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Uncovering the Burden of Unpaid Care: A Quantitative Study of Differently Abled Women

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Abstract

Unpaid domestic care work is mostly performed by women all over the world, but it is mostly unseen, ignored and undervalued. The Sustainable Development Goal (SDG) 5 also emphasizes on the value of unpaid domestic and care work performed by women. It is an important element of the workforce. Differently abled women are also performing unpaid domestic care work, but it is invisible. The aim of this study is to measure the time spent by differently abled women on unpaid domestic care work. Also to find the economic value perceived by the differently abled women while spending time on unpaid domestic care work and to find the feeling status of differently abled women while spending time on unpaid domestic care work. A purposive sampling technique was used to select the sample size for this study. This method makes sure that the sample includes differently abled women who are engaged in unpaid care work in Northern Areas and twin cities of Pakistan. Data collection was carried out through face-to-face interviews using the structured questionnaire. The findings show that differently abled women are mostly spending their time on domestic work and in childcare activities which includes rearing, moral and social training etc. They are doing much work than our expectations, but their work is unseen and undervalued. The study recommends the sharing of household responsibilities and valuing unpaid domestic care work.

Keywords: Unpaid Domestic Care Work, Differently Abled Women, Emotional Wellbeing, Perceived Economic Value

Introduction

Unpaid domestic and care work such as childcare, household maintenance, and family caregiving is essential to the functioning of societies around the world. However, it is very clear that such tasks are mostly performed by women and are less visible and valued (Marphatia & Moussi, 2013). Particularly, the differently abled women have an even greater weight of problems, as they tend to encounter



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not only discrimination based on gender but also challenges caused by their disabilities (UNDP, 2018). Such difficulties are enhanced by ingrained cultural principles and the lack of support mechanisms in such places as Northeast of Pakistan or the twin cities, and chances of attending school, working, or seeking medical assistance are even more scarce among differently-abled women (Pakistan Bureau of Statistics, 2018).

The differently abled women are often marginalized in the paid labor market, and even more, their career opportunities are limited due to the visible nature of their disability (Robinson, 2017). Consequently, a number of people resort to either home-based work or informal occupations with zero social protection and professional status, which further increases the economic and social system of marginality. The latter is not just an individual problem based on suffering but a more systematic issue of inequality that influences the well-being and human rights of women worldwide (Seedat & Rondon, 2021).

This paper tries to present an insight into the lives of the differently-abled women performing unpaid domestic care in both the rural and urban areas of Pakistan. This study would fit within Sustainable Development Goal 5, which focuses on gender equality and promotes the acknowledgement of unpaid domestic care work (UN Women, 2023), as by emphasizing the time, they spend, emotional experiences, and perceptions of the economic value of unpaid domestic work, this study would promote gender equality, as well as the recognition of unpaid domestic care work. The study results will be used to policy interventions that empower and put differently abled women first as caregivers by respecting their services.

Problem Statement

The paper highlights the consideration and unrecognized work that women with disabilities carry out when implementing unpaid domestic care. Due to the perception that they are not productive or valuable financially, these women are often excluded from standard economic calculations. These women bear the responsibility of providing care without pay which is manifested in childcare, housework duties and emotional care besides the disadvantages they endure in a society that presents little opportunities of accessibility. The intersection of gender and disadvantage denies them the capacity to seek social, professional and educational opportunities and this is a distinctive and burdened load. Though long in the shadow they remain, hidden nevertheless even though their input to the family and community life is significant to the development of others. Being under pressure of having to strike a balance between social norms and personal boundaries, not only adversely influence their mental and physical health but also seriously undermines their economic independence. Consequently, this study will seek to analyze the time spent by the differently abled women who give unpaid care, health experiences and the perceived economic worth in monetary terms. Through increased voice and their work, the study aims to advocate inclusive laws that give prominence and lessens their unequal caring burden.

Significance of the Study

This study is important since it raises the issue of care provision activities of differently abled women which has been mostly overlooked in homes. These women, although they have accomplished a lot, are usually left out as they have to



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bear with various layers of prejudice that are biased by gender as well as disability. This study clears out powerful misperceptions and social biases used to ignore the essential work of people who live in such conditions by studying their life experience and the psychological, physiological consequences of engagement in unpaid domestic labor.

With the help of the various issues faced by women with disabilities to manage their caregiving issues and limitations to using educational organizations, jobs and community services, a deeper knowledge of the various problems and issues faced by the differently abled women provides the means to developing more accommodating and inclusive systems of support that will enable them with additional access to their caregiving issues in more equitable manner. This study also recognizes the importance of their inputs and urges the economic and government systems to recognize them accordingly. It helps to instill a shared responsibility in the provision process and encourages the redistribution of unpaid and domestic care work, both within families and society as a whole.

The study is also consistent with the Sustainable Development Goals (SDGs) which testifies to the Sustainable Development SDG 5 which makes the reference to the achievement of the goals on equality concerning the gender and empowerment of women and all the girls and is one of the factors that reduce the existing gaps and the rise of the unpaid work visibility. The research findings can ultimately guide open-minded policy reforms and enhance the living conditions of the differently abled women and propagate the creation of a fairer and non-discriminative society.

Research Objectives

- To measure the time spent by differently abled women on unpaid domestic care work.
- To find out the economic value perceived by the differently abled women while spending time on unpaid domestic care work.
- To find the feeling status of differently abled women while spending time on unpaid domestic care work.

Research Questions

- How much time do differently abled women spend doing unpaid work in Northern Areas and Twin cities of Pakistan?
- How do differently abled women in these areas experience their emotional state while performing caregiving tasks?
- How do differently abled women perceive the economic value of these activities?

Literature Review

The domestic care work that is not paid especially when done by the differently abled women has been highlighted widely as a notable but underrated aspect of society and the economy. Seedat and Rondon (2021) highlight the high mental and physical cost of unpaid domestic care on women and the related risks of depression, anxiety, and the development of other mental health issues. This stressful situation is complicated by the fact that the issue of the unpaid domestic care work and its relation to the mental health outcome still needs more non-preventive research in order to enhance the existing knowledge about their



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correlations on a global scale, which especially concerns the COVID-19 pandemic.

The research by Rodriguez (2021) contributes to a detailed picture of why it is so important to change the attitudes of the society towards the unpaid domestic care work as the more stigma should be eliminated the more people can appreciate the efforts of differently abled women dealing with care providers. Educational activities and education about all disabled women are needed to change cultural norms and enhance gender equality and provide empowerment of women with unpaid labor and their value.

One of the structural reformations suggested by the International Labor Organization (ILO) (2018) could be financial support programs like the so-called coins of care payment to the care providers as well as tax rebates to those employers who would provide the paid leave, which would limit the financial and emotional load on women as caregivers. Additionally, the most important role is the provision of respite care and assistive services as these are important to ease the burden on caregivers and support well-being.

The art of interplay between disability, gender, and economic participation is yet another quandary. The differently abled women are likely to suffer the multiplicative disadvantage because they have the reduced access to the education, employment, healthcare and inclusion (Disability Inclusive Development in UNDP, 2018; Pakistan Bureau of Statistics, 2018). Rural differently abled women face even worse challenges, and special policy measures have to be established to eliminate the inequalities.

Grue and L.2002 offer an insightful study on the lived experiences of some mothers with physical disabilities, reporting how the meeting of social expectations of childcare introduces some limitations on the part of the physical handicapped mothers. Tabassum et al. (2023) focus on how to measure contribution of women to the care economy in Pakistan by suggesting better methods of data collection to accommodate the part of domestic care work that goes unpaid.

Overall, all these studies suggest that there is an urgent necessity to acknowledge and embrace unpaid caregiving of disabled women with financial support, social services, cultural shift, and inclusion policies, facilitating gender equality and enhancing the overall welfare.

Theoretical Framework

In this study, the use of the Standpoint Theoretical Lens focuses on the life of the differently abled women who are unpaid domestic caregivers. Such theorists as Sandra Harding (1991) or Dorothy Smith (1987) are the first people who tried to formulate the standpoint theory, which emphasizes the fact that less-powerful groups may have their own kind of views which are located in their social positions and are usually not considered by the majority. These perspectives are critical in order to address the issue of inequity and see the realistic picture of social reality.

The combination of gender and disability marginalizes differently abled women in a context of this study. Their voices show both the mental and physical tensions of unpaid care work which is often undetectable and unseen. As based on what Harding (1993) and Collins (1990) have to say, the notion aids in realizing about the fact that knowledge is socially located and that by incorporating the outlook of marginalized individuals, the existing perceptions may be dislodged and generate revolutionary change.



