

“Measuring Unpaid Care in Market Systems Development: Methods and Tools”

“Innovations in Women’s Economic Empowerment” Webinar Series

December 6, 2016, 9:30 – 10:30 am

Vimeo Link: <https://vimeo.com/194858578>

Questions

Sarah’s Presentation:

Richard: How much of the male dominance at lower incomes is related to men generally be more able to perform heavy manual labor, and is this the primary labor opportunity at lower incomes?

Sarah: I think we need to unpack the term “dominance” here. What we see is a very strong gender specialization in paid and unpaid care work, with men specializing in paid and women in unpaid work worldwide. But women also work and also perform physical labor, particularly in subsistence economies. For instance, in sub-Saharan Africa gender gaps in women and men’s labor force participation are low and women’s labor force participation is high. Many women work in agriculture in hard physical labor. Women also take on the bulk of unpaid care in Sub-Saharan Africa so their total time burdens are also higher.

We need to understand the social construction of gender roles to begin to promote more substantive gender equality. As the work from MSA and Oxfam shows, these gender roles are not immutable and they can change and they are pervious to the policy and program environment. We can use qualitative data to understand social norms and expectations about men’s and women’s roles and begin to foster more recognition, reduction and redistribution of care work, between the market, the household and the state, and between men and women.

Thalia: So is the demographic dependence ratio the CAUSE of low-income women doing UCW and lower LFP, or is being low-income the result of lower LFP?

Sarah: I think this is difficult to unravel. If you are poor, you often have to engage in a lot of nonmarket work to survive. Poorer households tend to be larger, have more children, and be more extended. Having more family members can be a survival strategy. It may also reflect a lack of access to health care and, in particular, reproductive health care.

If you are poor, you usually have low levels of education and skills hence you earn much lower wages in the labor market when you work. But the working poor often work longer hours and have higher labor force participation rates in order to generate sufficient income for survival. The case of Sub-Saharan Africa above reminds us that the imperative to work to survive can result in very high labor force participation rates.

High care burdens and low labor force participation for women and particularly for married/partnered women are factors that are typically considered to compound each other and

demographers and economists have spent a lot of time and effort using sophisticated empirical strategies to determine how these factors reinforce each other.

Thalia: Examples of interventions that have worked to affect policy level changes to better value unpaid care?

Thalia: Measurement of UCW: In Uganda, the Women's Economic Empowerment and Care programme (We-Care) partners (women's associations/UWONET) have been in dialogue with the Uganda Bureau of Statistics about including more questions on time use and unpaid care work in the official census in Uganda. Colombian Women's Associations and Oxfam have likewise had dialogue with the Department that carries out official time use surveys.

Thalia's Presentation:

Richard: Are you saying the caring is non-productive? Isn't it really essential?

Mar: Caring is productive and valuable. It's a social good, that contributes to wellbeing and development.

Thalia: Care work IS productive, clearly - however in the usual way that work is discussed (based on system of national accounts etc.) there's unpaid productive work (producing goods and services that can be sold or bartered) and unpaid care work (housework and services for household members)

Richard: The mechanization is critical for increased productivity, and it will not displace labor but enhance the productivity. This is an oversight that needs to be corrected. Please review the following article on operational feasibility from the www.smallholderagriculture.com website.

Thalia: So 'Productive' is not a value judgement, but a definition widely used.

What's the experience on quantifying/ identifying the benefits of women saving time from unpaid work so that this could be factored into cost benefit analyses?

Thalia: Oxfam has asked – similar to the example that is being discussed by Emilie now – what women (men) are doing more or less of after the programme change. That said, because of multi-tasking, the 'time saved' over domestic task may mean that People Care goes up (which IS a benefit) or that time for Sleep/Personal Care goes up...as well as potentially more paid work, education or income benefits.

Emilie's Presentation:

User: My question is around balancing the positive impact that mechanization can have on farm work vs. the displacement that it causes for women's labour. Sometimes, helping the rural poor to access mechanization services that makes them more efficient in their activities is a positive development, as

they have more time available for unpaid care work. At the same, one could be displacing female labour, particularly if it is an activity that women do to earn an income. How does one balance these two effects?

Thalia: In almost all cases, time- and labour-saving equipment is almost universally appreciated by women – as women’s total work hours are SO long and heavy. That said, it is ALSO a (separate) challenge to make sure that the equipment and technology provided by programme can be maintained in women’s hands – that women are supported to create social enterprises and capture the benefits of new infrastructure and equipment.

Emilie: Yes, to build on what Thalia describes, when we are looking to promote women’s economic empowerment and measure the results of programming, we find it so important to look at both **access** and **agency** issues. Meaning, we would want to look at improved access to new technologies (via new information, financing mechanisms, etc.), but also women’s ability to have a voice and improved decision-making power around using and benefiting from that technology (due to increased confidence, negotiation skills, improved communication skills, recognition of discriminatory gender norms, etc.). Market systems programs that have seen some of the greatest empowerment results have integrated strategies for increasing both access and agency among women in their interventions

Anonymous: Why does unpaid care work vary in difference continental regions while this is fundamentally a gender issue and gap between men and women in general?

