
WOMEN'S ECONOMIC EMPOWERMENT AND CARE: EVIDENCE FOR INFLUENCING BASELINE RESEARCH REPORT

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Development actors increasingly identify care responsibilities as a factor restricting women's empowerment outcomes, yet there is limited evidence on determinants of long hours or gender inequality in care work. To gain a clearer understanding of care work and pathways of change to promote more equitable care provision, Oxfam conducted a Household Care Survey in communities of rural Colombia, Ethiopia, the Philippines, Uganda and Zimbabwe. Data were collected on household characteristics, members' time use, socioeconomic status, social norms, labour-saving equipment and public infrastructure. For each country, linear regression models were built using forward stepwise model selection. Results highlight that gender inequality exists in all measures of care work, with women and girls doing significantly more primary and secondary care activities, and supervision of dependants, than men and boys. The determinants of care are context-specific. Education and relative household wealth are less relevant as determinants of length, intensity or inequality in care hours than might be expected. Women's paid/productive activities and access to labour-saving stoves and improved water systems are sometimes associated with decreases in women's hours of care work. The findings emphasise unequal care responsibilities by gender and age, and encourage further research on determinants of care work in specific contexts.

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EXECUTIVE SUMMARY

Rural women often face challenges in balancing caring for families with new leadership or economic roles. Since care work – including direct care of persons and domestic work – is almost universally women's responsibility, difficult and time-consuming household tasks and responsibility for caring for people limit women's opportunities in education, employment, politics and leisure.

Anecdotal evidence about women's 'double/triple day' or 'burden of housework' has often been acknowledged in development programmes, but there is insufficient evidence about the full spectrum of women's work, paid and unpaid. Governments increasingly commission time-use studies at a national level; however, the general statistics they produce are less useful in designing context-specific interventions. Development practitioners and women's organisations are increasingly asking for better ways to assess care work, for measurement approaches on care and women's empowerment, and for evidence about 'what works' in order to advocate for change and for government investment in care services. The determinants of patterns of care work are not well understood. Care work can be influenced by direct as well as indirect determinants.

The Women's Economic Empowerment and Care (WE-Care) initiative started in 2013, building on a history of efforts in Oxfam to recognise and address care work in programmes promoting livelihoods, gender justice and waged workers' rights. The *Women's Economic Empowerment and Care: Evidence for Influencing Change* (WE-Care) project was launched in 2014. Funded by the William and Flora Hewlett Foundation, this project aims to produce new methodologies and context-specific evidence about care activities to influence existing development initiatives and policy advocacy.

The purpose of the Household Care Survey (HCS) is to build understanding about pathways of positive change for more equitable care provision in households and communities. As a baseline, the HCS documents the problems and existing conditions that influence the design of care interventions. As a follow-up survey, the HCS monitors change and impact, and gathers evidence on 'what works' to address care work in specific contexts. An additional objective of developing the HCS has been to contribute to new, cost-effective approaches on the measurement of care work and of women's empowerment to negotiate care responsibilities.

The baseline data analysis investigates gender- and age-based patterns of care work, gaps in care work, factors associated with 'heavy' and 'unequal' care work, and care-work-related norms and perceptions. The questionnaire includes questions on household characteristics, members' time use, socioeconomic status, social norms, labour-saving equipment and public infrastructure.

The baseline data were collected between June and December 2014 in five countries: Colombia, Ethiopia, the Philippines, Uganda and Zimbabwe. Data collection followed a stratified random sampling strategy in selected study (and control) districts. Enumerators¹ were trained on data collection and the questionnaire was piloted. Husbands and wives were interviewed separately. The specific data collection methodologies differed slightly across the study countries where WE-Care research is being implemented.

A variety of indicators were constructed to capture primary and secondary care work and potential determinants of patterns of care work. For each study country, linear regression models were built using forward stepwise model selection.

The majority of households have children under six but no disabled or elderly persons living in the household. Levels of educational achievement vary within and across countries. Most men and women are involved in community groups, usually women more than men. The study contexts differ drastically in terms of access to infrastructure and equipment.

¹ Persons employed to take a census or survey

In all study countries, women spend significantly more time on care work than men. Women's hours of care work as a primary activity were 4 to 7.6 hours a day, with hours that women reported having *some* care responsibility – including looking after dependants – averaging 10-13 hours per day, depending on the context. The gap between women's and men's hours of care work as a primary activity ranged between 3 and 6 hours per day. Interestingly, if women spend more time on care work, men usually report higher care hours too. Cooking is the most time-consuming care activity for women. In Colombia and the Philippines, women spend significantly less time sleeping than men. Across study countries, men spend more time on paid work; the gap between men's and women's paid work ranged between 1 and 4 hours per day. However, women have significantly longer total hours of work (including care work and paid/productive work). The gap between women's and men's total work hours varied between 1 and almost 3 hours per day.

In all study countries, daughters engage more in care activities than sons. The differences between girls' and boys' care work are particularly high for water collection and cooking. In all countries except Zimbabwe the majority of oldest sons and daughters did not care for elderly/ill people or community members in the month before the interview. Significant proportions of girls engage in care activities on a daily basis – for example about 35% to 60% for water collection, 25% to 48% for cooking and 25% to 47% for childcare.

Although the majority of women across the project areas did not leave a small child or vulnerable adult alone in the week before the interview, a significant minority of women reported 'at least once' leaving a dependant without anyone else looking after him/her. Furthermore, half of the women in all countries except Zimbabwe reported insufficient time to cook or mend/iron/wash clothes at least once in the last week. Compared to caring for other people, there are more drastic differences between countries in terms of women's time for personal care. In Ethiopia, women who have longer hours of care work as a primary or secondary activity reported more accidents among children and dependent adults.

Across the study countries, the potential determinants that the study investigated did not have an effect on the hours men spend on care work.

In all research countries, women spend about 10 to 44 minutes less on primary care work for each extra hour of paid work. But paid work does not reduce women's time spent on secondary care work and supervision of dependants. This means that women who engage in paid work have higher overall workloads.

Older women tend to have reduced care responsibilities. Women's income, control over savings, urban exposure, education and group participation are only associated with care hours in some contexts.

In most countries, having children under six years old increases secondary care work and supervision but not primary care work. The effects of the number of household members, family structure and household members' demand for care and health are less consistent.

The influence of households' relative wealth on care patterns is inconsistent across contexts. In Ethiopia, women from the highest relative wealth category do most care work, while in Uganda and Colombia women from the middle wealth quintile have the highest care loads.

Having a water tap on the compound or a fuel-efficient stove decreases women's time spent on care work in some contexts, and in others increases women's care work – especially secondary care. This suggests that some women might use time freed up by labour-saving equipment to care for people.

Access to a government-provided/public water source decreases care work in three countries. But access to electricity, healthcare and childcare is only significant in determining women's care work hours in some contexts.

The qualitative exercises used in the study communities, known as the Rapid Care Analysis (RCA), clearly showed that norms and perceptions play an important role in determining care

responsibilities. However, variables measuring care-work-related norms and perceptions did not usually have an effect on care work hours.

Despite women's higher care work and total work hours, the majority of women and men in all countries except Colombia think that men make the most significant contribution to the household. This suggests that women's contribution – mostly care work – is less visible and less valued.

When asked about specific care activities, most respondents said that care work was valuable, that they considered these activities to be 'work' rather than 'non-work' or leisure, and that the work required skills. Respondents were also asked which care activity was most problematic, with the responses varying considerably across contexts.

Most women think that they should receive help with care work from other household members, especially from husbands and daughters, but generally not from sons. Women across countries also agree that the government should provide support with healthcare, childcare and care for ill and disabled people.

The large majority of women in the research communities would engage in leisure activities, rest or in agricultural/income-generating work if their time for care work was reduced. This suggests that reducing care work hours might positively benefit women's well-being and household income.

Suggestions for the follow-up survey include more detailed measurement of care activities – especially of secondary and men's care work; improved questions on social norms and perceptions; incorporating questions on violence against women; and more detailed data on children's care work.

It is essential to emphasise that rather than claiming causal relationships, the data only allow researchers to look at correlations. The HCS baseline data analysis aimed to shed light on care work patterns and to understand determinants of care work in five study contexts. This round of implementing the HCS has provided learning and recommendations about the approaches and survey instruments for gathering evidence about household-level care provision and factors determining care patterns, including social norms. As this report has been in production, improved surveys have used the recommendations proposed. For example, new studies have included questions comparing perceptions of the value of care work and paid work, and have investigated the links between violence against women, criticism of women or men regarding their performance of care tasks and gender roles in care work. In September, new research will explore children's care work and social norms. This interim report of the baseline survey serves as a starting point for improving the HCS follow-up survey in the same communities at the end of 2015, and research teams will then deepen the analysis of these data sets. This HCS research report also aims to inspire other research projects and future collaborations.

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LIST OF ABBREVIATIONS

AMDF	Al Mujadilah Development Foundation
ANMUCIC	Asociación Nacional de Mujeres Campesinas e Indígenas de Colombia
FSI	Fundación San Isidro
HCS	Household Care Survey
HDI	Human Development Index
MEAL	Monitoring, Evaluations, Accountability and Learning
NGO	Non-Governmental Organisation
OLS	Ordinary Least Squares
OWG	Open Working Group
RCA	Rapid Care Analysis
RCWDO	Rift Valley Children and Women Development Organisation
SRP	Securing Rights in the Context of HIV/AIDS programme
UBOS	Uganda Bureau of Statistics
WE-Care	Women's Economic Empowerment and Care

1 INTRODUCTION

Rural women face challenges in balancing caring for families with new leadership or economic roles. Since care work is almost universally women's responsibility, difficult and time-consuming household tasks and responsibility for caring for people limit women's opportunities in education, employment, politics and leisure. Anecdotal evidence about women's 'double/triple day' or 'burden of housework' has often been acknowledged in development programmes, but there is insufficient evidence about the full spectrum of women's work, paid and unpaid. Some governments commission time-use studies at a national level; however, the general statistics produced by national time-use studies are less useful in designing context-specific interventions. Development practitioners and women's organisations are increasingly asking for better ways to assess care work, for measurement approaches on care and women's empowerment, and for evidence about 'what works' so they can advocate for change and for government investment in care services.

Oxfam GB has been at the forefront of efforts in the development sector to raise the profile of care as a cross-cutting development issue.² The objective is to address 'heavy and unequal' care work – supporting women and local organisations who aim to increase recognition of care work, advocate for investments to reduce the unnecessary drudgery of care work, and redistribute responsibility for care work more equitably.

The Women's Economic Empowerment and Care (WE-Care) initiative started in 2013, building on a history of efforts in Oxfam to recognise and address care work in programmes promoting livelihoods, gender justice and waged workers' rights. The WE-Care project *Evidence for Influencing Change* was launched in 2014. Funded by the William and Flora Hewlett Foundation, this project aims to produce new methodologies and context-specific evidence about care activities to influence existing development initiatives and policy advocacy.

The six countries participating in the project's research and interventions are Colombia, Ethiopia, the Philippines, Malawi, Uganda and Zimbabwe. In each context, the WE-Care research and strategies are developed within an existing 'host programme' with broader development objectives, such as women's leadership, agricultural enterprises and markets, or the rights of people living with HIV and AIDS. Thus, the evidence on unpaid care work is integrated into the logic of wider efforts on women's empowerment, and strengthens existing policy advocacy initiatives. In Malawi, different research is being implemented; the findings have been reported separately and are not included in this report³. In each society, care of people is provided by a combination of unpaid and paid work and resources at the household, community, district and national levels. The patterns of providing care, and the distribution of responsibility for care, are determined by the needs and demands for care, social norms, and by the resources, infrastructure, services, payments and subsidies that different actors provide.

The WE-Care project has developed qualitative focus group exercises called the Rapid Care Analysis (RCA) and a quantitative Household Care Survey (HCS). Both are designed primarily to generate evidence useful to local organisations and government actors to develop strategies and interventions to address problematic aspects of care work provision. The RCA is a set of exercises to enable groups of women and men to carry out the rapid assessment of the patterns of unpaid household

² Oxfam has enormously valued our collaboration with colleagues at Action Aid, the Institute of Development Studies (IDS) and Al Mujadilah Development Foundation (AMDF), as well as discussions at the meeting of experts convened by Magdalena Sepúlveda, the UN Special Rapporteur on Extreme Poverty and Human Rights (2013), and seminar discussions at Warwick University (2015).

³ A separate report is being drafted on the research conducted in Malawi in April 2015 and is expected to be available in August 2015.

work and the care of people in their communities. It provides women and men and practitioners with a space to collaboratively develop practical solutions to address care work. In the 'host programmes' in five countries, the RCA was implemented before the survey and helped to adjust the questionnaire.

The purpose of the HCS is to build understanding about pathways of positive change for more equitable care provision in households and communities. In particular, the goal is to generate evidence for strategies for project interventions that recognise, reduce and redistribute existing unpaid care work within the household, the immediate community (civil society), the market (private sector) and the state authority (central and local governments). This HCS research was important to experiment with questions to identify effective approaches to understand perceptions and norms about care work, and the division of responsibility for care. The HCS was critical to provide a baseline before the implementation of interventions to make care provision more equitable, here called care 'strategies'. As a baseline, the HCS documents the problem and existing conditions that influence the design of care interventions. As a follow-up survey, the HCS monitors change and impact, and gathers evidence on 'what works' to address care work in specific contexts. An additional objective of developing the HCS has been to contribute to new, cost-effective approaches on the measurement of care work and of women's empowerment to negotiate care responsibilities. The HCS baseline data were collected between June and December 2014 by local research consultants and in collaboration with partner organisations.

The first HCS was carried out in the Philippines, with the Al Mujadilah Development Foundation (AMDF). The learning from this first experience led to significant improvements in the design of the questionnaires for women and men, the questions, the training of enumerators and the indicators constructed. In subsequent HCSs the survey instrument used and the data analysis were different. Thus the findings from the other four countries are more similar to one another and more complete than the findings from the survey in the Philippines.

This report summarises the findings of the baseline round of the HCS in the five countries (Colombia, Ethiopia, the Philippines, Uganda and Zimbabwe). The report proceeds as follows. After a brief overview of some literature on care work, the second section establishes the theoretical framework, and the third, the approach and main research questions. Fourth, a summary description is provided of the districts where the research was carried out in each country, and of the process of sampling and data collection. The fifth section explains the methodology used for data manipulation and analysis.

The sixth section summarises the main research findings. It is divided into six parts: (1) household and individual characteristics of the study population are outlined; (2) the time-use data are presented for women and men across the five research areas, with particular attention paid to time use on care work; (3) patterns of children's care work are considered; (4) time constraints and care work are explored; (5) the determinants of care work are discussed, including individual and household characteristics, family factors, and infrastructure and equipment; and (6) the findings section investigates social norms and perceptions related to care work.

Finally, the conclusion and discussion section discusses methodological challenges, recommendations for improvements to the HCS survey instrument for the 2015 follow-up survey, and implications for further research.

2 LITERATURE AND THEORETICAL FRAMEWORK

This section summarises relevant literature and establishes the theoretical framework for the study. Care work includes direct care of persons and domestic work for family and community members. It is essential for personal well-being and underpins all development processes. However, unequal distribution of care work can have implications for women's health, time for training and employment. Development practitioners have increasingly called for recognition, reduction and redistribution of 'heavy and unequal' care work at household, civil society, state and market level. But the determinants of care work are not well understood.

Defining unpaid care work

The term 'unpaid care work' has increasingly been used to describe direct care of persons and domestic work for family members and other households (e.g. Budlender 2007). Housework is included in the term because it serves the well-being of people as a form of 'indirect care'. The term also includes care of dependants, as well as mutual care of healthy adults (Tronto 1993). In contrast to 'domestic labour' or 'housework', the term 'unpaid care work' stresses that the work is unpaid and not exclusively done inside the household (Esquivel 2014).

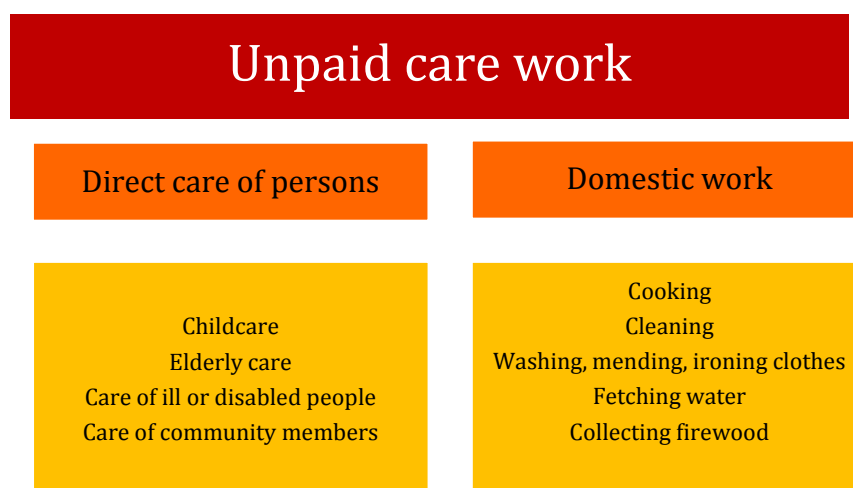


Figure 1: Care categories

Why address unpaid care work?

Care is essential for survival and personal well-being and it builds intellectual, physical, and emotional capabilities of care recipients that benefit themselves and others. Bringing up children as responsible, trustworthy and friendly adults can contribute to building human capital, healthy relationships and safe and peaceful societies (e.g. England 2005). However, the benefits of care to society are often not recognised at household, community and policy level, and the provision of care – mostly by women – is often taken for granted.

Women's excessive caring duties can violate many of their human rights, such as the right to freedom of speech, association, leisure, and the right to work and social security (Sepulveda Carmona 2014). Care work can be an impediment to girls' and women's education, as care duties decrease the time they have to study or attend training. It can decrease their health and well-being because of the heavy workloads, emotional stress and potential dangers involved. Care work can also expose women to risk of assault – for example when fetching fuel or water – and prevent women who experience

domestic violence from accessing support. High caring duties can result in limited work opportunities and long hours of total work for women who enter the labour market. Furthermore, 'heavy' and 'unequal' care work (as explained in greater detail below) can decrease women's participation in politics, local leadership and development programmes (e.g. Woodroffe and Donald 2014).

Women's heavy care work might also negatively affect efficiency. If care workloads are intense the quality of care often decreases (Budlender 2008). For example, women's long hours of domestic work can affect food security and human development of family members (Arora 2014). Market work might also be affected by heavy care work. For example, DeVanzo and Lee (1978) find that Malaysian mothers were less efficient in their market work if they supervised children at the same time. By perpetuating gender inequalities, unequal distributions of care work might also negatively affect poverty reduction and economic growth (Woodroffe and Donald 2014).

Care work in policy making

The 1995 Beijing Platform for Action appealed for greater visibility for women's contribution in the domestic sectors through time-use studies to quantitatively measure unremunerated work (UN Women 1995). However, several studies have pointed to a lack of visibility of care work in development policy (e.g. Chopra 2013; Bibler and Zuckerman 2013). Such omission might occur because rethinking the implications of care would require a reassessment of the whole gendered capitalist political system that is based on women's unpaid care work as a safety net (Eyben 2013). But recently care work has increasingly gained policy attention. The Open Working Group (OWG) on the post-2015 Sustainable Development Goals reflects these debates and includes a target on unpaid care work under Goal 5, 'Achieve gender equality and empower all women and girls'.

How to address unpaid care work?

As care work is a cross-cutting development issue, it needs to be addressed holistically. Oxfam builds on Dianne Elson's (2008) 'three Rs' framework to define objectives of care interventions. The objectives are as follows:

- 1) *Recognise* care at policy, community and household level.
- 2) *Reduce* care work, for example through time- and labour-saving technology and services.
- 3) *Redistribute* care from women to men, markets, the state and civil society.

Oxfam together with Action Aid and others have added a fourth 'R':

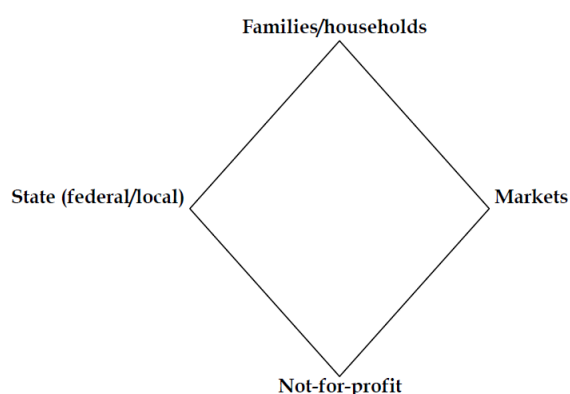
- 4) *Improve Representation* of carers in decision-making.