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The essential standpoint concepts entail the agency, empowerment, knowledge, privilege, and social stance. The word privilege explains superior social status of dominant groups usually taking advantage of unprivileged individuals (Fraser, 1997). Conversely, the situation is worse with women who are disabled as they have to cope with being women and the fact that due to disabilities, they are disadvantaged socially and economically.

The current position of the differently abled women at the bottom of any virtual social establishment also can be illustrated by the concept of social position. It is because of this that their care giving often no matter what that is whether it be senior citizens, households or rearing children is often ignored and is not highly appreciated (Toronto, 1993).

Another critical aspect in this lens is the concept of knowledge. Incorporating the experience of differently abled women in the academic world allows us to create new knowledge which can challenge and revise old concepts about caregiving (Harding, 1991). This helps in advancing the objectives of feminist economics that state that the economic systems must consider that domestic care works in the economy is not built on self-sustainability (Folbre, 2001). The standpoint lens underlines the need to reconsider caregiving as the current study highlights that people most affected and least heard in the context of caregiving should be considered.

Research Methodolgy

This is the part that presents the overview on methods adopted in the study, which focuses on exposing the unpaid domestic care work of the differently abled women in Northern Areas and Twin Cities of Pakistan. Research design, area of study, population, sampling plans, mode of data collection, data analysis methods, data quality, and ethical issues have been well taken care of in the approach.

Research Design

The quantitative survey methodology in Northern Areas and Twin Cities of Pakistan was chosen to receive the complete and quantitative information about the woman differently abled providing care to the families. This was an appropriate method to carry out profound research on the time allocation, economic value of the same perceived to be and the emotional experience involved on unpaid care giving. The survey technique was useful in providing insights on the basis of what participants experienced in their real lives, making it possible to test the existence of correlations between influential variables, including how much time participants have devoted to caregiving tasks and the emotional or financial impact of these activities.

Population

The research is about differently abled women in various regions of Pakistan, especially the twin cities and Northern regions. The women were selected based on the fact that they are under the twin pressure of balancing between unpaid care giving roles and household chores, and adopting to living with disability. Several areas were chosen so that the sample was representative and diverse since not many differently abled women could be found in one location. Such an approach allowed the study to collect data regarding the scope of experiences across the diversity of geographic and cultural settings.



Sample

A purposive sample method was also used to ensure that those selected participants had experiences for the study that were relevant to the objectives of the study. Particular consideration was given to the study in that the sample size included a number of differently abled women, working unpaid as domestic carer in Twin Cities and in the Northern Areas of Pakistan, and similar an age range of 18-67 years.

This approach identified those women as having direct experience with the combined burden of disability and unpaid caregiving who were the target of interest on sample. Included in the final sample were 99 participants. Purposeful sampling was appropriate to conduct the study and made it possible to examine the problems more thoroughly and in a focused way because it ensured that only our willing and capable population that is directly affected by the issues under investigation was selected.

Data Collection

Data were collected face-to-face and a structured questionnaire was used, designed on the basis of the Tabassum et al. (2023) framework. The four primary domains in the questionnaire included childcare, elder care, domestic care, and care of the people with special needs. It has been designed to assess the spending of time, worthiness of the amount of money and the feeling of the differently abled women towards these caring demands.

To make the interviews highly accurate and reliable, they were conducted by a group of trained data collectors who used the local language as well as the local cultural context fluently and I was also part of them. They were interviewed at the work place, community centers, hospitals and sometimes were interviewed on phone calls depending on their convenience.

Data Analysis

SPSS was used to enter and analyze the data. Excel was used to clean the data. The results were compiled using descriptive statistics, such as means, frequencies, and percentages. To investigate correlations between variables and test hypotheses, inferential statistics were used. As suggested by Suh (2021), the minimum pay rate in Pakistan (32,000 PKR per month) was used to determine the economic value of unpaid domestic care work.

Results

Table 1: Quantitative Aspects of the Participants Descriptive Stats

Variables	Obs.	Mean	Stand. Dev.	Minimum	Maximum
Age (years)	99	32.62	10.157	18	67
Monthly household income (in rupees)	99	46767.68	54551.572	0	500000
Total number of children	99	1.01	1.669	0	7
Education of	99	6.77	4.589	0	16



participant

Total time spent in 24 hours	99	5.89	2.208	1	16
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The statistics for several variables in research including 99 differently abled women are displayed in Table 1. The age of the participants is appr. 32 years (SD = 10.157). Most of the individuals fall between 18 and 67 years even though there is a slight age gap. The standard deviation is high and equals to 54551.57.004, the average monthly income of all households amounts to 46767.68 rupees. Participants' household income, however, differ greatly; some get nothing, while others make up to 500,000 rupees. With a standard deviation of 1.669, the number of children in households varies from 0 to 7. With a mean age of 6.8 years and a standard deviation of 4.6, the participants' level of education varies widely. The age range of education levels is 0–16 years old. Participants engage in the activities for an average of 5.89 hours every day, with a standard deviation of 2.208 hours. The time range of one to sixteen hours shows the variation in the amount of time individuals devote to these pursuits.

Table 2: Frequency Distribution of Categorical Variables

Variables	Obs.	Category	Frequency
Gender	99	Female	99
Marital Status	99	Never married	51
		Married	37
		Divorced	3
		Widowed	8
Employment Status	99	Employed	1
		Currently working	3
		Not working	70
		Self employed	25
Family System	99	Nuclear	63
		Joint	36
Type of household earners	99	Dual earner	43
		Single male earner	56
Feeling while doing these activities	99	Fresh	1
		Better	2
		Fine	18
		Fatigued	32
		Drained	46

The characteristics of the study's female participants with disabilities like Speech impairment, partial visual or hearing impairment, spinal cord injury, lower back problem, combined speech and vision difficulties, arm disability, leg disability, mental health condition, deafness, walking difficulty, polio-affected limb, hand disability are shown in table 2. Regarding marital status, 37 participants are married, 3 are divorced, 8 are widowed, and 51 have never married. 3 participants are employed, at the moment, seventy are unemployed, and twenty-five are self-employed. Among the respondents whom the respondents of the study reside together with, 36 belong to joint families and 63 belong to nuclear families.



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Regarding the type of household earners, there are 56 and 43 single male-earner households and two male-earner households respectively. 18 participants report feeling fine, 32 report feeling tired, 46 report feeling drained, and 1 participant reports feeling fresh when engaging in activities.

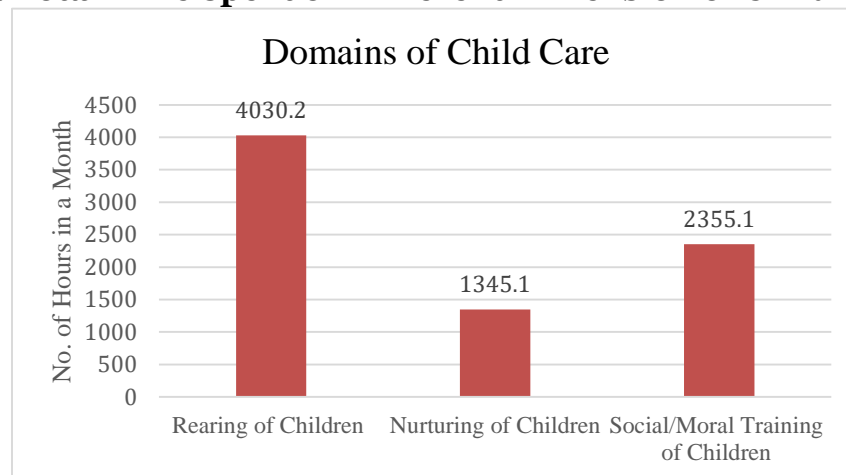
Child Care Dimension

The childcare tasks are grouped into the following domains that include:

1. Rearing of Children.
2. Nurturing of the Children
3. Social/Moral Training of the Children

The sub section involves human value of the activities; economic values of the activities being looked after under the child care and lastly the time these women with different abilities invest on these activities.

Figure 1: Total Time Spent on Different Dimension of Child Care



This bar chart 01 represents the number of hours per month that these differently abled women devote to various aspects of child care. The total amount of time they spend raising children is: 4030.2 hours. Social and moral training follows, with 2355.1 hours of consumption. The third of the listing of activities in number of hours is the nurturing that encompasses all the activities that emotionally supports and cares and amount to 1345.1-hour numbers. The present paper illustrates how women spent extensive time and efforts in child upbringing.