Sarah: This depends very much on location (rural/urban), geography, livelihood strategies, access to land, education, health care, and social services. Unpaid work and unpaid care work is part of a collective livelihood strategy to ensure individual and household wellbeing, it is likely to vary depending on the resources available and the needs of each household in these different contexts.

But yes, time use surveys tell us that the gender specialization in paid and unpaid work is a feature that appears to be common to all of our societies, cultures, castes and classes. Gender gaps in specialization and in total time burdens vary but the inequalities tend to decline in contexts with more care investments, stronger social protection systems, higher levels of overall education, lower levels of informality, and more sophisticated labor markets and labor market regulations.

Emilie: I very much agree with Sarah, and would add that while the general patterns are very similar around the world (i.e. women being responsible for a much larger proportion of unpaid care than men), we see large differences in how flexible the roles are, the strength of social norms for reinforcing these roles (and preventing men from taking on additional unpaid care tasks, for example) and how life stage affects what is expected of women. For example, we found in peri-urban areas of Egypt that it was acceptable among our interviewees for young unmarried women to work outside the home and for their mothers to take over their household responsibilities, but that once married they were expected to quit working on devote all of their energy to household and care activities. On the other hand, we found that in rural Morocco, young unmarried women had a very difficult time being allowed to leave the home (and their unpaid care activities), but that once married and older in age it was more acceptable for them to negotiate unpaid care responsibilities while also working.

Richard: I think one of the needs expressed in the webinar is the need for drudgery relief which usually implies mechanization. In that regard I have always noted the initial mechanization in Africa was grain mills for rice and maize replacing the need for women to pound these crops. This I think is now virtually completed across Africa and no longer see women doing this pounding.

Emilie: Yes, the three R's (Recognize, Reduce and Redistribute) that Sarah Gammage mentioned can be helpful in looking at how to address the issues that we raised around unpaid care, including the issue of drudgery – Reducing unpaid drudgery through labor-saving technology can be affective, although as Thalia mentioned does not necessarily lead to a 1:1 change in the amount of unpaid work women do. For tasks for which there are not labor saving technologies (including care of dependents, cooking, etc.), it is necessary to build recognition and encourage redistribution of those tasks. In terms of remunerative work that includes high levels of drudgery, this is a somewhat different question, as displacement of women through new technologies is an issue, as you point out. If you are considering working in a sector where this seems to be the consistent pattern, you may consider whether it is the right sector and entry point to promote women's greater empowerment, or if there are ways to increase women's ability to also engage with and benefit from the new technologies (i.e. increasing their agency and voice, upgrading their roles/tasks), as described in our answer to a similar question above.

Calais: I work for an organization that helps to develop and enhance co-operatives around the world- this is a question for Emilie: Did you see any different results for the women in the GiZ MENA study who worked in the fig co-op vs. the other industries? Did the co-op model help to alleviate labour burdens in other areas or was it the same as the other industries? Thanks

Emilie: Yes, we did see some differences, although I wouldn't say that it was in terms of alleviating labour burdens. It appeared that the co-op model provided more flexibility for women to combine their work for the co-op with their other household responsibilities.

Additional Resources

Link to BEAM research on UCW and Market systems:

<https://beamexchange.org/practice/research/womens-economic-empowerment/unpaid-care-work/>

Link to LEO's brief on measuring UWC:

https://www.microlinks.org/sites/default/files/resource/files/LEO_SEEP_Brief_1_-_Unpaid_Care_Work_FINAL_508_compliant.pdf

Link to the UN HLP:

<http://www.unwomen.org/en/news/stories/2016/9/press-release-first-report-by-high-level-panel-on-womens-economic-empowerment>

Link to GIZ Report on household level results of WEE in MENA:

<http://www.enterprise-development.org/wp-content/uploads/giz2016-womens-economic-empowerment-in-the-MENA-region.pdf>

Link to DCED Practitioner brief on Rapid Qualitative Assessment tool for understanding WEE results

http://www.enterprise-development.org/wp-content/uploads/WEE-Rapid-Qualitative-Assessment_Practitioner-Tools-Brief_Formatted.pdf

Rapid Care Analysis:

<http://policy-practice.oxfam.org.uk/publications/participatory-methodology-rapid-care-analysis-620147>

Household Care Survey "Questionnaire" and Research Report

<http://policy-practice.oxfam.org.uk/publications/factors-and-norms-influencing-unpaid-care-work-household-survey-evidence-from-f-620145>

The WE-Care programme learning report

<http://policy-practice.oxfam.org.uk/publications/womens-economic-empowerment-and-care-we-care-oxfam-phase-1-final-report-620126>