

RESEARCH REPORT

Contribution of Women Domestic Workers in Unpaid Care Work

A Survey Study of Lahore District



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Disclaimer:

Every effort has been made to ensure accuracy of the facts, contained in this report. Any error or omission, therefore, is not deliberate. The views expressed in this report are sole responsibility of WISE and do not necessarily represent the views of Strengthening Participatory Organization (SPO), Global Affairs Canada (GAC), and Oxfam. The report is supported under the project: 'Women's Voice and Leadership-Pakistan', funded by Government of Canada through Global Affairs Canada.

Acknowledgments

I would like to express sincere gratitude to everyone who helped make the study "Contribution of Women Domestic Workers in Unpaid Care Work: A Survey Study of Lahore District" a success.

First and foremost, I would like to thank Dr. Shahla Tabassum, lead researcher and Head of Gender Studies Fatima Jinnah Women University, Rawalpindi to carry out this important study on women domestic workers on their unpaid caregiving duties in homes. A special thank you to all of the women respondents who made this study possible by voluntarily sharing their experiences and insights. Their openness and willingness to participate in this study helped to highlight an aspect of women's unpaid caregiving that is frequently disregarded.

I am grateful to Ms. Marriam Zahra for her outstanding field supervision, which made the data-gathering procedure go smoothly and effectively. The hardworking group of data enumerators—Ms. Amna Batool, Ms. Amna Ashfaq, Ms. Fareeha Khalid, Ms. Maira Waseem, Ms. Hebah Aziz, and Ms. Muarig also deserve our sincere gratitude. Their dedication to gathering precise and insightful data was essential to the quality of our conclusions. I would especially want to thank Ms. Khedija Suhail and Ms. Mahnoor Rasheed Malik from our data entry team for their efforts in organizing unprocessed data into information which could be examined and analyzed.

I am also thankful to WISE team Ms. Asma Aamir, Program Manager, Ms. Aiman Zameer, Field Coordinator, and Ms. Aiza Pervaiz, Intern for coordination and assistance to make this research successful.

This acknowledgment is proof of the teamwork and combined efforts of all the respondents in this study. Collectively, they have played a part in drawing attention to the important yet frequently overlooked role that unpaid care workers play. Special thanks to each one respondents of the study for their unwavering devotion, diligence, and commitment to promoting awareness and fighting for the equitable acknowledgment and recompense of women's contributions to upholding the cornerstone of our society. Similar study has done for Lower Dir and Rawalpindi districts by Development Empowerment Women Association (DEWA) and Fatima Jinnah Women University Rawalpindi under Women's Voice and Leadership- Pakistan. This study is a further step of exploration from district Lahore.

The accumulated knowledge therefore serves a solid rationale to strengthen voice for legitimate recognition of women's care work and its contribution to the household economy in Pakistani context in reference to SDG 05; gender equality. I hope WISE effort towards women labour would receive due attention of the policy makers to look into the mechanisms of unpaid care work.



Bushra Khaliq
Executive Director
February 2024

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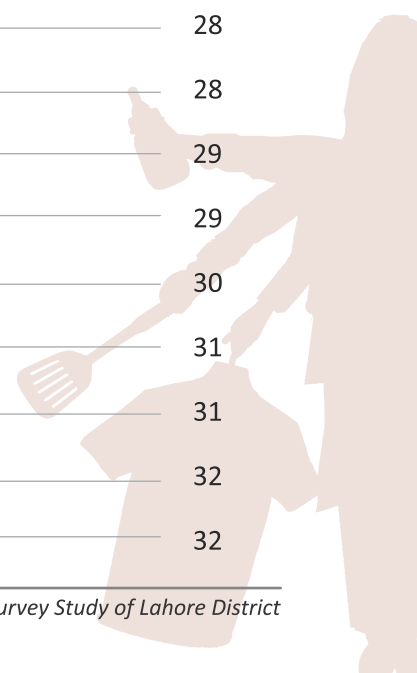


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Executive Summary

This study highlights the unrecognized field of unpaid care work carried out by women in general and particularly the women domestic workers from low-income households. Domestic chores like cooking, cleaning, and other caregiving activities like caring for the children, elderly or people with special needs are frequently undervalued due to deep-rooted gender stereotypes, cultural biases, and economic disparities. The study establishes a link between economic poverty, time poverty, time use, economic value and its distribution in unpaid domestic care work within households. In light of the Sustainable Development Goals (SDGs), the study aims to both acknowledge and quantify the important contributions these women make to maintain their households.

The study establishes a link between economic poverty, time poverty, time use, economic value and its distribution in unpaid domestic care work within households.

Using a quantitative research approach, survey research design was used to conduct this study. Already developed questionnaire by Tabassum et al., (2023) applied to get the information from the women domestic workers. The participants were selected with a purposive sampling technique and 209 women domestic workers from 10 different areas of Lahore district participated in the study. The team of data collection was provided two-day extensive training from an experienced young scholar who believed in feminist ethics. The data was collected under the supervision of an experienced supervisor, and was entered by data entry experts into the SPSS software for analyzing the information. The results were presented in frequencies, percentages, cross-tabulation, and economic calculation of each activity in monetary terms.

The demographic findings of the participants revealed majority of the women domestic workers were under the age of forty and had four children, with a few having eight children as well. Most participants had no elderly person at home but almost 20 % had one elderly person at home. Three-fourth (75%) of the participants earned less than Rs. 30,000 monthly income and most of them were double-earners. Less than one-fourth were single female earners who were mostly widowed. The majority of working women were illiterate or primary pass. Domestic working women spend almost 6 hours on average on domestic care work within their homes which is unpaid.

The child care dimension consists of 22 activities with three major sub-indices like rearing of the children with 9 activities, nurturing the children with 7 activities, and social/moral training of the children with 6 activities were measured in terms of time spent in these activities and economic calculation of these activities. The wage rate for calculating the economic value for domestic and care activities is considered the minimum rate wage i.e., Rs. 32,000 per month and Rs. 1230.77 per day and Rs.153.85 Rupees per hour (dated September 9th, 2023; Labour and HR Department, Government of Punjab). The results about child care dimension revealed the total time on these activities under three sub-indices 25,726, 12,802, and 13,530 hours per month respectively and economic value against these three sub-indices are 3.96, 1.97, and 2.08 million rupees in a month.

The domestic care dimension includes 19 activities with four sub-indices, cleaning, washing, and ironing under 5 activities, preparation of three meals and serving to family and guests under 5 activities, shopping index under 4 activities that included buying groceries and traveling time for different types of purchases and the last sub-index includes the collection of fuel, water, and caring of live-stock under 5 activities. The results about the domestic care dimension showed a total time spent on these activities

under four sub-indices included 2754, 2134, 5453, and 2813 hours per month respectively and economic values against these four sub-indices are 43, 33, 84, and 43 million rupees in a month respectively. The highest spending time on shopping means that they spend money on purchases daily due to daily wage earnings.

The elderly care dimension includes 19 activities with three sub-indices, physical, medical, and social/spiritual care. The results about the elderly care dimension revealed the total time spent on these activities under three sub-indices included 5394, 1752, and 2324 hours per month respectively and economic value was .83, .27, and .36 million rupees in a month respectively.

In the last dimension, people with special care cover 15 activities under two sub-indices physical and mental care. The results stated the total time spent on these activities included 21987 and 4742 respectively and showed an economic-values under these activities of 3.38 and 73 million rupees in a month respectively. In the end, participants were asked to highlight their feelings on a five-point Likert scale of 1-5 with 1 being fine and 5 being drained. Three-fourth (76%) of participants reported being drained and the rest fatigued while performing these activities.

Participants were also asked to share suggestions to reduce this burden of domestic care work. They recommended encouraging appreciation and thankfulness, acknowledging the contributions that women make home a better place for families by altering the culture and education system, making use of technology, encouraging family engagement, and emphasizing the need for community-based support programs, and government interventions including policy and legal changes.

Participants of the survey recommended encouraging appreciation and thankfulness, acknowledging the contributions that women make home a better place for families by altering the culture and education system, making use of technology, encouraging family



Going to the door of those who go door to door – A survey session in progress

Introduction

Working women's issues are highlighted through researches locally and globally but the working women from low-income families are under-represented in most of the studies. This study is an attempt to highlight the unpaid domestic care work of women domestic workers of Lahore district. Domestic care work under the care economy caters both unpaid and paid care work for the sustainability of the society which helps in keeping the quality of life through care for the people and environment. In another way, care work is a prerequisite for doing all the activities in any society and vital to sustain the labor force. The Sustainable Development Goals (SDGs) 5 of gender equality and empowerment of women and girls target 5.4 addresses states to

“Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibilities within the household and the family as nationally appropriate”.

Furthermore, the indicator 5.4.1. is proposed to monitor the achievement of gender equality and the empowerment of women and girls for a better share of unpaid work through the “Proportion of time spent on unpaid domestic and care work by sex, age and location”.

Although time use surveys are significant statistical tool to provide data about the proportion of unpaid domestic and care work, but it can also be used to measure the living conditions of human being in any society. This study is a step towards finding out the conditions of women domestic workers by establishing a link between monetary poverty, income and time distribution and use (SDG1) in context of Pakistan. The income measurement is link with the policies which can redistribute monetary benefits to its marginalized section of society and hence, redistribution of unpaid domestic care work within the households.

There is no doubt that provision of health care services provided to the families (SDG 4) are predominately performed by women. Family health care is unpaid activity and the responsibility of the household members themselves not the state. Women often take charge of the health care of the family members by providing direct care of the patients, purchase of medicines along with other domestic chores. Without the provision of health care services at home, healthy lives and well-being of the family is difficult to achieve for a healthy society. Women are overburdened with this unpaid domestic care work; state can help in reducing the unpaid care with the formulation of public policies that benefit women.

The presence of children under five years in the household increases the time spent on unpaid care work for the adult women in the families. Most of the adult young women spend time on the care of the children. While designing the educational strategies, providing child care services to the families help in reducing the burden of child care and at the same time, can reduce the gender gap in education by enrollment of girl child and drop out of girl children in schools through addressing (SDG 3). This can have

Family healthcare is unpaid activity and the responsibility of the household members themselves not the state. Women are overburdened with this unpaid domestic care work; state can help in reducing the unpaid care with the formulation of public policies that benefit them.

an impact on the time available to both for boys and girls for their childhood development and well-being. The large number of young people especially young women who are not in schools or in the employment sector spend their time on unpaid domestic care work in Pakistan. This burden of unpaid domestic care work limits their opportunities for employment, development in educational activities, and participation in decision-making.

They miss out building skills that allow them to get quality jobs, make them more vulnerable to poverty and not getting access to social protection. Removing these barriers and integrating them into labor market and education system can be helpful in reducing proportion of young people through their inclusion in education, training and employment by addressing SDG 8 target 8.6.

Furthermore, the agenda 2030 on SDGs calls for measurement of progress beyond gross domestic product (target 17.19). The care economy which is predominately through women's unpaid care work is the main contributor to support households needs for social reproduction activities.

The contribution that cares economy can add to the economy through recognition, reduction and redistribution of the domestic care work. The lack of registration of domestic workers and unpaid domestic work affect men and women unequally to participate in the economy. The national accounts reduce the social recognition and the possibility to claim national wealth generation who work unpaid domestic care work.

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An identity that didn't exist -- registration of domestic workers should be mandatory

Significance of the Study

The study is significant in several ways: This study is a step towards measuring the contribution of working women to unpaid care work at the domestic level, which is a milestone in acknowledging women's double burden of paid and unpaid care work.

The study also provides empirical evidence from the community to highlight the visibility of working women's contribution to the care economy in the context of Pakistan. The study also helps policymakers and other stakeholders (teachers, students, and civil society workers) use the results as a baseline for those communities as well as for advocacy purposes at various levels.

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Objectives of the Study

- To assess the time spent on each activity within the core dimensions of unpaid domestic care work and calculate the economic value against each dimension of unpaid domestic care work among women domestic workers within households in the Lahore district.
- To propose recommendations for the reduction and redistribution of unpaid domestic care work.



The caring hands – question remains what they get in return

Literature Review

Women perform most of the household work, which earns no direct income, and this unpaid work is overlooked and considered non-productive activity by economic analysts and policymakers (UN Women, 2016). This domestic unpaid care work of women is not acknowledged or counted at any national or international level officially, unofficially, formally, or informally (European Institute for Gender Equality, 2023). Domestic work not only facilitates families and is essential for maintaining households but also serves the capitalist economy at large in several ways (Marphatia, & Moussié, 2013).

Despite its importance in maintaining households and supporting societal well-being, domestic chores like cooking, cleaning, and other caregiving activities like caring for the elderly or people with special needs are frequently undervalued due to deep-rooted gender stereotypes, cultural biases, and economic disparities (UN Women, 2016; Cerrato, & Cifre, 2018). According to traditional gender roles, handling and doing all the domestic chores are primarily the responsibilities of women thus reinforcing the perception that these domestic tasks are only inherent to femininity and hence earn no acknowledgment or compensation for all the tasks they do within the household (Ferrant et al., 2014). Having no value or acknowledgment, this norm then perpetuates a cycle of undervalued and marginalization of women's contribution within the household. These chores earn no value at all in families with low income and the time, energy, and effort that women in such poor households contribute to these chores have no acknowledgment and value and hence exploit the status and position of women in these low-income households (Killewald, & Gough, 2010; Cerrato, & Cifre, 2018).

According to traditional gender roles, handling and doing all the domestic chores are primarily the responsibilities of women thus reinforcing the perception that these domestic tasks are only inherent to femininity and hence earn no acknowledgment or compensation

Married women or women with children are often expected to bear the burden of all care activities within the household as compared to single or unmarried women who are dictated by traditional gender norms that women should prioritize care for their home, family, and children only, after marriage (Mussida, & Patimo, 2020; Pepin, et al., 2018). And due to their economic dependency on their spouses bound them further bearing all the responsibilities within the household from cooking, and cleaning to taking care of children, the elderly, and the sick too, all are expected to be fulfilled by women (Miao, et al., 2023). Even after the recognition of domestic chores as paid employment, individuals engaged in these paid tasks encountered underpayment (Souza, 2010).

The reason for being marginalized and devalued is due to its association with women's traditional roles within the household, which are historically undervalued in the labor market as well (Harris, et al., 2022). This underpayment leads to economic vulnerabilities among women, especially from poor households who are relying on paid domestic work for their livelihoods (Sarfraz et al., 2022). This lack of fair compensation and wages not only undermines their economic security and position but also reinforces gender inequalities (Oxfam, 2018).

Methodology

Research Design

This study uses a quantitative survey research design to investigate the kinds of tasks performed by women domestic workers in the home and the amount of time spent on them. It also calculates the economic value of each task performed by women domestic workers within their homes.

Sampling Technique and Sample Size

Survey interviews were conducted for data collection to get insights from women domestic workers in the Lahore district. The non-probability purposive sampling technique was used to select the sample size according to the availability and willingness of the women domestic workers in the Lahore district. A sample of 209 women domestic workers in the Lahore district selected to get information about domestic care work within households.

The critical feminist value underpinning this study is to challenge and reduce inequalities that put women on the margin of patriarchal power while aiming to exercise their agency.

Tool Development

An index questionnaire created by Tabassum et al. (2023), with some modifications, was used to gather the data.

Data Analysis

Uni-variate, bivariate statistical analysis along with crosstabulation was done for survey data using SPSS software to handle the complex data calculation.

Feminist Ethics

Feminist values may be understood in various ways, but creating space and opportunities to reveal lived realities of power, structural inequalities, and difference is one way of looking at the forefront of feminist values.

The current study is based on looking at the current situation of working domestic workers, women, representing a highly marginalized group of society. The critical feminist value underpinning this study is to challenge and reduce inequalities that put women on the margin of patriarchal power while aiming to exercise their agency.

Feminist ethics were kept in mind during the whole research process. Getting informed consent is a central ethical practice that involves both formal and informal consent. It depends on the respondents whether to go for written or verbal consent. Before going into data collection, they explained the study objectives and get their consent, and those willing to participate included in the study.

Their consent was taken about the place, time, and recording of their interviews, if needed. Their confidentiality and privacy will be maintained through the research process as well. It will also be ensured that they do not face any harm from sharing their experiences.

Results

Table 1: Age of the respondents

Sr. #	Age category	Frequency	Percentage
1	Below 20	25	12%
2	21-30	46	22%
3	31-40	71	34%
4	41-50	42	20%
5	51-60	25	12%
	Total	209	100%

Table 1 presents the age distribution of the 209 respondents. Of the respondents, 22% are between the ages of 21 and 30, and 34% are between the ages of 31 and 40. Of the respondents, 12% are under the age of 20. Ages 41 to 50 make up 20% of the population, while ages 51 to 60 make up 12%.

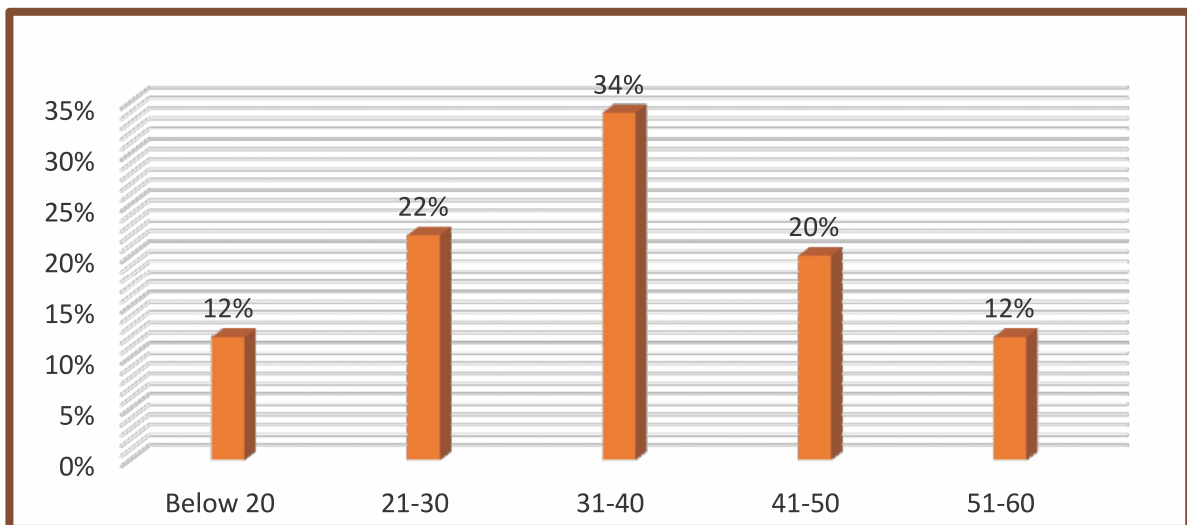


Figure 1: Age of the respondents

Table 2: Total number of elderly persons

Sr. #	Number of elderly persons	Frequency	Percentage
1	No elderly person at home	165	79%
2	One elderly person at home	42	20%
3	Two elderly persons at home	02	01%
	Total	209	100%

Table 2 describes the distribution of elderly persons at home. Almost 79% of the houses reported having no elderly persons at their homes, which corresponds to 165 out of 209 houses. On the other hand, 42 houses i.e. 20% of the total said that to have one elderly person at their home. The least prevalent number involves two elderly persons that is only 1% or 2 homes.

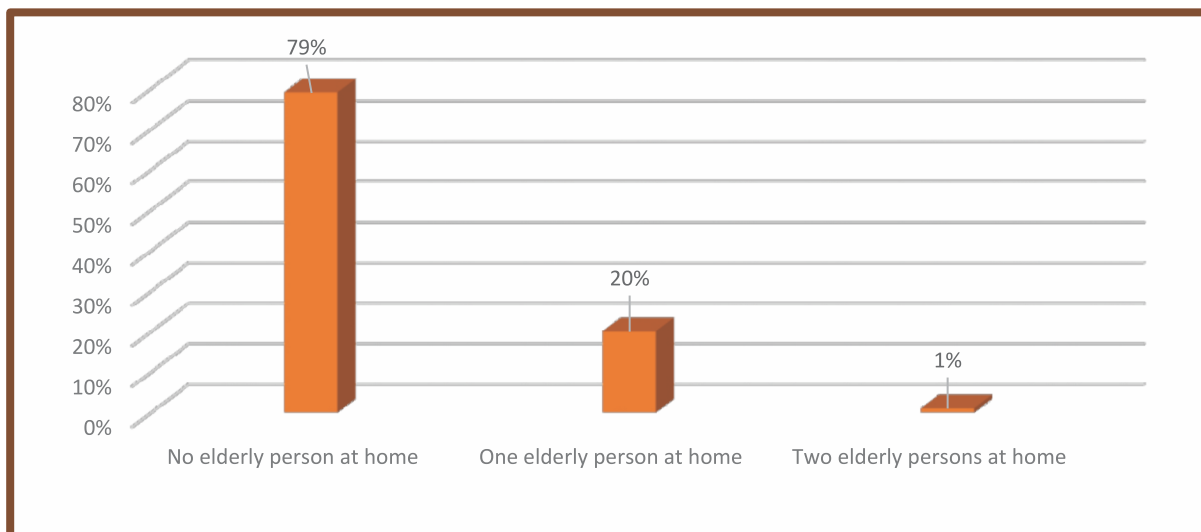


Figure 2: Number of elderly persons at home

Table 3: Total number of children

Sr. #	Number of children	Frequency	Percentage
1	No children	32	15%
2	1-2 children	42	20%
3	3-4 children	72	34%
4	5-6 children	45	22%
5	7-8 children	16	08%
6	9-10 children	2	01%
	Total	209	100%

Table 3 describes the total number of children living in each home, 32 houses i.e. 15% of the total reported not having any children. Almost 20% or 42 families fall into the category of having 1-2 Children, while most of the houses i.e. reported of having 3-4 children. Among 209 houses, 45 houses or 22% have 5-6 children, while 8% of the houses or 16% of total reported of having 7-8 children. Only 1% of total i.e. 2 homes had nine or more children.