Figure 2: Human Value for Rearing of Children in Childcare

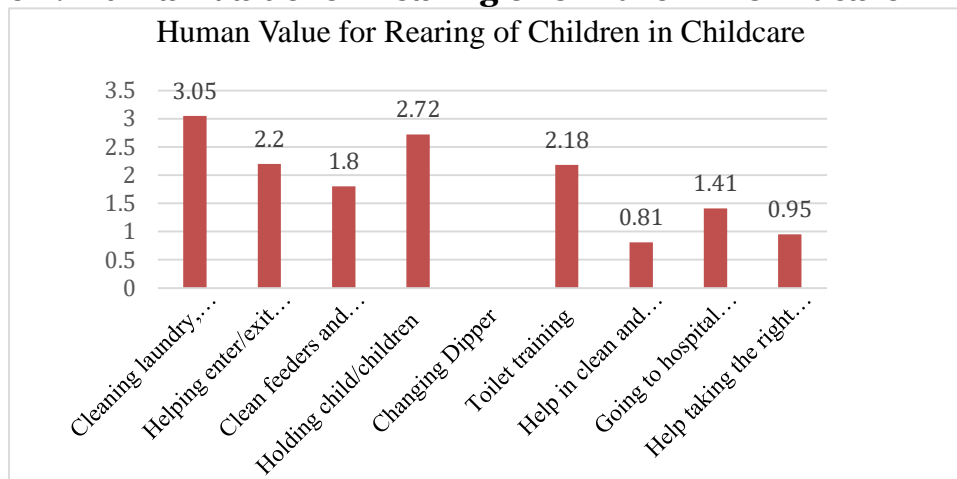
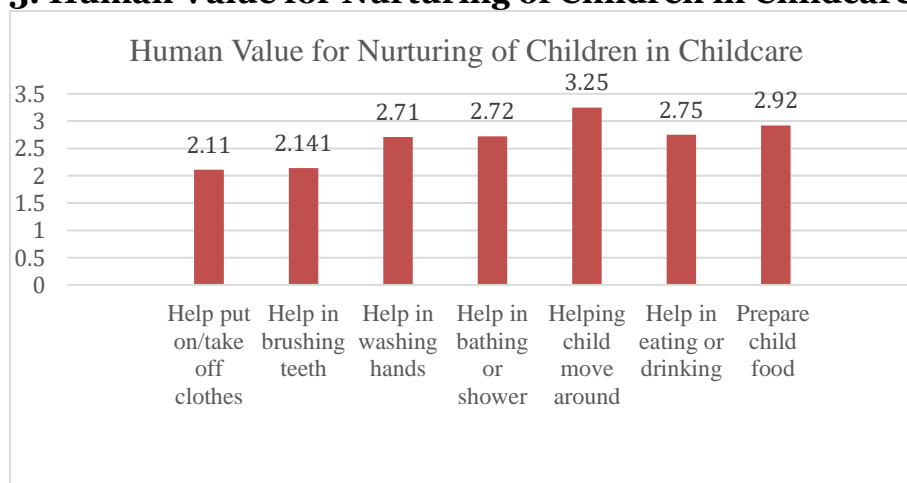


Figure 2 presents the emotional reactions of the differently abled women of the rural and twin cities of Pakistan who are working and giving out free domestic support. The most time-consuming work are cleaning, laundry, and house management (3.05 hours). Assisting with bathroom tasks takes around 2.20 hours and is stressful as well. While changing nappies takes less time (less than an hour), it still seems a little exhausting. In contrast, holding children is more positively perceived even if it is a regular task (2.72 hours). Helping with cleaning and clothing after using toilets (0.8 hours) and toilet training (2.18 hours) are both mentally exhausting. It is considered to be a bit stressful to go to the hospital together (1.4 hours) and consult with medication (0.9 hours). Of all, helping at the right dose of medicine has been revealed as the least stressful one. Such outcomes reveal the impact of the nature and strength of each of these activities on the emotional load of unpaid domestic care.

Figure 3: Human Value for Nurturing of Children in Childcare



The emotions connected with different caring tasks in a childcare are shown in figure 03.

While helping children put on or take off clothes and clean their teeth, activities which take around 2.11 and 2.14 hours respectively, differently abled women feel fine. Approximately 2.7 hours per month of responsibilities including hand cleaning, showering or bathing, and assisting with eating or drinking are linked to feelings of fatigue. Preparing child's food takes about 2.9 hours and



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results in a fatigued feeling as well. Interestingly, assisting a child to move around consumes 3.25 hours and it is associated with a fresh feeling.

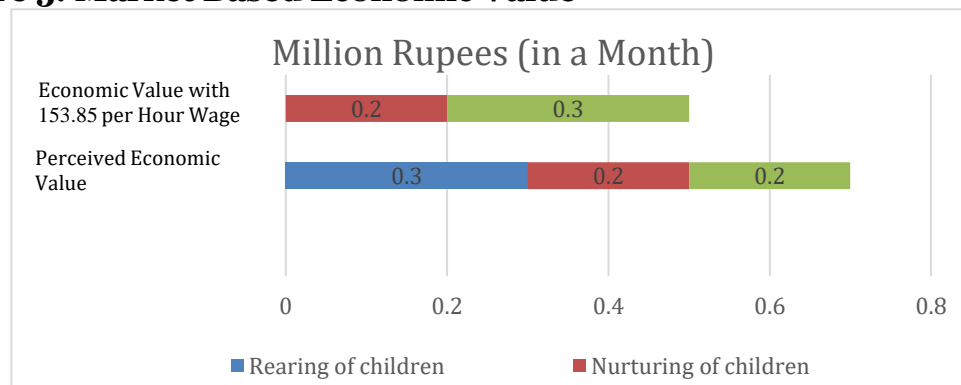
Figure 4: Human Value of Social/Moral Training of Children



The graph 04 reveals the feelings concerning the moral and social training of the children.

It takes about 2.6 hours in a month for differently abled women feel fine conversing or playing indoors with children. It takes approximately 2.3 hours to watch TV or other media together, and it also creates a fine feeling. Walking, which is linked to a feeling of freshness, takes two hours. It takes around 2.3 to 3 hours to help with transportation, teach or train the child, and take them to locations like school or tuition; these activities are also linked to fresh feeling.

Figure 5: Market Based Economic Value



In figure 05, the market based economic values of the various regions of childcare are depicted as well as the perceived economic values.

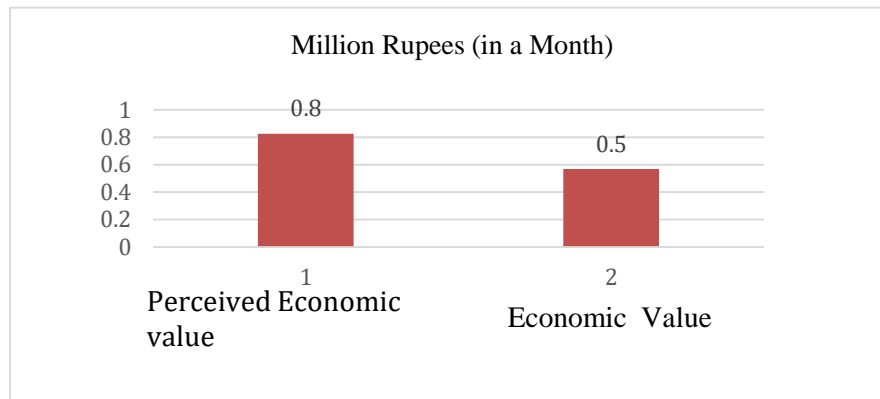
The economic value is perceived to go miles ahead of the market-based despite the fact that the market-based is 0.00015 million rupees per month compared to the economic value which is 0.3 million rupees per month. This means that the perception towards rearing of children is unnaturally lower than the real value of such an act as calculated in the market.

The total economic value of children rearing is 0.24 million rupees per month contrasted to the market worth which is 0.21 million rupees per month. It indicates the existence of a smaller gap in the perception of what the market thinks is value of the situation by the market and what is the true value of the market.



Surprisingly the economic value of the market based 0.3 million rupee per month is in the market so unlike the perceived value of 0.2 million rupees on how children are being trained on how to be socially and morally inclined. This implies that it is quite under-valued in the mind-set as relating to the real market-determined values.

Figure 6: Total Economic Value of Childcare



The total value of childcare perceived and market according to the figure no 06 above, the total value of childcare is as depicted. Economic value as wellbeing anchored upon a wage rate of 153.85 rupees per hour in a month is a bit lower hence, it can be dubbed as having just about 0.5 million rupees in a month as a comparable to the perceived economic value of childcare seems to have been calculated at 0.8 million rupees in a month. This shows that, in contrast to other domains, childcare's perceived economic value in this instance is more than its calculated market-based value, suggesting a possible overvaluation from the caregivers' perspective.

Elderly Care Dimension

The elderly care entails the following areas:

- Physical Care
- Medical Care
- Social/Spiritual Care

The following sections cover the total time spent on these activities by differently abled women and overall average of participants, the economic values of these activities and lastly the human value of elderly care activities.