'Heavy' and 'unequal' care work

Following the 'four Rs approach' provides space to recognise the importance of care work while reducing the drudgery of care. Thus, the emphasis lies on reducing 'heavy' and 'unequal' care work (Sepulveda Carmona 2013). Care is 'unequal' if it is disproportionately undertaken by women and girls compared to men and boys in the household, or if poor, rural and ethnic minority women tend to spend more hours on care work than do better-off, urban women and those from 'dominant cultures'. How 'heavy' care work feels is subjective and context-specific, but usually work becomes heavier if performed at the same time as another task (Floro 1995). Care activities are among the activities most often carried out at the same time as other tasks, and women are more likely to multi-task than men. For example, a woman might wash clothes while boiling food or look after her children while selling products at the market.

Reducing, redistributing and recognising heavy and unequal care work does not stop at the household level. Razavi's (2007) 'care diamond' (Figure 2) is often used to highlight that unpaid care

work is provided, paid for and/or facilitated by four groups of actors: families and households, the state, the market and employers, and civil society groups.



Source: Razavi, 2007

Figure 2: Care diamond

Understanding determinants of unpaid care work

Despite increasing interest in unpaid care work, the evidence base remains limited on factors that influence changes in household care responsibilities – evidence that is increasingly required by local groups seeking to know ‘what works’ to promote positive change in care provision. To understand determinants of unpaid care work, the study builds on literature on intra-household decision-making and unpaid care work. Figure 3 illustrates interrelated factors that can have an effect on the intensity of care work. Some factors directly determine the level of care work at the household level. Other factors might have an indirect effect, for example through the channels of bargaining power or social norms.

Direct determinants

Family factors can directly affect care responsibilities. For example, Budlender’s (2008) study in six developing countries finds that care work decreases with the age of the youngest child increasing. Based on literature on care work, the survey looks at the number of household members, the number and age of children, family structure (e.g. nuclear or extended), illness and perceived care demand of household members.

Ownership of time- and labour-saving equipment can also directly affect care work hours. For example, grinding a basin of cassava with a machine takes one minute compared to two hours by hand (Barwell 1996). More affluent families might be better able to invest in such equipment. This study looks at relative household wealth (within generally-poor communities) and equipment designed to save time (e.g. a fuel-efficient stove or solar power system).

Lastly, access to public⁴ infrastructure and services can directly reduce care workloads. For example, research from Eastern Uganda shows that having a water source within 400 meters of the home saves women and girls more than 900 hours a year (Barwell 1996). The HCS includes access to healthcare, childcare, electricity and public water sources.

Indirect determinant

There is a variety of factors that might indirectly influence the intensity or length of care work, for example through improving women’s bargaining power. Collective bargaining models explain household decision-making, assuming that there are several decision-makers with different

⁴ When referring to public infrastructure or services in this report, we are referring to infrastructure and services that are both publicly available and government-provided.

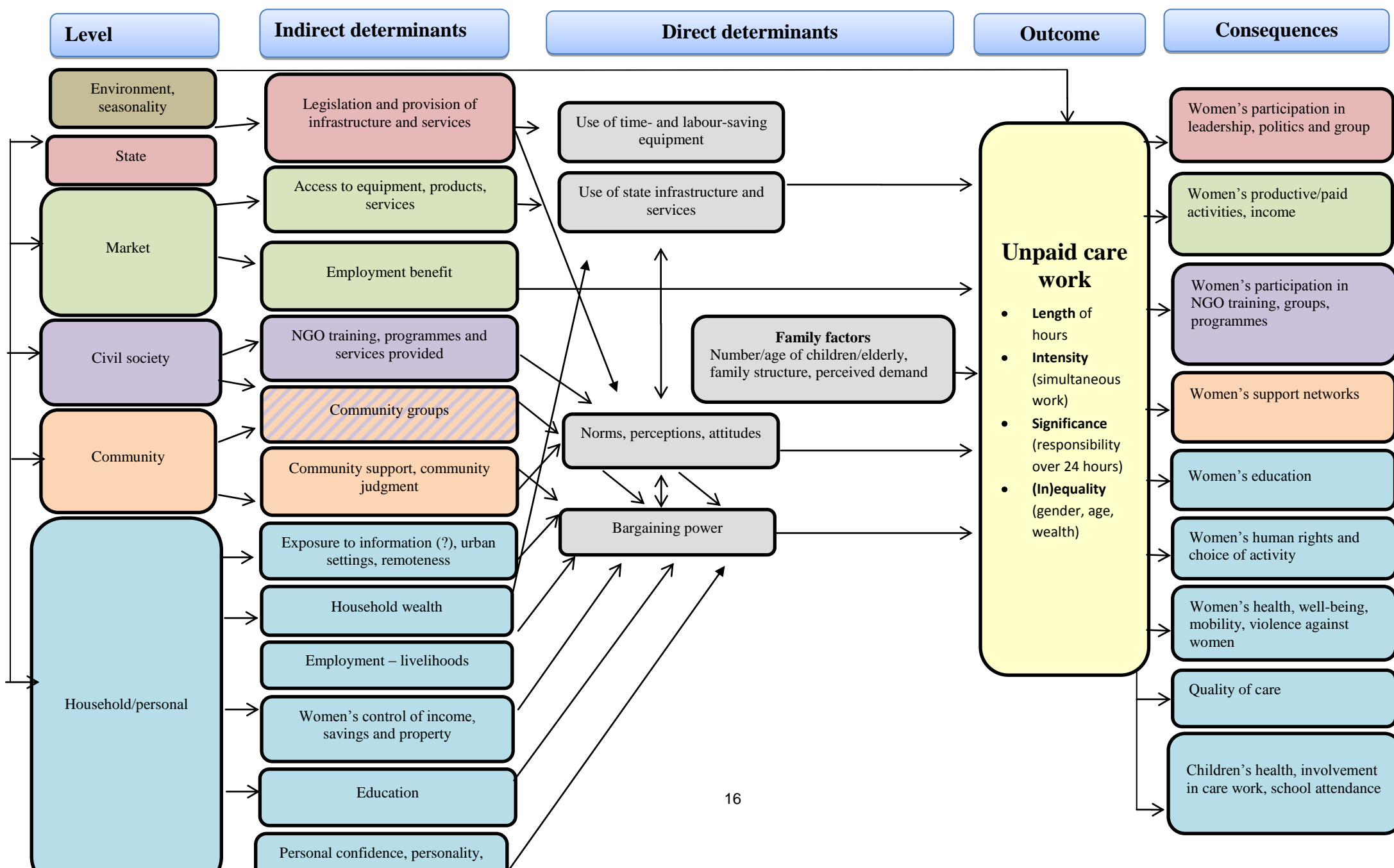
preferences in the household (e.g. Quisumbing 2003). Cooperative collective bargaining models hold that members reach decisions based on their relative bargaining power. With regards to time use, the models suggest that household members with more bargaining power are more likely to spend their time on activities that are beneficial to them. Bargaining power is determined by the strength of an individual's 'fall-back position' or 'threat point', which refers to their outside options determining how well off individuals would be if cooperation in the household fails. Bargaining power can be influenced by economic factors such as employment, earned and unearned income or access to the labour market. It is also associated with non-economic factors, such as gender-sensitive laws and policies, education, and participation in development programmes or support networks (Quisumbing and Maluccio 2000; Doss 2011; Lundberg and Pollak 1996). These determinants are also often used as proxies for bargaining power, as measuring bargaining power directly is impossible (Doss 2011). Some factors that might have the potential to improve women's bargaining power to negotiate care responsibilities are productive/paid activities,⁵ control over income, positive social norms, education, age, urban exposure, community group participation or NGO training.

Social norms play an essential role in determining care responsibilities. Gendered norms can dictate that women and girls spend more time on care work. Women and girls are often perceived as being 'naturally' more suited to perform care work and more 'altruistic' and 'loving' than men and boys (Chopra and Sweetman 2014). Care work is often considered an 'expression of the feminine'. Rather than being 'labour', it is perceived as an act of 'love' offering intrinsic rewards. Being associated with women, girls and the private sphere, housework is usually less recognised, less monetarily and physically visible than men's work, and it is often labelled 'unskilled' (England 2005). Social norms and bargaining power are closely related (e.g. Agarwal 1997). Factors affecting bargaining power might also have an effect on views, perceptions and norms. Norms can also affect women's and girls' bargaining power and can prevent them from bargaining to redistribute care work responsibilities.

The theoretical framework below (Figure 3) illustrates the links between different factors that potentially affect the intensity of unpaid care work. The key considerations arising from the framework are that the determinants and outcomes of unpaid care work are multi-dimensional and multilevel in nature.

⁵ In the remainder of the report, 'productive and paid work' will be referred to as 'paid work'. The term includes activities that are productive but not paid, such as subsistence farming.

Figure 3: HCS theoretical framework



3 APPROACH AND RESEARCH QUESTIONS

This section outlines the main research questions and structure of the questionnaire. The purpose of the HCS is to build understanding about pathways of positive change for more equitable care provision in households and communities. As a baseline, the HCS documents the problem and existing conditions that influence the design of care interventions. The baseline data analysis investigates gender- and age-based patterns of care work, gaps in care work, factors associated with 'heavy' and 'unequal' care work, and care-work-related norms and perceptions.

1) What are the current patterns of care work in the communities where the WE-Care initiative has interventions?

The survey documents how heavy and unequal patterns of unpaid care work are in households. The questionnaire assesses how 'heavy' care work is by looking at how many simultaneous care activities are done, especially by women, and how long the hours are. To understand how 'unequal' patterns of unpaid care work are, the questionnaire measures the number of hours women spend on care work relative to men.

2) How much time do girls and boys spend on care work?

Disproportionate amounts of care work for girls can negatively affect their school performance and personal development. If care work is reduced for women, girls might also take on disproportionately high amounts of care work. The questionnaire includes an estimation of the frequency with which the oldest daughter and son engage in different care activities.

3) What are the gaps in providing care work?

Changes in patterns of care can have unintended negative consequences. The survey looks at gaps in supervision of children and dependent adults, and asks about time constraints in terms of washing, ironing or mending clothes, or cooking for the family.

4) What factors are associated with heavy and unequal patterns of care work?

The study looks at the effect of the following potential determinants of care work.

- Individual characteristics: paid activities, control over income, education, age, urban exposure, community group participation, NGO training.
- Family factors: the number of household members, the number and age of children, the family structure (e.g. nuclear or extended), perceived care demand of household members, illness of household members.
- Household wealth.
- Time- and labour-saving equipment, products and services: water tap, fuel-efficient stove, solar power system.
- Public infrastructure and services: access to public healthcare, childcare, water and electricity.

5) What are the effects of current social norms and perceptions of care work and how do they relate to patterns of care?

Changes in norms and perceptions about gender roles and care work are essential for the recognition, redistribution and reduction of care work. Positive attitudes about the value of women's time and care work can, for instance, mean that household members share care responsibilities or that households invest in time- and labour-saving equipment. The survey asks questions about gendered contributions and characteristics, perceptions of care work, care responsibilities and sense of entitlement to receive support with care work.

The questionnaire

A generic HCS questionnaire was developed in Oxfam House based on discussions with the Monitoring, Evaluations, Accountability and Learning (MEAL) team and a review of the relevant literature. The generic women's questionnaire includes sections on: (1) characteristics of household members; (2) time use; (3) ownership of time- and labour-saving equipment, products and services; (4) norms and perceptions; (5) time constraints and care work; (6) external support for providing care; and (7) participation in community groups and local leadership. The men's questionnaire only includes sections (2), (4) and parts of sections (3) and (6) (Appendix 5).

The generic questionnaire with comments for adjustment and guidelines for understanding the meaning of each question were shared with the country teams. The HCS questionnaire was then modified to account for, and collect data on, country-specific factors. In particular, the findings from the RCA were used to help modify and further explore concepts and perceptions of care in different communities.

4 CONTEXT AND DATA COLLECTION

This section describes the research locations and the process of sampling and data collection.⁶ The baseline data were collected between June and December 2014 in five countries: Colombia, Ethiopia, the Philippines, Uganda and Zimbabwe. Data collection followed a stratified random sampling strategy in selected project (and control) districts. Enumerators were trained on data collection and the questionnaire was piloted. Husbands and wives were interviewed separately. The specific data collection methodologies differed slightly across the countries where WE-Care research is being implemented.

Table 1 provides an overview of the districts, sample sizes, control groups, number of enumerators and timelines of the data collection process in the five study countries.

Table 1: Data collection overview

Country	Region	Districts	Number of households	Control group	Number of enumerators	Time of fieldwork
Colombia	Centre-east region	Boyacá	69	no	2 enumerators	1-10 December 2014
Ethiopia	Oromia Regional State	Adamitulu Jiddo Kombolcha, Arsi Negele	240	yes	8 enumerators 2 supervisors	17-30 November 2014
Philippines	Lanao del Sur province, Island of Mindanao	Balindong Saguiaran Bubong	210	no	5 enumerators	End of June 2014
Uganda	Lamwo district, Acholi sub-region	Padibe East Padibe West Lokung Palabek Ogili Palabek Kal Palabek Gem	423	yes	25 enumerators 2 supervisors	6 days in October 2014
Zimbabwe	Zvishavane district, Midlands province	Ture Ward 11	197	no	10 enumerators	December 2014

⁶ For more detailed information on the contexts, please consult the research reports by the local consultants on <http://growsthrive.org/our-work/care>.

Colombia

The HCS was conducted in the Boyacá department, in communities linked to the 'Mercados Campesinos' (Farmers' Markets) initiative. Sited in the centre-east region of the country, Boyacá is one of the 32 departments of Colombia. It has a population of 1,276,407 (Departamento Administrativo Nacional de Estadística 2015) and is located 149.7km from the capital city, Bogotá.

Source: Municipality of Chivor/Boyacá 2015

Figure 4: Boyacá department, Colombia



Boyacá

The economy of the region has been traditionally agrarian, based on cultivating tobacco, coffee, cacao and sugar cane. Other sources of income are cattle raising and mining, specifically in the Muzo region (Encyclopaedia Britannica 2015). The population is predominantly Christian-Catholic (Sistema Nacional de Informacion Cultural 2015).

In the region it is common for women to tend livestock and care for the household, whilst men are usually focused on income-generating activities, often as *jornaleros* (day labourers) in the agricultural sector or in other informal employment (Oxfam Colombia 2015).

Sampling strategy

A list of women actively participating in the Mercados Campesinos initiative was drafted and from this, women were selected based on the following sampling requirements: (1) being a female farmer; (2) living with a partner who can be interviewed; (3) being actively involved in the Mercados Campesinos initiative; (4) their contact details are known to Oxfam staff. Selected participants were contacted to arrange an interview. Women and men were interviewed separately. Three of the selected men did not allow their wives to take part in the survey as they were opposed to the research project. The total number of households surveyed was 69 (Appendix 1).

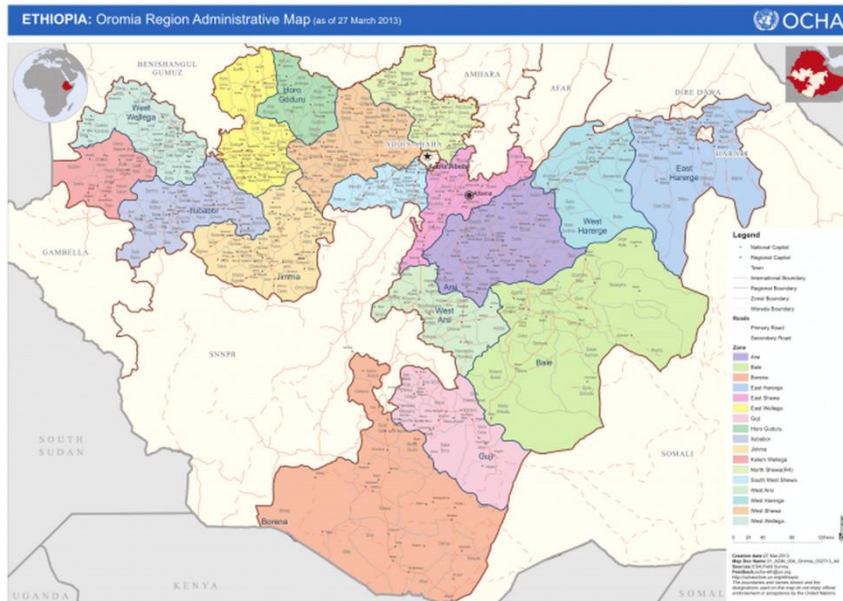
Training and piloting

Two enumerators were contracted to conduct the interviews. Training and preparation meetings were held by a consultant, the project manager and in collaboration with other organisations. The enumerators were accompanied by a promoter of the Mercados Campesinos initiative in order to avoid the risk of mistrust. The enumerators introduced themselves, explained the goal of the research project and the nature of the interview. They emphasised that the responses

would be kept confidential and asked to interview women first. At the end of each interview, two examples of recent research studies about the Mercados Campesino project produced by Oxfam Colombia were handed out to the participants. The HCS took place from 1-10 December 2014.

Ethiopia

The WE-Care activities are integrated in the programme 'Gendered Enterprise Development for Horticultural Producers' in three *woredas* (districts) of the Oromia Regional State, namely Adamitulu Jiddo Kombolcha District in East Shewa zone, and Arsi Negele and Kofele districts both located in West Arsi Zone. About 12 *kebeles* (peasant associations) are targeted by the project.



Source: UCHA 2015

Figure 5: Map of Oromia region, Ethiopia

Oromia

The Oromia Regional State is the largest and most populous (26,993,933 people) (CSA 2007) of the nine ethnically based states of Ethiopia and it includes the capital, Addis Ababa. Life expectancy in the region is 59.5 years and the region ranks lower on the Human Development Index (HDI) than the national average (UNDP 2015).

The region is predominantly inhabited by people of the Oromo ethnic group, which according to the latest census makes up 87.8% of the population. The second largest ethnic group is the Amhara (7.22%) (CSA 2007). The majority of the population is Muslim (47.6%) followed by Orthodox Christians (30.4%) and Protestants (17.7%) (CSA 2007). Seventy-six percent of the population depend on agricultural income (Deininger et al. 2006).

Despite the significant contribution of Ethiopian women to smallholder farming, they are often not considered equal as farmers. Women lack productive assets and have limited access to land, credit and agricultural extension services. Due to their responsibilities for childcare and housework, women are often unable to participate in economic or leadership activities. Women's membership in agricultural cooperative organisations remains very low at around 15% (Oxfam GB 2015).

Sampling strategy

The sampling strategy was a multi-stage, strategic random procedure. The sample includes 240 couples (husband and wife) from the project area. About 40% of households were selected from

Judo Kombolcha district, 30% from Arsi Negele district and 20% from Kofele district. This division reflects the proportion of project resources flowing into the different districts.

In each district the *kebeles* targeted by the wider programme for seed multiplication and household irrigation technology were selected. For each of the sampled *kebeles*, farmers were selected randomly from the database of the partner organisation Rift Valley Children and Women Development Organisation (RCWDO). From each *kebele*, 16 to 47 farmers were selected. Only households with husband and wife were subjects of the interview. Field supervisors prepared a list of names and exact locations of the selected respondents. Additionally, 40 questionnaires were administered in a control *kebele*, Abbayi Danaba in Judo Kombolcha. In consultation with the partner organisation's staff, the control group was selected for its similarity with most of the project areas (Appendix 1).

Training and piloting

Enumerators and supervisors were selected from the local area with the help of RCWDO field office staff. A total of eight enumerators and two supervisors were selected based on their education level (minimum of diploma), past experience in survey data collection, fluency in the local language and cultural knowledge.

The research consultant and his assistant conducted a four-day training session, building on Oxfam GB's *Guidance for Training Enumerators*. The training included piloting the questionnaire in a nearby village. The observations and comments from the pilot were incorporated into the final questionnaire, which was translated into the local language.

For the actual data collection, enumerators were divided into two groups, each supervised by one supervisor. The supervisors helped to assure data quality, verified and corrected questionnaires, and advised enumerators. Two members of the consultant team also supported field work supervision. The HCS data were collected from 17-30 November 2014.

Philippines

The HCS baseline data were collected in the Lanao del Sur province, Island of Mindanao, with the help of Oxfam's local partner, Al Mujadilah Development Foundation (AMDF). The municipalities for data collection were Bubong, Saguian and Balindong. Lanao del Sur is a province of the Autonomous Region of Muslim Mindanao, which is more than 1,200km from the capital, Manila. Subdivided into 39 municipalities, the province has nearly one million inhabitants (National Statistics Office of Philippines 2010). According to the national statistics authority, the province has one of the highest poverty rates (68.9%) in the country (PSA 2012).

