

Research

Unveiling the burden: prevalence and predictors of psychological distress among domestic workers in Kigali-Rwanda

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Abstract

Background Psychological distress is becoming more prominent among employees in various workplaces, and domestic work may not be an exception. This study aimed to determine the prevalence of psychological distress and associated factors among domestic workers in Rwanda.

Methods This cross-sectional study captured data from 870 domestic workers in Kigali City, Rwanda. Psychological distress was measured using questions from the Kessler Psychological Distress Scale (K10). Binary Logistic regression analyses were used to ascertain the factors associated with psychological distress.

Results The prevalence of psychological distress was 50.1%. The likelihood of having psychological distress was higher among females, those using substances of abuse, those having over four dependents in the household, and those having worked as domestic workers longer.

Conclusion Half of the domestic workers in Kigali-Rwanda experience distress. To mitigate this burden, awareness of psychological distress among domestic workers and improvement of services to mitigate psychological distress should be increased. These services should particularly target those who are female, with more dependents, who have worked longer in the profession, and who use substances of addiction.

Keywords Domestic workers · Psychological distress · Substance use · Rwanda · Employment

Abbreviations

DWs	Domestic workers
PD	Psychological distress
WHO	World Health Organization
NGO	Non-Governmental organization
CI	Confidence interval
OR	Odds ratio
RNEC	Rwanda National Ethics Committee
VIF	Variance inflation factor

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FMDW Female migrant domestic workers

HDI Health Development Initiative

1 Introduction

Psychological distress is characterized by moderate to severe depressive and anxiety symptoms [1, 2]. In occupational health, psychological distress is an important concern, and it affects different groups of workers, including domestic workers [3]. Similar to the International Labor Organization's definition, Rwanda defines domestic workers as individuals employed in private homes to perform household chores such as cleaning, cooking, washing, gatekeeping, and caring for family members [4].

Traditionally, domestic workers face violations of dignity and lack of access to health care and services [5]. In some countries, domestic work has been accompanied by a poor working environment characterized by working long hours, meager wages, and forced labor to some extent [6]. It has been socially and economically undervalued and often neglected [7, 8]. Domestic work is undertaken in spheres that are more or less atomized and privatized with informal or no work contracts, making domestic workers ordinarily treated disrespectfully [9]. The above threats might not be unique to a specific region or people. Several studies, including a study done in Ghana and South Africa, have found poor working-living conditions, including but not limited to the societal perception of their work, employers-employee relationships, terms of employment or contract, and abuse of domestic workers' rights [6, 10].

The employee's characteristics, together with work-related environmental factors, have been reported to play a major role in developing psychological distress [11]. For example, a study conducted in Singapore among female migrant domestic workers (FMDWs) found that isolation was associated with the stress they experienced [12]. Previous researchers have reported the impact of employees' psychological distress on their various places of work, with associated direct or indirect consequences [13, 14]. The consequences could be tangibly measured in terms of days of work absence and loss of work productivity, as well as indirect consequences such as financial problems as a result of how much employers spend on medical costs for employees' psychological well-being [15, 16]. The toil also affects the mental health of the workers. Domestic workers have a higher burden than the general public [17–19].

Despite the mentioned evidence of psychological distress among domestic workers in different contexts of different countries, few studies have focused on psychological distress among domestic workers in Sub-Saharan Africa and Rwanda in particular. Therefore, the present study aimed to add to the limited literature on domestic workers by evaluating the prevalence of psychological distress and associated factors among domestic workers in Kigali-Rwanda. The findings of this study will provide baseline information, which relevant institutions and advocacy groups will use to redirect their interventions and advocate for the better well-being of domestic workers. Additionally, the health systems will be aware of the psychological distress burden of domestic workers and hence avail them mental health services.

2 Methods

2.1 Study design and setting

This cross-sectional study was conducted in Kigali City. This city comprises three districts, namely Kicukiro, Gasabo, and Nyarugenge. Kigali has a population of 1,288,000, which is 9.03% of Rwanda's population. Each district is divided into sectors, and each sector is into cells or villages with a specific number of households. This city is divided into 35 sectors. These sectors are further subdivided into 161 cells, and within these cells, there are a total of 1155 villages and each sector has a health center serving its residents.