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Figure 7: The Number of Hours Spent on Various Dimension of Elderly Care

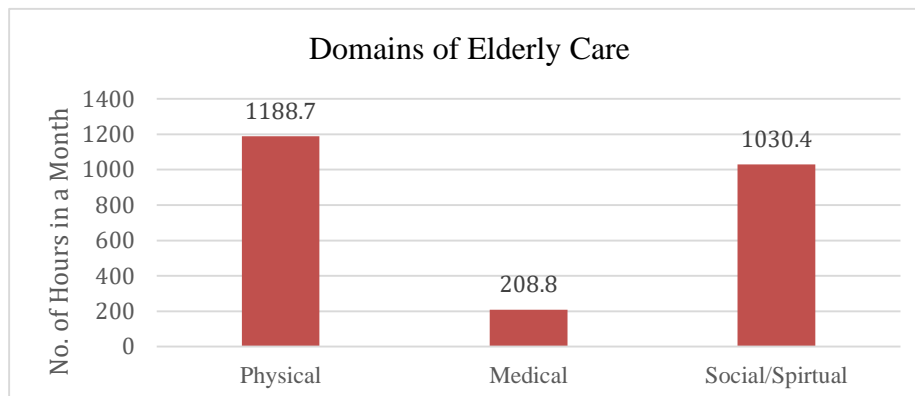


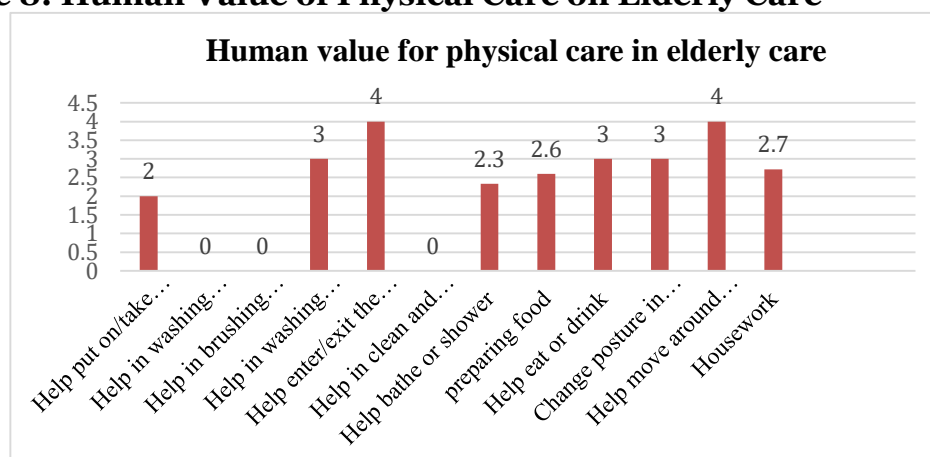
Figure 7 indicates the monthly hours used on various areas of elder care classifying them into three categories; medical, social/ spiritual and physical care.

Physical care ranks the worst in terms of the time spent on this activity as it utilizes 1188.7 hours per month on mobility-related support, daily tasks, and personal care. This suggests that the elderly's physical demands demand the greatest amount of care and attention.

With 1030.4 hours per month, the Social/Spiritual care domain comes next. In order to help maintain the mental and emotional health of elder people, this includes engaging in activities that promote social contact, emotional well-being, and spiritual connection.

With 208.8 hours spent to doctor appointments, medication management, and other health-related tasks, medical care takes the least amount of time. This breakdown suggests that while medical needs are essential, physical and emotional caregiving take up the majority of the caregiving time.

Figure 8: Human Value of Physical Care on Elderly Care



The emotions or human value connected to elder care are shown in Figure 08. Activities like assisting with clothing changes, taking a shower or bath, cooking, and cleaning in a month have values between 2.3 and 2.7, which shows that women feel fine doing these tasks.

Changing position in a chair or bed, washing hands and assisting with eating or drinking fall into a little higher range, suggesting feelings that fall between fine and fatigued. Assisting with moving around indoors and using a

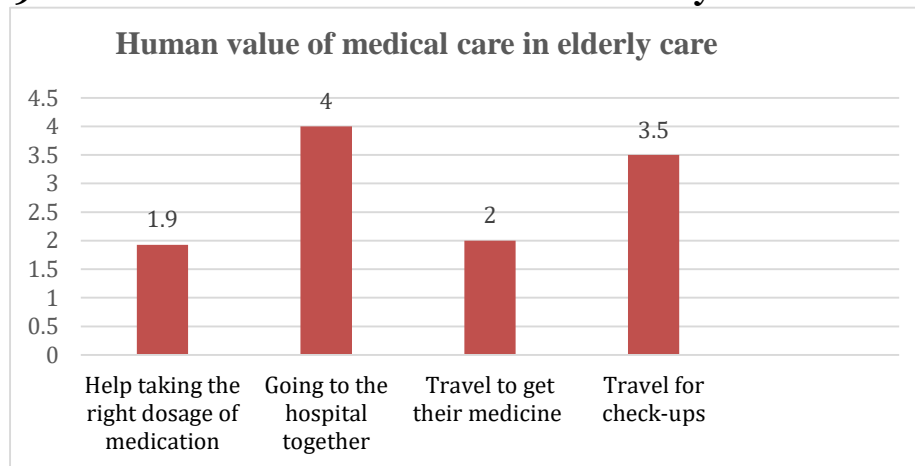


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bathroom shows the most emotional strain, with values nearer 4, which shows feeling of fatigue.

However, activities such as cleaning and clothing after using the bathroom, brushing teeth and washing face show very low or zero values, representing a positive and light emotional experience during caregiving.

Figure 9: Human Value of Medical Care in Elderly Care



The figure 09 denotes human value of medical care that comes in elderly care performed by differently abled women. Women feel tired during the process of taking them to hospital of 4 hours every month and women are also tired when they go to have the checkup. The time they spend carrying the activities to obtain their medicines such as travelling is 2 hours hence leaving them to feel much better and the ability to take the appropriate amount of the medicines makes them feel fine and it takes 1 hour.

Figure 10: Social/Spiritual Care in the Elderly is Important for Human Value

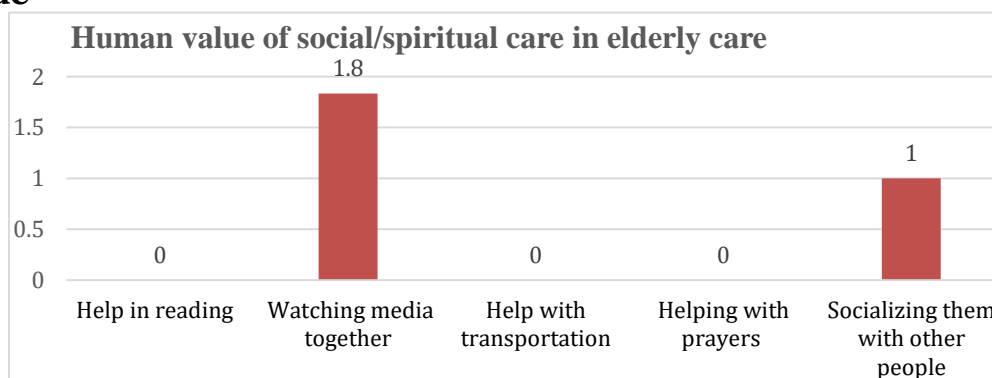
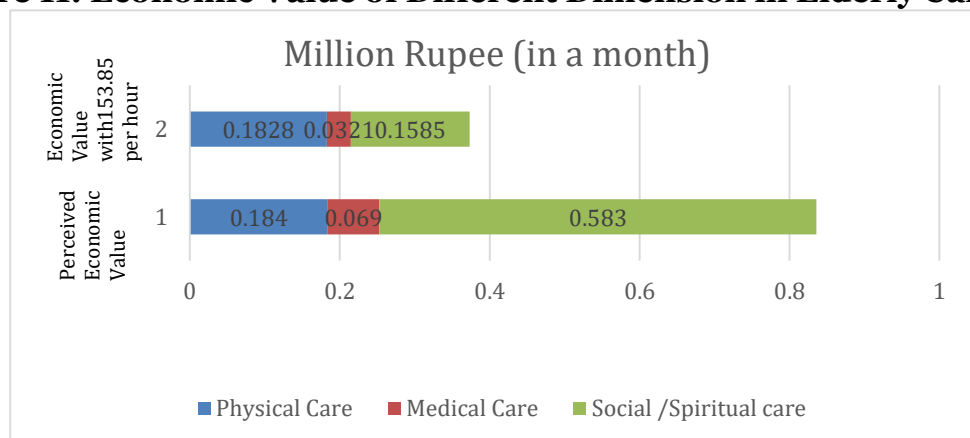


Figure 10 reveals human value of social/spiritual care in the care of elderly people "Socializing them with other people" is the least mentally demanding activity causes women to feel fresh.

