



Women's Unpaid Domestic Labour: Implications for Household Decision-Making in Dir, Pakistan

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Abstract: Women in Upper Dir, Khyber Pakhtunkhwa, Pakistan, are generally perceived as caregivers, often performing domestic unpaid labour. In contrast, men are discerned to perform paid labour outside the home. The complex intersection of women's unpaid domestic and men's paid labour outside the house with gender roles in the family influences women's household decision-making. This study used a Marxist feminist framework to analyze what implications women's unpaid domestic labour carries for household decision-making. We collected the data while conducting 19 in-depth interviews with married women. The findings reveal that women's unpaid domestic labour, such as cleaning the house, cooking the meals, washing dishes, cleaning and pressing the clothes, and caring for the children, influences women's role in household decision-making, for instance, decisions about children's health care and education, reproduction and women's health care, daily and major household purchases, and the decision about visiting relatives and attending social events. To ensure gender equality in the family, understanding the role of women's unpaid labour in family relations, especially in decision-making, is necessary.

Keywords: Women's unpaid domestic labour, Household decision-making, Children's health care and education, Major household purchases, Reproduction

1. Introduction

Women's unpaid domestic labour has many implications for women in different public and private domains of life. It influences women's say in household decision-making too (Khan *et. al.*, 2023). Men hold a superior position in family relations because they are earners (Bartley *et al.*, 2005). However, women's unpaid labour positions them in a low social status at house chores. Women's unpaid and men's paid labour is a significant factor influencing gender equality, including power relations in the family. It affects women's say in dealing with the daily and major things that appear in familial business (Cerrato & Cifre, 2018). Cerrato, J., & Cifre, E. (2018). Decisions about reproduction, and health care for women and children, visiting family or relatives, daily household purchases, and attending social events outside the family are vital to household decision-making where women's opinions are often ignored.

Women's minimal say in household decision-making has different reasons, such as not having a son, not doing a paid job outside the house, and not holding a business (Javed & Mughal, 2019). However, women's unpaid domestic labour is one of the key factors that influence their household decision-making. It weakens women's status in the family. Men are superior in household decision-making because they bring earnings from outside the home (Musalia, 2018). Women's stake in the decision-making about children's health and education becomes rare because

women's unpaid domestic labour influences their social status in the family. Senarath and Gunawardena (2009) write that in some South Asian countries, such as Bangladesh, Nepal and India, women's autonomy in the family regarding their healthcare system is nominal. They further revealed that poor economic status mainly causes women's minimal participation in household decision-making. In this context, women's say in household decision-making is minimal in the upper Dir district in north Pakistan. People in this area are primarily Pashtuns practising Pashtun culture, which is dominated by patriarchal norms (Saeed, 2012). Men in this area are mostly perceived to hold jobs and businesses outside the home, and women are perceived to perform domestic activities, such as cooking, cleaning, pressing clothes, and child care, which are not paid (Khan, 2011). Performing these unpaid domestic responsibilities has many implications for women's personal and familial lives. Sayer (2005) explained that women's unpaid domestic labour creates many inequalities in familial life and influences women's social status. Unpaid domestic labour makes women economically dependent on men, influencing familial relationships. This situation ultimately turns into women's no or minimal say in familial affairs, including decision-making. Women's minimal say in household decision-making hooked the studies' attention. Hence, this article asks how women's unpaid domestic labour influences household decision-making in the district of Upper Dir.

2. A Note on Women's Unpaid Domestic Labour

Women's unpaid domestic labour is conceptualized as cooking the meals, cleaning the house, washing dishes, caring for the children, and cleaning and pressing the clothes (George & Shaji, 2024). Women's unpaid domestic labour is a theoretical concern for feminist scholars and a policy matter too. Marxist feminists believe that women's role in social and biological reproduction is a paramount one but it is ignored by society (Hennessy, 2014). They consider women's unpaid domestic labour indispensable in the reproductive workforce (Federici, 2018). Women's domestic work has a real value in production and reproduction (Chopra, 2015) Marxist feminists believe that women's unpaid domestic labour is more important than men's paid work if its economic value is determined (Jarrett, 2015). Psychological theories have also debated women's domestic work. Mothering and socialization of small children and babies is an important domestic labour, however, it is unpaid which is why it remains unnoticed (Craig, 2016). They argue that women's role as caregivers gives them lesser economic and psychological power in patriarchal families. This happens due to women's roles as unpaid labour in the house (Finch & Groves, 2022). Ethical theories talk about women's caring roles which are unpaid or underpaid even in some societies. To give women an equal status in familial power relations, society has to restructure work relations (Williams, 2012). The Paid and unpaid labour need to be equally distributed among the genders. Intersectional feminist analysts also shed light on women's unpaid domestic labour. They believe that the intersection of women's unpaid domestic labour with gender socialization has brought many issues in family power relations, including decision-making (Beaujoin *et. al.*, 2021). Cultural feminists suggest considering women's positive contribution to family and power relations. They believe that women's unpaid domestic labour, such as feeding the children, and rearing and caring for children is necessary for the family and survival of the society but this labour is not fairly valued (Tacoli, 2012). This discussion proves that women's unpaid domestic labour is a real issue across the different contexts that influence women's say in decision-making, including household decision-making.

