

OXFAM ESTABLISHING A FAIRER DISTRIBUTION OF CARE RESPONSIBILITIES, EMPOWERING WOMEN, AND AMPLIFYING THE RECOGNITION AND VALUE OF CARE WORK IN KADUNA STATE



A study by:
TinT - Follow Taxes
August 2024





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of Care Responsibilities, Empowering
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and Value Of Care Work In Kaduna State**

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ACRONYMNS

- ACJL - Administration of Criminal Justice Law
CSOs – Civil Society Organisations
G-ANC - Group Antenatal Care
GBV – Gender Based Violence
GDP - Gross Domestic Product
GESI - Gender Equity and Social Inclusion
ILO - International Labour Organisations
JNS - Justice Needs and Satisfaction survey
JTL - Justice Transformation Lab
LGA – Local Government Area
KASWEP - Kaduna State Women Empowered Programme
MDAs – Ministries Departments and Agencies
MHSSD – Ministry of Human Services and Social Development
MWASD – Ministry for Women and Social Development
NGOs – Non- Governmental Organisations
NHRC - National Human Rights Commission
SDGs – Sustainable Development Goals
SDP – State Development Plan
SIDA - Swedish International Development Coperation Agency
UN – United Nations
UNFPA – United Nations Population Fund
UNICEF - United Nations Children Fund
VAPP - Violence Against Persons (Prohibition)
VAWG - violence against women and girls
WFD - Westminster Foundation for Democracy

CARE FOR ALL

In Kaduna State, Nigeria, the equitable distribution of care responsibilities and the empowerment of women are critical for fostering social equality and sustainable development. This abstract explores strategies to enhance the recognition and value of care work, addressing systemic inequalities and promoting gender equity. By examining current socio-cultural norms and policy frameworks, the paper proposes interventions to redistribute care responsibilities more equitably among genders. It emphasizes empowering women through education, economic opportunities, and legislative support to enable their active participation in the workforce and public life. Moreover, it advocates for policies that acknowledge and remunerate care work, thereby challenging traditional gender roles and promoting a fairer societal model. Through these efforts, Kaduna State can foster inclusive growth, empower its women population, and create a more equitable and sustainable future.

BACKGROUND

Bridging Gaps and Empowering Unpaid and Underpaid Care Workers in Kaduna State is a 6-month programme funded by Oxfam in Africa. The aim of the research is to tackle gender disparities and hurdles experienced by women and care workers in Kaduna State, with a specific emphasis on unpaid and underpaid care work through the conduct of an Action Research on the effect of how unpaid and underpaid affects care workers in Kaduna State. The research also aims to foster an environment where care work is not only acknowledged but also valued as an essential and integral contribution to the overall well-being of society.

According to Onwuazombe, (2017). Human rights are in general terms, “rights” which all human beings, by virtue of their humanity possess, and include the right to life, personal liberty, fair hearing, and dignity of human person, freedom of thought, conscience and religion. These “rights” provide common standards of behavior among humanity and are natural, inviolable, rational and unalterable, as their deprivations would constitute grave offenses to the citizens’ sense of justice. While the World Bank defines Social inclusion as the process of improving the terms on which individuals and groups take part in society—improving the ability, opportunity, and dignity of those disadvantaged on the basis of their identity.

All Nigerian citizens have fundamental Rights to Life, and Freedom of Association as stipulated in Chapter 2 of the Constitution of the Federal Republic of Nigeria on the fundamental objectives and directives principle of State Policy guarantees that the state social order is founded on the ideals of freedom, equality and justice that conditions of work are just and humane among others. Workers’ Rights is also guaranteed by the provisions of the Labour Act of 1990 and the International Labour Organisations (ILO) Conventions 87 and 98 on the Rights to Freedom of Association and Collective Bargaining

The Kaduna state government has demonstrated its commitment to improve the quality of education, health care, employment, criminal justice and social welfare to address aspects of social inclusion. For example, the Kaduna State Child Welfare and Protection Law may address issues related to children's rights and social inclusion by enacting various laws and regulations to address specific aspects to safeguard human rights and social inclusion. The laws enacted include the Kaduna State Child Welfare and Protection Law, The Social protection law, the Kaduna State Administration of Criminal Justice Law, the Kaduna Community and Social Development law and the Violence Against Persons Prohibition Law.

The findings of this research, is expected to produce findings and recommendations that will help achieve a tangible reduction in gender disparities, particularly in the realm of unpaid and underpaid care work. By actively addressing these challenges. It is anticipated that a more equitable distribution of care responsibilities, empowering women to participate more fully in both household and community caregiving roles. Additionally, the research aims for results that will yield a perceptible shift in societal attitudes towards care work with the hope for an increased recognition and value placed on the crucial contributions of caregivers, acknowledging their pivotal role in sustaining the overall well-being of the community. Ultimately, this research seeks to instigate a positive transformation, where care work is not only acknowledged but also esteemed as an indispensable component of societal flourishing in Kaduna State.

Objectives

The goal of the research is to tackle gender disparities and hurdles experienced by women and care workers in Kaduna State while the central objective is to establish a fairer distribution of care responsibilities, empower women, and amplify the recognition and value attributed to care work within the societal framework.

The research also aims to achieve the following.

Comprehensively understand the challenges faced by caregivers, particularly regarding their economic security, well-being, and social inclusion.

1. Comprehensively understand the challenges faced by caregivers, particularly regarding their economic security, well-being, and social inclusion.
2. Tackle gender disparities and hurdles experienced by women and care workers in Kaduna State, with a specific emphasis on unpaid and underpaid care work.
3. Establish a fairer distribution of care responsibilities, empower women, and amplify the recognition and value attributed to care work within the societal framework.

Research Questions

The key research questions are:

1. How do we identify and define the various categories of caregivers within Kaduna State?
2. What are the different forms of unpaid and underpaid work performed by caregivers?
3. What are the socio-economic and psychological impact of unpaid and underpaid work on caregivers?
4. What are the barriers preventing caregivers from receiving fair compensation, including socio-cultural norms, institutional factors and policy gaps?
5. What are the recommendations for policy reforms, community-based interventions and advocacy Asks to promote caregivers' rights and well-being in Kaduna State?

Methodology

To provide a holistic approach to address the research questions, employed a mixed methods study in three stages:

- secondary data analysis,
- primary data collection and analysis,
- and validation of findings with stakeholders.

Descriptive analysis was used to examine the gaps and empowerment opportunities unpaid and underpaid care workers in Kaduna State, the outcomes and the perception of relevant stakeholders within the space.

In the first stage, the data was analyzed from secondary sources through a review of the Kaduna state, National, International laws policy briefs and relevant documents and publications addressing the protection of human rights and social inclusion, as well as its implementation processes.

In the second stage, the team conducted primary data collection on the effect of how unpaid and underpaid affects care workers in Kaduna State among family caregivers, healthcare professionals, community volunteers, domestic work, eldercare, childcare and healthcare services through quantitative and qualitative data collection methods. The team also explored the financial stability, mental health and overall quality of life of care workers and also explored the extent of social inclusion and recognition for their contributions within the sector and State. All primary data collection tools was adapted from a set of rigorous research, focus group, digital and interview tools measuring the safety in the workplace and within the labour environment ensuring ethical considerations was adhered to so as to "Do No Harm". Data collection was also conducted with other relevant labour and civil society stakeholders at state and Local Government levels.

The third stage of the research included a joint examination of the qualitative and quantitative findings, sharing of preliminary findings with a set of policymakers across the relevant sector and non-state actors in Kaduna state, and the development of a set of relevant recommendations to better inform decision making at the policy and workplace level. The research questions and methods are detailed below.

Study setting: The qualitative component consists of secondary analysis of de-identified and publicly available datasets as well as analysis of primary research data collected from 2 persons for KII per category below (a total of 1), 150 digital respondents, 3 FGDs per zone consisting of 8-10 persons (4 males and 4 females) per group of public/government and private/non-formal/domestic caregivers. The FGD was held according to these categories:

- government, health/education professionals
- domestic workers/non-formal
- private/formal

The research included a sample of respondents within the age of 13-40 years for the FGD selected from within the private/non-formal/domestic category and 18-40 years within the formal categories from each the health/education and private formal workplaces.

The process also consisted of 85 randomly selected public, private/non-formal/domestic and 85 private/formal workers within Kaduna State.

The quantitative component consisted of 134 respondents randomly selected in line with the criteria set above for the qualitative data collection.

Target Population: The primary data collection methods included a desk review, key informant interviews, and focus groups with family caregivers, healthcare professionals, community volunteers, domestic work, eldercare, childcare and healthcare services providers. All focus groups were considerate gender balance. There were no other criteria for selection other than the criteria described in the recruitment section below.

Category of Respondent	Public/government Health/education	Private/non-formal/ domestic workers	Private/formal workers	Total
Government, health/ education workers - KII	6	6	6	18
Private/non-formal/ domestic workers - FGD	30	30	30	60
Private/formal- digital	50	50	50	150
Total respondents	85	85	85	255

Study Design and Method: As mixed research, this section includes components, as well as a combined analysis. The qualitative and quantitative components, include primary data collection within Kaduna State and secondary data from existing literature is described below and includes significant detail on sampling and instrumentation.

Quantitative Strategy

The quantitative strategy involved the collection of data using the digital tool (kobo collect). The data collection was done across all categories. Data collectors supported non-literate, non-English proficient respondents while links were shared with literate respondents and followed-up for compliance.

Qualitative Strategy

The qualitative research answered a range of research questions to gain insight to gender disparities and hurdles experienced by women and care workers. It provided the recommendations for policy reforms, community-based interventions and advocacy Asks to promote caregivers' rights and well-being in Kaduna State.

The study featured in-depth qualitative research across the state, including focus group discussions and key informant interviews with family caregivers, healthcare professionals, community volunteers, domestic work, eldercare, childcare and healthcare services , healthcare professionals, community volunteers, domestic work, eldercare, childcare and healthcare services providers. The sampling, data collection, and analysis strategies are described below.

Sampling: For this component of the study, a total of 255 respondents were planned, across 3 workplace categories across the 3 senatorial zones of Kaduna state. These respondents were assessed on the qualitative measures. To get the most comprehensive possible picture of the range of circumstances across Kaduna, the team identified categories, respondents and sectors that represent different types of workplaces. In each senatorial zone, 1 urban location, 1 semi-rural location, and 1 rural location was selected. The team worked with relevant state and non-state stakeholders during the research planning phase to identify any other categories and workplace characteristics that may be important to consider in our purposeful sampling strategy (i.e., ethnic group, language, religious background, etc.). For sampling within each category, type of workplace and location, the strategy is described in the section on data collection.

Data Collection – Instrumentation: Data collection took place in 9 workplaces and 9 communities across the State, with gender-balanced teams of enumerators spending approximately one full day in each location and 14 days to collect the data.

Heads of workplace/Facilities and communities were notified prior to location visits to brief them on the purpose of the research, solicit their support and assistance, and to set up a preliminary schedule for focus group discussions and interviews. Data collection methodologies at each location will include the following:

Data				
Data collection method	Government/education workers	Private/non-formal/domestic workers	Private/formal	Total
Total KII to be held	6	6	6	18
Total FGD to be held	3	3	3	9
Total digital	50	50	50	150

Recruitment

The research team met with the relevant government agencies and private workplace owners to inform them of the research. At this meeting, the team worked together with relevant stakeholders to determine the appropriate entry protocols in locations and establishments. In each location, the research team met with the relevant government Team who connected them with the relevant government facilities. Prior to the workplace or location visit and data collection, letters were delivered to the contact/respondents informing them about the research.

Qualitative Instruments - Focus Group Discussions: All FGDs took place in locations of the respondent's choice. The study team explained to the selected participants what the study is about, the expectations, potential benefits, and risks from their participation and sought their informed assent or consent before data collection commenced

Quantitative instrument - Kobo collect: The M&E team designed and launched the link for sharing with the respondents who entered the data digitally and the data harvested and analysed to help triangulate other sources and data collected.

Key Informant Interviews: The enumerators identified the potential key informant interview participants in the facilities/locations/workplace and got their consent to participate in the study.

Data Collection

Enumerator Recruitment: Mobilisation of the enumerators was approximately 50/50 males and females. The work of enumerators will be included attending the data collection training, data collection, and data cleaning, transcription and translation.

Enumerator Training: A total of (6) enumerators received a (1) day training after which they carried out the data collection exercise in 14 days. Human Subject Research ethics and respectful, culturally appropriate community entry strategies will be emphasized.

Data Cleaning/Transcription/Translation: This component was conducted by the core M&E team.

Ethical Considerations

Ethical considerations and anticipated risks to participants was explored and the mitigation measures were proposed to safeguard against and minimize these risks. The research protocol was reviewed and approved for implementation

Enumerator training: Enumerators received training in research ethics and human subject protections in research and in all the processes associated with following the ethical procedures described herein. This includes the underlisted

- Topics on human rights
- Questionnaires and data collection protocols
- Use of data collection technology
- Ethics in human subjects research, informed consent processes
- Privacy protections during the collection of data and confidentiality measures used for safe keeping of collected data
- Interview techniques
- Entry requirements and ethics

LITERATURE REVIEW

Introduction

According to the Dictionary.com, to be underpaid means that a worker is not paid enough and is overworked. Valarimo, et al. (2018) identifies care work as being "crucial to our societies and to the economy. It includes looking after children, elderly people, and those with physical and mental illnesses and disabilities, as well as daily domestic work like cooking, cleaning, washing, mending, and fetching water and firewood". The Economic Policy Institute states that Care work enables people to survive and thrive across generations, and it cannot be accomplished without workers. Yet our value systems and social relations acutely undervalue care work and discredit its importance to our lives. These phenomena are deeply rooted in misogyny, xenophobia. While Fraser et al (2019) explain further that without someone investing time, effort and resources in these essential daily tasks (care work); communities, workplaces, and whole economies would grind to a halt. Across the world unpaid and underpaid care work is disproportionately done by poor women and girls, especially those from groups who, as well as gender discrimination, experience discrimination based on race, ethnicity, nationality, sexuality and caste. Women undertake more than three-quarters of unpaid care and make up two-thirds of the paid care workforce Valarimo, (2018).

The economic inequality between the well paid and underpaid is huge. Oxfam describes this divide as being based on a flawed and sexist economic system and a broken economic model that has accumulated vast wealth and power into the hands of a rich few, in part by exploiting the labour of women and girls, and systematically violating their rights. It is important to address these gaps and empower care workers because it is crucial for societal well-being and economic development. Care is a universal right and should not be a privilege that only a few can afford.

This literature review is to provide a comprehensive understanding of the effectiveness of Kaduna State's legal frameworks and policies in protecting human rights and promoting social inclusion especially in the workplace in comparison to what is obtainable around the world on the issue of underpaid care work. The review aims to identify the challenges and gaps in the implementation processes and to offer actionable recommendations for improving these frameworks. Additionally, the review seeks to assess the impact of existing laws, policies and strategies on the well-being of marginalized groups, including women, children, and persons with disabilities. The existing literature on social protection and care work in Kaduna State emphasizes the critical role of legal frameworks and policies in addressing gender and economic inequalities.

Kaduna state has no clear documents referring to the status and policy direction of its commitment to underpaid care work. To better understand the situation, it is important to review other policy and strategic documents that have guided how the state interfaces with care work especially as it relates to women, vulnerable and marginalised groups.

In a bid to bridge the economic inequality gap, the Kaduna state government put in place the Social Protection Policy as part of its commitment to inclusive governance that leaves no one behind, regardless of cultural, ethnic, religious or partisan affiliations, but provides equal opportunity for residents to live productive and dignifying lives. The Policy is a response to the consequences of challenging social and economic challenges faced by people in the state and an attempt to reduce the socio-economic risks faced across the sectors (education, health agriculture and others). The vision of the Policy is, "to have a Kaduna state where the poorest and most vulnerable residents are supported to live productive, fulfilling and dignifying lives." This vision includes ensuring the delivery of and access to "equal and unhindered" quality education, ensuring access to affordable health care, encouraging job creation and building infrastructure. Integral to progressive outcomes is a deliberate policy to ensure that the very poor, aged, sick and persons living with a disability are supported.

The policy is aimed at addressing the following gaps:

- a. Limited coverage (age, gender, disability equity and especially the poor and vulnerable)
 - b. Lack of comprehensive and reliable data
 - c. Poor coordination across MDAs and non-state Actors
 - d. Inadequate financing
 - e. High rate of poverty
- inconsistency and lack of progress in the fight against poverty and vulnerability of citizens (need for institutionalization)

Despite efforts to ensure successful delivery, in the four key areas of implementation (Economic Development, Social Welfare, Security and Justice, and Governance), the situational analysis (during a workshop on Social Protection problems in Kaduna State) carried out on current SP programmes and projects, shows that implementation of some of these programmes are still disjointed, not well coordinated and adversely affected by unacceptable actions of some politician who tries to hijack the programmes for selfish gains.

