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Mental Health and Psychosocial Well-being of Domestic Workers in Dar es Salaam, Tanzania: Why It Matters and Why We Should Make It a Priority

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Abstract

This phenomenological study explores the mental health and psychosocial well-being of domestic workers aged 15–18 years in Dar es Salaam, Tanzania. Drawing on Bronfenbrenner's ecological systems theory and Erikson's psychosocial development theory, the study examines how domestic workers negotiate self-acceptance, personal growth, purpose in life, quality of relationships, environmental control, autonomy and resilience within unequal labor and care arrangements. Data were generated through in-depth interviews with 29 domestic workers and analyzed thematically. The findings reveal that mental health and psychosocial well-being among domestic workers are shaped through complex interactions between structural vulnerability, interpersonal relationships, migration experiences, economic necessity, and future aspirations. While supportive relationships, income generation, and future-orientated coping strengthened self-acceptance and social belonging, exploitative labor conditions, restricted autonomy, social isolation, and emotional abuse undermined identity formation and emotional stability. The study argues that domestic workers should be understood not merely as vulnerable laborers but as socially embedded actors navigating structurally unequal environments through agency, adaptation, and meaning-making. Prioritizing their mental health and psychosocial well-being is therefore essential for labor justice, social protection, urban development, and inclusive public health policy and achieving Tanzania's National Development Vision 2050 (DIRA 2050) while aligning with ILO's Convention 189 and Recommendation 201.

Key Words: Mental health, Psychosocial Well-being, Domestic workers, informal economy, Tanzania National Development Vision 2050

Introduction

Mental health and psychosocial well-being are increasingly recognized as essential components of human well-being, productivity, and social participation. The World Health Organization (WHO) defines mental health as a state of well-being in which individuals can realize their abilities, cope with the normal stresses of life, work productively, and contribute to their communities, and it extends beyond the absence of mental illness and includes emotional regulation, resilience, social functioning, dignity, and hope (WHO, 2022). It exists on a complex continuum, experienced differently from one person to another, often encompassing emotional, psychological, and social well-being. This continuum influences how individuals think, feel, act, handle stress, relate to others, and make healthy choices (Galderisi et al., 2015).

Psychosocial well-being, which is closely linked to mental health, includes social, communal, psychological, and emotional dimensions and is central to overall quality of life (Larson, 1996;

Martikainen et al., 2002). Again, psychosocial well-being is increasingly understood as multidimensional and socially embedded, involving emotional, relational and structural dimensions of human functioning (Eiroa-Orosa, 2020). It necessitates optimal functioning within both interpersonal and intrapersonal spheres and is shaped by a variety of ecological and social factors, such as cultural norms, community support, and individual experiences that can differ significantly across populations. Cultural perspectives have a profound influence on mental health and psychosocial well-being, particularly in defining what constitutes successful functioning throughout the lifespan (Ingersoll-Dayton et al., 2004). For example, Western cultures often prioritize independence in mental health assessments, whereas African societies place greater emphasis on interdependence, with individuals evaluating their self-worth based on their contributions to the well-being of their community (Fiske et al., 1998). This value system highlights the importance of belonging, reciprocity, empathy, and respect.

Mental health is more than the absence of mental illness; it is a continuum that is experienced uniquely by each individual and varies in levels of stress and distress, leading to different outcomes. For instance, mentally and psychosocially healthy individuals experience appropriate human emotions such as fear, anger, sadness, and grief while retaining resilience that restores internal balance and well-being (Galderisi et al., 2015). Excellent mental health fosters personal growth and prevents stagnation in a world filled with challenges (WHO, 2022).

On a global scale, employment conditions serve as significant social determinants of mental health. Workers exposed to insecurity, abuse, long working hours, social isolation, low control, and economic exploitation are more vulnerable to anxiety, depression, stress, trauma, and reduced life satisfaction (Patel et al., 2018). The informal economy, where labor protections are weak or absent, particularly exacerbates these risks. Among informal workers, domestic workers represent one of the most invisible and vulnerable occupational groups, as their work takes place within private households, far removed from public scrutiny and institutional regulation. Although mental health and psychosocial risks can be found in all sectors, some workers, including domestic workers, are more likely to be exposed to them than others because of what they do or where and how they work (WHO, 2022). For instance, Domestic work occupies a paradoxical position within contemporary societies. While it underpins urban households, childcare systems, elderly care, and labor-force participation, it often remains socially undervalued, weakly regulated, and largely invisible within labor governance frameworks (International Labour Organization (ILO), 2016; Fish et al., 2020; Jensen, 2014).

In numerous low- and middle-income contexts, domestic work is profoundly influenced by gendered inequalities, rural-urban migration, class hierarchies, and informal labor arrangements, which expose workers to exploitation, psychosocial distress, and limited social protection (Patel et al., 2018; Olayiwola, 2021; 2023; Kyegombe et al., 2021). The private and individualized nature of domestic work further obscures working conditions from public scrutiny and institutional oversight, thus exacerbating these workers' social and emotional vulnerabilities (Jensen, 2014; Detho, 2023; WHO, 2022). This is why the mental health and well-being of domestic workers, as an example of informal workers, have gained growing attention due to their increasing numbers and social vulnerability (Fish et al., 2020; Burns, 2016; Woodhead, 2004).

