity at a micro level. These were intersecting, yet different processes. According to the survey data, with age, domestic workers became free to do more hours of work. The data on paid working hours per day showed that of the 137 domestic workers in the sample, approximately 20

per cent worked for more than eight hours a day. Of the 27 women domestic workers who worked for more than eight hours a day, 23 or approximately 85 per cent were above 35 years of age. This could also be because my sample consisted of a greater proportion of older women. Thus, I compared the average number of work hours/days of women above and below 35 years.

Table 1 shows that among the data available for 493 women, around 9 per cent, 17 per cent, 27 per cent and 24 per cent worked for more than eight hours in the below-25, 25-to-34, 35-to-44 and over-45 age groups respectively. Women in the 35-to-44 age group worked the most. This was also found to be the case of women domestic workers, where 13 per cent in the 25-to-34 age group worked for more than eight hours, whereas around 23 per cent in age group 35 to 44 years and 22 per cent in age group above 45 years worked the same. None of the domestic workers aged below 25 years worked for more than eight hours. All women construction workers under 25 worked for more than eight hours. However, among women construction workers 62 per cent aged 25 to 34 years, 57 per cent aged 35 to 44 years, and 75 per cent over 45 years worked for more than eight hours. Women construction workers aged 45 or above worked for longer hours. Table 2 shows survey data on work hours of construction and domestic workers.

Table 1. Respondents' age and hours of work per day

Age (years)	Hours of work per day <i>n</i> (%)				Total
	< 4	4-8	> 8	NA	
< 25	4 (8.88)	2 (4.44)	4 (8.88)	35 (77.77)	45 (100)
25-34	19 (17.43)	25 (22.93)	19 (17.43)	46 (42.20)	109 (100)
35-44	25 (15.43)	55 (33.95)	44 (27.16)	38 (23.45)	162 (100)
≥ 45	24 (13.55)	48 (27.11)	42 (23.72)	63 (35.59)	177 (100)
Total	72	130	109	182	493

Description for Table 1: Age groups 25-34 imply women aged between 25 years and below 35 years of age. Age groups 35-44 imply women aged between 35 years and below 45 years of age. Two construction workers, two domestic workers and one petty business woman's work hours data was missing; in total 5 cases were missing.

Table 2. Construction and domestic workers' age and hours of work per day

Age (years)	137 domestic workers <i>n</i> (%)				94 construction workers <i>n</i> (%)			
	Hours of work per day				Hours of work per day			
	< 4	4-8	> 8	Total	< 4	4-8	> 8	Total
> 25	3 (60)	2 (40)	0 (0)	5 (100)	0 (0)	0 (0)	3 (100)	3 (100)
25-34	14 (46.67)	12 (40.00)	4 (13.33)	30 (100)	0 (0)	9 (37.5)	15 (62.5)	24 (100)
35-44	18 (29.03)	30 (48.38)	14 (22.58)	62 (100)	0 (0)	15 (42.86)	20 (57.14)	35 (100)
≥ 45	17 (42.50)	14 (35.00)	9 (22.50)	40 (100)	0 (0)	8 (25.00)	24 (75.00)	32 (100)

Description for Table 2: Age groups 25-34 imply women aged between 25 years and below 35 years of age. Age groups 35-44 imply women aged between 35 years and below 45 years of age. Work hours data of two construction workers and two domestic workers was missing of totals of 96 and 139 women construction and domestic workers respectively.

Women construction workers aged 35 years or more were seen to work for more number of days a month than their older counterparts. Women workers aged below-25 worked the least number of days than others. (see Table 3). I do not discuss work days of women domestic workers here as 86 per cent of them approximately worked for more than 25 days a month. In fact, working the full month was the usual work pattern for them.

Table 3. Women construction workers' age and work days per month

Age (years)	Work days of women construction workers per month 96 n (%)						
	30–31	26–29	16–25	10–15	< 10	Did not work last month	Total
< 25	0 (0)	0 (0)	0 (0)	2 (66.67)	1 (33.33)	0 (0)	3 (100)
25–34	0 (0)	3 (12.50)	9 (37.50)	9 (37.50)	3 (12.50)	0 (0)	24 (100)
35–44	1 (2.70)	2 (5.40)	13 (35.13)	15 (40.54)	4 (10.81)	2 (5.40)	37 (100)
≥ 45	1 (3.12)	3 (9.37)	5 (15.62)	17 (53.12)	4 (12.5)	2 (6.25)	32 (100)
Total	2	8	27	43	12	4	96

Description for Table 3: Age groups 25-34 imply women aged between 25 years and below 35 years of age. Age groups 35-44 imply women aged between 35 years and below 45 years of age.