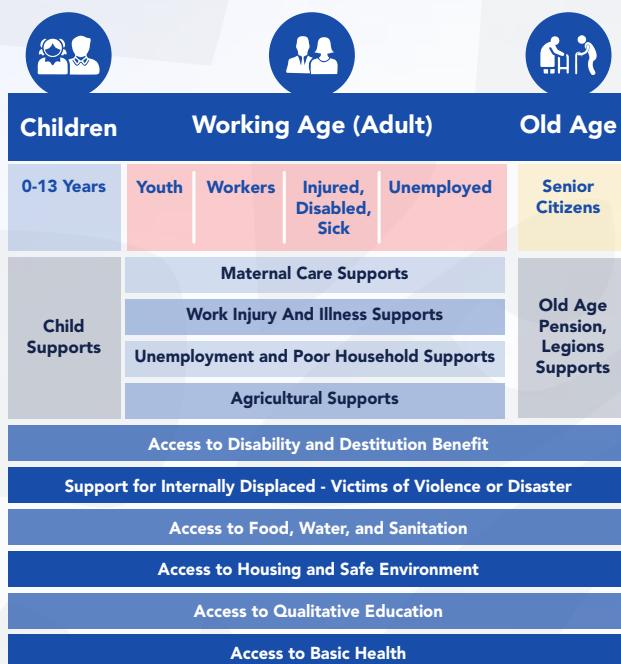
The policy document also reveals the following findings of Kaduna state

- a. LA Poverty map for Nigeria by World Bank, 2015 which indicates that the poverty count in Kaduna State stood at 2,299,454 out of 7,743,937 estimated total population;

poverty rate came to 0.35, and the average poverty level of the total population stood at 23.4% in 2014. (World Bank Poverty Mapping in Nigeria, May 2015)

- b. The Household Research indicates a high level of poverty in the State; relatively higher than the national average, which is 56.6% of the population.¹
- c. That poverty is most experienced by women, children, youth, and rural dwellers. High incidence of poverty manifests in the form of lack of or limited access to resources such as information, knowledge and technology, low or limited access to political power, participation and representation
- d. The social risks and vulnerability profile of Kaduna state shows that the vulnerability of citizens in the State is fueled by the high level of poverty, harmful cultural and religious practices, corruption, insecurity, ethnicity, disability, health challenges, low level of literacy, gender discrimination, inadequacies in delivery of public services, substance abuse, inadequate access to nutrition, as well as the poor condition of rural social infrastructures.²

Based on the above, the Kaduna state government committed to ensuring that it will take steps to reduce citizens' poverty and vulnerability; promote efficient microeconomic activities; enhance citizens' capacity to effectively manage economic and social risks, such as unemployment, exclusion, sickness, disability and old age; protect the poorest and most vulnerable households or segments of the population from sinking further into destitution; prevent the moderately poor from sliding into extreme poverty, and improve the livelihoods of the "at-risk" people through a system as indicated in the social protection system diagram below



Also, as part of objectives of the social policy objectives and measures, the Kaduna state government commits to providing the following

- i. Make contributory pensions available and accessible to all formal sector working citizens. (obj 2.1)
- ii. Extend health insurance schemes for both formal and informal sectors until all residents are covered. (obj 2.3)
- iii. Establish unemployment insurance schemes to take care of citizens who lose their jobs involuntarily (obj 2.4)
- iv. Introduce labour market interventions that enable poor and vulnerable residents of the State who can work to get engaged in gainful and productive economic activities. (obj 3 –Labour market)
- v. Establishing sustainable home and community-based care mechanisms to ensure that healthcare services get the remotest and poorest communities where the most vulnerable citizens live. (obj 4.2)

Some challenges to achieving successful implementation identified by the law include:

- I. Financing inadequacy
- ii. Lack of synergy and proper coordination
- iii. Lack of legislation
- iv. Political interference
- v. Poor data management
- vi. Social service deficit
- vii. Shortage of skilled personnel
- viii. Inadequate mechanism for result measurement

Recommendations/mitigation strategy includes

- i. Ensure adequate allocation, release, and cash backing of funds for the implementation of social protection programmes
- ii. The creation of a social protection Agency
- iii. Back up the policy by law and put it on the first-line charge on State budget.
- iv. Remove implementation and disbursement of SP resources from politicians and put them in the hands of professionals under contractual laws of the State.
- v. Strengthen the MIS and communication (accelerate action on beneficiaries capture and regular review and update of database)
- vi. Citizens engagement/participation (awareness, sensitisation and creation of Grievience Review Mechanism)
- vii. Increase funding and accelerate the execution of infrastructure, facilities and services.

The SDGs have informed the direction of the Kaduna state's Reform Agenda (SDGs report). The government has embraced the SDGs, and it has been consistent with its governance agenda for human and social development. It has presented clear markers for measuring government progress and the substantial improvements in the quality of lives of its

1. Kaduna State Sustainable Development Goals Report

2. Ben Wisner et al., At Risk: Natural Hazards, People's Vulnerability, and Disasters, 2d ed. (London: Routledge, 2004).

3. This system is an adaptation of International Labour Organisation's (ILO) model for social protection in the developing world (ILO, 2017)

The SDGs have informed the direction of the Kaduna state's Reform Agenda (SDGs report). The government has embraced the SDGs, and it has been consistent with its governance agenda for human and social development. It has presented clear markers for measuring government progress and the substantial improvements in the quality of lives of its citizens with the overall goal of leaving no one behind. This has been integrated into the State Development Plan (SDP) 2016 – 2020 and 2021 – 2025. According to⁴ The SDG report of 2021, it has been able to report on 124 indicators (55 more than in 2017) translating to Kaduna being able to report on 63.6% feasible indicators. On the whole, the report has been described as "a conflicting pattern of progress and backsliding.

Findings of the report include the following.

1. Increase in percentage of poverty from 84.9% in 2017 TO 88.8% in 2021 with 63.7% living in multidimensional poverty²
2. Increase in basic infrastructure provision in health and education, progress in learning skills and healthy lives. However, the is need to increase number of children vaccinated and births recorded
3. Female unemployment rate has decline considerable and remained at 24% since 2017 slowing closing the gender gap in employment
4. Fewer girls are marrying before the age of 15 years. However, violence against women is still being reported
5. The need to improve administrative data collection in areas of interest such as causes of death, hazardous waste disposal and water quality.³

Table 2: Number of SDGs Indicators Reported by Year				
GOAL	GOAL DESCRIPTION	2017	2021	
1	End poverty in all its forms everywhere	7	10	
2	End hunger, achieve food security and improved nutrition and promote sustainable agriculture	5	9	
3	Ensure healthy lives and promote well-being for all at all ages	5	15	
4	Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all	6	10	
5	Achieve gender equality and empower all women and girls	8	11	
6	Ensure availability and sustainable management of water and sanitation for all	3	6	
7	Ensure access to affordable, reliable, sustainable and modern energy for all	3	3	
8	Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all	7	12	
9	Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation	1	6	
10	Reduce inequality within and among countries	1	2	
11	Make cities and human settlements inclusive, safe, resilient and sustainable	3	6	
12	Ensure sustainable consumption and production patterns	2	2	
13	Take urgent action to combat climate change and its impacts	4	2	
14	Conserve and sustainably use the oceans, seas and marine resources for sustainable development	0	0	
15	Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, halt and reverse land degradation, and halt biodiversity loss	0	9	
16	Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels	7	12	
17	Take urgent action to combat climate change and its impacts	9	9	
TOTAL		69	124	

Source: KBDS 2021

⁴ Endnotes

1 Kaduna Bureau for Statistics 2021 Kaduna SDG 2021 report

To further confirm some of the data above, the Nigerian Social Norms Collaborative snapshot on Kaduna state reveals that. "Kaduna State has somewhat low cumulative rates of economic empowerment for women ages 15 to 49 when compared with the other five States. They have low rates of ownership of a bank account (13.9%) and the highest rates of GBV (54.4%). Often, women provide the majority of agricultural labour, but their husbands sell the produce". This is sad despite the gender equality focused laws, reforms, policies and programmes such as The VAPP Act (2018), Gender Equity and Social Inclusion (GE&SI) Policy (2017), Kaduna State Women Empowered Programme (KADSWEP) (2020), Group Antenatal Care (G-ANC) Programme (2020), Child Welfare and Protection Law (2018) and second chance implementation Framework, Maternity and Paternity Leave Bill (2020), Health Financing Policy.

The collaborative identified challenges to achieving success despite the effort above to include the following

- i. poor and untimely release of funds;
 - ii. shortage of technical personnel to coordinate and supervise the programs;
 - iii. shortage of materials and working tools resulting from poor funding;
 - iv. nonchalant attitude of beneficiaries, death of professional trainers;
 - v. poorly equipped women centres;
- and poor monitoring and evaluation systems.

According to the Kaduna State report on Child Protection System Strengthening Mapping & Assessment of 2017, "the existing child protection laws of Kaduna are not consistent with the Convention on the Rights of the Child and other global and regional covenants and instruments. The Child Rights Law would provide a comprehensive policy and legal framework on child protection issues. Child protection legislation in the state is fragmented between the Children and Young Person's Law of 1958 and some provisions of the Penal Code (operational in northern Nigeria)". It also identified that, "the current laws on child protection in Kaduna state are inadequate to protect children in areas such as detention of children with adults, child labour (hawking) and child sexual abuse and molestation". The report also clearly identified that, "There is no specific budget allocation for the MWASD and other child related MDAs for Child Protection". The assessment report recommended the existing laws should be reviewed, updated, revised and enforced to conform to international laws and conventions.

This review highlights the critical role of legal frameworks and policies in protecting human rights and promoting social inclusion in Kaduna State. Despite significant challenges, there is potential for substantial progress through comprehensive policy reforms, improved support systems,

there is potential for substantial progress through comprehensive policy reforms, improved support systems, and societal changes. Recognizing and valuing care work, enhancing policy implementation, and promoting gender equality are essential steps towards achieving a more equitable and supportive environment for all caregivers. The commitment and concerted efforts of the government, civil society, and the community are crucial to achieving these goals and ensuring that care work is acknowledged and valued as an integral part of societal flourishing. Moreover, leveraging international best practices and partnerships can further enhance the effectiveness of interventions in Kaduna State. By implementing these recommendations, Kaduna State can create a sustainable and inclusive framework that supports and empowers caregivers, contributing to the overall well-being and development of the society. Even though it lays the foundation for a thriving society, unpaid and underpaid care work is fundamentally invisible. It both perpetuates and is perpetuated by economic and gender inequality. Care work is radically undervalued and taken for granted by governments and businesses. It is often treated as 'non-work', with spending on it treated as a cost rather than an investment, leading to care being rendered invisible in measures of economic progress and policy agendas. With a looming crisis being predicted by the International Labor Organization (ILO), the World is forecasted to battle with the impact of an ageing population, cuts to public services and social protection systems, and the effects of climate change – threatening to make it worse and increase the burden on care workers. The ILO estimates that there will be an extra 100 million older people and an additional 100 million children aged 6 to 14 years needing care by 2030 (see Figure 6). Elderly people will need more acute and long-term care as they age from healthcare systems that are ill prepared to support them.

Factors contributing to underpayment and gaps

Economic Factors

Oxfam 2019 identifies that the heavy and unequal responsibility of care work perpetuates gender and economic inequalities. It undermines the health and well-being of predominantly female care workers and limits their economic prosperity by fuelling gender gaps in employment and wages. It also leaves women and girls time-poor, unable to meet their basic needs or to participate in social and political activities.

The economic implications of unpaid care work are significant. Studies have shown that the monetary value of women's unpaid care work globally is at least \$10.8 trillion annually – three times the size of the world's tech industry (Oxfam, 2020).

Despite its substantial contribution to the economy, care work is often seen as 'non-work' and excluded from economic measures such as GDP, which undervalues its critical contribution to society (Asian Development Bank, 2012). This lack of recognition means that care work does not receive the necessary policy attention or investment, leading to inadequate support and protection for caregivers. Incorporating unpaid care work into economic statistics and policies is vital for addressing this oversight and providing adequate resources to support caregivers.

Rather than ramping up social programmes and spending to invest in care and tackle inequality, countries are increasing taxation on poor people, reducing public spending and privatizing education and health, often following the advice of financial institutions such as the International Monetary Fund (IMF).

According to Professor Diane Elson, It is commonly understood that households and families (men and women), markets, the state and the non-profit sector all share the responsibility for the prevalence of unpaid care work and other forms of unpaid work. However, in low-income countries in particular, girls and women are responsible for a disproportionate amount of unpaid or underpaid care work. Women therefore have less time to engage in paid work, to network, to participate in activities for societal change, or even to rest. This "women's time poverty" undermines well-being, generates insecurities, fosters financial dependence and limits options for decent work, even to the point of restricting women to low-status, part-time jobs in the informal sector. Girls often look after their younger siblings, ageing or sick relatives, or are sent to collect fuel and water instead of going to school. Mothers, sometimes the sole breadwinners in their families, frequently take jobs in the informal sector where they can bring their infants with them. Often these work environments are unsafe and may have ill-effects on the children's health and overall development. Also, UNFPA/UNAIDS/UNIFEM, state that the burdens of care work on women and girls have increased greatly with HIV/AIDS; globally, up to 90 per cent of home care due to illness is provided by women and girls.

While the UNRISD Research and Policy Brief 9, highlights that the unpaid care work carried out by women and girls often goes unnoticed and unrecognized in the calculations of a country's economy. It is not included in labour force research or in GDP figures. As a result, the realities of women's and girls' work burdens are excluded from the data informing policy making. Some care workers – for example, community health workers, domestic workers, and migrant workers performing household work or care work (of children or the elderly and sick) – are remunerated. However, although they receive wages, they often work in the informal sector, are often

underpaid and have no legal or social protection as workers. In many countries paid domestic work is performed primarily by women. One explanation is the long history of care work being unpaid, performed by women within their own households, assumed to involve few skills and therefore considered of low value. The result is low wages and low status once it becomes

Social and Cultural Factors

The unequal distribution of care work is deeply rooted in socio-cultural norms and traditional gender roles that assign caregiving primarily to women. These norms discourage men from participating in care work and perpetuate the notion that caregiving is inherently women's work (International Labour Organization, 2020). Efforts to change these perceptions through public awareness campaigns and educational programs have been slow and inconsistent, further entrenching gender inequalities (Nigerian Social Norms Collaborative, 2021). Additionally, these norms are reinforced by societal expectations and traditional beliefs that view men as breadwinners and women as caregivers, making it difficult to challenge and change these roles. Engaging men and boys in caregiving roles through targeted programs and campaigns is essential for promoting gender equality.

Unpaid care work has considerable impacts on the physical and mental health of caregivers. The burden of care work can lead to chronic fatigue, stress, and other health issues (International Labour Organization, 2020). Caregivers often experience "time poverty," where their extensive care responsibilities leave them with little time for personal development, leisure, or civic engagement (Hague Institute for Innovation of Law, 2018). This time poverty not only affects

Legal and Policy Frameworks

Based on the National Human Rights Commission (NHRC's) Amendment Act, 2010, all state HRCs (Kaduna State inclusive) has been conferred with additional independence and that has strengthened the Commission's power with respect to the promotion and protection of human rights, investigation of alleged violation of human rights and enforcement of decisions. The Amendment Act has also widened the scope of the Commission's Mandate to include vetting of legislations at all levels to ensure their compliance with human rights norms. The mandate also includes the following:

- I. Dealing with all matters relating to the promotion and protection of human rights as guaranteed by the Constitution of the Federal Republic of Nigeria, the United Nations Charter and the Universal Declaration on Human Rights, the International Convention on Civil and Political Rights, the International Convention on the

on the Convention on Civil and Political Rights, the International Convention on the Elimination of all forms of Racial Discrimination, the International Convention on Economic, Social and Cultural Rights, the Convention on the Elimination of all forms of Discrimination Against Women, the Convention on the Rights of the Child, the African Charter on Human and Peoples' Rights and other international and regional instruments on human rights to which Nigeria is a party;

- ii. Monitor and investigate all alleged cases of human rights violations in Nigeria and make appropriate recommendation to the federal government for the prosecution and such other actions as it may deem expedient in each circumstance;
- iii. Assist victims of human rights violations and seek appropriate redress and remedies on their behalf
- iv. Undertake studies on all matters pertaining to human rights and assist the Federal, State and Local Governments, where it considers it appropriate to do so, in the formulation of appropriate policies on the guarantee of human rights;
- v. Publish and submit from time to time to the President the National Assembly, the Judiciary, State and Local Governments, reports on the state of human rights promotion and protection in Nigeria;
- vi. Organize local and international seminars, workshops and conferences on human rights issues for public enlightenment;
- vii. Liaise and cooperate, in such a manner as it considers appropriate, with local and international organizations on human rights for the purpose of advancing the promotion and protection of human rights;
- viii. Participate in such manner as it considers appropriate in all international activities relating to the promotion and protection of human rights;
- ix. maintain a library, collect data and disseminate information and materials on human rights generally
- x. Receive and investigate complaints concerning violations of human rights and make appropriate determination as may be deemed necessary in each circumstance;
- xi. Examine any existing legislation, administrative provisions and propose bills or bye-laws for the purpose of ascertaining whether such enactment or proposed bill or bye-laws are consistent with human rights norms;

- xii. Prepare and publish, in such a manner as the Commission considers appropriate, guidelines for avoidance of Act or practice with respect to the functions and power of the Commission under this Act;
- xiii. Promote an understanding of public discussions of human rights issues in Nigeria;
- xiv. undertake research and Education Programmes and such other programmes for promoting and protecting human rights and co-ordinate any such programme on behalf of the Federal, State or Local Government on its own initiatives or when so requested by the Federal, State or Local Government and reports concerning the enactment of Legislation on matters relating to human rights;
- xv. on its own initiative or when requested by the Federal, State or Local Government, report on action that should be taken by the Federal, State or Local Government to comply with the provisions of any relevant international Human Rights Institutions;
- xvi. Refer any matter on human rights violation requiring prosecution to the Attorney General of the Federation or of a State as the case may be;
- xvii. Where it considers it appropriate to do so, act as a conciliator between parties to a complaint;
- xviii. Carry out all such other function as are necessary or expedient for the performance of these functions under the Act.