"Watching media together" suggests a light emotional experience which makes them feel fresh. The emotional impact of activities like "Help in reading," "Help with transportation," and "Helping with prayers" could not be assessed because the respondents did not perform the task.

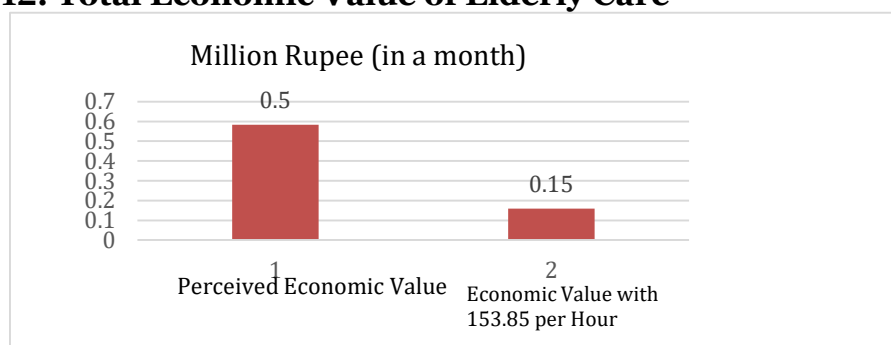


Figure 11: Economic Value of Different Dimension in Elderly Care



The market and perceived value of the economic value of elderly persons is shown in figure 11 and is in million rupees per month. Economic value of the physical care as perceived is approximately 0.184million rupees per month which is a bit higher compared to the one based on the market that is, 0.182million rupees per month. The perceived value stands at 0.069 million rupees in a month and this is the economic value of the medical care that is much higher than the market related value that is 0.032 million rupees per month. The social and spiritual care rate showing the estimated economic value in comparison with market-based value of 0.1585 million rupees per month is extremely high at 0.583 million rupees per month. Care activities, which are undervalued in the market, are reflected in the diagram through indicating that the perceived values in terms of economy surpass overall values of care activities in the market.

Figure 12: Total Economic Value of Elderly Care



Economic value of elderly care is explained in Figure 12 shows what the elderly care is perceived and valued and the economic value of elderly care in terms of the 153.85 rupees an hour wage rate. Perceived is valued at 0.583 million rupees in a month and the monetary value is 0.158 million rupees in a month. This implies that the perceived economic value that is enfacing wage rate is more and above economic value.

Domestic Care Dimension

The Domestic Care include the following three domains:

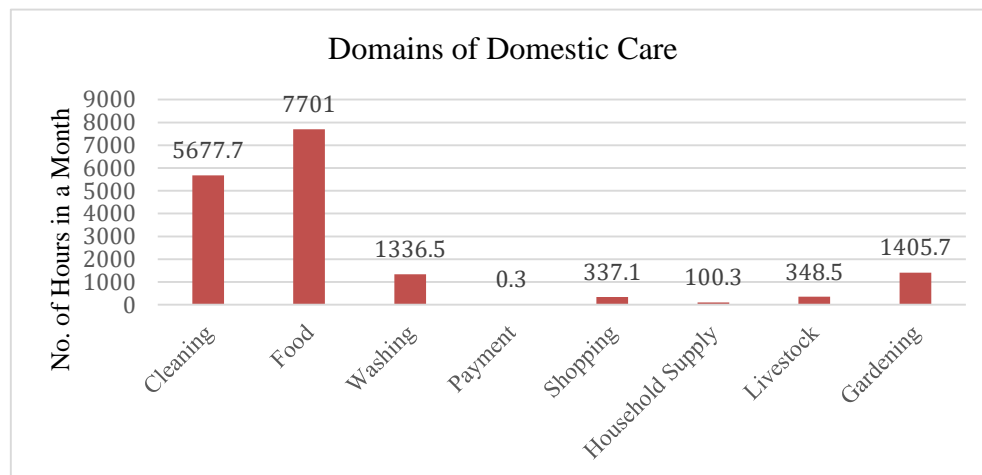
- Cleaning
- The preparation of foods to serve meals/guests
- Washing and Ironing of clothes



- Household bill payments
- Shopping
- Raising of Household supplies
- Care of livestock

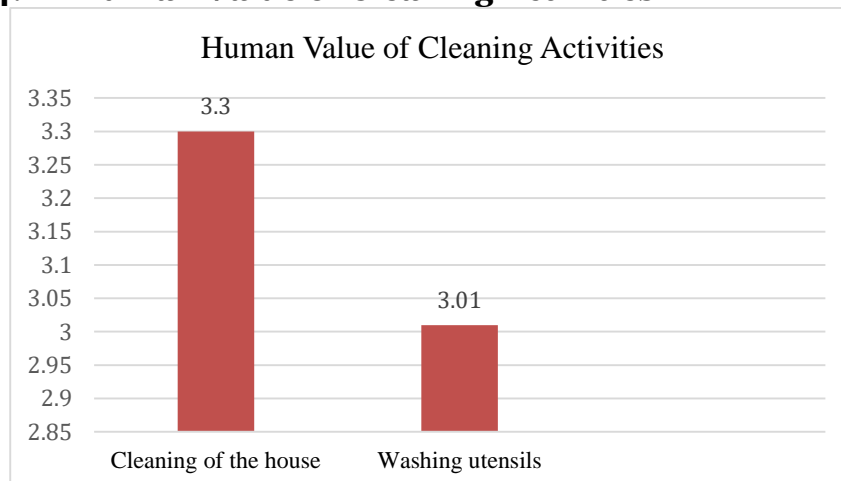
The following section covers the time spent on these activities by differently abled women and overall average of respondents, the economic values of these activities and lastly the human value of domestic care activities.

Figure 13: Time Spent on Different Dimension of Domestic Care



The time spent on each of the activities covered on domestic care is indicated on the "Domains of Domestic Care." The graph 13 informs that the number of hours in a month they spend on food making consists of the total hours, the second on clean up, the rest on the washing part, payment, shopping, household supply, livestock and gardening are 7701, 1336.5, 3337.1, 1100.3, 3348.5 and 1405.7 respectively. When compared to other domestic care tasks, this graphic shows the significant amount of time spent on cleaning and food preparation.

Figure 14: Human Value of Cleaning Activities

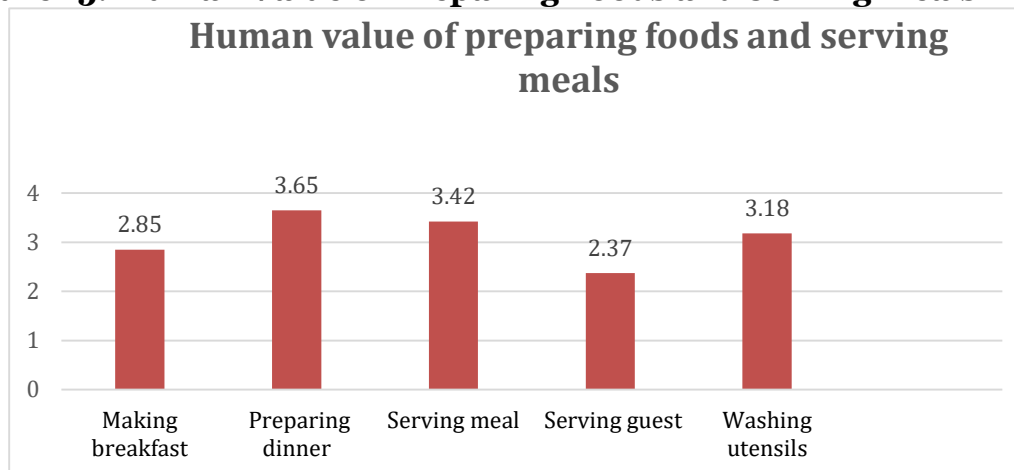


As Figure 14 indicates, the cleaning activities in domestic care have the feelings/human value. The average feeling of fatigue when cleaning the house is slightly increased. Washing utensils, in its turn, provides a bit lower average fatigue level



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Figure 15: Human Value of Preparing Foods and Serving Meals