The demand for domestic workers continues to rise due to rapid urbanization, increasing female participation in the labor force, ageing populations, and the inadequacy of social welfare

systems in addressing household care needs (ILO, 2016; Winarni, 2018; Shagembe, 2020; Olayiwola, 2019, 2021). This situation renders domestic work a complex human rights issue and a significant social and moral concern, deeply embedded in cultural, political, and economic systems (Olayiwola, 2021). In Tanzania, domestic work is widespread, especially in rapidly urbanizing cities such as Dar es Salaam. Current discussions have predominantly centered on child labor, trafficking, wage concerns, abuse, and exploitation rights. While these are critical concerns, limited research has specifically examined domestic workers as psychological subjects whose emotional wellbeing, identity formation, coping strategies, and aspirations deserve scholarly and policy attention; thus, many do not receive needed care due to gaps in knowledge, service availability, and healthcare prioritization (Leon-Himmelstine et al., 2021). These domestic workers, primarily young girls, are particularly vulnerable to exploitation at every stage, from recruitment to daily working conditions, due to power imbalances that benefit employers, parents, and brokers at their expense (Olayiwola, 2023; Muhammad, 2014). Such systemic arrangements reduce their capacity to cope with adversity.

The current literature predominantly depicts domestic workers as victims in need of rescue (Bourdillon, 2007; 2014). Psychological research suggests that economic adversity and social marginalization exacerbate the mental health and psychosocial well-being challenges faced by these workers (Patel et al., 2018). Despite advocacy efforts aimed at combating exploitation and related hazards, the involvement of both adults and children in domestic labor remains significant, particularly in low-income environments.

While academic discourse mainly emphasizes the detrimental effects on the mental health and psychosocial well-being of domestic workers, some studies highlight potential positive outcomes, such as improved welfare through income generation, access to education, skill development, increased self-esteem, and more effective transitions into responsible adulthood (Aufseeser et al., 2017; Maconachie & Hilson, 2016; Maconachie et al., 2021). Additionally, historical and contextual disparities in workplaces and living conditions lead to varied psychosocial experiences among domestic workers. These individuals often operate within private residences, where their labour is largely concealed from public view, thereby heightening their vulnerability to exploitation, abuse, and psychological distress (Jensen, 2014; Blagbrough, 2021; Detho, 2023). Their youth, coupled with limited bargaining power and economic instability, further intensifies these risks (Kyegombe et al., 2021; Pankhurst et al., 2016).

Therefore, as it has always been the case within the informal economy, finding poor mental health and psychosocial problems among domestic workers would not be surprising. Given the uncertain nature of the work and the unpredictable nature of their lives, the stressors in their workplaces and immediate surroundings increase, making them even more vulnerable and putting them at a direct risk of the development of mental health challenges (Oberai, 2021). This group of DWs aged 15–18 is significant because adolescence is a critical developmental period marked by identity formation, self-esteem development, autonomy seeking, and future planning. For adolescents working in unequal labor settings, mental health conditions and psychosocial risks may intersect with developmental vulnerabilities. At the same time, some young workers may demonstrate resilience, competence, and agency despite adversity. Importantly, it is not yet clear whether domestic workers' mental health and psychosocial challenges are universal across cultural settings, indicating a need for further socio-context-

specific exploration into their mental health and psychosocial well-being, and the latter has been the core focus of this study.

This study therefore explored the lived experiences of mental health and psychosocial well-being among domestic workers aged 15–18 years in Dar es Salaam. Specifically, it was interested in these three questions: How do domestic workers experience mental health and psychosocial well-being in everyday life? What social and structural factors shape their well-being? And why should the mental health and psychosocial well-being of domestic workers be prioritized in Tanzania?

Theoretical Foundations of this study

This study utilizes two complementary theoretical frameworks: Bronfenbrenner's (1979) ecological systems theory and Erikson's (1950) psychosocial theory of development. The Ecological Systems Theory emphasizes the necessity of analyzing the mental health and psychosocial well-being of DWs across diverse contexts, termed "ecological systems" (Bronfenbrenner, 1979). According to this theory, I assert that the mental health and psychosocial well-being of domestic workers are shaped by interrelated factors across five levels, termed "systems": *the microsystem,* comprising immediate environments like employer households; *the mesosystem*, involving interactions between family and the workplace; *the exosystem*, encompassing labor markets, recruitment systems, and local governance; *the macrosystem,* reflecting cultural norms, gender dynamics, and class hierarchies; and *the chronosystem,* addressing life transitions such as migration from rural to urban areas. This framework clarifies that social co-production, rather than individual circumstances, dictates mental health and psychosocial well-being.