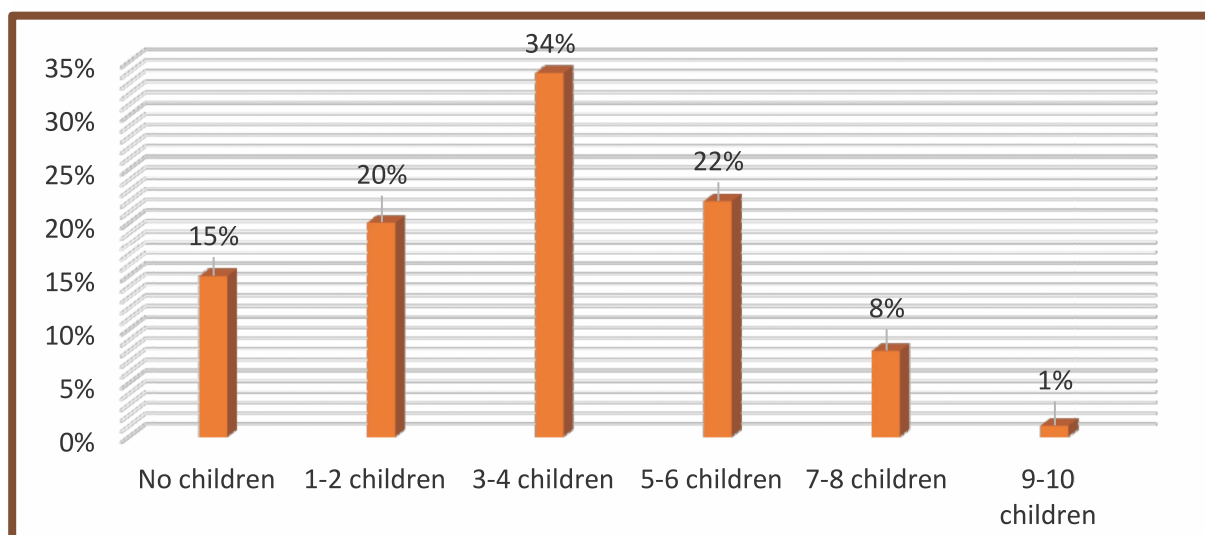


Figure 3: Number of children at home

Table 4: Total monthly household income

Sr. #	Income groups	Frequency	Percentage
1	Below 10,000	38	18%
2	11000-20000	51	24%
3	21000-30000	69	33%
4	31000-40000	34	17%
5	41000-50000	11	5%
6	51000-60000	6	3%
	Total	209	100%

Table 4 shows the distribution of respondents into different income groups. Among the total 18% reported having a monthly income of less than 10,000 rupees. 24% of the total have income between 11000-20000. Notably, 33% of the total reported having a monthly income between 21000-30000 rupees. 17% of the respondents fall into the category of 31000-40000 whereas 5% of the total into 41000-50000. Finally, the highest income category makes up 3% of the total respondents.

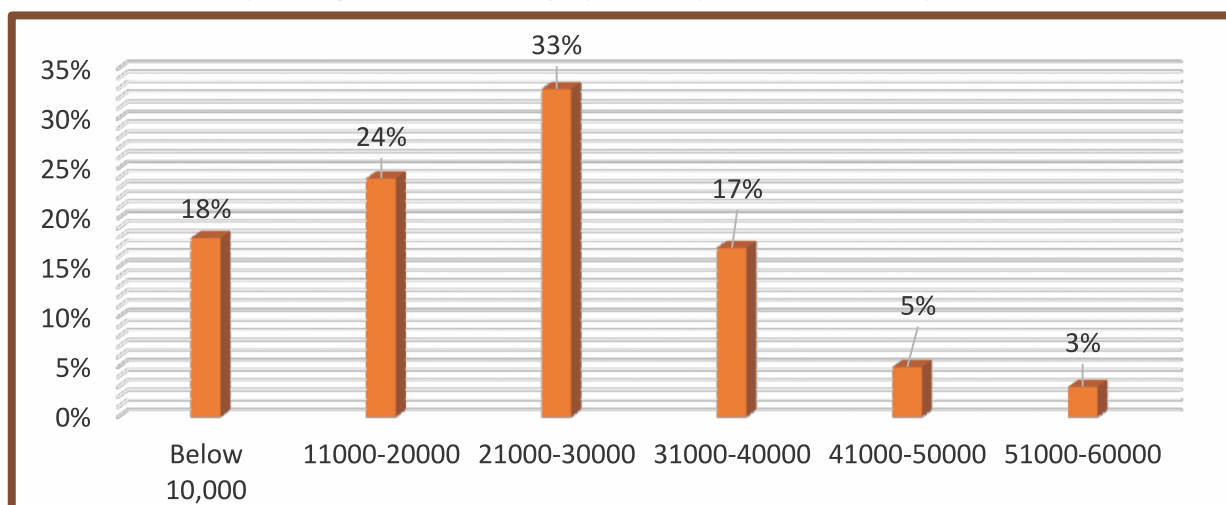


Figure 4: Total monthly household income

Table 5: Women domestic workers

Sr. #	Education category	Frequency	Percentage
1	Illiterate	114	54.5%
2	Primary	41	19.6%
3	Secondary	20	9.6%
4	Matric	26	12.4%
5	F.A.	08	3.8%
	Total	209	100%

Table 5 shows the education of all the domestic workers, among them 114 people i.e. 54.5% were considered illiterate. 19.6% of the respondents said that they had finished their primary school, whereas 9.6% of respondents had finished their secondary education. Almost 12.4% of women have done their matric and eight domestic workers have obtained an F.A. that is a lesser number among others.

Table 5 shows the education of all the domestic workers, among them 114 people i.e. 54.5% were considered illiterate. 19.6% of the respondents said that they had finished their primary school, whereas 9.6% of respondents had finished their secondary education. Almost 12.4% of women have done their matric and eight domestic workers have obtained an F.A. that is a lesser number among others.

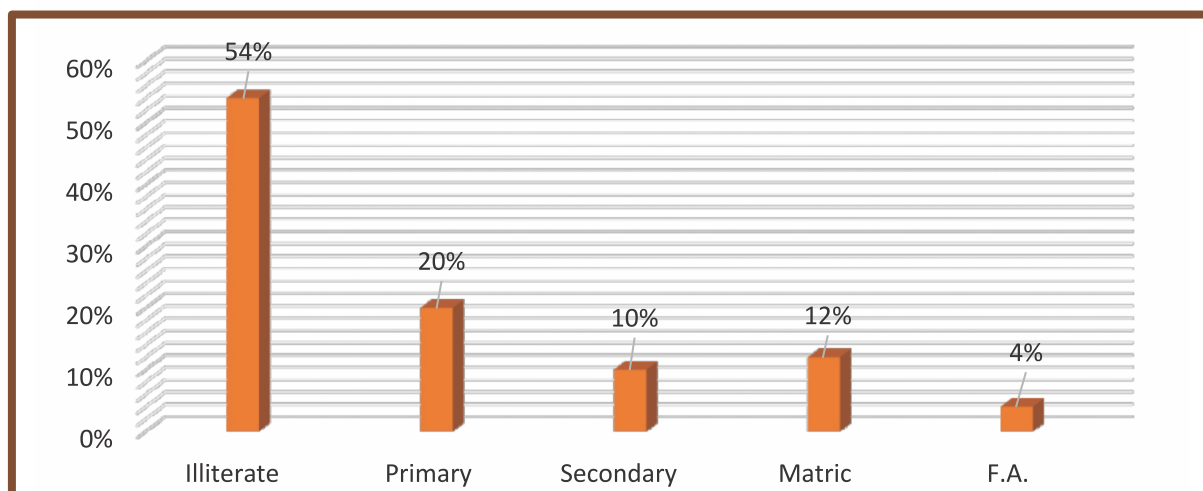


Figure 5: Education of the respondents

Table 6: Marital status of the respondents

Sr. #	Marital Status	Frequency	Percentage
1	Never married	22	11%
2	Married	150	72%
3	Divorced	6	03%
4	Widowed	31	14%
	Total	209	100%

Table 6 reveals the marital status of the respondents. Majority of the respondents (72%) are married, followed by widowed 14% and never married respondents (11%). The rest 3% are divorced.

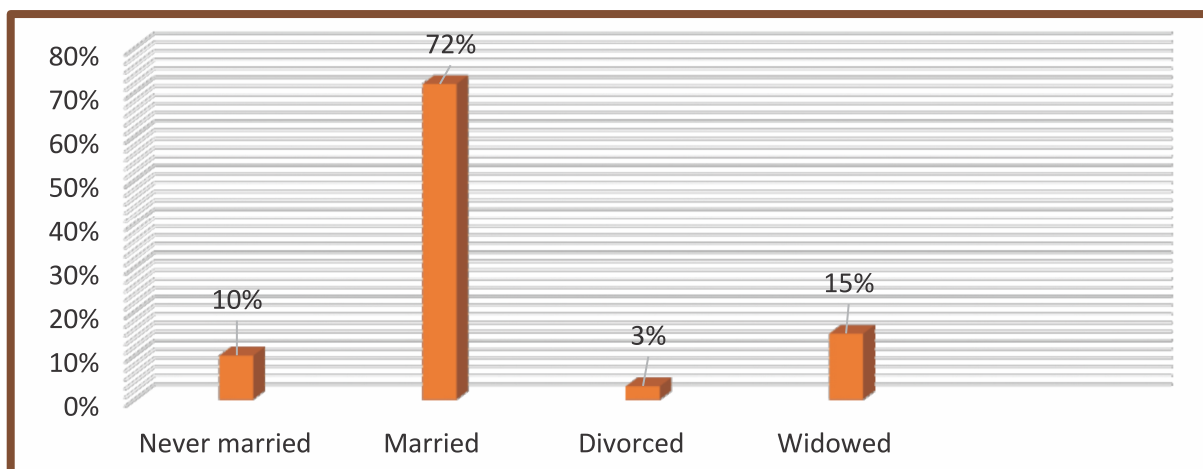


Figure 6: Marital status of the respondents

Table 7: Family system of the respondents

Sr. #	Family System	Frequency	Percentage
1	Nuclear	118	56%
2	Joint	91	44%
	Total	209	100%

Table 7 shows the family system of the respondents. 56% of the respondents belong to the nuclear family system while the rest 44% belong to the joint family system.

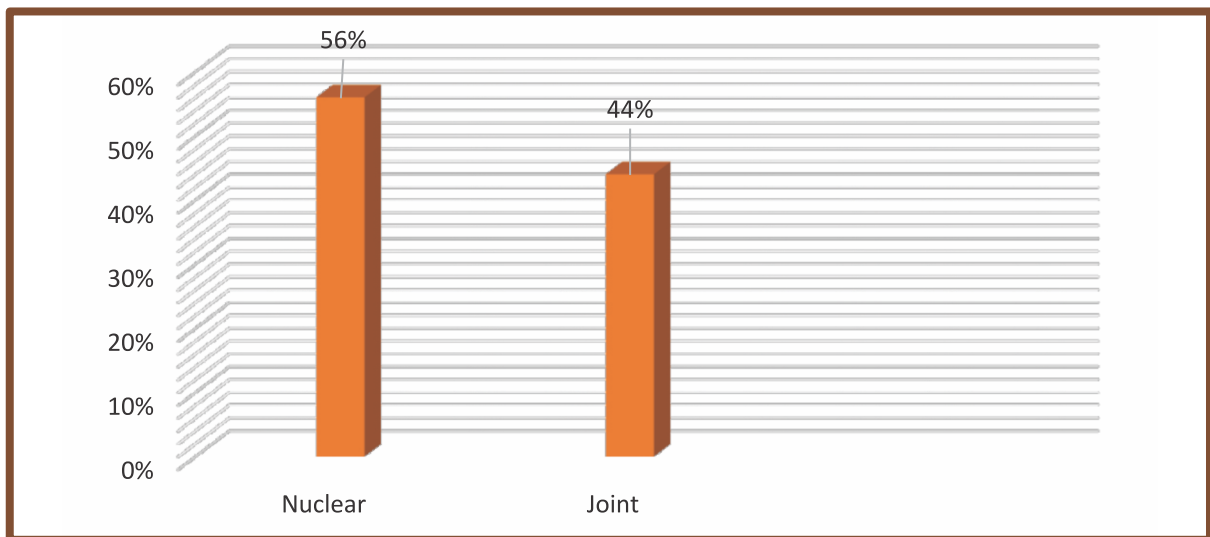


Figure 7: Family system of the respondents

Table 8: Type of household earners

Sr. #	Type of household earners	Frequency	Percentage
1	Double earners	172	82%
2	Single woman earners	37	18%
	Total	209	100%

Table 8 states about the types of household earners in the family. 82 % of the respondents were double earners in the family while the rest 18 % woman were single earners in the family.

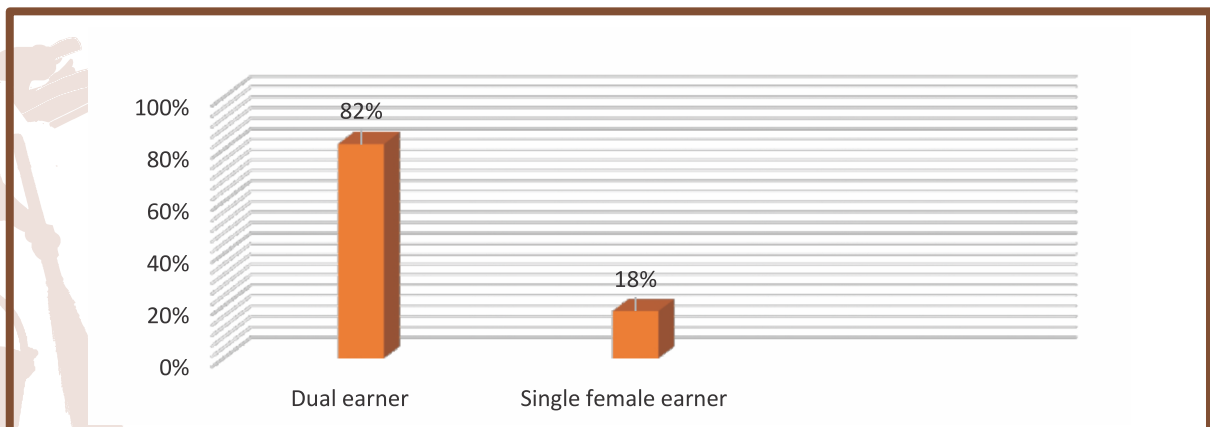


Figure 8: Type of the household earners

Table 9: Crosstab age category and marital status

Sr. #	Age Category	Never Married	Married	Divorced	Widowed	Total
1	Below 20	16	7	1	0	24
2	21-30	4	39	2	1	46
3	31-40	1	63	1	7	72
4	41-50	1	26	1	14	42
5	51-60	0	15	1	9	25
	Total	22	150	6	31	209

Table 9 indicates the number of people in different age categories with marital status. Out of 24 respondents in the age group below 20, 16 are listed as never married, 7 as married, and 1 as divorced where no one in this category is listed as widowed. Of 46 respondents in the age group 21-30, 4 are never married, 39 are married, 2 are divorced and 1 is a widow. There are 72 respondents in the age group of 31-40, of which 1 is never married, 63 are married, 1 is divorced, and 7 are widows. Of the respondents of 42, that comes in the age range of 41-50, 1 is never married, 26 are married, 1 is divorced and 14 are widows. Lastly, there are 25 respondents in the age group of 51-60, which has 0 single, 15 married, 1 divorced, and 9 widows.

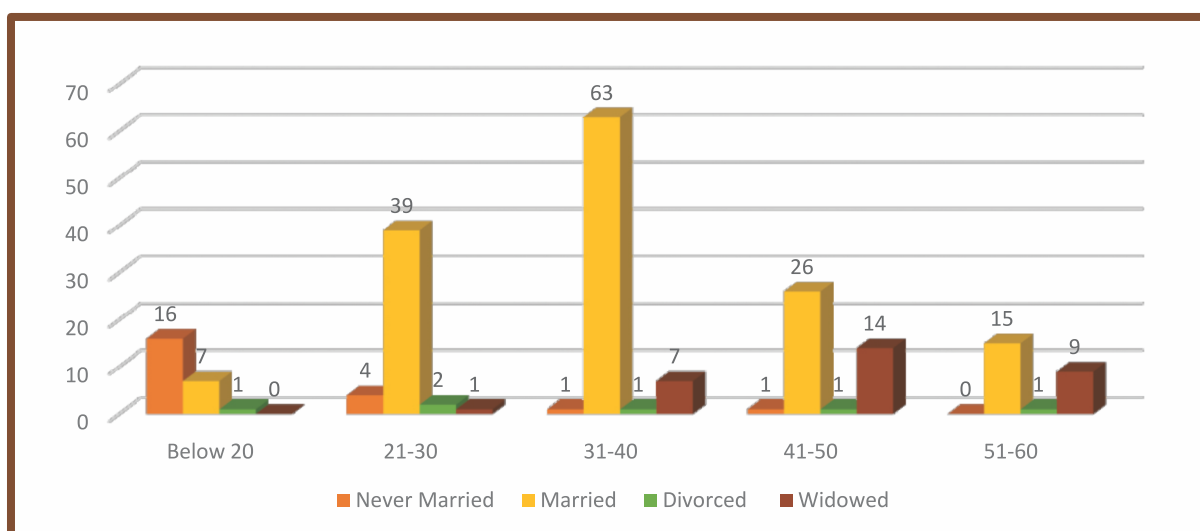


Figure 9: Cross tabulation of age category and marital status

Table 10: Crosstab total monthly household income and double/single earners

Sr. #	Income groups	Double earner	Single earner woman
1	Below 10,000	25	13
2	11000 -20000	40	11
3	21000 -30000	57	12
4	31000 -40000	33	1
5	41000 -50000	11	0
6	51000 -60000	6	0
	Total	172	37

Table 10 shows the distribution of families according to total monthly income and the distinction between double-earner and single-woman earners. Out of 37 respondents, in income bracket of below 10,000, there are 25 double earners and 13 single woman earners. In the income range of 11000-20000, 40 respondents have double earners in their family and 11 single woman earners. In the income range of 21000-30000, 57 of the respondents are double earners and 11 are single woman earners in the income range of 31000-40000, 33 respondents are double earners and only one is a single woman earner. In the income range of 41000-50000, 11 respondents are double earners and there is no single earner. Among income group of 51000-60000, all the 6 respondents are double earners.

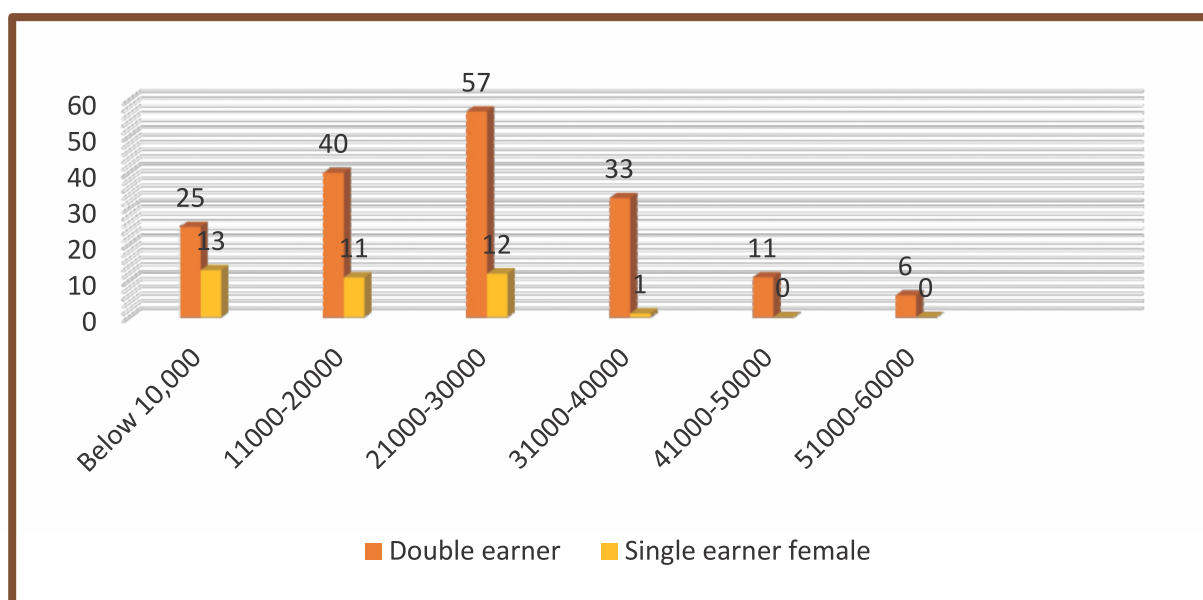


Figure 10: Crosstabulation of monthly income and household earners

Table 11: Crosstab total monthly household income, double/single earner and marital status

Sr.#	Income Groups	Marital status	Double earners		Single earner womans		Total	
			W	%	W	%	W	%
1	Below 10000	Never Married	2	0.9%	1	0.5%	3	1.4%
		Married	21	10%	3	1.4%	24	11.4%
		Widowed	2	0.9%	9	4.3%	11	5.2%
		Total	25	11.8%	13	6.2%	38	18%
2	11000-20000	Never Married	9	4.3%	0	0%	9	04.3%
		Married	24	11.4%	8	3.8%	32	15.3%
		Widowed	7	3.3%	3	1.4%	10	04.7%
		Total	40	19.1%	11	5.2%	51	24%
3	21000-30000	Never Married	3	1.4%	1	0.5%	4	1.9%
		Married	47	22.4%	8	3.8%	55	26.3%
		Widowed	7	3.3%	3	1.4%	10	04.7%
		Total	57	27.3%	12	5.7%	69	33%

Table 11 reveals crosstabulation among monthly household income, type of earner and their marital status. The cross tabulation was done with the income groups up-to 30000/-. Either dual or single earners, which constitute 73 % of the respondents who earn less than 30000/- The single earners 17% are womans who are poor of the poorest among them are 7% who are widowed and rest 10% are married but whose husband do not work for a wage for any of the reasons.

