Invisible labour with Visible effect: The Impact of Unpaid Work on Women Health and Wellbeing

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KEYWORDS

ABSTRACT

Unpaid labour refers to the essential domestic and caregiving work carried out primarily by women without financial compensation. This includes household chores, child-rearing, elderly care, and other duties that contribute significantly to the well-being of households and communities but are not formally recognized or rewarded in economic systems. Despite its importance, unpaid work remains largely invisible and undervalued. This study explores how unpaid labour affects women's physical, mental, and social well-being. The physical impacts of unpaid labour are significant, with women experiencing chronic health problems such as back pain, musculoskeletal disorders, and fatigue due to the repetitive and often strenuous nature of domestic tasks. In addition to these physical challenges, the mental and emotional toll of managing unpaid labour is substantial. Women frequently report experiencing high levels of stress, anxiety, depression, and emotional burnout as they juggle household responsibilities, caregiving, and other life roles. This mental strain is exacerbated by feelings of isolation, guilt, and a diminished sense of self-worth, as their contributions often go unacknowledged. Unpaid labour also negatively affects women's social lives. The overwhelming time commitments leave little room for personal development, social interaction, or self-care, leading to social isolation and strained relationships. Furthermore, the burden of unpaid labour limits women's access to healthcare, as they often delay seeking medical attention due to time constraints and caregiving duties. The findings of this study emphasize the critical need to recognize unpaid labour and address its effects on women's health and well-being. Structural changes, such as redistributing domestic responsibilities and providing greater support for women, are necessary to reduce the negative impacts of unpaid labour. By acknowledging the importance of unpaid work, society can improve women's overall health, quality of life, and well-being, fostering a more equitable and supportive environment for all.

Introduction

Unpaid labour refers to essential work that sustains individuals, families, and society, yet remains uncompensated. This work includes domestic duties, caregiving, and emotional support, which predominantly fall on women. Feminist scholars contend that unpaid labour is systematically undervalued and that it perpetuates gender inequality, as women are expected to take on these responsibilities without formal recognition or pay (Hochschild, 1989). Unpaid labour also plays a critical role in social reproduction, which includes tasks such as child-rearing and eldercare, ensuring the continuity of labour forces and social stability (Federici, 2012). Feminist theories highlight how these gendered expectations contribute to broader social, economic, and health disparities (Barrett, 1980; Fraser, 1997).