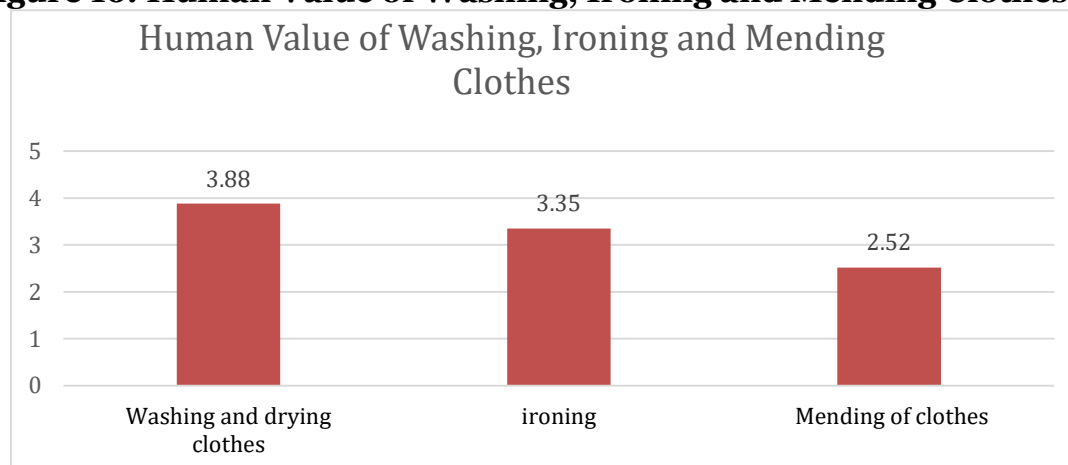


The human value of domestic chores like cooking and serving meals in a month is depicted in Figure 15. Based on an average time of 3.65 hours, participants report feeling almost "Fatigued," making dinner the most costly activity.

Also, women who prepare breakfast experience some emotional stress, ranging from "Fine" to "Fatigued," as shown by an average of 2.85 hours per month. According to a mean of 3.42 and 2.37 hours, respectively, the time invested in serving meals and sympathy sharing guests initiate equal emotional effort outputs, which both refer to a sense of feeling Fine.

Washing, on the other hand, is considered to be the least stressful task; participants say they feel slightly better than "Fine," as seen by the shorter average time of 3.18 hours.

Figure 16: Human Value of Washing, Ironing and Mending Clothes

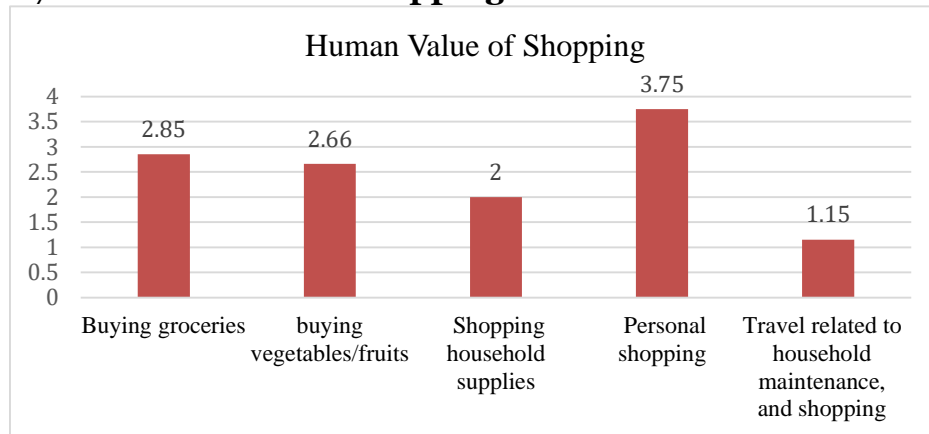


Participants evaluating their emotional state between "Fatigued" and "Fine," as seen by the total time of 3.88 hours per month, show that washing and drying clothes results in a higher average feeling of fatigue.

Ironing clothes, on the other hand, results in a little less emotional stress; participants report feeling fine, with an average of 3.35 hours. the new average of time utilized on isolating clothes is 2.52 hours, an amount that signifies some work and a certain sense of Better .



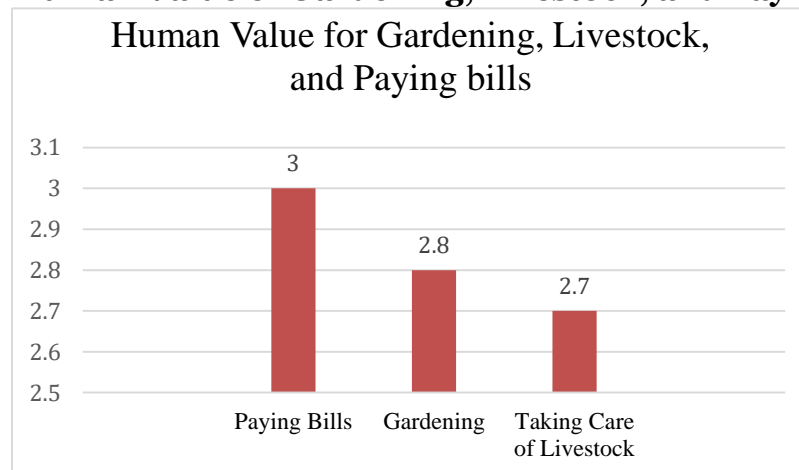
Figure 17: Human Value of Shopping



Among the activities listed, personal shopping in a month creates the most fatigue, with participants expressing feelings "Fatigued," as seen by the average time of 3.75 hours.

Based on an average of 2.85 hours, women who buy groceries say they feel between "Better," showing an average level of work. Participants who buy for fruits or vegetables and those who buy for household goods report feeling "Better," with average times of 2.66 and 2 hours, respectively, showing slightly less feelings of fatigue. Household maintenance-related travel, on the other hand, causes the least amount of fatigue, with participants reporting feeling "Fresh" followed by the lowest time of 1.15 hours.

Figure 18: Human Value of Gardening, Livestock, and Paying Bills

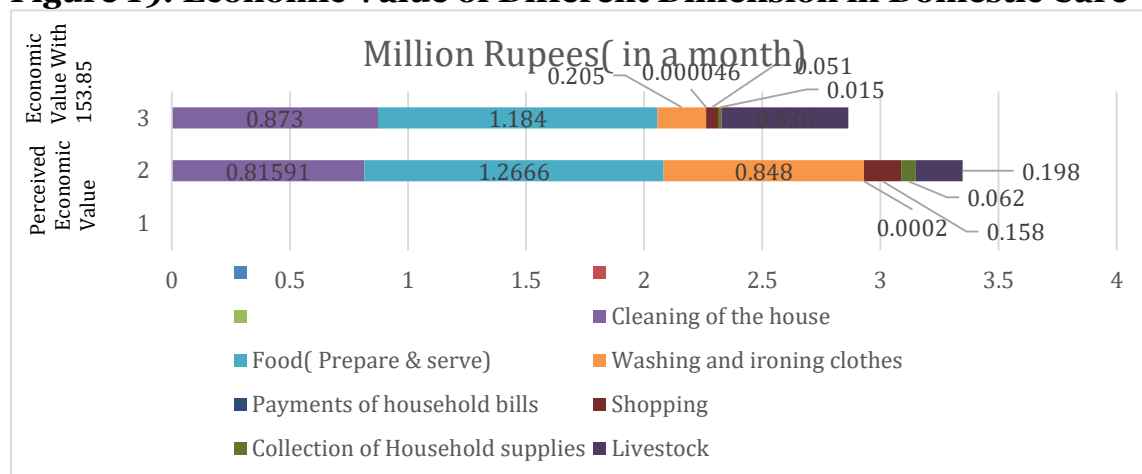


Participants who pay their bills per month say they feel "Fine," with an average time of 3 hours, indicating a moderate level of weariness. Based on the average of 2.8 hours, participants stated "Better," showing that gardening can be seen as less stressful. Likewise, taking care of cattle decreases emotional stress; participants report feeling "Better," which is supported by the average time of 2.7 hours in a month.