2.2 Study population

The study involved domestic workers in Kigali. Most domestic workers live in the household, while a few live out, depending on their agreement with employers. Domestic workers in Kigali typically come from various rural areas of the country. The majority is female and are usually informally employed without proper contracts. They often work under poor conditions for low pay and face various health challenges. There are no specific interventions or institutions in Kigali dedicated to overseeing the well-being of domestic workers [20]. In the present study, we included domestic workers

with more than 3 months of working experience, who agreed to participate and were invited to the nearest health centers for enrollment.

2.3 Sample size and participant enrollment

The study had a minimum sample of 423 domestic workers. This was determined using the formula for sample size calculation in prevalence studies, considering a 95% confidence level, an expected prevalence of 50%, and a margin of error of 5%. Convenience sampling technique was employed to recruit participants from the various study areas. Community health workers approached domestic workers in all villages of Kigali and informed them about the study.

2.4 Data collection procedure

The study aimed to assess the prevalence of psychological distress among domestic workers in Rwanda. This quantitative study adapted questions from previous surveys for data collection, which included gathering information on respondents' demographic characteristics and the prevalence of psychological distress among domestic workers. The data collection was carried out by well-trained research assistants who were trained in field data collection, cultural sensitivity, and the study's objectives. The collected data was securely stored in an online database and strictly used for analysis.

2.4.1 Study variables

Outcome variables The main outcome variable was psychological distress, measured using the 10-item Kessler Psychological Distress Scale (K10), a well-validated self-report tool for assessing psychological symptoms [21, 22]. The K10 uses a 5-point Likert scale: 'none of the time,' 'a little of the time,' 'some of the time,' 'most of the time,' and 'all of the time.' Responses are scored from 1 to 5, respectively, with total scores ranging from 10 to 50. Participants scoring above 20 were considered to have psychological distress [23].

Covariates The sociodemographic characteristics were as follows: age, gender, marital status, educational level, starting age of employment as a domestic worker, number of people in the household where they work, years of experience as a domestic worker, other source of income, monthly salary, domestic workers' number of children, siblings, dependents, presence of a disability, history of substance use and history of chronic diseases, and history of being managed for mental illness.

2.4.2 Data collection tools

Psychological distress was measured using the 10-item Kessler Psychological Distress Scale (k-10) [21].

2.4.3 Kessler Psychological Distress Scale (K-10)

The K-10 consists of 10 questions with 5-item Likert responses, i.e., none of the time (1), a little of the time (2), some of the time (3), most of the time (4), and all of the time (5). The overall score ranges from 10 to 50, with scores of above 20 indicating have psychological distress [24].

2.5 Ethical considerations

The study was conducted in accordance with the Declaration of Helsinki. The Rwanda National Ethics Committee (RNEC) approved the study (N^o: 106/RNEC/2023), which was a cross-sectional study among domestic workers in Kigali, Rwanda.). All participants provided informed consent prior to participation in the study. To ensure confidentiality, research assistants guided participants to a comfortable place secluded from other individuals to capture participants' responses. They provided informed written consent and completed a translated data collection questionnaire in Kinyarwanda, the local language.

2.6 Data analysis

The data was exported into STATA version 17 for formal analysis. Descriptive statistics were presented using frequencies and proportions for categorical variables and mean and standard deviation for continuous variables. Normality was assessed based on the Gaussian assumption. The analysis focused on frequencies and percentages of responses in examining psychological distress. Bivariate and multivariate binary logistic regression were performed to identify variables associated with psychological distress and control for confounding variables, respectively. Prior to their inclusion in the final adjusted model, a test for collinearity was conducted based on the variance inflation factor (VIF), and the final models only retained variables with a VIF under two. All factors that showed significance in the bivariate regression analysis were included in the model, controlling for age and gender to address potential confounding variables. Significance in the analysis was determined at a 95% confidence interval.

3 Results

3.1 Participant characteristics

A total of 870 participants out of 884 filled out the questionnaire on psychological distress and were included in the analysis. The average age of the participants included was 22 ± 4.8 , with the majority being female (73.8%).

3.2 Prevalence of psychological distress

The prevalence of psychological distress was 50.1% ($n = 436$), 95% confidence interval (CI) = 46.7%–53.4%.