Of the women construction workers, about 10 per cent worked more than 25 days a month. Around 70 per cent of these women were aged 35 years or more. Approximately 28 per cent worked 16 to 25 days a month, 67 per cent of whom were aged 35 years or more.

Such data points out that women in the 35-to-44 age group in construction and domestic work were able to take out more work days or hours compared to their younger or older counterparts. This age group women could be perceived as having crossed the age threshold at which work related to household chores and care of young children at home peaks. This hints at effects of reduction in the double burden in women's lives with age, that is, sharing domestic chores with family members, giving up their reproductive function, and so on. In other words, age gave the respondents the negotiating power to allocate more work hours or days to work as her identity within the family changed. They had a choice of earning more by allocating extra hours of work, but at the cost of their leisure time and rest. This decision has shades to it, as women want more income to run the family, have a less demanding role in the family with increasing age, but also want rest for themselves. With age, exhaustion, loss of stamina and other health issues were experienced too, particularly when she was around 45 years of age and above.

Ankamma said that she could not stay off paid work completely even when she was nearing her 50s and suffered from chronic knee ache. She had quit construction work when she was around 45 years old and earned a wage of INR 150 per day. She had deliberately reduced her paid work time for health reasons, but she did not rest completely. She said she did not have a son or husband to give her money. She combined her paid work of selling bananas in the local market with unpaid work at her married daughter's place, where she ate her meals on a daily basis. She earned INR 30-50 per day by her business. She did not have a 'chulha' or stove in her house for cooking (Note 11). The unpaid work at her daughter's place included tasks such as buying groceries and taking care of grandchildren.

In such situations, support from children or other family members facilitated staying off paid work, but not always from unpaid work. Even when health was cited as a reason for giving up paid work, there was some compromise, and respondents attended to unpaid work, especially when old.

3.4 Ageing and Health

Kantamma got her head, hands and knees injured, and her two teeth broken when she fell down an inclined surface in an accident at her work site outside Cuttack city, where she was working as a helper at a function. This happened when she was over 50 years old, and she narrowly escaped an eye injury when she fell down facing the ground. Construction work was her main source of income then, and working as a helper was her secondary work. After the accident, she was hospitalised by her employer for one night and next day transported back to her home in Cuttack. She was given some money and clothes by the employer, but that was all. There was no monetary support for medicine or health check-ups. She spent out of her pocket on some injections and medicines later. For the next six months or so, she could not move her hand properly, and experienced pain and a constant giddiness, which made it difficult for her to move. She could not resume construction work, it was far from feasible for her to continue as before. Her son, who was separated from his wife and a drunkard, did not help her much, though her married daughter, who stayed nearby, helped her in small ways by washing her clothes and giving her meals during her recuperation. Her only respite was the widow's pension of INR 2,000 per month, her husband had a permanent municipality job. Even after a year after this accident, Kantamma was unable to do construction work and started doing her secondary work of that of a helper at marriage and other functions occasionally. She earned a wage of INR 250-300 as a helper only when work was available. She had to take a loan of INR 5,000 to gift new clothes to her daughter and her children on 'makar sankranti', a harvest festival (Note 12). She used some of this loan money for whitewashing her one-room house. She did not go for regular health checkups and continued to experience dizziness, she described it as 'clouds inside the head feeling'. She did not know whether it was a blood pressure (BP) or a result of her head injury. The difficulty in her hand movements persisted.