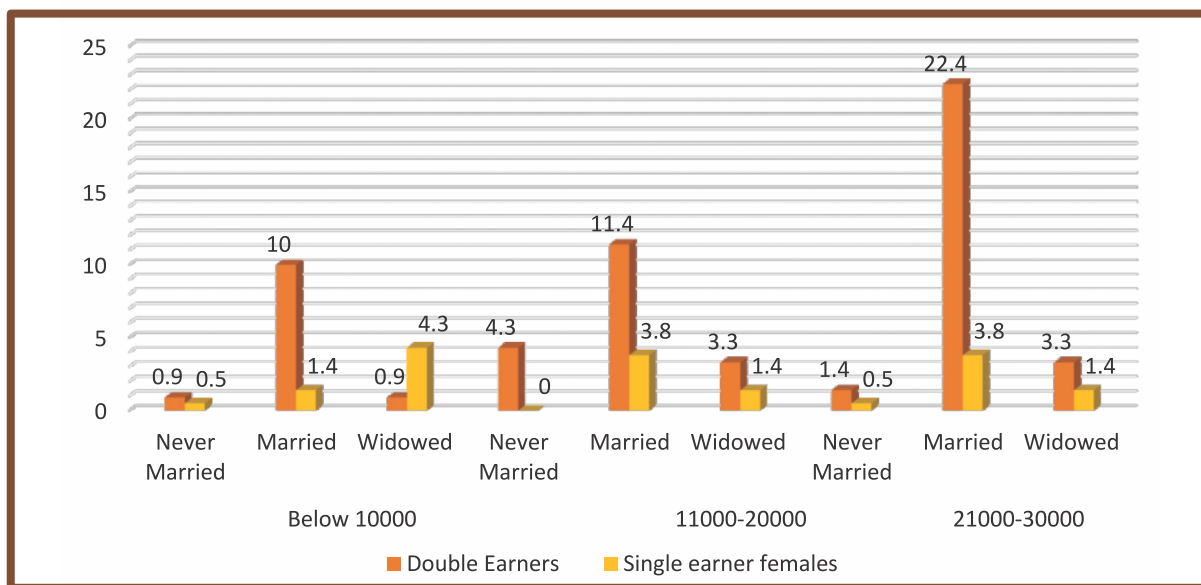


Figure 11: Crosstabulation of monthly income, marital status and household earner

Table 12: Average time spent in paid and unpaid domestic care work in 24 hours

Sr. #	Domestic Care Work	Paid	Unpaid	Total
1	Average time spent in 24 hours	5.61	5.51	11.12 hours

The table 12 shows the average time spent on domestic paid and unpaid care work within 24 hours. According to data, respondents spent 5.61 hours on paid domestic work and 5.51 hours on unpaid domestic work, that is 11.12 hours in total.

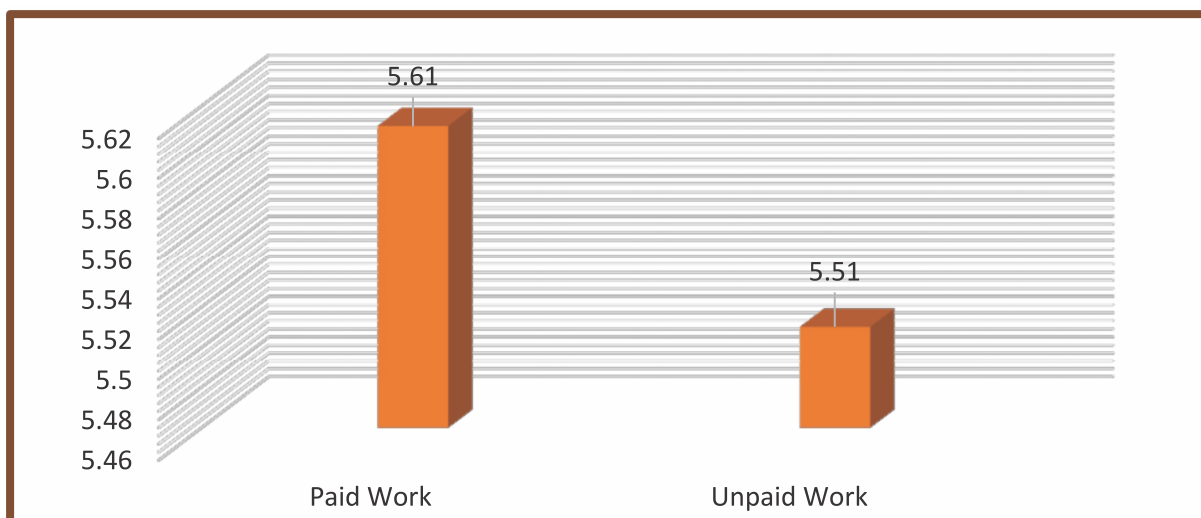


Figure 12: Time spent on paid and unpaid domestic care work in 24 hours

Table 13: Feelings while performing domestic care work

Sr. #	Feelings	Frequency	Percentage
1	Fresh	1	1%
2	Better	4	2%
3	Fine	2	01%
4	Fatigue d	42	20%
5	Drained	160	76%
	Total	209	100%

Table 13 shows about the feelings of the respondents while performing domestic care work. Most of the respondents 76% reported drained followed by reporting fatigued 20%, a few women respondents mentioned fine, better or fresh.

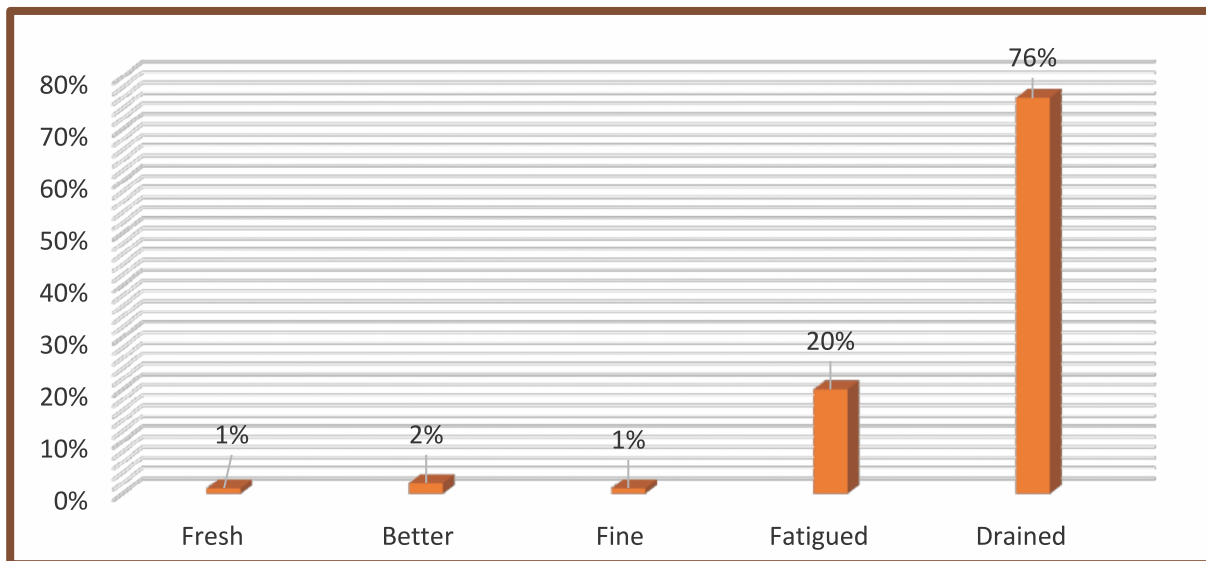


Figure 13: Human value of feelings while performing domestic care work



The effort pays off – Team Wise celebrating the passing of Punjab Domestic Workers Act, 2019

Economic Formula

Following the study of Suh (2021), the economic value of domestic and care activities is measured as:

$$V = \sum_{i=1}^N [D_i f_i (H_i * 60 + M_i) / 60] * W_j$$

Where V is total economic value all respondents for performing composite domestic and care activity,

D_i = No. of days performed a certain activities in a month by a respondent

f_i = frequency of doing a certain activity

H_i = Hours spent on a certain activity in a day

M_i = Minutes spent on a certain activity in a day

W_j = wage per hour

The wage rate for calculating the economic value for domestic and care activities is considered the minimum rate wage i.e., Rs. 32 thousand per month and Rs. 1230.77 per day (dated September 9th, 2023; Labour and HR Department, Government of Punjab).

A worker is required 8 hours to work in a day, using the minimum wage per day, we've converted per hour wage using the formula below:

$$W_j = \frac{1230.77 \text{ minimum wage in a day}}{8 \text{ hours in day}} = 153.85 \text{ Rupees per hour}$$



An initiative to make a lifelong change in the lives of women – research team during a discussion with respondents

Child Care

The childcare activities consist of following domains comprising:

- Rearing of Children
- Nurturing of the Children
- Social/ Moral Training of the Children

The subsection covers the time spent on these activities by womans, economic values of activities under childcare and lastly the human value of these activities.

Figure 14 indicates the average time spent on the different activities for rearing of children by womans. For the activities related to child rearing inside the house, woman spend larger time as compared to outdoor activates associated with child rearing. The highest time spent by woman is on holding children i.e., 47 hours in a month. Further, woman spend more of their time for cleaning laundry and organizing house activities i.e., 24.28 hours in a month.

For entering/exiting bathroom of children, woman spend 16.97 hours in the period of a month. The next more time spent activity is toilet training, followed by cleaning feeders and other essential, and help n clean and dress after toilet use (on which womans spend 9.06, 7.61 and 7.22 hours in a month respectively).

The other activity is changing diapers which consumes 5.46 hours a month, then the next time taking activity is taking medication on time i.e. 3.62 hours per month, and least time taking activity is going to hospital together i.e. 1.82 hours in month.

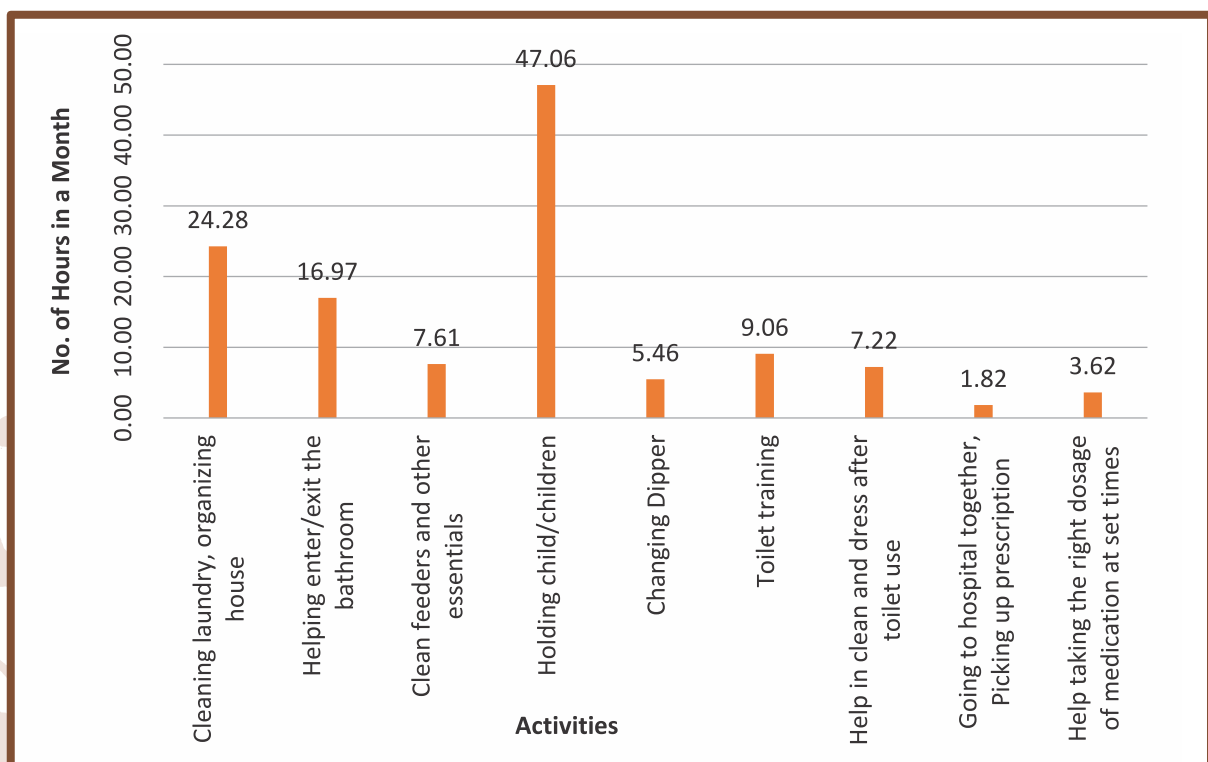


Figure 14: Average Time Spent on Rearing of Children for Childcare

Figure 15 indicates the average time spent on the different activities for nurturing of children by womans. The highest time spent by woman is on helping child to move around, followed by help in eating and drinking, and further preparing child food. These activities take 17.79, 14.69 and 8.88 hours in a month respectively. The next time taking activity is help in washing hands, put-on or take-off clothes, followed by help in brushing teeth, and lastly help in bathing or shower. These activities take 8.49, 8.33, 2 and 1.07 hours of womans in a month.

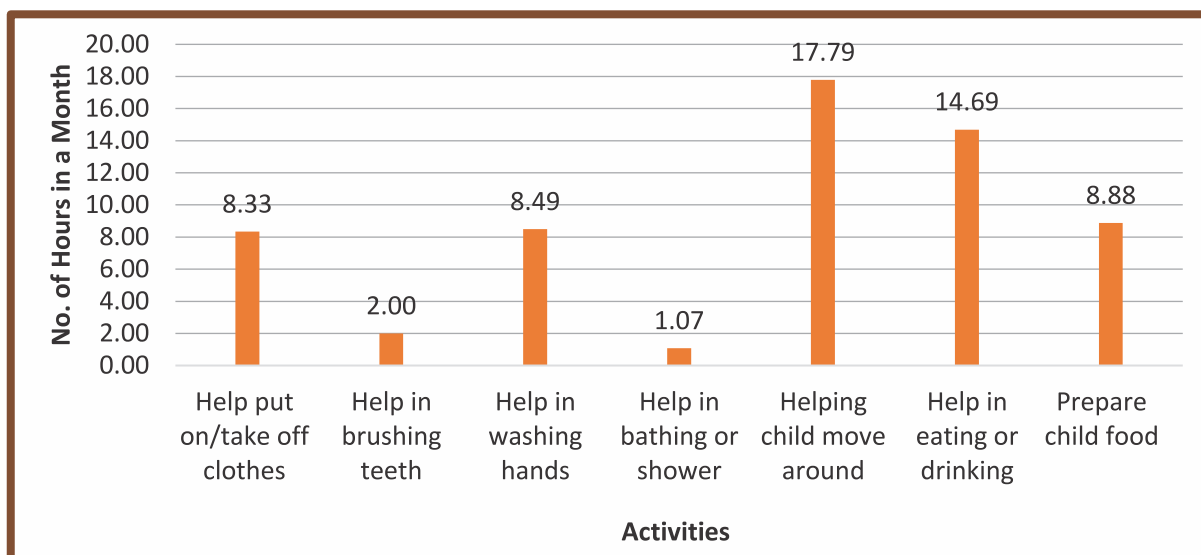


Figure 15: Average Time Spent on Nurturing of Children for Childcare

Figure 16 shows the average time spent on the different activities for social/moral training of children by womans. The most time of womans is spent on conversation or playing indoor games, teaching training and instruction and watching TV i.e. 16.37, 15.90 and 15.55 hours in a month. Accompanying children to school or tuition takes 9.79 hours in a month on average, followed by help with transportation and lastly taking a walk (4.4 and 2.72 hours on average in month).

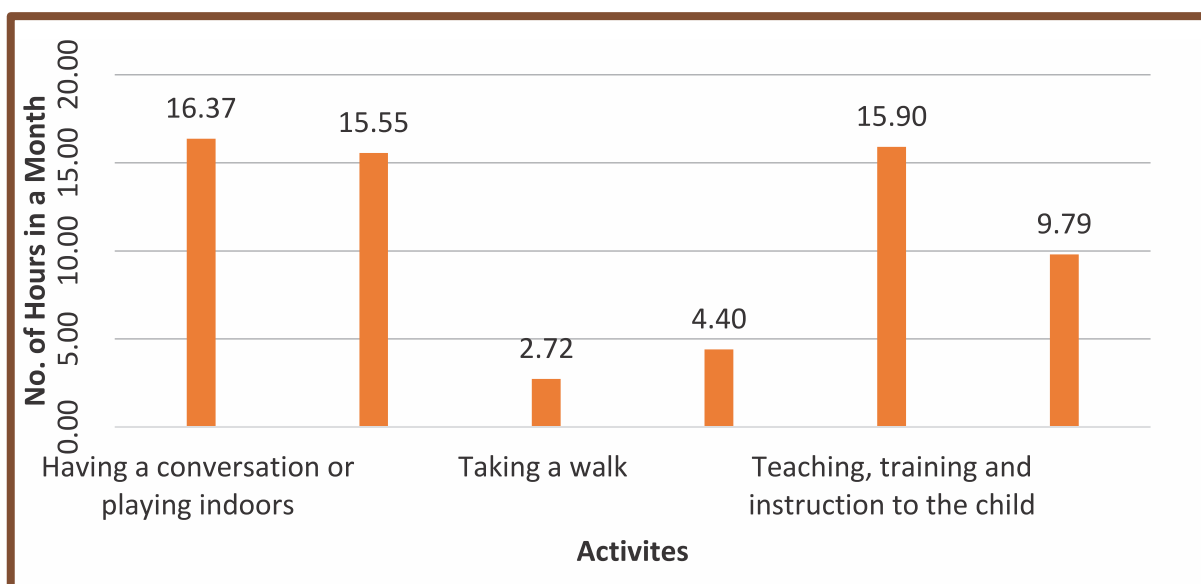


Figure 16: Average Time Spent on Social / Moral Training of Children for Childcare

Figure 17 displays the total number of hours spent on different dimensions of childcare by womans. Womans spend the highest time on rearing of children, followed by social/moral training of children and then nurturing of children. The amount of time consumed on these dimensions is 25726, 13530 and 12820 hours in a month, respectively for aforementioned dimensions of childcare. It is obvious that rearing of children takes double time by womans than that of social/moral training.

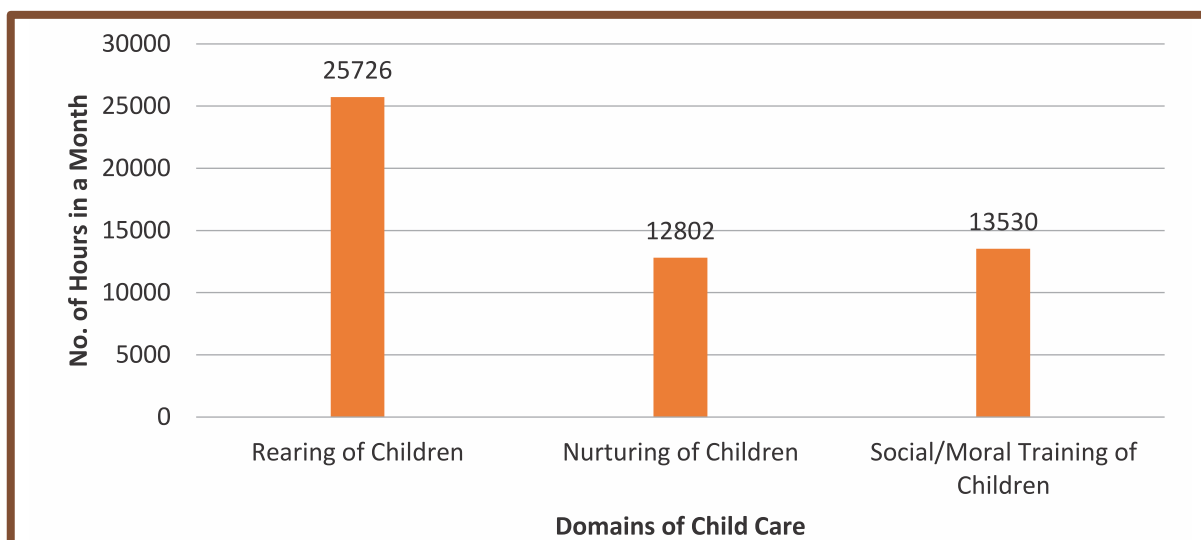


Figure 17: Total time spent on different dimensions of child care

The perceived and market based economic value for different childcare domains are represented in Figure 18. The perceived economic value of rearing of children is 2.09 million rupees in a month, whereas market based economic value (calculated from 153.85 rupees hourly wage) is found to be 3.96 million rupees in a month. It shows that market based economic value for rearing children is almost double of what the respondents have perceived. For the domain of nurturing of the children, the perceived and market based economic value are 1.39 and 1.97 million rupees per month. It is clear that perceived values for nurturing of children is also under value than actual market value. For social and moral training, the economic values are 1.15 and 2.08 million rupees per month for perceived and market based economic value respectively. Again, it shows less than amount by one million of actual economic value calculated from market-based rate than that of what the respondents have perceived.

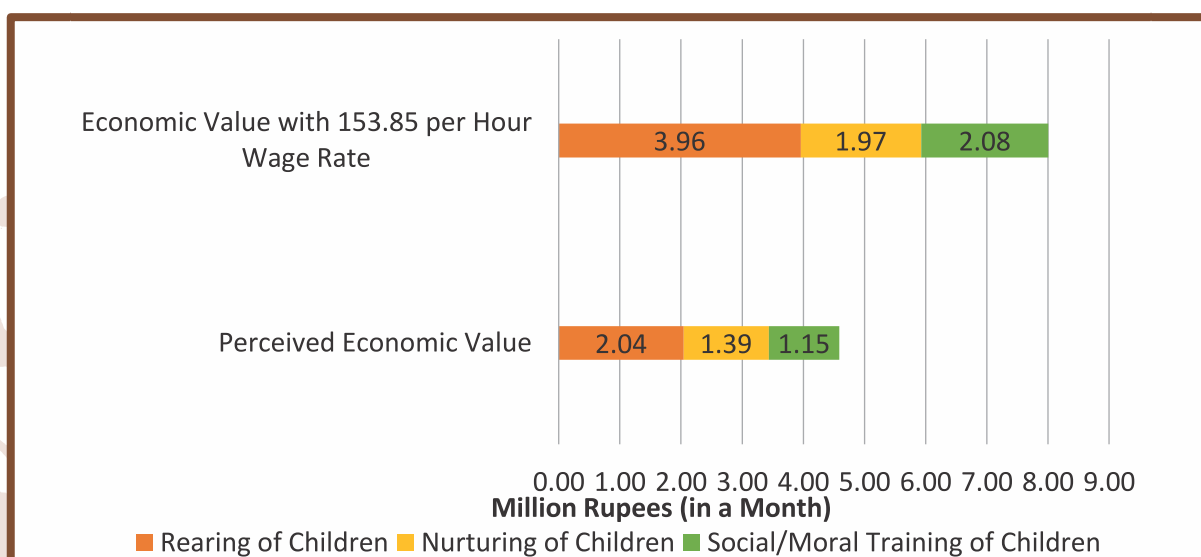


Figure 18: Economic value of child care

The total economic value (perceived and market based) for childcare is illustrated in Figure 19. The total perceived economic value of childcare is only 4.59 million rupees for a month and the total economic value based on market value is 8.01 million rupees in a month. It shows that the childcare is undervalued by the respondent.