3.3 Psychological distress distribution across study variables

The study findings revealed several significant associations. Psychological distress was found to be more prevalent among females compared to males (52.4% vs. 43.6%, (chi-square) $\chi^2 = 5.91$, p -value = 0.023). Additionally, individuals experiencing psychological distress were statistically older than those without, with a mean age of 22 versus 21, respectively (p -value < 0.001). Moreover, the presence of five or more dependents in the household was associated with a higher prevalence of psychological distress, with 67.7% of participants reporting distress compared to 48.1% of those with fewer than five dependents ($\chi^2 = 12.86$, p -value < 0.001). Furthermore, participants with over 5 years of work experience exhibited a higher prevalence of psychological distress than those with five or fewer years of experience (63.5% vs. 46.9%, $\chi^2 = 14.75$, p -value < 0.001). Substance use was also found to be associated with a higher prevalence of psychological distress, with 60.5% of users reporting distress compared to 47.4% of non-users ($\chi^2 = 9.52$, p -value = 0.002). Lastly, participants with a chronic medical condition were more likely to experience psychological distress, with 73.1% of individuals with a chronic condition reporting distress compared to 48.1% of those without ($\chi^2 = 15.98$, p -value < 0.001). For more detailed statistics, refer to Table 1.

3.4 Participant responses to Kessler Psychological Distress Scale items

Table 2 presents the frequency distribution of specific items describing psychological stress (PD) of our participants. Feeling Tired for No Reason: 37.7% of domestic workers reported never feeling tired for no reason with a smaller proportion, 11.0% and 4.9%, felt tired for no reason most or all the time. Those who felt nervous most or all the time accounted for 10.8% and 4.4%, respectively. A significant 78.2% never felt so nervous that nothing could calm them down, whereas only 3.0% and 2.3% felt this way most or all the time. Those who felt hopeless most or all the time represented 11.5% and 6.0%, respectively. About 9.7% and 4.7% felt restless or fidgety most or all the time. A substantial 74.6% never felt so restless they could not sit still, with and those who felt this way most or all the time accounted for 3.2% and 2.4%, respectively. Those who felt depressed most or all the time represented 12.8% and 6.9%, respectively. About 9.7% and 6.2% felt this way most or all the time. Notably, 23.1% and 23.6% felt so sad that

Table 1 Participant characteristics distribution across the presence of psychological distress

Variable	Frequency (%)	Psychological distress		χ^2 (p-value)
		No 434 (49.9)	Yes 436 (50.1)	
Age (mean, SD)	22, 4.8	21, 4.5	22, 5.0	< 0.001
Gender				
Male	229 (26.2)	128 (56.4)	99 (43.6)	5.19 (0.023)
Female	646 (73.8)	306 (47.6)	337 (52.4)	
Marital status				
Single	851 (97.3)	424 (50.1)	422 (49.9)	0.67 (0.414)
Married	24 (2.7)	10 (41.7)	14 (58.3)	
Age of starting work				
< 18	454 (52.0)	226 (50.1)	225 (49.9)	0.02 (0.890)
≥ 18	420 (48.0)	208 (49.6)	211 (50.4)	
Highest level of education				
Primary	526 (60.1)	252 (48.2)	271 (51.8)	5.26 (0.072)
Secondary	337 (38.5)	179 (53.3)	156 (46.6)	
Tertiary	12 (1.4)	3 (25.0)	9 (75.0)	
Number of children of the domestic worker				
< 5	856 (99.9)	432 (50.6)	421 (49.4)	2.88 (0.090)
≥ 5	9 (1.0)	2 (22.2)	7 (77.8)	
Number of dependents of domestic worker				
< 5	779 (89.1)	403 (51.9)	373 (48.1)	12.86 (< 0.001)
≥ 5	95 (10.9)	30 (32.3)	63 (67.7)	
Number of people in the household where they work				
< 5	398 (45.5)	189 (47.8)	206 (52.2)	1.20 (0.273)
≥ 5	476 (54.4)	245 (51.6)	230 (48.4)	
Years of work experience as a house worker				
< 5	707 (80.8)	373 (53.1)	330 (46.9)	14.75 (< 0.001)
> 5	168 (19.2)	62 (36.5)	106 (63.5)	
Presence of a disability				
No	833 (95.2)	416 (50.1)	414 (49.9)	0.40 (0.527)
Yes	42 (4.8)	18 (45.0)	22 (55.0)	
Other source of income				
No	38 (4.4)	19 (51.4)	18 (48.7)	0.02 (0.878)
Yes	829 (95.6)	414 (50.1)	413 (49.9)	
Substance use				
No	687 (79.4)	359 (52.6)	324 (47.4)	9.52 (0.002)
Yes	178 (20.6)	70 (39.5)	107 (60.5)	
History of being managed for mental illness				
No	856 (98.3)	427 (50.2)	424 (49.8)	3.26 (0.071)
Yes	15 (1.7)	4 (26.7)	11 (73.3)	
Presence of chronic medical condition				
No	808 (92.6)	417 (51.9)	386 (48.1)	15.98 (< 0.001)
Yes	65 (7.5)	17 (26.1)	48 (73.9)	
Monthly salary				
< 15 US dollars	509 (58.5)	265 (52.1)	244 (47.9)	2.33 (0.127)
> 15 US dollars	361 (41.5)	169 (46.8)	192 (53.2)	