3. A Debate on Household Decision-Making

Regardless of women's vital role as caregivers at house chores their say in household decision-making is minimal. Women's needs and demands are often overlooked in household decision-making (Albert, 2017). This happens because women's caregiver role is considered unpaid and not valued economically (Damaske, 2011). Shared decision-making has multiple effective outcomes, such as better understanding, love, and mutual respect, and has an effective problem-solving tendency but is unfortunately lacking. Hartnett (2011) argued that women's unpaid domestic labour is the main factor behind this situation. It affects different aspects of women's say in household decision-making, such as the decision about children's health care and education, reproduction and women's health care, daily and major household purchases, and visiting relatives and attending social events. Children's health care and education are vital to household decision-making but women's say is often ignored. Women's social position in the family remains crucial here. Gómez-Valle and Holvoet (2022) indicated that women's role as domestic unpaid labour, such as cooking, cleaning, children's care, pressing clothes etc. is the main factor influencing women's say in deciding about children's education and health care. Men hold a dominant role in deciding about children's education and health care because they are doing paid jobs and earning money (Williams, 2023). Marxist feminists believe that the concept of private property ownership turned capitalism into a new form

which affects women's roles in public and private life, including women's roles in familial decision-making. Men dominate the decision about reproduction and women's health care. This phenomenon is mainly caused by private property ownership held by men and their role as earners in the family (Farré, 2013). Women's part in the household decision-making about children's health care and education cannot be recognized until they hold paid jobs outside the home or are paid for domestic activities. Bradshaw (2013) argued that women's paid work is one of the strongest indicators in restructuring the family and ensuring shared household decision-making.

Likewise, daily and major household purchases are crucial to household decision-making. Doing grocery, and purchasing carpets, furniture, and electronic appliances are often done by men. Women's opinion is almost ignored in this process because they do not earn money and economically contribute to the family (Boserup *et. al.*, 2013). Similarly, visiting relatives and attending social events are men's prerogatives. Men earn money and consume these activities which is why women are ignored in deciding about this. Hunter (2017) reflected that shared household decision-making can only be possible if women are allowed to earn money or convert their domestic labour to paid one. Thus, this discussion reveals that women's unpaid domestic labour affects their say in household decision-making in across the context.

4. Methodology

Data for this article come from fieldwork conducted in Upper Dir, Khyber Pakhtunkhwa. Using a purposive sampling technique, nineteen interviews were conducted with married women. The study focused on the implications of women's unpaid domestic labour for household decision-making. Since gender sensitivity was involved in a particular cultural context, we adopted a qualitative methodology. It is essential to mention that a female research associate was recruited to interview the female participants. Apart from having strengths in this research methodology, the researchers faced a limitation in data collection. Due to cultural sensitivity, it was challenging to access female participants, so the researchers overcame this limitation by involving a female research assistant in the data collection process. The interviews were conducted in different union councils of upper Dir to collect rich data. Pseudonyms were used to ensure the confidentiality of the participants.

Data were collected in the Pashtu language, a local language also spoken by the researchers. The data were translated into English and visited repeatedly to get familiarity with the data. Similar responses in the data were clubbed together to create codes that further produced themes. These themes were reviewed repeatedly and refined. All these processes were done in line with Clarke and Braun's (2017) thematic data analysis method. It is vital to mention here that some scholars have observations on thematic analysis, particularly about reliability (Nowell *et al.*, 2017). However, others confidently use thematic analysis (Terry *et al.*, 2017). Some specific themes in the initial analysis about women's unpaid domestic labour and their implications for household decision-making were found significant. Those themes are presented in the following section.

5. Children's Health Care and Education

Children's health care and education are among the typologies in household decision-making (Pokhrel & Sauerborn, 2004). This research analyses how women's say in the decision about children's health care and education is influenced by women's unpaid domestic labour. Reportedly, women in upper Dir have a minimal say in the decisions about children's health care and education. One of the interviewees pointed out that:

My husband decides which hospital our children will be treated in and where they will be admitted for schooling. He does not value my opinion in this process because my social status is not appealing to him. My husband makes all those decisions independently (Hiba).