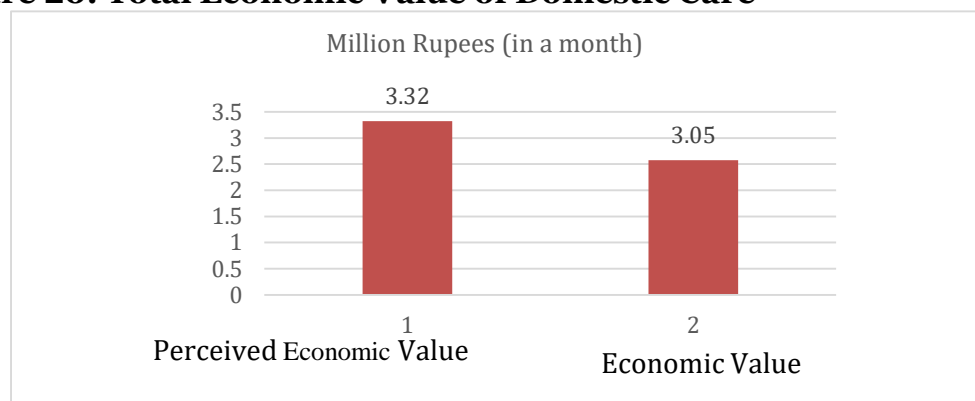
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Figure 19: Economic Value of Different Dimension in Domestic Care



The market base rate of household activities is shown as figure 19 and it is determined in terms of million rupees a month. Cleaning the house takes about 0.81 million rupees a month that is less than the current market level of 0.87 million rupees per month. The economic value of preparing and serving the food is 0.87 million rupee and per month which is above the market value which is 1.18 million rupee per month. Next to washing and ironing they cloths have got the value of 0.84 million in a month, compared to the market value which is 0.205 million per month. the household values are 0.0002 million per month and this is lower than the market rate of 0.00046 million rupees per month. In the case of shopping, the economic value will be 0.15 million rupees per month and market-based value being 0.051 million rupees per month. The value of collecting household supply is 0.062 million rupees per month as opposed to the market-based value of 0.015 million rupees per month. The care of livestock is 0.198 million rupees in perceived payment of the value compared to the market value that amounts to 0.53 million rupees on a monthly basis. Perceived economic value of gardening is 0.17 million rupees, on a monthly basis whereas the market based economic value is higher at 0.21 million rupees per month. The graph represents total value of domestic care activities than its market-base value which indicates the trend of undervalued household came in the market.

Figure 20: Total Economic Value of Domestic Care



The perceived economic value of domestic care is 3.32 million rupees in a month and the economic value based on wage rate of 153.85 rupees per hour is 3.05 million per month. This demonstrates that the perceived economic value is less



than half that of the economic value that is based on the wage rate.

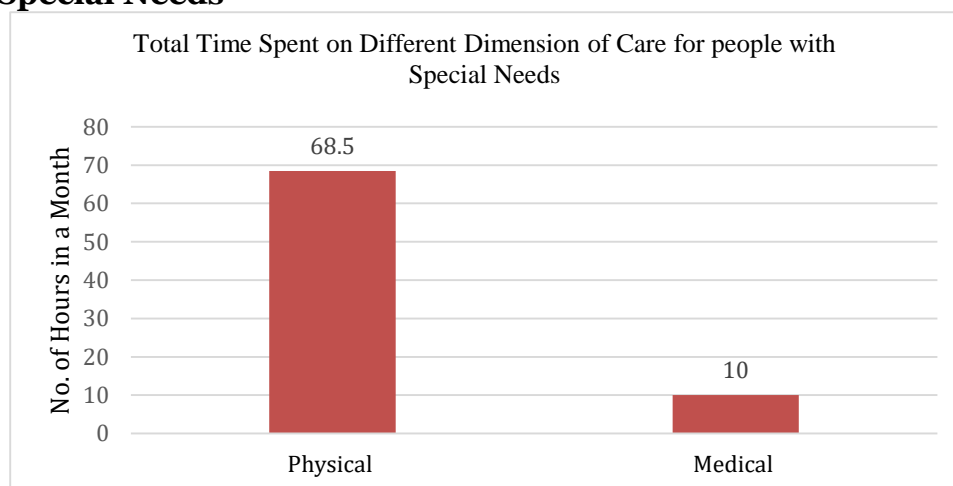
Care for the People with Special Needs

The care for people with special needs includes the following areas:

- Physical Care
- Medical Care

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

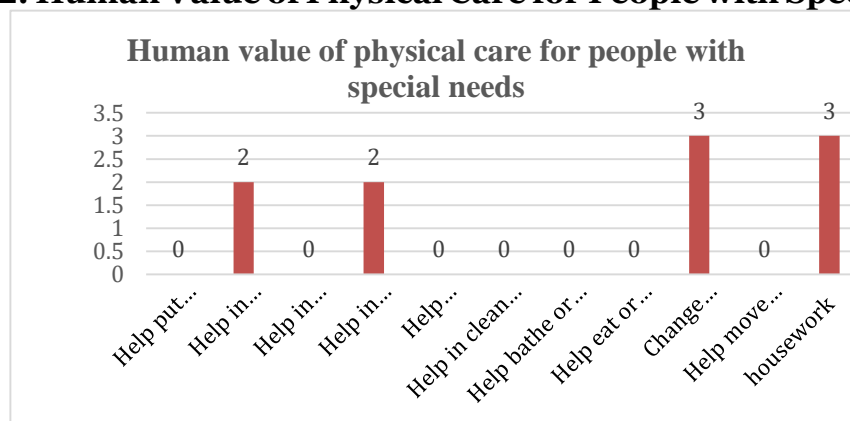
Figure 21: Total Time Spent on Different Domains of Care for People with Special Needs



"Domains of Special Need Care depicts the total hours spend on two critical factors by the differently abled women each month namely, medical care and physical care."

As per the data, it takes just around 10 hours on an average in a month towards medical care as opposed to around 68.5 hours towards physical care. This implies that in the offering of care to the individuals with special needs, a lot of time is consumed on physical care as compared to medical care.

Figure 22: Human Value of Physical Care for People with Special Needs



The figure demonstrates the averaged emotional reaction to all of the tasks per month that are adapted in the physical care service which are carried out by women with a differently ability.



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The two most difficult activities on the list are "Changing posture in bed or chair" and "Housework," both of which received a score of 3 from those who said they felt "Fine."

Participants report feeling "Better" after completing tasks like "Washing the face" and "Washing hands," which both require a significant amount of work (a score of 2). No emotional value was recorded for the participants because they did not perform other activities, such as assisting with dressing and cleaning after using the restroom, moving around indoors, bathing or showering, eating or drinking, brushing their teeth, putting on or taking off clothes, or entering or leaving the bathroom.

Figure 23: Human Value of Medical Care for People with Special Needs

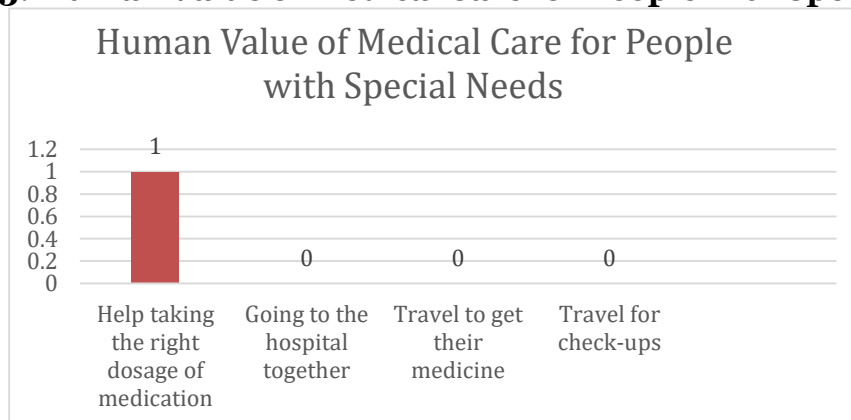


Figure 23 suggests the human value by differently able women that participated in the activities of the people having special cares. Assisting them in taking a proper amount of medication requires 1 hour in every month and this implies they feel good. Other activities such as taking a child to hospital, visiting a clinic to buy medicine and traveling to have a check do not require time.

Figure 24: Economic Value of Different Dimension for People with Special Needs

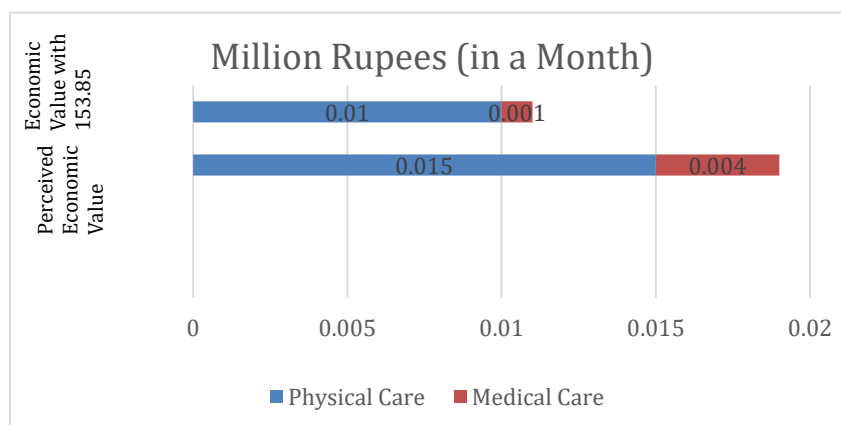
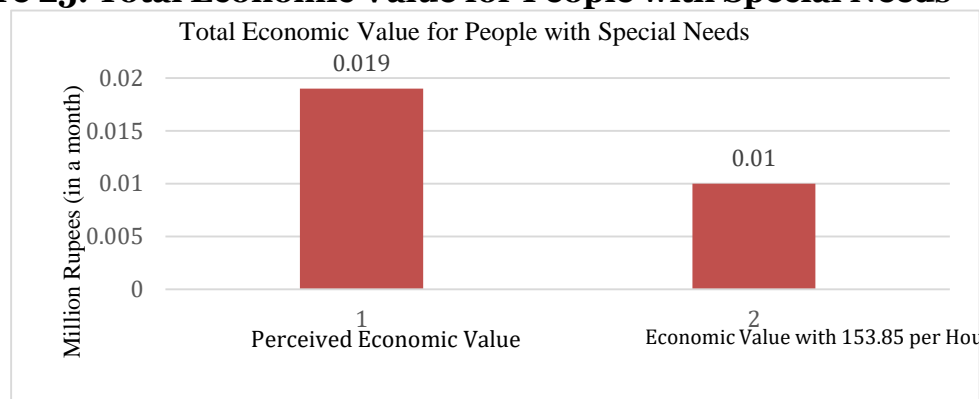


