

Pre-analysis Plan for “The Invisible Load: Domestic Labor, Gender, and Career Implications”

Gozde Corekcioglu¹

¹Ozyegin University

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1 Introduction

Unpaid domestic care work and the associated mental load have significant career and gender equity implications, yet these issues remain under-discussed. Mental load and unpaid domestic care are not merely personal or societal concerns; they also have substantial repercussions for workplace dynamics, particularly in areas such as women’s time poverty, career progression, and stress management. This makes the topic directly relevant to companies, as these challenges hinder the ability of women to balance professional responsibilities with household duties. Existing literature often examines unpaid domestic care, mental load, and time poverty in isolation and with scant quantitative evidence. This study aims to bridge these perspectives and underscore the importance of addressing these interconnected issues within a causal framework.

The objective of this study is to document career and gender equity implications of unpaid domestic care work and the mental load it brings with it, and to develop tools to raise awareness. To do so, we will implement a survey experiment with 2000 white-collars in Turkey in a representative household survey. By linking unpaid domestic care and mental load to workplace challenges, initial findings will shed light on the distribution of domestic labor and mental load within the household, as well as the glass ceiling, women’s representation in management, and their retention in the workforce. Moreover, we will test whether an informational intervention emphasizing the asymmetric burden of domestic

labor on women, and the associated mental load which is often invisible, can effectively raise awareness and shift attitudes towards gender roles, the allocation of housework, and time poverty. Our findings can lay the foundations for evidence-based policies that companies can adopt to promote greater equity and inclusion in the workplace.

2 Experimental Design

In a simple two-arm randomized design, we vary whether participants watch informational videos about the asymmetric burden and the mental load of domestic labor. The control group does not watch any informational videos, but is only displayed a simple statistic about the share of domestic labor for men and women.

The intervention consists of two short videos. The first video (i) emphasizes the invisible load of domestic labor, outlining the mental processes associated with household chores, and (ii) visually demonstrates the asymmetric burden of domestic labor on women in the household. The second video introduces a hypothetical mobile application which enables planning and sharing household chores among members of the household, encouraging a more equitable allocation of domestic labor.

Control group respondents will be displayed in text the following statistic: “According to TurkStat 2021 statistics, women assumed 85% of the responsibility of cooking at home, while men assumed 11%.” The same information is also provided in treatment video 1.

3 Data

Data will be collected from 2,000 households in various large provinces in Turkey by a field company. The respondents will consist of white-collar professionals from the following provinces: Istanbul, Ankara, Izmir, Adana, Antalya, Erzurum, Gaziantep, Kayseri, Samsun, Trabzon and Van. The survey is programmed in Qualtrics, and participants will fill out the survey themselves on a tablet handed to them by the pollster. We will aim for 2,000 respondents, where randomization into treatment and control will be implemented in Qualtrics.

We will implement several quotas to diversify the respondents. First, the sample is restricted to white-collar professionals from the above-mentioned cities, who are not living

alone. We restrict the sample to individuals between 25-65 years of age. We also implement a firm size quota, where we restrict the share of individuals working in micro firms (with 2-10 employees) to 15% of the sample, and the share of individuals working in small firms (with 11-50 employees) to maximum 30% of the sample. Finally, to determine the provincial composition of the sample, we will rely on the relative shares of white-collars across provinces in Turkey. Treatment will be randomized at the individual level, such that we will have around 1,000 individuals per treatment arm.

4 Outcomes and Hypotheses

4.1 Outcomes

We designed a rich inventory to document the distribution and repercussions of the physical, mental, and emotional burden associated with domestic labor; and test the effectiveness of the informational intervention.

Our primary outcomes of interest are listed below:

1. Requesting support in housework: The frequency and willingness of participants to seek help with household tasks from others will be measured via item-response questions.
2. Costs of domestic labor:
 - Housework-related conflict: The frequency and intensity of disagreements related to the division of household tasks will be measured via item-response questions.
 - Emotional load of housework: The psychological burden associated with managing and organizing household tasks.
 - Time poverty and related stress: The extent to which participants feel they lack sufficient time for leisure or other activities due to household responsibilities and the associated stress levels will be measured via item-response questions.

Our secondary outcomes are as follows:

1. Attitudes towards gender roles:

- We will measure implicit and explicit beliefs linking gender to specific roles in domestic and professional settings, measured via Implicit Association Test.

2. Attitudes towards the allocation of domestic labor:

- Perceptions of fairness in housework distribution: Participants’ views on whether the distribution of household chores is equitable, the proportion of housework participants believe each household member should ideally perform.

4.2 Hypotheses

Our central hypothesis is that the video treatment will encourage seeking support from partners, and exacerbate the perceived costs of domestic labor.

We conjecture that the main mechanisms will be creating awareness on the invisible mental and emotional load of domestic labor and reshaping attitudes towards gender roles. We will test these mechanisms via our secondary outcomes: attitudes towards gender roles, and perceptions about the allocation of domestic labor within the household.

5 Empirical Model

5.1 Benchmark Model

Below we provide our main regression specification which we will use to estimate the effect of the intervention.

To test the null hypothesis that the intervention videos had no impact on our main outcome variables, we estimate the following model controlling for individual characteristics that are predictive of our outcomes of interest:

$$y_i = \alpha_0 + \alpha_1 T_i + X_i' \gamma + Other_i + \varepsilon_i$$

where T_i is a dummy variable equal to 1 if individual i is assigned to the video treatments, and 0 otherwise, X_i is a vector of observables for individual i that are potentially predictive of the outcome y . These include demographics, job characteristics, baseline socio-cognitive skills (gender norms and cognitive empathy), and baseline outcome variables collected in

the first part (before the video treatment). $Other_i$ captures other variables that might be added for specific regressions. We will also present our results without including the covariates. The estimated $\hat{\alpha}_1$ is the average treatment effect of our information treatment. The standard errors ε_i will not be clustered but robustly estimated.

5.2 Local Average Treatment Effects

The pollsters are instructed to make sure all treatment group participants who are shown the videos do watch the videos, and the intervention videos are programmed such that the participants can not fast forward or skip them. Therefore we expect close to 100% compliance with the treatment. Although we will make sure that all individuals in the treatment group watch the videos, some respondents may pay less attention to the informational content than others. We will keep track of this via an attention question at the end of the survey, asking the respondents to confirm a statistic that was displayed in the video. Therefore, we will estimate the local average treatment effects (LATE) by proxying treatment take-up with correctly confirming the video content in the attention question.

To estimate LATE, we will estimate the following empirical specification:

$$y_i = \alpha_0 + \alpha_1 T_i + X_i' \gamma + Other_i + \varepsilon_i$$

where T_i is now a dummy variable which equals 1 if the individual i in treatment group correctly confirmed the intervention information, and zero otherwise. Note that this variable takes the value zero for all individuals in the control group, who are not shown the videos. We then instrument this binary variable with the binary treatment indicator to identify the LATE.

6 Heterogeneous Treatment Effects

We will explore heterogeneity of the treatment effect along several dimensions measured in the first part, including:

- Gender
- Cognitive empathy

- Marital status
- Number of children
- Leadership role
- Perceived share of domestic labor
- Partner's contribution to domestic labor