However, according to the Annual Research of International & Comparative Law (Dada, J.A, 2012) where he outlines the impediments to Human Rights Protection in Nigeria, He identified having a weak institutional infrastructure as one of the problems. He states that, "A major deficiency in the development of human rights is one of enforcement. Since the enforcement of human rights largely depends on the domestic machinery of national governments, Nigeria has erected seemingly firm institutional infrastructure to safeguard human rights in the country. The institutional infrastructure includes the judiciary, the National Human Rights Commission, the Public Complaints Commission, and the Legal Aid Council. Regrettably, the various institutional mechanisms are not strong enough or capable of providing adequate and effective platforms for meaningful human rights promotion and protection. This is especially so because many of these institutional mechanisms are not independent and do not have the financial and logistical capability to meaningfully function as they ought to."

Kaduna State has implemented several laws and policies aimed at protecting human rights and promoting social inclusion. These include the Violence Against Persons (Prohibition) Law 2018 and the Gender Equity and Social Inclusion (GESI) Policy 2017 (Kaduna State Government, 2018a; Kaduna State Government, 2017). The VAPP Law provides comprehensive legal protection for victims of violence, while the GESI Policy focuses on mainstreaming gender and social inclusion into governance and society (Kaduna State Government, 2018b). However, the implementation of these policies faces challenges such as poor enforcement, lack of awareness, and insufficient funding (Westminster Foundation for Democracy, 2021). Strengthening the capacity of institutions to enforce these laws and ensuring adequate funding and resources are critical for their effective implementation and for achieving the desired outcomes of these policies.

The absence of comprehensive and reliable data on the scope and scale of unpaid and underpaid care work in Kaduna State hampers effective policy formulation and intervention. Reliable and gender-disaggregated data is crucial for understanding the full scope of care work and for developing targeted policies to address the needs of caregivers (United Nations, 2019). Establishing robust data collection mechanisms and conducting regular research and research studies will provide a strong evidence base for policymaking and advocacy. Collaborating with academic institutions, NGOs, and international organizations can enhance data collection efforts and ensure that the data collected is comprehensive and accurate.

Global best practices provide valuable insights for Kaduna State. Countries like Uruguay and New Zealand have implemented successful models for recognizing and supporting care work. Uruguay's national integrated care system enshrines the right to care and be cared for, while New Zealand introduced a celebrated wellbeing budget that includes provisions for care work (International Labour Organization, 2020). These models highlight the importance of comprehensive policy frameworks, robust data collection, and public awareness campaigns in addressing the challenges faced by caregivers. Learning from these best practices and adapting them to the local context can help Kaduna State develop effective policies and programs to support caregivers and promote gender equality.

Initiatives and Interventions

On economic contributions to social care, Sida has used the 4Rs to support by Reduction initiatives and interventions include:

- I. Supporting country-level research on care-related obstacles to women's entry into paid labour. Tax laws,

working hours, working options and minimum wage legislation may have negative effects (but not always) on women's access to the labour market. For example, external care arrangements may cost more than a woman would earn if she were formally employed, making paid labour a less likely option.

Recognition initiatives and interventions include:

- I. Promoting the systematic use of Gender Responsive Budgeting as a method to analyse the unpaid care burden and care needs, identify policy responses and ensure that there is a budget line for implementing such policies.
- ii. Making unpaid care work and unpaid work generally a dialogue issue in relevant donor groups and bringing in an expert to build the capacity of such groups.

Recognition initiatives and interventions include:

- I. Encouraging the adoption of economic and labour market policies that uphold basic ILO principles on rights to reconciliation of family and work and the human right to decent work: flexible working arrangements, provision of parental leave, provision of affordable childcare, social security, pension credits, tax allowances and care services for the elderly.
- ii. Supporting improved access to health care services and promoting the reduction of transportation and user fees. Improving the quality of care, changing the opening hours of health centres (to meet the needs of families) and raising the skills level of public care workers also give families more scope to make use of public care services rather than relying on women and girls to undertake unpaid care work.
- iii. Drawing attention to interesting care arrangements carried out by NGOs, women's self-help groups, labour market associations, communities and others, and supporting research into how these initiatives could be scaled up.
- iv. Contributing to a change in the gender norms that allocate the responsibility for care to women and girls, through dialogue and through supporting the work of civil society organisations, such as women's organisations or men's groups challenging these norms.
- v. Supporting male role models and initiatives that enable men to take on more care work, by providing funds or giving such change agents a platform where they can meet with government representatives, donors, the media and others. Examples of such initiatives are "father schools" supported by Sida in Ukraine and Belarus where men who were about to become fathers were given the opportunity and skills to become active and responsible parents.

Empowerment Strategies and Best Practices

Professor Diane Elson has suggested a model that has been proposed for decades by feminist economists, civil society and care advocates to radically reprioritize care with three interconnected dimensions that seeks to address and incorporate unpaid care work into the development agenda: Recognition, Reduction, and Redistribution (the 3 Rs). The framework can be used as a strategy to provide a ways of finding practical entry points for addressing the unevenly shared unpaid care and unpaid work burden. The aim is to strengthen women and other vulnerable and otherwise marginalised groups as economic actors while acknowledging that an adequate level of care and other social reproduction activities are essential for the well-being of society and the sustainability of human development.

According to Professor Elson, the 3Rs can be strategically used as outlined below:

- a. **Recognition** - Recognition draws attention to the role of care in society and involves making the contribution of carers visible. Recognition involves gathering quantitative and qualitative information on the scope of unpaid work and the distribution of its burden among individuals, communities and other institutions. This should inform and be used by policy makers, the donor community and civil society organisations in designing projects and programmes.

Recognition therefore provides a basis for monitoring and measuring the effects of planned governmental policies, donor support and civil society initiatives that strive to end the prevalence of women as unpaid caregivers and unpaid workers. Recognition also involves making public the results of previous initiatives to tackle problems such as discrimination and other barriers to women's entry into wage employment. The media has a very important role to play with regards to recognition.

- b. **Reduction** – Professor Elson opines that, once the nature and consequences of unpaid work are understood, it is important to take measures to reduce and to redistribute it. The purpose of reducing unpaid work, including unpaid care work (and also of redistributing it – as illustrated in the case study boxed below) is to free time for women and girls to engage in formal jobs and/or social and political activities. To this end it is crucial to track changes in time use and to make sure that freed-up time is not simply consumed by other kinds of unpaid work or care work. An example from rural China shows that when electricity was introduced to a village, women worked at home at night and longer hours in the fields, rather than reducing their time poverty.

Redistribution case study

Turkey's labour laws and regulations oblige firms employing between 100-150 women workers (married or single) to provide a nursing room for the essential needs of their children under the age of 1. They also oblige employers employing more than 150 female workers to assist their employees by establishing or subcontracting a child care unit to care for children under 6 years of age.

The above case study is in line with the provisions Article 23 of the African Youth Charter, 2006.

c. Redistribution - On redistribution, Professor Elson suggests that in parallel with initiatives designed to reduce unpaid care work and other unpaid work it is necessary to establish a framework for a redistribution of responsibilities, time and resources. The aim is to ensure that the burden of care services and unpaid work tasks are shared more equitably between women and men, government, the private sector, communities and households.

Households and families, markets, the state and civil society should all be involved in the design, funding and delivery of care. These institutions interact in different ways in different countries, and although it is important to support context-specific solutions and take budgetary constraints into account the state does have an important role to play. The state decides who has access to quality care and who bears the cost of such provision, and although it may not be able to fund care services it can support care solutions through tax alleviation, by regulating care provision and controlling the basic quality of services. Other measures to facilitate redistribution of care work are policies and laws enabling the reconciliation of work and family obligations, supporting parental leave, ending discriminatory legislation and creating programmes that challenge the tradition of women taking primary responsibility for care work and expand women's opportunities

Case study

- In Benin Republic, unions have projects for:

- staff cooperatives which buy household goods (rice, soap) in bulk to enable women members to obtain them at lower prices.
- laundry services for working women in their neighbourhood so as to alleviate their heavy workload at work and in the home while creating employment for other women in the neighbourhood;
- childcare facilities near the main market for children of women vendors to facilitate breastfeeding, while allowing women to continue working.

Oxfam suggests a 4th R and tags is strategy in addition to the 3Rs (Reducation, Recognition and Redistribution). The organization calls it. "the transformative '4Rs' framework". The principles must be prioritised to make change possible.

Represent the most marginalized caregivers and ensure that they have a voice in the design and delivery of policies, services and systems that affect their lives.

The UNWomen (2022) recommends 5Rs in its toolkit on paid and unpaid carework. The 5Rs as guidance on how to mobilize for change by taking action across all 5Rs of care, and ensuring the resilience of care systems in response to compounding global crises, including climate change, conflict, and the COVID-19 pandemic. The 5Rs are as follows:

A. Recognise

- I. Incorporating measures of paid and unpaid care work in national statistics and in measures of economic progress
- ii. Measuring time-use and unpaid care work and its distribution within families and communities
- iii. Tracking care in public policies and investment Documenting the social and economic multipliers of investments in care
- iv. Recognising women's work and care responsibilities across their life course

B. Reduce

- I. Increasing access to care-relevant infrastructure and time- and labour-saving technologies

C. Redistribute

- I. Investing in quality, affordable, and accessible care services
- ii. Ensuring care-friendly and gender-responsive social protection system
- iii. Implementing gender-responsive maternity, paternity, and parental leave policies
- iv. Implementing family-friendly workplace policies and arrangements
- v. Shifting social norms on care
- vi. Engaging men and fathers in care
- vi. Developing care-relevant training and advocacy tools

Conclusion

The literature review highlights the critical role of unpaid and underpaid care work and the significant challenges faced by caregivers, predominantly women and girls. Addressing these challenges requires comprehensive policy reforms, enhanced support systems, and societal changes to recognize, value, and redistribute care work (Oxfam, 2020). The commitment and concerted efforts of the government, civil society, and the community are crucial to achieving these goals and ensuring that care work is acknowledged and valued as an integral part of societal flourishing. Moreover, leveraging international best practices and partnerships can further enhance the effectiveness of interventions in Kaduna State. By implementing these recommendations, Kaduna State can create a sustainable and inclusive framework that supports and empowers caregivers, contributing to the overall well-being and development of the society.

Theoretical Frameworks on underpaid care work

There are not many frameworks that explain the theory on which underpaid care work is being hinged on. However, some notable scholars have been able to use the equity and distributive justice theory to explain the concept and ideology. According to Narisada and Schieman (2016), the equity and distributive justice theory suggests that perceived underpayment is associated with more job dissatisfaction. The finding of their research on the equity and justice reveals that while perceived under-payment is associated with more job dissatisfaction, each of the following attenuates that association: job security, financial security, and employment in the public sector. Adams (1965) argues that perceived equity and inequity are closely associated with feelings of satisfaction. While satisfaction is maximized when individuals perceive equity in social exchange, feelings of dissatisfaction arise when individuals experience inequity. His position has opened discussion on the antecedents and consequences of organizational distributive justice and the perceived fairness of the distribution of rewards and outcomes in the workplace (Colquitt, Greenberg, & Zapata-Phelan, 2005).

The analysis of perceived underpayment's connection to job dissatisfaction is especially appropriate because perceived unfairness in the work role likely influences subjective evaluations of the quality of that role. It is also argued that there are other factors that can bring about job dissatisfaction such as labor market behavior, such as like reduced job performance (Judge et al., 2001; Spector, 1997), lower self-

esteem and sense of control (Judge & Bono, 2001), and mental health problems like burnout and distress (Faragher et al., 2005).

The proponents of this theory however augment equity theory's proposition that inequity fosters dissatisfaction by conceptualizing perceived underpayment as a stressor. By doing so, they seek to highlight perceived underpayment's potential chronic nature and thus its impact on individuals' sense of dissatisfaction. Of all the stressors that may arise in the work role, the perceived injustice of one's pay may have a particularly profound influence on one's sense of dissatisfaction. Wheaton (1999b) identifies under-reward, or "reduced outputs from a relationship relative to inputs, as in lower pay for a job than others with the same qualification," as a central element of chronic stress. This conceptualization of perceived underpayment as a stressor is consistent with scholars who have regarded forms of perceived unfairness and injustice as stressors (Ford, 2014; Fox, Spector, & Miles, 2001; Robbins, Ford, & Tetrck, 2012). Taken together, the scholars of the extrapolate from these ideas to propose the following:

Hypothesis 1 (H1): Compared with those who perceive appropriate pay, individuals who perceive underpayment will tend to report more job dissatisfaction.

On the other hand, other scholars have different opinions having investigated moderators including commitment to work organization (Brockner, Tyler, & Cooper-Schneider, 1992), employee rank in the organizational hierarchy (Begley, Lee, & Hui, 2006), and personal value orientations (Lipponen, Olkkonen, & Myyry, 2004) in the association between justice perceptions and work-related outcomes. However, the moderating functions of different forms of security have received little attention. We propose that perceived underpayment should have a weaker association with job dissatisfaction for workers who experience greater security in both their jobs and financial circumstances. These forms of security should offset or compensate for the discontentment associated with perceived underpayment.

According to Kalleberg, (2011), Workers who experience greater job security might not experience the same degree of "sting" associated with perceived underpayment as those who feel insecure in their jobs. Studies document that perceived job insecurity is associated with unfavorable outcomes such as job dissatisfaction, reduced organizational commitment, diminished sense of control, and poorer health (De Witte & Nettle, 2003; Ferrie, Shipley, Newman, Stansfeld, & Marmot, 2005; Glavin, 2013; Sverke, Hellgren, & Nettle, 2002). While previous research has examined the consequences of job security or perceived justice, the conceptual and empirical contributions embedded in these two literatures have remained separate. The scholars contend

These arguments provide the basis for the following:

Hypothesis 2 (H2): The positive association between perceived underpayment and job dissatisfaction should be weaker among workers who experience greater job security.

Hypothesis 2A (H2A): Any observed moderating effect of job security should be stronger than the moderating effects of other job-related resources (i.e., job authority, job autonomy, and job decision latitude).

Another school of thought is of the opinion that for financially insecure individuals, the appraisal of underpayment might have a stronger link to dissatisfaction. This perspective is consistent with the uncertainty management theory (Van den Bos & Lind, 2002), which proposes that fairness is especially important for individuals who are faced with uncertain situations. Their argument is that greater financial insecurity represents greater need but also reflects greater uncertainty about the future. Individuals who feel financially insecure worry about whether they will be able to put food on the table, and whether they will be able to afford the next housing or medical expense. Evaluations about pay may be more consequential for job dissatisfaction among the financially insecure compared with the financially secure. Based on these ideas, the scholars test the following:

Hypothesis 3 (H3): The positive association between perceived underpayment and job dissatisfaction should be weaker for individuals who report more financial security.

Beyond the assessments of job and financial security, the scholars also evaluated a supplemental question about the influence of employment in the public sector.

They identified four main points about the link to security and how it might neutralize the association between perceived underpayment and job dissatisfaction motivate our comparison of public versus private sector employment.

1. public sector employees have historically had higher levels of unionization compared with those in the private sector (Kalleberg, 2011).
2. public sector workers have higher job security in comparison to private sector workers.
3. public sector employees tend to have more alternative nonwage rewards that provide financial security.
4. public sector workers place less salience on high pay and instead give greater weight to helping others and contributing to society compared with private sector workers (Frank & Lewis, 2004; Karl & Sutton, 1998; Lewis & Frank, 2002).

Collectively, these four points provide the basis for a final hypothesis:

Hypothesis 4 (H4): The positive association between perceived underpayment and job dissatisfaction should be weaker among individuals employed in the public sector—but that might be partly due to occupational sector differences in job and financial security.