Her work conditions were unsafe and employer was unaccountable. She did not fully recover, her discontinued health check-ups combined with her ageing hindered recovery. Her husband's pension helped after his death. Her family's physical support and the state support in the form of the pension were crucial in her survival after her accident. Social customs pressurized her into debt even though she was not well. Her future was uncertain with debt, partial recovery and poor chances of getting helper work every week. There were other cases of partial recovery where women workers suffered fractures of the limbs, impaired vision and ulcers. There were cases of permanent impairment due to negligence or lack of quality health care, which affected mobility and vision. Besides, there were cases wherein what started with knee ache or an injury gradually exacerbated into anxiety, acidity and high blood pressure, and in the worst cases, stayed on as lifelong disabilities affecting regular day-to-day activities and work possibilities. This was not a simple process of ageing of a population of women construction and domestic workers, their health issues aggravated into multiple ailments with their difficult living conditions, poor access of health care and minimal social security. Women lacked basic facilities of toilet, water supply in kitchen, sewerage facility; during illness bathing, washing clothes, cooking and cleaning utensils was tasking. Women's access of health care was affected by issues of continuity, quality and distance of health care facility. Commuting to the hospital, standing in a queue, and losing pay for the day inhibited most of the respondents from going for a health check-up in the first place. This ordeal increased with age, and in the absence of the family's physical and financial support. In cases of discomfort such as body aches, the respondents reported that they continued doing paid work without a check-up. Even a diagnosed illness meant discontinued treatment in most cases.

Family debt or expenses were prioritised over health by most respondents. There were women who had discontinued BP medicines after taking them for more than a year, or those who did not opt for any diagnosis or take the medication required. Some respondents could not go for a diagnostic test and surgery procedure for lack of money.

This interactive process of health and ageing occurred where women workers had negligible social security. State pension for widow respondents was a meagre amount of INR 300 per month. Pension of respondents' husbands was received provided her husband had a regular Government job, and this was rare. State supply of subsidized rice of 25-35 kilogrammes and kerosene of 4 litres per month for below poverty line (BPL) and poorest of the poor families was indirectly helpful (Note 13). Single women respondents who received 35 kilogrammes of rice and 4 litres of kerosene under Antodyaya Scheme sold or bartered it to friends and relatives in exchange of money or food.

Such conditions in which damage from illness and age impacted each other were found to mark a shift in as well as withdrawal from paid work, this interaction was laced with exhausted savings, reduced earnings and fluctuations in family support, challenges of debt and issues of treatment.

4. Conclusion

Conceptualising these four micro-level processes as criss-crossing over a woman's life span in terms of defining situations and everyday interaction brings forth the complexity, predictability and unpredictability of such intersectionality across time. Situations of birth, marriage, illness and death were integral not only to women's lives, but also to the notion of time. Time spanned out through these demanding situations and also through change in a woman's age. These notions of time marked changes in woman's identity, interactions and decisions. Work decisions included those of entering the workforce, withdrawing from the workforce, and shifting from one type of work to another.

Family's financial support meant scope for the respondent to take a decision towards reducing her workload or stopping paid work. Family's physical support was supportive of engagement in paid work. Family support was found to be a more crucial component of the respondent's intersectional position and employment change than family demands as it had the ability to overcome the effects of family demands. Family demands such as debt, influenced the decision of entering the workforce whereas care burden had the reverse effect. Absence of the family's physical support necessarily meant that women withdrew from or reduced paid work. Those with family support in the event of illness or loss of work were found to be better off in

financial terms than those without it. The presence of very young and grown-up or working children made a difference in defining demand or support. For instance, the death of a provider in the family meant financial deprivation and pushed a woman into paid work within a short span of time as she had to fulfil the provider's role, especially when the children were young. Parents, in-laws or working children and their financial support reduced women's urgency to join the workforce in situations of death or separation from husband. Parents, in-laws or grown-up children also provided valuable support in taking on unpaid work at home, which impacted the adjustment between paid and unpaid work. Unpaid work was unavoidable in women's lives and there was always a trade-off between paid and unpaid work.

There was a strong underlying identification of a woman with her family as it was found that she took on the provider's role in the absence of a husband or his financial support, and her identity of wife or mother was given priority by her over her individual health. The same was not true for many men who became alcoholic. Some women supported their families even if their husbands were alive due to their inadequate financial contributions.

Age mattered for work decisions. Women older than 35 devoted more work hours or days as they experienced changes in their identity and family. Age enabled paid work in 35-44 age group, but was constraining too as interactive process of ageing and health interfered with full recovery, resulting in multiple ailments over time and hindering paid work. Younger women overcame health issues in spite of repeated exposures. Health was found determining as well as determined by the decision to shift or withdraw from paid work. Health issues became complicated with time and age given the set of interactions of delayed diagnosis as well as discontinuities in treatment, stress and issues of living conditions.