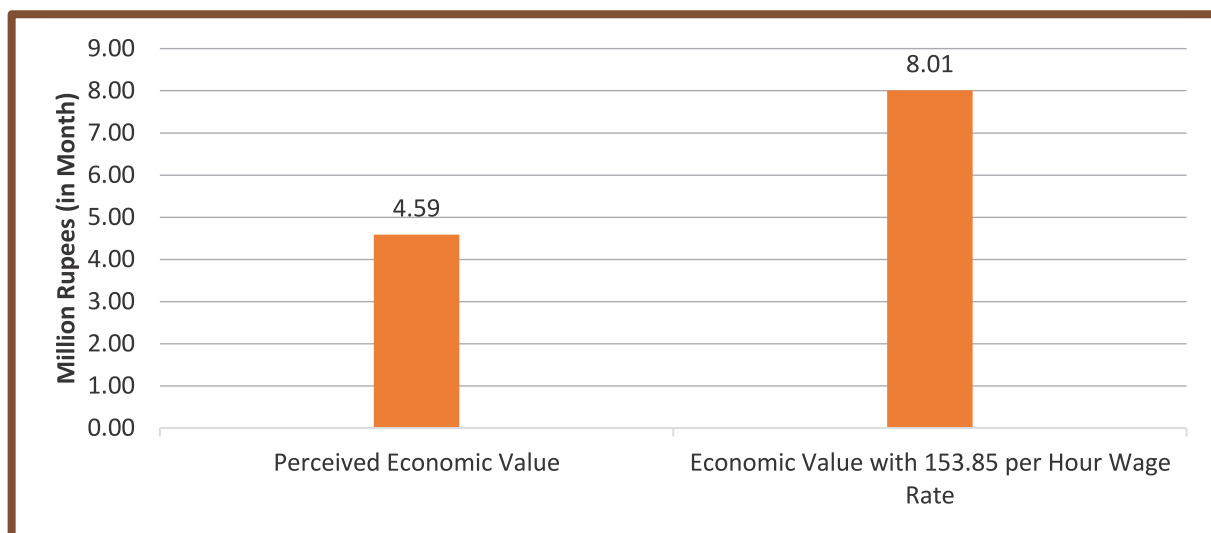


Figure 19: Total economic value of childcare

Figure 20 shows the human value/feeling of respondents for rearing of children for childcare. The feeling of all the activities of rearing remained in between the status better and fine on average. The human value for the activities including cleaning laundry, organizing house, changing dipper, toilet training, cleaning feeder and other essentials, holding child, and helping in taking right dose of medicine on time, helping to enter/exit bathroom and helping to clean and dress after toilet use is skewed towards fine, whereas the activity of going to hospital is having status of fatigued.

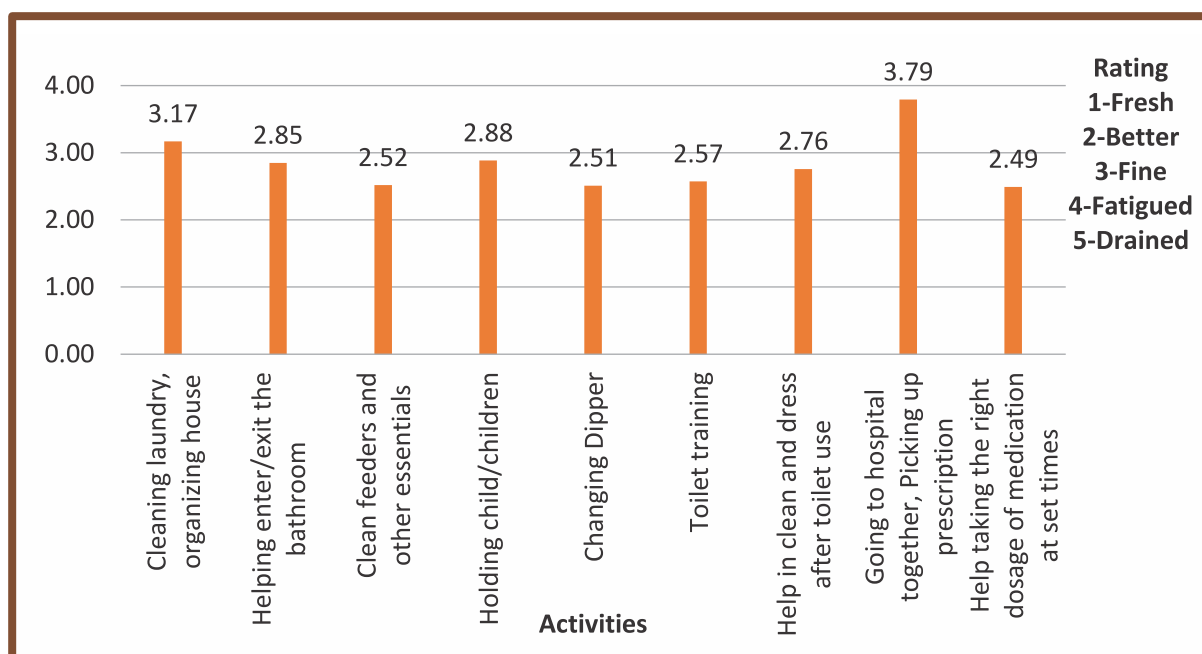


Figure 20: Human Value for Rearing of Children in Childcare

The human value of nurturing child is shown in Figure 21. All the activities for nurturing child have human value in between better and fine. The feeling for helping child in brushing teeth has high satisfaction (i.e. 2.02), followed by the activity of preparing food for child i.e., 2.21. The feeling for help in washing hands, help in eating and drinking to child is 2.28 and 2.34, respectively. For putting-on/taking-off clothes, help in bath or shower and help to move around are tilt towards fine feelings.

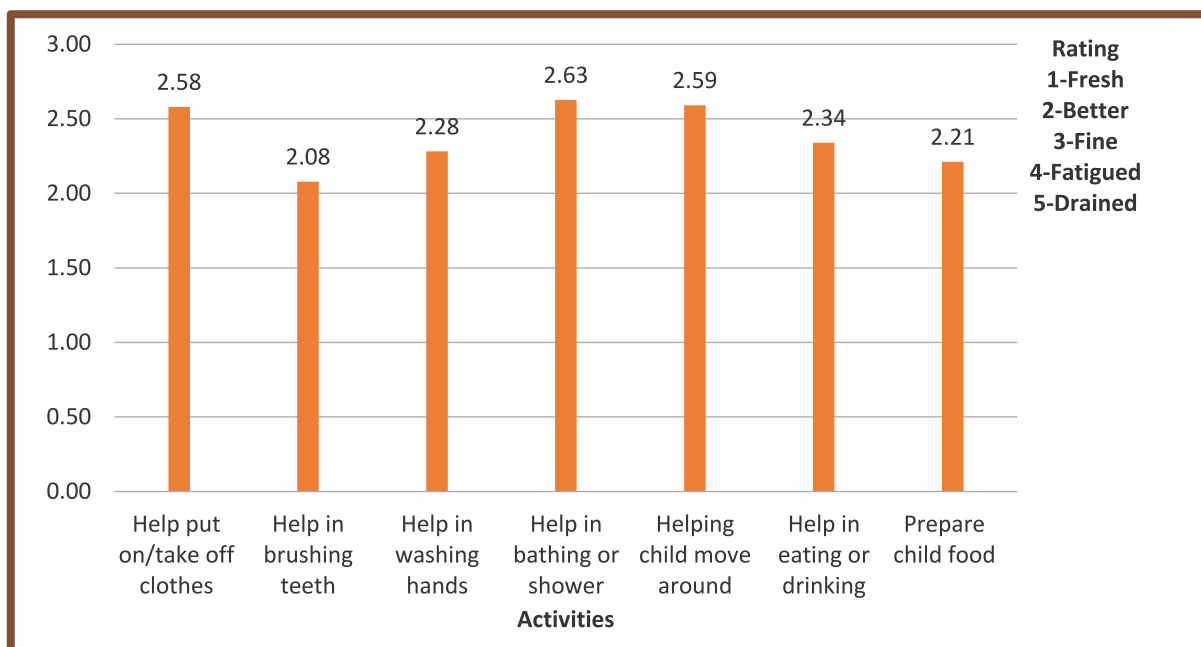


Figure 21: Human Value for Nurturing of Children in Childcare

The feeling/human value for social/moral training of children in childcare are represented in Figure 22. All the activities for this domain range from 2.02 to 2.58 i.e., between fresh and better. The of activity accompanying to school/tuition takes highest value of 2.58, followed by taking a walk (2.36), help with transportation (2.31). the activities of having conversation or playing games, watching TV or teaching/training children have the human value of better for mother, on average.

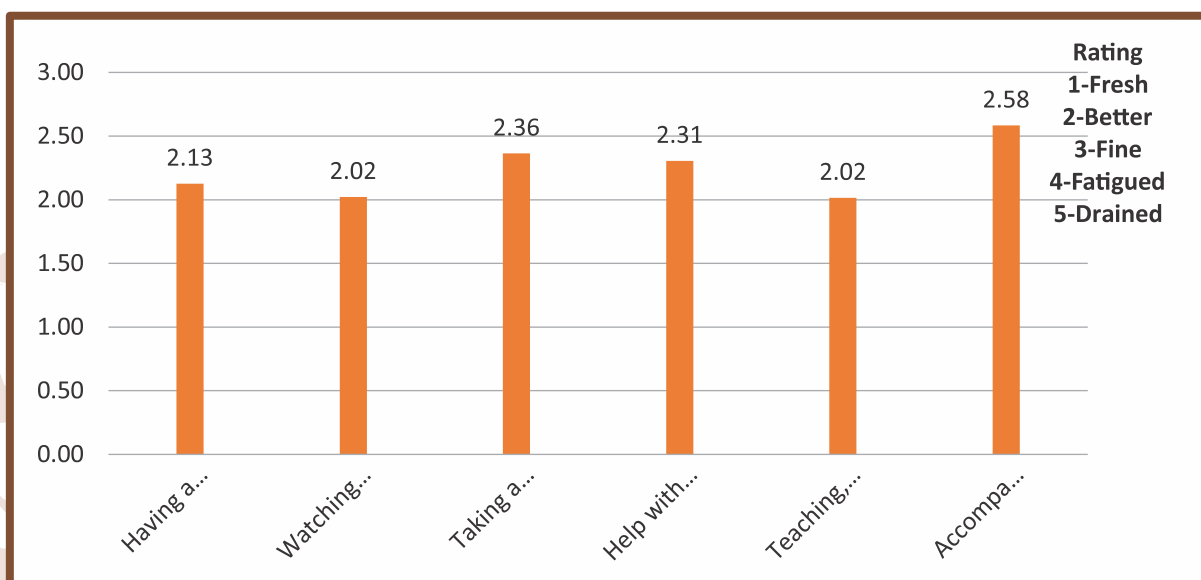


Figure 22: Human Value for Social/Moral Training of Children in Childcare

Domestic Care

The domestic care consists of following domains comprising:

- Cleaning of the house
- Preparing foods & serving meals/guests
- Washing & Ironing clothes
- Payments of household bills
- Shopping
- Collection of Household supplies
- Livestock Care

The following sections cover the time spent on these activities by males, womans and overall average of respondents, the economic values of these activities and lastly the human value of domestic care activities.

Figure 23 shows the average time spent on cleaning of house under domestic care by womans in one month. Womans are having more inclined toward spending time on cleaning of house than washing utensils i.e., 63.48 and 12.48 hours in a month

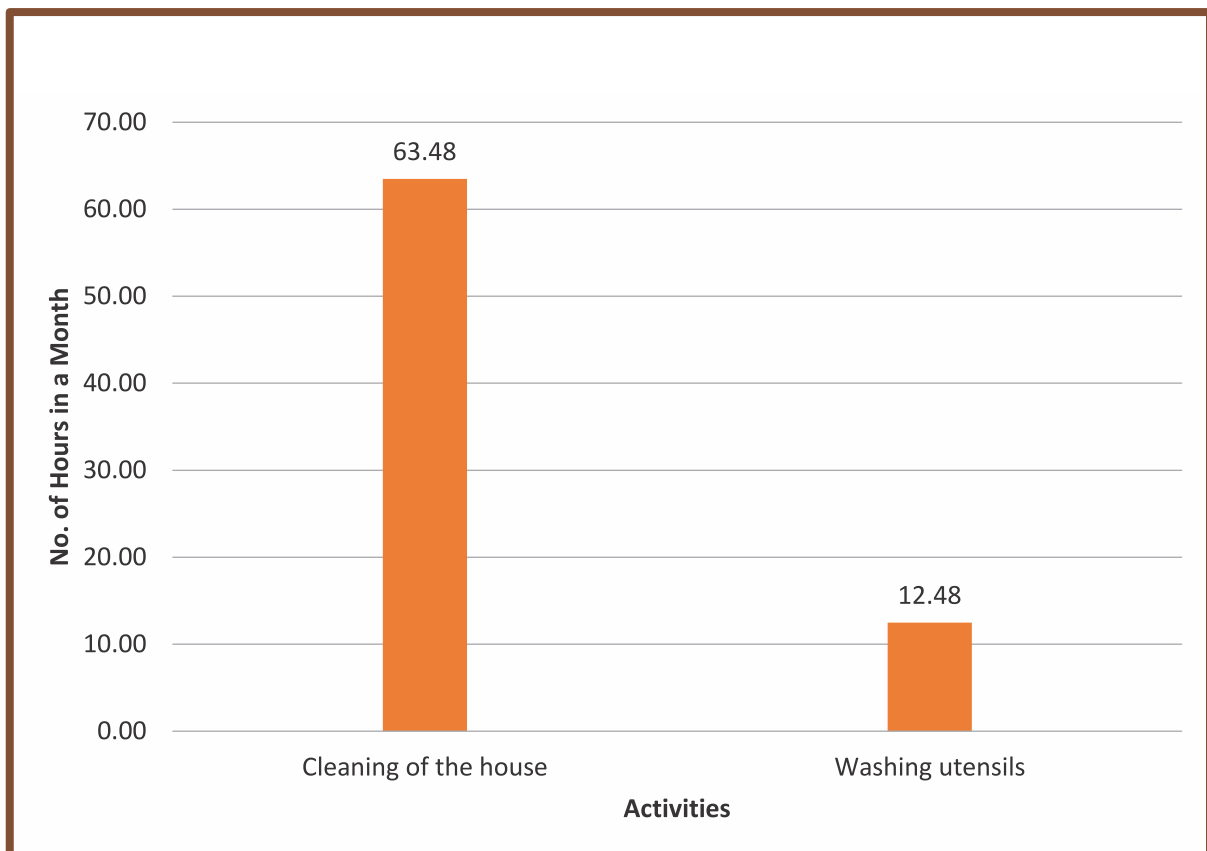


Figure 23: Average Time Spent on Cleaning Activities in Domestic Care

For the domain of preparing food and serving meal/guest, women are spending larger amount of time in a month as compared to males (as shown in Figure 24). Women are most allocating time for making breakfast, serving meal and serving guest (with 34.75, 33.20 and 32.59 hours on average in month). While the other activities like preparing dinner and lunch takes 19.86 and 13.25 hours per month on average. The reason for low time allocated for lunch and dinner is that most of the respondents are currently working and they spend around 160 hours on job in one month, and due to which they are not available at the lunch time and even some time, they are busy for their assigned work and could not spare time for preparing dinner.

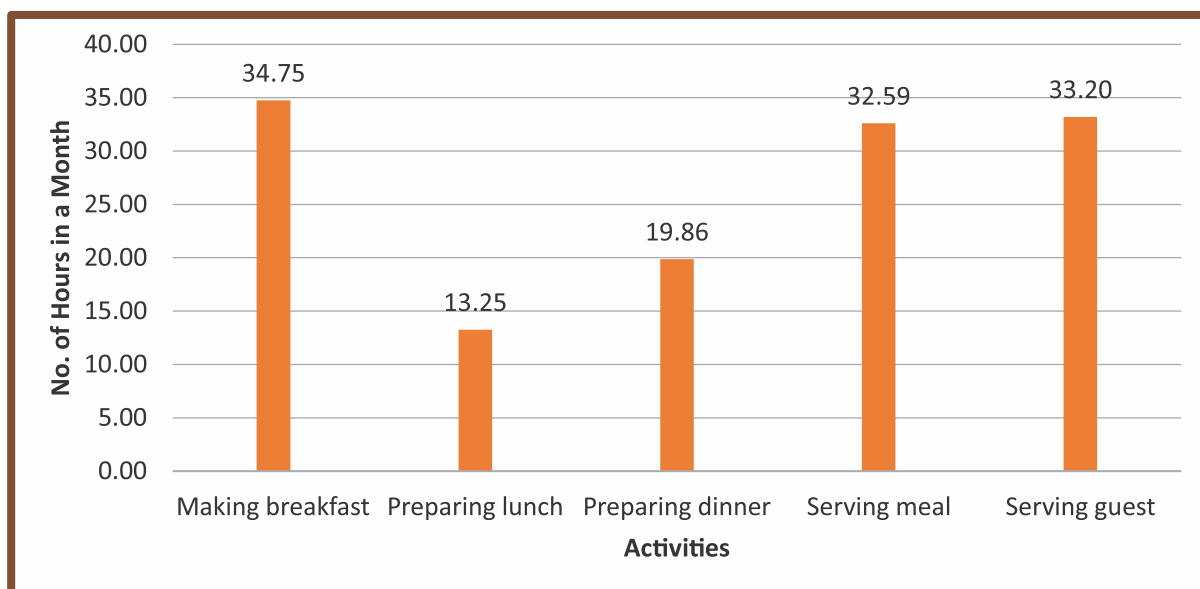


Figure 24: Time spent on preparing food and serving meals

Figure 25 shows the time spent on washing, ironing, and mending of clothes by woman on average time over a month. Women spend more time in washing and drying clothes, followed by ironing and lastly mending the clothes i.e. 54.51, 14.56 and 8.13 hours per month on average.

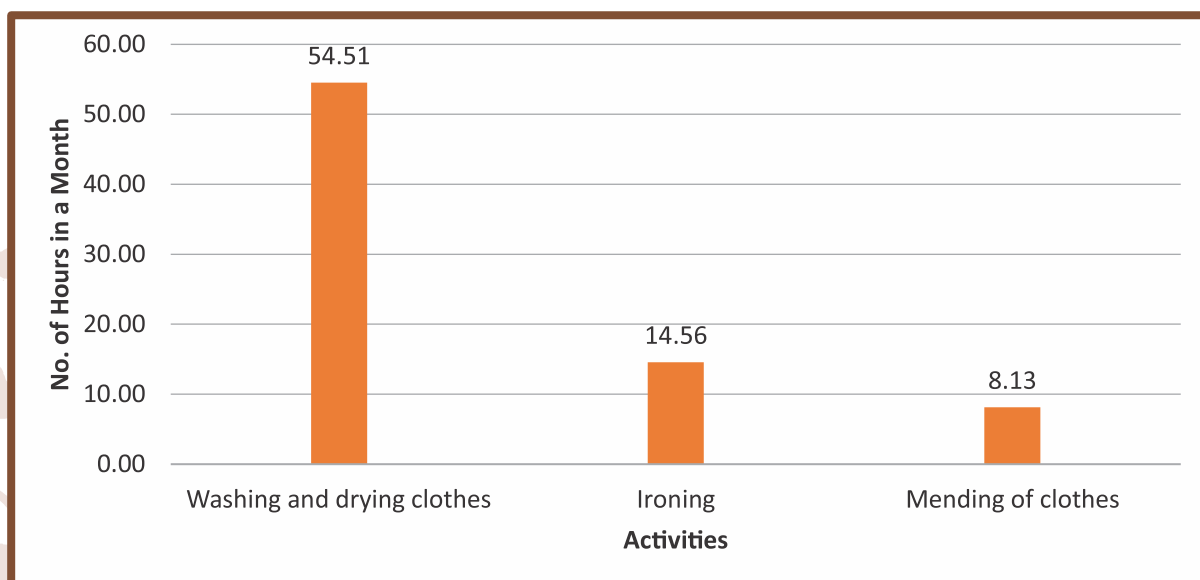


Figure 25: Time spent on washing-ironing -mending of clothes

For the domain of shopping, women spend highest time on buying groceries i.e. 15.17 hours in a month (as shown in Figure 26). The next time taking activity is travel related to household maintenance and shopping (7.70 hours), followed by personal shopping (2.36) and lastly shopping household supplies/appliances (0.88 hours) in a duration of one month. The time spent for shopping of household supplies/appliances is less because woman are not part of deciding the household appliance in the male-dominant society.

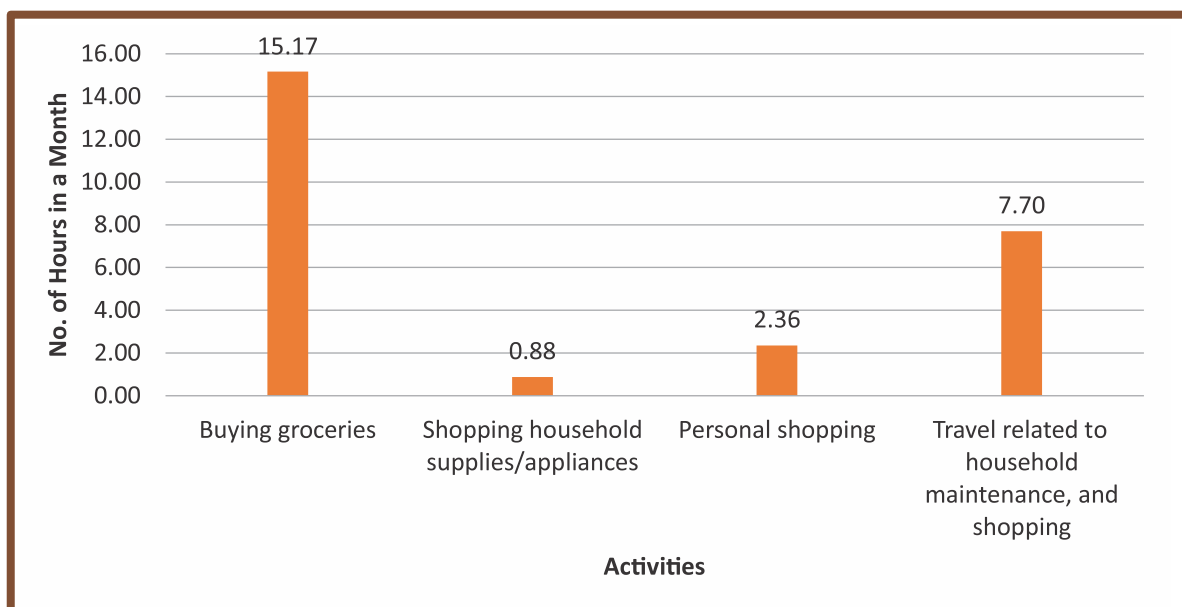


Figure 26: Time spent on shopping for domestic work

The time spent on collection of household supplies for domestic care is presented in Figure 27. These activities (consisting of fuel collection and fetching water) are related with outdoor. Womans only spend 1.67 and 2.6 hours per month on average on these activities.