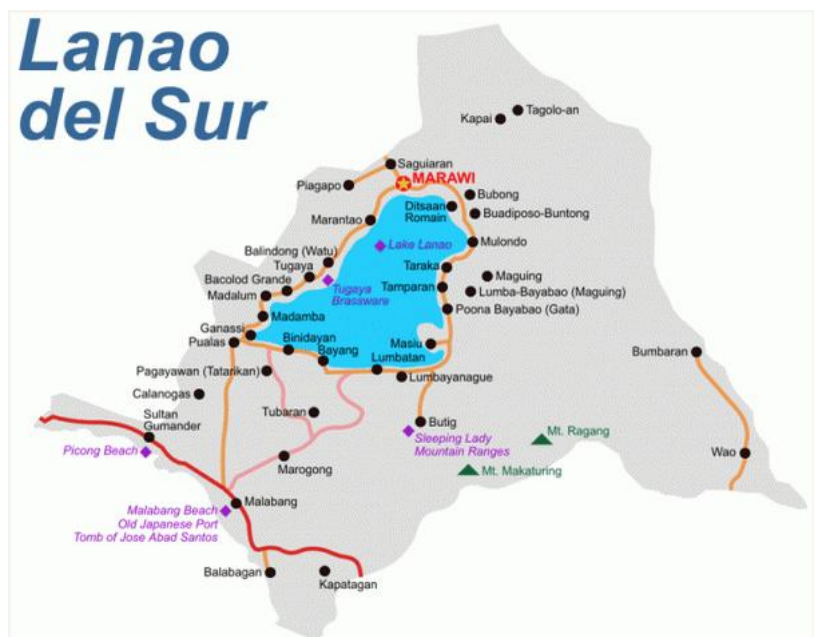


Figure 6: Map of Lanao del Sur, the Philippines

Lanao del Sur

Most people in Lanao del Sur are involved in agriculture, mainly in cultivating rice, but also fruit and vegetables, such as bananas, corn and coconut. Livestock breeding – especially cattle – is another important livelihood in the region (PSA 2004). The overwhelming majority of the population, more than 90%, is Muslim. The largest religious minority are Christian Catholics, who make up 5% of the population (PSA 2004).

Care work has long been considered the natural responsibility of women. Women living in poverty in particular often face heavy and unequal care responsibilities, impeding efforts to promote gender equality and women's equal enjoyment of human rights.

Sampling strategy

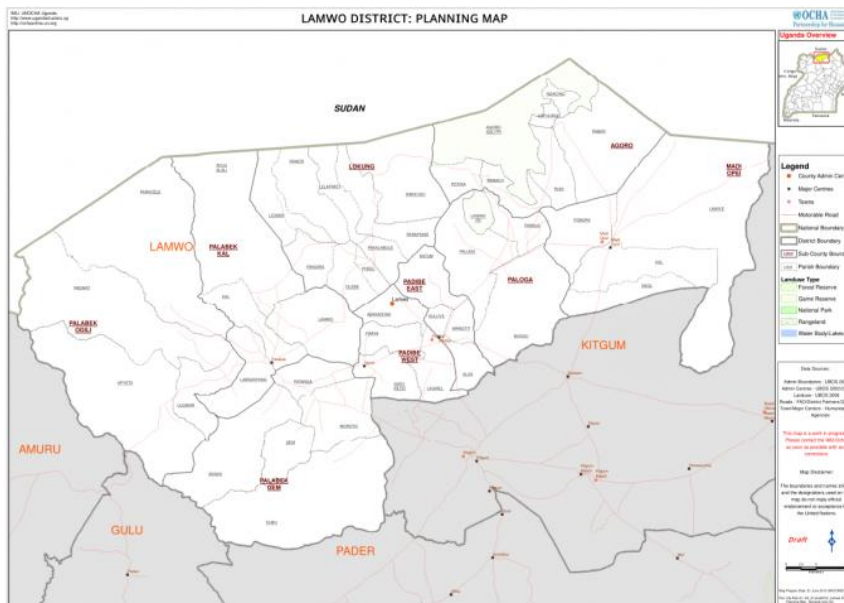
Oxfam in the Philippines and AMDF volunteered to carry out a pilot implementation of HCS. The piloting in Lanao del Sur helped to improve the generic questionnaire which was subsequently used in other countries. In total 210 households (women and men) were interviewed; 70 in Balindong, 69 in Saguiaran and 71 in Bubong municipality. In order to be eligible for the research, households had to include husband and wife, and both had to agree to take part. It was challenging to find households where both husband and wife were available.

Training and piloting

Five enumerators were recruited to carry out the research. The enumerators received one day of intensive training. Survey questions were translated and the enumerators practiced asking the questions. The survey was conducted at the end of June 2014 and the analysis was carried out in August 2014.

Uganda

In Uganda, WE-Care activities are integrated into a women's leadership 'host programme' in Lamwo district in the Acholi sub-region in Northern Uganda. The survey was carried out in three sub-counties where the programme has been running (Padibe East, Palabek Ogili, Lokung), and in three control sub-counties (Padibe West, Palabek Kal, Palabek Gem).



Source: UCHA 2015

Figure 7: Map of Lamwo district, Uganda

Lamwo district – approximately 500km away from the capital, Kampala – is one of the seven districts that make up the Acholi sub-region. According to the last National Housing and Population census (2014), the Lamwo district has a population of 134,050 (UBOS, 2014). The large majority of the population is illiterate (Okumu-Alya 2010) and poverty remains a major issue (ODI 2010). The Acholi region was in civil war from the late 1980s until 2006, which displaced many people, destroyed infrastructure and damaged traditional livelihoods and practices.

Acholi

The majority of Acholis are mixed farmers, growing staples of finger millet, sorghum, sesame, and various peas, beans, and leafy green vegetables, along with new crops such as cassava, maize, peanuts (groundnuts), fruits and cotton. The most common domestic animals are chickens and goats, with some cattle, especially in the drier areas of the region (Greenstar International Ltd 2015). The most practised religion is Christianity – most prevalently Roman Catholicism followed by Anglicanism (Ward 2002).

Men have traditionally played a significant role in agriculture, especially in time-limited, labour-intensive tasks, such as clearing, planting and harvesting. Women also provide significant labour in the fields, as well as being responsible for most child-rearing and all cooking and domestic tasks. The building of houses and granaries has historically involved both men and women, each performing specific functions. Boys and girls are usually socialised into distinct gender roles and do household and other chores accordingly.

Sampling strategy

A strategic random sampling strategy included the following four main steps. First, three intervention sub-counties were selected: Lokung, Palabek Ogili and Padibe East. For each intervention sub-county, a similar control sub-county was selected (Padibe West, Palabek Kal, Palabek Gem). Second, a list from the Ugandan Bureau of Statistics was used to select parishes. The two parishes where the RCA had been conducted were disqualified. To obtain more variety in the sample, each parish was ranked on the following categories: road network, health facilities, water supply, electricity, NGO presence, secondary schools and poverty level. Several local experts assigned numbers from 0 to 4 to each category and parish (0=very low, 1=low, 2=medium, 3=high, 4=very high). An overall mean called 'socio-economic development' that combined all factors for each parish was calculated, and one parish with low socio-economic development and one with high socio-economic development were selected randomly.

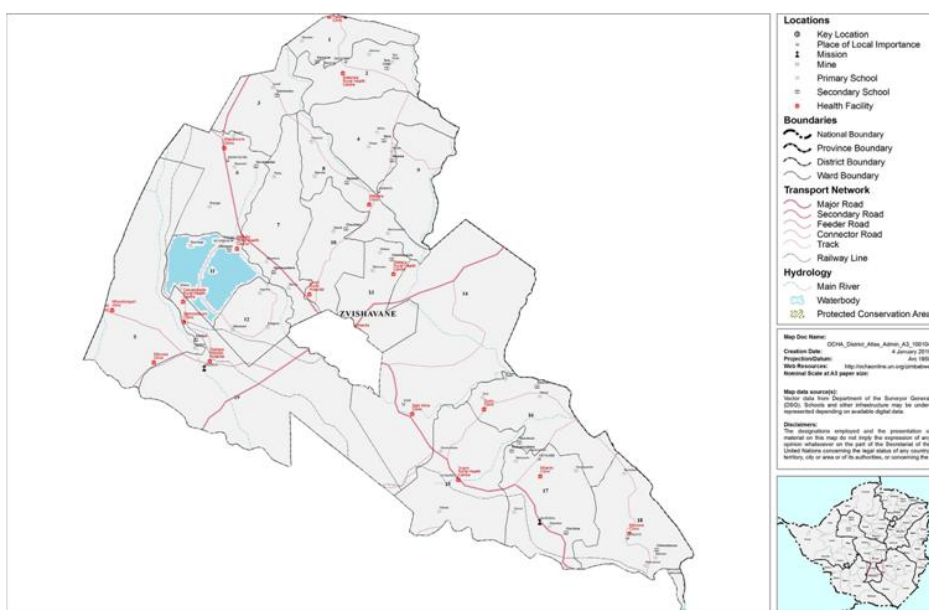
for each sub-county. Third, villages of the selected parishes were selected randomly using a list of villages obtained online. The fourth step involved selecting respondents. Mobilisers were trained to select households in each village, as follows: they talked to the local councillor of the respective village and asked for the registrar – a handwritten book that lists all household members in the village. Using the registrar, mobilisers picked random numbers from a bag to select 21 households and 10 households for the reserve list per village. They skipped the households that did not have couples. Mobilisers asked the local councillor to ensure that members of the selected households would be available either in the morning or in the afternoon on the day of the interview (Appendix 1).

Training and piloting

The survey was carried out by 25 enumerators who were selected based on their educational qualifications, survey experience, knowledge of the local context and language, and performance in an interview. They were trained for 2.5 days, which included translating and piloting the questionnaire in a nearby village. Based on performance in the training and piloting, two supervisors were selected out of the group of enumerators. The fieldwork took six days and each enumerator had a target of four households (husband and wife) per day, which added up to a total sample size of 946 respondents (husbands and wives). The questionnaire for women usually took about one hour and the questionnaire for men about 30 to 45 minutes. The supervisors coordinated the data collection and checked questionnaires in the field, for instance asking enumerators to return to respondents if data were missing.

Zimbabwe

The WE-Care interventions are integrated into the 'Securing Rights in the Context of HIV/AIDS programme' (SRP). The research took place in Ture Ward 11 of Zvishavane district, in the Midlands province.



Source: UCHA 2015

Figure 8: Map of Zvishavane district, Zimbabwe

The Midlands province has a total population of 1,614,941, of which 43% are aged under 15 years and only 4% over 65 years. The province is divided into seven districts, and three-quarters of the population live in rural areas. The district of Zvishavane has a population of 72,513.

Zvishavane

The region is prevalently inhabited by people of African origin (99%) and the main types of employment are farming and mining. Zvishavane district is characterised by high risk of drought;

rainfall is generally moderate at 450-650mm per annum. The province has among the highest prevalence of HIV and AIDS in the country.

In the region, care work has long been considered to be the natural responsibility of women, and as a result the costs of providing care fall disproportionately on women.

Sampling strategy

The HCS research team selected villages from the intervention ward and generated a list of households with both spouses present for each target village. From these lists, participants were selected randomly. The sample for the study was 200 households and 197 households were reached. The research team managed to interview both spouses in 192 households (Appendix 1).

Training and piloting

A total of 10 enumerators (six female and four male) from Zvishavane district were identified. They were aged between 22 and 35 and had experience in conducting similar assignments. All recruited enumerators had an undergraduate degree or were currently in the process of obtaining one. A one-day training workshop was held, using a variety of methods including lecturing, group discussions and role plays. The training session focused on familiarising enumerators with the WE-Care initiative, HCS objectives and the questionnaire. Particular attention was paid to translating the questionnaire into the vernacular languages.

After the training, the questionnaire was piloted in a different ward (Ward 16) in the same district. The main objective of the pilot testing was to assess the time needed, the ability of the enumerators and the adequacy of the questions and codes. In December 2014, the HCS baseline data were collected.

Ethical considerations, assumptions and biases

Programme staff and researchers are aware that asking questions about care work can be sensitive. Throughout the research, the priority was always to protect the physical, social and psychological well-being of the participants and to respect their rights, interests, sensitivities and privacy. The questionnaire included a consent script, which enumerators used to ask respondents to confirm their consent to participate in the research (Appendix 5). During training sessions enumerators were told to interview husbands and wives separately, to conduct interviews in a private space and to maintain confidentiality. There was no remuneration for participating in the interview. Participant anonymity was strictly maintained and the hard copies of the questionnaires and notes were filed securely.

We are aware that not only the research questions and concepts but also the approaches and methodologies used result from personal attributes of those who designed the research and current development and academic discourses on gender and unpaid care work. Efforts were made not to impose definitions and assumptions; for example, the RCA findings and discussions with local contacts were used to adapt the questionnaire to each local context. However, the final questionnaires, slightly adapted from the generic questionnaire, used in the five study countries were surprisingly similar. The fact that the research objectives were developed in Oxfam House might have biased the results. Similarly, Oxfam's interventions in the research areas might have pushed participants to give socially desirable answers. Budget and time constraints – especially limited time for piloting the questionnaire and small sample sizes – might also have negatively influenced the quality of the data and robustness of the findings.

5 DATA MANIPULATION AND ANALYSIS

This section explains the methodology used for data manipulation and analysis. A variety of indicators were constructed to capture primary and secondary care work and potential determinants of patterns of care work. For each study country, linear regression models were built using forward stepwise model selection.

Data cleaning

The data sets underwent cleaning⁷ by the local research consultants in the countries where WE-Care research is being implemented. The research consultants in Oxfam House continued the process, following a determined cleaning strategy. The statistical software Stata was used. To be able to use standardised 'do-files' for running the software, the variable names and labels across the data sets were standardised. Variables were checked for missing data, outliers and consistency.

Variable construction

A variety of dependent and independent variables were constructed and standardised across the data sets.

Dependent variables

Accurately measuring people's time use is generally challenging. Care work in particular is often underreported in conventional time-use measures, as people might not consider care activities 'work' or they might perform care work at the same time as other activities (e.g. Floro 1995). The HCS questionnaire includes a one-day recall for the previous day. Respondents were asked what they did during each hour of the day and enumerators assigned codes to activities. To make sure that activities – especially care work – are not undercounted, the questionnaire asks for a simultaneous activity for each hour of the day. Furthermore, the questionnaire includes two questions on responsibility for looking after children and dependent adults (Table 2). The activity codes are based on other time-use studies and include a variety of activities. They were also adapted to the specific local contexts. Usually the following activities were classified as care work: food and drink preparation, cleaning, fuel collection, water collection, childcare, dependent adult care, and care of ill/disabled people and community members.

Table 2: One-day recall, extract from generic questionnaire

Number	Activity	401 →	402 →	403 →	404 →
		What were you doing yesterday from [TIME]? See codes below	What else were you doing at the same time? 0 = Nothing else See codes below	Were you responsible for looking after a child (<xx years⁸) during that hour? 0 = No 1 = Yes 2 = There is no child in my household	Were you responsible for looking after a dependent adult during that hour? 0 = No 1 = Yes 2 = There is no dependent adult in my household

⁷ Data cleaning or data cleansing, is the process of identifying and changing/deleting data in a database that is incorrect, incomplete, improperly formatted, or duplicated.

⁸ The age of children considered dependent or vulnerable varied by context.

A	04am – 05am	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
B	05am – 06am	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
C	...				

Using the data from the one-day recall, several care work indicators were constructed for both women and men (Table 3).

Table 3: Dependent variable construction

Variable	Construction	Type of variable
<i>Primary care hours (women/men)</i>	Number of hours spent on care work as primary activity	Continuous
<i>Primary/secondary care hours (women/men)</i>	Number of hours spent on care work as primary or secondary activity	Continuous
<i>Responsibility care hours (women/men)</i>	Number of hours spent on care work as primary, secondary or supervision activity	Continuous
<i>Multi-tasking care hours (women/men)</i>	Number of hours in which at least two care activities were performed at the same time.	Continuous
<i>Difference between men's and women's primary care hours</i>	Difference between the percentage of hours that women/men spent on primary care work	Continuous
<i>Sleep hours (women/men)</i>	Number of hours spent on sleep	Continuous
<i>Rest hours⁹ (women/men)</i>	Number of hours spent on leisure, doing nothing or personal care/eating	Continuous

All indicators refer to the hours respondents spent on a defined set of careactivities the day before the interview

Independent variables

The theoretical framework provided a basis from which to identify the independent variables. The independent variables were constructed using data from a variety of questions in the questionnaire (Appendix 5). The variables can be divided in the following categories: (1) individual characteristics (women and men); (2) family composition; (3) household characteristics; (4) access to equipment; and (5) public infrastructure and services (Table 4).

Table 4: Independent variable construction

Category	Variable	Construction	Type of variable
<i>Individual characteristics</i>	Age (women and men)	Number of years	Continuous
	Education (women and men)	Highest level of schooling achieved on an ordinal scale ¹⁰	Categorical
	Paid activity hours	Number of hours	Continuous

⁹ This variable was not used in the regression analysis. But summary descriptive statistics were reported.

¹⁰ For the Philippines, the number of years of schooling was used to capture educational achievement.

	(women and men)	spent on productive/paid activities	
	Control of savings (women)	Takes the value 1 if women control savings	Binary
	Income (women)	Women's self-reported income from different sources over the last three months	Continuous
	Urban exposure (women and men)	Takes the value 1 if women/men have lived in urban settings	Binary
	Group membership (women and men)	Takes the value 1 if women/men are members of a group	Binary
<i>Family composition</i>	Household members	Number of members living in the household	Continuous
	Children under six	Number of children under six years living in the household	Continuous
	Extended family	Takes the value 1 if there are at least three generations living in the household	Binary
	Demand for care	Number of household members needing significant or full-time care (subjective estimation)	Continuous
	Illness	Takes the value 1 if at least one member has fallen ill in the last three months	Binary
<i>Household characteristics</i>	Wealth	Asset index that divides households into quintiles (relative poorest 20% to richest 20%)	Categorical
<i>Household equipment</i>	Solar system	Takes the value 1 if the household has a solar power system	Binary
	Fuel-efficient stove	Takes the value 1 if the household has a fuel-efficient stove	Binary
	Water tap	Takes the value 1 if the household has a water tap on the compound	Binary
<i>Public infrastructure and services</i>	Access to public water source	Takes the value 1 if the household has access to a public	Binary

		water source	
	Distance to public water source	Distance to the nearest public water source on an ordinal scale	Categorical
	Electricity	Takes the value 1 if the household has access to electricity	Binary
	Childcare	Takes the value 1 if the household has access to public childcare	Binary
	Healthcare	Takes the value 1 if the household has used public healthcare services in the last three months	Binary
<i>Social norms and perceptions</i>	Value scale (women/men)	Additive scale indicating how valuable respondents consider nine care activities	Continuous
	Work scale (women/men)	Number of care activities that respondents consider work (total of nine activities)	Continuous
	Skills scale (women/men)	Number of care activities that respondents think require 'significant skills' (total of nine activities)	Continuous

Data analysis

The data analysis was completed for each of the HCS countries separately, although the methodology was standardised across countries. Exceptions to this were made when there were key country-specific factors to consider, mainly with respect to the independent variables. For all analyses, Stata was the software of choice.

Some country reports provided detailed descriptive statistics. But to ensure consistency across countries, these were redone for the selected variables in the analyses. The findings presented in this report differ slightly from the findings in some country reports. This is most likely related to issues of data cleaning and variable construction. For example, the research team in Oxfam House dropped several cases in the Ugandan data set, since husband and wife could not be matched. Despite some minor differences, there are no major discrepancies between the findings of the country studies and this report.

As shown by the theoretical framework (Figure 3), the factors involved in determining amounts, distribution and perceptions of care work are multi-dimensional and operate at different levels. As a result, regression analyses are the most appropriate method to employ. Since all dependent variables are continuous, a multiple linear regression model and Ordinary Least Squares (OLS) estimation procedures were used.

The multiple linear regression model is used to model the relationship between a dependent variable and multiple independent variables.

$$y_i = \alpha + \beta_1 x_{i1} + \beta_2 x_{i2} + \dots + \beta_k x_{ik} + e_i$$

where $e_i \sim N(0, \sigma^2)$ independently for $i=1, \dots, n$

The dependent variable is a function of the independent variables where $\beta_1, \beta_2, \dots, \beta_k$ are partial regression coefficients and represent the effect of the specific independent variable on the dependent variable.