In contrast, Erikson's psychosocial theory underscores the influence of social interactions on self-perception, cognitive processes, and social relationships, which shape the connection between an individual and their social experiences over the course of their lives (Newman & Newman, 2015). Erik Erikson concentrated on identity formation throughout the lifespan. Individuals aged 15–18 years primarily traverse the stage of identity versus role confusion, wherein they pursue competence, belonging, and future direction. Repeated experiences of humiliation may erode identity, while accountability and acknowledgement can enhance self-esteem. Erikson (1968, 2014) posited that "*ego identity,"* shaped by social interactions, affects human behavior. Individuals make choices to fulfil societal expectations, thereby establishing relationships that embody these expectations. Ego identity is dynamic, evolving with new experiences and information obtained from social interactions.

Optimal mental health and psychosocial development require the cultivation of new behaviors and relationships founded on the skills and knowledge acquired through crisis resolution, such as adapting to new social norms and building supportive networks in unfamiliar environments. A person transitioning from a rural to an urban environment must modify their lifestyle and expectations to effectively assimilate into the new social context, which may include adapting to different social norms, accessing new resources, and building relationships with diverse groups of people. Studies among migrant and informal workers also demonstrate strong associations between exploitative labor systems and psychological distress (Howland et al., 2022)."

Together, Bronfenbrenner's ecological systems theory and Erikson's psychosocial development theory provide a complementary framework for understanding how domestic workers' mental health and psychosocial well-being emerge through interactions between developmental processes and broader social environments. While Bronfenbrenner emphasizes the influence of interconnected ecological systems on human development, Erikson highlights the psychosocial significance of identity formation, autonomy, competence, and social recognition during adolescence. In this study, these theories are used as interpretive lenses rather than deterministic explanatory models.

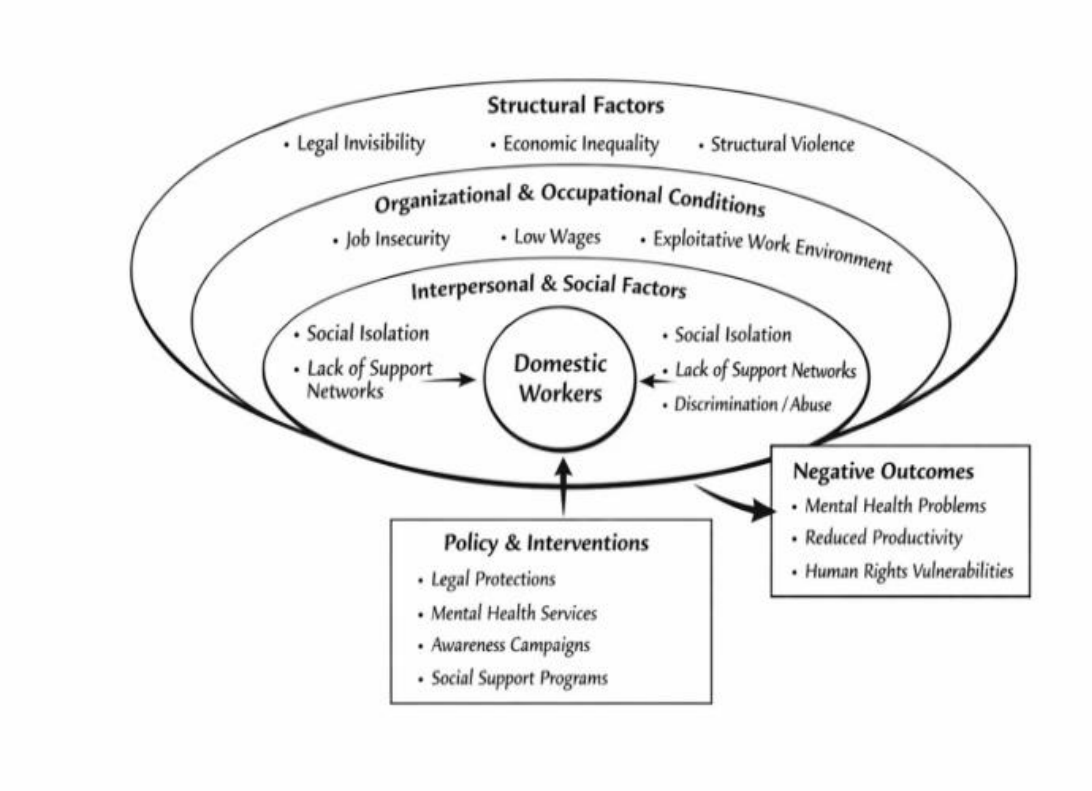


Figure 1: Socio-ecological factors influencing the mental health and psychosocial well-being of domestic workers

Source: Author's conceptualization based on Bronfenbrenner (1979) and Erikson (1968).