SD: Standard deviation

Table 2 Participant responses to items on the Kessler Psychological Distress Scale (K10)

K10 items	Responses n (%)				
	Never	A little of the time	Some of the time	Most of the time	All the time
In the past two weeks; how often did you feel tired out for no reason	383 (37.7)	196 (22.5)	207 (23.8)	96 (11.0)	43 (4.9)
In the past two weeks; about how often did you feel nervous?	353 (40.6)	196 (22.5)	189 (21.7)	94 (10.8)	38 (4.4)
In the past two weeks; about how often did you feel so nervous that nothing could calm you down?	680 (78.2)	73 (8.4)	71 (8.2)	26 (3.0)	20 (2.3)
In the past two weeks; about how often did you feel hopeless?	412 (47.4)	147 (16.9)	159 (18.3)	100 (11.5)	52 (6.0)
In the past two weeks; about how often did you feel restless or fidgety?	391 (44.9)	186 (21.4)	168 (19.3)	84 (9.7)	41 (4.7)
In the past two weeks; about how often did you feel so restless you could not sit still?	649 (74.6)	100 (11.5)	72 (8.3)	28 (3.2)	21 (2.4)
In the past two weeks; about how often did you feel depressed?	340 (39.1)	206 (23.7)	153 (17.6)	111 (12.8)	60 (6.9)
In the past two weeks; about how often did you feel that everything was an effort?	379 (43.6)	189 (21.7)	164 (18.9)	84 (9.7)	54 (6.2)
In the past two weeks; about how often did you feel so sad that nothing could cheer you up?	206 (23.7)	112 (12.9)	146 (16.8)	201 (23.1)	205 (23.6)
In the past two weeks; about how often did you feel worthless?	493 (56.7)	127 (14.6)	133 (15.3)	69 (7.9)	48 (5.5)

nothing could cheer them up most or all the time. Those who felt worthless most or all the time represented 7.9% and 5.5%, respectively.

3.5 Factors associated with having a psychological distress

The final model had nine variables: sensitivity of 52%, specificity of 72%, positive predictive value of 65.1%, negative predictive value of 60.4%, and would correctly classify 62.3% of psychological distress. The model had a good goodness of fit for all the included variables, with a p -value of 0.266.

The likelihood of psychological distress increased with being female [adjusted odds ratio (aOR) = 1.58, 95% CI 1.12–2.21, p -value = 0.008], having five or more dependents [aOR = 1.94, 95% CI 1.20–3.16, p -value = 0.007], having more than 5 years of work experience [aOR = 1.50, 95% CI 1.01–2.25, p -value = 0.046], use of substances [aOR = 1.87, 95% CI 1.30–2.69, p -value = 0.001], and with having a chronic illness [aOR = 2.71, 95% CI 1.51–4.91, p -value = 0.001] (Table 3).

4 Discussion

This cross-sectional study included 870 domestic workers in Kigali-Rwanda, and it aimed to find out the prevalence of psychological distress among domestic workers and the associated factors. The study findings showed that the prevalence of psychological distress among domestic workers in Kigali-Rwanda was 50.1%. The study findings also showed that being female, using substances, having over four dependents, having worked as a domestic worker for longer, and the presence of chronic medical conditions were associated with psychological distress.

The prevalence in this study was higher than the ones from previous studies in India and Singapore, which were 25% and 16.1%, respectively [25–28]. In comparison to the sub-Saharan countries, this prevalence was consistently high compared to the prevalence of psychological distress among domestic workers in South Africa and Ghana which was found to be 23.9% and 21% respectively [6, 10]. This significant disparity may be attributed to the distinct challenges inherent to the domestic work sector in Rwanda, characterized by extended working hours, inadequate compensation, and frequent exposure to high-stress conditions. These factors are notably contrasted by the more regulated work environments in the aforementioned developed or higher-income countries [29]. Additionally, higher-income nations typically possess more robust support systems and resources for mental health, which could contribute to the lower prevalence rates observed in such settings.