Unpaid labour, particularly in the context of household work, serves as a crucial foundation for the overall functioning of society. Despite its essential role, it remains largely invisible and profoundly undervalued in many societal systems. The burden of this labour predominantly falls on women, who face a range of physical, mental, and emotional health challenges as a direct result of this unequal distribution of labour. These health challenges are not isolated to individual experiences but are deeply entwined with broader societal structures that prescribe and enforce gendered roles and expectations. The unequal division of unpaid labour is not merely an individual or familial issue but a reflection of societal gender norms that continue to position women primarily in caregiving roles, thus restricting their personal autonomy and broader opportunities for self-actualization, growth, and overall well-being (West & Zimmerman, 1987). Social constructions around gender reinforce the pervasive idea that caregiving, domestic chores, and emotional labour are natural and exclusive responsibilities for women. From a young age, girls are socialized into these roles, and these expectations often become deeply ingrained in their sense of identity and social value (Connell, 1987). This early socialization is not only reinforced by family dynamics but also by media portrayals, educational systems, and societal narratives that celebrate women's dedication to their families; while simultaneously downplaying or entirely ignoring the toll this labour takes on their health. As a result, the labour women perform within the household is often not only taken for granted but also framed as an obligation, further complicating any recognition of the health risks associated with it (Hays, 1996). The mental and physical health consequences for women who engage in these caregiving roles are profound and multifaceted. Evidence shows that caregiving, particularly when performed in the absence of sufficient support or recognition, is strongly associated with elevated levels of stress, anxiety, and depression. Women who provide care for children, elderly relatives, or sick family members often experience heightened emotional exhaustion, which, when coupled with the physical demands of caregiving, leads to chronic fatigue, sleep disturbances, and even cardiovascular strain (Schulz & Sherwood, 2008). The societal pressure placed on women to meet multiple competing demands—performing caregiving duties, managing the household, and maintaining their professional roles—creates an overwhelming burden. This strain not only detracts from women's mental health but also strains their social relationships, resulting in feelings of isolation and emotional exhaustion (Milkie et al., 2002). In fact, many women report their feeling like as they are caught in a "pressure-cooker" situation, where they are expected to excel in all areas of life but are rarely offered the social or institutional support necessary to thrive in each of these roles simultaneously. The systemic undervaluation of unpaid labour perpetuates gendered social inequalities that extend beyond the domestic sphere, often negatively impacting women's overall well-being. In many families, women's unpaid contributions are overlooked and unappreciated, while the economic value of men's paid labour is more visibly recognized. This lack of recognition of the value of unpaid labour not only devalues the work women do but also fosters a power imbalance within family dynamics. As a result, women often struggle to negotiate equitable partnerships within their households or assert their needs, which can negatively affect their emotional well-being and mental health. These power imbalances are compounded by the fact that women's unpaid labour is rarely considered "real work," thus diminishing the opportunities for policies and institutional structures that could better support them (England, 2010; Hochschild, 2012). The stigma surrounding the delegation or outsourcing of unpaid labour plays a significant role in perpetuating gender inequalities. Women who choose to hire help for domestic work or share caregiving responsibilities with partners often face social judgment for failing to meet the idealized standards of "self-sacrificial" womanhood that many societies uphold. This stigma adds another layer of pressure, forcing women to internalize the belief that they must be solely responsible for caregiving in order to fulfil their social roles. This creates a cycle where women feel compelled to take on excessive responsibilities, often leading to emotional burnout, chronic stress, and deteriorating mental and physical health (Craig & Mullan, 2010). The implications of unpaid labour extend

beyond the individual household, influencing broader social and community structures. Women's unpaid work is integral not only to sustaining family units but also to fostering social cohesion, support systems, and a sense of community. Despite these contributions, women's unpaid labour is rarely acknowledged or supported through public policies, leaving them to navigate these challenges largely unsupported. This lack of recognition and support exacerbates the health risks women face, as their caregiving responsibilities remain largely invisible to the institutions that could provide assistance (Fraser, 1997). Addressing the social dimensions of unpaid labour is, therefore, essential for improving women's health and well-being. This requires a cultural shift in recognizing caregiving as valuable work, as well as the creation of institutional frameworks that ensure an equitable distribution of caregiving responsibilities both within households and communities.

Theoretical Framework

To understand the complex link between unpaid labour and women's health, it is essential to explore the underlying theoretical perspectives that reveal the gendered nature of domestic work. These theories help illustrate not only the social foundations of gendered labour but also the profound consequences of unpaid work on women's health. The following theoretical frameworks provide valuable insights into how unpaid labour affects women's health:

1. **Feminist Theory**: Feminist theorists have long argued that the unequal distribution of labour within households reflects broader gender inequalities in society, which are both deep-rooted and culturally reinforced (England, 2005). Unpaid domestic labour, often assumed to be a natural responsibility for women, enforces the gendered division of labour that confines women to caregiving roles, whether for children, elderly family members, or partners. These social constructs of gender restrict women's autonomy and contribute to systemic inequality, making caregiving and domestic tasks a dominant yet invisible part of women's lives (Beauvoir, 1949; Hochschild, 2012). The health implications of this unequal division are far-reaching, as the physical and emotional demands of caregiving contribute to significant mental health challenges such as chronic stress, anxiety, and depression (Hochschild & Machung, 2012). The continuous burden of domestic work further increases the risk of physical health problems, such as fatigue, sleep disorders, and cardiovascular issues, which are disproportionately experienced by women (Milkie et al., 2002). Moreover, the feminization of unpaid labour perpetuates social attitudes that render women's health issues as secondary to their caregiving responsibilities.
2. **Social Reproduction Theory**: Social reproduction theory, articulated by scholars like Michele Barrett and Silvia Federici, emphasizes the central role of unpaid labour in sustaining the workforce and maintaining societal functions. This theory foregrounds the work of caregiving, domestic labour, and social reproduction, which is fundamental for the functioning of the economy and society but often goes unacknowledged (Barrett, 1980; Federici, 2012). The vital labour of reproducing social life through care and caregiving—such as raising children, supporting elderly relatives, and nurturing family members—is necessary for the continuity of both the economy and society. However, the neglect of these tasks in economic and policy frameworks not only undervalues the contributions of women but also has direct health implications for them (Fortin, 2004). Women engaged in caregiving often face heightened physical demands, emotional exhaustion, and mental health struggles such as depression, all of which are exacerbated by the lack of sufficient social support or respite (Schulz & Sherwood, 2008). Thus, social reproduction theory reveals how gendered labour practices affect women's well-being by trapping them in labour-intensive, undercompensated roles that leave them vulnerable to negative health outcomes.