Similarly, a common view among other participants was that 'men decide about the schooling and health care of the children'. Desai and Kiersten (2005) revealed that women's social status in the family is affected by unpaid domestic labour that has application in household decision-making, including children's health care. Deciding about children's health care and education is an essential familial business that needs a mutual consensus of husband and wife (UNICEF, 2006). However, this study revealed that women's say is not considered in those household decisions. One of the participants shared that 'my husband decided to admit our son to one of the public schools that is far from our home, but I was unable to stop him because he does not listen to me' (Fareha). 'If women want to have a say in the decision about their children's health and education, they (women) have to make their social status stronger by earning money' (Noreena, a female research participant).

Significantly, all nineteen interviewees talked about how women's unpaid labour influences their say in decisions

about children's health care and education. Shandana, a housewife, reported that 'most of the time my husband does not consider my view regarding our children's health care. He decides independently where to take children for treatment. This situation happens frequently. Another interviewer said, 'I told my husband to admit our daughter to the school where our son also goes, but he admitted her somewhere else' (Nighat, a housewife). A similar situation is reported by (Assaad et al., 2010) that women's unpaid labour is associated with women's say in the household decisions about children's health care and education. This discussion proves that women's unpaid domestic labour weakens their social status in the family, which further influences women's say in the decision about children's health care and education.

6. Decision about Reproduction and Women's Health Care

Many participants linked women's unpaid domestic labour with the decision about reproduction and women's healthcare. For instance, Javeria, a housewife, revealed that 'I have little or no say to decide about how many children to have'. Similarly, another interviewer shared that 'my husband decides which hospital to attend for my treatment' Nida. The practice of ignoring women's say in the decision about reproduction is prevalent in upper Dir. Fareekha, one of the interviewers, said, 'I told my husband that I cannot reproduce a baby for some time because of my health condition, but he refused and got me pregnant'. The reproduction decision is the male domain (Raymond et al., 2005). Women have a minimal say in that. Rehana, a participant, shared that 'my husband decides about the next baby whenever we plan for that'. Data in this research show that housewomen in the upper Dir are not independent in deciding about their health care. One of the interviewees indicated that 'when I get ill, my husband decides where to go for treatment' Seema. Almost all interviewers linked their minimal say in the decision about their health care with unpaid domestic labour. A common view noted in the interviews shows that women's status as unpaid labour affects decision-making about reproduction and women's health care. One of the participants, Javeria, explained that 'my husband decides and takes me to the doctor of his choice without consulting me'. This shows that women have no say in making this decision because they (women) are not in a position to decide about their healthcare. One of the studies reported that women can only be able to have a say in reproductive healthcare when their social status in the family is strong (Beaujoin et al., 2021). Similarly, Amna, one of the interviewees in this study, shared that 'my social status as an unpaid domestic labourer gives me the feeling that I am not capable of making an independent decision about my reproductive health care'.

Participants reported that women's status as unpaid domestic labourers is one of the severe challenges to their reproductive health care decision-making. Rabia, a housewife, explained that 'my husband decides about my reproductive healthcare'. Women can only be able to have a say in their reproductive healthcare if their social status is improved. Acharya et al. (2010) reported that women's household position influenced their autonomy in household decisions in Nepal. Data in this study show a similar situation in upper Dir, where women have no autonomy in deciding about their reproductive healthcare.

7. Daily and Major Household Purchases

Daily purchases include groceries, dairy products, home cleaning tools etc. Major household purchases are buying carpets, furniture, and electronic appliances. This was mentioned by many of the participants in this study. According to our respondents, women's unpaid domestic labour is linked to the mentioned forms of daily and major household purchases. One of the participants revealed that 'my husband ignored my say in purchasing some major stuff for the home, such as furniture and other electronic appliances (Rehana, a housewife)'. The data show that due to unpaid labour, women have a minimal say in daily or major household purchases. Rizwana, an interviewee indicated that:

When we shifted to this new house and were buying furniture, I desired a particular design of furniture but my husband ignored it and told me that I didn't have that much money.

Buying furniture, carpets, and electronic appliances is the major household purchase in which husbands do not ask their wives' opinions because they (women) do not contribute to those purchases. Haleema, an interviewee shared that 'my husband bought a refrigerator last year without asking me and I also kept silent because I knew my position as unpaid laborer in the house'. This situation is also found in contexts. Christopher (2021) reported that women in Nepal have minimal say in household purchases because they do not earn money while performing a paid job. Grocery shopping is another important aspect of daily household purchases. My study revealed that women have nominal representation in that. Although *Pakhtun* culture does not allow women to go outside the home for grocery

shopping, women's status as unpaid domestic labour is another major factor behind this situation. Nadia, one of the housewives expressed that:

My husband does grocery shopping by himself and when he comes home, I have no authority to reject any stuff brought by my husband. This practice has been for years and years and I am helpless to change this because I do not earn money.