Methodology

This study adopted an interpretivist epistemological orientation, recognizing mental health and psychosocial well-being as socially constructed and contextually experienced phenomena. Phenomenology design was therefore appropriate because it enabled exploration of how domestic workers subjectively interpreted dignity, suffering, belonging, identity, and future aspirations within everyday labor relations. Phenomenology was also selected for its proficiency in analyzing subjective meanings, quotidian realities, and the methods by which individuals comprehend their social environments. This methodological selection was suitable as the study sought to elucidate meanings rather than quantify prevalence.

The qualitative approach enabled a detailed comprehension of participants' subjective mental health and psychosocial well-being via in-depth interviews. The study sought to merge descriptive and interpretive phenomenological traditions to both document participants'

experiences and uncover the underlying social, cultural, and structural significances related to mental health and psychosocial well-being. Given the phenomenological orientation of this study, reflexivity was continuously practiced throughout the research process. The researcher remained aware of his positionality as an academic and social researcher and reflected critically on how personal assumptions, values, and prior knowledge about domestic work and mental health could influence data interpretation. Reflexive journaling and regular analytical memo writing were used to minimize subjective bias and enhance interpretive transparency. The researcher also utilized bracketing (*epoché*) to reduce preconceived notions and improve reflexivity during the study.

The study was carried out in Dar es Salaam, Tanzania's largest commercial city and a prominent hub for migrant domestic workers, rendering it a suitable site for this study. Twenty-nine domestic workers, aged 15 to 18 years, each with at least one year of work experience, participated in the study. Purposive sampling was employed to identify participants with rich information, while snowball sampling facilitated access to this relatively concealed population. Data gathering occurred from August 2021 to February 2022, encompassing in-depth interviews with domestic workers. Data gathering continued until thematic saturation was reached, whereby no substantially new themes or meanings emerged from subsequent interviews.

Data management encompassed transcription, translation, coding, and the methodical organization of field materials, and data gathered were analyzed thematically. Thematic analysis followed Braun and Clarke's (2006) six-phase framework for identifying, analyzing and reporting patterns within qualitative data. The study also employed established criteria for trustworthiness: credibility, transferability, dependability, and confirmability through pilot testing, triangulation of data sources and methods, member checking, peer debriefing, reflexive journaling, and the maintenance of an audit trail to ensure scientific rigor. Ethical approval and administrative permissions were secured from pertinent authorities, and all participants granted informed consent, thereby ensuring confidentiality, voluntary participation, and the welfare of participants were maintained throughout the study. Moreover, while this study offers valuable insights, it is crucial to recognise its limitations. The qualitative nature of the research implies that the findings may not be applicable to all DWs in Tanzania. Furthermore, the participants' self-reported experiences may be subject to social desirability bias, which could compromise the authenticity of their narratives. This may result in an overestimation of positive experiences and an underreporting of negative ones. Therefore, future studies employing mixed methods and longitudinal approaches is recommended.

Findings and Discussion

The findings reveal that domestic workers' mental health and psychosocial well-being are shaped through complex interactions between social environments, developmental experiences, economic necessity, and interpersonal relationships. Across all themes, well-being emerged not as a fixed individual condition but as a socially embedded and context-dependent process influenced by household dynamics, labor relations, migration experiences, and future aspirations. For instance, the participants described experiences of self-acceptance, hope, social belonging, skill acquisition, and purpose, alongside feelings of fear, emotional distress, restricted autonomy, exploitation, homesickness, and uncertainty. This duality reflects Bronfenbrenner's socio-ecological theory, implying that well-being is produced through

interactions between the individual, household, neighborhood, labor market, and broader cultural norms. It also aligns with Erikson's psychosocial development theory, particularly the stages of industry versus inferiority and identity versus role confusion, as all the domestic workers in this study were adolescents navigating issues of competence, dignity, and future identity under unequal working conditions. Therefore, mental health and psychosocial well-being should not be viewed as merely individual traits; rather, they are the results of complex social environments and developmental processes that necessitate urgent prioritization.

Self-Acceptance, Identity and Emotional Stability Amid Stigma and Hardship

A recurring finding was the tension between *self-acceptance* and internal distress among domestic workers. Some workers expressed pride in contributing economically to their families and saw themselves as resilient, capable, and morally responsible. Others associated domestic work with shame, inferiority, or blocked life opportunities. More than a half of them (15 out of 29 DWs) demonstrated *self-acceptance* despite adversity. Some viewed domestic work as a survival pathway, a source of pride, or a temporary means to support family and build a future. For example, *Jasmine* expressed gratitude for respectful treatment and the chance to earn income, suggesting that humane relationships can buffer stress and strengthen self-esteem: "I accept myself and I am happy. Every job has challenges, but through this job I support my parents, and one day I will make them proud." (Jasmine, female, 17 years, Ubungo, IDI, 6 August 2021). Similarly, Rehema commented that "it is better to work than to sit idle waiting to beg money from others. This money helps me and helps my family." (Rehema, female, 17 years, Temeke, IDI, 21 September 2021). Such narratives suggest that economic contribution can strengthen dignity, social usefulness, and self-respect.