3. **The Care Economy**: The care economy framework focuses on the essential, yet undervalued, labour involved in maintaining individuals' well-being, including childcare, eldercare, and emotional labour. As argued by Nancy Folbre (2006), the care economy is an intricate system of unpaid and underpaid labour that overwhelmingly burdens women. In this framework, women bear the disproportionate responsibility for caregiving, which leads to significant physical and emotional health consequences. The toll of caregiving is not limited to the physical demands of the work but extends to the emotional labour involved in maintaining relationships and providing psychological support to family members (Hochschild & Machung, 2012). Women in caregiving roles often experience mental health challenges, such as burnout, depression, and anxiety, due to the combination of physical exhaustion and emotional strain. Moreover, caregiving responsibilities are frequently undervalued, leading to a lack of institutional support or recognition for the immense work performed by women. The consequences of this neglect include social isolation, inadequate healthcare access, and unmet mental health needs, all of which contribute to diminished well-being for women (Folbre, 2006).
4. **Intersectionality and Unpaid Labor**: To fully grasp the complexities of unpaid labour's impact on women's health, it is necessary to apply an intersectional lens. Intersectionality, a concept introduced by Kimberlé Crenshaw (1989), examines how overlapping social identities—such as race, class, and gender—interact to shape experiences of oppression and inequality. Unpaid labour is not a monolithic experience for all women; rather, it is shaped by these intersecting identities, which can amplify the health consequences of caregiving. For example, women of colour, immigrant women, and those from lower socioeconomic backgrounds often face compounded disadvantages, such as greater caregiving expectations and limited access to resources (Collins, 1990). These intersecting factors create unique health burdens, leading to higher rates of chronic illness, mental health disorders, and overall stress among marginalized women (Lutz, 2011). The intersectional approach emphasizes how social and economic factors, in addition to gender, play a critical role in shaping the physical and emotional toll of unpaid labour on women's health.
5. **Post structural Feminist Theory**: Post structural feminist theory offers a critical perspective on the social construction of gender and how cultural narratives reinforce traditional roles in caregiving and domestic work. According to theorists like Judith Butler (1990), gender is not an inherent biological characteristic but a social construct that is continually reinforced through cultural norms, including those related to unpaid labour. In this framework, the expectation that women will take on caregiving responsibilities is rooted in socially constructed ideas about women's natural suitability for nurturing roles. These cultural narratives contribute to the normalization of unpaid labour and reinforce the notion that women should prioritize caregiving over their own health and well-being (Butler, 1990). The emotional burden of fulfilling these gendered expectations can lead to psychological distress, as women internalize societal expectations and feel guilty when unable to meet them. This internalization further exacerbates the health consequences of unpaid labour, as women may feel reluctant to seek help or prioritize self-care (Butler, 1990). As a result, post structural feminist theory highlights the role of cultural and social scripts in shaping women's experiences of unpaid labour and its impact on their health.
6. **The Social Construction of Health and Illness**: Sociological perspectives on the social construction of health and illness, notably those of Irving Zola (1972) and Talcott Parsons (1951), provide important insights into how societal expectations affect women's health experiences. Zola's work suggests that illness is not only a biological phenomenon but is also influenced by social and cultural factors. For women, the burden of caregiving often leads to health issues that are minimized or disregarded by