The scholars discussion of findings on theories about distributive justice suggesting that people who feel underpaid should also be more dissatisfied with their jobs, suggests that **First**, two salient aspects of security namely job and financial security function as modifiers.

Second, they demonstrated the unique moderating potency of job security by comparing it with other kinds of job-related resources like authority, autonomy, and decision latitude.

Third, they documented that the association between perceived underpayment and job dissatisfaction is weaker for workers in the public sector compared with those in the private sector.

As a further extension to prior theorizing and empirical work, they also investigated whether job security differs from other job resources as a moderator. With Maslow's ideas about hierarchy of needs as a guiding framework, they hypothesized that job security should function as a more potent moderator in comparison to resources related to job control. They also found that perceived underpayment is less closely associated with job dissatisfaction for public sector workers compared with private sector workers.

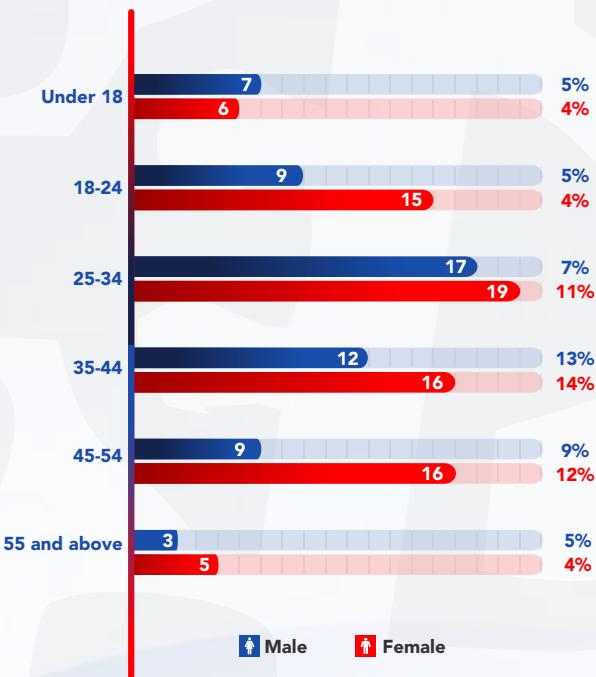
The scholars concluded that job and financial security are situational factors that modify the association between perceived underpayment and job dissatisfaction. (Adams, 1965; Hegtvedt, 2006), articulated the focal association as follows: "**Perceived underpayment predicts job dissatisfaction and this depends on levels and types of security.**"

FINDINGS

QUANTITATIVE ANALYSIS

Section One: Demographic Information

1.1 Age Category by Gender

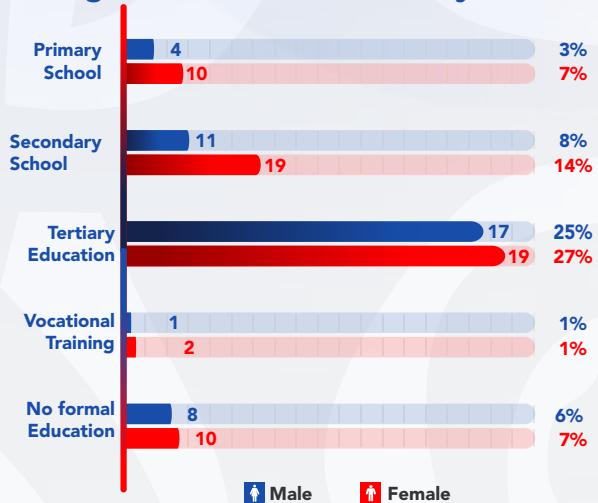


Out of 134 respondents, 57 (42%) are male and 77 (58%) are female, showing a slight predominance of females in the overall sample. The 25-34 age group has the highest number of participants, with a fairly balanced gender distribution. In contrast, the 18-24 age group features a higher percentage of females (11%) compared to males (7%). The Under 18 and 55 and above age groups have the fewest participants and show minimal gender disparity.

Overall, females are more prevalent across most age groups, particularly in the 18-24, 25-34, and 45-54 categories. Although males are most numerous in the 25-34 age group, they remain underrepresented compared to females in every age range.

The 55 and above age group has the smallest number of participants (8) and shows limited representation for both genders, suggesting either a smaller sample size or lower engagement in this age bracket. In summary, the data reveals a greater female representation overall, with the 25-34 age group being the most populous and a noticeable decrease in participation among older age groups.

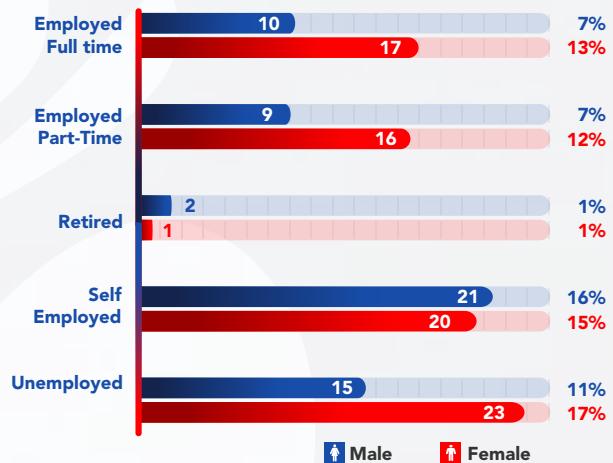
1.3 Highest Level of Education by Gender



The Tertiary Education category leads in the number of respondents, with males and females represented nearly equally (25% males and 27% females). The Secondary School level follows, where females are more prominent (14%) compared to males (8%). Both Vocational Training and No Formal Education categories are the least common, showing minimal gender disparity with very few respondents in each. Overall, Tertiary Education is the most prevalent educational attainment among both genders, indicating a high level of education within the sample. The Secondary School level also has a significant presence, with a greater proportion of females. In contrast, Primary School and No Formal Education categories show a similar trend with higher female representation. Vocational Training is the least common educational level across both genders.

In summary, Tertiary Education is the most frequent highest level of education for both males and females, while females are more represented in the Primary School and Secondary School categories. The Vocational Training and No Formal Education levels have the fewest respondents, reflecting their lower occurrence among the sample.

1.4 Employment Status by Gender

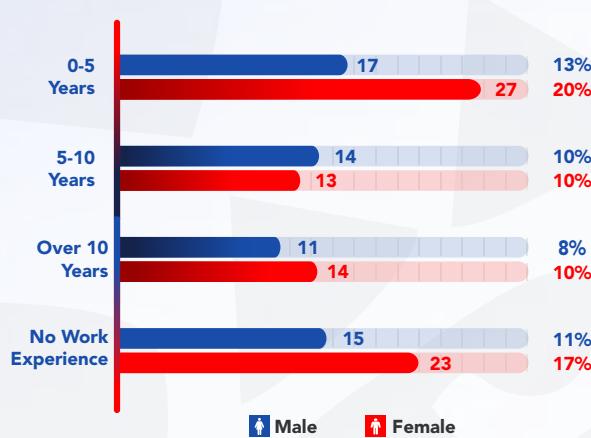


Self-Employment is the most common employment status, with 41 respondents (16% males and 15% females), demonstrating a strong presence across both genders. Unemployment is the second largest category, with a higher proportion of females (17%) compared to males (11%). The Employed Full-Time and Employed Part-Time categories have fewer respondents, but females are more represented in these roles (13% and 12%, respectively) than males (7% for both). The Retired category is the least represented, with minimal gender difference (1% for both).

Self-Employment stands out as the most prevalent employment status, reflecting its significant role for both genders. Unemployment affects a larger share of females than males, indicating a gender imbalance in unemployment rates within the sample. Although the Employed Full-Time and Part-Time categories are important, they have fewer respondents, with a slightly higher female presence. The Retired category shows minimal engagement and almost equal representation for both genders.

In summary, Self-Employment is the dominant employment status for both males and females, while Unemployment shows a notable gender disparity with more females affected. Employed Full-Time and Part-Time roles are less common, with higher female representation. The Retired status is minimally represented and does not significantly impact the overall employment distribution.

1.5 Caregiver Work Experience by Gender

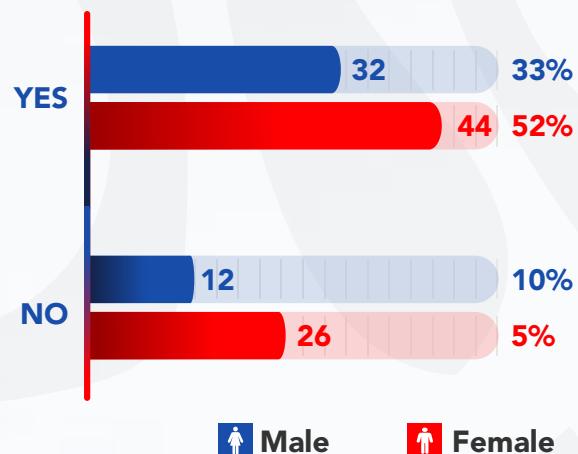


The 0-5 Years experience range is the most common, with more females (20%) than males (13%). Similarly, the No Experience category has a higher percentage of females (17%) compared to males (11%). The 5-10 Years and Over 10 Years categories have a balanced gender representation, with both having equal percentages of males and females (10% each) for the 5-10 Years range, and slightly more females (10%) than males (8%) in the Over 10 Years range.

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Section 2: Care Work Responsibilities

2.1 Do you categorise yourself as a Caregiver?

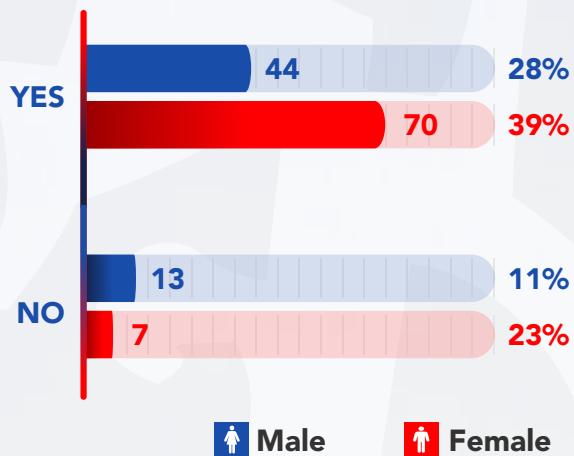


The table indicates that the majority of respondents, 85%, categorize themselves as caregivers. Among these, females represent a higher percentage, with 91% of the female respondents identifying as caregivers compared to 77% of the male respondents. This suggests a more prominent role for females in caregiving responsibilities within the surveyed group.

Additionally, the data shows that a small proportion of respondents, 15%, do not consider themselves caregivers. Within this group, a larger share of males (23%) does not identify as caregivers compared to females (9%). This highlights a gender difference in how caregiving roles are perceived or undertaken.

Overall, the table reveals a significant gender disparity in caregiving identification. With females both representing a higher number and a higher percentage of caregivers, it suggests that caregiving roles are more commonly associated with and taken up by females in the surveyed population.

2.2 Do you consider yourself a paid caregiver?

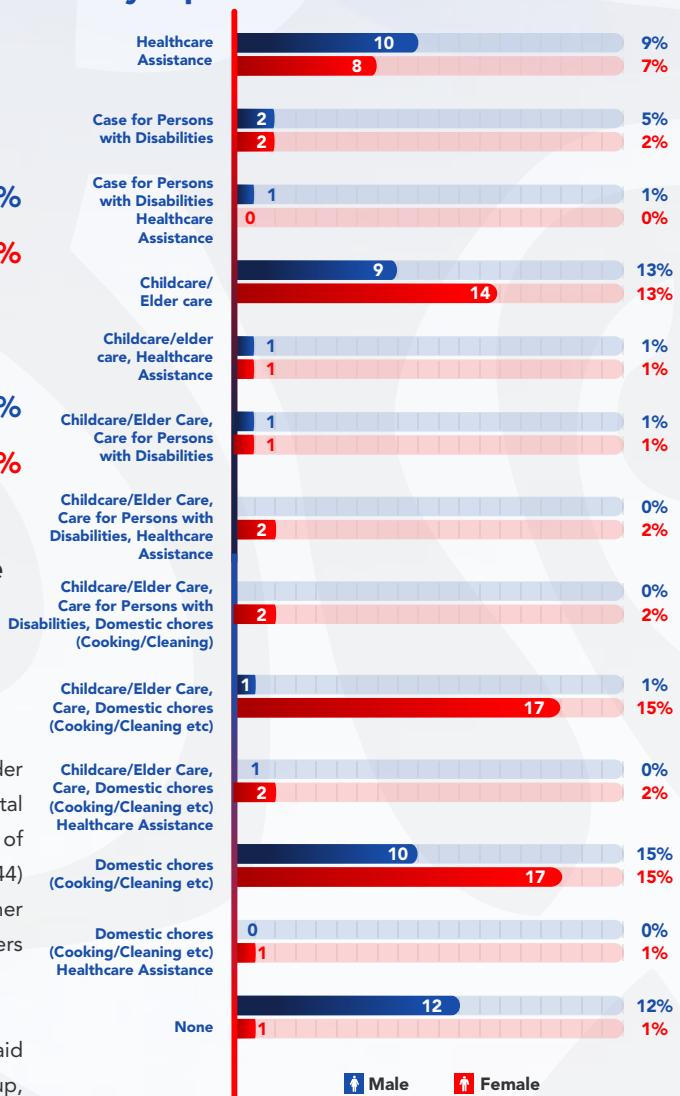


The table indicates that out of 114 respondents, 76 consider themselves paid caregivers. This represents 67% of the total respondents, with a notable gender difference: 39% of females (70 out of 180) and 28% of males (44 out of 160) identifying as paid caregivers. This suggests that a higher proportion of females in the survey work as paid caregivers compared to their male counterparts.

Conversely, 38 respondents do not consider themselves paid caregivers, accounting for 33% of the total. Within this group, a larger percentage of females (23%) compared to males (11%) do not identify as paid caregivers. This highlights that while a significant number of females are involved in paid caregiving roles, a considerable proportion are not, suggesting diverse caregiving responsibilities or other forms of unpaid caregiving.

Overall, the data reveals a gender disparity in paid caregiving roles, with females more likely to identify as paid caregivers than males. This could indicate that caregiving, especially in paid roles, is more commonly undertaken by females. The higher proportion of females in both paid and unpaid caregiving roles emphasizes the significant contribution of women in the caregiving sector.

2.3 What form of care work services do you provide?

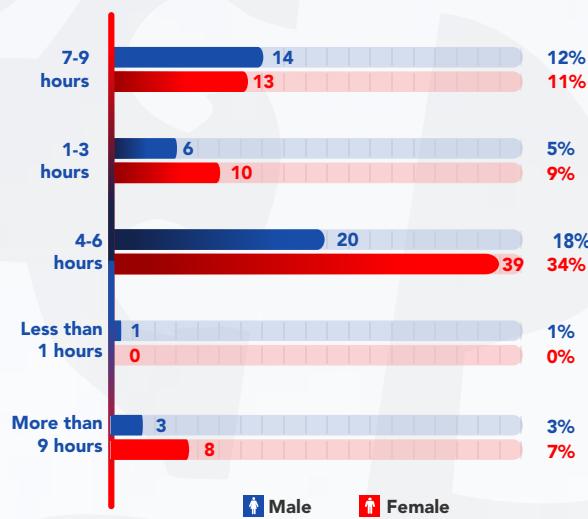


The table provides an overview of various care work services categorized by gender. In total, 111 services are provided, with males contributing 43 (39%) and females contributing 68 (61%). The primary services include healthcare assistance, care for persons with disabilities, childcare/elder care, and domestic chores (cooking, cleaning, etc.). The most common service for males is domestic chores (15%), whereas for females, it's also domestic chores (15%). Both genders contribute significantly to childcare/elder care, with males at 13% and females at 13%.

Healthcare assistance is another critical service, with males contributing 9% and females 7%. Interestingly, the combination of different care services shows a distinct pattern. For instance, 1% of both genders engage in childcare/elder care combined with domestic chores and healthcare assistance. Additionally, a notable observation is the male involvement in none of the services category at 12%, compared to only 1% for females, highlighting a gender disparity in care work participation.

Females tend to take on more comprehensive care roles, often combining multiple services. For instance, 2% of females provide a combination of childcare/elder care, care for persons with disabilities, and domestic chores, a combination not observed among males. This indicates a broader scope of responsibilities undertaken by females in care work. Overall, the table highlights the significant contribution of both genders in care work, with a notable difference in the extent and combination of services provided by each gender.