Whether it was unpaid work vis-à-vis paid work, family demands vis-à-vis family support, loss of earnings vis-à-vis debt, family expenses vis-à-vis health expenses, women experienced work changes through all of these dilemmas as they aged, saw changes in their family and identity, and faced demanding situations. Women's employment shifts and withdrawal from work signified how other all four processes as elaborated earlier intersected in an extremely intricate manner over time. Underlying intersectional processes, there were certain patterns of work decisions. But this predictability of work decisions was limited. Debt and illness had unpredictable work outcomes with a contrast of push and pull factor for being in the workforce.

Employment outcomes differed based on what the intersectional position of the respondent was at a given time. The motives behind such decisions differed with a complex of interactive processes of trade-off between paid and unpaid work, change in family, age and identity and ageing and health. Underlying these micro-level processes were intersectional categories of gender, class, age and family support as was seen in everyday life and life altering moments. Gender and class shaped similar experiences for women workers, whereas age and family support created differences in experiences of women workers. Methodologically, by using a mixed model framework, the present study brings forth rich insights into employment shifts and withdrawal from work of women construction and domestic workers.

Acknowledgements

[I am thankful to my supervisor Prof. Ritupriya Mehrotra at the Centre for Social Medicine and Community Health, Jawaharlal Nehru University (JNU) for her insightful and detailed comments on my paper. Her suggestions helped me clarify and develop my ideas. A different paper from this study was presented at Advances in Research at Globally Accessible Medicine (AROGYAM), a peri-doctoral Workshop 2016 held at JNU which was reviewed by Dr. Ramilla Bisht, Associate Professor at Centre for Social Medicine and Community Medicine, JNU. Her comments helped me rethink certain ideas while writing this paper, I thank her for giving me critical suggestions. Particular thanks to each of my respondents for their consent, time and participation in this study.]

Notes

1. Construction work for women usually meant working as sweepers and as head load workers carrying cement, sand, brick and small stones. Women made cement mix in few cases, but were not allowed to do plastering. As a practice men always did masonry work, they did plastering of the walls and construction of the roof.
2. The study looks at domestic workers who do not stay at employer's house and commute on a daily basis to their work place. Paid domestic work usually meant sweeping and mopping floor, cleaning utensils and washing clothes. Sometimes it also included taking care of children at employer's house and running other errands such as dusting, drying clothes, etc.
3. Cuttack is more than thousand years old flanked between the river Mahanadi and Kathajodi with an area of 192.50 sq. km (Municipal Area) with a current population of 6,06,007 and slum population of 2,35,980 (as per 2011 census). As of 3rd February 2012, according to Implementing Agency Cuttack Municipal Corporation, City Level Technical Cell, Cuttack there are a total of 309 slums, consisting of 200 authorised, 104 unauthorised and 5 tenant slums. Cited in Slide Presentation of Detailed Project Report on a Slum Free Cuttack Under Rajiv Awas Yojana, Implementing Agency: Cuttack Municipality Corporation, 2012. Cuttack: prepared by City Level Technical Cell.
4. The absolute number of informal sector workers is taken from National Sample Survey Organization (NSSO 2001).
5. The Central Statistical Organisation (CSO) of the Government of India provided official visibility to women's double burden of work through a pilot study of utilisation of time by men and women in six states in 1998 (CSO 2000). The report classified the activities based on the 1993 System of National Accounts (SNA) into three categories: (i) those coming under economic activities that are included in the SNA; (ii) those that are not currently included in the SNA but are characterised as extended SNA, which include household maintenance and care for the children, old and the sick in the household; and (iii) non-SNA consisting of the social and cultural activities, leisure and personal care. Cited in Sengupta, A., 2007. Report on Conditions of Work and Promotion of Livelihoods in the Unorganised Sector, New Delhi: National Commission for

Enterprises in the Unorganised Sector, 77.