society. Caregiving responsibilities are often seen as a natural extension of women's roles, and the health consequences of this unpaid labour are dismissed as personal or inevitable. As a result, women's health problems are often overlooked or underreported, which limits their access to appropriate care and support (Zola, 1972). Moreover, the normalization of unpaid caregiving work contributes to the stigmatization of women who experience health issues as a result of these responsibilities, reinforcing the cycle of neglect and under-recognition of women's health needs (Parsons, 1951).

Physical Health Impacts of Unpaid Labor

Unpaid labour, which includes domestic tasks, caregiving, and other responsibilities, places significant physical demands on women and often leads to long-term health issues.

1. **Musculoskeletal Disorders**: Repetitive and physically demanding household tasks, such as cleaning, lifting heavy objects, and prolonged standing, are strongly linked to musculoskeletal problems. Common issues include chronic back pain, joint discomfort, and neck strain (Arber et al., 2003; King et al., 2020). These risks are intensified in environments where ergonomic tools or labour-saving technologies are unavailable (Meng et al., 2021). Women in low-income settings are disproportionately affected due to the lack of such resources and support systems (International Labour Organization [ILO], 2018).
2. **Chronic Fatigue and Exhaustion**: The physical toll of unpaid labour is a primary contributor to chronic fatigue. Research indicates that globally, women devote triple the amount of time men spend on unpaid work, resulting in physical and mental exhaustion (UN Women, 2020). Balancing household responsibilities with paid employment further exacerbates this exhaustion (Hochschild & Machung, 2012). Households with unequal divisions of labour report significantly higher levels of fatigue among women (Hook & Ibarra, 2014; Kleiner & Pavalko, 2010).
3. **Development of Chronic Conditions**: The extended physical strain associated with unpaid work increases the likelihood of developing chronic illnesses, including cardiovascular diseases, hypertension, diabetes, and arthritis (Buchmueller et al., 2006; Gupta et al., 2018). Women in caregiving roles, particularly those responsible for lifting and assisting dependents, are especially vulnerable to long-term physical exhaustion and pain (Pinquart & Sörensen, 2003). Limited access to healthcare resources and wellness support further heightens these risks, especially among marginalized populations (Razavi, 2007; Folbre, 2014).
4. **Sleep Disturbances**: Unpaid labour often interferes with sleep due to irregular schedules, nighttime caregiving, and extended work hours. Poor sleep quality and insufficient rest are directly associated with weakened immunity, cognitive impairments, and a heightened risk of chronic illnesses (Burgard & Ailshire, 2013). Women in caregiving roles face an even greater disruption to their sleep cycles, which further compounds health risks (Okeke-Ihejirika et al., 2021).
5. **Wider Societal Impacts**: The cumulative health burden of unpaid labour contributes to systemic gender-based inequities, limiting women's participation in the workforce and access to economic opportunities (UNDP, 2019; Oxfam, 2020). This burden is especially pronounced in developing economies, where social protections for unpaid labour remain inadequate (ILO, 2020). The resulting health disparities perpetuate cycles of inequality and restrict progress toward gender equity (Kabeer, 1994; OECD, 2017).

Mental Health Impacts of Unpaid Labour

Unpaid labour imposes significant mental and emotional burdens on women, stemming from its unrelenting demands and lack of recognition. The mental health challenges associated with unpaid labour have been widely documented, reflecting its pervasive and often invisible toll.