2.4 On average, how many hours per day do you spend on paid or unpaid care work?

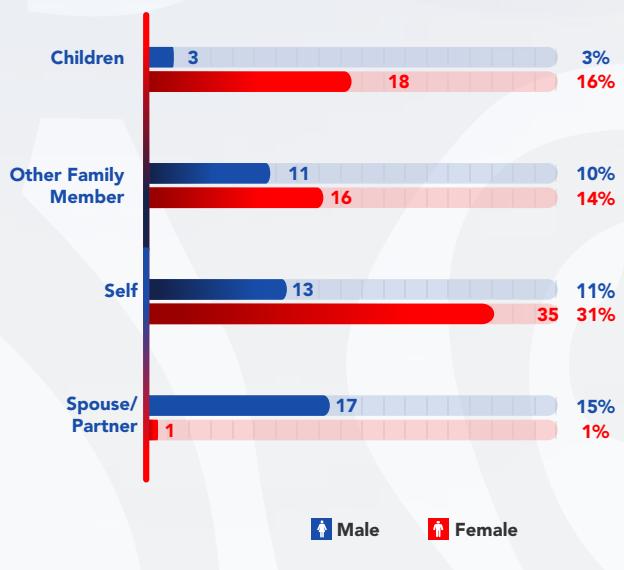


The table illustrates the distribution of hours spent daily on paid or unpaid care work across different genders. Out of the total 114 respondents, 44 (39%) are male and 70 (61%) are female. The most common range of care work hours for both genders is 4-6 hours per day, with 20 males (18%) and 39 females (34%) falling into this category, indicating a significant portion of both genders dedicating a substantial part of their day to care work.

The second most common category for males is 7-9 hours, with 14 males (12%) spending this amount of time on care work, compared to 13 females (11%). This suggests that a notable number of males are also heavily involved in care activities. Additionally, 3% of males and 7% of females report spending more than 9 hours per day on care work, highlighting that females are more likely to engage in extensive care work compared to their male counterparts.

A smaller percentage of respondents report spending 1-3 hours on care work, with 6 males (5%) and 10 females (9%) in this category. Very few report spending less than 1 hour on care work, with only 1 male (1%) and no females. These findings indicate that while both genders are actively involved in care work, females tend to spend more time on it daily, reflecting a higher burden of care responsibilities on women.

2.5 Who primarily performs care work in your household?

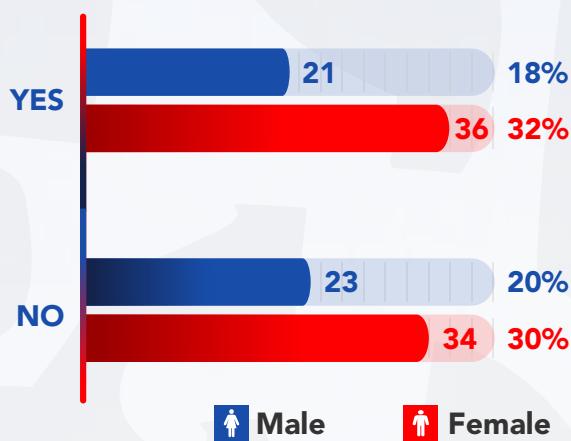


The table provides insights into who primarily performs care work in households, categorized by gender. Out of 114 respondents, 44 (39%) are male and 70 (61%) are female. A significant observation is that the majority of care work is self-performed, with 13 males (11%) and 35 females (31%) indicating that they primarily handle the care responsibilities themselves. This highlights a considerable self-reliance, especially among females, who are more than twice as likely to be the primary caregivers compared to males.

Another notable pattern is the role of children and other family members in care work. Children are the primary caregivers in 3% of male-headed households and 16% of female-headed households, suggesting that children contribute significantly more in female-headed households. Additionally, other family members perform care work in 10% of male and 14% of female households. This indicates a collaborative approach in many households, with extended family members playing a vital role in supporting care activities, slightly more so in female-headed households.

The role of spouses or partners in performing care work shows a stark gender difference. In male-headed households, spouses or partners are the primary caregivers in 15% of cases, whereas in female-headed households, this figure drops to just 1%. This disparity highlights a traditional gender role dynamic where females are less likely to have their male partners as primary caregivers, while males often rely on their spouses or partners for care work. Overall, the data underscores a gendered distribution of care work within households, with females taking on a significantly larger share of primary caregiving responsibilities.

2.6 Do you receive any other form of payment or compensation for the care work you perform?

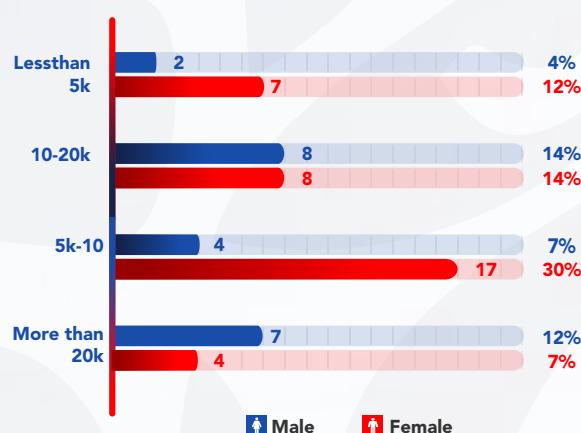


The data table provides a breakdown of whether individuals receive payment or compensation for their care work, segmented by gender. Of the 114 total respondents, 57 individuals (50%) receive some form of payment or compensation, while the remaining 57 individuals (50%) do not.

Breaking this down by gender, the table shows that 21 males (18%) receive payment for their care work, whereas 23 males (20%) do not. For females, 36 (32%) receive compensation, and 34 (30%) do not. This indicates that a higher proportion of females are compensated for their care work compared to their male counterparts.

In summary, while the overall split between those who receive payment and those who do not is equal, gender disparities are evident. A greater percentage of females receive compensation compared to males, suggesting that female care workers might be more likely to be remunerated for their labor.

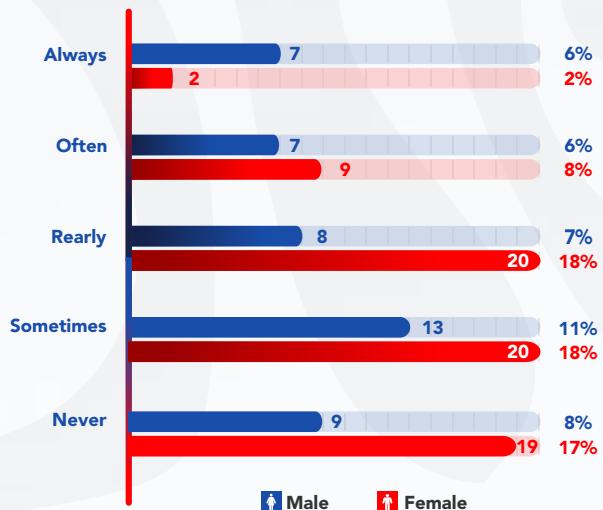
2.7 If yes, how much do you earn per month from care work?



The majority of care workers earn between 5,000 and 10,000 per month, with 30% of females and 7% of males in this range. Earnings of 10,001 to 20,000 are evenly distributed between males and females, each comprising 14% of their respective groups. A higher proportion of males (12%) earn more than 20,000 compared to females (7%), indicating a potential gender disparity in higher earnings.

Section 3: Distribution of Care Responsibilities

3.1 How often does your partner or other male family members participate in care work?

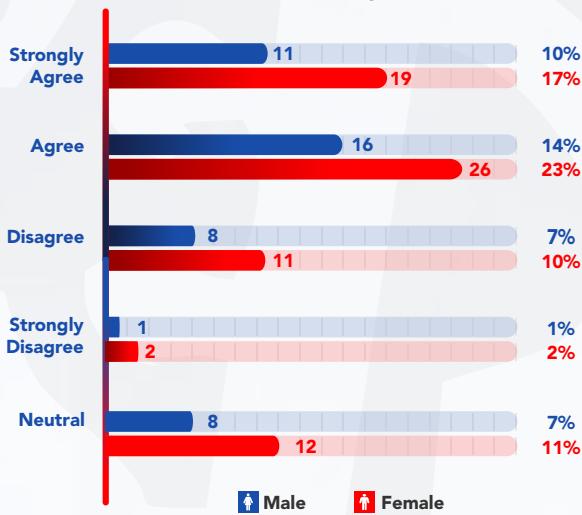


The table provides a breakdown of how often male and female family members participate in care work, highlighting differences in participation across gender. A key observation is that both males and females most frequently participate in care work "Sometimes," with 33 respondents falling into this category. This is followed by "Rarely" and "Never," each with 28 respondents, indicating a significant portion of families where care work is not a regular activity for male family members. The category "Always" has the fewest participants, with only 9 respondents, showing a minimal level of consistent engagement in care work by male family members.

When examining gender-specific responses, it becomes clear that females are more likely to report rare or no participation in care work by male family members. A total of 39 female respondents reported that male family members "Rarely" or "Never" participate in care work, compared to 17 male respondents. This disparity suggests that women may perceive or experience a lower level of support in care work from male family members than men do. Conversely, male respondents report higher engagement levels, particularly in the "Sometimes" category, where 13 males reported this, compared to 20 females.

Overall, the data indicates that male participation in care work is limited, with a notable gender gap in the perception or reality of male involvement. While some male family members do contribute, as indicated by the "Always" and "Often" categories, the majority of male participation falls into the less frequent categories of "Sometimes," "Rarely," and "Never." This highlights a potential area of concern for those advocating for more equitable distribution of care responsibilities within families.

3.2 What are the main reasons for the distribution of care work in your household?



The chart reveals the primary reasons for the distribution of care work within households, categorized by male and female responses. The most frequently cited reason across both genders is "Traditional gender roles," with 26 respondents indicating this as a key factor. This suggests that societal expectations and norms regarding gender roles continue to play a significant role in determining who is responsible for care work in households. Interestingly, more females (15) than males (11) cited traditional gender roles, indicating that women may feel these expectations more acutely.

Another significant factor influencing the distribution of care work is "Financial reasons," which 19 respondents highlighted. This suggests that economic considerations, such as income levels or job stability, influence how care responsibilities are allocated. There is a near-even split between male (10) and female (9) respondents in this category, indicating that financial pressures are a shared concern across genders.

"Availability of time" is another prominent factor, with 10 respondents highlighting it as the sole reason for the distribution of care work. However, when combined with other factors such as physical ability and financial reasons, the influence of time becomes more complex. Notably, 17 respondents (9 males and 8 females) cited a combination of

"Traditional gender roles, Availability of time, and Financial reasons," indicating that these factors often interplay to shape care work distribution. Overall, the data reflects that care work distribution is influenced by a mix of traditional gender roles, financial constraints, and the availability of time, with nuances based on gender perceptions and experiences.

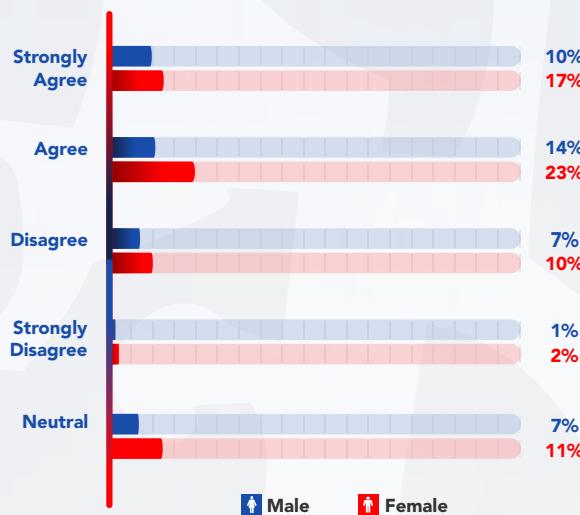
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Reasons for the distribution of care work in the household/Gender	Male	Female	Grand Total
Availability of time	4	6	10
Availability of time and financial reasons	1		1
Availability of time and physical ability		2	2
Availability of time, physical ability and financial reasons	1		1
Financial reasons	10	9	19
Physical ability	3	3	6
Physical ability and financial reasons	1	1	2
Traditional gender roles	11	15	26
Traditional gender roles and availability of time	1	3	4
Traditional gender roles, availability of time and physical ability	4	5	9
Traditional gender roles, availability of time, physical ability and financial reasons	9	8	17
Traditional gender roles and financial reasons		1	1
Traditional gender roles and physical ability	2	3	5
Traditional gender roles, physical ability and financial reasons		1	1
Grand Total	47	57	104

3.3 Do you believe that care work should be equally shared among all capable household members?



The chart presents the perspectives of male and female respondents on whether care work should be equally shared among all capable household members. A significant portion of both males and females agree with this notion, as evidenced by the combined percentages of those who "strongly agree" and "agree." Among males, 24 (24%) support equal sharing, while among females, this sentiment is even stronger, with 45 (40%) respondents in agreement. This indicates a general consensus among both genders that care work should be a shared responsibility, although females show a higher inclination towards this belief.

Despite this general agreement, there is still a notable minority of respondents who disagree with the idea of equal sharing of care work. Among males, 9 (8%) either "disagree" or "strongly disagree," and among females, 13 (12%) hold similar views. This suggests that while the majority support the equitable distribution of care work, there remains a portion of individuals who either prefer the traditional roles or have other reasons for opposing equal distribution. This could be reflective of cultural norms, personal experiences, or practical considerations within their households.

Lastly, the "neutral" category, where 8 males (7%) and 12 females (11%) fall, indicates that a segment of the population is undecided or ambivalent about this issue. This could be due to a variety of factors, such as uncertainty about the feasibility of equal sharing in their specific circumstances, or a lack of strong feelings on the matter. The presence of a neutral stance suggests that discussions around the fair distribution of care work could benefit from further dialogue and education to address concerns and uncertainties.

3.4 What would encourage more equitable distribution of care work in your household?

The table outlines various factors that respondents believe could encourage a more equitable distribution of care work, with a breakdown by gender. The most commonly cited factor across both males and females is "Awareness and education about gender equality," with a total of 17 respondents indicating this as a key driver for change. This suggests that many people see increased understanding and consciousness of gender issues as crucial in promoting fairer sharing of care responsibilities. Additionally, a combination of awareness with other factors such as financial incentives, flexible work arrangements, or supportive infrastructure is also viewed positively, reflecting the belief that education alone may not be enough without practical support systems.

Another significant set of factors revolves around "Supportive infrastructure" and "Flexible work arrangements." Nine respondents identified supportive infrastructure (like childcare centers and eldercare facilities) as vital, while 11 highlighted flexible work arrangements. These factors suggest that structural changes in work environments and societal support systems are seen as essential in facilitating a more equitable distribution of care work. Interestingly, many respondents see a combination of these factors as even more effective, with 14 respondents specifically noting the need for awareness combined with infrastructure, flexibility, and financial incentives.

Cultural change initiatives are also noted by several respondents, particularly when combined with other factors. Seven respondents believe cultural change alone could drive more equitable care work distribution, but when combined with financial incentives, supportive infrastructure, or flexible work arrangements, the numbers increase. This points to a recognition that while changing societal attitudes is important, it must be supported by practical measures to be truly effective. The gender breakdown shows that females are slightly more likely to emphasize cultural change, indicating perhaps a greater awareness or experience of the need to shift societal norms.

What would encourage more equitable distribution of care work/Gender	Male	Female	Grand Total
Awareness and education about gender equality	8	9	17
Awareness and education about gender equality and cultural change initiatives	1	1	2
Awareness and education about gender equality and financial incentives	2	3	5
Awareness and education about gender equality, financial incentives and cultural change initiatives	1	2	3
Awareness and education about gender equality and flexible work arrangements		2	2
Awareness and education about gender equality, flexible work arrangements and cultural change initiatives	2		2
Awareness and education about gender equality, flexible work arrangements and financial incentives	1	6	7
Awareness and education about gender equality and supportive infrastructure (childcare centers, eldercare facilities)		3	3
Awareness and education about gender equality, supportive infrastructure (childcare centers, eldercare facilities) and cultural change initiatives		1	1
Awareness and education about gender equality, supportive infrastructure (childcare centers, eldercare facilities) and financial incentives	2	1	3
Awareness and education about gender equality, supportive infrastructure (childcare centers, eldercare facilities) and flexible work arrangements	1		1
Awareness and education about gender equality, supportive infrastructure (childcare centers, eldercare facilities), flexible work arrangements and cultural change initiatives		2	2
Awareness and education about gender equality, supportive infrastructure (childcare centers, eldercare facilities), flexible work arrangements and financial incentives	6	8	14
Awareness and education about gender equality, supportive infrastructure (childcare centers, eldercare facilities), flexible work arrangements, financial incentives and cultural change initiatives		1	1
Cultural change initiatives	1	6	7
Financial incentives	2	5	7
Financial incentives and cultural change initiatives	3	5	8
Flexible work arrangements	4	7	11
Flexible work arrangements and financial incentives	5		5
Flexible work arrangements, financial incentives and cultural change initiatives		2	2
Supportive infrastructure (childcare centers, eldercare facilities)	4	5	9
Supportive infrastructure (childcare centers, eldercare facilities) and financial incentives	1		1
Supportive infrastructure (childcare centers, eldercare facilities), flexible work arrangements and financial incentives		1	1
Grand Total	44	70	114

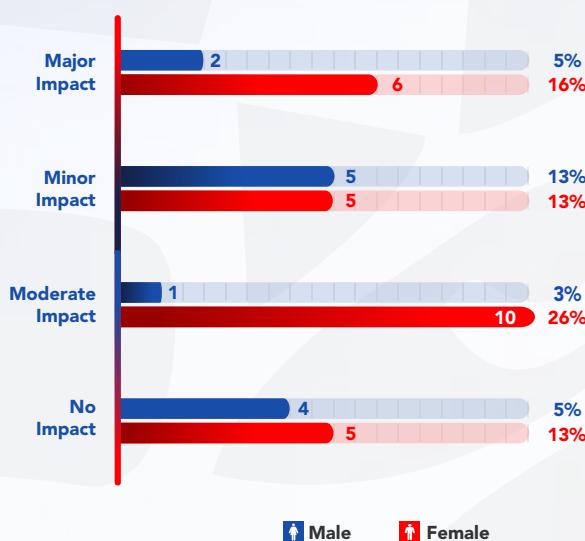
The table illustrates how unpaid care work affects individuals' ability to pursue education or employment opportunities, with data split by gender. Among the 38 respondents, a significant gender disparity is evident, particularly in the "major impact" category. While only 2 males (5%) reported a major impact, 6 females (16%) indicated that unpaid care work severely hinders their ability to engage in education or employment. This suggests that unpaid care responsibilities disproportionately affect women, limiting their opportunities more significantly than men.