There are several key assumptions inherent to the linear regression model:

- Independence – the values of the dependent variable are statistically independent of each other.
- The dependent variable (Y) is a linear function of the independent variables.
- The error term is normally distributed with mean zero and constant variance ($e_i \sim N(0, \sigma^2)$) (homoscedastic).
- Normal distribution – given the independent variables, the condition mean of the dependent variable is normally distributed.

(Bartholomew et al. 2008; Agresti and Finlay 2008; Hoffman 2010)

To meet the assumptions of the linear regression model, the independent variables were examined for correlation – variables that are highly correlated may lead to ‘collinearity’ where variables are explaining the same variation in the dependent variable which can lead to false results (where a result should be non-significant but is significant, or a result should be significant but is not – these are known as Type II and Type I Errors respectively). Stata, the statistical programme used for the analysis, automatically identifies collinear variables so the researcher can manually drop affected variables.

To build the models, forward and backwards stepwise model selection was used. The selection of a model is a contested issue in statistical analysis – particularly when attempting to model a phenomenon with an established/contested theoretical framework. Due to the exploratory nature of the research, forward and backward stepwise modelling was employed. Stepwise model selection is an automated process that determines whether or not independent variables should be in a model by pre-determined thresholds. Stepwise model selection is particularly well specified for this research, as it is able to filter out relationships when there are a large number of independent variables, and limited understanding of the relationships of the dependent variable and its independent variable. The aim of the WE-Care project is to highlight what relationships currently exist, followed by an end-line survey addressing how things have changed with interventions determined at the local level. In the light of this, stepwise modelling provides a great deal of information about relationships that would otherwise not have been uncovered. Whilst stepwise modelling has its limitations, in this situation – where all variables were selected and data on them collected due to their hypothesised relationship with care work – it is able to elucidate relationships that may otherwise remain unseen.

Technically, to determine if a variable should be removed from the model, a p-value threshold of 0.1 was used; to determine if a variable should enter the model, a p-value of 0.05 was used. The R-squared was considered to assess the ‘goodness of fit’ of the models (see Table 5, below).

This report attempts to be jargon free and therefore more detailed and technical results appear only in the Appendix. However, there are a few statistical concepts that it is useful to introduce here before reviewing the results. An overview of these concepts is provided in Table 5.

Table 5: Statistical concepts

Statistical concepts
<ol style="list-style-type: none"> 1. Data cleaning: the process of altering or removing data in a database that is incorrect. 2. Dependent variable: also known as the 'outcome' or 'response' variable. The dependent variable is conceptualised as 'depending' on the independent variable – in this study we have been assessing, for example, how the number of care hours a woman does (dependent variable) is affected by the provision of labour-saving equipment in the household (independent variable). 3. Do-file: text files containing commands to instruct Stata to execute the commands stored in that file. 4. Independent variable: also known as 'explanatory variables': These are the variables upon which the dependent variable is thought to 'depend'. The independent variables are so-called as they are considered to be independent of all other variables in the study. 5. Regression coefficient: for a linear regression model, the regression coefficient is a point estimate created by the regression models that reflects the predicted change in the value of Y (the dependent variable) for every unit increase in the independent variable (holding all other variables constant). The regression coefficient is specific to each independent variable. 6. Statistical controls: controlling for factors means that regardless of, for example, the age of the woman, the effect of labour-saving equipment on care hours is the regression coefficient value for every one-unit change in labour-saving equipment. 7. Significance test: for each regression coefficient a significance test is conducted. A significance test in this instance is a 't-test' – where a value 't' is calculated by dividing the regression coefficient by something known as the standard error. From this value, we are able to generate an associated p-value. 8. P-value: an indicator of the number of times in 100 you would expect to get the result (here, value of the regression coefficient) by chance. We expect that our variable (for example, labour-saving equipment) is having a 'real' effect on care hours; it is not just 'by chance' that our results show this. For a p-value we choose a cut-off point at which we can be 95% certain that our result did not occur by chance – thus all p-values < 0.05 reflect this 95% certainty (0.05 is a standard cut-off in the social sciences). 9. Goodness of fit and R-Squared: Goodness of fit is a concept regarding how well the regression model we created fits our data. R-squared or R^2 is just one way we can assess this 'goodness of fit'. It reflects the amount of variation in Y that is explained by our model. Thus a value of 0.32 shows that we are explaining 32% of the variation in Y. The higher the value the better, but there is no standard cut-off to use to determine whether our model is a good fit or not.

6 FINDINGS

This section presents the results for all five countries combined. It is divided into six parts: (1) data overview; (2) time use; (3) care work patterns of daughter and son; (4) time constraints, quality of care work; (5) determinants of care work; and (6) social norms and perceptions.¹¹

DATA OVERVIEW

This sub-section provides some descriptive statistics on the study communities. The majority of households have children under six but no disabled or elderly persons living in the household. Levels of educational achievements vary within and across countries. Most men and women are involved in community groups, usually women more than men. The study contexts differ drastically in terms of access to infrastructure and equipment.¹²

Family composition

Of the study countries, Ethiopian households are the largest, with an average of seven members per household, followed by Uganda, Zimbabwe, the Philippines (six) and Colombia (four). In all countries except Colombia, the majority of households have at least one child under six years old living in the household (78.33% Ethiopia, 62.18% Uganda, 69.27% Zimbabwe, 67.67% Philippines). In Colombia, only 14.49% of the households interviewed have one or more children under six years living in the household. Across countries, the majority of households do not have an elderly or disabled person living in the household (95.42% Ethiopia, 62.32% Colombia, 85.85% Uganda, 61.46% Zimbabwe).

Education

Education levels vary within and across countries (Table 6). In Uganda and Ethiopia, men tend to have more education than women. For example, in Ethiopia, 78.33% of women compared to 50.83% of men have no or incomplete education. In Zimbabwe, educational outcomes for men and women are very similar. In Colombia and the Philippines, women on average have higher levels of education than men. For example, in the Philippines, 33.33% of women received secondary or tertiary education compared to only 16.19% of men.

Table 6: What is the highest level of education you have achieved so far? (%)

	Ethiopia		Colombia		Uganda		Zimbabwe		Philippines	
	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men
None/ incomplete	78.33	50.83	21.74	30.43	30.34	11.69	1.56	1.10	40.00	54.76
Primary	17.92	37.92	34.78	37.68	57.29	58.00	46.88	49.45	26.67	29.05
Secondary/ tertiary	3.75	11.25	43.48	31.88	12.38	30.31	51.56	49.45	33.33	16.19
	*240 obs	*240 obs	*69 obs	*69 obs	*412 obs	*419 obs	*192 obs	*182 obs	*210 obs	*210 obs

In Ethiopia and Uganda, there are more women with no or incomplete education, whereas in the Philippines and Colombia more men have not received any education.

¹¹ For more detailed descriptive statistics, please consult the research reports by the local consultants on <http://growsellthrive.org/our-work/care>.

¹² Please see Appendix 2 for more details.

Group membership

In all countries except Uganda, the majority of women and men are involved in a community group. In all countries except Zimbabwe, women are more often a member of a group than men (Table 7).

Table 7: Are you a member of any community group? (%)

	Ethiopia		Colombia		Uganda		Zimbabwe		Philippines	
	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men
Yes	78.24	72.80	95.59	65.62	47.63	34.70	54.74	65.43	76.08	68.57
No	21.76	27.20	4.41	34.38	52.37	65.30	45.26	34.57	23.92	31.43
	*239 obs	*239 obs	*68 obs	*64 obs	*401 obs	*389 obs	*190 obs	*188 obs	*210 obs	*210 obs

Electricity access

In Zimbabwe and Uganda, only a small minority of households have access to electricity at home (5.80% Uganda, 0.58% Zimbabwe). In Ethiopia and Colombia, less than half of the respondents have electricity (38.99% Ethiopia, 44.93% Colombia). By contrast, in the Philippines the large majority of respondents have electricity access (92.86%).

Water access

In Colombia, 91.3% of households have a water tap in the household. For the other countries having a water tap in the household or on the compound is less common: only 5.1% of Ugandan and 4.69% of Zimbabwean households have a water tap, followed by 14.8% in Ethiopia and 42.38% in the Philippines.

Ownership of a fuel-efficient stove

In Colombia, 84.06% of households own a fuel-efficient stove, followed by 51.04% for the interviewed households in Uganda. In the other study contexts, fuel-efficient stoves are less common (25.11% Ethiopia, 17.19% Zimbabwe, 13.81% Philippines).

Childcare access

In Zimbabwe, the majority of households have access to a childcare centre (54.55%). But in all other countries, childcare access is rarer (25.56% Ethiopia, 45.45% Colombia, 32.95% Uganda, 14.76% Philippines).

TIME USE

This sub-section outlines time-use patterns of women and men in the research communities. In all study countries, women spend significantly more time on care work than men. Interestingly, if women spend more time on care work, men usually report higher care hours too. Cooking is the most time-consuming care activity for women. In Colombia and the Philippines, women spend significantly less time sleeping than men. Across study countries, men spend more time on paid work but women have significantly longer hours of total work (including care work and paid/productive work).

Care work

Across the five countries, women spend significantly more time on unpaid care work than men. This holds for all the care indicators that are summarised in Table 8.

Table 8: Care work indicators

Care work indicators	
Primary care hours	Number of hours spent on care work as primary activity
Primary/secondary care hours	Number of hours spent on care work as primary or secondary activity
Responsibility care hours	Number of hours spent on care work as primary, secondary or supervision activity
Multi-tasking care hours	Number of hours in which at least two care activities were performed at the same time

The numbers of women's hours of care as a primary/secondary activity, of any care responsibility and hours of multi-tasking with care activities are highest in Ethiopia where more than half of a woman's 24-hour day (13 hours 30 minutes) is spent engaged in some form of unpaid care responsibility. In the Philippines, the number of hours women spend on care work as a primary activity is highest (7 hours 39 minutes a day).

Ethiopian women spend 13 hours 30 minutes a day engaged in some kind of unpaid care responsibility.

In comparison to the other study countries, Ethiopian men report the most hours that they have any care responsibility (5 hours 5 minutes) followed by Colombian men (4 hours 20 minutes). Men in Zimbabwe tend to spend least time on care work; they are engaged in any care responsibility for about 2 hours a day. Table 9 and Figures 9 and 10 summarise the hours women and men in the different countries spend on care work.

Table 9: Time women and men spend on care work (hours a day)

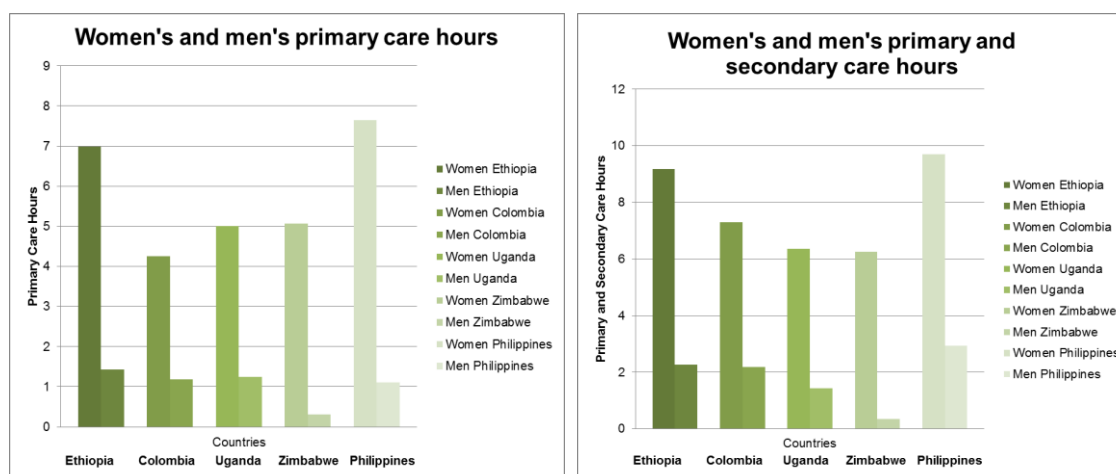
	Ethiopia	Colombia	Uganda	Zimbabwe	Philippines
	Primary care hours				
Women (mean)	6.98	4.26	5.00	5.07	7.65
Men (mean)	1.43	1.19	1.25	0.31	1.11
Diff women-men	5.55***	3.07***	3.73***	4.76***	6.54***

Country total	8.407	5.45	6.33	5.38	8.76
Primary or secondary care hours					
Women (mean)	9.17	7.30	6.36	6.26	9.70
Men (mean)	2.27	2.17	1.44	0.34	2.94
Diff. women-men	6.90***	5.12***	4.95***	5.92***	6.76***
Country total	11.44	9.48	7.83	6.6	12.64
Responsibility care hours					
Women (mean)	13.48	9.80	10.38	11.86	11.97
Men (mean)	5.08	4.34	3.55	2.05	3.69
Diff. women-men	8.52***	5.44***	6.83***	9.81***	8.28***
Country total	18.68	14.14	13.93	13.91	15.66
Multi-tasking care hours					
Women (mean)	6.66	4.80	3.32	3.94	5.30
Men (mean)	0.83	1.06	0.22	0.10	1.46
Diff. women-men	5.83***	3.74***	3.10***	3.84***	3.84***
Country total	7.49	5.86	3.54	4.04	6.76
	*240 obs	*69 obs	*431 obs	*192 obs	*210 obs

Hours spent on activity the day before the interview

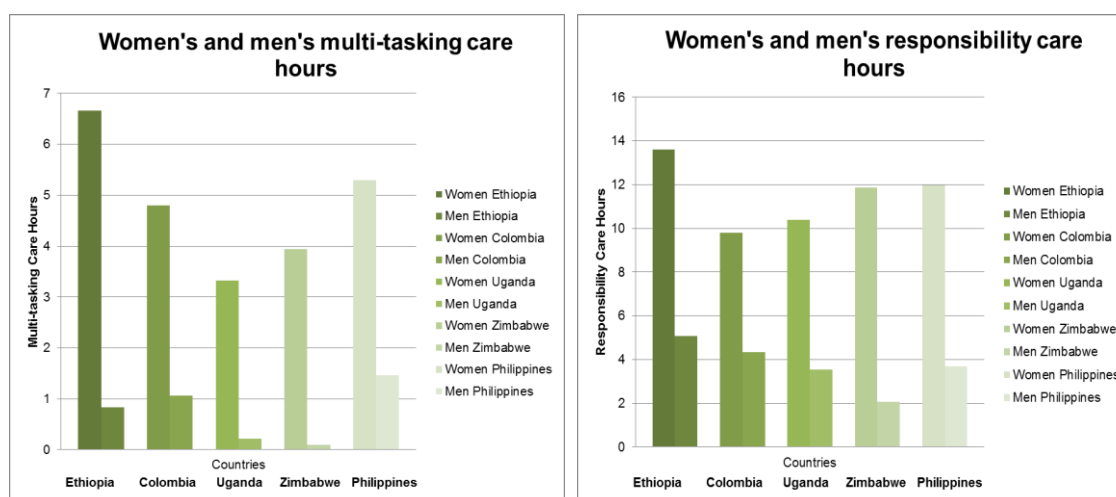
*= difference significant at 10% level; **= difference significant at 5% level; ***= difference significant at 1% level

Figure 9: Women's and men's primary and primary/secondary care hours



*

Figure 10: Women's and men's responsibility and multi-tasking care hours



In Uganda, Zimbabwe, Colombia and the Philippines, women's and men's care work are positively and significantly correlated. In other words, if women spend more time on care work, men also spend more time on care work.

In Uganda, there are positive correlations between female and male hours of primary care (coef=0.1328, p=0.000), responsibility care hours (coef=0.4422, p=0.000) and care multi-tasking hours (coef=0.1065, p=0.028). In Zimbabwe, women's and men's care responsibility hours (coef=0.1635, p= 0.0235) and care multi-tasking hours (coef =0.1600, p= 0.0266) are positively correlated. Similarly, in Colombia, when women spend more time on care responsibility and multi-tasking men also engage more in these activities (coef=0.4278, p=0.000 and coef=0.4007, p=0.0006). In the Philippines, there is also a positive and significant correlation between men's and women's hours spent on care work as a primary or secondary activity (coef=0.2384, p=0.0005), the hours spent on any care responsibility (coef=0.2766, p=0.0000) and care multi-tasking hours (coef=0.3113, p=0.0000). In Ethiopia, men's and women's care work hours are not correlated.

Women's daily activities

Looking at primary activities, women across the study countries spend more time on cooking than on other care activities, ranging from 2 hours 52 minutes a day in the Philippines to 1 hour 38 minutes in Colombia. Ugandan women spend most time on paid activities (5 hours 39 minutes), followed by women in Colombia (5 hours 37 minutes). Most women sleep for about 7 hours a day. Some of women's daily activities are summarised in Table 10.

Table 10: Women's daily activities (hours a day)¹³

	Ethiopia	Colombia	Uganda	Zimbabwe	Philippines
Meal preparation	2.79	1.64	2.56	2.04	2.88
Water ¹⁴	3.44	0.52	0.36	1.26	1.16
Fuel	0.42	0.00	0.26	0.33	0.57
Childcare	1.87	0.13	0.39	0.22	1.87
Paid activity ¹⁵	2.00	5.57	5.65	2.92	2.38
Resting/leisure	2.93	3.9	4.44	4.72	3.58

¹³ These activities do not add up to 24 hours per day, as some results are not displayed in the table, such as community and religious activities, education, dependent adult care or cleaning.

¹⁴ This includes fetching water and washing clothes.

¹⁵ This includes paid work and 'productive activities' defined as those that generate goods or income.

<i>Sleep</i>	6.15	6.41	7.91	7.97	7.82
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Hours spent on activity the day before the interview

Men's daily activities

Men in all study countries spend less than 20 minutes a day on each care activity. In the Philippines and Colombia, the care activity that men spend most time on is food preparation and in Uganda it is water collection. Colombian men spend most time on paid activities (7 hours 29 minutes), followed by Filipino men (7 hours 3 minutes). Men from the Ugandan sample rest 7 hours 7 minutes a day but in other countries men's time spent on resting is about 5 hours. More details on men's daily activities are summarised in Table 11.

Table 11: Men's daily activities (hours a day)¹⁶

	Ethiopia	Colombia	Uganda	Zimbabwe	Philippines
<i>Food</i>	0.15	0.26	0.20	0.04	0.28
<i>Water</i> ¹⁷	0.19	0.06	0.57	0.09	0.18
<i>Fuel</i>	0.06	0.04	0.11	0.09	0.18
<i>Childcare</i>	0.13	0.22	0.1	0.04	0.36
<i>Paid activity</i>	6.16	7.48	6.52	5.20	7.05
<i>Resting/leisure</i>	3.99	4.91	7.11	5.88	4.94
<i>Sleep</i>	6.31	7.04	8	8	8.13

Hours spent on activity the day before the interview

Differences between men's and women's daily activities

In Ethiopia, Zimbabwe and the Philippines, women engage significantly more often than men in water and fuel collection, food preparation and childcare. In Uganda, women spend significantly more hours than men on fuel collection, food preparation and childcare. But interestingly, men in Uganda spend significantly more hours than women on water collection. In Colombia, women do significantly more cooking and water collection than men, but there are no significant differences between men's and women's hours spent on fuel collection and childcare.

Although Ugandan women have higher overall care workloads than men, Ugandan men spend significantly more hours on water collection than women.

There is no statistically significant difference between the hours that men and women sleep in Uganda, Ethiopia and Zimbabwe. In Colombia and the Philippines, however, the difference is statistically significant – women sleep less than men.

In Uganda, Ethiopia, Colombia and Zimbabwe, men undertake statistically significantly more hours of paid work than women. Table 12 summarises the differences between men's and women's time spent on different activities.

Table 12: Differences between men's and women's daily activities (hours a day)¹⁸

	Colombia	Ethiopia	Uganda	Zimbabwe	Philippines
<i>Food</i>	1.38***	2.64***	2.36***	2.00***	2.6***

¹⁶ These activities do not add up to 24 hours per day, as some results are not displayed in the table, such as community and religious activities, education, dependent adult care or cleaning.

¹⁷ This includes fetching water and washing clothes.

¹⁸ The difference is calculated as follows: the mean time women spend on a specific activity a day minus the mean time men spend on a specific activity a day.