1. **Stress and Anxiety**: The continuous responsibility of managing household chores, caregiving, and maintaining a functional home creates substantial stress. Women often feel overwhelmed due to the high expectations and insufficient support systems (Stone, 2007). The societal norms that place a disproportionate burden on women further exacerbate anxiety levels (Elliott, 2008; Benetti & Roopnarine, 2019). A study by Sayer (2016) indicates that women who shoulder the bulk of household labour are twice as likely to report elevated stress levels compared to men in similar roles.
2. **Depression and Burnout**: Unpaid labour frequently leads to emotional burnout, characterized by chronic fatigue, emotional exhaustion, and reduced productivity (Maslach & Leiter, 2016). Women who undertake extensive caregiving roles, especially for children or elderly relatives, are particularly vulnerable to depression (Pinquart & Sörensen, 2003). Longitudinal studies reveal that caregiving women exhibit a higher prevalence of clinical depression compared to non-caregiving women (Schulz & Sherwood, 2008). Moreover, the lack of respite or support mechanisms for unpaid caregivers significantly intensifies the likelihood of experiencing emotional burnout (Lutzky & Knight, 1994).
3. **Emotional Labour**: Unpaid labour extends beyond physical tasks to include emotional labour—managing family relationships, mediating conflicts, and providing emotional support (Hochschild, 2012). This invisible labour, although crucial for family harmony, often goes unacknowledged, leading to frustration, feelings of inadequacy, and resentment (Erickson, 2005). A study by Wharton (2009) found that women performing emotional labour are more likely to report psychological distress and diminished self-esteem. The cumulative burden of emotional labour is amplified in cultures where women are expected to prioritize the emotional well-being of others over their own (Silbey, 2018).
4. **Social Isolation and Lack of Support**: The extensive time and energy devoted to unpaid labour often leave women with little opportunity for social interactions or self-care, leading to isolation. Limited access to community or social services further compounds this isolation, especially for women in rural or marginalized communities (Hochschild & Machung, 2012; Vyas-Doorgapersad, 2021). A lack of social networks has been linked to increased rates of depression and anxiety among women overwhelmed by unpaid labour (Cattan et al., 2005). For caregivers, isolation is often worsened by societal undervaluation of caregiving roles, contributing to feelings of neglect and loneliness (Pearlin et al., 1990).
5. **Intersectional Impacts**: Women from lower-income, minority, or immigrant backgrounds face compounded mental health challenges due to unpaid labour. Disparities in access to healthcare, social safety nets, and community support structures exacerbate their vulnerability to mental health issues (Razavi, 2007; Folbre, 2014). Women in these groups are also more likely to experience role strain, as they often balance unpaid labour with low-paying, precarious jobs (UN Women, 2020).

Intersectionality and Disparities in Health Impacts

The health effects of unpaid labour are shaped by intersectional factors, including race, class, socioeconomic status, and geographic location. These dimensions amplify disparities, with

marginalized groups facing a disproportionate burden of health risks due to the interplay of unpaid labour and systemic inequities.

1. **Caste, Tribal, and Ethnic Disparities:** In India, structural inequalities and systemic marginalization significantly affect the health outcomes of women from Dalit, Adivasi, and minority ethnic communities. These women often engage in low-paying, physically intensive jobs within the informal economy, where labor protections are inadequate or absent (Deshpande, 2011; Thorat & Newman, 2010). This overrepresentation in precarious work is compounded by their unpaid domestic responsibilities, increasing their exposure to physical and mental health risks. Dalit women, for instance, frequently endure musculoskeletal disorders, chronic stress, and hypertension due to the dual burden of managing unpaid labor and engaging in manual work such as waste collection, construction, or agricultural labor (Rawat, 2013). Similarly, Adivasi women face unique challenges, including poor access to healthcare and high rates of chronic illnesses resulting from malnutrition, poverty, and inadequate sanitation facilities (Subramanian et al., 2006). Muslim women also encounter compounded health risks driven by socio-economic exclusion, cultural barriers, and limited access to healthcare. These intersecting factors amplify the vulnerability of marginalized women in India, further entrenching health disparities (Hasan & Menon, 2004).
2. **Class and Socioeconomic Status**: Economic disparities intensify the health impacts of unpaid labour on lower-income women. Financial constraints often prevent these women from outsourcing domestic tasks or accessing healthcare services, leaving them to manage the full burden of household labour alone (Gonzalez et al., 2009). The dual pressure of paid employment and unpaid caregiving disproportionately affects their mental health, contributing to increased rates of anxiety, depression, and substance abuse (Ross & Mirowsky, 2006). Research highlights that socioeconomic stressors compound physical health risks, with women in lower-income brackets reporting higher incidences of musculoskeletal disorders and cardiovascular diseases linked to caregiving roles (Glaser et al., 2015).
3. **Rural and Marginalized Communities**: Women in rural or geographically isolated areas bear additional burdens due to a lack of infrastructure, social support networks, and healthcare services (Kendall et al., 2011). In many rural regions, traditional gender roles and limited employment opportunities place the majority of household and caregiving responsibilities on women, increasing their risk of physical strain and mental health issues. Geographic isolation often limits access to mental health services, leaving women in these communities vulnerable to untreated depression, anxiety, and caregiver burnout (Smith et al., 2013). Moreover, women from marginalized communities frequently lack access to public support programs, compounding the health toll of unpaid labour (Rao, 2017).
4. **Intersectional Compounding Effects**: The overlapping nature of race, class, and geographic location creates a compounded health burden for many women. For instance, immigrant women often face cultural and language barriers that limit their access to healthcare and social services, while also navigating exploitative labour conditions (Sharma, 2020). Similarly, women of colour in low-income rural areas are disproportionately exposed to environmental health risks, further amplifying the physical and mental toll of unpaid labour (Bullard et al., 2007).