However, others associated domestic work with shame, blocked opportunities, and social comparison with school-going peers. Participants who experienced insults, excessive workloads, or harassment described diminished self-esteem and emotional pain. For instance, *Neema* wished for another life after constant yelling and humiliation by her employer's family, as she noted that "No, I do not accept myself fully. I wish I were living another life… Other children my age make me jealous because they go to school while I work" (Neema, female, 17 years, Kigamboni, IDI, 13 September 2021).

These accounts mirror international evidence linking exploitative child and adolescent labor with depression, anxiety, trauma symptoms, and reduced self-worth (International Labor Organization, 2021; WHO, 2022). From an Erikson's psychosocial theory of development, repeated humiliation may undermine identity formation and generate feelings of inferiority, particularly during adolescence when recognition and competence are developmentally salient. By contrast, when participants felt respected and productive, identity consolidation appeared stronger (Erikson, 1969). The findings imply that self-acceptance among DWs is not a fixed psychological state but a dynamic and contextually negotiated process, shaped by subjective interpretations of lived experiences. These findings also align with Carol Ryff's model of psychological well-being, which positions self-acceptance as a core dimension of positive functioning (Ryff, 1989). Importantly, self-acceptance was not static; it was negotiated through ecological systems, including family obligation, social comparison, cultural narratives of endurance, and hopes for future mobility.

As evidenced from the cited quotations, a recurring theme was comparative normalization, where DWs evaluated their current conditions relative to more physically demanding rural labor. This reframing enabled some to interpret domestic work as an improvement, thereby reinforcing acceptance. However, this acceptance was often conditional and pragmatic, not indicative of satisfaction with structural constraints, as many participants felt trapped in their roles due to economic necessity and limited job opportunities outside domestic work. Conversely, diminished self-acceptance was associated with exploitative work conditions, including verbal abuse, excessive workloads, and sexual harassment. In such contexts, participants reported emotional distress and a desire for alternative livelihoods. Yet, many simultaneously rationalized their circumstances using culturally embedded narratives such as "*it rains everywhere*", reflecting internalized resilience and normalization of adversity.

These narratives illustrate how future-oriented aspirations functioned as psychosocial resources through which participants negotiated structural uncertainty and social stigma. Consistent with Erikson, recognition strengthened identity, whereas humiliation weakened it. According to Erikson (1969), experiences of recognition appeared to strengthen identity formation, whereas repeated humiliation undermined self-esteem and confidence. Identity formation strengthened when these workers perceived themselves as productive and respected. When they compared themselves negatively with schooling peers or felt trapped, confusion and diminished self-esteem emerged. Overall, the findings suggest that self-acceptance among DWs is shaped by a complex interaction between structural constraints, subjective interpretations, relational dynamics, and coping strategies, rather than simply the presence or absence of challenges.

Positive Relationships, Belonging and Social-emotional Support

The findings underscore the fundamentally relational character of mental health and psychosocial well-being. Many participants described supportive relationships with employers, children in the household, neighbors, or peers. DWs who perceived employers as caring, respectful, and inclusive reported greater satisfaction and lower loneliness. Despite the structural constraints imposed by employer control over mobility and social interaction, most participants reported forming meaningful relationships both within and beyond their employers' households. For instance, positive relationships, particularly with employers and children in the household, were associated with emotional support, guidance, and a sense of belonging.

In certain instances, employers acted as mentors, promoting autonomy and interpersonal trust; consequently, supportive employer-employee relationships improved well-being. Such dynamics reflect Bronfenbrenner's ecological systems theory, where proximal relationships significantly shape developmental outcomes. Social relationships strongly shaped emotional well-being. Domestic workers who described employers as caring, respectful, or inclusive reported higher life satisfaction and reduced loneliness. They had such expressions like, "She introduces me as her little sister, not a worker. It makes me feel appreciated." (Josephine, female, 16 years, Ilala, IDI, 21 September 2021). Another participant echoed this sentiment: "My employer guides me politely and allows me to share ideas, even on what food to cook." (Upendo, female, 17 years, Kinondoni, IDI, 17 October 2021) and "When my friend became sick, I helped him run the shop because that is what friends do." (Baraka, male, 16 years,

Ubungo, IDI, 20 September 2021). Such experiences suggest that recognition and inclusion can buffer emotional strain.

The findings demonstrate the significance of household-level social interactions in shaping well-being. Supportive daily interactions may cultivate trust, security, and resilience, whereas antagonistic interactions may induce anxiety and withdrawal. Social support is widely recognized as one of the strongest protective factors for mental health across contexts (WHO, 2022). Belonging can reduce depressive symptoms, buffer stress, and improve coping capacity. Bronfenbrenner's theory explains these effects through the microsystem: the immediate household environment can either nourish or damage emotional well-being. However, relationships were not always positive. Some DWs described humiliation, insults, and harsh correction, showing that the same household can function as both a source of care and oppression. This ambivalence is common in domestic work because employment occurs within private family spaces rather than formal workplaces.