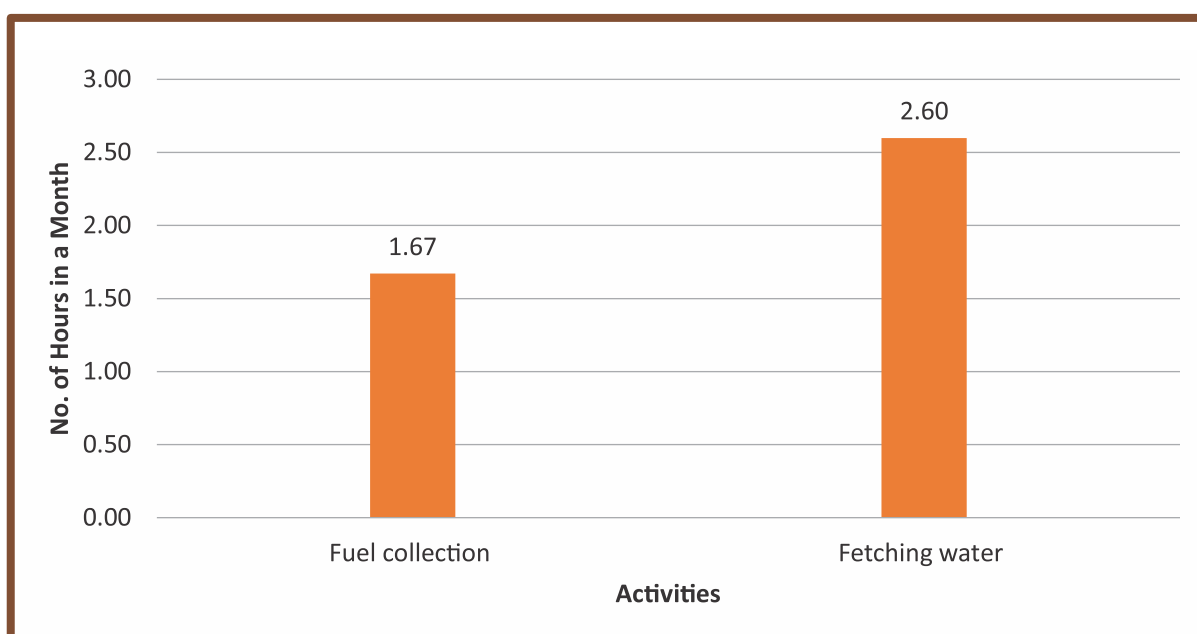


Figure 27: Time spent on collection of household supplies

Some of the miscellaneous activities covered under domestic care include gardening, taking care of livestock and paying bills. The average time spent on these activities by women is shown in Figure 28. Women are more inclined towards gardening as they are spending 6.35 hours per month on it. The time spent on paying bills and taking care of livestock is 2.47 and 2.22 hours per month.

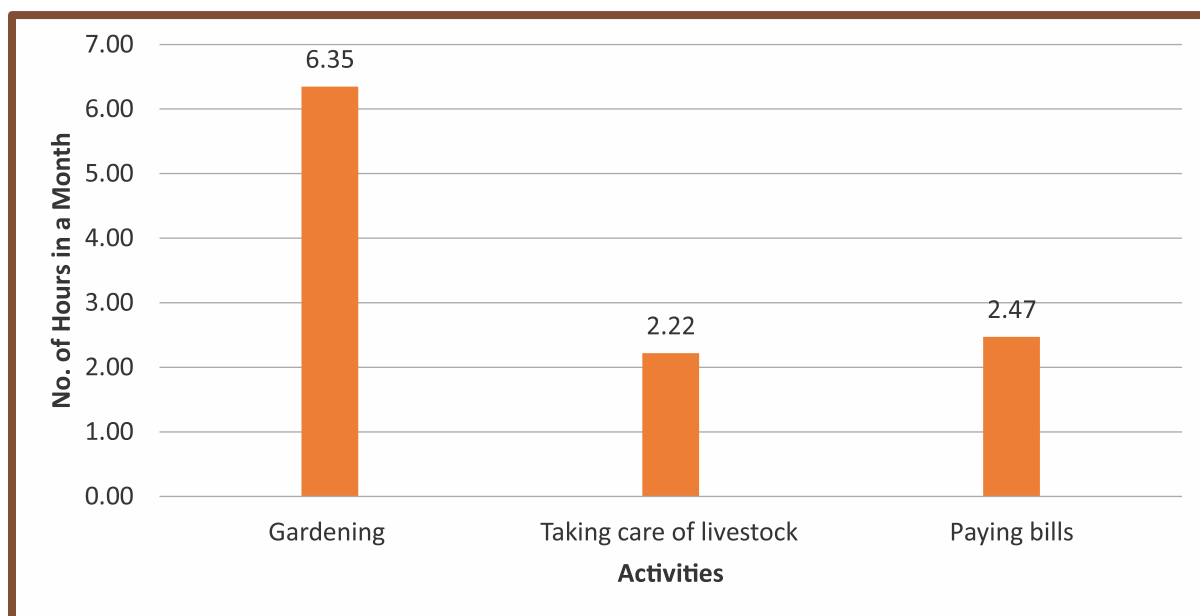


Figure 28: Time spent on gardening, livestock care

Figure 29 illustrates the total number of hours spent on different dimensions of domestic care by women. Women spend the highest time on shopping, followed by preparing food and serving meals/guests, and cleaning of house, washing and ironing of clothes, gardening, collection of household supplies, livestock care, and lastly payment of bills. The quants for these dimensions of domestic care are: 5453.17, 2134.81, 1410.90, 1344.97, 1327.08, 889.03, 464 and 133.97 hours for one month.

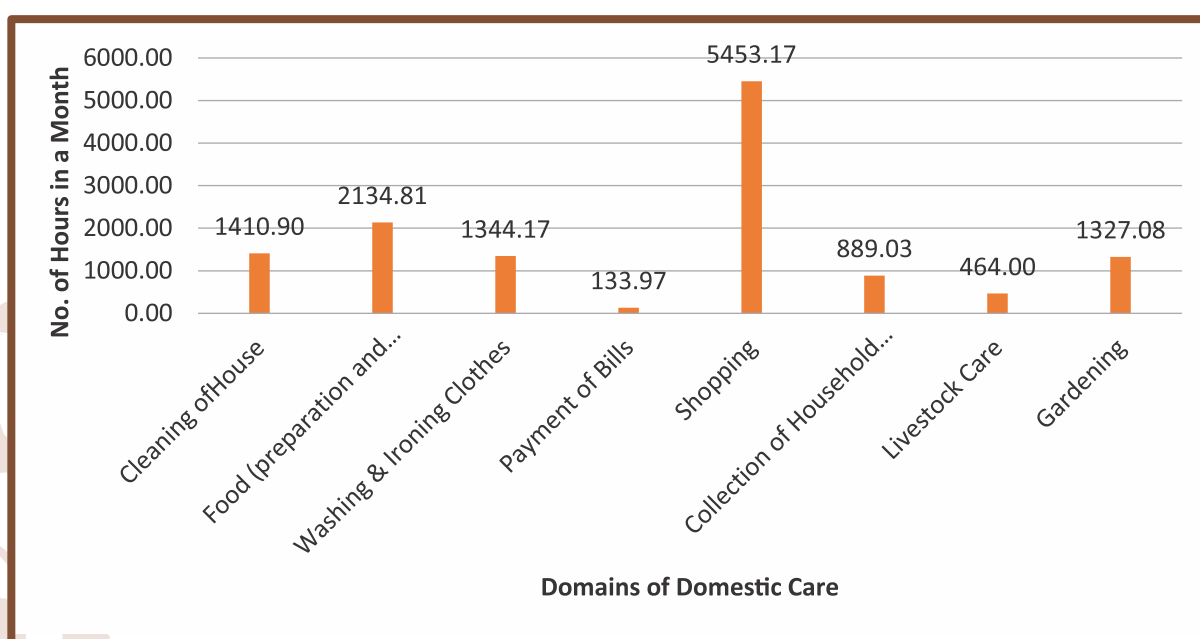


Figure 29: Time spent on different dimensions of domestic care

The perceived and market based economic value for different domestic care domains are represented in Figure 30. The perceived economic value of cleaning of house is 1.64 million rupees in a month, whereas market based economic value (calculated from 153.85 rupees hourly wage) is 0.22 million rupees in a month. It reveals that the perceived economic value of cleaning of house is multiple times higher than the market based economic value.

For preparing and serving food, the perceived and marketable economic value is 4.74 and 0.33 million rupees per month respectively. Additionally, the perceived and market economic value of washing/ironing clothes is 2.42 and 0.21 million rupees; shopping has perceived economic value of 0.85 million rupees for a month against the marketed economic value of 0.85 million rupees per month. Similarly, the perceived economic value of collecting household supplies, livestock care and gardening is overvalued in comparison of economic value based on market rate (i.e., 0.27 versus 0.13; 0.24 versus 0.14 and 0.07 versus 0.2 million rupees per month respectively). For paying bills, the perceived economic value is overrated as compared to market-based value (i.e., 0.14 and 0.02 million rupees in one month).

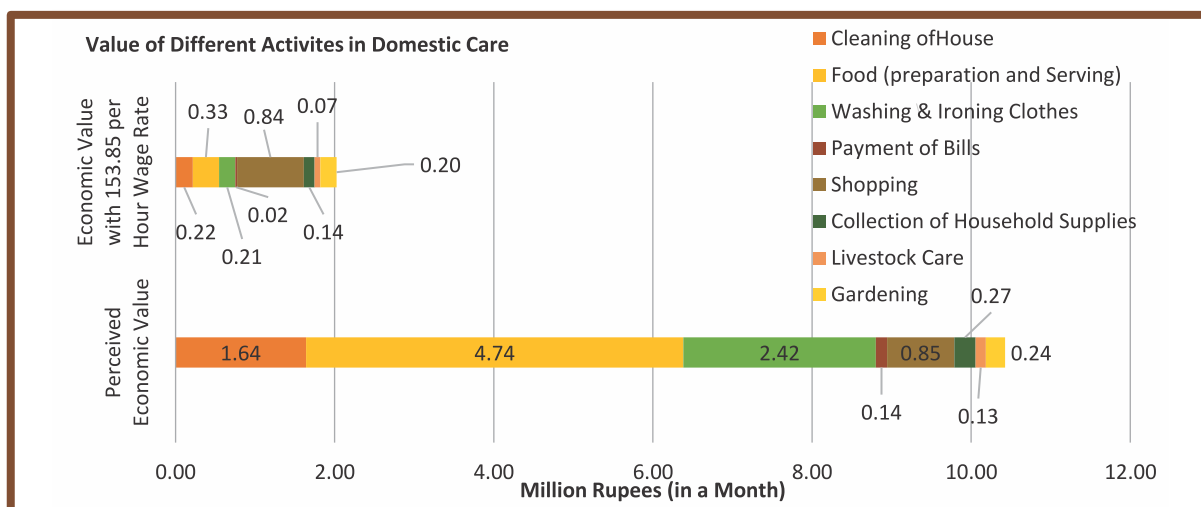


Figure 30: Economic value of different dimensions in domestic care

The total perceived and marketable economic value for domestic care is illustrated in Figure 31. The total perceived economic value of domestic care is 10.43 million rupees for a month and the total economic value based on market of value domestic care is 2.02 million rupees in a month. It indicates that the domestic care is over-valued by the respondent, and it's been more than five times of the actual market value.

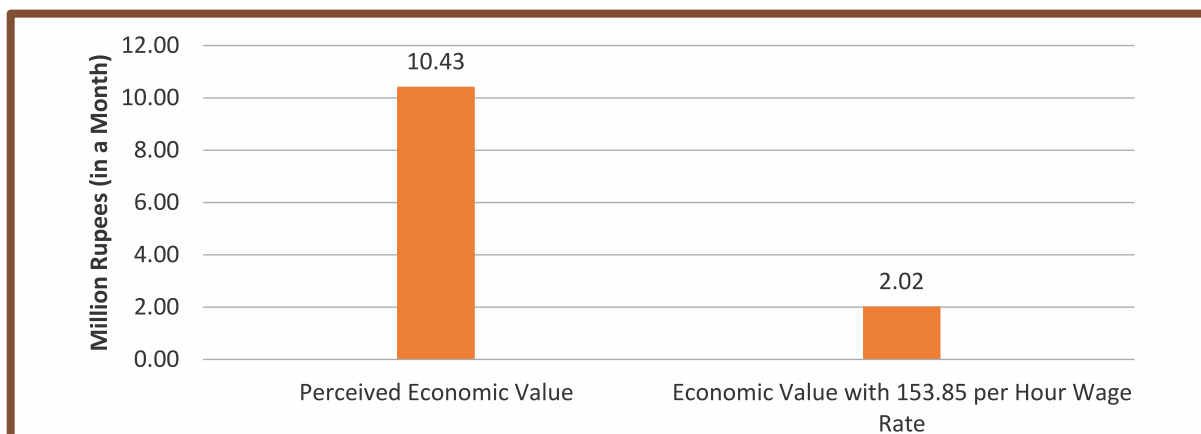


Figure 31: Total economic value of domestic care

The feeling/human value for cleaning activities in domestic care are represented in Figure 32. The cleaning of house has the human value / feeling of lying between fine and fatigued i.e. 3.5. for washing utensils, the felling is inclined towards fine, with the average value of 3.37 on rating scale ranging from 1 to 5 (where 1 is feeling fresh and 5 being the drained).

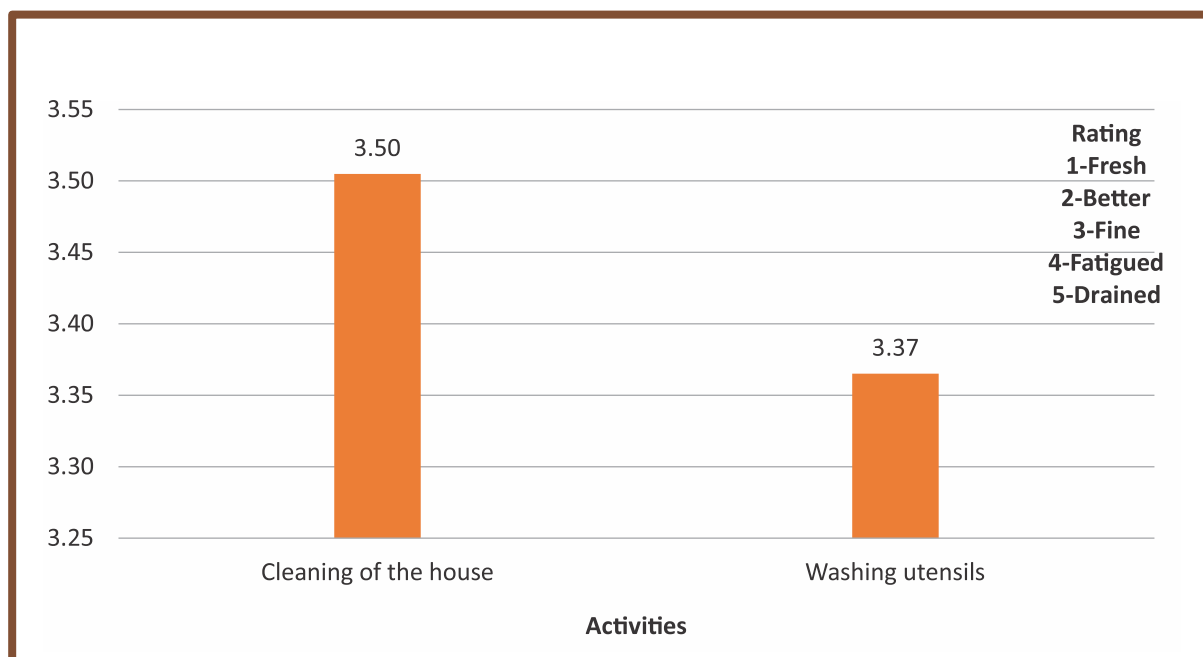


Figure 32: Human value of cleaning activities

The feeling/human value of preparing food and serving meal/ guests in domestic care are shown in Figure 33. The respondents are having feeling of fine while preparing dinner, in between of better and fine for making breakfast, preparing lunch, and even serving guest. The feeling for serving meal is lying between fine and fatigued. This shows that serving meal is having more burden on women along with preparing meals.

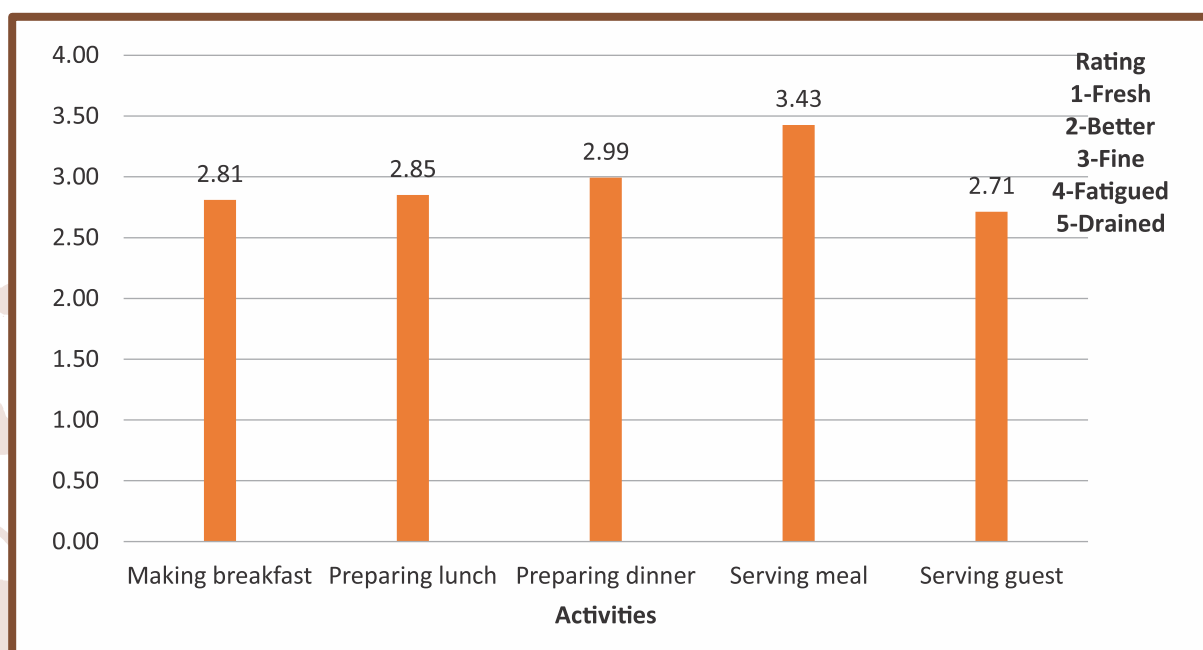


Figure 33: Human value of preparing foods and serving meal

Figure 34 shows the feeling/human value of women for washing, ironing, and mending of clothes. All of these activities are time taking and hectic. The human value for washing/drying clothes and mending of clothes lie between fine and fatigued, tilt toward fine. For ironing, the human value surpasses the feeling of fatigued.

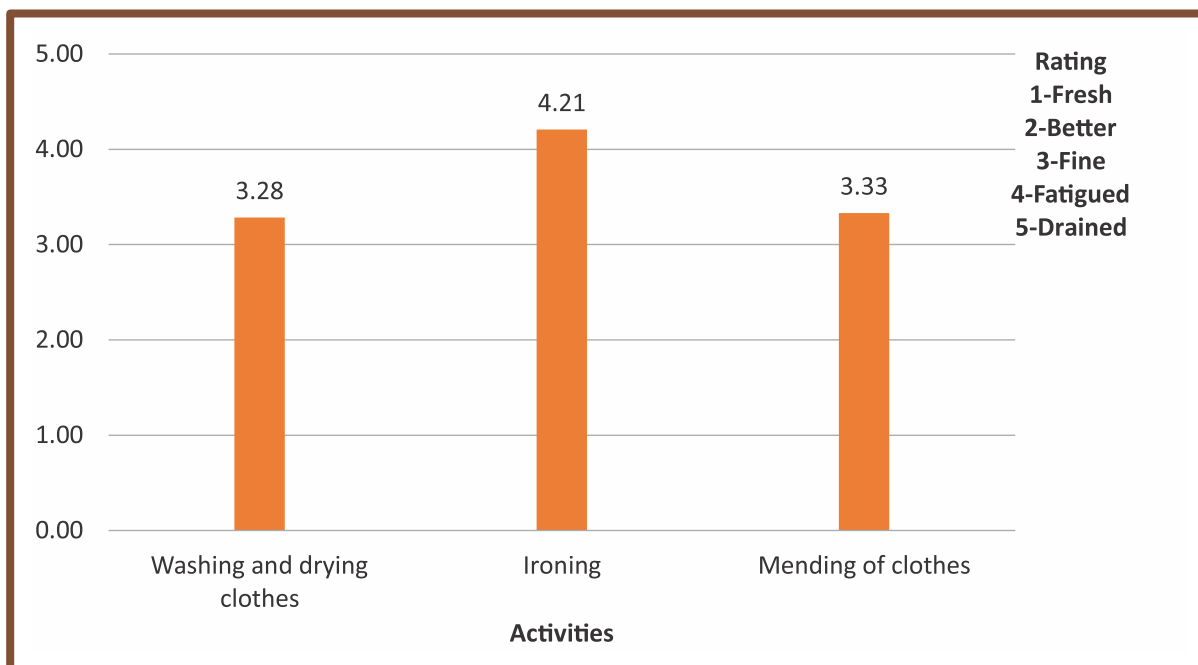


Figure 34: Human value of washing, ironing and mending Clothes

Figure 35 indicates the feeling/human value of shopping in domestic care. For buying groceries, and personal shopping are having the human value of fine (tilted towards 3), but for shopping household supplies/appliances, the feelings/human value is reported to be skewed towards fatigued. For travel related to these shopping, the feeling is better.