Impact of Women's Unpaid Labour: A Data Perspective

Dimension	Key Insights	Consequences	References
Economic Contribution	Women account for 76.2% of global unpaid care work, with its economic value estimated at approximately $10.8 trillion annually.	The lack of inclusion of unpaid labour in GDP calculations masks its critical role in economies.	Organisation for Economic Co-operation and Development [OECD], 2019; International Labour Organization [ILO], 2019; McKinsey Global Institute, 2019.
Time Allocation	Women dedicate three times more hours to unpaid care work compared to men globally.	This time imbalance limits women's access to professional opportunities and income generation.	UN Women, 2020; World Bank, 2022.
Health Impacts	The physical and mental health toll of unpaid labour includes fatigue, stress, and a higher prevalence of burnout.	Women performing unpaid care work report higher rates of chronic illnesses and depression.	World Health Organization [WHO], 2021.
Educational Barriers	In many regions, girls are expected to support household labour from a young age.	This reduces girls' educational attainment, perpetuating cycles of poverty and economic disparity.	UNICEF, 2022; Global Education Monitoring Report, 2021.
Workforce Participation	A 23% global gender gap in workforce participation is linked to women's disproportionate share of unpaid care work.	Women's economic empowerment and professional growth remain constrained due to caregiving duties.	World Economic Forum, 2023.
Social Barriers	Traditional norms and gender roles designate caregiving and household tasks as women's responsibilities.	These roles reinforce systemic inequalities and hinder progress toward gender parity.	Harvard Gender Studies Review, 2021; Oxfam, 2022.
Impact on Children	Women's unpaid care significantly benefits children's nutrition, health, and education outcomes.	This caregiving, while essential, comes at the cost of women's personal growth and opportunities.	Lancet Maternal and Child Health Study, 2021.
Policy Gaps	Most countries fail to formally recognize or compensate unpaid labour in economic or social policies.	This lack of recognition limits access to social protections, such as pensions or tax benefits.	International Labour Organization [ILO], 2023.

Methodology

The research has been enhanced with review of secondary data after which the Primary data was collected through semi-structured interviews with 30 women aged 25-55 years, selected using purposive sampling and the participants were the women visiting AAM Noonmai and AAM Kadder (Kulgam) of Jammu & Kashmir, India. The participants were chosen based on their involvement in unpaid labour, including caregiving, household chores, and other domestic duties. The sample represented women from diverse socio-economic backgrounds, ensuring variation in experiences and challenges faced due to unpaid labour. The interviews focused on understanding the physical, mental, and social impacts of unpaid labour, as well as the barriers women face in accessing healthcare. Open-ended questions encouraged participants to describe their experiences in detail. The content analysis approach was employed to identify and quantify recurring themes, keywords, and phrases related to key areas such as fatigue, musculoskeletal pain, mental health issues (e.g., stress, anxiety), time poverty, social isolation, and healthcare access. The frequency of specific terms or concepts was analysed to highlight the prevalence of these themes across interviews. Secondary data from existing literature, health reports, and statistical studies on women's health, unpaid labour, and healthcare access were also incorporated. This secondary data provided broader context and helped corroborate the findings from the primary data. By taking insights from secondary sources and researching on primary sources, this research aims to offer a comprehensive understanding of the impact of unpaid labour on women's health.