Further analysis shows that 10 respondents (26%) of the females experience a "moderate impact," compared to only 1 male (3%). This again underscores the greater burden that unpaid care WORKPLACES on women, potentially hindering their professional and educational aspirations. On the other hand, an equal number of males and females (5 each) reported a "minor impact," suggesting that for some, unpaid care work does not drastically interfere with their goals, though it still has a noticeable effect.

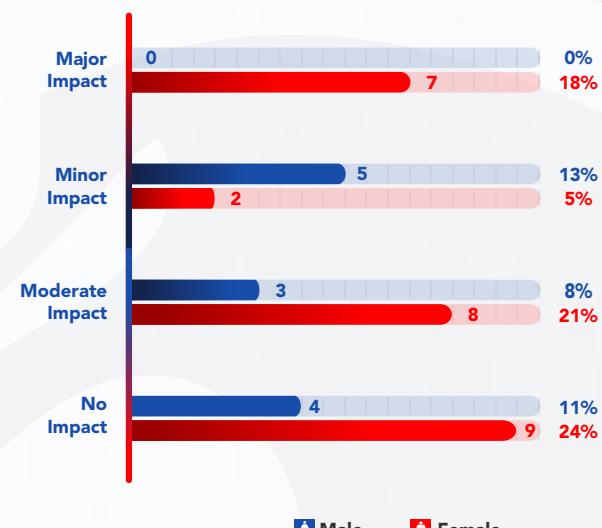
Lastly, a notable number of respondents, particularly among males, report that unpaid care work has "no impact" on their ability to pursue education or employment, with 4 males (11%) and 5 females (13%) falling into this category. While this indicates that some individuals are able to balance care responsibilities with their aspirations, the overall data highlights that unpaid care work tends to have a more profound and negative impact on women's opportunities than on men's, reflecting broader gender inequalities in the distribution of care work.

Section 4: Empowerment and Recognition of Care Work

4.1 How does unpaid care work affect your ability to pursue education or employment opportunities?



4.2 How does unpaid care work affect your physical health?

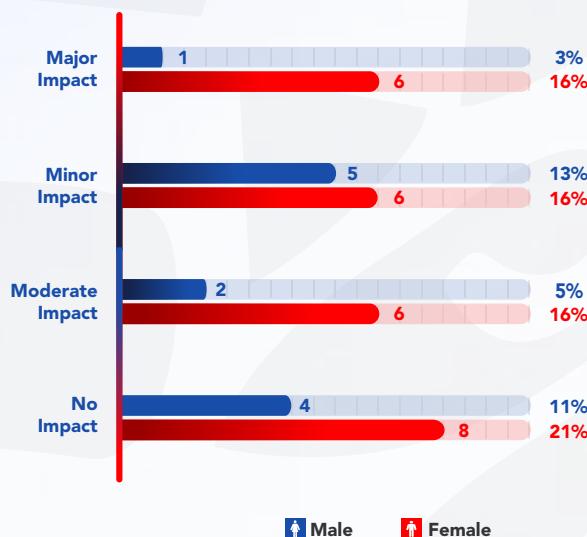


The table provides insights into how unpaid care work affects physical health, revealing significant gender differences. Notably, none of the male respondents reported a "Major impact" on their physical health, whereas 7 females (18%) indicated that unpaid care work had a major negative effect on their well-being. This suggests that women are more likely to experience severe physical health consequences due to their unpaid care responsibilities, highlighting the greater physical burden that care work places on women compared to men.

In terms of "Moderate impact," 8 females (21%) reported this level of effect on their physical health, compared to 3 males (8%). This further underscores the trend that women are more affected by the physical demands of unpaid care work. The higher percentages of females reporting both major and moderate impacts suggest that the cumulative physical toll of unpaid care responsibilities is more pronounced among women, which could be due to the heavier share of care work they often undertake.

Interestingly, when it comes to "No impact," 9 females (24%) and 4 males (11%) reported that unpaid care work does not affect their physical health. This indicates that a portion of both genders does not perceive their health as being influenced by care work. However, the higher percentage of women reporting both major and moderate impacts suggests that, overall, women face more significant physical challenges related to unpaid care work than men do. This disparity highlights the need for greater support and resources to mitigate the physical health impacts of care work, particularly for women.

4.3 How does unpaid care work affect your mental health?

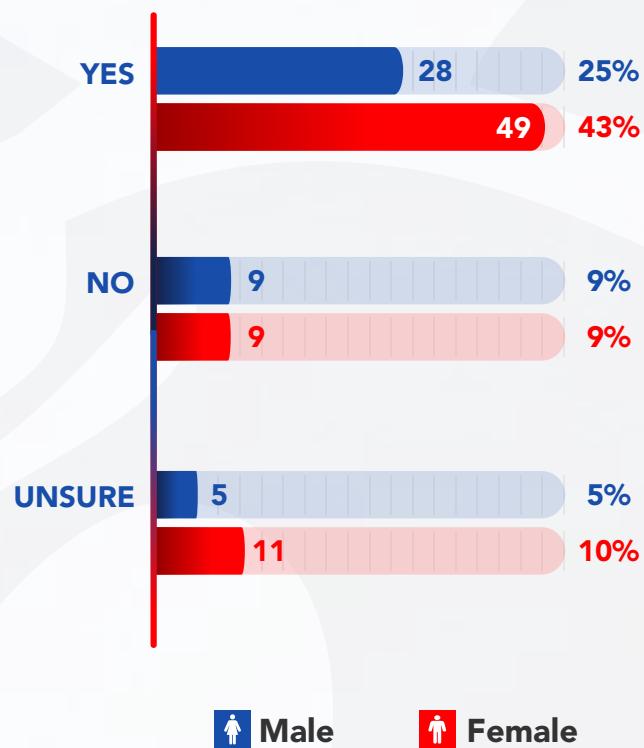


The table reveals the mental health impact of unpaid care work, showing a distinct gender difference. While only 1 male (3%) reported a "Major impact," 6 females (16%) noted that unpaid care work significantly affects their mental health. This indicates that women are more likely to experience severe mental health challenges as a result of their unpaid care responsibilities, highlighting the emotional burden that often accompanies these duties.

When considering "Minor impact" and "Moderate impact," both genders report similar experiences, though women still slightly outnumber men. Specifically, 5 males (13%) and 6 females (16%) noted a minor impact, while 2 males (5%) and 6 females (16%) reported a moderate impact. This suggests that while both men and women experience some level of mental health strain from unpaid care work, women are more frequently impacted, particularly at more severe levels.

Finally, 12 respondents, including 4 males (11%) and 8 females (21%), reported "No impact" on their mental health from unpaid care work. This group shows that some individuals can manage care responsibilities without significant mental health effects. However, the overall data indicates that women are more susceptible to the mental health challenges posed by unpaid care work, which may reflect the greater responsibility they often bear in this area.

4.4 Do you feel that your care work is recognized and valued by your family and community?



The table illustrates perceptions of whether care work is recognized and valued by family and community, with responses broken down by gender. A substantial majority of respondents, 77 out of 114, believe that care work is indeed recognized and valued. This positive sentiment is stronger among females, with 49 (43%) indicating "Yes," compared to 28 males (25%). This difference suggests that women, who often bear a larger share of care responsibilities, may be more attuned to whether their efforts are acknowledged, or they might receive more explicit recognition from their communities.

On the other hand, 20 respondents (9% of both males and females) feel that care work is not recognized or valued by their families or communities. This group represents a significant minority who may feel underappreciated despite their contributions. The equal distribution between genders suggests that this sense of undervaluation is not confined to one gender, though it remains a crucial issue for those affected.

Lastly, 17 respondents were "Unsure" about whether care work is valued, with 11 females (10%) and 6 males (5%) expressing uncertainty. This ambivalence might reflect a lack of clear feedback or mixed signals from their families and communities regarding the value of care work. The slightly higher percentage of uncertainty among females could indicate that women are more sensitive to or concerned about the recognition of their care work, possibly because they are more heavily involved in these responsibilities. Overall, while the majority feel their care work is valued, a notable portion of respondents either disagree or are uncertain, highlighting a need for more explicit recognition and appreciation of care contributions in both family and community settings.

4.5 What kind of support would help you feel more empowered in your role as a caregiver?

The table highlights the types of support that would help individuals feel more empowered in their role as caregivers, with a gender breakdown. The most commonly cited support, mentioned by 24 respondents (21% of the total), is a combination of access to affordable childcare/eldercare services, financial compensation, legal and social protection, training, and community support groups. Notably, this comprehensive package was favored more by females (16) than males (8), indicating that women may feel the need for a broader range of support mechanisms to feel empowered in their caregiving roles. This likely reflects the heavier caregiving burden typically borne by women, requiring multifaceted solutions to address their needs effectively.

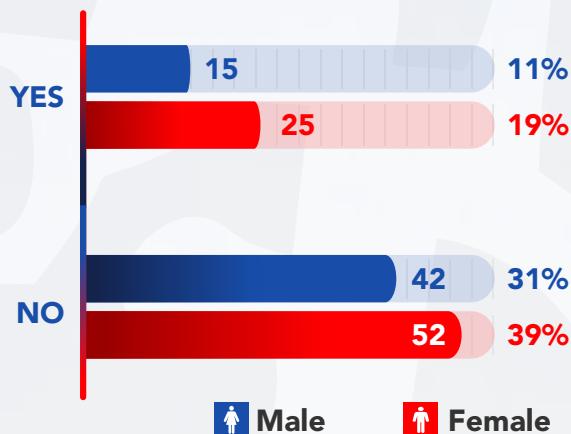
Financial compensation or incentives alone was identified by 18 respondents (16%) as a crucial form of support, with twice as many females (12) as males (6) prioritizing this option. This preference suggests that financial support is a significant factor in empowering caregivers, particularly for women who might experience greater economic strain due to their caregiving responsibilities. The emphasis on financial compensation underscores the need to alleviate the financial burdens associated with unpaid care work, which can limit caregivers' economic opportunities and overall well-being.

Training and skills development programs also emerged as a key form of support, with 17 respondents (15%) expressing the need for such programs. This support was fairly balanced between genders, though slightly more females (9) than males (8) mentioned it. The focus on training indicates a desire among caregivers to enhance their skills and knowledge, potentially to improve the quality of care they provide or to seek better employment opportunities that align with their caregiving responsibilities. The data suggests that caregivers value both practical support (like affordable services and financial compensation) and personal development opportunities to feel more empowered in their roles.

What kind of support would help you feel more empowered in your role as a caregiver/Gender	Male	Female	Grand Total
Access to affordable childcare/eldercare services	2	5	7
Access to affordable childcare/eldercare services and financial compensation or incentives	1	2	3
Access to affordable childcare/eldercare services, financial compensation or incentives and legal and social protection		1	1
Access to affordable childcare/eldercare services, financial compensation or incentives and training and skills development programs	2	1	3
Access to affordable childcare/eldercare services, financial compensation or incentives, training and skills development programs, legal and social protection and community support groups	8	16	24
Access to affordable childcare/eldercare services and legal and social protection	1		1
Access to affordable childcare/eldercare services, training and skills development programs and community support groups	1		1
Community support groups		3	3
Financial compensation or incentives	6	12	18
Financial compensation or incentives and community support groups	1		1
Financial compensation or incentives and legal and social protection	3	3	6
Financial compensation or incentives, legal and social protection and community support groups		2	2
Financial compensation or incentives and training and skills development programs	3	3	6
Financial compensation or incentives, training and skills development programs and community support groups	1	3	4
Financial compensation or incentives, training and skills development programs and legal and social protection	2	3	5
Financial compensation or incentives, training and skills development programs, legal and social protection and community support groups	5	7	12
Training and skills development programs	8	9	17
Grand Total	44	70	114

Section 5: Policy Awareness and Implementation

5.1 Are you aware of the Violence Against Persons (Prohibition) Law 2018 and its provisions?

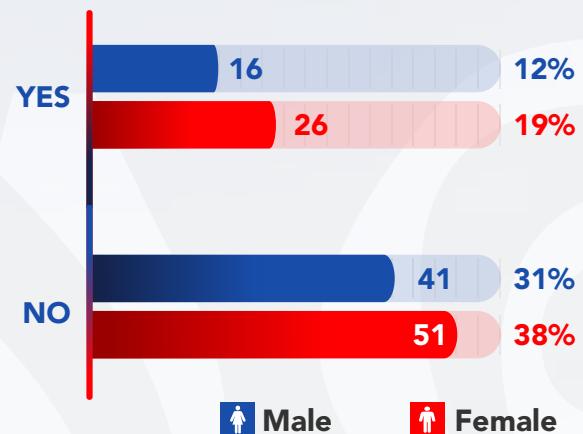


The table presents data on the awareness of the Violence Against Persons (Prohibition) Law of 2018 and its provisions among male and female respondents. The total number of participants is 134, divided into 57 males and 77 females. The data is broken down into those who are aware and those who are not aware of the law, along with the percentage of awareness within each gender group.

From the table, it is evident that a larger proportion of females are aware of the law compared to males. Specifically, 25 females, accounting for 19% of the total respondents, reported being aware of the law, while 15 males, representing 11% of the total, indicated awareness. On the other hand, 52 females (39%) and 42 males (31%) were not aware of the law, highlighting a significant gap in awareness, especially among the male respondents.

Overall, the data suggests that there is a general lack of awareness of the Violence Against Persons (Prohibition) Law of 2018 among the respondents, with only 40 out of 134 individuals (about 30%) being aware of it. The lack of awareness is more pronounced among males, indicating a potential need for targeted awareness campaigns, especially towards men, to ensure wider understanding and compliance with the law.

5.2 Are you aware of the Gender Equity and Social Inclusion (GESI) Policy 2017 and its objectives?



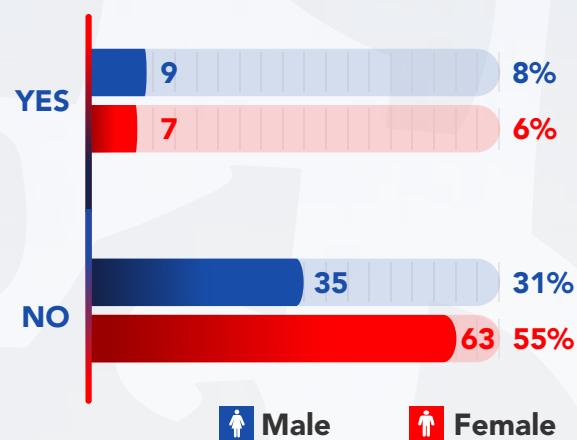
The table presents data on the awareness of the Gender Equity and Social Inclusion (GESI) Policy of 2017 and its objectives among male and female respondents. A total of 134 individuals participated, with 57 males and 77 females. The data is categorized based on whether respondents are aware or unaware of the GESI policy.

From the data, it is evident that awareness of the GESI Policy is relatively low overall. Only 42 out of 134 respondents (about 31%) reported being aware of the policy. This includes 16 males, representing 12% of the total, and 26 females, accounting for 19% of the total respondents. The higher percentage of females aware of the policy compared to males indicates a slight gender disparity in awareness levels.

The majority of respondents, 92 out of 134 (approximately 69%), are not aware of the GESI Policy and its objectives. This includes 41 males (31%) and 51 females (38%), demonstrating a significant gap in awareness that affects both genders. This lack of awareness is particularly concerning given the importance of GESI in promoting gender equity and social inclusion.

Overall, the data suggests a need for enhanced communication and educational efforts to increase awareness of the GESI Policy, particularly targeting both male and female populations. The relatively low levels of awareness highlight the necessity of more proactive and inclusive strategies to ensure that all individuals are informed about policies that aim to promote equity and inclusion.