Many participants reported that this is the norm in the area that husbands mostly do not ask their wives when purchasing something from the market. They (husbands) think that women do not earn money so why should we be asking them to make daily or major household purchases? In some cases, husbands even do not ask their wives about the choice of clothes and footwear. Haleema, an interviewee indicated that 'my husband brought shoes for me on the occasion of Eid-ul-Fiter. The colour of the shoes was not of my choice but my husband denied replacing those shoes'. The relationship between women's unpaid domestic jobs and household purchases has also been reported in other contexts. For example, Samtleben and Müller (2022) found that women's unpaid careers create different kinds of stratification between women and men, including household shopping. This analysis shows that women's unpaid domestic labour influences their (women) say in household purchases, whether daily or major household purchases, such as grocery shopping, furniture, carpets, and electronic appliances.

8. Visiting Relatives and Attending Social Events

Visiting relatives and attending social events were significant in household decision-making. Barlés-Arizón *et. al.*, (2013) have explained this as meeting with the blood and social relatives on the occasion of the marriage ceremony, religious ceremonies, and other events arranged for the relatives. The decision about attending these social events always takes place in the household. Many of our participants exposed that husbands normally decide about attending social events. Waheeda, a housewife indicated that 'some months ago one of my cousin's marriages held. When we discussed that, my husband decided that we could not attend this marriage ceremony and would visit them (my cousin's family) after some time. Men's authority is commonly noted in deciding about visiting relatives on social events. Habeeba, one of the participants in our study explained:

On the occasion of the last Eid-ul-Fiter (a religious event for Muslims), I requested my husband to visit my parents' home but he ignored it and decided to visit his (my husband's) brother's home.

Many participants correlated this practice to women's status as unpaid labour in the family. Sara, one of the housewives stated that 'men earn money while doing paid jobs and that is the major reason behind their authority in deciding who (relative) and what (social event) is to be visited. The dominance of men's authority in deciding about social events is not only present in *Pakhtun's* society at upper Dir. Samsi and Manthorpe (2013) revealed the same situation in Indonesia where women's say is ignored in deciding about visiting relatives and attending social events. Marxist feminists believe women's role in decision-making in the public and private domains cannot be improved until women are given economic independence. Barrett (2014) found that women's agency can be improved and be made them empowered in decision-making if they are given opportunities for paid jobs and economic independence. Similarly, many participants claimed that we could improve our share in household decision-making if we got paid for our domestic work, such as cleaning, cooking, pressing, and dishwashing. Nida, a housewife indicated:

Last month I and my husband were gossiping in that my husband told me that you are not earning money so why should you be deciding about who could be visited and what social event would be attended?

Women's unpaid domestic labour has implications for women's say in household decision-making about visiting relatives and attending social events, such as marriages and other events. Our analysis revealed that men (husbands) do not give space to women (wives) in the decision about visiting their relative's homes.

9. Conclusion

Women's no or minimal say in the household decision-making discussed above was found in upper Dir, Khyber Pakhtunkhwa. Understandably, women's status as unpaid labour at home was the main reason behind this issue. The decision about children's healthcare and education was one of the main household decision-makings where women were not involved. Mostly, men (husbands) decide where children be admitted for schooling and where their (children) treatment should be done. Women (wives) were not involved in deciding about this because they did not

earn money to be spent on children's healthcare and education. The article also highlighted that women were ignored in deciding on reproduction and women's healthcare. Women were found with a minimal say in deciding about when they should have the next baby. Doing women's treatment from which hospital was also noted as a men's domain. Women face this situation because of their social status in the family.

It is significant to know about daily and major household purchases as a man's authority in the family. In this vein, has to decide about the grocery shopping, furniture, carpets, and electronic appliances. The article found women with minimal involvement in the purchase of this stuff. It is concluded from the analysis that women would have a say in purchasing these stuffs if they (women) would have been earning money. Notably, visiting relatives and attending social events was another aspect of household decision-making dominated by men (husbands). Visiting women's (wives) relatives got minimal attention from men (husbands) while men were noted with frequent visits to their relative's homes. To decide about attending social events, such as birth and death ceremonies, marriage ceremonies etc. was men's prerogative. Women were found with nominal involvement in this household decision. Exploring men's opinions about women's unpaid domestic labour and household decision-making can be an area for future research to establish a balanced approach about the issue.

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