<i>Water</i>	0.46***	3.25***	-0.21**	1.17***	0.98***
<i>Fuel</i>	-0.04	0.36***	0.15***	0.24***	0.39**
<i>Childcare</i>	-0.09	1.74***	0.29***	0.18***	1.51***
<i>Paid activity</i>	-1.91***	-4.16***	-0.87***	-2.28***	-4.67***
<i>Sleep</i>	-0.63***	-0.16	-0.09	-0.03	-0.31**

Hours spent on activity the day before the interview

=difference significant at 10% level; ** = difference significant at 5% level; *** = difference significant at 1% level

Differences between women's and men's total work hours

In all study countries, women have more total work hours than men. Total work is conceptualised as the hours spent on care work and productive/paid activities (including agriculture, repairing and construction) as a primary activity. The gap between women's and men's total work is largest in Uganda and Zimbabwe, where compared to men, women spend on average 2 hours 51 minutes and 2 hours 30 minutes more per day working. Total work results are summarised in Table 13 and Figure 11.

Table 13: Time women and men spend on all work, total work hours (hours a day)

	Ethiopia	Colombia	Uganda	Zimbabwe	Philippines
Women (mean)	8.98	9.82	10.65	7.99	10.03
Men (mean)	7.59	8.67	7.76	5.50	8.16
Diff. women-men	1.39***	1.15**	2.86***	2.49***	1.87***
Country total	16.57	18.49	18.5	13.49	18.19
	*240 obs	*69 obs	*431 obs	*192 obs	*210 obs

Hours spent on activity the day before the interview

*=difference significant at 10% level; **=difference significant at 5% level; ***=difference significant at 1% level

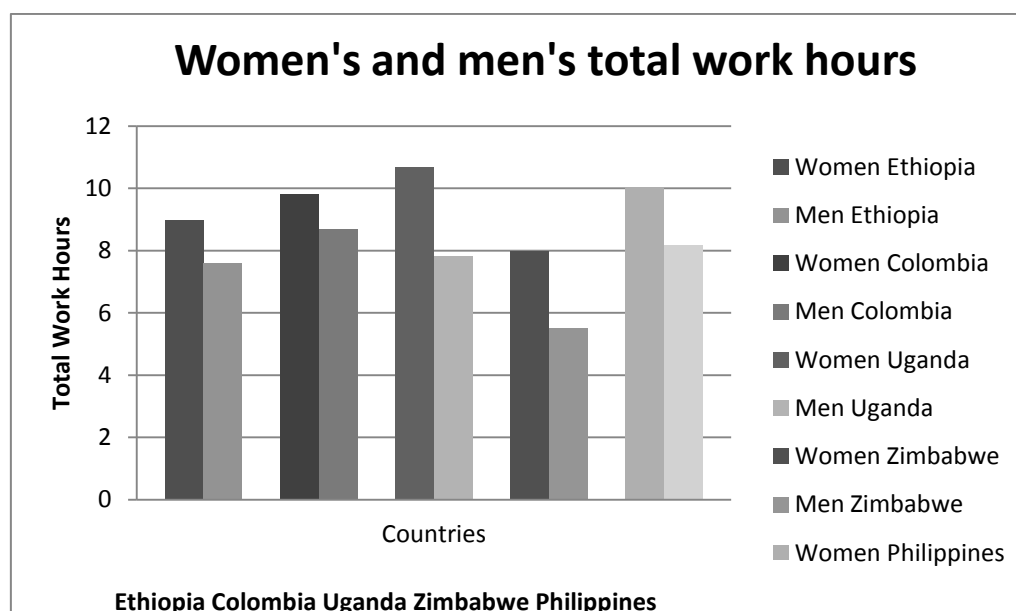


Figure 11: Women's and men's total work hours

CARE WORK PATTERNS OF DAUGHTER AND SON

This sub-section provides descriptive statistics on the frequency with which the oldest daughter and son are involved in different care activities.¹⁹ In all study countries, daughters engage more in care activities than sons. The differences between girls' and boys' care work are particularly high for water collection and cooking. In all countries except Zimbabwe, the majority of oldest sons and daughters did not care for elderly/ill people or community members in the month before the interview. Significant proportions of girls engage in care activities on a daily basis – for example about 35% to 60% for water collection, 25% to 48% for cooking and 25% to 47% for childcare.

Water collection

In all contexts except the Philippines, sons engage less in water collection than daughters. The difference is particularly large in Ethiopia and Uganda, where 21.72% and 18.44% of oldest daughters did not engage in water collection in the month before the interview, compared to 39.59% and 31.25% of sons. In Ethiopia, Uganda and Zimbabwe, about 35% to 60% of the oldest daughters engaged in water collection once or several times a day, compared to about 7% to 17% of sons. Tables 14 and 15 summarise the frequency with which oldest daughters and oldest sons engaged in water collection during the month before the interview.

Table 14: How often has your oldest daughter done water collection in the last month? (women) (%)

	Ethiopia	Colombia	Uganda	Zimbabwe	Philippines
Never	21.72	59.52	18.44	16.83	52.94
At least once	35.86	26.19	21.25	12.87	7.35
At least once a week	6.57	11.90 (at least once a day)	11.56	6.93	0.74
Once a day	20.20	2.38	20.94	21.78	9.56
Several times a day	15.66	0.00	27.81	41.58	29.41
	*198 obs	*42 obs	*320 obs	*101 obs	*136 obs

Table 15: How often has your oldest son done water collection in the last month? (women) (%)

	Ethiopia	Colombia	Uganda	Zimbabwe	Philippines
Never	39.59	66.67	31.25	35.79	49.29
At least once	44.16	16.67	44.69	21.05	10.71
At least once a week	1.52	11.11 (at least once a day)	6.88	35.79	0.71
Once a day	10.66	2.78	8.13	7.37	12.86
Several times a day	4.06	2.78	9.06	0.00	26.43
	*197 obs	*36 obs	*320 obs	*95 obs	*140 obs

¹⁹ Women were asked how often their oldest daughter and oldest son engaged in different care activities during the month before the interview.

In Ethiopia, Uganda and Zimbabwe, about 35% to 60% of oldest daughters engage in water collection on a daily basis, compared to about 7% to 17% of sons.

Fuel collection

In Colombia and the Philippines, the majority of sons and daughters did not collect fuel in the month before the interview. But in Ethiopia, Uganda and Zimbabwe, 34.83%, 25.78% and 17.17% of the oldest daughters collected fuel on a daily basis. In these countries, sons more often than daughters had not engaged in any fuel collection (37.82% Ethiopia, 53.55% Uganda, 35.79% Zimbabwe). More results are summarised in Tables 16 and 17.

Table 16: How often has your oldest daughter done fuel collection in the last month? (women) (%)

	Ethiopia	Colombia	Uganda	Zimbabwe	Philippines
Never	26.37	75.61	26.10	29.29	83.77
At least once	33.33	12.20	29.87	20.20	3.90
At least once a week	5.47	7.32 (at least once a day)	18.24	33.33	4.55
Once a day	18.91	2.44	12.26	14.14	4.55
Several times a day	15.92	2.44	13.52	3.03	3.25
	*201 obs	*41 obs	*318 obs	*99 obs	*154 obs

Table 17: How often has your oldest son done fuel collection in the last month? (women) (%)

	Ethiopia	Colombia	Uganda	Zimbabwe	Philippines
Never	37.81	75.00	53.55	35.79	63.51
At least once	44.78	16.67	30.00	21.05	8.11
At least once a week	3.48	5. (at least once a day)	10.97	35.79	3.38
Once a day	11.44	2.78	3.87	7.37	18.24
Several times a day	2.49	0.00	1.61	0.00	6.76
	*201 obs	*36 obs	*310 obs	*95 obs	*148 obs

Meal preparation

Tables 18 and 19 show that the difference between sons' and daughters' time spent on meal preparation is consistently high across countries. The majority of boys did not cook at all in the month before the interview (75.25% Ethiopia, 55.26% Colombia, 51.62% Uganda, 70.53% Zimbabwe, 75.17% Philippines). By contrast, 25% to 48% of daughters cooked once or several times a day and the minority of girls never prepared meals (34.98% Ethiopia, 34.88% Colombia, 23.03% Uganda, 29.00% Zimbabwe, 50.77% Philippines).

Table 18: How often has your oldest daughter done meal preparation in the last month? (women) (%)

	Ethiopia	Colombia	Uganda	Zimbabwe	Philippines
Never	34.98	34.88	23.03	29.00	50.77

At least once	26.11	13.95	19.87	8.00	7.69
At least once a week	2.96	20.93 (at least once a day)	9.15	7.00	6.92
Once a day	13.79	16.28	20.50	11.00	16.15
Several times a day	22.17	13.95	27.44	45.00	18.46
	*203 obs	*43 obs	*317 obs	*100 obs	*130 obs

Table 19: How often has your oldest son done meal preparation in the last month? (women) (%)

	Ethiopia	Colombia	Uganda	Zimbabwe	Philippines
Never	75.25	55.26	51.62	70.53	75.17
At least once	18.18	10.53	31.49	15.79	15.44
At least once a week	0.51	18.42 (at least once a day)	5.84	6.32	1.34
Once a day	3.54	7.89	6.82	3.16	4.03
Several times a day	2.53	7.89	4.22	4.21	4.03
	*198 obs	*38 obs	*308 obs	*95 obs	*149 obs

In all countries the majority of oldest sons did not cook at all in the month before the interview, whereas 25% to 48% of daughters prepared meals on a daily basis.

Cleaning

Tables 20 and 21 show that more boys than girls did not do any cleaning in the month before the interview. But in Colombia and Uganda, the majority of sons cleaned at least once (56.76% Colombia, 69.06% Uganda). In all countries, a significant proportion of daughters cleaned once or several times a day (35.65% Ethiopia, 20.93% Colombia, 42.06% Uganda, 53% Zimbabwe, 46.83% Philippines).

Table 20: How often has your oldest daughter done cleaning in the last month? (women) (%)

	Ethiopia	Colombia	Uganda	Zimbabwe	Philippines
Never	28.22	25.58	20.56	26.00	41.27
At least once	31.19	16.28	27.41	9.00	9.52
At least once a week	4.95	37.21 (at least once a day)	9.97	12.00	2.38
Once a day	24.26	20.93	18.07	25.00	23.81
Several times a day	11.39	0.00	23.99	28.00	23.02
	*202 obs	*43 obs	*321 obs	*100 obs	*126 obs

Table 21: How often has your oldest son done cleaning in the last month? (women) (%)

	Ethiopia	Colombia	Uganda	Zimbabwe	Philippines
Never	50.77	43.24	30.94	72.04	75.68

At least once	39.49	27.03	38.13	13.98	13.51
At least once a week	4.10	24.32 (at least once a day)	7.50	5.38	2.03
Once a day	3.59	5.41	13.75	3.23	4.73
Several times a day	2.05	0.00	9.69	5.38	4.05
	*195 obs	*37 obs	*320 obs	*93 obs	*148 obs

Washing

Although girls in all countries washed clothes more often, the difference between boys' and girls' time spent on washing clothes is not as large as for other care activities such as cooking or water collection. Tables 22 and 23 show that between 25% (Uganda) and 43% (Philippines) of daughters did not wash clothes in the month before the interview, compared to 38% (Uganda) to 70% (Zimbabwe) of sons.

Table 22: How often has your oldest daughter done washing in the last month? (women) (%)

	Ethiopia	Colombia	Uganda	Zimbabwe	Philippines
Never	30.20	34.88	25.08	31.31	42.76
At least once	32.18	25.58	30.09	12.12	4.14
At least once a week	17.33	25.58 (at least once a day)	19.12	46.46	6.21
Once a day	10.40	11.63	10.97	5.05	28.97
Several times a day	9.90	2.33	14.73	5.05	17.93
	*202 obs	*43 obs	*319 obs	*99 obs	*145 obs

Table 23: How often has your oldest son done washing in the last month? (women) (%)

	Ethiopia	Colombia	Uganda	Zimbabwe	Philippines
Never	44.22	52.94	37.90	69.89	66.00
At least once	39.20	23.53	39.81	16.13	11.33
At least once a week	8.04	11.76 (at least once a day)	16.88	10.75	4.00
Once a day	6.53	8.82	2.55	2.15	14.67
Several times a day	2.01	2.94	2.87	1.08	4.00
	*199 obs	*34 obs	*314 obs	*93 obs	*150 obs

Childcare

In all countries except the Philippines, the majority of daughters engaged in childcare, often on a daily basis (25% Ethiopia, 42.85% Colombia, 27.24% Uganda, 46.51% Zimbabwe). By contrast, in all contexts other than Colombia the majority of sons did not look after children in the month before the interview (65.61% Ethiopia, 48.21% Uganda, 64.63% Zimbabwe, 78.87% Philippines). More results are summarised in Tables 24 and 25.

Table 24: How often has your oldest daughter done childcare in the last month? (women) (%)

	Ethiopia	Colombia	Uganda	Zimbabwe	Philippines
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Never	36.22	40.00	34.62	34.88	56.80
At least once	35.20	17.14	31.73	17.44	8.00
At least once a week	3.57	0.00	6.41	1.16	5.60
Once a day	12.76	5.71	8.97	8.14	9.60
Several times a day	12.24	37.14	18.27	38.37	20.00
	*196 obs	*35 obs	*312 obs	*86 obs	*125 obs

Table 25: How often has your oldest son done childcare in the last month? (women) (%)

	Ethiopia	Colombia	Uganda	Zimbabwe	Philippines
Never	65.61	23.19	48.21	64.63	78.87
At least once	23.28	8.70	38.11	19.51	13.38
At least once a week	2.12	1.45 (at least once a day)	2.93	1.22	1.41
Once a day	5.82	1.45	4.56	4.88	4.23
Several times a day	3.17	4.35	6.19	9.76	2.11
	*189 obs	*69 obs	*307 obs	*82 obs	*142 obs

Caring for elderly and ill people and community members

Across the research countries, there are no major differences between the frequency that oldest daughters and sons engage in care of elderly/ill people or community members. In all countries at least 57% of sons and daughters did not care for elderly/ill people or community members in the month before the interview.

An exceptional case is Zimbabwe, where 90.57% of daughters did not care for community members, while 77.08% of sons cared for community members at least once during the month before the interview.

In Zimbabwe, 90.57% of daughters did not care for community members, while 77.08% of sons cared for community members at least once during the month before the interview.

The results for elderly care are summarised in Tables 26 and 27; the results for care of ill people in Tables 28 and 29; and the results for care of community members in Tables 30 and 31.

Table 26: How often has your oldest daughter done elderly care in the last month? (women) (%)

	Ethiopia	Colombia*	Uganda	Zimbabwe	Philippines
Never	72.29	37.68	60.30	61.54	94.26
At least once	19.28	0.00	25.09	15.38	3.28
At least once a week	2.41	0.00	4.12	0.00	0.82
Once a day	1.20	0.00	3.37	5.13	0.00
Several times a day	4.82	1.45	7.12	17.95	1.64
Not applicable	0.00	60.87	0.00	0.00	0.00

	*166 obs	*69 obs	*267 obs	*39 obs	*122 obs
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Table 27: How often has your oldest son done elderly care in the last month? (women) (%)

	Ethiopia	Colombia	Uganda	Zimbabwe	Philippines
Never	80.49	33.33	67.29	75.00	95.16
At least once	17.68	0.00	25.94	13.89	2.42
At least once a week	2.12	0.00	3.38	0.00	0.81
Once a day	0.00	0.00	1.50	8.33	0.00
Several times a day	0.61	0.00	1.88	2.78	1.61
Not applicable	N/A	66.67	N/A	N/A	N/A
	*164 obs	*69 obs	*266 obs	*36 obs	*124 obs

Table 28: How often has your oldest daughter cared for ill people in the last month? (women) (%)

	Ethiopia	Colombia*	Uganda	Zimbabwe	Philippines
Never	77.91	33.33	56.30	84.62	95.90
At least once	0.16	1.45	32.59	5.13	1.64
At least once a week	0.01	0.00	2.22	0.00	0.82
Once a day	0.01	0.00	4.07	0.00	0.00
Several times a day	0.05	2.90	4.81	10.26	1.64
Not applicable	N/A	62.32	N/A	N/A	N/A
	*163 obs	*69 obs	*270 obs	*39 obs	*122 obs

Table 29: How often has your oldest son cared for ill people in the last month? (women) (%)

	Ethiopia	Colombia	Uganda	Zimbabwe	Philippines
Never	62.50	31.88	64.93	77.14	56.94
At least once	12.50	1.45	29.85	8.57	0.96
At least once a week	0.00	0.00	2.24	0.00	0.48
Once a day	0.48	0.00	1.87	2.86	0.00
Several times a day	1.92	0.00	1.12	11.43	0.00
Not applicable	22.60	66.67	N/A	N/A	41.63
	*208 obs	*69 obs	*268 obs	*35 obs	*209 obs

Care of community members

Table 30: How often has your oldest daughter cared for community members in the last month? (women) (%)

	Ethiopia	Colombia*	Uganda	Zimbabwe	Philippines
Never	70.27	37.68	70.37	90.57	87.26

At least once	24.86	0.00	23.23	9.43	8.92
At least once a week	1.08	0.00	1.01	0.00	2.55
Once a day	0.00	0.00	1.68	0.00	1.27
Several times a day	3.78	0.00	3.70	0.00	0.00
Not applicable	N/A	62.32	N/A	N/A	N/A
	*185 obs	*69 obs	*297 obs	*53 obs	*157 obs

Table 31: How often has your oldest son cared for community members in the last month? (women) (%)

	Ethiopia	Colombia	Uganda	Zimbabwe	Philippines
Never	60.00	33.33	70.89	22.40	61.90
At least once	37.92	0.00	26.37	77.08	36.19
At least once a week	0.83	0.00	1.03	0.00	1.43
Once a day	0.00	0.00	0.68	0.52	0.48
Several times a day	1.25	0.00	1.03	0.00	0.00
Not applicable	N/A	66.67	N/A	N/A	N/A
	*240 obs	*69 obs	*292 obs	*192 obs	*210 obs

TIME CONSTRAINTS, QUALITY OF CARE

This sub-section looks at time constraints affecting the quality of care work. Long total hours of work and significant multi-tasking can result in unintended negative outcomes for the quality of care provided to family members. Although the majority of women across the project and research areas did not leave a small child or vulnerable adult alone in the week before the interview, a significant minority of women - one in five or six - reported 'at least once' leaving a dependant without supervision. Furthermore, half of the women in all countries except Zimbabwe reported having had insufficient time to cook or mend/iron/wash clothes at least once in the previous week. Compared to caring for other people, there are more drastic differences between countries in terms of women's time for personal care: in Ethiopia, about 50% of women did not have time for personal care at least once during the week before the interview, compared to only about 3% of Colombian women. In Ethiopia, women who have longer hours of care work as a primary or secondary activity reported more accidents among children and dependent adults (e.g. breaking something in the household, dependent getting injured).

Childcare

Most women did not leave a child under six without supervision in the week before the interview (76.35% Ethiopia, 95.24% Colombia, 77.20% Uganda, 82.47% Zimbabwe, 70% Philippines). But in two countries almost a quarter of women reported leaving a child alone at least once in the previous week: Uganda (22.8%) and Ethiopia (23.65%); in Zimbabwe one in six women (17.53%) had done so. In the Philippines, respondents were asked about gaps in care over the last month, and 30% had left a small child with no supervision at least once. The gaps in childcare are summarised in Table 32.

Table 32: In the last seven days, how often have you left a child under six alone? (%)

	Ethiopia	Colombia	Uganda	Zimbabwe	Philippines
<i>Never</i>	76.35	95.24	77.20	82.47	70.00
<i>At least once</i>	14.78	4.76	15.66	9.74	18.10
<i>At least once a month</i>	N/A	N/A	N/A	N/A	6.19
<i>At least once a week</i>	N/A	N/A	N/A	N/A	3.81
<i>At least once a day</i>	4.43	0.00	4.95	3.90	1.43
<i>Several times a day</i>	4.43	0.00	2.20	3.90	0.48
<i>There are no children</i>	0.00	0.00	0.00	0.00	0.00
	*203 obs	*42 obs	*364 obs	*154 obs	*210 obs

Dependent adult care

Similar to the results for childcare, most women did not leave dependent adults alone in the week before the interview (86.22% Ethiopia, 88.24% Colombia, 86.15% Uganda, 90.74% Zimbabwe). The percentage of women having left a dependent adult alone at least once in the last week was generally lower than the percentage of women having left children alone, with the highest percentage in Uganda (13.85%) and Ethiopia (13.78%). For the Philippines, where respondents were asked about the last month, 21.9% of women had left a dependent adult with no supervision 'at least once'. The results for gaps in dependent adult care are summarised in Table 33.

