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WHAT IS UNPAID CARE WORK?

“Unpaid care work” refers to the direct care of people (in households and communities) and housework that facilitates this, such as cooking, washing clothes, shopping, etc.

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WHAT IS WE-CARE?

WE-Care is a three year initiative (2014-2017) to build evidence on unpaid care, innovate on interventions and influence policy and practice to address care as part of women's empowerment. WE-Care is supporting program teams in 10 countries and promoting learning and communications.

WE-Care aims to address the heavy and unequal responsibilities for housework and care that women face in all countries. The excessive responsibility is considered a "glass wall", an invisible barrier limiting women's time, mobility and ambitions to participate in economic, political and social activities. This is especially acute for families and women living in poverty. WE-Care's research demonstrates the need to improve our understanding of care as a key component for women's empowerment, and to achieve Oxfam's ambition to overcome inequality and vulnerability. WE-Care local teams are developing advocacy with municipalities for better water and energy infrastructure, elder and childcare, and promoting communications to change gender roles. Change is possible in how care is provided!



Photo: Oxfam GB

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Why do we need to change how households and communities provide care?

Care has long been considered the natural responsibility of women. As a result the costs of providing care fall disproportionately on women. In recent years, significant evidence and research findings demonstrate that investments in care – by governments, civil society and employers – improve wellbeing, women's enjoyment of their rights, economic development and reduce inequality. Investing in care services also improves the wellbeing of those who receive care. Yet development and policy actors often neglect the issue.

Addressing care work is a critical precondition for women's political, economic and social empowerment.

If development practitioners understand and address current unequal patterns of providing care they can meaningfully contribute to women's leadership and empowerment. This will improve development interventions and we can expect programs to deliver better outcomes on both women's rights and poverty reduction.



Photo: Aubrey Wade

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How are care strategies relevant for Oxfam's program design?

Unpaid care work is relevant in all Oxfam programs that have women beneficiaries and aim to contribute to women's empowerment. If women are spending up to two thirds of their weekly working hours on unpaid care (Budlender, 2008), this limits their ability to participate in political, economic, cultural and social life.

WE-Care's quantitative research with **2200 women and men in 5 countries** (Colombia, Ethiopia, Philippines, Uganda and Zimbabwe) shows inequality in responsibility for care: on average, women do **5.9 hours/day** of care work and have responsibility to look after dependents for **11 hrs a day**; men do **1.1 hr/day** of care work, and report care responsibilities for **3.7 hours a day**. Further, WE-Care's community level qualitative research found the following with direct implications for Oxfam's programs:

- **Time Poverty:** Women reported spending much more time on care work than on other forms of work. Women need time to participate and lead in livelihoods programs, women's political participation, food security or resilience.
- **Well-being and health issues:** Women reported fewer hours of non-work – sleep, leisure, personal care – than men. This has clear implications for women's health, choice and wellbeing. Where housework is arduous, dependents may receive inadequate personal care.
- **Inequality by Gender and Age:**
 - Women estimated doing 25% to 1100% more hours of care work than men's estimates of their care work.
 - **Women's care work is 'intensive'.** Women reported significantly more simultaneous work, or multi-tasking, compared to men.
 - **Care provision is unequal by age.** Gender inequality in the distribution of care is most acute in younger adult groups, which are also the groups expected to be most productive and active in society. After adult women, girls provide the most hours of care work limiting their access to education and other rights.
- **Heavy and unequal care is especially acute for poor rural women:** Women's care work was significantly less in peri-urban as compared to rural areas, due to better water, energy, infrastructure and services.
- **Norms and perceptions** around gender and care have emerged as a fundamental reason for the gendered roles in care provision for women, girls, men and boys.