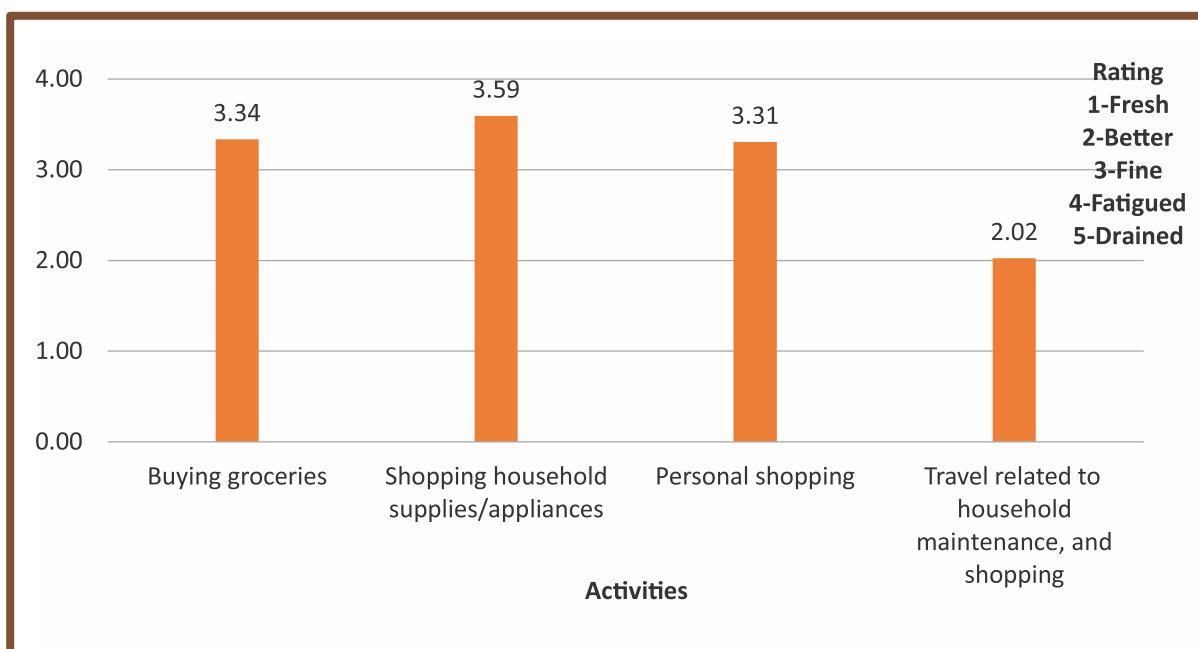


Figure 35: Human value of shopping

Figure 36 shows the feeling/human value for collection of household supplies, comprising the activities of fuel collection and fetching water. The ratings for these activities on the average are at the level of fine and lying in between of fine and fatigued, respectively. These activities are complementary for human survival, so there is not much pleasure and not much tiredness, while these are having just fine and fatigued human value.

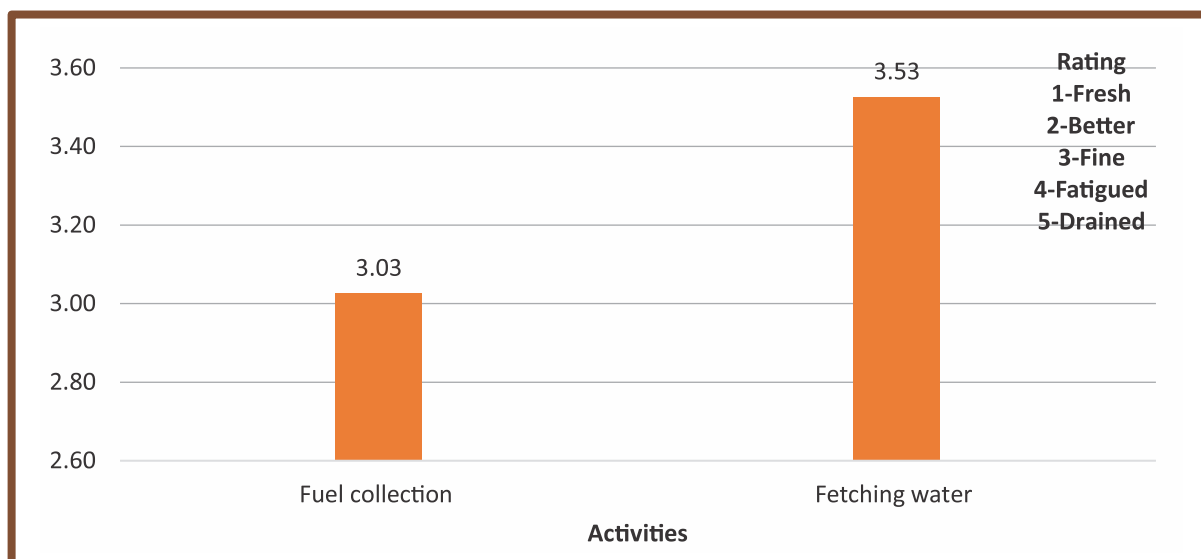


Figure 36: Human value for collection of household supplies

The feeling/human value for gardening, taking care of livestock and additionally paying bills is represented in Figure 37. The activity of taking care of livestock has human value in between of fresh and better as these activities have positive impact on physical and mental performance of respondents. The activity of gardening is having human value in between of fine and fatigued (i.e., 3.59). While the activity of paying bills is forcedly done, keeping in mind to avoid the repercussion of not doing so. Therefore, this activity brings feelings of in between of better and fine.

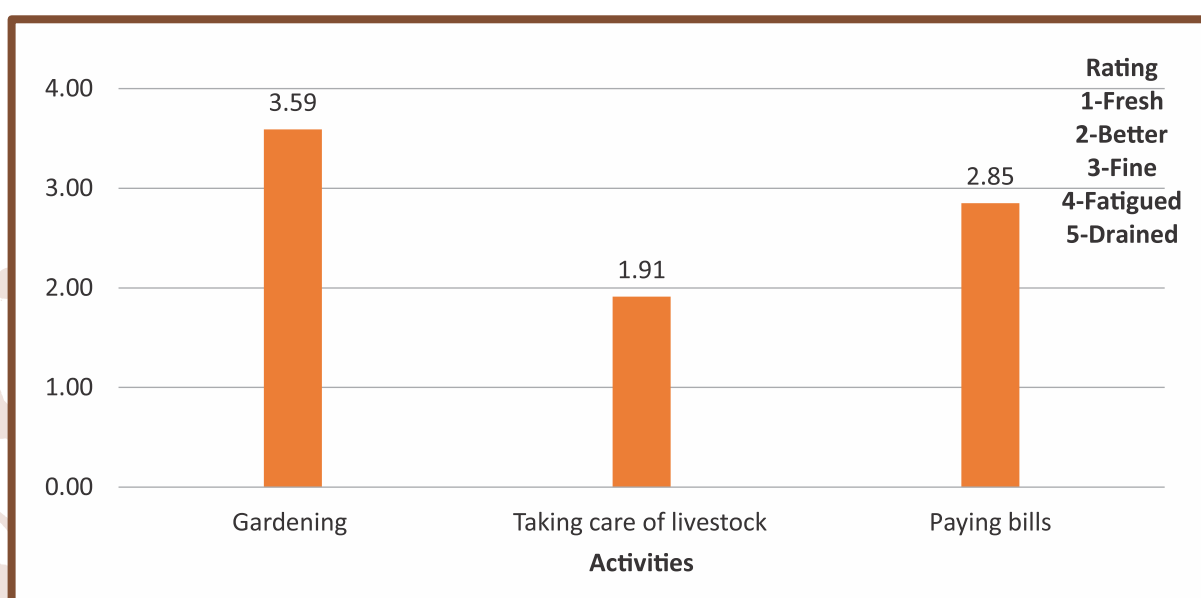


Figure 37: Human value for gardening, livestock

Elderly Care

The elderly care involves of following domains:

- Physical Care
- Mental Care
- Social/Spiritual Care

The following sections cover the time spent on these activities by males, womans and overall average of respondents, the economic values of these activities and lastly the human value of elderly care activities.

For the domain of physical care in elderly care, women are spending on average larger amount of time in a month on help to eat or drink (as shown in Figure 38). The activity to help eat and drink takes much of time by women, followed by changing posture, washing hands and help to enter and exist bathroom (i.e. 8.83, 2.55, 2.37 and 2.16 hours in a month respectively).

For the other activities comprising washing face, help in clean and dress after toilet use and move around indoor take approximately 2 hours per month, more specifically 1.95, 1.89 and 1.78 hours per month. All the other activities comprising of housework, putting-on/taking-off clothes, help for bath or shower and brushing teeth takes less than 2 hours and even less than one hour for later one respectively, for the time span of one month.

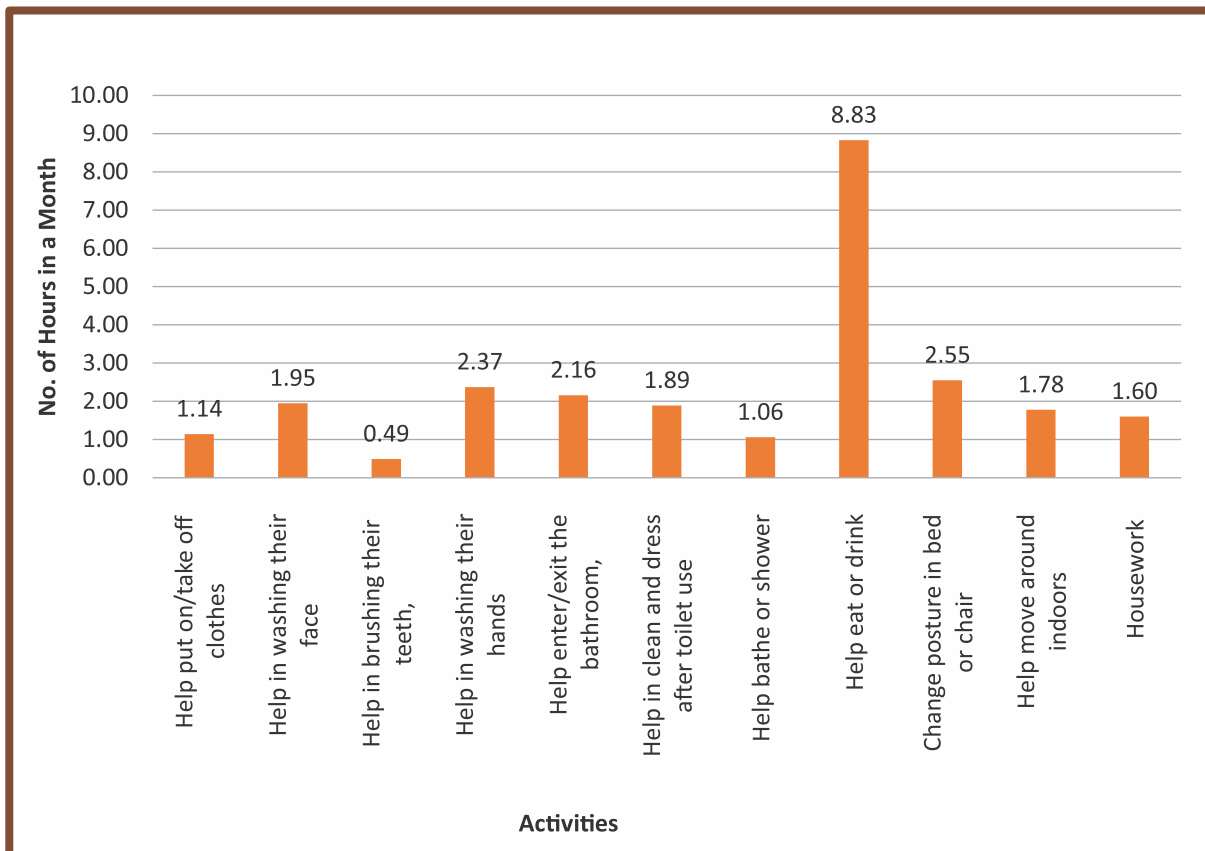


Figure 38: Average time spent on physical care in elderly care

For the domain of medical care in elderly care, women are spending, on average, more time for helping in taking the right dosage of medication, followed by going to hospital, travelling to get their medicine and lastly travel for check-up i.e., 4.53, 2.35, 0.98 and 0.53 hours in month respectively (see figure 39).

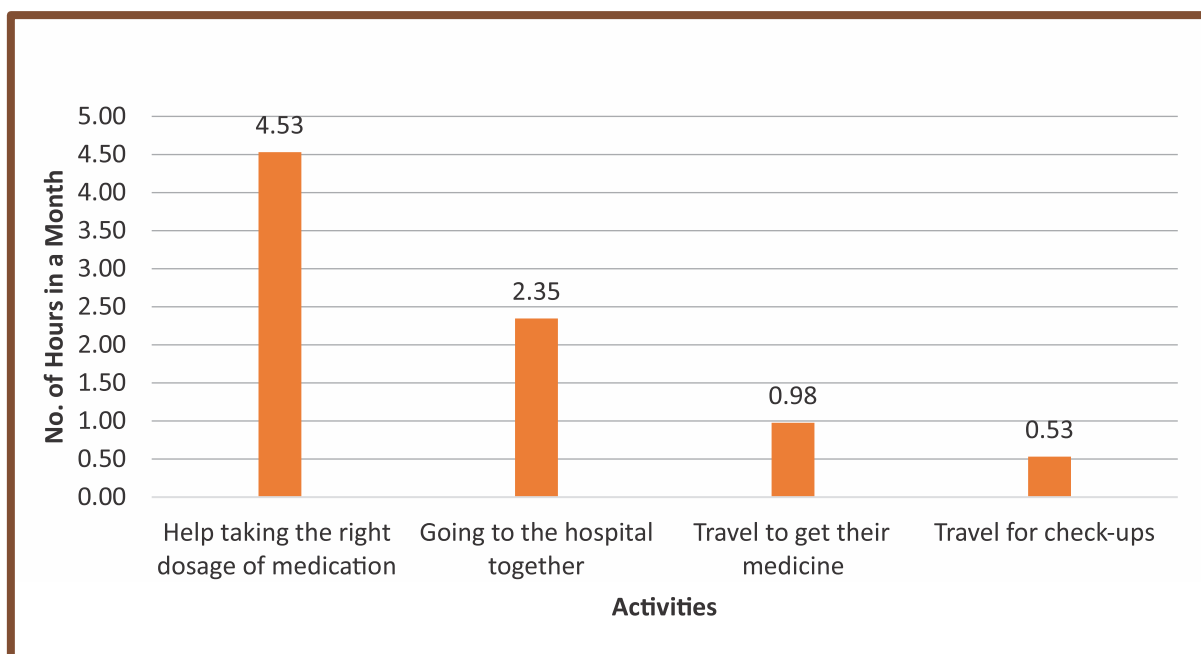


Figure 39: Average time spent on medical care

Figure 40 represents average time spent on the social/spiritual care for elder person by women. They are spending more time in helping with transportation and socializing with other people i.e. 4.57 and 4.23 hours per month. The activity of helping with offering prayer by elder people took 1.34 hour per month on average. The activities of help in reading book/newspapers and watching media together takes 0.64 and 0.33 hours in a month by women.

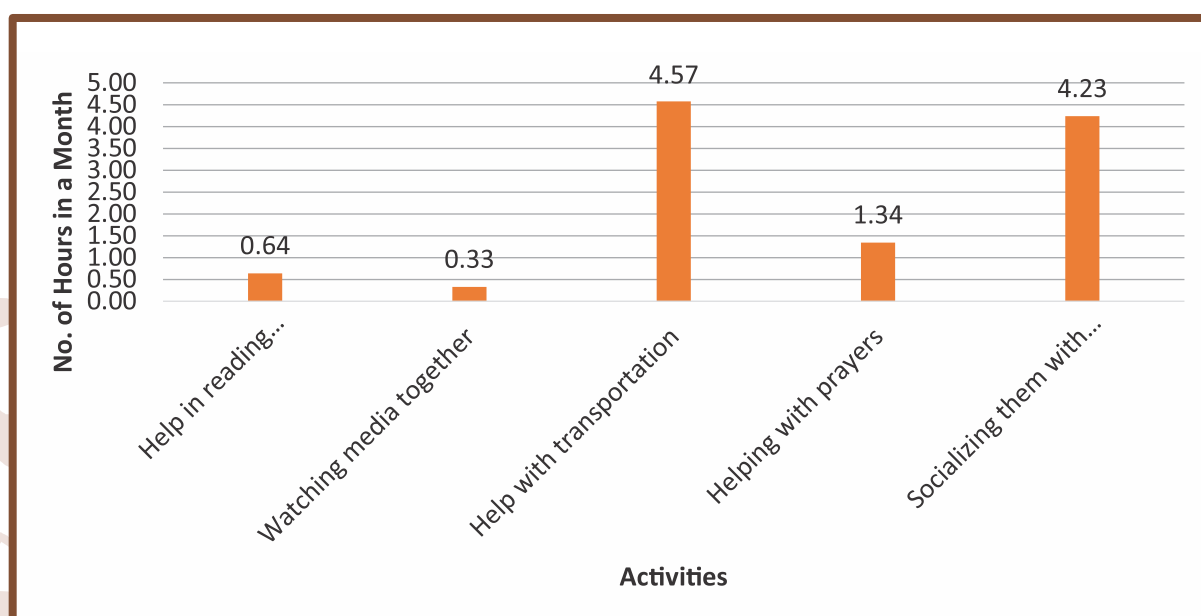


Figure 40: Average time spent on social/spiritual care in elderly care

Figure 41 illustrates the total number of hours spent in a month on different dimensions of elderly care by women. They spend the most time on physical care of elder person, followed by social/spiritual care and lastly for medical care of elders, i.e., 5394.58, 2324.23 and 1752.80 hours in a month.

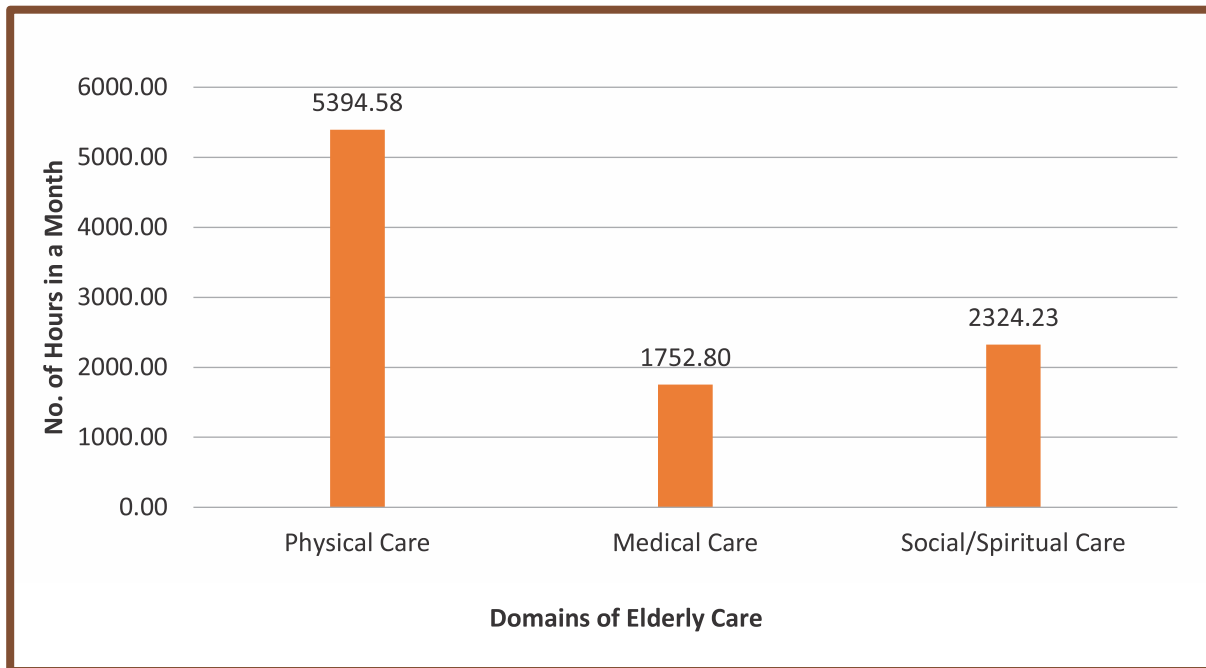


Figure 41: Total time spent on different dimensions of elderly care



The motto is inclusiveness – a conference to discuss the issues in progress

The perceived and market based economic value for different domains of elderly domestic are shown in Figure 42. The perceived economic value of physical care of elders is 0.73 million rupees in a month, whereas market based economic value (calculated from 153.85 rupees hourly wage) is 0.83 million rupees in a month.

It is obvious that the market based economic value of physical care of elder is more than the perceived value. For medical care of elder, the perceived value is approximately equal to the market based economic value i.e., 0.27 million rupees in a month.

For the social/spiritual care activities of elders, perceived economic value is only 0.24 million rupees per month, whereas the marketable economic value is more than three times i.e., 0.36 million rupees in a month. The perceived economic value for social/spiritual care is two of what is the actual economic value.