However, relational dynamics were also characterized by power asymmetries. Instances of verbal abuse and harsh treatment coexisted with perceived relational closeness. Some DWs reinterpreted negative interactions as corrective or normative, drawing on prior socialization within their biological families. Therefore, friendships both within and outside employer households were vital sources of emotional support. Participants emphasized that social connectedness enhanced life satisfaction, while restrictions on movement limited these benefits. Despite constraints, DWs demonstrated agency by cultivating informal support networks, including peer collaboration and reciprocal assistance. These networks functioned as social capital, mitigating isolation and enhancing coping capacity. This highlights the importance of healthy interpersonal environments for both psychosocial well-being and functional outcomes.

Restricted Autonomy and Psychological Control

The findings indicate that although supportive relationships enhanced belonging and emotional security, these experiences coexisted with unequal power relations that constrained autonomy and everyday decision-making. Restricted autonomy emerged as one of the most apparent psychosocial risks, with numerous participants reporting limited influence over migration choices, wage utilization, friendships, mobility, and the ability to exit jobs. Entry into domestic work was often mediated by parents, relatives, or brokers, with minimal consultation of the domestic workers themselves. One participant remarked, "I was just told to prepare to travel to Dar es Salaam the next day." (Macrina, female, 17 years, Kinondoni, IDI, 3 January 2022). Another noted that wages were frequently received directly by parents: "My wage is often received by my mother." (Julie, female, 16 years, Ubungo, IDI, 26 August 2021).

These statements imply that decision-making within employer households is similarly constrained. Participants reported needing permission for movement or personal choices, with some routinely deferring to employers. These findings suggest that control operates through both family and workplace systems. Bronfenbrenner's framework elucidates how multiple ecological levels, family expectations, labor dependence, and gendered hierarchy concurrently shape agency (Bronfenbrenner, 1979). Constrained autonomy often results in heightened stress, feelings of helplessness, and diminished confidence. For example, decisions regarding finances, mobility, and daily activities were often governed by employers or mediated through

them, as one of the DWs remarked, "Normally I listen to my employer first before making decisions." (Juma, male, 17 years, Kinondoni, IDI, 14 August 2021).

From a psychosocial standpoint, adolescence necessitates opportunities for choice, experimentation, and growing independence. Erikson posited that the absence of such opportunities may hinder identity development and foster feelings of helplessness or low self-esteem (Erikson, 1994). International occupational research similarly links low autonomy with decreased motivation, heightened stress, and reduced well-being. Thus, autonomy among domestic workers is more accurately characterized as relationally negotiated rather than individually possessed.

In Tanzania, where many domestic workers migrate through kinship networks, control may be obscured by familial language (such as "*daughter*", "*niece*", "*sister"*), rendering work relations less visible. A small subset of participants reported a degree of autonomy, particularly in social interactions, indicating that autonomy is context-dependent and influenced by employer attitudes. From a developmental perspective, this finding is noteworthy, as adolescents require autonomy to effectively navigate identity formation processes (Erikson, 1969). Autonomy among domestic workers was strongly shaped by family expectations, employer authority, and economic dependency. Once again, low autonomy is linked globally to feelings of helplessness, lack of motivation, and stress. For adolescents, a lack of agency may disrupt healthy identity formation. This underscores the need for a more robust recognition of domestic work as legitimate work, even when embedded within familial arrangements.

Environmental Mastery and Urban Adaptation

Environmental mastery emerged as an important dimension of mental health and psychosocial well-being among domestic workers. Many participants had migrated from rural areas to Dar es Salaam and described initial difficulties adjusting to urban life, unfamiliar household technologies, new routines, and different foods or customs. Moreover, the household arrangements were personalized, requiring adaptation to new norms, routines, and technologies. As a result, they encountered unfamiliar sociocultural environments as one participant explained: "At first, I struggled with this family's lifestyle, but now I know how to cook these foods and use appliances." (Salma, female, 17 years, Kigamboni, IDI, 14 December 2021). Another similarly noted that household manners, prayers, and customs were initially unfamiliar but gradually became manageable: "their table manners, prayers and customs were unfamiliar, but now I can live with them easily." (Hassan, male, 17 years, Temeke, IDI, 18 January 2022). These accounts indicate that adaptation to new social and material environments was central to everyday well-being.