Table 33: In the last seven days, how often have you left a dependent adult alone? (%)

	Ethiopia	Colombia	Uganda	Zimbabwe	Philippines
<i>Never</i>	86.22	88.24	86.15	90.74	78.10
<i>At least once</i>	9.69	8.82	10.15	6.48	15.71
<i>At least once a month</i>	N/A	N/A	N/A	N/A	6.19
<i>At least once a week</i>	N/A	N/A	N/A	N/A	3.81
<i>At least once a day</i>	1.53	2.94	1.54	1.85	1.90
<i>Several times a day</i>	2.55	0.00	2.15	0.93	0.48
	*196 obs	*34 obs	*325 obs	*108 obs	*210 obs

Cooking

Interestingly, more women reported not having had enough time for cooking than reported gaps in providing childcare or dependent adult care. In Zimbabwe, 88.17% of women always found time for cooking. But in the other countries, about 50% of women reported at least one incident in the week before the interview when they had insufficient time for meal preparation (48.18% Ethiopia, 53.73% Colombia, 46.35% Uganda, 51.9% Philippines). Table 34 provides more details on time constraints with cooking.

Table 34: In the last seven days, how often have you not had enough time to cook food? (%)

	Ethiopia	Colombia	Uganda	Zimbabwe	Philippines
<i>Never</i>	51.82	46.27	53.65	88.17	48.10
<i>At least once</i>	29.09	32.24	32.24	5.91	23.33
<i>At least once a month</i>	N/A	N/A	N/A	N/A	10.95
<i>At least once a week</i>	N/A	N/A	N/A	N/A	11.43

<i>At least once a day</i>	12.73	11.94	6.30	3.76	3.33
<i>Several times a day</i>	5.91	8.96	4.28	1.61	2.86
<i>I don't cook</i>	0.45	0.00	3.53	0.54	0.00
	*220 obs	*67 obs	*397 obs	*186 obs	*210 obs

Preparing clothes

The results for preparing clothes are similar to those for cooking. About 50% of women in four countries reported lacking time to wash, iron or mend clothes when needed in the last week²⁰: (48.39% Ethiopia, 50.72% Colombia, 60.05% Uganda, 54.85% Philippines. Again Zimbabwean women face least time constraints, with 74.87% saying that they never lacked time to prepare clothes in the last week. More findings are summarised in Table 35.

Table 35: In the last seven days, how often have you not had enough time to wash, iron or mend family members' clothes when needed? (%)

	Ethiopia	Colombia	Uganda	Zimbabwe	Philippines
<i>Never</i>	51.61	49.28	39.95	74.87	45.15
<i>At least once</i>	31.34	26.09	48.74	16.04	27.18
<i>At least once a month</i>	N/A	N/A	N/A	N/A	11.17
<i>At least once a week</i>	N/A	N/A	N/A	N/A	12.62
<i>At least once a day</i>	10.60	13.04	4.27	5.35	3.88
<i>Several times a day</i>	5.53	11.59	3.77	2.67	0.0
<i>I don't wash, iron or mend clothes</i>	0.92	0.00	3.27	1.07	0.0
	*217 obs	*69 obs	*398 obs	*187 obs	*210 obs

Personal care

Women across the study countries differ in terms of how often they lacked time for personal care in the week before the interview. In Ethiopia, about 50% of women did not have time for personal care at least once during the week before the interview. About 43% of Ugandan women lacked time for personal care. By contrast, only about 3% of Colombian women and 14% of Zimbabwean women had insufficient time for personal care (Table 36).

Table 36: In the last seven days, how often have you not had enough time for personal care and hygiene? (%)

	Ethiopia	Colombia	Uganda	Zimbabwe	Philippines
<i>Never</i>	49.55	97.10	56.89	86.17	N/A
<i>At least once</i>	23.18	1.45	33.42	6.91	N/A
<i>At least once a day</i>	18.64	1.45	6.12	4.26	N/A
<i>Several times a day</i>	8.64	0.00	3.57	2.66	N/A
	*220 obs	*69 obs	*392 obs	*188 obs	N/A

Accidents

The questionnaire asked respondents about the number of accidents that children or dependent adults in the household had in the seven days before the interview. This is to see whether high

²⁰ In the Philippines, the questions were asked 'over the last month' rather than the last week.

care workloads are associated with the number of accidents in the household. In most project countries there is no significant correlation between accidents and care work hours. But in Ethiopia, the number of accidents is positively and significantly correlated with women's primary or secondary care hours. In other words, the more hours Ethiopian women spend on care work, the more accidents occur in the household.

DETERMINANTS OF CARE WORK

This sub-section provides a non-technical summary of the relationships between different factors and care indicators. To understand what determines women's and men's care work hours, regression models were built with different care work indicators as dependent variables (see Tables 3 and 9). More detailed regression results are provided in Appendix 3. The analysis looks at the following factors: (1) individual characteristics; (2) family composition; (3) household wealth; (4) access to equipment; and (5) public infrastructure and services.

Men's care work

Interestingly, no strong regression models could be built to understand the determinants of men's care work. The independent variables used for women's care work were also used to construct models for men's care work – individual characteristics (e.g. women's/men's paid activities, education, community group participation and age), family composition factors (e.g. number of children under six, family structure), household wealth, access to equipment, and public infrastructure and services. But none of these factors have a robust effect on the hours men spend on care work as a primary, primary/secondary, responsibility or multi-tasking activity. In other words, across the study countries, the potential determinants did not have an effect on the hours that men spend on care work. Therefore, the remainder of this sub-section focuses on the relationships between determinants and women's care work and on the gap between men's and women's care work.

Individual characteristics

In all research countries, women spend about 10 to 44 minutes less on primary care work for each extra hour of paid work they do. But paid work does not significantly reduce women's time spent on secondary care work and supervision of dependants. This means that women who engage in paid work have higher overall workloads. Older women tend to have reduced care responsibilities. Women's income, control over savings, urban exposure, education and group participation are only associated with care hours in some contexts.

Productive/paid activities

In all five countries, an increase in paid activities leads to a decrease in the time women spend on care work as a primary activity. An additional hour a day that a woman spends on a paid activity reduced the time she spends on primary care work by 10 minutes in Colombia, 12 minutes in Ethiopia, 13 minutes in Uganda, 23 minutes in Zimbabwe and 44 minutes in the Philippines.

An additional hour a day spent on paid activities reduces the time women spend on care work as a primary activity by 10 to 44 minutes in all study contexts.

Hence, women who engage in more paid work have higher overall workloads, meaning total hours spent on both paid/productive work and care work. Findings in Colombia, Ethiopia and Uganda reveal that men's and women's hours spent on care work as a primary activity are more equal if women engage in more paid work. For example, in Ethiopia, one more hour of women's paid work is associated with a decrease of 36 minutes in the gap between men's and women's primary care work hours (15 minutes for Colombia; 17 minutes for Uganda).

Women's paid activities are less significant in reducing women's time spent on care work as a secondary or supervision activity. In Ethiopia, Zimbabwe and the Philippines, women spend 30 minutes, 22 minutes and 32 minutes less time on care as a primary or secondary activity per extra hour of paid work they engage in. In Zimbabwe and the Philippines, one more hour of paid work decreases the number of hours women spend on doing at least two care activities at the same time by 21 minutes and 20 minutes respectively. The Philippines is the only context where women's paid activities reduce the time women spend on any kind of care responsibility (by 43 minutes). To sum up, while paid activities tend to reduce the time women spend on care work as a primary activity, this effect is less consistent for secondary and supervision care.

Women's income

In most countries, women's income is not associated with care work hours. Only in Zimbabwe is there is a decrease in the difference between women's and men's time spent on care work as a primary activity (13 minutes for each additional unit of income). That no clear effect of income could be observed might be related to challenges with measuring income accurately.

Women's savings

There is no relationship between women's control over savings and their time spent on care work. But in Uganda, women who have control over savings sleep 35 minutes more a day compared to women who do not control any savings.

Education

In all countries other than Ethiopia, there is no relationship between women's time spent on care work and their educational achievement. In Ethiopia, women whose highest level is primary education tend to spend less time on care work than women with other educational levels. Women whose highest level is primary education spend 1 hour 32 minutes less time engaged in any care responsibility than women with no education and 6 hours 21 minutes less than women with secondary or tertiary education. Similarly, women with only primary education spend less time on doing at least two care activities at once than women with no/incomplete education (4 hours 24 minutes less) or secondary/tertiary education (5 hours 46 minutes less). The finding that Ethiopian women with secondary/tertiary education spend more time on care work than women with primary education might be explained through the lens of social norms that define the role of an 'educated mother'. Further analysis of the relationship between education and care work in Ethiopia would be useful.

Ethiopian women with secondary or tertiary education report spending over six hours a day more on any care responsibility than women with only primary education.

Group participation

A woman's group membership (e.g. savings or agricultural groups) does not tend to be associated with care responsibilities, with the exception of Colombia. For Colombian women, being a member of a group decreases the difference between men's and women's primary care hours by 4 hours 17 minutes a day compared to women who are not group members. Two caveats are warranted; first, that in Colombia the respondents were sampled from participants in a farmers' marketing programme, and second, that the direction of influence is not clear – whether women who renegotiate housework join groups or whether group membership influences the division of labour in households.

In Uganda, women whose husbands are members of a group sleep 24 minutes less a day compared to women whose husbands are not group members.

Age

Care work is high for women of all age groups but in three of the project countries it tends to decrease with age. In Zimbabwe and Uganda, older women spend less time on care work as a primary or secondary activity (5 minutes and 4 minutes less a day for each additional year of age).

In Ethiopia, women with older husbands do less primary or secondary care work (4 minutes a day for each additional year).

Urban exposure

In most countries, there is no relationship between male or female exposure to urban settings and women's time spent on care work. But in Zimbabwe, where a man has lived in an urban area in the last three years, a woman's care responsibility is lessened by 2 hours 41 minutes a day compared to a woman whose husband has not been exposed to an urban area. Male exposure to urban settings also reduces the difference between men's and women's hours spent on care work as a primary activity by 36 minutes. Women whose husbands lived in an urban area also spend 1 hour 21 less on doing at least two care activities at the same time.

Family composition

In all countries, having children under six years old increases the time women spend on care work as a secondary, but not necessarily primary, activity. The effects of the number of household members, family structure and household members' demand for care are less consistent.

Number of household members

In two countries, the number of household members is associated with women's time use. In Zimbabwe, an additional household member increases women's hours spent on care work as a primary and primary/secondary activity by half a minute and 6 minutes a day. An additional household member also increases the hours women engage in at least two care activities at the same time by 5 minutes a day.

In Colombia, each additional household member reduces the hours a woman sleeps by 22 minutes a day.

Children under six

In all countries, having children under six years old increases the time women spend on care work, especially as a secondary activity. In Colombia and the Philippines, for each additional child under six in the household, a woman spends on average 3 hours 21 minutes and 1 hour 13 minutes more on care work as a primary or secondary activity.

An additional child under six also increases the hours women are engaged in any care responsibility by 2 hours 35 minutes in Colombia, 43 minutes in the Philippines and 1 hour 21 minutes in Uganda.

Similarly, in Ethiopia, Zimbabwe, Uganda and the Philippines, an additional child under six in the household increases the number of hours a woman spends on doing at least two care activities at the same time by 43 minutes, 43 minutes, 42 minutes and 1 hour 23 minutes respectively.

Interestingly, only in the Philippines does an additional child under six increase women's time spent on care work as a primary activity (by 22 minutes). In Uganda, the opposite is the case: one more child under six reduces a woman's primary care hours by 10 minutes a day. This might be related to young children often contributing to household tasks. But further explorations of these findings would be useful.

Ugandan women with more children under six years old spend more time engaged in any care responsibility (including secondary and supervision care work), but engage less in care work as a primary activity.

Overall, the finding that having children under six tends to increase the time women spend on care work as a secondary activity more than it increases the hours spent on care work as a primary activity suggests that taking care of young children is undertaken or reported as a secondary rather than a primary activity.

Estimated demand for care

Female respondents were asked to rank all household members according to the care they receive from carers in the family: full-time care, significant care, minimal care or none. In all countries except Uganda, the subjective estimation of the number of household members needing significant or full-time care did not have a significant effect on the hours of women's care work. This might be linked to measurement issues. In Uganda, having an additional household member that has significant or full-time care needs leads to an increase in the time women spend on multi-tasking by 20 minutes a day.

Illness

For Ethiopian women who had an ill household member in the three months before the interview, there is a 1 hour 5 minutes a day increase in unpaid care work as a primary or secondary activity.

In Colombian households with an ill household member, the difference between men's and women's care responsibility is 3 hours 16 minutes less than in households without an ill member. This suggests that when it comes to exceptional situations such as illness, Colombian men might be more likely to share unpaid care work.

Extended family

Having members from three generations living in the household does not have an effect on any care indicator. This might be the case because elderly people and children can be care givers as well as care receivers.

Household wealth

There is no consistent association between relative household wealth and hours of care work. In Ethiopia, women from the highest relative wealth category do most care work, while in Uganda and Colombia; women from the middle wealth quintile have the highest care loads.²¹

In Ethiopia, women in the highest relative wealth category spend significantly more hours a day on care work as a primary or secondary activity than women from all other wealth groups. A woman in the highest (fifth) quintile does 31 minutes more primary or secondary care work than a woman from the lowest (first) quintile, 2 hours more than a woman from the second quintile, 1 hour 5 minutes more than a woman from the third quintile, and 16 minutes more than a woman from the fourth quintile. This might be related to the cultural significance of care work, with a social desirability for better-off women to undertake more care work or to do less paid and productive work.

In Uganda, women in the middle wealth quintile spend more time on care work as a primary or secondary activity than women from all other wealth groups. Women from the middle wealth

²¹ Based on their answers about asset ownership, households were divided into five wealth quintiles. The analysis compares care work hours for women from the different wealth quintiles (1 = lowest, 5 = highest relative wealth category).

quintile do 1 hour more primary or secondary care work than women from the first quintile, 1 hour 8 minutes more than women from the second quintile, 1 hour 4 minutes more than women from the fourth quintile and 18 minutes more than women from the fifth quintile. The same effect could be observed for care responsibility hours. A woman from the middle wealth quintile has 13 minutes more care responsibility a day than women from the first quintile, 2 hours 15 minutes more than women from the second quintile, 2 hours 37 minutes more than women from the fourth quintile and 1 hour 8 minutes more than women from the fifth quintile.

In Colombia, women in the middle quintile are also engaged in significantly more hours of any care responsibility than those in the other wealth categories. For example, a woman from the middle wealth quintile spends 3 hours 22 minutes more on care responsibility a day than a woman from the lowest wealth quintile. Women in the middle quintile also spend significantly more time on doing at least two care activities at once than those in the other quintiles.

In the Philippines, for households from the highest relative wealth category the difference in the time men and women spend on care work as a primary activity is lower than for households from the first (4 hours 23 minutes), second (7 hours 46 minutes), third (9 hours 2 minutes) or fourth (10 hours 2 minutes) wealth quintile.

Equipment

Having a water tap on the compound or a fuel-efficient stove decreases women's time spent on care work in some contexts, and increases women's care work – especially secondary care – in others. This suggests that some women might use time freed up by labour-saving equipment to care for people.

Fuel-efficient stoves

Fuel-efficient stoves increases or decreases hours spent on care work in different contexts. In Uganda, having a fuel-efficient stove decreases the difference between men's and women's primary care work by 1 hour. A fuel-efficient stove also decreases the time women spend multi-tasking, by 1 hour 27 minutes, and increases women's sleeping time by 27 minutes.

Likewise, in the Philippines, a fuel-efficient stove decreases the time women spend on care work as a primary or secondary activity by 1 hour 43 minutes a day.

In Zimbabwe, a stove seems to have a more contradictory effect. On the one hand, the difference between men's and women's primary care work decreases by 1 hour 47 minutes if the household has a fuel-efficient stove. On the other hand, a fuel-efficient stove increases the time women spend on care work as a primary or secondary activity by 1 hour 28 minutes, and the time spent on any care responsibility by 4 hours 24 minutes. While it may be counterintuitive, this appears to show that having a stove means that women will do less primary care work and engage more in secondary activities. Potentially, a safer stove allows women to cook at the same time as doing something else. An alternative explanation, reversing the direction of influence, could be that households that require more cooking, or where the preference is to cook more, invest in fuel-efficient stoves.

Solar system

No relationships between having a solar power system and women's care work hours could be identified.

Water tap

In Uganda, having a water tap on the compound decreases the time women spend on care work as a primary activity by 1 hour and primary/secondary care hours by 2 hours a day compared to women who have no water tap. A water tap on the compound also increases women's sleeping time by 1 hour 34 minutes a day.

By contrast, in Ethiopia a water tap on the compound increases the number of hours women spend on care responsibility and care multi-tasking by 3 hours 6 minutes and 2 hours 33 minutes respectively. The finding suggests that women with better access to this labour-saving equipment might use the time saved for other types of care work, such as supervising children.

Public infrastructure and services

Access to a public (or government-provided) water source decreases care work in three countries. But access to electricity, healthcare and childcare was only significant in determining women's care work hours in some contexts.

Public (or government-provided) water source

Access to government-provided water infrastructure decreases care work in three countries. In Uganda, women who can access a public water source spend 2 hours 15 minutes less per day on any care responsibility compared to women without public water access. Women with public water access also have lower levels of care multi-tasking (3 hours 9 minutes) compared to women without access (4 hours 30 minutes) at the 95% significant level ($t=2.0637$, $p=0.0397$).

In Colombia, the definition of 'public water source' was understood differently: most houses have piped water, so families who are required to collect water outside the house at a 'public source' are worse off. These women report fewer hours of 'any care responsibility' by 4 hours 41 minutes.

In Ethiopia, women with a public water source spend significantly less time on fetching water (3 hours 30 minutes) than those without access to public water (4 hours 13 minutes; $t=2.712$, $p=0.0072$).

Electricity

In most countries there was no relationship between electricity access and the time women spend on care work. Interestingly, in Colombia, women with access to electricity in the household spend 3 hours 28 minutes more on any care responsibilities compared to women who do not have electricity access. At the same time, Colombian women spend 2 hours 46 minutes less on doing at least two care activities at the same time when they have electricity in the household. This might be the case because electric light allows women to carry out care activities in the evening, which decreases the need to engage in several care activities at the same time.

Colombian women with electricity in the household spend more hours on any care responsibility and less time on care multitasking. Potentially, electric light in the evenings allows women to spread out care activities.

Healthcare

No correlations between access to health facilities and care work hours could be identified. But in Ethiopia, having access to public health facilities increases the time women spend on sleeping by 47 minutes a day.

Childcare²²

Whether a household has access to a childcare centre did not enter any regression model. But in Uganda, women with access to childcare have significantly lower levels of care responsibility hours (8 hours 41 minutes) compared to women without access (11 hours 10 minutes; $t=3.563$,

²² In the Colombian study, it was not possible to test for childcare access as the majority of cases have missing data.

$p=0.009$). This is confirmed when looking specifically at the hours women spend on childcare; women with access to childcare spend about half of the time (14 minutes) on childcare as a primary activity compared to women without childcare access (28 minutes, $t=2.5180$, $p=0.0122$).

SOCIAL NORMS AND PERCEPTIONS

This sub-section summarises descriptive statistics about norms and perceptions related to care work and gender roles. The qualitative exercises of the Rapid Care Analysis (RCA) in the study communities clearly showed that norms and perceptions play an important role in determining care responsibilities. However, variables measuring care-work-related norms and perceptions did not usually have an effect on care work hours.²³

Perceptions of women's and men's contributions to the household

Despite women's higher care work and total work hours, the majority of women and men in all countries except Colombia think that men make the most significant contribution to the household.

Table 37 shows that the majority of men and women consider men's contributions to the well-being of the household to be more significant than women's. For example, although Ethiopian women spend on average an hour a day more on total work than men, only 23% of women said that they contributed more.

Table 37: Gendered contribution (women and men) (%)

	Ethiopia		Colombia		Uganda		Zimbabwe		Philippines	
	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men
<i>Me</i>	23.26	56.25	63.77	30.43	42.49	74.17	44.15	48.40	N/A	N/A
<i>My spouse</i>	71.16	41.42	34.78	60.87	54.93	25.59	44.15	40.43	N/A	N/A
<i>Another woman</i>	1.86	0.45	1.45	8.70	0.94	0.00	5.32	1.06	N/A	N/A
<i>Another man</i>	3.72	1.34	0.00	0.00	0.47	0.24	1.60	1.06	N/A	N/A
<i>Other</i>	0.00	0.45	0.00	0.00	1.17	0.00	0.0	1.06	N/A	N/A
<i>Both of us</i>	N/A	N/A	N/A	N/A	N/A	N/A	4.79	7.45	N/A	N/A
<i>Don't know</i>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.53	N/A	N/A
	*215 obs	*224 obs	*69 obs	*69 obs	*426 obs	*422 obs	*191 obs	*174obs	N/A	N/A

The finding that despite women's higher workloads women and men in three countries consider men's contribution to the household to be more significant than women's, suggests that women's contribution – mostly care work – is less visible and less valuable.