Figure 24 shows forward-looking and market centered values of special needs-care to people. The perceived economic value in the physical care is 0.015 million rupees per month against the market-based value of 0.0105 million rupees per month and this is high in higher levels. Perceived medical values will be 0.004 million rupees per month whereas the value that is determined in the market is



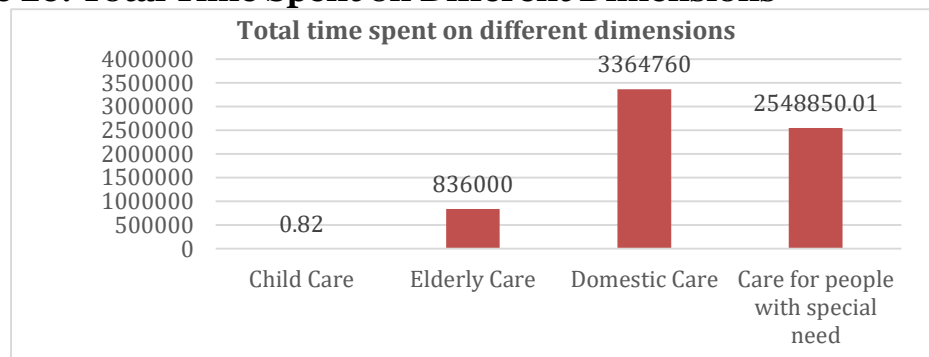
0.0015 million rupees and this is less. This indicates that the perceived economic value is higher than the economic value based on the wage rate.

Figure 25: Total Economic Value for People with Special Needs



Graph 25 shows the economic value of care on people with special needs. The economic value of differently able individuals with special need is 0.019 and its average economic value with wage rate is 0.012. This is meant that the perceived economic value is higher than the economic one through the calculated use of the wage rate.

Figure 26: Total Time Spent on Different Dimensions



The hourly count utilized after every month regarding the four main areas of care economy, child care, elder care, household care, and care of individuals with special needs is given here.

With 3,364,760 hours in a month, domestic care has the most time allocation. Care for individuals with special needs comes next, with 2,548,850.01 hours. 836,000 hours are spent on elder care, showing a slightly smaller contribution. With only 0.82 hours reported, child care, on the other hand, has the least time spent. This distribution shows how much effort is placed on household care compared to how little time is spent on child care.

Discussion

The outcomes of this study present records of the demographic variables, family set up of differently abled women along with their socioeconomic status. We get to know the lives of these women and the challenges they face by looking at their age distribution, marital status, the level of education they have and attained, their family structure, sources of income and the type of family income they had and the child care responsibility.



Economic Value of Care Work

According to the research's demographic data, most of the participants were younger than 35. Only a small percentage of them reported having one to three children, and the majority had few or no children. Financially dependent on family members, half of the respondents were unmarried and unemployed. Regarding education, most women had only completed primary school or were illiterate. differently abled women reported doing household care tasks for four to five hours every day. Most households relied on a single male income, and their monthly expenses were between 30,000 and 35,000 rupees. Dedication of time of women was usually 5-6 hours a day in work of domestic care and in this role the highly appreciated, but ignored role of the differently abled women in the domestic unpaid care sector within the home need to be noted.

Child Care

The research targeted 22 childcare activities that have been divided into three main sub-indices i.e. parenting children (9 activities), social/moral education (6 activities) and nurturing children (7 activities). Collectively, the differently abled women devote approximately 4030.2 hours a month in matters of childcare. The share that was devoted to social and moral training was 2355.1 hours, the share that was devoted to nurturing activities was 1345.1 hours.

This is consistent with past studies showing that parenting children from birth to early adolescence takes a significant amount of time and work (Tabassum et al., 2023). A child's development depends heavily on activities like eating, changing diapers, and general care. The substantial time commitment is indicative of the main duties performed by these women. But in both social and economic terms, their achievements are still mainly unnoticed, underappreciated, and unacknowledged. The necessity for acknowledgment and accurate valuation of unpaid domestic care labor is highlighted by the projected economic value of this care job, which is Rs. 32,000 per month a sum that is far less than its true market equivalent.

Elderly Care

The 19 activities of elderly care in general are subdivided again under 4 areas which are known as medical, social / spiritual as well as physical care. These activities utilize the highest time by the differently abled women amounting to 1188.7 hours of month in medical attention, 208.8 hours of month in social and spiritual attention as well as 1030.4 hours of month in physical attention. This shows that differently abled women are dedicating much time to their families but their work is not considered.

Special Needs Care

The people with special need have sub categories under their care and they are physical and medical care where 19 activities are involved. With regards to personal care, the total time that different abled women give to special care is accrued to 10 and 68.5 hours respectively; and 10 hours are also spent on medical care too These kinds of activities are meant to be highly appreciated as it takes energy to be finished with it.



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Domestic Care

The entire activity of care at home has got 19 levels, whereas this is involved in 4 parts that consists of food preparation, shopping in course of groceries, cleaning and laundry and ironing and managing household resources such as, taking care of live stocks, fetching water and garden and payment of bills. Women who are relying on their possession of different skills spend almost 7701 hours averagely on cleaning work, almost 5677.7 hours on putting clothes on the line and ironing them out and much more time is spent on cooking and buying groceries and other household chores. What they are being charged at the market and what is considered to be their economic value is not the same.

Conclusion

The research attracts the issue of large dependency of middle and low earnings differently abled women in the Northern Areas and Twin cities in doing unpaid domestic care work. Most of these women were below 35 years old and most of the women had 1 or 2 children, whereas others had no children at all due to their illnesses. Elderly people were either few or absent from their homes. Of the participants, half were unmarried, unemployed, and reliant on their family for financial support. Most of them had just completed primary school or were illiterate. These women worked around the house for five to six hours a day on average.

Through unpaid caregiving, differently abled women actively contribute to the welfare of their families and communities, despite their physical limitations. But this work is still mostly unseen and unrecognized. The results show that these women handle a variety of caring duties, from elder care to child care. The difficulties they encounter are made worse by gender-based disparities and societal stereotypes.

According to this study, society's perception and appreciation of their contributions need to change. It highlights how important it is to acknowledge unpaid caregiving and encourage shared family chores. Campaigns for media advocacy and awareness can be extremely important in dispelling negative preconceptions and lowering inequality. Society may make significant progress toward inclusion, dignity, and gender parity by recognizing and valuing the unpaid caregiving that differently abled women provide.

Limitation

Sample Size and Diversity

Number of participants of the study is 99 people, perhaps, there can be the possibility that this number is non-considerate of the diversity of the differently able women in all the given areas. It might be so that the sample that I selected does not project the experience of all women on each of the aspects and all kinds of disability.

Geographic Restrictions

The case study is located only in North Areas and Twin cities. These can never be used to other women having the other ability in other areas with different social and economic circumstances.

Self-Reporting Bias

The subjects individually reported the amount of time spent and the emotional



impact. This might be undefined, which could lead to bias or errors in the data.

Issues of Economic Valuation

The process of verification of the economic monetary quality of the unpaid female care work suggests manufacture of ideas and calculations, which are often ignored with the present-day market conditions and main concepts.

Diversity Concerning Types of Disabilities

The research work has included differently abled women though they have not been spelt out fully on the effects of different types of disabilities on their care giving and emotional roles.

Limited Scope of Care Activities

The study is limited to focus on some of the forms that unpaid domestic care labor might have been ignoring other forms or activities that might have been affecting the participants in their daily activities.

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