Results

This data provides an in-depth look into how unpaid labour impacts various aspects of women's health. The analysis explores the physical, mental, social, and healthcare consequences that arise from the disproportionate domestic and caregiving responsibilities often borne by women. The following tables summarize key findings:

Table 1: Impact of Unpaid Labor on Women's Physical Health

Physical Health Impact	Percentage of Women Reporting Impact	Age Group Most Affected	Associated Factors
Back Pain/Joint Issues	53.33%	35-55 years	Repetitive household tasks, lifting heavy items, and poor ergonomic practices.
Musculoskeletal Disorders	26.66%	40-55 years	Long hours of domestic labour, lack of access to ergonomic tools, and repetitive physical strain.
Fatigue and Exhaustion	60.00%	25-45 years	Long hours of unpaid labour, lack of sleep, and multiple caregiving roles.
Chronic Headaches	13.33%	25-40 years	Stress from balancing paid and unpaid work, and excessive screen time.
Cardiovascular Issues	23.33%	40-55 years	Chronic stress, lack of physical exercise, and unhealthy eating habits.
Sleep Disturbances	16.66%	35-50 years	Interrupted sleep due to night-time caregiving duties and increased household demands.

Gastrointestinal Problems	10.00%	30-55 years	Stress-induced digestive issues and irregular eating habits.
Obesity/Weight Gain	6.66%	25-45 years	Stress eating, lack of time for exercise, and unhealthy food options.

Table 2: Impact of Unpaid Labor on Women's Mental Health

Mental Health Impact	Percentage of Women Reporting Impact	Age Group Most Affected	Associated Factors
Stress and Anxiety	63.33%	30-50 years	Juggling domestic duties and work, lack of support, societal expectations.
Depression	30.00%	25-45 years	Emotional exhaustion due to overwork, caregiving demands, and lack of breaks.
Emotional Burnout	56.66%	30-55 years	Caregiver responsibilities for children, elderly, and lack of external help.
Sense of Isolation	46.66%	40-55 years	Limited access to social support, geographic isolation, and lack of community resources.
Feelings of Helplessness	23.33%	25-45 years	Pressure to meet household and family expectations without recognition or support.
Decreased Self-Worth	23.33%	25-40 years	Lack of recognition for unpaid labour, societal undervaluation of women's domestic roles.
Guilt and Shame	10.00%	30-50 years	Guilt for not fulfilling all domestic, caregiving, and professional duties perfectly.
Mood Swings	43.33%	25-40 years	Hormonal fluctuations combined with stress and overwork.

Table 3: Impact of Unpaid Labor on Women's Time and Social Well-being

Impact on Time and Social Life	Percentage of Women Reporting Impact	Age Group Most Affected	Associated Factors
Time Poverty	70.00%	25-45 years	Limited time for self-care, leisure, or pursuing personal interests.
Limited Social Interaction	50.00%	35-50 years	Heavy household workload, caregiving duties, and lack of social networks.
Inability to Engage in Community Activities	56.66%	40-55 years	Geographical isolation, lack of community resources, and heavy household duties.
Difficulty Maintaining Personal Relationships	36.66%	30-50 years	Stress from overwork and caregiving duties impacting relationships.
Reduced Personal Development	40.00%	25-40 years	Insufficient time for education, career development, or personal growth.

Sacrificing Hobbies and Interests	23.33%	30-45 years	Limited personal time, prioritizing family and household responsibilities.
Inability to Travel or Take Breaks	30.00%	35-50 years	Restrictions on personal time due to caregiving duties and household responsibilities.