Although Ethiopian women spend an hour a day more on total work than men, 71% of women think that their husbands make the most significant contribution to the household.

²³ Analyses were done for respondents' scores about considering care activities 'work', for their perception of 'skills' required for care activities, and the extent to which they considered care activities 'valuable'.

Perceptions of care work

When asked about specific care activities, most respondents said that care work was valuable, that they considered these activities to be 'work' rather than 'non-work' or leisure, and that the work required skills. Respondents were also asked which care activity was most problematic, with the responses varying considerably across contexts.

Participants were asked whether they thought specific care activities were 'valuable', 'work' and 'skilled'. Table 38 summarises the construction of the 'value', 'work' and 'skills' scales variables.

Table 38: Perceptions of care work variables

Perceptions of care work variables	
Value scale	Additive scale indicating how valuable respondents consider nine care activities
Work scale	Number of care activities that respondents consider work (total of nine activities)
Skills scale	Number of care activities that respondents think require significant skills (total of nine activities)

Do you consider care activities to be work?

The majority of women and men across study countries consider care activities to be work, rather than 'non-work' or leisure. Table 39 shows that there are no striking differences between women and men in terms of how they perceive care activities. Each care activity is considered to be work by between 60% and 100% of women and men in different countries.

Table 39: Do you consider care activities work? (women and men) (%)

	Ethiopia		Colombia		Uganda		Zimbabwe		Philippines	
	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men
Fuel	87.04	97.77	88.24	100	84.29	80.95	89.01	91.15	98.56	95.69
Water	84.33	92.41	67.65	100	80.76	78.76	84.82	88.02	99.05	97.14
Meals	94.44	99.11	91.18	100	83.10	84.41	86.39	85.94	99.52	95.71
Cleaning	89.81	96.00	94.20	100	82.25	80.65	86.91	88.54	99.52	96.19
Clothes	81.02	89.33	95.65	100	84.65	83.92	88.48	90.62	99.52	96.67
Children	96.38	99.11	95.65	100	83.89	83.79	91.10	91.15	98.10	95.24
Elderly	74.53	85.71	96.65	100	82.20	80.20	92.55	91.53	95.24	87.14
Ill/disabled	73.46	83.86	97.65	100	85.68	84.42	92.67	91.62	94.29	86.19
Community	82.87	92.83	94.20	97.1	82.45	82.71	89.47	87.43	94.76	89.05
	*211 - 221 obs	*223 - 225 obs	*68 - 69 obs	*54 - 69 obs	*410 - 421 obs	*394 - 420 obs	*188 - 191 obs	*189 - 192 obs	*209 - 210 obs	*209 - 210 obs

In Uganda, Colombia and Zimbabwe there are no significant differences in work perception scores by sex. In Ethiopia, men compared to women think that significantly more care activities are work (women= 6.67, men=7.92, $t=2.2361$, $\Pr(|T| > |t|)=0.0301$). On the contrary, Filipino women consider more care activities work than men do (women=8.780, men= 8.381, $t=3.3590$, $\Pr(|T| > |t|)=0.0009$).²⁴

Do you think care activities require significant skills?

Most men and women across the five study countries think that care activities require significant skills (see Table 40). But care activities are less often considered 'skilled' than they are considered 'work'. Usually about 50% to 90% of respondents across countries think that care

²⁴ The number of care activities men and women considered work (out of nine) were compared in a t-test.

work requires skills. But in some countries, specific care activities are not considered skilled. For example, only 43.63% of women and 45.43% of men in Uganda think that fuel collection requires skills.

Table 40: Do you think care activities require significant skills? (women and men) (%)

	Ethiopia		Colombia		Uganda		Zimbabwe		Philippines	
	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men
Fuel	50.47	34.08	67.65	100	43.63	45.43	47.12	47.12	56.19	60.48
Water	52.49	45.78	82.35	100	57.07	44.89	46.07	50.26	61.43	60.95
Meals	91.76	85.97	92.75	100	61.08	61.22	53.68	57.07	67.62	65.07
Cleaning	67.21	61.78	91.30	100	50.74	50.26	49.21	50.26	62.20	61.24
Clothes	57.92	50.22	91.30	100	53.60	54.26	49.74	50.00	63.81	61.90
Children	75.45	77.03	92.75	100	60.64	59.27	55.50	61.46	66.67	63.19
Elderly	47.75	48.65	89.86	100	54.41	53.83	55.56	65.96	66.99	58.54
Ill/disabled	48.30	49.11	92.75	100	59.45	60.21	61.78	70.90	67.31	57.84
Community	63.54	57.14	91.04	97.1	54.11	54.21	54.79	64.71	65.55	60.00
	*176 - 214 obs	*221 - 225 obs	*67 - 69 obs	*57 - 69 obs	*397 - 408 obs	*379 - 405 obs	*190 - 191 obs	*187 - 191 obs	*208 - 210 obs	*204 - 210 obs

Similar to the scores on the perception of care activities as 'work', there are no significant differences between women's and men's views on whether care work is skilled in Uganda, Colombia, Zimbabwe and the Philippines. However, in Ethiopia, men more often than women think that care activities require significant skills (women=4.372, men=7.267, $t = -11.04$, $\Pr(|T| > |t|) = 0.000$).²⁵

Are care activities valuable?

The large majority – between 60% and 100% – of female and male respondents across countries think that care activities are valuable. Although there are some differences between care activities and countries, no consistent patterns could be identified (see Table 41).

Table 41: How valuable are care activities? (women and men) (%)

	Ethiopia		Colombia		Uganda		Zimbabwe		Philippines	
	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men
Fuel	75.93	95.96	89.86	93.65	88.04	85.04	91.05	92.11	97.14	97.62
Water	75.93	94.62	91.30	93.75	86.99	84.29	93.16	93.68	98.57	98.10
Meals	71.89	97.78	98.55	95.59	93.72	91.50	92.11	93.68	99.52	98.10
Cleaning	73.73	94.64	100	95.65	87.95	87.19	92.11	93.68	99.05	97.62
Clothes	66.51	86.61	100	94.20	85.61	83.25	92.11	93.68	99.52	97.62
Children	75.93	96.86	100	95.65	90.53	86.48	95.24	95.26	99.05	95.24
Elderly	59.60	82.46	100	95.52	82.76	79.64	95.14	96.26	93.33	87.08
Ill/disabled	56.85	83.25	100	95.52	84.65	81.47	94.18	95.74	90.95	87.08
Community	68.12	81.74	100	97.06	70.44	73.91	88.24	90.96	86.19	88.10
	*197 - 217 obs	*209 - 219 obs	*69 obs	*63 - 69 obs	*404 - 418 obs	*391 - 421 obs	*184 - 190 obs	*187 - 190 obs	*210 obs	*209 - 210 obs

In Uganda, Colombia and the Philippines, women think that unpaid care work is significantly more valuable than men do.²⁶ In Ethiopia, the opposite is the case; men think that unpaid care work is significantly more valuable than women do (women=17.52, men=20.73, $t = -4.3617$,

²⁵ The number of care activities men and women considered skilled (out of nine) were compared in a t-test.

²⁶ Uganda: women=21.76, men=20.55, $t = 3.0296$, $\Pr(|T| > |t|) = 0.0026$; Colombia: women=26.53, men=25, $t = 2.024$, $\Pr(|T| > |t|) = 0.0468$; Philippines: men=25.4381, women=25.4381, $t = 1.6758$, $\Pr(|T| > |t|) = 0.0953$

$\Pr(|T| > |t|) = 0.000$).²⁷ In Zimbabwe, there is no significant difference between men's and women's views on the value of care activities.

Ethiopian men more often than women think that care activities are work, are valuable and require skills. In Uganda, Colombia and the Philippines, women consider care work to be more valuable than men do.

Which care activity is most problematic?

Respondents were asked which care activity they perceived to be 'most problematic', with answers varying across contexts. Childcare is most problematic for women in Ethiopia (40.72%) and the Philippines (30.48%). For women in Uganda and Zimbabwe, water collection is most problematic (20.19% and 40.11% respectively). In Colombia the largest percentage of women (38.24%) consider washing, ironing and mending clothes most problematic. Overall, water collection and childcare are considered the most problematic care activities across countries. Community care is by far the least problematic activity; only up to 3% of women consider community care the most problematic. Further results on the most problematic care activities are summarised in Table 42.

Table 42: Which care activity is most problematic (women) (%)

	Ethiopia	Colombia	Uganda	Zimbabwe	Philippines
<i>None</i>	2.26	16.18	12.99	16.04	N/A
<i>Fuel</i>	4.98	0.00	12.99	22.46	0.48
<i>Water</i>	4.98	14.71	20.19	40.11	7.14
<i>Meals</i>	28.96	10.29	9.51	8.56	16.67
<i>Cleaning</i>	14.48	14.71	3.25	2.67	13.33
<i>Clothes</i>	0.00	38.24	4.41	0.53	5.71
<i>Children</i>	40.72	0.00	13.69	1.07	30.48
<i>Elderly</i>	1.36	4.41	5.80	0.53	21.43
<i>Ill/disabled</i>	2.26	1.47	14.62	2.14	1.90
<i>Community</i>	0.00	0.0	2.55	0.53	2.86
	*221 obs	*68 obs	*431 obs	*187 obs	*210 obs

Entitlement to support with care work

Most women think that they should receive help with care work from other household members, especially from husbands and daughters, but generally not from sons. Women across the study countries also agree that the government should provide support with healthcare, childcare and care for ill and disabled people.

Help from household members

Table 43 shows that the majority of women in the study countries agree or strongly agree that women should receive help with care work from other members of the family (73% Ethiopia, 91% Uganda, 72% Zimbabwe, 98% Philippines).

²⁷ Respondents were asked to rank specific care activities (0 = Not very valuable, 1 = A little valuable, 2 = Somewhat valuable, 3 = Very valuable). The combined means of women's/men's rankings for all nine care activities were compared in a t-test.

Table 43: Should women receive help with care work from other household members? (women) (%)

	Ethiopia	Colombia	Uganda	Zimbabwe	Philippines
<i>Strongly disagree</i>	12.32	N/A	6.73	1.56	0.95 (No)
<i>Disagree</i>	11.85	N/A	1.39	18.23	1.43 (Generally no)
<i>Indifferent</i>	2.37	N/A	1.16	6.77	N/A
<i>Agree</i>	42.18	N/A	51.51	53.13	36.19 (Generally yes)
<i>Strongly agree</i>	31.28	N/A	39.21	19.27	61.43 (Yes)
	*221 obs	N/A	*431 obs	*190 obs	*210 obs

In Ethiopia, Uganda and Zimbabwe, women were asked which household members should help them with care work (see Table 44). The majority of women in Ethiopia and Uganda think that husbands should help, with only a third of Zimbabwean women responding that husbands should help: 55.19% Ethiopia, 58.53% Uganda, 33.82% Zimbabwe. Daughters are the second most often selected group across the three countries (29.87% Ethiopia, 25.46% Uganda, 31.56% Zimbabwe). In Zimbabwe, a small but significant proportion of participants reported that another woman should provide help with care work (18.71%).

One-third to half of women responded that their husbands should help with care work, in Ethiopia, Uganda and Zimbabwe.

The proportion of women wanting their sons to do care work is very low in all countries (3.25% Ethiopia, 4.99% Uganda, 1.44% Zimbabwe).

Only a very small proportion of women think their sons should help them with care work, between 1.4% and 5% in three contexts.

Table 44: From whom should women mainly receive help with care work? (women) (%)

	Ethiopia	Colombia	Uganda	Zimbabwe	Philippines
<i>Husband</i>	55.19	N/A	58.53	33.81	N/A
<i>Daughter</i>	29.87	N/A	25.46	31.56	N/A
<i>Son</i>	3.25	N/A	4.99	1.44	N/A
<i>Other women</i>	5.84	N/A	4.72	18.71	N/A
<i>Other men</i>	1.30	N/A	0.79	2.16	N/A
<i>Other</i>	4.55	N/A	5.51	N/A	N/A
<i>Government</i>	N/A	N/A	N/A	2.16	N/A
<i>NGO</i>	N/A	N/A	N/A	0.72	N/A
<i>Employee</i>	N/A	N/A	N/A	0.72	N/A
<i>Any available</i>	N/A	N/A	N/A	8.63	N/A
	*221 obs	N/A	*431 obs	*190 obs	N/A

Help from the government

The large majority of women across the study countries either agree or strongly agree that the government should provide healthcare, childcare and care for ill/disabled people. This question was included to understand the extent to which respondents perceive care work to be the responsibility of the state and to which they feel entitled to investments and services to facilitate their care work.

Healthcare

Most women across the study countries agree or strongly agree that the government should provide healthcare to help women with care work (87.78% Ethiopia, 100% Colombia, 96% Uganda, 90.91% Zimbabwe, 91.91% Philippines). The results are summarised in Table 45.

Table 45: Do you think the government should provide healthcare to help families with their care work? (%)

	Ethiopia	Colombia	Uganda	Zimbabwe	Philippines
<i>Strongly disagree</i>	1.81	0.00	0.24	0.00	6.19
<i>Disagree</i>	9.50	0.00	1.89	4.28	1.90
<i>Indifferent</i>	0.90	0.00	1.89	4.81	N/A
<i>Agree</i>	34.84	44.12	54.25	54.01	42.86
<i>Strongly agree</i>	52.94	55.88	41.75	36.90	49.05
	*221 obs	*68 obs	*424 obs	*187obs	*210 obs

Childcare

As with the results for healthcare, Table 46 shows that the majority of women agree or strongly agree that the government should provide childcare (88.18% Ethiopia, 100% Colombia, 93.88% Uganda, 88.95% Philippines).

Table 46: Do you think the government should provide childcare to help families with their care work?

	Ethiopia	Colombia	Uganda	Zimbabwe	Philippines
<i>Strongly disagree</i>	4.55	0.00	0.71	1.05	N/A
<i>Disagree</i>	5.91	0.00	3.29	5.26	N/A
<i>Indifferent</i>	1.36	0.00	2.12	4.74	N/A
<i>Agree</i>	30.00	42.03	55.53	52.11	N/A
<i>Strongly agree</i>	58.18	57.97	38.35	36.84	N/A
	*220 obs	*69 obs	*425 obs	*190 obs	N/A

Care for ill and disabled people

Most women also agree or strongly agree that the government should provide care for ill and disabled people to help families reduce care work hours (83.79% Ethiopia, 100% Colombia, 98.34% Uganda, 96.83% Zimbabwe). Table 47 provides an overview of the responses.

Table 47: Do you think the government should provide care for disabled or ill adults to help families with their care work? (%)

	Ethiopia	Colombia	Uganda	Zimbabwe	Philippines
<i>Strongly disagree</i>	3.15	0.00	0.24	0.53	N/A
<i>Disagree</i>	13.06	0.00	0.24	1.06	N/A
<i>Indifferent</i>	0.00	0.00	1.18	1.59	N/A

Agree	27.03	39.13	45.50	53.97	N/A
Strongly agree	56.76	60.87	52.84	42.86	N/A
	*222 obs	*69 obs	*422 obs	*189 obs	N/A

Women's preferences for how to use additional time

The large majority of women in the research communities would engage in leisure activities or in agricultural/income-generating work if their time for care work were reduced. This suggests that reducing care work hours might positively benefit women's well-being and household income.

In four of the study contexts, women's most commonly selected activities if they had less care work are 'leisure, sleep or personal care' (50.73% Ethiopia, 18.84% Colombia, 31.14% Uganda, 37.16% Zimbabwe). Although this is the second most highly ranked activity in the Philippines (25.71%), income-generating work is the most commonly selected (42.38%).

In Uganda and Zimbabwe, many women would do more agricultural work (25.06% Uganda, 19.67% Zimbabwe) and income-generating work (22.63% Uganda, 32.24% Zimbabwe).

In Ethiopia, providing better direct personal care to family members (25.37%) is another top priority. In Colombia, 14.49% of women would seek more training or education. More results are summarised in Table 48.

Table 48: If you had to spend less time on care work what would you do with your extra time? (women) (%)

	Ethiopia	Colombia	Uganda	Zimbabwe	Philippines
More leisure time/sleep/personal care	50.73	18.84	31.14	37.16	25.71
More income-generating work	9.27	13.04	22.63	32.24	42.38
More agriculture	1.95	1.45	25.06	19.67	N/A
Provide better direct personal care	25.37	0.00	13.14	3.83	8.10
Engage in community activities	5.85	7.25	3.41	0.55	0.95
Help neighbours/friends	3.41	4.35	0.97	0.55	0.48
More education/training	0.00	14.49	0.97	2.73	1.43
More religious activities	2.44	4.35	2.19	3.28	N/A
Other	0.98	36.23	0.49	0.00	20.95
	*205 obs	*69 obs	*411 obs	*183 obs	*210 obs

7 CONCLUSION AND DISCUSSION

This section provides an overview of the key research findings, and discusses challenges and omissions in the baseline survey research to be addressed in the HCS follow-up survey.

Overview

The Household Care Survey (HCS) was developed to gather evidence on unpaid care work to improve the design of interventions in rural development programmes and outcomes for women. A first round of implementation of the HCS was carried out in late 2014 in selected communities in five countries: Colombia, Ethiopia, the Philippines, Uganda and Zimbabwe. Oxfam and partners implemented the HCS in modified versions adapted to each context, with the aim of testing approaches to gathering evidence about care work, and exploring factors associated with excessive hours or more equitable division of responsibility of care.

The initial data analysis of the data sets from these HCS baseline surveys has investigated gender- and age-based patterns of care work, unintended gaps in the quality of care work, factors associated with 'heavy' and 'unequal' care work, and care-work-related norms and perceptions in communities in five countries. The analysis has revealed differences and similarities across the five contexts. The findings are discussed in more detail below. In addition, this discussion reflects Oxfam's learning about approaches to gathering evidence on care, and includes recommendations for improvements in the survey instrument for the follow-up survey.

Time use and work hours

In all countries, the research found that women have longer total hours of work than men, men spend more time on paid work than women, and women have longer hours of care work. Women's hours of care responsibility extend further, and the inequality between women's and men's hours of care work is greater, when simultaneous activities are taken into account, both secondary activities and hours with 'responsibility to look after dependents'. Further data analysis would be required about simultaneous productive and paid work activities in respondents' time use.

Determinants of patterns of care work

There are several determinants of women's care work patterns in the different study countries. When women do more paid and productive work this is associated with lower hours of care as a primary activity, but in most contexts not with secondary activity, nor with hours of supervision of dependents in all study countries. In most countries, having children under six years old increases hours of care as a secondary activity and supervision hours, but not care work as a primary activity. Wealth, education and group participation are less significant in shaping care work hours. Access to a public water source decreases care work in three countries. No determinants of men's care work could be identified. In all study countries, oldest daughters engage more in care activities than oldest sons, with particularly high differences for water collection and cooking. Significant proportions of girls engage in care activities on a daily basis.

The variables constructed around respondents' norms and perceptions of care work and gender roles were not found to be significantly associated with hours of care work, but this might be linked to measurement issues, discussed below. Despite women's higher total work hours, the majority of women and men in most countries consider that men make the most significant contribution to the well-being of the household. But when asked about specific care activities, most respondents thought that care work was 'valuable', considered care activities to be 'work' and that care tasks required 'skills'. The majority of respondents think that women should

receive help with care work from the government and other household members – especially from husbands and daughters, but generally not from sons.

The pressures on women's time were evident, as half of women responded that they had not had time to cook or prepare clean clothes at least once in the last seven days. A minority of women reported instances of leaving small children or dependent adults alone; it was more common to neglect domestic chores when under time pressure. If women's hours of care work were reduced, women indicate that they would choose to engage more in leisure activities or in agricultural or other income-generating work.

Implications and suggestions

In addition to generating evidence on care work in the project countries, the baseline HCS also contributed to developing approaches on the measurement of care work and of women's empowerment to negotiate care responsibilities. Some challenges and omissions in the baseline survey research that should be addressed in the HCS follow-up survey are outlined below.

Measuring care work

Three main implications for measuring care work emerge from the HCS. First, the approach to measuring time use with a one-day recall was found to be workable with the enumerators and accurate enough to be useful. Rather than looking only at the primary activities in each hour, the study developed a methodology to account for care work that might be carried out as a simultaneous activity. In particular, the study included the innovation of two additional questions on whether respondents were responsible for looking after a child or dependent adult during each hour of the day. This was successful in capturing less visible care responsibilities.