Female domestic workers experienced more psychological distress than men. This finding is consistent with the result from a previous study conducted in South Africa in 2017, where women were found to have experienced more psychological distress than men [10]. Corroborative, Lalani et al. reported that 72% of female household servants endure psychological maltreatment in their workplaces [30]. This difference observed may have been owing to a reported unequal power dynamics at informal workplaces where female domestic workers face a disproportionate burden, including long work hours and various forms of abuse, which can lead to mental health-related issues [30, 31]. The prior mentioned reasons might be similar to the ones experienced by domestic workers in our study.

The study revealed that an increase in years of experience as a domestic worker, a connotation for work experience, was associated with higher levels of psychological distress. Previous studies examining the relationship between workplace stressors, such as workload, interpersonal conflicts, organizational constraints, and coping strategies, found longer years of working were associated with increased psychological distress, particularly when coupled with high levels of job demands and low levels of social support [32]. The nature of domestic work, often characterized by long hours, lack of job security, and potential isolation, may contribute to the cumulative impact on mental well-being over time [33]. This is reflected in the Rwandan context where domestic workers often work long hours with unclear job descriptions and earn less than 0.5 US Dollars per day. In addition, the legal framework protecting informal workers like them is vague. These factors contribute to the finding that the longer domestic workers are employed, the more they report psychological distress.

The more the number of dependents of the domestic worker, the higher the odds of experiencing psychological distress. This could be attributed to the increased responsibilities, and pressure of providing, which forces domestic workers into working multiple jobs, working longer hours which strains them mentally and causes psychological distress. This finding is in line with what previous studies have demonstrated, that providing support for many individuals increases stress compared to providing support for a few people [34]. Having many dependents may mean taking on a high workload to earn more, and this may substantially affect the workers' well-being as shown by Nathan et al. and other studies [35, 36].

Table 3 Logistic regression analysis for factors associated with psychological distress

Variable	Bivariable analysis		Multivariate analysis	
	cOR (95% confidence interval)	p-value	aOR (95% confidence interval)	P-value
Age	1.07 (1.04–1.01)	< 0.001	1.03 (1.00–1.07)	0.062
Gender				
Male	Ref.		Ref.	
Female	1.42 (1.05–1.93)	0.023	1.58 (1.12–2.21)	0.008
Highest level of education				
Primacy	Ref.		Ref.	
Secondary	0.81 (0.62–1.07)	0.134	0.90 (0.66–1.20)	0.445
Tertiary	2.79 (0.74–10.4)	0.127	2.76 (0.71–10.73)	0.142
Number of children of the domestic worker				
< 5	Ref.		Ref.	
≥ 5	3.59 (0.74–17.38)	0.112	1.24 (0.21–7.37)	0.812
Number of dependents of the domestic workers				
< 5	Ref.		Ref.	
≥ 5	2.27 (1.44–3.58)	< 0.001	1.94 (1.20–3.16)	0.007
Years of work experience				
< 5	Ref.		Ref.	
> 5	1.96 (1.39–2.78)	< 0.001	1.50 (1.01–2.25)	0.046
Substance use				
No	Ref.		Ref.	
Yes	1.69 (1.21–3.37)	0.002	1.87 (1.30–2.69)	< 0.001
Have chronic medical condition				
No	Ref.		Ref.	
Yes	3.05 (1.72–5.39)	< 0.001	2.71 (1.51–4.91)	< 0.001
Monthly salary				
< 15 US dollars	Ref.		Ref.	
> 15 Us dollars	1.23 (0.94–1.61)	0.127	1.13 (0.84–1.51)	0.428

Bold numbers mean that the p-value < 0.05; cOR: Crude Odds ratio; aOR: adjusted odd ratio

In this study, domestic workers who reported substance use experienced more psychological distress compared to non-users. This association could suggest that substance use may serve as a negative coping mechanism. Additionally, people with substance use issues may be less productive leading to employer's retribution, which in turn may lead to distress of the domestic worker. Previous studies have repeatedly shown a significant association between substance use, and developing psychological distress [37, 38]. This could be because of the desire to use substances to deal with a busy day or to calm nerves, which may lead to dependence and increased use [39–41]. However, due to the cross-sectional nature of this study, the causality of this association cannot be inferred.