5.3 Have you ever sought help from government or non-governmental organizations regarding your care work?



The table provides data on the number of respondents who sought help from government or non-governmental organizations regarding their care work, divided by gender. Out of a total of 114 respondents, 44 are male and 70 are female. The data reveals significant trends in the help-seeking behavior among these individuals.

Only a small percentage of respondents, 16 out of 114 (approximately 14%), reported seeking help for their care work. This includes 9 males (8%) and 7 females (6%). The relatively low percentage indicates that most respondents did not reach out to formal institutions for support with their care responsibilities, suggesting possible barriers to accessing these services or a lack of awareness about available resources.

The majority of respondents, 98 out of 114 (about 86%), indicated that they did not seek help from government or non-governmental organizations for their care work. This group includes 35 males (31%) and 63 females (55%), showing a pronounced reluctance or inability to seek external assistance, especially among female respondents. The higher percentage of females not seeking help could point to gendered challenges in accessing support services.

Overall, the data highlights a significant gap in the utilization of support services for care work among the respondents. Despite the availability of government or non-governmental organization assistance, most individuals did not seek help, indicating a need for better outreach, awareness campaigns, and possibly a re-evaluation of the accessibility and effectiveness of these services, particularly for women who may face additional barriers in seeking support.

5.4 If yes, what kind of support did you receive?

The table provides data on the types of support received by male and female respondents, categorized into various forms such as counseling, financial assistance, training and resources, and others. A total of 16 instances of support are recorded, with 9 received by males and 7 by females, indicating a slightly higher uptake of support services by males.

Financial assistance, either alone or in combination with other forms of support, appears to be the most common type of aid provided, especially among males. Specifically, 4 males received only financial assistance, and 2 males received both financial assistance and training/resources, totaling 6 instances among males. In contrast, only 1 female received financial assistance alone, and another received it along with training/resources, making financial support slightly less common among females.

Training and resources are the second most common type of support, particularly among females. A total of 3 females received training and resources, either alone or in combination with other forms of support. This suggests that training and resource provision might be slightly more targeted or accessible to females. However, both males and females equally benefited from this form of support when combined with other types of assistance. The presence of a few cases where counseling was combined with other support types indicates a more holistic approach to aid for certain individuals, addressing both material and emotional needs.

What kind of support was received?	Male	Female	Grand Total
Counseling, financial assistance, training and resources		1	1
Counseling, training and resources	1	1	2
Financial assistance	4	1	5
Financial assistance, training and resources	2	1	3
Training and resources	2	3	5
Grand Total	9	7	16

5.5 What additional policies or programs would you recommend to better support care workers in Kaduna State?

The table outlines the recommended policies or programs to better support care workers in Kaduna State, categorized by gender. The recommendations include various initiatives such as increased funding for care services, community support programs, training and development initiatives, public awareness campaigns, and improved legal protections. A total of 134 recommendations were made, with 57 coming from males and 77 from females, indicating a slightly higher engagement from female respondents in suggesting support strategies.

"Increased funding for care services" is the most frequently recommended policy, with 48 out of 134 respondents (about 36%) suggesting it in combination with other support measures. Both males (19) and females (29) strongly advocated for this, reflecting a widespread recognition of the need for more financial resources to bolster care services. This recommendation often overlaps with other initiatives, indicating that respondents see increased funding as a foundational element necessary for the effectiveness of other support programs.

Community support programs and training and development initiatives are also significant areas of focus. A combined total of 38 recommendations (28%) involved these aspects, either alone or in conjunction with other initiatives. Interestingly, females were more likely than males to suggest community support programs, with 6 out of 8 standalone recommendations coming from them. Additionally, the combination of community support, training, and legal protections highlights the respondents' holistic view of care work, recognizing the need for a supportive community environment, enhanced skills, and robust legal frameworks to protect and empower care workers. The emphasis on public awareness campaigns, especially among female respondents, suggests a desire for broader societal recognition and understanding of the challenges faced by care workers.

Additional policies or programs recommended to better support care workers in Kaduna State	Male	Female	Grand Total
Community support programs	2	6	8
Community support programs, training and development initiatives	1	2	3
Improved legal protections	1	1	2
Increased funding for care services	9	7	16
Increased funding for care services and community support programs	6	5	11
Increased funding for care services and improved legal protections	1		1
Increased funding for care services, improved legal protections, training and development initiatives	1	1	2
Increased funding for care services and public awareness campaigns	1	5	6
Increased funding for care services, public awareness campaigns, community support programs and improved legal protections		1	1
Increased funding for care services, public awareness campaigns, community support programs, training and development initiatives	2	1	3
Increased funding for care services, public awareness campaigns and Improved legal protections		3	3
Increased funding for care services, public awareness campaigns, training and development initiatives	2		2
Increased funding for care services, training and development initiatives	1	1	2
Public awareness campaigns	3	1	4
Public awareness campaigns and community support programs		2	2
Public awareness campaigns, community support programs, training and development initiatives	2	1	3
Public awareness campaigns and improved legal protections		1	1
Training and development initiatives	4	7	11
Grand Total	57	77	134

Section 6: Recommendations

6.1 What changes would you recommend to better recognize and support care workers in Kaduna State?

The table highlights various recommendations to better recognize and support care workers in Kaduna State, emphasizing the importance of community support programs, improved enforcement of existing laws, increased funding for care services, policy reforms, and public awareness campaigns. A total of 134 recommendations were made, with 57 from males and 77 from females, showing a higher level of engagement from female respondents.

"Increased funding for care services" emerges as the most prominent recommendation, with 22 standalone suggestions and 40 combined with policy reforms, enforcement of existing laws, and public awareness campaigns. This reflects a strong consensus on the need for more financial resources to enhance the quality and availability of care services, highlighting it as a foundational element for supporting care workers effectively.

Policy reforms, often coupled with the enforcement of existing laws and public awareness initiatives, also feature prominently,

with a total of 40 recommendations. This suggests a significant recognition of the need for systemic changes, legal backing, and public education to address the challenges faced by care workers in Kaduna State. The emphasis on these reforms, especially when combined with community support programs, underscores a holistic approach to improving the working conditions and societal recognition of care workers.

Recommendations to better recognize and support care workers in Kaduna State	Male	Female	Grand Total
Community support programs	5	8	13
Improved enforcement of existing laws	2	3	5
Improved enforcement of existing laws and increased funding for care services	1	1	2
Improved enforcement of existing laws, increased funding for care services and public awareness campaigns	2	1	3
Improved enforcement of existing laws, increased funding for care services, public awareness campaigns and community support programs	2	3	5
Improved enforcement of existing laws and public awareness campaigns		1	1
Increased funding for care services	9	13	22
Increased funding for care services and community support programs		3	3
Increased funding for care services and public awareness campaigns	1	5	6
Increased funding for care services, public awareness campaigns and community support programs	2		2
Policy reforms	4	2	6
Policy reforms and community support programs	1	1	2
Policy reforms and improved enforcement of existing laws	1	1	2
Policy reforms, improved enforcement of existing laws and community support programs	1		1
Policy reforms, improved enforcement of existing laws and increased funding for care services		2	2
Policy reforms, improved enforcement of existing laws, increased funding for care services and public awareness campaigns		1	1
Policy reforms, improved enforcement of existing laws, increased funding for care services, public awareness campaigns and community support programs	17	23	40
Policy reforms, improved enforcement of existing laws and public awareness campaigns		2	2
Policy reforms and increased funding for care services	2	1	3
Policy reforms, increased funding for care services and Community support programs	2	2	4
Policy reforms, increased funding for care services and public awareness campaigns	1	1	2
Policy reforms, increased funding for care services, public awareness campaigns and community support programs		1	1
Policy reforms, public awareness campaigns and community support programs	1	1	2
Public awareness campaigns	3	1	4
Grand Total	57	77	134

6.2 Any additional comments or suggestions regarding the support and recognition of care work in Kaduna State?

- I. Increased Financial Support: Request for increased salaries, competitive remuneration packages, and financial assistance to become self-reliant.
- ii. Government Intervention: Calls for government intervention to improve living conditions, support businesses, and provide extra funding for families engaged in domestic work.
- iii. Formation of Associations: Advocacy for forming associations to better represent care workers' interests and ensure their voices are heard by the government and other bodies.
- iv. Education and Training: Emphasis on the need to educate caregivers on their rights and ethics, and provide training to improve their skills and understanding of the work.
- v. Policy Reforms: Requests for policy changes to include benefits like pensions and minimum wages, ensuring better recognition and support for care workers.
- vi. Public Awareness: Calls to improve public awareness to prevent the belittling of caregivers and acknowledge their contribution.
- vii. Signed Agreements: Suggestion that all care work should be conducted under signed agreements to ensure formal and fair working conditions.
- viii. Support for Business Initiatives: Advocacy for providing income sources and support to start businesses to achieve self-reliance.
- ix. Respect and Cooperation: Emphasis on mutual respect between employees and employers to foster a better working environment.
- x. Improvement of Facilities: A call for better facilities and support to ease the workload of care workers and improve their efficiency.

QUALITATIVE ANALYSIS

Caregivers play a vital role in supporting their families and communities, often working in challenging conditions characterized by inadequate compensation or lack of informal recognition. Caregiving responsibilities are predominantly shouldered by women, often resulting in an unequal distribution of care work. This situation perpetuates gender disparities and undervalues the essential contributions of caregivers. This study explores strategies for achieving a fairer distribution of caregiving responsibilities and increasing the recognition and value of care work in Kaduna State.

The Clients interviewed, identified a range of barriers related to the impact of unpaid or under paid work of a caregiving. These barriers were multi-factorial and inter-related with each other; hence, organized under seven broad themes:

S/N	Themes
1	Perception of caregiving work
2	Categorization of caregiving work
3	Legal framework
4	Economic Insecurity and Financial Strain
5	Socio-Economic and Psychological Impact
6	Training and Professional Development
7	Community Perception and Social Stigma

FINDINGS AND THEMES

Theme 1: Perception of Caregiving Work

Caregiving is a multifaceted role that spans various contexts and responsibilities. It encompasses individuals who provide essential support and assistance to those in need, whether in personal or professional settings. The term broadly includes family members, health professionals, and domestic workers. The perception of caregivers often reflects deep-seated cultural and societal norms, where caregiving is seen as a natural extension of women's roles and responsibilities. Unpaid caregivers, typically family members, are frequently viewed as fulfilling a moral obligation rather than receiving recognition or financial compensation. Paid caregivers, despite their professional status, are often undervalued and associated with low-status work, leading to inadequate compensation and limited respect. Both types of caregivers are often underestimated in terms of their contributions and the challenges they face. This prevailing perception hinders efforts to fairly recognize, support, and equitably distribute caregiving responsibilities.

Some participants unanimously expressed great dissatisfaction that their work is not adequately recognized or respected, particularly regarding their low wages and challenging working conditions

- "Some people don't respect caregiving roles." KII, Kaduna Central
- "We tend to give up when the gain does not come as fast as we expect." FGD Kaduna North
- "Some people do not respect caregivers. But they have to overlook it as their priority is to make ends meet." KII Kaduna South

- "In our community, caregiving is seen as a woman's job. It's not considered a real profession, just something women do naturally." FGD, Kaduna South
- "People believe that caregiving is a duty rather than a job. This mindset makes it hard for caregivers to be taken seriously or to be properly compensated." KII, Kaduna Central
- "There is an expectation that women should handle caregiving without complaints or need for compensation. It's embedded in our cultural norms." FGD, Kaduna North

Theme 2: Categorization of Caregiving Work

Caregiving can be categorized as either a formal or informal job, depending on its structure and compensation. Formal caregiving refers to paid positions within regulated environments, such as hospitals, nursing homes, or home care agencies, where caregivers receive a salary or wage and are subject to labor laws while Informal caregiving involves unpaid support typically provided by family members, friends, or neighbors, often without formal agreements or compensation.

- "Formal caregiving work includes hospital or office work. It's part of the formal sector because of the processes it follows. Like written contracts, among others." FGD, Kaduna Central
- "In the informal sector, people are employed without qualifications or as a favor, but it's different in the formal sector where you can't be employed except with a certain qualification." KII, Kaduna Central
- "Caregiving work in the formal sector involves long-term employment until retirement, while in the informal sector, it is temporary and often involves transferring between homes." KII Kaduna South
- "In the formal sector, caregivers like security personnel and health workers have structured work hours and agreements, while informal caregivers, such as domestic workers, may work without clear boundaries or agreements." Kaduna North KII

Theme 3: Economic Insecurity and Financial Strain

Economic insecurity is a prevalent issue among caregivers, many caregivers receive inadequate financial remuneration, irregular payment and limited benefits, such as health insurance and retirement. The disparity in wages reflects broader systemic issues and can affect the quality of care provided and the well-being of caregivers. These practices and behaviors reportedly made these individuals not happy about the profession.

- “Caregivers are underpaid. Our payment is less than the work we do.” FGD Kaduna Central
- “Many caregivers, especially those in informal roles, experience unpredictable income which creates financial instability and uncertainty.” FGD Kaduna North
“They are underpaid. For example, a domestic worker might get paid 5000 naira for a month’s work, which is insufficient given the workload.” KII Kaduna North
- “Most caregivers are underpaid, and only some receive fair compensation depending on the kindness of their employers.” FGD Kaduna South
- “Caregivers in the formal sector are underpaid compared to their workload, and there is a disparity in payment within the informal sector based on the employer’s discretion.” KII Kaduna North

Theme 4: Socio-Economic and Psychological Impact

The impacts of caregiving extend beyond financial aspects, affecting caregivers’ socioeconomic and psychological well-being. Stress, burn out and low wages, poor treatment, and job insecurity contribute to significant challenges, including stress and mental health issues. Recognizing these impacts is essential for developing comprehensive support systems that address the multifaceted needs of caregivers.

- “Their salaries are not enough to cater for their problems. Before the end of the month, they’ve borrowed more than they could pay back.” KII, Kaduna North
- “The calculations are just too much. The salary is not enough and before the month ends you’ve borrowed money from people.” FGD Kaduna North
- “Some caregivers suffer from high blood pressure as a result of these problems.” KII, Kaduna Central
- “Many caregivers face psychological stress due to financial instability.” KII, Kaduna South
- “Caregivers often experience socio-economic problems as their salaries don’t match their needs.” KII, Kaduna Central
- Caregivers report significant emotional exhaustion, exacerbated by their inability to meet their financial needs through their caregiving roles.” KII, Kaduna North

Theme 5: Awareness and Support System

There is a noticeable lack of structured support systems and legal frameworks specifically designed for caregivers. This gap results in inadequate assistance and recognition for those in caregiving roles and contributes to their vulnerability and exploitation. Some of the discussant from the focal group mentioned that:

- “There are no known systems or processes in place to support caregivers facing socioeconomic or psychological effects.” FGD, Kaduna South
- “No specific laws or policies are known to support caregivers, only general NGO involvement.” KII, Kaduna South
- “There is a need for more structured support and legal frameworks for caregivers to ensure fair treatment and compensation.” KII, Kaduna North

Theme 6: Training and Professional Development

Training and professional development are crucial for enhancing the skills, knowledge, and job satisfaction of caregivers. Effective training programs can improve the quality of care provided and support caregivers’ career growth. This theme examines the current state of training and professional development for caregivers, the gaps that exist, and the potential benefits of enhanced training opportunities

- “Many caregivers lack formal training, which affects their ability to provide quality care.” KII, Kaduna Central
- “There are limited opportunities for professional development in caregiving roles.” FGD, Kaduna South
- “Training programs could help caregivers improve their skills and increase their employability.” (KII, Kaduna North)
- “We need more specialized training to handle different caregiving situations, but there aren’t many programs available.” (KII, Kaduna North)
- “Training opportunities are rare, and when available, they are often not comprehensive enough to address all caregiving needs.” (FGD, Kaduna Central)

Theme 7: Community Perception and Social Stigma

Caregiving, particularly in informal or low-status roles, often carries a social stigma that affects caregivers’ self-perception and societal standing. The discussants illustrated the following.

- “There’s a significant stigma attached to being a caregiver. It’s often seen as a job for those who have no other options.” FGD, Kaduna South
- “Caregivers are not always seen as professionals; their roles are often underestimated and not valued by the community.” KII, Kaduna Central
- “The social isolation that caregivers face due to their roles affects their mental health and their ability to engage with others.” FGD, Kaduna North
- “Many caregivers feel undervalued and marginalized by society, which impacts their self-esteem and job satisfaction.” KII, Kaduna South

DISCUSSION OF FINDINGS

The quantitative study explored the demographics of respondents (gender, age, education status and categorization of their employment by gender). It also assessed their experience and how they felt about their work, the services they provide, and the level of effort put into their work. The study also sought to understand if they had any support with work in their home either from their spouses or any other family member and their perception on how work responsibilities needed to be shared within their homes and how their work and house chores affect their opportunities to pursue growth either in the pursuit of education or better employment opportunities, how their current status affects their mental health and wellbeing.