6. Four case studies have been given pseudo names and any identifiable information has been omitted to maintain anonymity. The data collection was done in the period from June 2014-Feb 2015.
7. 'Baaki' is a form of credit given by the grocery store owner wherein the shopkeeper kept a record of things purchased through credit in a month by the respondent. Every month some credited amount was repaid through salary or wage income by the respondent and some was carried over to next month. 'Baaki' was a term used by respondents and was indispensable part of women's lives.
8. Physical support implies sharing the unpaid work, that is, care burden and double burden, or domestic chores at home.
9. I have discussed this issue of negotiation along with structure and agency in my working paper on patterns of work changes for women in construction and domestic workers.
10. Loan referred to something that was taken from a moneylender at an interest, which was usually an interest/ 'sudha' INR 5 for INR 100 every month till principal money/'mula' of INR 100 was repaid back.
11. 'Chulha' is used for cooking with firewood.
12. 'Makar Sankranti' harvest festival celebrated among Hindus in January during which gifts for daughters is a cultural practice followed among the Telugu community.
13. Below poverty line (BPL) families and poorest of the poor families are targeted food subsidy schemes of the Government, wherein BPL card and Antodyaya Card was issued to beneficiaries. Rice and kerosene were given at a subsidized price, in Odisha then it was given at the rate of INR 1 per kg of rice as against INR 25-30 per kg in the local grocery store. Subsidized kerosene of 4 litres was given to Antodyaya families and not BPL families.

References

- Baruah, B. (2010). Women and globalization: Challenges and opportunities facing construction workers in contemporary India. *Development in Practice*, 20 (1), 31-44.
- Bauer, G.R. (2014). Incorporating intersectionality theory into population health research methodology: Challenges and the potential to advance health equity. *Social Science & Medicine*, 110, 10-17. [Online] Available: <http://doi.org/10.1016/j.socscimed.2014.03.022> (June 30, 2014).
- Dalmia, A. (2012). Strong women, weak bodies, muted voices. *Economic and Political Weekly*, 47(26 & 27), 249-55.
- Dhamoon, R.K. (2011). Considerations on mainstreaming intersectionality. *Political Research Quarterly*, 64(1), 230-43.
- Gothoskar, S. (2013). The plight of domestic workers. *Economic and Political Weekly*, 48(22), 63-75.
- Greene, J.C., Caracelli, V.J. & Graham, W.F. (1989). Toward a conceptual framework for mixed-method evaluation designs. *Educational Evaluation and Policy Analysis*, 11(3), 255-74.
- Government of India (2013). *Rapid baseline assessment-Cuttack City Draft Report, Capacity building for urban development project*. New Delhi: Ministry of Urban Development, Government of India and CRISIL Risk and Infrastructure Solutions Limited.
- Hancock, A.M. (2007). Where multiplication doesn't equal quick addition: Examining intersectionality as a research paradigm. *Perspectives on Politics*, 5(1), 63-79.
- McCall, L. (2005). The complexity of intersectionality. *Signs*, 30(3), 1771-1800.
- Mehrotra, S. (2010). *Domestic workers: Conditions, rights and responsibilities*. New Delhi: Jagori.
- Mitra, A. (2006). Discussion: Size of informal sector. *Economic and Political Weekly*, June 24, 2682-2683.
- Mohankumar, S. & Singh, S. (2011). Impact of the economic crisis on workers in the unorganised sector in Rajasthan. *Economic and Political Weekly*, 46(22), 66-71.
- Patel, Amrita M. and Asha Hans. 2004. A situational analysis of women in Orissa. Bhubaneswar: School of Women's Studies, Utkal University. Submitted to National Commission of Women, Government of India. [Online] Available: http://ncw.nic.in/pdfReports/Gender_Profile_Orissa.pdf (accessed April 19 2017).
- Sahoo, C.K., Hulland, K.R.S., Caruso, B.A., Swain, R., Freeman, M.C., Panigrahi, P. & Dreibelbis, R. (2015). Sanitation-related psychosocial stress: A grounded theory study of women across the life-course in Odisha, India. *Social Science & Medicine*, 139, 80-89. [Online] Available: <http://doi.org/10.1016/j.socscimed.2015.06.031> (August 31, 2015).
- Smith, D.E. (2009). Categories are not enough. *Gender and Society*, 23(1), 76-80.

The author

Sukanya Mohanty is a Ph.D scholar at Centre for Social Medicine and Community Health, Jawaharlal Nehru University, India. Her thesis critically examines employment shifts of women construction and domestic workers in slums of Cuttack city, state of Odisha in India, using the theoretical frameworks of intersectionality and social determinants of health. Her research interests are gender and health, labour policy, qualitative health research and school health.