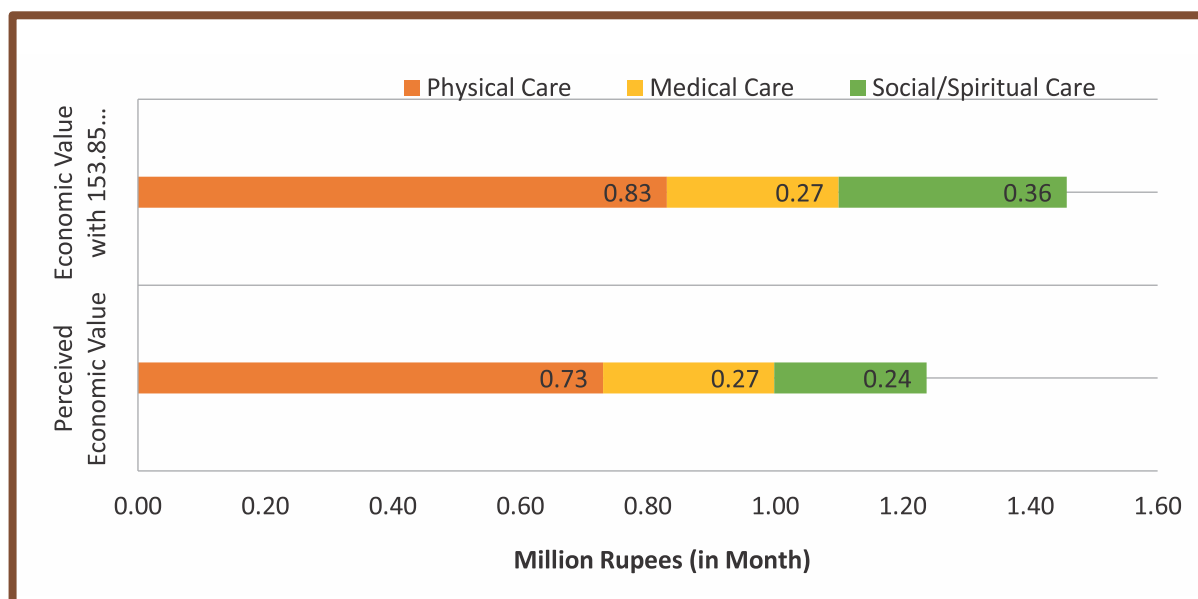


Figure 42: Economic value of different dimensions in elderly care



On the streets for rights – a demonstration on the International Day of Domestic Workers

The perceived and market based economic value for overall elder care is represented in Figure 43. The total perceived economic value of elderly care is 1.24 million rupees for a month and the total economic value based on market of value elderly care is 1.46 million rupees in a month. It indicates that the elderly care is under-valued by the respondent, and it's been around eighty-four percent of the actual market value.

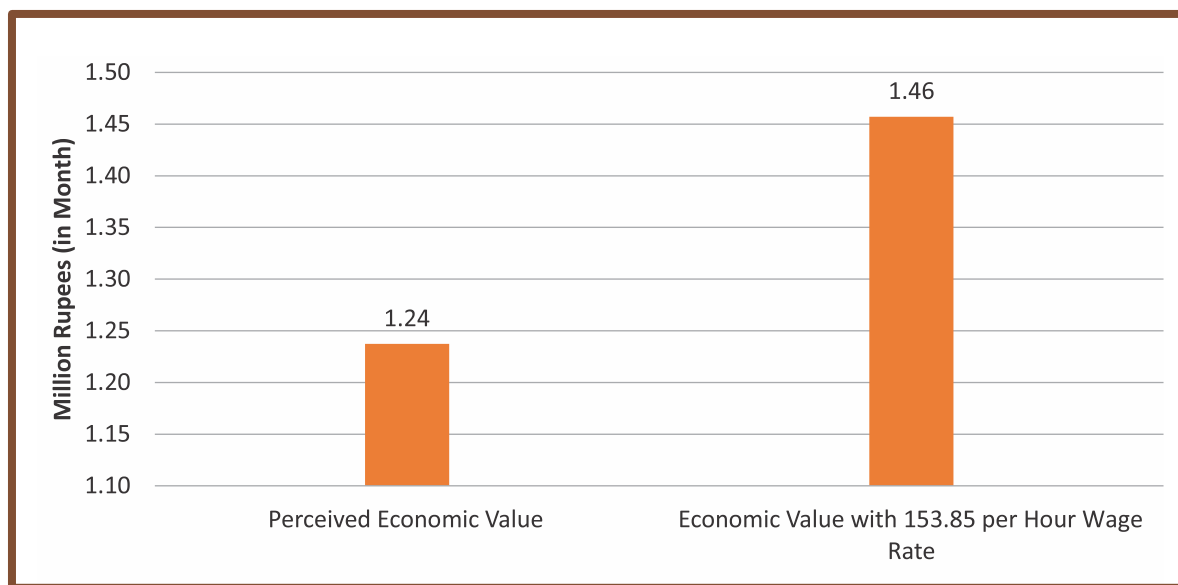


Figure 43: Total economic value of elderly care

The feeling/human value for physical care of elders is represented in Figure 44. The activities of putting-on/taking-off clothes, help to enter/exit bathroom, cleaning, and dressing after toilet, taking bath/shower, help to eat and drink and housework chores related with elder are having the human value of lying between 2.5 to 3, which indicates that the respondents' serving elders in these activities feel fine. All the other activities of physical care of elders (comprising washing face and hands, brushing teeth, changing posture and moving around) are skewed toward better.

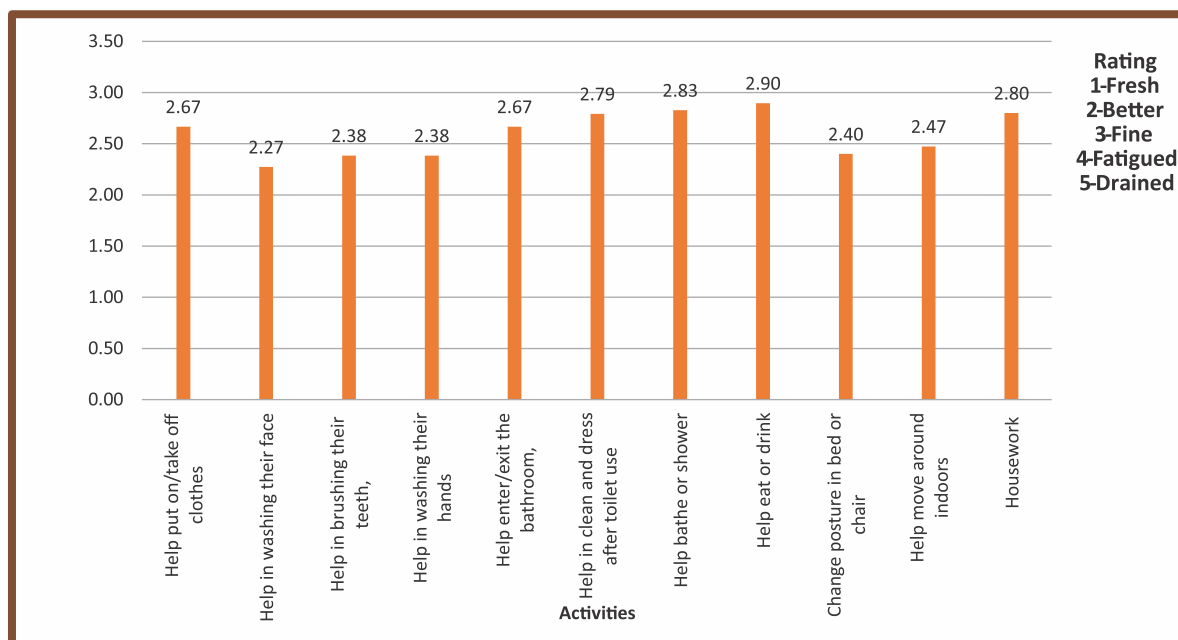


Figure 44: Human value of physical care in elderly care

The feeling/human value for medical care of elders is represented in Figure 45. The human value of these activities is having diverse feeling ranging from better to fine to fatigued. For the activity of going to hospital together (2.26), the feeling is better; for taking right medication and travel for check-up, the human value is skewed towards fine (2.85 and 3.38 respectively). While for travel to get their medicine, the feeling is fatigued (4.04).

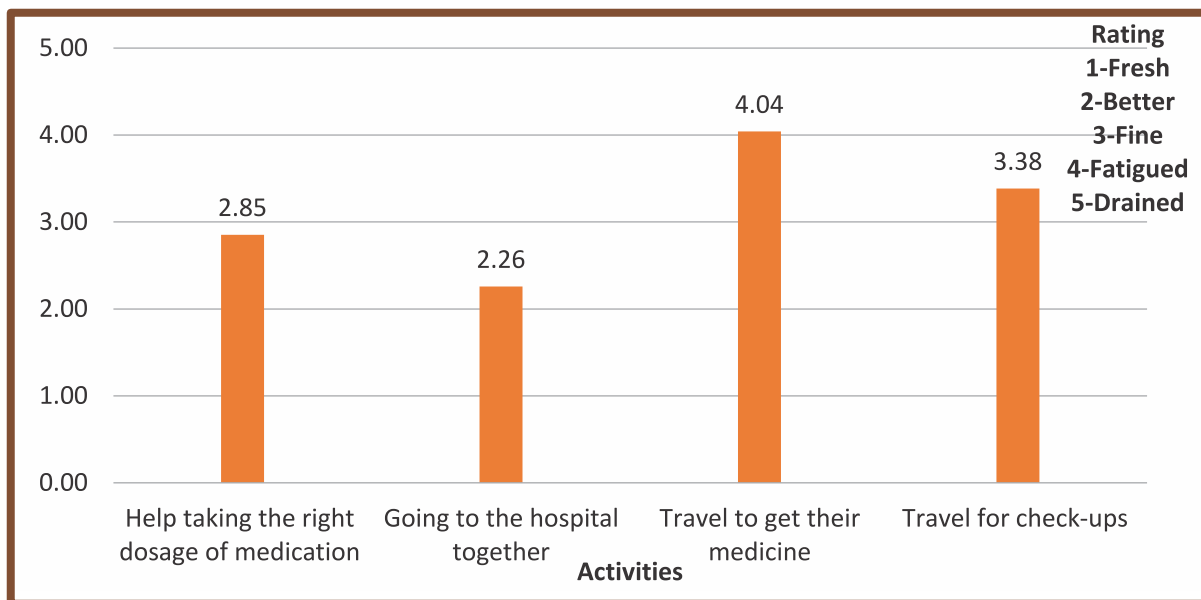


Figure 45: Human value of medical care in elderly care

The human value of social/spiritual care of elders is shown in Figure 46. The human value of all activities under this domain is of helping elders for social and spiritual activities have feelings of better and fine. Among these, helping with transportation is having highest satisfaction i.e. 1.75, followed by socializing (2.41), watching media (2.43) and offering prayers is having satisfaction for fine feeling (2.76). the human value for helping in reading books/newspapers is between fine and fatigued i.e. 3.32.

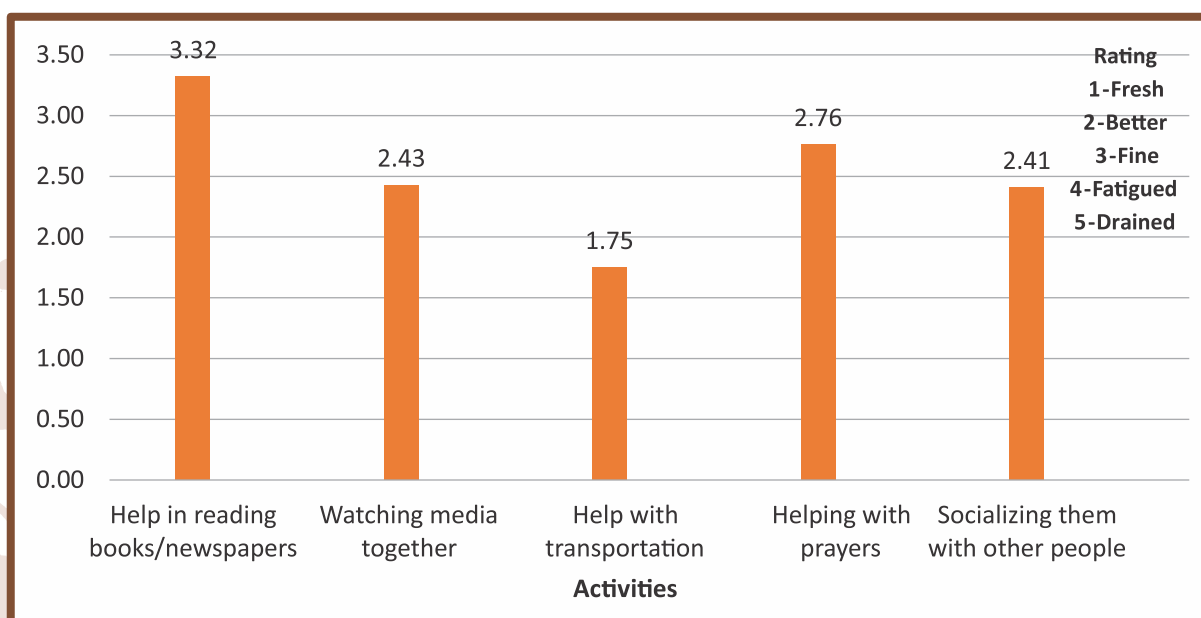


Figure 46: Human value of social/spiritual care in elderly care

Care for the People with Special Needs

The care for people with special needs consists of following domains:

- Physical Care
- Mental Care

The following sections cover the time spent on these activities by males, women and overall average of respondents, the economic values of these activities and lastly the human value of care for special needs activities.

For the domain of physical care in for people with special need, women are spending, on average, more time in a month on the helping to eat and drink, helping to enter/exit bathroom, moving around indoor and changing poster i.e. 16.75, 15.46, 10.83 and 10.53 hours per month on average (shown in Figure 47). All the other activities have been allocated less than 10 hours over a period of one month, on average. The least time allocated to help to take bath or shower, followed by brushing teeth i.e.1.74 and 2.16 hours per month, respectively.

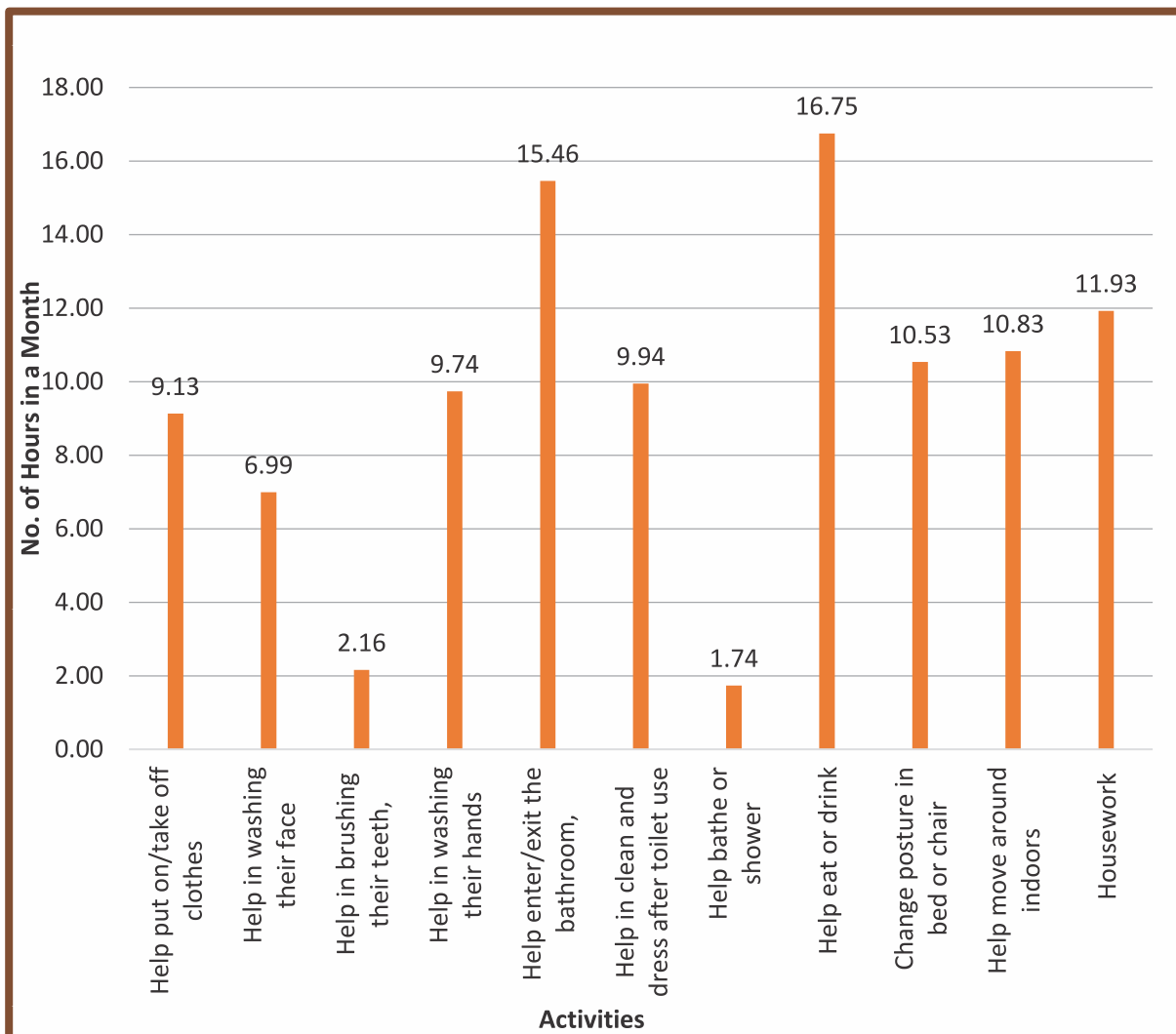


Figure 47: Average time spent on physical care for people with special needs

For the domain of medical care in people with special need, women are spending, on average, more time for going to hospital together followed by help in taking the right dosage of medication, travel for checkups and travel to get their medicine i.e., 7.99, 7.04, 4.97 and 2.69 hours in month (see Figure 48).

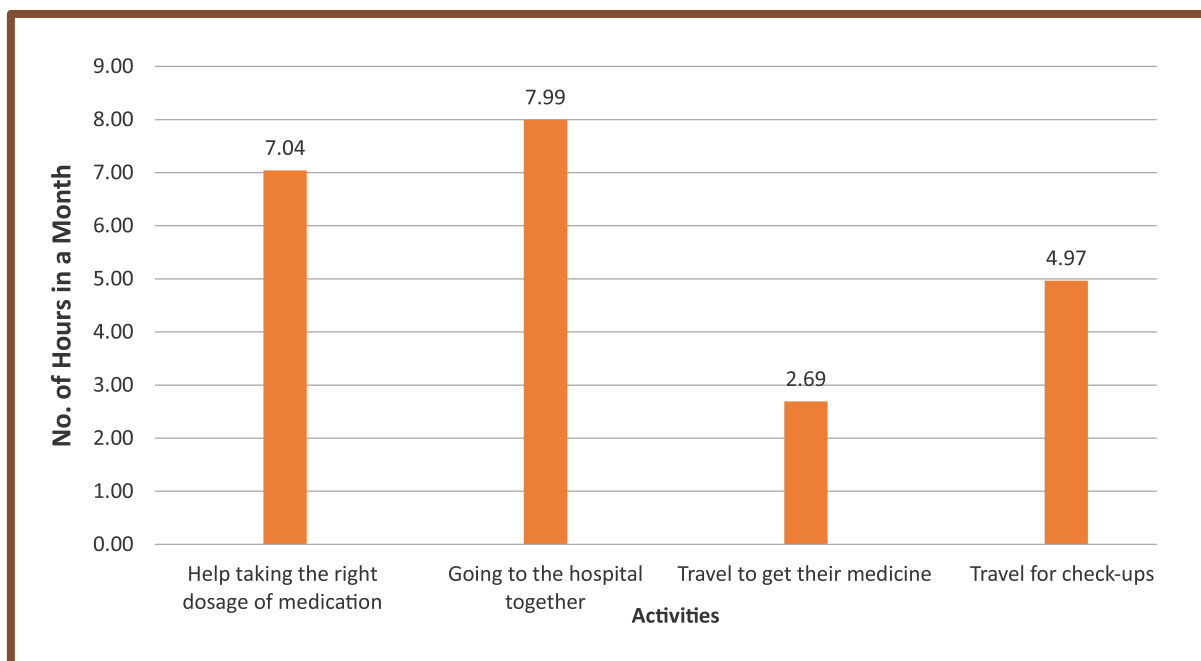


Figure 48: Average time spent on medical care for people with special needs

Figure 49 depicts the total number of hours spent in a month on different dimensions of care for people with special needs by women. They spend the highest time on physical care of the special person, followed by medical care, i.e., 21987.93 and 4742.92 hours in a month, respectively. The time allocated for physical care is more than four times of what is spent on medical care of persons with special needs.

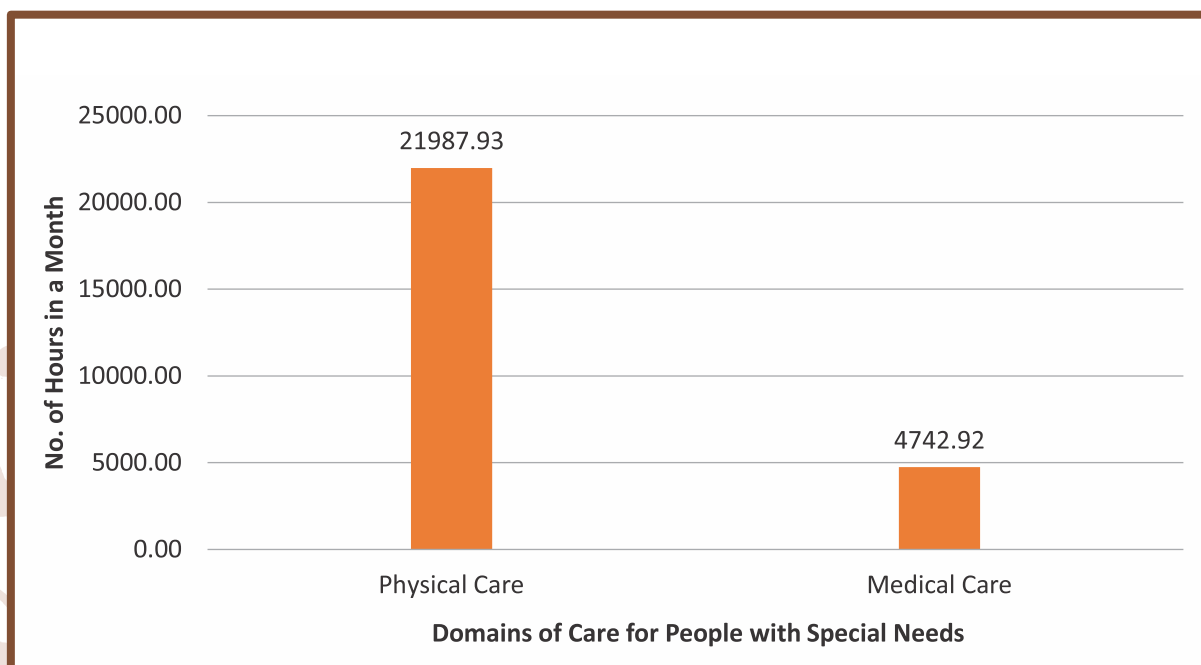


Figure 49: Total time spent on different dimensions of care for people with special needs

The perceived and market based economic value for different domains of care for person requiring special need is shown in Figure 50. The perceived economic value of physical care for person with special need is 3.30 million rupees in a month, whereas market based economic value (calculated from 153.85 rupees hourly wage) is 3.38 million rupees in a month.