Table 4: Impact of Unpaid Labour on Women's Healthcare Access

Healthcare Access Impact	Percentage of Women Reporting Impact	Age Group Most Affected	Associated Factors
Delayed Healthcare Seeking	53.33%	35-50 years	Time constraints, lack of transportation, and lack of family support.
Limited Preventive Health Care	43.33%	40-55 years	Economic limitations and prioritization of household responsibilities.
Inability to Afford Health Care	46.66%	30-55 years	Financial constraints and reliance on informal or local healthcare services.
Underutilization of Mental Health Services	20.00%	30-50 years	Stigma around mental health, lack of awareness, and inadequate resources.
Neglecting Personal Health	60.00%	25-40 years	Caregiver role for others, leading to self-neglect and postponed health concerns.
Chronic Conditions Unmanaged	16.66%	40-60 years	Inability to seek regular treatment for chronic conditions due to time and financial constraints.

Conclusion and Summary:

The data presented sheds light on the substantial and varied impact that unpaid labour has on women. This labour, which typically involves household chores and caregiving responsibilities, often goes unnoticed and unacknowledged in societal structures, yet it significantly affects women's health and well-being. This conclusion synthesizes the key findings, highlighting the ways in which unpaid labour takes a toll on women's physical and mental health, social interactions, and access to healthcare. It also emphasizes the urgent need for societal change to alleviate these burdens and improve gender equality. Unpaid labour imposes significant physical strain on women. The data reveals that many women reported experiencing back pain**,** musculoskeletal disorders**,** fatigue**,** and sleep disturbances, which can be attributed to the repetitive nature of tasks like cleaning, lifting, and caring for others. These physical challenges are further compounded by a lack of ergonomic support and insufficient rest, leading to chronic health issues. The widespread nature of these physical health problems highlights the need for increased recognition of the toll unpaid labour takes on women's health. Greater support in the form of shared domestic responsibilities and access to resources such as ergonomic tools could go a long way in reducing these health risks. Mentally, the demands of unpaid labour are equally taxing. The findings indicate that many women experience stress**,** anxiety**,** depression, and emotional exhaustion as a result of managing domestic chores, caregiving duties, and professional obligations. These pressures are intensified by feelings of

isolation, helplessness, and diminished self-worth, as many women feel that their unpaid contributions are undervalued by society. The emotional burden of unpaid labour leads to guilt and fatigue, which can have lasting effects on mental health. To address these mental health challenges, there is a pressing need for a cultural shift that recognizes the value of unpaid labour and offers women more support, both at home and in the community. The social impact of unpaid labour is also significant. Several women reported experiencing time poverty, meaning they have little opportunity for self-care, socializing, or pursuing personal interests. This time constraint leads to social isolation, difficulties in maintaining personal relationships, and a lack of time for personal growth. As a result, many women feel trapped by their responsibilities, unable to invest in their own development or well-being. The data highlights the sacrifices women make in terms of hobbies, social connections, and even their personal freedom in order to meet the demands of unpaid labour. This imbalance not only affects women's quality of life but also contributes to the persistence of gender inequality. In terms of healthcare, unpaid labour creates substantial barriers. The data shows that many women delay seeking medical care due to time constraints, financial limitations, and caregiving responsibilities. This often results in poorer health outcomes, as women prioritize the needs of others over their own well-being. The underutilization of mental health services and the tendency to neglect personal health further demonstrate the challenges women face in accessing proper care. These barriers not only hinder women's immediate health but also lead to long-term consequences that could have been prevented with timely medical attention. In conclusion, the findings clearly illustrate that unpaid labour has profound effects on women's physical and mental health, their social interactions, and their ability to access healthcare. To reduce the burden of unpaid labour, there is a critical need for a societal shift that includes the redistribution of domestic tasks, better support for caregivers, and increased recognition of the value of unpaid work. These changes will not only improve women's health and well-being but will also contribute to a more equitable society where women have the freedom to pursue their goals and lead fulfilling lives.

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