Perverse Economies of Intimate and Personal Labour

Resuming Domestic Work in Households after the Lockdown

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ABSTRACT: In India, the ‘unlock’ period has allowed some domestic workers to return to work; this comes amidst government advisories of greater risk of contagion generally. Drawing on ethnographic work with women domestic workers in the city of Delhi, the article delineates how formalities of social distancing and mask-wearing have begun to inflect personalised labour relationships in ways that entrench existing hierarchies enabled by caste practices. This can be evidenced from a doubling of the idea of contagion – a culturally polluted person rendered even more pestilential because of contagion, but whose service/s are, nonetheless, needed to disinfect the space of the employer’s home. With no data set available for assessing whether caste has been a variable in the spread of the coronavirus pandemic, anthropology will have to take up the responsibility of demonstrating that the latter is indeed a social phenomenon.

KEYWORDS: caste, contagion, dignity, domestic labour, humiliation, pandemic, South Asia, stigma

In May 2020, *Kent*, a leading manufacturer of electrical appliances in India, advertised a new product: a flour-kneading and bread-making device. The advertisement asked the potential buyers of the appliance: ‘Are you allowing your maid to knead *atta* [flour] dough with her hands? Her hands may be infected. Let automation take care of hygiene *this* time!’ (Scroll 2020; my emphasis). Following public protests on the Internet for the advertisement’s class and caste insinuations, the company apologised and withdrew the advertisement’s circulation. *This* time, as the advertisement mentions, is the time of contagion, which attaches a differential burden on women domestic workers in the Indian sub-continent. The mother and daughter actresses from the Indian film industry, who are *Kent*’s brand ambassadors, also issued apologies, saying that the views expressed in the advertisement did not reflect their ‘values and are inappropriate’ (Chowdhury 2020). It was unclear what their values were or what they had found

indecorous in the commercial itself. The advertisement, however, did symbolically index how women domestic workers’ bodies are imagined to be sites of contagion. This article argues that the contagiousness of the disease is building on an already existing template of caste pollution in the Indian sub-continent and that it would be erroneous to interpret domestic labour only along class lines.

In India, the ‘unlock’ period has allowed some domestic workers to return to work; this was amidst government advisories of greater risk of contagion generally. While the rate of infections in countries like Italy and Spain have peaked since the lockdown began in March 2020, COVID-19 infections in India are rising at an alarming rate after the end of the lockdown period. Drawing on ethnographic work with women domestic workers in the city of Delhi, this article delineates how formalities of hand-washing, social distancing and mask-wearing at work have begun to inflect intimate and personalised labour re-

relationships in ways that entrench existing hierarchies enabled by caste practices. This can be evidenced, I argue, from a doubling of the idea of contagion – a culturally polluted person rendered even more pestilential because of contagion, but whose service/s are, nonetheless, needed to disinfect the space of the employer's home. I will demonstrate how the pandemic is inflicting additional moral burdens on the workers to protect themselves and, by extension, their work spaces, from infection and how they are attempting to accomplish this amidst declining reciprocities from their employers.¹

The International Labour Organization (ILO) puts official statistics of domestic workers in India at 4.75 million, of whom 3 million are women (ILO 2020). The true number, the ILO website mentions, is anywhere between 20 and 80 million. In the context of the pandemic, neither the central nor any other state government has announced any relief packages for domestic workers. The only exception has been the north-eastern state of Meghalaya, which has issued an order mandating that employers ensure that domestic workers are not left without food and shelter (See Indo-Global Social Service Society 2020). The order stated that penal action would be taken against employers who violated it. However, no follow-up on this order has so far been created.² Meanwhile, the Indian government's 29 March 2020 order, under the Disaster Management Act (DMA), that had mandated that employers, including shops and commercial establishments, pay wages to their employees without any deduction during the period of lockdown, was set aside in a Supreme Court judgement on 12 June 2020 (*Ficus Pax Private Ltd. and Ors. v. Union of India and Ors.* (2020)). This was following petitions filed by many Micro, Small and Medium Enterprises (MSMEs) that challenged the constitutional validity of the 29 March order. In the absence of definitive relief to the private sector on the wage burden, the petitioners had argued that the government's directive amounted to an overreach of authority. The judgement urges employers and employees to negotiate settlements for the period of the lockdown.