From an ecological systems perspective, migration involves movement across multiple social contexts with distinct expectations, values, and behavioural norms (Bronfenbrenner, 1979). Domestic workers transitioned from their families of origin into employer households that often operated as substitute family environments, yet with unequal authority relations. This required continuous accommodation to new rules while simultaneously influencing household dynamics through their labour, behaviour, and relationships. In this sense, domestic workers were not passive recipients of new environments; they were also active participants in shaping them. Yet, living in a non-biological family presented a significant challenge to the DWs, but they had to overcome these challenges in order to support their families and establish a

livelihood. These accounts reflect environmental mastery the capacity to manage one's surroundings (Ryff & Singer, 1996). Adaptation can increase confidence and reduce anxiety, while repeated failure or criticism may produce inferiority and self-doubt. However, adaptation was uneven. Failure to master new environments often compounded by employer criticism led to feelings of inferiority and self-doubt, consistent with Erikson's stage of industry versus inferiority.

Importantly, environmental mastery was not solely individual but relational, requiring support, guidance, and patience from employers. Where such support was absent, adaptation challenges often escalated into conflict. For Tanzania's rapidly urbanizing cities, psychosocial adaptation of migrant domestic workers deserves more attention within urban mental health planning.

Purpose in Life: Domestic work as a Pathway to Future Aspirations

A prominent finding was that many participants interpreted domestic work as a temporary sacrifice in pursuit of longer-term goals. Rather than finding meaning in hardship itself, these workers framed their current circumstances as a stepping stone towards supporting their parents, starting businesses, achieving independence, or escaping more precarious livelihoods. Thus, despite facing challenges, many workers expressed strong aspirations. Most domestic workers articulated a clear sense of purpose, viewing domestic work as a transitional strategy towards their future goals, which included supporting family members, saving for business ventures, or attaining economic independence. This sentiment is evidenced by Jane and Asha, who commented that "I know it is messy for others to discover that I am a housemaid. I see no problem with me working in this family; it is just a pathway to my fullest life potential." (Jane, female, 17 years, Kinondoni, IDI, 19 October 2021), and "I know I won't be here forever. I'm staying here for a while so that I can fulfil my aspirations. I plan to open a hair salon and pursue modelling once the child begins school." (Asha, female, 17 years, Kigamboni, IDI, 27 August 2021).

These quotations illustrate a pronounced future orientation, a psychological asset linked to resilience, motivation, and reduced feelings of hopelessness. This also reflects adaptive coping and future orientation, both recognized protective factors against depression. Although many participants demonstrated resilience and adaptive coping strategies, resilience should not be interpreted as evidence that exploitative working conditions are acceptable or harmless. Adaptive responses coexisted with ongoing vulnerability. For instance, several participants contrasted domestic work with alternatives such as begging or prostitution, presenting it as the more respectable or morally acceptable choice. These statements reflect the construction of moral identity, while also highlighting the constrained options available within unequal labor markets. In Bronfenbrenner's framework, macrosystem factors such as poverty, gender norms, and restricted employment pathways shaped the futures that seemed attainable.

International scholarship cautions against the interpretation of coping mechanisms as indicators that harmful labor conditions are permissible; rather, resilience tends to emerge in the face of adversity. For instance, participants framed domestic work as a morally preferable alternative to socially stigmatized survival strategies, such as begging or prostitution. For instance, Jane remarked: "It is better to earn TZS 100 legally than TZS 10,000 illegally, such as prostitution or begging." (Jane, female, 17 years, Kinondoni, IDI, 19 October 2021).

This reflects the construction of moral identity and a resistance to the societal stigma associated with domestic work. The purpose in life, therefore, encompasses a paradoxical duality: optimism about the future exists alongside present hardship and uncertainty. These findings indicate that mental health outcomes are influenced not only by objective working conditions but also by the ways in which individuals interpret those conditions and relate them to their aspirations for the future. For many participants, hope functioned as both a coping mechanism and a developmental resource. This is why, provided that in many communities, domestic work may be viewed as undesirable, feminized, low-status, or evidence of poverty, participants reinterpreted it pragmatically as safer than street survival, more respectable than exploitative alternatives, and a route to mobility. This illustrates that the way these workers interpret their conditions, rather than merely the objective circumstances, has a significant impact on their mental health outcomes.

Personal Growth: Skills, Confidence and Everyday Competence

Many participants believed domestic work had expanded their abilities, confidence, and practical competence. Growth was often expressed through learning household technologies, cooking, communication, discipline, or entrepreneurship. For instance, Vero claimed that "I aspire to be like Shilole, who owns a restaurant… I always take great care to make meals wonderful at home, and I consider it preparation for my future life" (Vero, female, Ilala, IDI, 6 November 2021).

These findings suggest that workers were not passive recipients of hardship; many actively converted everyday works into learning opportunities. This is consistent with capability approaches, which posit that development encompasses broadening individuals' abilities and potential. It also reflects Erikson's concept of competence: mastering tasks can strengthen identity and confidence. Some participants reported that even negative feedback contributed to improvement, as one respondent reported that "With the negative comments from my employer, I keep improving based on what she instructs me to do… Now I am capable of using many home appliances like the washing machine and electric stove." (Suzy, female, 16 years, Ubungo, IDI, 9 August 2021).