It is obvious that the market based economic value of physical care for person with special need is over and above than the perceived value. In medical care for person with special need, the perceived value is 0.87 million rupees and marketable economic value 0.73 million rupees in a month, which shows that the perceived value of medical care of special persons is overstated than that of actual economic value based on market rate.

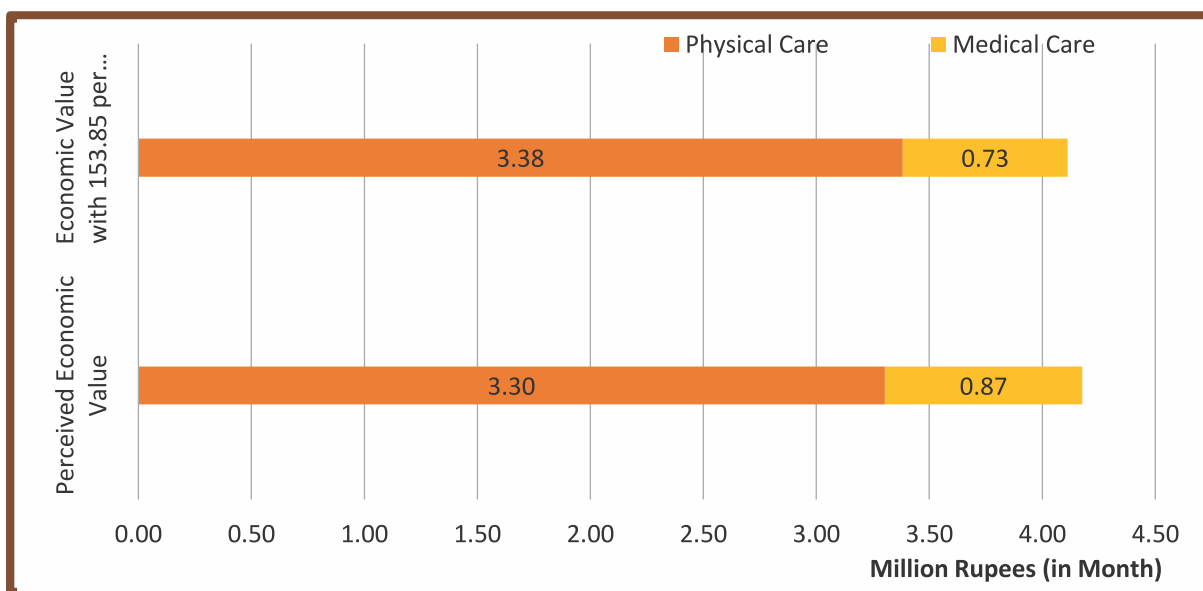


Figure 50: Economic value of different dimensions for people with special needs

The perceived and market based economic value for overall care for person with special need is shown in Figure 51. The total perceived economic value of person with special need is 4.18 million rupees for a month and the total economic value based on market for person with special need is 4.11 million rupees in a month. It indicates that the elderly care is overvalued by the amount of 0.07 million per month.

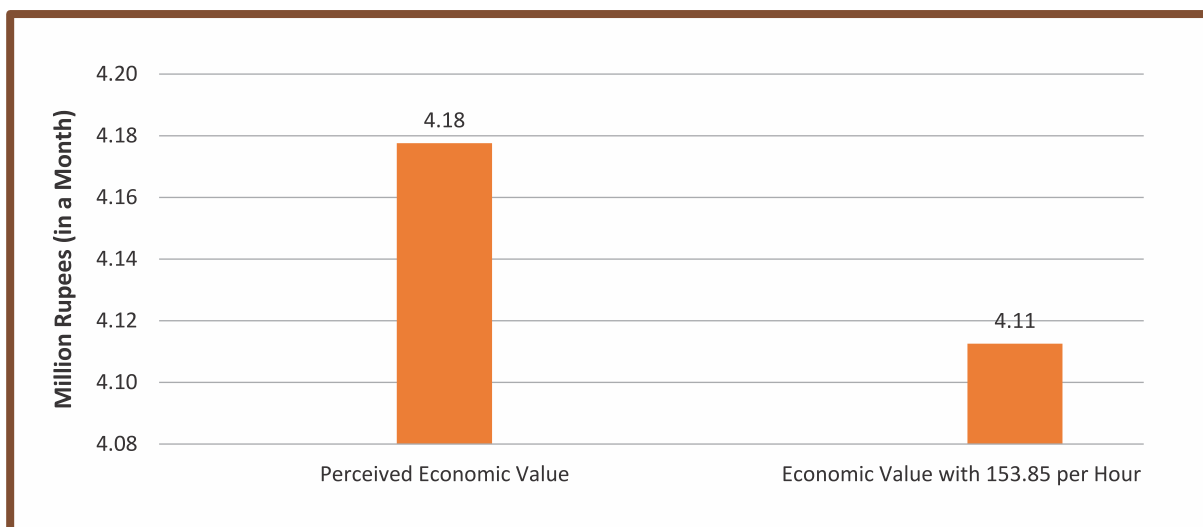


Figure 51: Total economic value for people with special needs

The feeling/human value for physical care of people with special need is represented in Figure 52. All the activities are having human value lying between better and fine, except for housework with a feeling value of above, but near to fine. The activities of helping in brushing teeth, washing hands and helping to eat and drink are tilt towards better. The other activities of washing, dressing-up, taking bath, changing posture and moving around are having skewed feeling of fine.

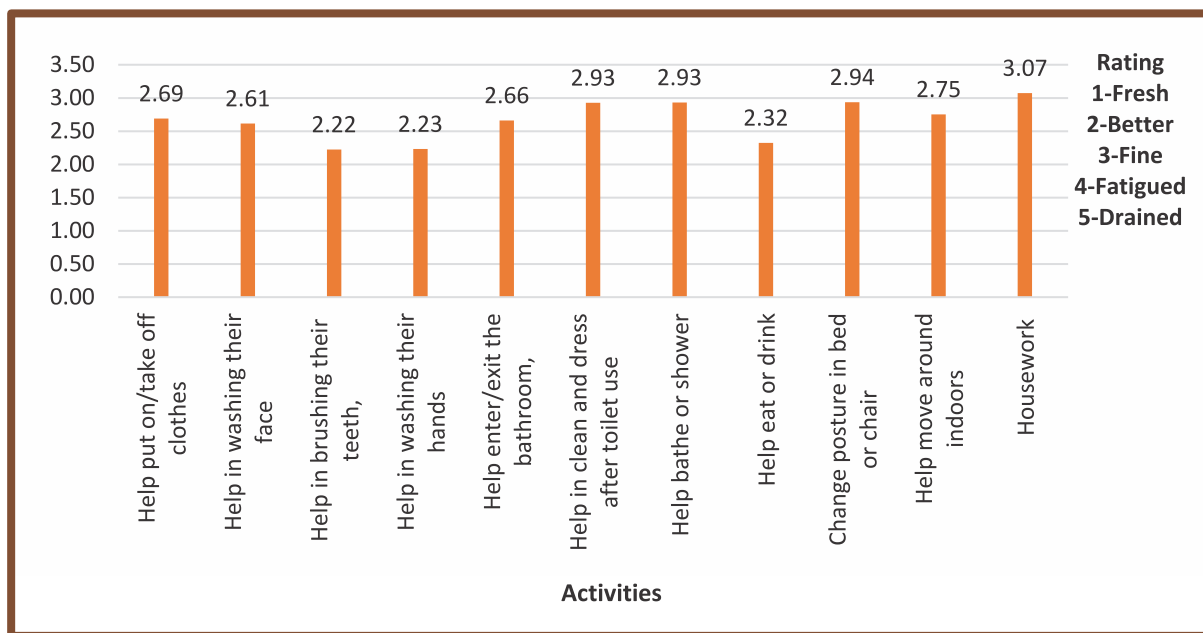


Figure 52: Human value of physical care for people with special needs

The feeling/human value for medical care of people with special need is represented in Figure 53. The human value of all activities is lying between better and fatigued. The activity of taking help for right dosage of medication is near to better feeling (2.22). for the activity of travel to get their medicine, the feeling is fine. While for travel for check-ups and going to hospital together, the human value is close to fatigued.

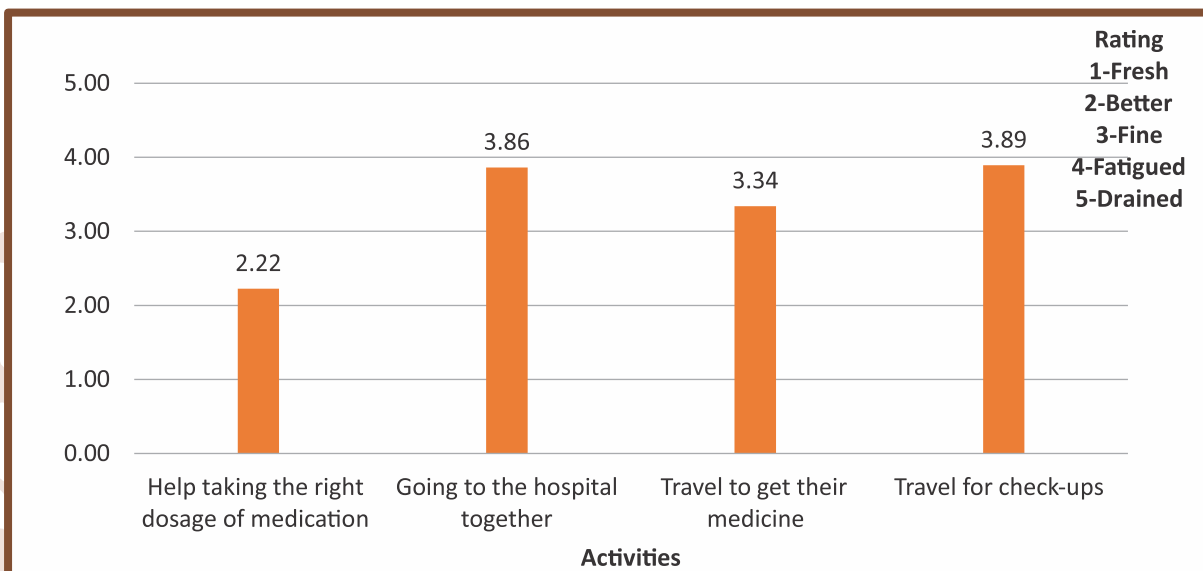


Figure 53 : Human value of medical care for people with special needs

Figure 54 shows the total time spent by women on different domains of care economy. They spend the highest time of 68214.45 hours in one month on domestic care, followed by childcare with a time period spent of 52058.13 hours per month. The care of person with special needs gets time of 26730.85 hours and least is spent on elderly care with time allocated of 9471.62 hours. It is found that for the set sample, the time spent on domestic care is highest with 44% of total time spent on care work, 33% of total time spent on childcare, 17% of time is allocated for special person and only 6% time is given to elderly care

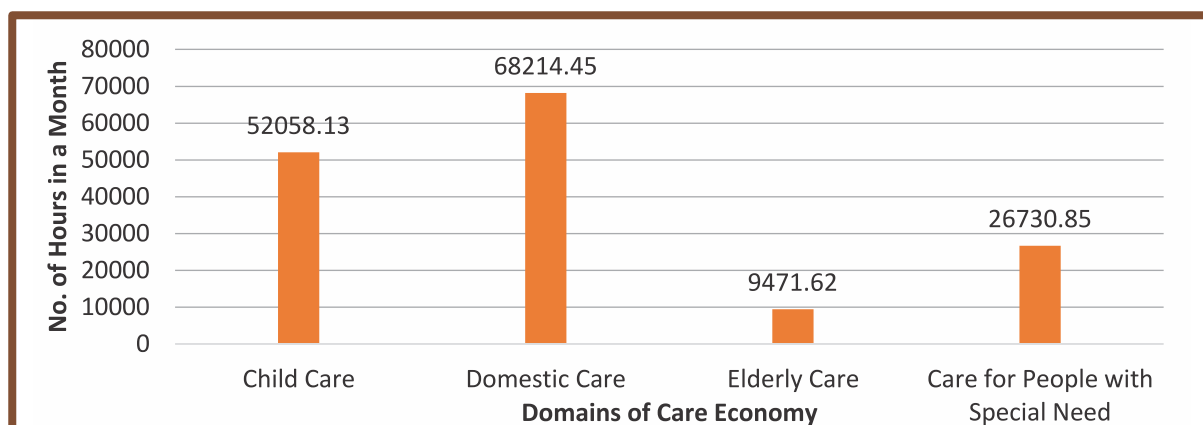


Figure 54: Total time spent on different dimensions

Table 14 summarizes the overall time spent, perceived and actual economic value and human value of different activities of reproduction, childcare, domestic care, elderly care and people with special need. The time spent on domestic care is highest in a month, followed by childcare, special need care and lastly the elderly care.

The perceived economic value in month of domestic care is highest, followed by childcare, care for special need and lastly for elderly care. While for the case of market-based economic value, the highest value is for childcare, followed by special care, domestic care and lastly elderly care. It is obvious from here that childcare and elderly care valuation is undervalued, while for the domestic care and special persons care is over valued by the respondent in the perceived economic value. The human value of all dimensions of care economy lies between better and fine, and more precisely, all of these care activities are skewed toward fine.

Table 14: Summary of Care Economy in Periodic - Economic – Social Sphere

Care	Total No. of Hours (in a Month)	Perceived Economic Value (in a Month)	Market Based Economic Value (in a Month)	Human Value (Average)
Childcare	52,058.13	45,87,290	80,09,144	2.53
Domestic Care	68,214.45	1,04,25,280	20,24,224	3.14
Elderly Care	9,471.617	12,37,370	14,57,208	2.69
Care for People with Special Need	26,730.85	41,77,600	41,12,541	2.85

Table 15 describes the respondents' recommendations for recognition, reduction, and redistribution of unpaid domestic care work. 66% of the respondents reported that family members appreciate their efforts in domestic care work, while 57% recognized the time and the efforts put into domestic care work within the family and 68% understood the physical and emotional burden of the domestic care work. However, 69%

of working women believed that religious and cultural events emphasize women's role as housemakers, and at the same time, educational curricula emphasize traditional gender roles, which reinforced men as bread earners and women as homemakers to take care of the households. Currently, 68% of women are not using technologies to reduce household work but 72 % mentioned that the use of auto Machines can reduce the burden of domestic care.

Although family members recognized their efforts. Practically, family members do not share in household activities, as reported by 64% of the respondents. 82% of respondents are facing challenges in balancing between paid and unpaid domestic care work. 74 % of the respondents highlight that through building a community support system, domestic care work can be reduced. 81 % of the respondents mentioned the biggest obstacle to redistributing domestic care is cultural and societal influence and 76% highlighted that families are not willing to adopt the strategies to equally distribute the domestic care work between men and women. Furthermore, 89% of the participating women agree to build a support network to reduce the burden on women and 85 % of the respondents see a greater impact of the government interventions if taken on redistribution of the domestic care work.

Table 15: Respondents' Recommendation

Sr. #	Statements	Frequency		Percentage	
		Yes	No	Yes	No
1	Gratitude and appreciation of unpaid care activities	140	69	66	33%
2	Recognition of time and effort in unpaid care activities	119	90	57	43%
3	Understanding the emotional and physical toll of unpaid care duties	142	67	68	32%
4	Educational curriculum emphasis on recognizing women's unpaid care work	49	160	24	76%
5	Recognition of women's role in unpaid care work in religious and cultural events	65	144	31	69%
6	Utilization of technology in unpaid care work	67	142	32	68%
7	Contribution of automated machines to reducing unpaid care work	154	55	74	26%
8	Family members' participation in unpaid care work responsibilities	76	133	36	64%
9	Challenges in balancing unpaid care responsibilities	171	38	82	18%
10	Contribution of community-based support programs in reducing workload	154	55	74	26%
11	Cultural and societal influence on willingness not to share unpaid care work	170	39	81	19%
12	Satisfaction with men's involvement in unpaid care work	82	127	39	61%
13	Willingness of families to adopt strategies for equal distribution of unpaid care work	50	159	24	76%
14	Need for Additional support in reducing unpaid care work	185	24	89	11%
15	Perceived impact of government programs on reducing unpaid care work	177	32	85	15%

Conclusion

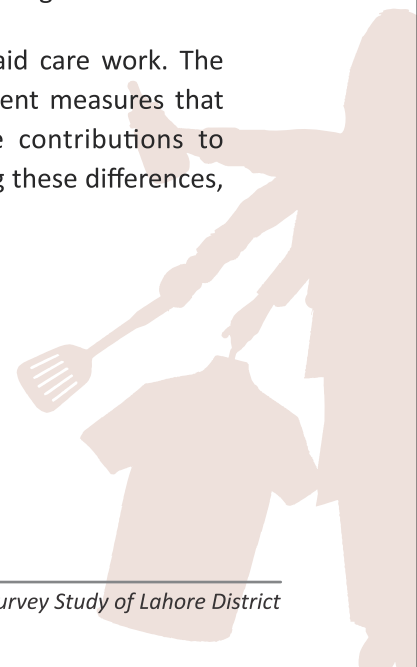
The study is a contribution of working women, especially domestic workers who belong to low-income families in the Lahore district. The majority of the women domestic workers were under the age of 40. The majority of participants have four (4) children, and a few have eight (8) children as well. Most participants have no elderly person at home but almost 20 % have one (1) elderly person at home. Third-fourth (75%) of the participants earn less than Rs. 30,000 monthly and most of them are double-earners. One-fourth are single woman earners who were mostly widowed. The majority of working women are illiterate or primary pass. Domestic working women spent almost 6 hours on average on domestic care work within their homes.

The results also shed light on a sobering reality: women make substantial contributions to home well-being by providing a variety of caring duties, but their labor is still ignored and underappreciated monetarily. The study highlighted the vital role that women play in maintaining families and communities by investigating the various facets of unpaid care giving. The results revealed the complex network of duties that women bear, from child care to elderly care, underscoring the need for a paradigm change in cultural views and acknowledgment. This undervaluation has negative economic effects, including the maintenance of gender inequality and the vulnerability of women.

The results also highlighted the appreciation and recognition of family members for the time and efforts put in as well as understanding the physical and emotional burden of the domestic care work. However, most women domestic workers believed that religious and cultural events emphasize women's role as house makers, and at the same time, educational curricula emphasize traditional gender roles, which reinforced men as bread earners and women as homemakers to take care of the households. It is recommended to address educational and religious systems to highlight the importance of shared work within the family through media.

This study echoes a call to action as we negotiate the complex terrain of unpaid care work. The statement exhorts governments, community leaders, and individuals to implement measures that acknowledge, honor, and fairly compensate women for their indispensable contributions to maintaining the foundation of our society. Through acknowledging and addressing these differences, we can all work together to create a future that is more equitable and just.

Women play a vital role in maintaining families and communities by investigating the various facets of unpaid care giving. The results revealed the complex network of duties that women bear, from child care to elderly care, underscoring the need for a paradigm change in cultural views and acknowledgment.



Recommendations

Following are the recommendations drawn based on the findings from the research study that helped to address the issue: -

Public Awareness Programs: Launch public awareness programs to highlight the economic and societal value of unpaid care work. Emphasize that recognizing and redistributing care responsibilities benefits not only women but also contributes to overall societal well-being. Foster a culture that appreciates and values the diverse contributions of women.

Technology Integration: Promote the use of technology to reduce the time and effort invested in domestic care work. Offer training programs to women on utilizing technological tools and appliances, such as automated machines, to streamline household tasks. This can contribute to a more efficient distribution of domestic responsibilities.

Training Programs: Implement training programs for men and family members on the importance of shared domestic care responsibilities. Provide resources and workshops to educate individuals on practical ways to contribute to household chores and caregiving duties.

Media Campaigns: Initiate media campaigns to challenge cultural and religious norms that perpetuate traditional gender roles. Use various media platforms to promote diverse narratives, highlighting the importance of shared responsibilities in domestic care work. This can help reshape societal perceptions and expectations.

Educational Reforms: Advocate for educational reforms that challenge traditional gender roles. Collaborate with educational institutions to incorporate curricula promoting equality and shared responsibilities within households. Addressing stereotypes early on can contribute to shifting societal attitudes towards unpaid care work.

Research and Data Collection: Support ongoing research and data collection efforts to continually assess the dynamics of unpaid domestic care work. Regularly update policies and recommendations based on evolving societal needs and challenges faced by women in balancing paid and unpaid responsibilities.

Community Support Networks: Establish community support networks to provide assistance and solidarity among women domestic workers. These networks can serve as platforms for sharing experiences, advice, and resources. Strengthening community ties can alleviate the burden of care work through collective efforts.

Workplace Policies: Encourage the implementation of workplace policies that support work-life balance for women. Advocate for flexible working hours, remote work options, and parental leave policies. This can help working women better manage their dual responsibilities of paid employment and unpaid domestic care work.

Government Interventions: Collaborate with government agencies to implement policies aimed at redistributing domestic care responsibilities. This may include incentivizing companies to adopt family-friendly policies, providing support for affordable childcare facilities, and promoting gender-inclusive practices.

Advocacy for Legal Changes: Advocate for legal changes that ensure equal distribution of domestic care responsibilities. This may involve pushing for legal frameworks that promote shared parenting responsibilities and discourage gender-specific roles within households.

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