Domestic work, which is characterised, on the one hand, by the most extreme informality (Palriwala and Neetha 2010; Sen and Sengupta 2016) and, on the other, with a culture akin to servitude (Qayum and Ray 2003; Ray and Qayum 2009), did not see any form of recognition in the public space during the lockdown. The informality and individuated relationships with employers has meant that there continues to be little, if any, wage security during this period. In my own fieldwork with women domestic

workers in the cities of Delhi and Hyderabad, 8 out of 22 women received wages for the month of March, 5 for the month of April and only 3 for the month of May. The wages, however, were not received from all the houses in which the workers rendered domestic labour. Beginning in June, some have resumed work in Delhi. And with no public transport, and stricter by-laws in gated communities in the city of Hyderabad, many have found it difficult to return to work. The ethnography for this article is from Delhi, with the exception of two examples that are from Hyderabad.

While the re-emergence of paid domestic labour in North America and Western Europe owes much to international migration (Cox 2015; Isaksen 2010; Lutz 2008, 2011; Näre 2011), the contemporary Indian story of the increase in domestic workers is tied to the opening up of the economy in the year 1991 (Palriwala and Neetha 2010). The migration, in this instance, has been internal, with domestic labour tying into the feminisation of poverty as a neoliberal phenomenon while retaining an entire range of historically constructed servile relations (Sinha et al. 2019). The feminisation of domestic service remains tied to an increase in the general casualisation of labour and the distressed movement from agriculture and industry into the precarious service sector (Chakravarty and Chakravarty 2008; Sen and Sengupta 2016). Servility in domestic work has to be understood not as being tied down to employers, but to the architecture of domestic relationships that renders the worker acquiescent and subservient (Sen and Sengupta 2016). Relying on the work of modern Indian historians like Indrani Chatterjee (1999), Samita Sen and Nilanjana Sengupta argue that the servile construction of domestic work has a long history 'embedded within the feudal household up to the eighteenth century' (2016: 11). This gets inflated with women's declining participation in industry from at least the 1920s (Banerjee 2004).

In her work on middle- and upper-class homes in the south Indian city of Madurai, Sara Dickey has shown how employers feel anxious about the mobility of domestic workers and continuously attempt to 'contain the threat' to their class position by reinforcing the 'symbolic boundaries of the household' by 'controlling domestic workers' movements through space, and manipulating workers' closeness to and distance from employers' (2000: 462–463). Dickey's focus is on class, in addition to caste, because it provides an 'additional and largely distinct hierarchy and source of identity' (464). Caste concerns in an urban milieu are rendered in the idiom of class, ar-

gues Dickey (467). Further, informal obligations and cultivated affection mark the relationship between employers and employees; simultaneous ambiguity and personalisation can enable the maintenance of advantageous relationships for many workers. This means, contends Dickey, that 'the negotiation of power in domestic service is such that neither side typically sees entering the relationship with predetermined control' (469). My work with domestic helpers in Delhi (north India) and Hyderabad (south India) resonates with Dickey's observations. The argument I would make here is that a pandemic-like critical event exacerbates the fear of contagion; it works concurrently with notions of social stigma, intensifying, in the process, already existing forms of exclusions in households. This takes place by both drawing on domestic workers' labour to disinfect the household, but with a simultaneous rendering of their bodies as contaminated.³ In other words, the social becomes the template on which precautionary measures like social distancing are likely to be enacted.

At the Beginning of the Lockdown

Fear and anxiety related to the spread of the virus was beginning to find a place in urban India by early March. Two of my informants from the city of Hyderabad reported to me that, although there were no apartment-wide restrictions yet, they had begun to see interruption in their daily work already. Nafisa, who works in five houses in a gated community, had been asked to come bi-weekly in three of them by her employers.⁴ Since she travelled on local trains and lived in shanties, she presumed that her employers thought that she could contract the virus and become contagious. However, fear of contagion had not led them to take on the responsibility of doing domestic chores on their own. To Nafisa's utter horror, when she went to do dishes at one of the houses she works at, not only had the dishes not been done for three days at a stretch, but the kitchen stank and there were cockroaches in the dirty utensils. She said to me: 'They think I will bring disease; I felt like they would make me sick. These people think that we are dirty, but I will tell you that most of these people are filthy'. At another house, where she went as a temporary worker to do the dishes, the dishes had again not been done for two to three days. Here, the mistress of the house refused to pay her more than the stipulated 50 rupees, which is the payment for one cleaning task that can range from the sweeping and mopping of floors, to the washing of dishes, to

the dusting of the house and cleaning of a bathroom/toilet. Nafisa was asked to sanitise the house as she exited the house in a backward movement with a mop, clearing any impressions her feet might have made on the floor.