4.1 Strengths, contributions, and limitations

This study is the first one done in Rwanda to determine the psychological distress among domestic workers. The study had a significant sample size, ensuring enough statistical power to identify significant differences between variables and the factors associated with psychological distress. Therefore, findings are reliable for relevant institutions in policy advocacy and forming interventions to improve the well-being of domestic workers. In addition, the findings contribute relevant information that can be of use in planning for several Sustainable Development Goals (SDGs). Firstly, they address Good Health and well-being (SDG-3) by focusing on the mental health of domestic workers. Secondly, they contribute to Gender equality (SDG-5), since domestic workers are often women, and addressing their psychological distress can promote gender equality and empowerment. Thirdly, the study supports Decent Work and Economic Growth (SDG-8) by highlighting the mental health challenges faced by domestic workers, which can lead to improved working conditions

and promote decent work for all. Additionally, the findings may help in reducing inequalities (SDG-10) by ensuring that this vulnerable group receives appropriate support and protection. Lastly, the study advocated for Peace, Justice, and Strong Institutions (SDG-16) by promoting stronger institutions and legal frameworks to protect the rights and wellbeing of all workers in the informal sectors, contributing to social justice and peace.

Despite the reported strengths and contributions, the results should be appreciated while considering some limitations. Firstly, the study used a cross-sectional design, and causality cannot be inferred. Future research should consider prospective studies and suitable control groups to evaluate the causality. Secondly, the study relied on self-reported data, which could introduce a social desirability bias, potentially impacting the accuracy of the findings. However, the tools used were validated and reliable in our setting. Additionally, there are limited studies about the topic done in Sub-Saharan Africa, which makes it impossible to relate the study's findings to those of other regional studies. The findings in this study cannot be generalized to the whole of Rwanda since data was only collected in the city of Kigali. Lastly, we did not capture all the relevant variables that may influence psychological distress, such as current residence status, nationality, and economic status of origin of the domestic worker. We encourage future researchers to emphasize these aspects, considering the noted economic migration globally, with domestic workers being among the highest population of migrant workers in many settings.

4.2 Public health implications and recommendations.

We believe that if the burden of psychological distress among domestic workers continues to rise, it will increase the strain on Rwanda's healthcare system. Additionally, it will reduce the productivity of domestic workers, which will ultimately hinder economic growth.

We recommend that domestic workers should be empowered to ensure their wellbeing. Additionally, there is a need for added efforts in creating awareness about psychological challenges faced by domestic workers to the relevant Civil Society Organizations (CSOs), women's rights organizations, and the National Women's Council can prioritize their interventions to help this group better. In addition, dedicated psychological support services for domestic workers and proper reporting systems should be strengthened. Research to explore strategies for addressing PD among domestic workers should be carried out while involving them and all other stakeholders. These initiatives should target all domestic workers but with an added effort to those who are female, with more dependents in the household, who have worked longer in the profession, and who abuse substances. We also recommend further studies employing mixed methods study design to get better insights into mental health challenges faced by domestic workers, possible causes and how they think they can be helped. This study assessed only domestic workers, who live in their employer's household, and we recommend a future study that will assess the psychological distress among domestic workers who live outside their employer's household and this will help compare the two groups. Also, we recommend that the roles played by domestic workers' households and the number of domestic workers in the household need to be assessed in future research since these may affect the distress experienced by individuals.

4.3 Conclusions

This study reveals that psychological distress is a significant issue that affects half of the participants among domestic workers in Kigali. The prevalence of psychological distress in this population is notably high compared to similar studies in other regions, reflecting the unique challenges faced by domestic workers such as long working hours, inadequate compensation, and lack of support. The study identifies key factors associated with psychological distress, including being female, having more dependents, extended work experience, substance use, and chronic medical conditions. These findings underscore the urgent need for targeted interventions and support systems to address mental health issues within this vulnerable group. Without addressing these concerns, there is a risk of exacerbating the impact on daily functioning, increasing the potential for self-harm, and worsening workplace conflicts, which can have broader societal repercussions. Implementing measures to enhance the well-being of domestic workers is crucial for improving their quality of life and ensuring a more supportive and equitable work environment. Future research should employ longitudinal study designs to explore the causal relationships between psychological distress and various factors over time. Additionally, additional research should compare psychological distress levels between domestic workers who live in their employer's household versus those who live independently. This investigation can inform targeted strategies to improve mental health support and working conditions for domestic workers in different contexts.

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Author contributions All authors made a significant contribution to the work reported, whether that is in the conception, study design, execution, acquisition of data, analysis and interpretation, or in all these areas; and agree to be accountable for all aspects of the work.

Data availability The data is owned by HDI-Rwanda. Requests for data utilization should be sent to Aflodis Kagaba at: kagaba@hdirwanda.org.

Declarations

Competing interests The authors declare no competing interests.

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