Such statements should be interpreted carefully. While some workers transformed criticism into growth, such behavior does not justify harsh treatment. Resilience often arises despite adversity, rather than as a result of beneficial exploitation. Research consistently indicates that chronic verbal hostility correlates with anxiety, low mood, and trauma responses. Therefore, supportive coaching is a healthier approach to skill development compared to humiliation. These findings contrast with earlier studies that focused primarily on negative psychosocial outcomes, suggesting that the experiences of DWs are varied. While vulnerabilities are apparent, there is also a subgroup that exhibits agency, adaptability, and developmental progression.

Their narratives illustrate a strong desire for continuous improvement, suggesting that many DWs perceive their employment as a means to acquire valuable skills for future opportunities. This indicates that social interactions across various ecological systems such as the individual, family, neighborhoods, and community play a crucial role in shaping people's realities and personal growth. This aligns with Bronfenbrenner's ecological systems theory and Erikson's psychosocial theory of development. Hence, every individual strives for personal growth and

development by satisfying their survival needs, such as food, shelter, clothing, and water (Astagini & Sarwono, 2019). However, work also plays a significant role in achieving personal development, as it allows individuals to meet their social needs and form strong socio-emotional bonds with others in their community (Allan et al., 2013).

In contrast to the findings of the current study, previous research conducted by Bwibo and Onyango (1987) in Kenya, Rahman (1995) in Bangladesh, and Salazar (1998) in Latin America has indicated that domestic workers experience a higher prevalence of psychosocial issues compared to their counterparts, including both working and non-working children. For instance, individuals have reported significant challenges such as bedwetting, insomnia, social isolation, regression in developmental milestones, premature ageing, profound emotional distress, and the emergence of intense fear responses towards their employers. The differing research objectives between the present study and earlier studies may explain the observed disparity. Specifically, the current research focuses on a comprehensive exploration of both positive and negative work-related experiences among domestic workers, whereas prior studies predominantly centered on negative encounters.

Conclusion and Recommendations

Domestic workers in Dar es Salaam demonstrated remarkable resilience, hope, and adaptive capacity, yet many also faced mental health and psychosocial strain rooted in unequal power relations and insecure work conditions. Their mental health and psychosocial well-being emerge through the intersection of labor precarity, migration, care responsibilities, unequal social relations, and developmental transitions. Their experiences reveal how mental health and psychosocial well-being are socially produced within broader structures of inequality rather than merely determined by individual resilience or vulnerability. Recognizing domestic workers as socially embedded laboring subjects rather than invisible household helpers is therefore essential for advancing labor justice, urban inclusion, social protection, and equitable mental health policy in Tanzania and comparable Global South contexts. This is because the findings across all domains highlight that domestic workers' mental health and psychosocial well-being are shaped by a complex interaction of structural constraints and subjective agency. Their experiences cannot be reduced to victimhood alone; rather, they reflect negotiated realities, where resilience, meaning-making, and relational contexts play central roles. The ongoing issues of limited autonomy, power imbalances, and exposure to detrimental conditions highlight the urgent need for structural interventions aimed at creating safe, supportive, and rights-based working environments.

Therefore, prioritizing the mental health and psychosocial well-being of domestic workers matters in Tanzania because domestic work sustains urban households, childcare systems, elder care, and enables the labor-force participation of many employers and families globally by absorbing essential reproductive and care responsibilities (ILO, 2024; ILO, 2025). Yet the workers themselves often remain invisible. Mental health challenges and poor psychosocial well-being are associated with reduced productivity, impaired social functioning, increased absenteeism, and diminished quality of caregiving and occupational performance (WHO, 2022; Patel et al., 2018). This study also contends that enhancing the well-being of domestic workers in Tanzania aligns with several key objectives: promoting excellent health and well-being (SDG 3), advancing gender equality (SDG 5), ensuring decent work conditions (SDG 8), and supporting child protection and urban inclusion initiatives.

A comprehensive response must acknowledge both the vulnerabilities and the resilience of these workers. Recommended actions include strengthening the enforcement of labor protections for domestic workers, promoting written contracts, fair wages, and adequate rest periods; developing community-based counselling and psychosocial support services; training employers in respectful communication and non-abusive management practices; supporting peer networks and domestic worker associations; expanding access to education, skills training, and financial inclusion opportunities; and integrating domestic workers into national social protection frameworks. Thus, recognizing domestic workers as rights-bearing social actors rather than invisible laborers is essential for promoting inclusive urban development, social justice, mental health and psychosocial well-being in Tanzania.

Finally, this study contributes to sociological and social psychological studies in three ways: First, it extends debates on informal labor by foregrounding mental health and psychosocial well-being as socially produced outcomes rather than purely individual conditions. Second, it contributes to emerging literature on care economies and DWs' participation in labor in the Global South by demonstrating how they negotiate dignity, belonging, and future aspirations within unequal labor arrangements. Third, it challenges binary portrayals of domestic workers as either victims or empowered actors by illustrating the coexistence of resilience, constraint, agency, and psychosocial vulnerability.

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