For another informant, Khadija, the only work that two of her employers had made her do during the week was the cleaning of the toilets and bathrooms. In the middle-class understanding of contagion, a potentially contagious person – the domestic help – cannot contaminate the toilet, the hotbed of bacteria, and the toilet or roaches in the dirty utensils are not pestilential for already-noxious bodies. Very soon, all domestic helpers were disallowed in the apartment complex, with the exception for those who could make a special case, like the elderly, and could take responsibility for the help's health, which basically meant ensuring that the help did not have coronavirus. What needs to be emphasised here is that both these helpers were Muslim, as are many in Hyderabad; the *ritualisation* of decontamination and sanitisation, understood as a layering of the biological and the social, did not align with the workers' castes, and this is important because it suggests that casteist practices do not have to map onto the actual caste of the employer or the employee. Perhaps we could call this a secularisation of casteism as opposed to secularisation of caste, as an eminent scholar had theorised two decades ago (Sheth 1999).

During and after the Lockdown: The Question of Masks and Social Distancing

In this section of the article, I will discuss how the architecture of the lockdowns is shaping conditions of work for returning domestic workers, even as their return is punctuated with varying intensities of lockdown. With regard to the architecture of the lockdown, I want to index a range of relationships and negotiations that come into play along with the physicality of the lockdown, which then has a bearing on how successfully work is resumed and continued. I do not offer an exhaustive list, but these can include, as they did for my informants, the landlord, whose property a worker might have rented, disallowing her to work for fear of bringing in disease; neighbours objecting to the resumption of work; a worker's anxieties with respect to her own family members' health; conditions imposed by the Resident Welfare Associations of apartment complexes on workers; individual employers negotiating with a worker's landlord even though the worker already

had her own conversations with each of them; and, finally, daily negotiations and transactions of the worker with her employer/s in their homes.

For Rachna, whose experience of returning to work I will describe here, all of the above-mentioned negotiations came into play when two out of her three employers asked her to report back to work. Rachna lives in a rented room, with her three children, in Munirka village, which is located in the southern part of Delhi. Her absentee husband lives in a small city in the state of Uttar Pradesh and does not take any responsibility for the household. For all practical purposes, she is currently raising her children alone, who are between 12 and 17 years of age. The three households she works in are located in a non-gated community of flats called DDA Munirka. The two houses in which she was asked to resume work are on the rooftop of a four-floor building, with their entrances facing each other. These apartments, also called *barsaatis* because they are built on a terrace, have tin and false ceilings, are usually rented by small families or single persons, and are more affordable than the houses on the floors below. With corrugated tin roofs, *barsaatis* get incredibly hot in the summer, and poor insulation ensures that the interior walls are freezing cold in the winter. In Delhi this year, the summer temperatures touched 46 degrees centigrade. This will come to matter in the story.

Of the two houses that Rachna works in, one has been rented by a young bachelor in his early thirties and the other by a woman in her thirties, who lives with her male partner and younger sister. I will call the young man Deepak (Hindu) and the young woman Fida (Muslim). Rachna has worked for Deepak for over two-and-a-half years and for Fida more than five years now. In Deepak's house, Rachna cooks, sweeps and mops the floors, dusts, hand-washes clothes, cleans the bathroom and the toilet, makes the bed, cleans the kitchen and does other jobs that he asks her to do like clean the ceiling fans and sweep the terrace. Other than making their beds, Rachna performs the same labour in Fida's house of three persons. The garbage collection in the locality is performed by other workers, who are of Dalit castes,⁵ and Rachna's work in both the houses includes giving away trash if the person collecting the garbage comes while Rachna is still working in the houses. Deepak and Fida would give away the trash when Rachna was not present in the house. With access to both their houses, she has routinely done her work in their absence from the house. In addition to these stipulated chores, Rachna's labour was relied on by both households to run errands

(picking up vegetables and other groceries) on her way to their homes. For Deepak, who did not have a cooking gas connection, Rachna had enabled access for him through her own quota of cooking gas. This, too, will come to matter in the story.

Rachna had resumed work upon Deepak's request before the end of the lockdown. Her children, who were with her affinal kin, had been unable to return to Delhi with the imposition of the lockdown. Feeling lonely at home, she had temporarily relocated to her parents' house a few kilometres away and was helping out her sister-in-law (brother's wife), who was nearing childbirth. With no public transport, ageing parents, a pregnant sister-in-law (she gave birth soon after), and a significant distance to commute, returning to work was difficult, but Deepak and Fida made it possible by promising that they would pay her for petrol if she could arrange for transport. It was decided that Rachna would work every other day and would rely on her brother to help her with commuting to and from DDA Munirka. Both Fida and Deepak had paid Rachna for a period of absence between March and April. And, this, as well, will come to matter.