Evidently, the most active respondents in both the qualitative and quantitative findings were females within the age of 25- 34 years within the Married, Widowed, and Single categories, there was more representation within the Primary School and Secondary School categories. Most of the respondents identified as being self-employment which is reflective of both genders though there are more unemployed females than males, indicating a gender imbalance in unemployment rates within the sample.

Most of the respondent working within the caregiving sector have no prior work experience with more female representation in entry-level and non-experience categories. Based on the qualitative and quantitative findings, it is clear that caregiving role of women is deeply rooted within cultural and societal norms, where caregiving is seen as a natural extension of women's roles and responsibilities hence the low level of payment, appreciation and compensation leading to the low self-esteem, dissatisfaction and the feeling of being disrespected from the care workers interfaced with. Coincidentally more women identify as paid caregivers that the males given that the females seek employment in that sector as a means of livelihood such as healthcare assistance and domestic chores while the men identify security work as the sort of services they provide within the formal and informal sectors. Surprisingly, males given in more hours (7-9) while women indicated giving 4-6 hours.

Payment for services is low based on level of kindness and generosity of employers within the informal sector. Most caregivers are paid an average of 5,000 – 10,000 monthly. Findings reveal that beyond financial aspects, affecting caregivers' socioeconomic and psychological well-being.

Stress, burn out and low wages, poor treatment, and job insecurity contribute to significant challenges, including stress and mental health issues.

There is evidently no structured support systems and legal frameworks specifically designed for caregivers in Kaduna state. This gap results in inadequate assistance and recognition for those in caregiving roles and contributes to their vulnerability and exploitation. There is no provision for training or capacity development for job enhancement or safety because they are not perceived as professionals nor at risk within the formal workplace, but perceived more as a risk by the informal employer who may carry out some tests especially HIV and Hepatitis to protect their families from exposure. Interestingly, caregivers value both practical support (like affordable services and financial compensation) and personal development opportunities to feel more empowered in their roles.

Finding also show that the caregivers have no knowledge of existing laws or policies such as VAPP or GESI and have never sought the help of NGOs for any support. The few who sought support, got in the form of finance, and other resources. On the home front, the males view themselves as caregivers and providers while the women are the primary care workers (cooking and doing house chores) at home with minimal support from spouses in accordance to traditional and social norms. Findings reveal that most of the female respondents sometimes or rarely get any support on care work at home from the spouses. This lack of support is mainly driven by traditional gender norms and in some cases no-availability of time and financial constraints. Surprisingly, despite the patriarchal nature of our society, findings reveal that there is a high perception that care work should be equally shared among family members. Could this be as a result of shifting social norms, personal experiences, or practical considerations within their households? Actually, the shift was attributed to awareness and education about gender equality. Also, findings reveal that with supportive infrastructure (such as childcare centers and eldercare facilities), flexible work arrangements and shifting of cultural and gender norms can deepen the ability to evenly distribute care work within the home.

On the ability to pursue further education or employment opportunities, findings show that women are moderately impacted while the males are not impacted resulting in unpaid care work having a more profound and negative impact on women's opportunities than on men's, reflecting broader gender inequalities in the distribution of care work. Health wise, women are more likely to experience severe physical health consequences due to their unpaid care responsibilities, highlighting the greater physical burden that care work places on women compared to men. Though findings show that a

good number of care givers (males and females) have the capability to manage care responsibilities without any mental health impact, findings also reveal that women are more susceptible to the mental health challenges posed by unpaid care work, which may reflect the greater responsibility they often bear in this area.

Despite the low visibility, awareness, recognition and all, care givers yearn for recognition and support especially in the form of increased funding for care services, community support programs, training and development initiatives, public awareness campaigns, and improved legal protection.

The findings above sit well with the theoretical framework above on equity and distributive justice theory that explains that *"perceived underpayment's connection to job dissatisfaction is especially appropriate because perceived unfairness in the work role likely influences subjective evaluations of the quality of that role. It is also argued that there are other factors that can bring about job dissatisfaction such as labor market behavior, such as like reduced job performance (Judge et al., 2001; Spector, 1997), lower self-esteem and sense of control (Judge & Bono, 2001), and mental health problems like burnout and distress (Faragher et al., 2005)"*.

CONCLUSION

Findings from this study show that despite efforts and laws in place to ensure the fair and equitable treatment of workers generally, there is a huge segment of vibrant workers who play a significant role of easing the burden of the players in the formal and informal sector that are treated unfairly and are excluded in the negotiations for better working conditions for those in the labor market globally and in Kaduna state.

This research further confirms the need to advocate and push for fairer distribution of care responsibilities, empowering women, and amplifying the recognition and value of care work in kaduna state.

PROGRAMME IMPLICATIONS AND RECOMMENDATIONS

To address the challenges faced by caregivers in Kaduna State, the following recommendations are proposed:

1. Policy Reforms:

- Introduce Care Work Cash Transfers for Unpaid Caregivers
- The government should introduce subsidies or cash transfers for those engaged in unpaid care work. These financial incentives would improve the economic security of unpaid caregivers and address gender disparities highlighted in the findings.
- Legislate Comprehensive Paid Care Work Policies
- Kaduna State should develop policies to formalize paid care work with minimum wage regulations, benefits, and social protections for caregivers in both formal and informal roles, as the findings call for better recognition and compensation.
- Create Gender-Sensitive Labor Policies to Promote Equitable Distribution of Care Work
- Labor laws should be reformed to include provisions for paid parental leave, flexible work hours, and childcare facilities to promote a more equitable distribution of caregiving responsibilities between men and women, directly addressing the study's findings on gender inequalities.
- Develop a Comprehensive Legal Framework for Informal Caregivers
- A formal legal framework should be established to protect the rights of informal caregivers, including fair compensation and inclusion in social protection schemes, directly tied to the gaps in legal recognition highlighted in the study.

2. Community-Based Interventions:

- Establish Community-Based Care Centers
- The government should set up community-based care centers in underserved areas to reduce household caregiving burdens and create employment for care workers. This recommendation addresses the study's findings on the lack of professional care services and informal caregiver dependency.

- Invest in Skills Training and Professional Development for Care Workers
- The government should partner with NGOs to provide skills training and certification programs for caregivers, professionalizing the sector and improving care workers' earning potential, as the findings indicate a lack of formal skills recognition.
- Implement Community-Based Awareness Campaigns on Gender Equality in Care Work
- Community-based campaigns should be initiated to challenge traditional gender roles and promote shared caregiving responsibilities, addressing the socio-cultural barriers to equitable care work distribution identified in the findings.

3. Advocacy Efforts:

- Engage Religious and Traditional Leaders in Advocacy for Caregiver Rights
- Religious and traditional leaders should be actively involved in promoting the rights of caregivers and advocating for their fair treatment, leveraging their influence to foster community support for caregivers, in line with the cultural insights highlighted in the study.
Promote Public Awareness Campaigns on Shared Care Responsibilities
- Public campaigns should challenge the view that caregiving is solely women's work, encouraging shared responsibilities between men and women in households, as socio-cultural norms are a significant barrier to equitable care work, according to the study's findings.
- Establish Government-Supported Organizations to Protect Caregivers
- Organizations supported by the government should be established to advocate for caregivers' rights and ensure fair treatment. These organizations would provide a formal platform for regulation and capacity-building, which the study identifies as a crucial need for protecting and empowering care workers.

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APPENDICES

1. Digital Tool

Questions for Establishing a Fairer Distribution of Care Responsibilities, Empowering Women, and Amplifying the Recognition and Value of Care Work in Kaduna State

Section 1: Demographic Information

1. What is your age?

- a Under 18
- b 18-24
- c 25-34
- d 35-44
- e 45-54
- f 55 and above

2. What is your gender?

- a Male
- b Female
- c Other (please specify)

3. What is your marital status?

- a Single
- b Married
- c Divorced
- d Widowed

4. What is your highest level of education?

- a No formal education
- b Primary school
- c Secondary school
- d Vocational training
- e Tertiary education

5. What is your current employment status?

- a Unemployed
- b Self-employed
- c Employed part-time
- d Employed full-time
- e Retired

6. How long have you been doing this work?

- i . 0-5 years
- ii . 5-10 years
- iii . over 10 years

Section 2: Care Work Responsibilities

7 . Do you categorise yourself as a caregiver?

- a Yes
- b No

8 . Do you consider yourself a paid caregiver?

- a Yes
- b No

9 . What form of care work services do you provide?

- a (Check all that apply)
- b Childcare/Elder care
- c Care for persons with disabilities
- d Domestic chores (cooking, cleaning, etc.)
- e Healthcare assistance
- f None

10. On average, how many hours per day do you spend on paid or unpaid care work?

- a Less than 1 hour
- b 1-3 hours
- c 4-6 hours
- d 7-9 hours
- e More than 9 hours

11. Who primarily performs care work in your household?

- a Self
- b Spouse/Partner
- c Children
- d Other family members
- e Hired help

12. Do you receive any other form of payment or compensation for the care work you perform?

- a Yes
- b No

13. If yes, how much do you earn per month from care work?

- a Less than N5,000
- b N5,000 - N10,000
- c N10,001 - N20,000

Section 3: Distribution of Care Responsibilities

14. How often does your partner or other male family members participate in care work?

- a Never
- b Rarely
- c Sometimes
- d Often
- e Always

15. What are the main reasons for the distribution of care work in your household? (Check all that apply)
- Traditional gender roles
 - Availability of time
 - Physical ability
 - Financial reasons
 - Other (please specify)

Do you believe that care work should be equally shared among all capable household members?

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

What would encourage more equitable distribution of care work in your household? (Check all that apply)

- Awareness and education about gender equality
- Supportive infrastructure (childcare centers, eldercare facilities)
- Flexible work arrangements
- Financial incentives
- Cultural change initiatives

Section 4: Empowerment and Recognition of Care Work

18. How does unpaid care work affect your ability to pursue education or employment opportunities?
- No impact
 - Minor impact
 - Moderate impact
 - Major impact
19. How does unpaid care work affect your physical health?
- No impact
 - Minor impact
 - Moderate impact
 - Major impact
20. How does unpaid care work affect your mental health?
- No impact
 - Minor impact
 - Moderate impact
 - Major impact

21. Do you feel that your care work is recognized and valued by your family and community?
- Yes
 - No
 - Unsure

22. What kind of support would help you feel more empowered in your role as a caregiver? (Check all that apply)

- Access to affordable childcare/eldercare services
- Financial compensation or incentives
- Training and skills development programs
- Legal and social protection
- Community support groups

Section 5: Policy Awareness and Implementation

23. Are you aware of the Violence Against Persons (Prohibition) Law 2018 and its provisions?

- Yes
- No

24. Are you aware of the Gender Equity and Social Inclusion (GESI) Policy 2017 and its objectives?

- Yes
- No

25. Have you ever sought help from government or non-governmental organizations regarding your care work?

- Yes
- No

26. If yes, what kind of support did you receive? (Check all that apply)

- Legal aid
- Counseling
- Financial assistance
- Training and resources
- Other (please specify)

27. What additional policies or programs would you recommend to better support care workers in Kaduna State? (Check all that apply)

- Increased funding for care services
- Public awareness campaigns
- Community support programs
- Improved legal protections
- Training and development initiatives

Section 6: Recommendations

28. What changes would you recommend to better recognize and support care workers in Kaduna State? (Check all that apply)
- Policy reforms
 - Improved enforcement of existing laws
 - Increased funding for care services
 - Public awareness campaigns
 - Community support programs

Any additional comments or suggestions regarding the support and recognition of care work in Kaduna State?

Additional suggested questions for FGD and KII

Identification and definition the various categories of caregivers within Kaduna State

- What is your understanding of the term "caregiver"?
- What is your opinion of caregiving work and the people who engage in such work? (Probe for level of literacy and people's general perception of a caregiver and the work they do especially in Kaduna state)
- How is caregiving work categorized especially in the formal sector?
- Are you familiar with any laws or policies in Kaduna state that provides a legal framework for caregivers in Kaduna state? Name any law or policies you know.
- If any, do you feel the laws you have mentioned are being implemented effectively? Kindly provide justification for your answer.

Different forms of unpaid and underpaid work performed by caregivers

- What are the formal and informal caregiving work you are familiar with? Kindly mention the specific sectors involved in the formal sector (explore for other forms of unconventional caregiving work especially at domestic level)
- Is caregiving work in the formal sector different from the informal/domestic sector? (If yes or no probe for reason or justification for the answer given)
- Do you feel caregivers are well paid, underpaid or unpaid? Kindly support your answer with further details.
- Do you feel some caregiving workers are paid better than others? (Probe for detailed explanation on what categories are paid better and why)

The socio-economic and psychological impact of unpaid and underpaid work on caregivers

- Do you feel people who do caregiving work suffer socio-economic psychological effects? Kindly share the kinds of effects. (Probe for any true life scenarios the respondent has experienced)
- Are there systems and processes in place to support these categories of workers who have socio-economic psychological effects? Name any or share any such scenarios you have experienced.
- Do you feel caregivers well taken care for at formal workplaces with training, special benefits or at informal workplaces? Kindly support your answer with further details or share your experience
- Provide examples of psychological and socio-economic impacts faced by caregivers.

Barriers preventing caregivers from receiving fair compensation, including socio-cultural norms, institutional factors and policy gaps

- Do you feel care givers receive fair compensation and support for their work in their workplace and in society?
- How do you feel the caregivers are treated with their place of work and the larger society?
- In your opinion, or by experience, what are the barriers preventing caregivers from being fairly compensated?

2. FGD and KII Tool

Questions for Establishing a Fairer Distribution of Care Responsibilities, Empowering Women, and Amplifying the Recognition and Value of Care Work in Kaduna State

Introduction

Hello, my name is and I am here today on behalf of Follow Taxes TinT to carry out an Action Research on how unpaid and underpaid work affects the caregivers in Kaduna state. The findings of the study will be used to comprehensively understand the challenges faced by caregivers, particularly regarding their economic security, well-being, and social inclusion. I will be asking questions you some questions, but please note that this is not a test, either of you, your organisation/employer, your community or your constituency. Rather, the results of this study are meant to be helpful by providing opportunities for creating improved and sustainable working conditions for caregivers in Kaduna state. So please be honest with your answers.

If you do not know about something I ask, that is fine – just say that you don't know.

Your participation in this study is confidential, that means I will not take your name or share information about you. Your participation is also voluntary. If you do not wish to answer a question, participate or if you feel uncomfortable, you can stop participating at any time. There is no penalty for doing so. Are you happy to continue?

Okay, let's start our interview. Again, there are no right or wrong responses, so please be honest with your answers.

Identification and definition the various categories of caregivers within Kaduna State

- a. What is your understanding of the term "caregiver"?
- b. What is your opinion of caregiving work and the people who engage in such work? (Probe for level of literacy and people's general perception of a caregiver and the work they do especially in Kaduna state)
- c. How is caregiving work categorized especially in the formal/informal sector?
- d. Are you familiar with any laws or policies in Kaduna state that provides a legal framework for caregivers in Kaduna state? Name any law or policies you know.
- e. If any, do you feel the laws you have mentioned are being implemented effectively? Kindly provide justification for your answer.

Different forms of unpaid and underpaid work performed by caregivers

- a. What are the different types of formal and informal caregiving work you are familiar within their locality or sector? Kindly mention the specific sectors involved in the formal sector (explore for other forms of unconventional caregiving work especially at domestic level)
- b. In your opinion, do you feel caregiving work in the formal sector different from the informal/domestic sector? (If yes or no probe for reason or justification for the answer given – in terms of payment, welfare and inclusion)
- c. Do you feel caregivers are well paid, underpaid or unpaid? Kindly support your answer with further details.
- d. Do you feel some caregiving workers are paid better than others? (Probe for detailed explanation on what categories are paid better and why)

The socio-economic and psychological impact of unpaid and underpaid work on caregivers

- a. Do you feel people who do caregiving work suffer socio-economic psychological effects? Kindly share the kinds of effects. (Probe for any true-life scenarios the respondent has experienced)
- b. Are there systems and processes in place to support these categories of workers who have socio-economic psychological effects? Name any or share any such scenarios you have experienced.
- c. Do you feel caregivers are well taken care for at formal workplaces with training, special benefits or at informal workplaces? Kindly support your answer with further details or share your experience
- b. Provide examples of psychological and socio-economic impacts faced by caregivers.

Barriers preventing caregivers from receiving fair compensation, including socio-cultural norms, institutional factors and policy gaps

- a. Are you aware of the minimum wage for workers?
- b. Do you feel caregivers receive fair compensation and support for their work in their workplace and in society?
- c. How do you feel the caregivers are treated within their place of work and the larger society?
- d. In your opinion, or by experience, what are the barriers preventing caregivers from being fairly compensated?

Recommendations for policy reforms, community-based interventions and advocacy Asks to promote caregivers' rights and well-being in Kaduna State?

- a. What changes would you recommend to better recognize and support care workers in Kaduna State?

Thank you for discussing with us. We have come to the end of the discussion. Do you have any questions for us?

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