Photo: Eleanor Farmer / Oxfam

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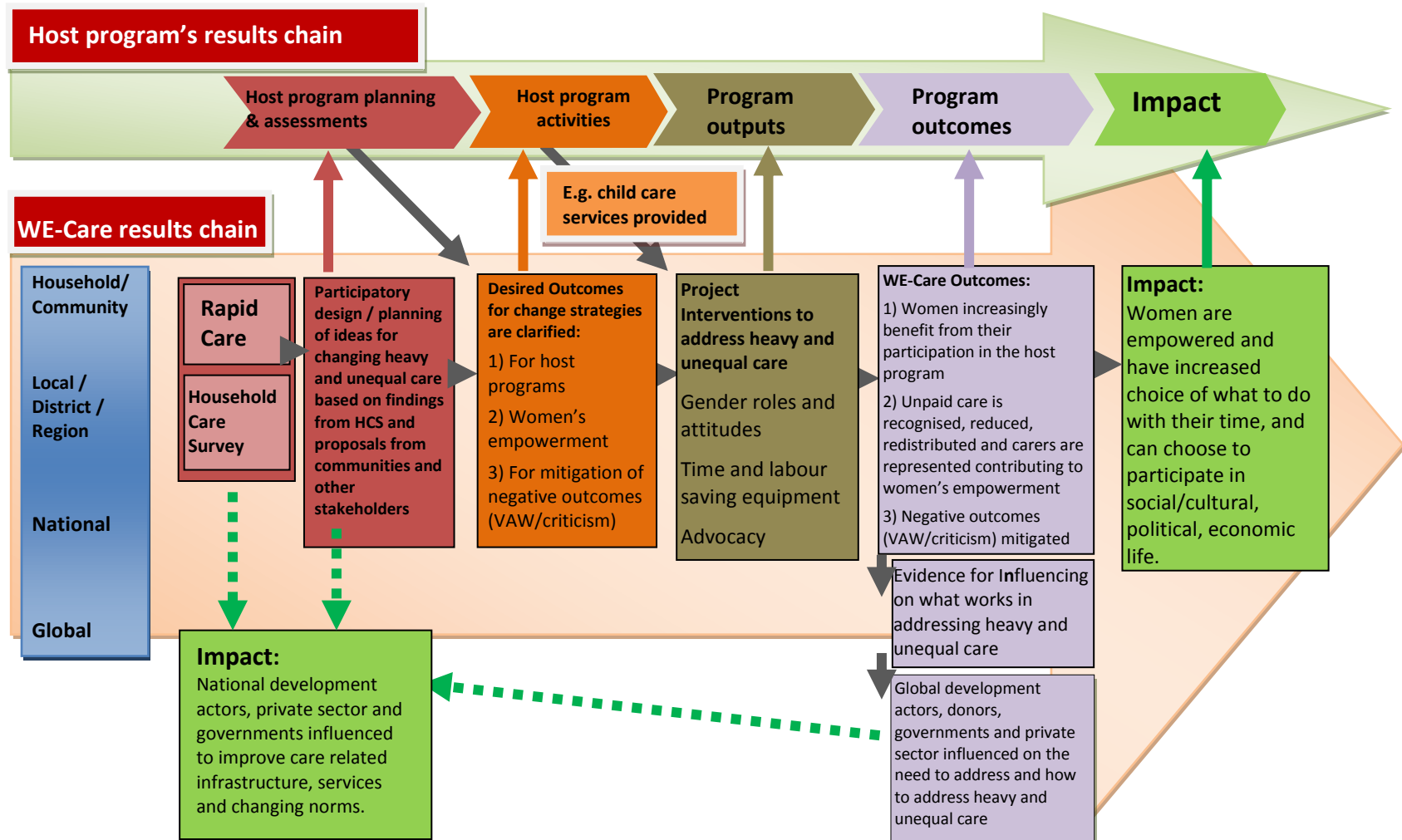
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AN OVERVIEW OF THE WE-CARE INITIATIVE

The WE-Care approach is intended to **be embedded within existing Oxfam programs as complementary to the program's objectives**. Through local participatory research (the Rapid Care Analysis) and a quantitative survey (the Household Care Survey), WE-Care enables a better understanding of a context-specific provision of care. This analysis contributes to program assessments, planning and design of activities/ interventions, strengthening program interventions for women and also contributing to women's empowerment. The initiative is currently in Colombia, Ethiopia, Honduras, Malawi, The Philippines, Uganda, Zimbabwe, and components of the approach are being implemented in Bangladesh, Tajikistan and Zambia. These countries have a variety of host programs covering livelihoods, political participation, and sexual and reproductive health rights. It is within these programs that components of WE-Care are mainstreamed and implemented, to deliver better outcomes for their objectives and women's empowerment.



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Research

Currently, apart from national time-use surveys, women's care work and unpaid work is rarely researched. A crucial part of addressing unpaid care work is therefore context-specific research to better understand how care is provided. Women's groups and development practitioners require practical, low-cost tools and guidance about how to assess and promote changes in care.

The Rapid Care Analysis (RCA) is intended to be quick to use and easy to integrate into existing exercises for program design or monitoring. It aims to assess how women's involvement in care work may impact on their participation in development projects.

The Household Care Survey (HCS) documents existing patterns of (dis)abling conditions for women in this area. The evidence gathered is then used to influence the design of WE-CARE interventions, monitor change and further gather evidence about "what works" when the intervention phase is done.



Photo: Tom Pietrasik

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Interventions to Address Heavy and Unequal Care

Three kinds of interventions:

- 1. Gender roles and perceptions of care.** Conducting the RCA exercises is transformative; discussions generally bring to light the norms and perceptions around gender roles and care work. Most communities propose solutions to encourage sharing of care responsibilities between men and women at the household level.
- 2. Time and labour saving equipment** can go a long way towards relieving the intensity of care tasks. This kind of practical, immediate solution in communities helps build groups' enthusiasm for addressing care, and can greatly contribute to reducing time-consuming care tasks (e.g. with solar energy, improved access to water).
- 3. Advocacy to state and private sector for care-related infrastructure, services and changing norms.** Improving care-related infrastructure is a long-term, sustainable investment in relieving the heaviness and inequality of how care is provided. With multi-stakeholder approaches, programs emphasize the importance of everyone contributing to the development process. Actors beyond the household have a role to play in providing care. The state, community organisations and groups, and the private sector are important stakeholders to improve care-related infrastructure (energy, water systems, transport), services (e.g. childcare), to promote positive social norms for women's rights (e.g. men doing care).