The work seemed the same initially, but its conduct had changed. Deepak had bought generic surgeon's three-ply masks, and he gave Rachna one on days she came to work. She was required to wear it for the entire duration spent working in his house. His being socially distant did not matter much because work in the house was usually performed in his absence earlier. But his physical presence came to weigh on Rachna soon enough. The mask that she had worn religiously in the first two to three days of work became oppressive in Delhi's heat. The heat, of which the mask became an index, took on a life of its own because the work had more than doubled: two days cooking, washing, doing dishes, and cleaning with the mask on was feeling tyrannical, so she decided to take it off intermittently, beginning with cooking and then whenever she felt like she 'could not breathe'. The additional work in the house now came in the form of sanitising all groceries, washing vegetables, drying them out in the sun, putting them back in the fridge, and de-contaminating parcels, of which there were plenty. Then came the incident with the dustbin.

One day, not so long ago, Deepak pointed out that, the last time Rachna had come to work, she had not put the plastic bag in the dustbin properly. When he came into the kitchen to discard the chicken bones, the bones fell into the dustbin instead of the plastic that should have lined it, he told Rachna. Rachna said to him that she was sure that was not the case and

that she had in fact placed the plastic bag properly and that perhaps it had come off from one side when Deepak used the bin. This argument escalated, with Deepak emphasising to Rachna that 'it was her job to put the plastic bag in the dustbin since she was responsible for cleaning'. Rachna said that she ended the conversation with: 'Oh, so it is *my* work to put the bag in the dustbin', but Deepak did not catch the emphasis or the irony and merely said: 'Yes, it is your job so you will have to do it'. She said she walked out of the house with tears in her eyes and went over to Fida's for the day's work.

Much later in a conversation with me, when things had turned uglier with Deepak because of a short round of ill health that necessitated taking a few days off work, Rachna again came back to this incident and said: 'When he told me it was my work to put the bag in the dustbin, I wanted to tell him what all (*kya kya kaam mera tha*) had been my job in his house: washing his pants with his underwear still inside, cleaning a filthy sink full of peels and rubbish and picking up used condoms from under his bed. I had not objected because I thought bachelors are like this and need to be taken care of. This disease is making me see new things (*ye bimari mujhe nai cheezain dikha rahi hai*)'.

Meanwhile, at Fida's house, the work was piling up as well. Here as well, all work related to the sanitisation of groceries and parcels had to be done by Rachna. Rachna wore the mask given to her by Deepak at Fida's house as well. For a few days, Fida and others in the house wore masks while Rachna worked in the house, but they gave up wearing them in less than a week. With this, the compulsion for Rachna to wear the mask took on added weight. She was disallowed from taking the mask off during cooking and also when washing clothes in the humid and stuffy bathroom. To add to her consternation, she often saw used washable masks dumped in the laundry that she had to wash with her hands. Her own mask, she could not trash in any of the houses. The assumption of the linear flow of infection was clear here: it would come from Rachna to others in the house even as members in both the houses had not stopped stepping out. When she raised the issue of mask-wearing while cooking with Fida, Rachna was told that she could step out onto the terrace for a bit to get some air. When Rachna said that stepping out in scorching heat did not seem like a solution, she was told that matters rested there and that she would simply have to wear the mask at all times.

The long hours at work and the accompanying tyranny, oppression and one-sidedness of disease-

related civilities led Rachna one day to tell Fida's sister she would be unable to take the trash out, for it could contain used tissues and other things that could possibly be contaminated. This redirection of the route of possible infection did not go down well with Fida's sister, leading to an uneasy silence in the house thereafter. For some time now, it had bothered Rachna that Fida had not increased her salary even as the house had gone from being a single-person household to now a three-person dwelling, with Fida's partner and younger sister living with her.

On one such exhausting day, Rachna also had a confrontation with Deepak about the changed nature of work and how her salary needed to be renegotiated. The conversation between them quickly degenerated and, amongst other things, Deepak reiterated that her salary had been paid during the lockdown about which she should be grateful. She was told that, since she was coming only once in two days, she would have to do the additional work. Deepak praised himself for being a generous employer and told her that, if she had any integrity, she would either return the money taken during the lockdown or not take the present month's (June) salary. Rachna, he said, was being difficult and taking advantage of his 'good nature'. She was told that it was her job to clean and sanitise the house, even from her own self. Feeling humiliated and angry, Rachna told Deepak that she was unwilling to work under these conditions. Deepak added to the humiliation by asking her to go to the gas agency and get a refill for the cylinder. She insisted that it was not part of her work to enable cooking gas for him through her quota, but she was eventually made to take the trip to the gas agency's office.

A couple of days later, Rachna was informed by both Deepak and Fida that her services would no longer be needed. The same day, Rachna had seen Fida speak with Deepak in the common area between their houses and had guessed that they were discussing her. She said Fida humiliated her in that common area by reiterating that she needed to wear a mask, that the mask she wore at Deepak's house could not be worn at hers, and that she would be given a new one in her house every day. The risk, Fida said, was simply too much.

Conclusion

We know from the work of historians of medicine that diseases make manifest as well as thrive on the fault lines created by demography, poverty, environmen-

tal degradation, warfare, mass transport and societal oversight (Snowden 2008, 2019). New vulnerabilities, Frank Snowden (2008) argues, rather than being accidental are a plausible result of the kind of society that we inhabit. The 'singularity' of infectious diseases, he argues, merits attention precisely because it aids and exacerbates 'scapegoating, mass hysteria, and outbursts of religiosity' (2019: 29), all of which are tendencies already embedded in society. The work of caste in the ethnography is not about showing how a low-caste person is further discriminated against in the pandemic, which is also correct.⁶ Rachna, in fact, is not a Dalit; she is a Jat-Chowdhary from the state of Uttar Pradesh and is a member of the Other Backward Castes (OBCs).⁷ She, however, does all the work, like cleaning bathrooms and toilets, that many non-Dalit persons would not do as part of domestic labour. The two informants from Hyderabad are Muslims. Caste in my article works as an existing template of labour and on which mechanisms of disease control graft themselves. One-way compulsion of wearing a mask, mandating the lining of trash bins, leaving used masks in the laundry, imposing the work of disinfecting groceries and other articles on an individual doing domestic work all sit adjacent to the stigma, ostracism and eviction faced by doctors and nurses in many parts of India, on the one hand, and are indicative of how easily practices of caste have been assimilated into a biologised discourse of keeping contagion at bay, on the other (Mint 2020). So obvious is this imbrication that even the automated messages of the government urge people not to discriminate (*bhed bhaav na karain*) against those who are sick with the coronavirus. Important here is that it did not use the word *sankraamac*, which is Hindi for 'infection'.⁸ And, yet, at a far more expansive level, caste myopia proliferates.

Research initiatives like the COVID Racial Data Tracker in the United States can hope to generate sets of data in a context where there is a compilation of data with race as a variable. In India, where the state has shown hesitation in even revealing census-obtained caste and religion data, it seems unlikely that COVID-19 data would be collected with any sensitivity towards caste and religious parameters. The migrant crisis in India can easily be re-articulated as casteism, with a significant proportion of the labour belonging to Dalit and non-Dalit low-caste communities. With no sets of data available for mapping the caste of the pandemic, ethnographies would have to take up the responsibility of demonstrating the social inequalities inherent in this pandemic. This article is a short step towards bringing attention to social

inequality and the interpenetration of the social and the biological.

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Notes

1. I have chosen to render the ethnography in the present continuous tense to index the still-unfolding nature of work experience.
2. In May 2020, a small study of on how domestic workers are being impacted by the lockdown was released by the Domestic Workers Sector Skill Council (DWSSC 2020). The survey, conducted with two hundred domestic workers across eight states in India, found that 85 per cent of the workers were not paid during the lockdown. The survey may be downloaded from <https://drive.google.com/file/d/1DGVFjTkVZShC-jL7RThW5U67atgDSSbC/view>.
3. For more on caste and the coronavirus, see Kumbhare (2020); Sakthirajan (2020); Muralidharan (2020); Gupta et al. (2020); and Anand (2020).
4. All names appearing in this article are pseudonyms.
5. The casteism of garbage-picking and sewage-cleaning is well documented. Needless to say, the person who collects garbage is almost always a Dalit. My focus in this article is on labour performed inside the house.
6. For further reading see, Ganguly (2020); Narayan (2020); Rani (2020); Kesavan (2020); and Sur (2020).
7. The OBCs are the largest caste groups in India and are positioned at the very bottom of the *Varna* system. Together with the Scheduled Castes, also called Dalits, and Scheduled Tribes, they form the majority of the Indian population.
8. In response to a Public Interest Litigation filed in Delhi, which challenged the state government's COVID-19 protocol of putting isolation posters outside homes of positive patients and argued that the policy violated privacy and led to stigmatisation, the Delhi government has now decided to remove all existing posters and to do away with this protocol. It accepted the contention of the petitioners that the fear of stigma might result in people not getting tested for coronavirus (New Indian Express 2020).

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