Photo: Aubrey Wade

WE-Care encourages a multi-stakeholder approach. Such interventions are:

- More sustainable in the medium and long-term, as many actors are committed to the success of the intervention.
- More cost-effective, with contributions from various sources.
- Better designed.
- More efficient as resources will be used and maintained better (vs. gifts of donor-funded resources).
- Using a 'systems' approach which aims to change the existing systems and structures (spreading innovation faster, changing power relationships, distributing responsibility and ownership).

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Objectives and Indicators of Success

To contribute to women's political, social and economic empowerment, and for overcoming poverty, Oxfam aims to bring about the following changes in care work (also known as the four 'Rs'):

- Increase the **recognition** of care (e.g. care is considered "work", and men's and women's roles are more visible).
- **Reduce** arduous care tasks (e.g. total hours of care work of poor families go down, and women and men can choose to spend more time on other activities/work or on other forms of care like spending time with their children).
- **Redistribute** responsibility for care more equitably between women and men, and between households and the state/employers. (e.g. Women do fewer hours, and men do more; Government/employers invest to increase access to care services and infrastructure such as childcare or water).
- Facilitate the **representation** of carers in decision-making (with government/communities).
- The initiative will facilitate improving the design and impact of selected program interventions to address care work. Working with others, Oxfam will use program evidence and experience to influence governments, donors, private sector actors, staff and partner groups in order to increasingly recognise and address care as a development issue. The initiative will take steps to avoid unintended negative outcomes (unsupervised dependents, poor nutrition, redistribution of care to girls or older women in the household, criticism of women who do less care work).

Photo: Mackenzie Knowles Coursin



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Outcomes and Evidence for Advocacy

There are four major outcomes expected in the WE-Care initiative:

1. Addressing heavy and unequal care enables women to increasingly benefit from their participation in development programs.
2. Unpaid care is recognised, reduced, redistributed and carers are represented – contributing to women's empowerment.
3. Negative outcomes are mitigated. WE-Care will work to address violence against women and girls/gender-based violence, criticism of women who do less care work or men who do more care work, and reduce the pattern of women sleeping less as result of their participation in development programs.
4. Evidence is generated for influencing policy and practice: making visible both the current patterns of heavy and unequal care as well as what works to make positive change for women and the provision of care. This evidence is effective in influencing local, national and global level policy and practice on unpaid care work, and local development priorities in the area of women's empowerment.

Photo: Kieran Doherty



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www.oxfam.org.uk/care

Infographics

OXFAM Policy & Practice

Our work Publications Our people Blog

What did we do this week?

What did we do this week?
Bangladesh, Gaibandha Focus group

Women's 84 hour work-week

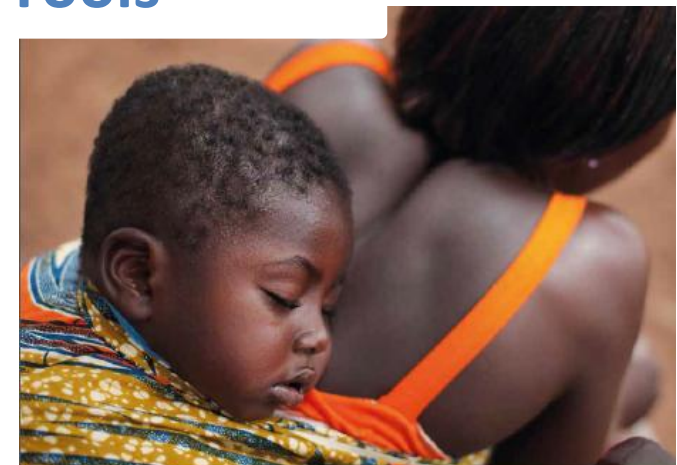
Men's 70 hour work-week

Who works more?
Data from the UK's BigDiary National Time Use studies from six countries.

What did we do this week?
The results from Rapid Care Analysis exercises carried out in three countries by Oxfam partners.

What do we think about care?
In 2013 Oxfam facilitated focus group discussions with men and women on the care arrangements in their communities. Here's what they said.

Tools



PARTICIPATORY METHODOLOGY: RAPID CARE ANALYSIS Toolbox of Exercises

Thalia Kidder and Carine Pionetti, July 2013

GROW.SELL.THRIVE.
GENERATED ENTERPRISE AND MARKETS PROGRAMME



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Oxfam is an international confederation of 17 organizations networked together in more than 90 countries, as part of a global movement for change, to build a future free from the injustice of poverty.

www.oxfam.org.uk/care

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