The research findings show that measuring secondary and supervision care activities is important to better understand care work and its determinants. Factors often had different effects on care as a primary or secondary activity or the variable of 'any care responsibility', which includes hours responsible for supervision. For example, in Zimbabwe a fuel-efficient stove tends to decrease care as a primary activity but to increase overall care responsibility (including secondary care and supervision) for women. This emphasises the importance of accounting for supervision as part of care work in time-use measurements.

Potential shortcomings of the HCS methodology using a one-day recall might be that some activities were not captured, especially activities that take less than an hour. The meaning of a simultaneous activity might not have been clear in some contexts. For example, respondents might have reported two activities they engaged in during a particular hour rather than two activities they undertook at the same time. The qualitative focus group exercises (RCAs) done in the same communities showed that probing for secondary activities was extremely important. Not all enumerators might have probed to the same extent to capture secondary activities. These points should be considered to improve the follow-up survey.

Second, the research suggests that it is useful to distinguish between different care activities to better understand the nuances and determinants of gendered patterns of care. The data analysis done here often used indicators that combined a range of care activities. But findings suggest that there are differences between care activities, for example, between direct care of people, on the one hand, and housework, on the other. Likewise, the analysis of the respondents' perception of the value of care work shows that both men and women tend to value certain care activities differently. The questions on care work and time constraints also highlight that women across the study countries are more likely not to find time to cook, prepare clothes or undertake personal care than to leave children or dependent adults unsupervised. Men might also be more likely to engage in some care activities than others. For example, in Uganda, although women have higher overall care workloads, men spend significantly more hours on water collection than women. These differences between care activities – especially

between direct person care and domestic work activities – need further investigation. Additional analysis could be done to explore whether factors are associated with shaping patterns of care, differentiating between tasks that are more and less highly valued.

A third point of discussion is the measurement of men's care work. The survey might have underreported men's care work. Due to hegemonic views of masculinity and dominant social norms, men might also have underreported care work to emphasise their masculinity. Related to normative expectations of masculine behaviour, men might do care work under less visible circumstances. For example, during an RCA focus group in the Philippines, some men said that they would wash clothes if they had a washing facility inside but would not wash clothes where they could be seen, outside the house.

Furthermore, the survey analysis intentionally defines 'care work' as care of people and housework, as these have typically been the least visible activities and those for which there is the least evidence. This definition excludes some activities that men consider to be the ways that they care for their families. For example, in Uganda, men in the RCA said that they would 'teach' the children rather than 'care for' the children. Many men also said that they would buy clothes or food to care for the family – however, this research is focused on activities and work, rather than gendered household finance. Construction or repairing household furniture is usually not included in definitions of care work in international research, and was not defined as 'care' in this study. To better capture complexities and nuances of women's as well as men's care work, further analysis of the meaning and nature of care work in specific local contexts is essential.

Measuring care-work-related norms and perceptions

Social norms and perceptions play an important part in determining gender roles in general, and care responsibilities in particular. The study aimed to capture social norms in a survey focused on time-use measurement. The respondents were asked about their views on care work, on gendered roles and on normative care responsibilities. Incorporating norms can enable better understanding of mechanisms that shape time-use patterns and care work hours.

However, our learning is that some of the questions on norms did not capture what they were intended to. This learning was apparent through comparing the findings of this survey with the qualitative research done in the same communities. A large majority of the respondents of the HCS – both women and men, across all countries – thought that care work was valuable and skilled. A different picture emerged from the RCAs and answers to other questions in the survey. For example, in four out of five countries, women and men think that men contribute more to the well-being of the household than women, even though women have more total work hours.

The authors recommend two improvements to the survey instrument for the follow-up survey. The first recommendation is to change the order of the questions. When respondents were asked how valuable care activities were, they had already been asked to report how much time different members of the household spend on the same care activities. Hence, a social desirability bias might have encouraged respondents to report high values for care activities. The second recommendation is to ask respondents to rank the value of care activities in comparison to paid and productive work or other activities. This study provides information on what care tasks are valued relative to other care tasks, but not much insight into the perceived value of unpaid care work as an area of work. A comparative approach was piloted in a survey in Malawi in April.

The study also asked who should be responsible for care work and what women and men are naturally good at. An inherent problem in asking such questions is that respondents might be 'pushed' to give stereotypical answers. In other words, social norms might affect people's answers to social-norms-related questions. A suggestion would be to extend questions to include respondents' reference groups. One could, for example, ask questions about what a

respondent thinks others do and want him/her to do, in terms of care work or other activities.²⁸ Talking about other people rather than oneself might help to mitigate social desirability biases. Questions that include the reference group might also be better able to capture the relational and multi-layered dimension of social norms. With regards to the questions about care responsibility, it might be useful to provide more options in order to capture care responsibility under particular circumstances. For example, in some contexts it might be socially and culturally acceptable for men to do care work if their wives are sick, absent or overworked. Capturing 'official' or 'usual' care responsibilities, as well as pragmatic reworking of these responsibilities, might be useful to better understand care work patterns.

Additional dimensions

Care work is a cross-cutting and multi-layered phenomenon. Although the HCS took a holistic approach and incorporated a variety of different factors, some important dimensions were not included. First, measuring violence against women and gender-based violence was missing from the research project. However, violence might play an important role in shaping the allocation of care work at the household level. Experiences of violence can negatively affect women's confidence and bargaining power, and the fear of violence might prevent women from speaking up to redistribute or reduce care work. For example, during an RCA in Uganda, some women said that they did care work because otherwise their husbands would beat them.

Second, it might be interesting to include more questions on decision-making in areas other than care work. The factors that are often conceptualised as proxies for bargaining power, such as education or income, did not have a clear effect on care work allocations, especially not on men's care work. We do not know whether this is the case because in the specific contexts the factors are inadequate proxies for bargaining power, or because care work is something that is not easily bargained over. Asking for other outcomes of intra-household decision-making – such as expenditure or decision-making in production – might help to explain the findings on care work. Potentially, bargaining power proxies might have an effect on decision-making in other areas but not on the allocation of care responsibilities.

Third, more emphasis on children's time use would be useful. Although the WE-Care initiative aims to recognise, reduce and redistribute unpaid care work for women and girls, the focus of the survey was on women. The questionnaire included a subjective estimation of the frequency with which the oldest daughter, son and another selected person engaged in care work. But this methodology only provided limited insight into care work patterns across generations. Caring norms are often formed at a young age, although boys frequently do more care work than men. Girls' high caring duties might negatively affect their school performance and health. Reducing women's care work can also potentially increase girls' care work hours, something that needs to be considered in project design. For these reasons, more detailed measurement of children's time use would be useful for the follow-up survey. Ideally, children should be included as research participants.

It might also be interesting to look more at other groups who could be responsible for care work. Help from non-household members seemed to be common in many of the countries where WE-Care research is being implemented. For example, in Zimbabwe, a high proportion of participants think that another woman should provide help with care work.

These omissions might have biased the results of the HCS baseline data analysis. There might be omitted variables influencing care work and determinants of care work. It is essential to emphasise that rather than claiming causal relationships, the data only allow us to look at

²⁸ For example about what the respondent does, what the respondent believes others do, what the respondent believes about what others believe she/he does, what the respondent believes she/he should do, what the respondent believes others should do, what the respondent believes about what others believe she/he should do (Mackie et al. 2012, p.31).

correlations. The HCS baseline data analysis was an attempt to shed light on care work patterns and to understand determinants of care work in five study contexts. It serves as a starting point for the HCS follow-up survey and hopes to inspire other research projects.

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APPENDICES

APPENDIX 1: SAMPLING FRAME

Uganda – Lamwo district

Sub-county	Parish	Village
Lokung (84 households)	Dibolyec (42 households)	Aweno Olwi (21 households) Ywaya East (21 households)
	Pangira (42 households)	Okora Central (21 households) Okora West (21 households)
Palabek Ogili (84 households)	Lugwar (42 households)	Agworo East (21 households) Lugwar Central (21 households)
	Padwat (42 households)	Padwat South (21 households) Padwat West (21 households)
Palabek Kal (84 households)	Kal (42 households)	Guru Guru (21 households) Pauma North (21 households)
	Lamwo 42 households)	Agora (21 households) Orom East (21 households)
Padibe West (84 households)	Lagwel 42 households)	Lomura (21 households) Paibwoch West (21 households)
	Madi-kiloc (42 households)	Agolo (21 households) Tegot (21 households)
Palabek Gem (84 households)	Cubu 42 households)	Abam (21 households) Abera (21 households)
	Moroto (42 households)	Kamama Central (21 households) Katum (21 households)
Padibe East (84 households)	Kuluye (42 households)	Atwol(21 households) Lotibol (21 households)
	Wangtit (42 households)	Locken East (21 households) Wigweng North (21 households)

Ethiopia – Oromia Region

District	Sample <i>kebele</i>	Number of households per <i>kebele</i>
Adamitulu – Judo Kombolcha	Negalign	27
	Haleku	16
	Dodicha	47
	Abbayi Dannaba (Control Group)	40
Arsi-Negele	Qaraaruu	22
	Bukuu Wolda	25
	Argeda Sheldo	23
Kofele	Hulabara	20
	Guchi	20
TOTAL		240

Colombia – Boyaca Department

Department	Municipality	Total beneficiaries	Participation (%)
Boyacá	Paipa	33	21%
	Tuta	30	19%
	Moniquirá	23	14%
	Duitama	21	13%
	Guateque	16	10%
	Ráquira	12	8%
	Nuevo Colón	9	6%
	Saboyá	8	5%
	Gachantivá	4	3%
	Arcabuco	4	3%
	Total	160	100%

Zimbabwe

Village	Number of households
Ruzibe	42
Makaya	50
Ndaba	82
Sinini	18
Zivanai	20
Mdonga	22
Manyonga	14
Maboyane	10
Nyika	12
Mukwekwe	42
Mxotshwa	20
Mabele	22
Msindo	20
Machipisa	10
Total	384

APPENDIX 2: HOUSEHOLD DATA

Children under six per family (%)

	Ethiopia	Colombia	Uganda	Zimbabwe	Philippines
0	21.67	85.51	37.82	30.73	32.38
1	31.67	13.04	29.93	44.27	31.90
2	32.50	1.45	24.83	20.83	19.05
3	10.83	-	6.73	3.12	13.81
4	3.33	-	0.46	1.04	2.86
5	-	-	0.23	-	-
	*240 obs	*69 obs	*431 obs	192 obs	*210 obs

Households with [NUMBER] of elderly and disabled (%)

	Ethiopia	Colombia	Uganda	Zimbabwe	Philippines
0	95.42	62.32	85.85	61.46	
1	4.58	28.99	11.14	19.79	
2	-	7.25	2.78	17.71	
3	-	1.45	0.23	1.04	
	*240 obs	*69 obs	*431 obs	192 obs	*210 obs

Households [NUMBER] of people (%)

	Ethiopia	Colombia	Uganda	Zimbabwe	Philippines
<i>Mean (number of people per household)</i>	7.03 (number of people)		7.03 (number of people)		
2	1.67	23.19	4.65	4.19	4.29
3	5.42	17.39	10.47	10.99	10.95
4	9.17	31.88	14.42	17.28	10.00
5	7.08	15.94	16.28	23.56	10.95
6	13.75	11.59	15.12	19.37	17.62
7	15.42	-	13.72	9.42	16.19
8	18.33	-	10.93	7.33	15.24
9	17.08	-	4.88	3.66	4.29
10	12.08	-	4.19	3.14	3.81
11	-	-	3.72	1.05	1.90

12	-	-	0.70	-	1.90
13	-	-	0.47	-	1.90
14	-	-	0.47	-	0.95
	*240 obs	*69 obs	*430 obs	*191 obs	*210 obs

Do you use publicly provided electricity in your house? (%)

	Ethiopia	Colombia	Uganda	Zimbabwe	Philippines
Yes	38.99	44.93	5.80	0.58	92.86
No	61.01	55.07	94.20	99.42	7.14
	*218 obs	*69 obs	*431 obs	172 obs	*210 obs

Do you have a fuel-efficient stove? (%)

	Ethiopia	Colombia	Uganda	Zimbabwe	Philippines
Yes	25.11	84.06	51.04	17.19	13.81
No	74.89	15.94	48.96	82.81	86.19
	*223 obs	*69 obs	*431 obs	192 obs	*210 obs

Do you have a water tap on the compound (%)

	Ethiopia	Colombia	Uganda	Zimbabwe	Philippines
Yes	14.8	91.3	5.1	4.69	42.38
No	85.2	8.7	94.9	95.31	57.62
	*223 obs	*11 obs	*431 obs	165 obs	*210 obs

Distance from water source (%)

	Ethiopia	Colombia	Uganda	Zimbabwe	Philippines
<i>Compound</i>	24.83	0.00	14.17	0.00	N/A
<i>Very close</i> (0.1 – 0.5 Km)	52.35	0.00 (1 – 5 m)	50.00 (0.1 – 0.5 mi)	0.55 (0.1 – 0.5 m)	N/A
<i>Close</i> (0.6 – 1.0 Km)	13.42	0.00 (6 – 10 m)	19.72 (0.6 – 1.0 mi)	0.55 (0.6 – 1.0 m)	N/A
<i>Some distance</i> (1.1 – 2.0 Km)	5.37	0.00 (11 – 20 m)	8.89 (1.1 – 2.0 mi)	14.80 (1.1 – 2.0 m)	N/A
<i>Far</i> (2.1 – 3.0 Km)	3.36	0.00 (21 – 30 m)	4.17 (2.1 – 3.0 mil)	15.90 (2.1 – 3.0 m)	N/A
<i>Very far</i> (More than 3 Km)	0.67	100.00 (More than 30 m)	3.06 (More than 3 mi)	68.10 (More than 3 m)	N/A
	*149 obs	*5 obs	360 obs	191 obs	N/A

Do you have access to a child daycare centre? (%)

	Ethiopia	Colombia	Uganda	Zimbabwe	Philippines
Yes	25.56	45.45	32.95	54.55	14.76
No	74.44	54.55	67.05	45.45	85.24
	*223 obs	*11 obs	*431 obs	165 obs	*210 obs

APPENDIX 3: REGRESSION RESULTS

Standard errors are in parentheses

* significant at 10% level

** significant at 5% level

*** significant at 1% level

Ethiopia

DEPENDENT VARIABLE: Differences in primary care hours between men and women	
OLS estimates	
<i>Women's paid activities hours</i>	-2.500*** (0.46)
<i>Men's age</i>	-0.255* (0.125)
<i>Men's value score</i>	0.444 (0.233)
<i>Constant</i>	30.773*** (6.763)
<i>R-squared</i>	0.158
<i>N</i>	192

DEPENDENT VARIABLE: Women's primary care hours	
OLS estimates	
<i>Differences in primary care hours between men and women</i>	0.155*** (0.007)
<i>Women's paid activities hours</i>	-0.185*** (0.052)
<i>Accident</i>	1.225*** (0.302)
<i>Constant</i>	2.827*** (0.281)
<i>R-squared</i>	0.744
<i>N</i>	225

DEPENDENT VARIABLE: Women's primary or secondary care hours	
OLS estimates	
<i>Women's paid activities hours</i>	-0.498*** (0.104)
<i>Men's age</i>	-0.073** (0.026)
<i>Illness</i>	1.089* (0.546)

<i>Accident</i>	1.745* (0.68)
<i>Wealth – ref richest</i>	
<i>1. wealth</i>	-0.52 (0.833)
<i>2. wealth</i>	-1.934* (0.831)
<i>3. wealth</i>	-1.842* (0.829)
<i>4. wealth</i>	-1.079 (0.814)
<i>Constant</i>	12.938*** (1.21)
<i>R-squared</i>	0.147
<i>N</i>	217

DEPENDENT VARIABLE: Women's responsibility care hours	
OLS estimates	
<i>Differences in primary care hours between men and women</i>	0.125*** (0.026)
<i>Education – ref complete primary</i>	
<i>None/incomplete primary</i>	1.533 (1.172)
<i>Secondary/tertiary</i>	6.354* (2.448)
<i>Water tap</i>	3.105* (1.244)
<i>Constant</i>	9.536*** (1.367)
<i>R-squared</i>	0.128
<i>N</i>	208

DEPENDENT VARIABLE: Women's multi-tasking hours	
OLS Estimates	
<i>Differences in Primary Care hours between Men and Women</i>	0.122*** (0.02)
<i>Education – ref sec/tertiary</i>	
<i>No education</i>	-4.413* (1.777)
<i>Primary education</i>	-5.775** (1.905)
<i>Water tap</i>	2.554** (0.965)

<i>Children under six</i>	0.692* (0.322)
<i>Constant</i>	7.225*** (1.856)
<i>R-squared</i>	0.199
<i>N</i>	208

DEPENDENT VARIABLE: Women's care values score	
OLS estimates	
<i>Accident</i>	4.546*** (1.24)
<i>Women's paid activities hours</i>	0.467* (0.19)
<i>Water tap</i>	7.061*** (1.504)
<i>Electricity</i>	-5.047*** (1.085)
<i>Healthcare access</i>	2.378* (1.058)
<i>1b. wealth</i>	-
<i>2. wealth</i>	2.353 (1.529)
<i>3. wealth</i>	2.156 (1.542)
<i>4. wealth</i>	4.297** (1.511)
<i>5. wealth</i>	2.66 (1.507)
<i>Constant</i>	10.552*** (1.606)
<i>R-squared</i>	0.233
<i>N</i>	218

DEPENDENT VARIABLE: Women's sleep hours	
OLS estimates	
<i>Women's primary care hours</i>	-0.100* (0.041)
<i>Healthcare access</i>	0.790** (0.251)
<i>Women's multi-tasking hours</i>	-0.049* (0.024)
<i>Constant</i>	7.476*** (0.315)
<i>R-squared</i>	0.107
<i>N</i>	223

Uganda

DEPENDENT VARIABLE: Differences in primary care hours between men and women	
OLS estimates	
<i>Women's paid activity hours</i>	-1.176*** (0.19)
<i>Fuel-efficient stove</i>	-4.210*** (1.266)
<i>Constant</i>	24.472*** (1.451)
<i>R-squared</i>	0.094
<i>N</i>	426

DEPENDENT VARIABLE: Differences in primary care hours between men and women	
OLS estimates	
<i>Women's paid activity hours</i>	0.194 (0.148)
<i>Fuel-efficient stove</i>	-1.837* (0.891)
<i>Women's primary care hours</i>	3.795*** (0.18)
<i>Constant</i>	-3.484* (1.667)
<i>R-squared</i>	0.559 (1.667)
<i>N</i>	426

DEPENDENT VARIABLE: Women's primary care hours	
OLS estimates	
<i>Differences in primary care hours between men and women</i>	0.124*** (0.007)
<i>Women's paid activity hours</i>	-0.208*** (0.027)
<i>Women's responsibility care hours</i>	0.065*** (0.013)
<i>Water tap</i>	-0.956* (0.383)
<i>Children under six</i>	-0.164 (0.094)
<i>Constant</i>	3.877*** (0.255)
<i>R-squared</i>	0.622
<i>N</i>	378

DEPENDENT VARIABLE: Women's primary or secondary care hours	
OLS estimates	
<i>Differences in primary care hours between men and women</i>	0.151*** (0.012)
<i>Wealth ref middle</i>	
<i>1.wealth</i>	-0.995 (0.519)
<i>2.wealth</i>	-1.135* (0.518)
<i>4.wealth</i>	-1.109* (0.52)
<i>5.wealth</i>	-0.306 (0.517)
<i>Women's age</i>	-0.065*** (0.014)
<i>Water tap</i>	-2.009** (0.726)
<i>Constant</i>	6.752*** (0.69)
<i>R-squared</i>	0.314
<i>N</i>	418

DEPENDENT VARIABLE: Women's responsibility care hours	
OLS estimates	
<i>Differences in primary care hours between men and women</i>	0.123*** (0.022)
<i>Wealth, ref middle</i>	
<i>1.wealth</i>	-0.209 (0.96)
<i>2.wealth</i>	-2.255* (0.965)
<i>4.wealth</i>	-2.942** (0.962)
<i>5.wealth</i>	-1.14 (0.96)
<i>Women's age</i>	-0.166*** (0.027)
<i>Care demand</i>	0.732*** (0.122)
<i>Public water source access</i>	-2.258* (0.897)
<i>Children under six</i>	1.353*** (0.338)
<i>Constant</i>	14.226*** (1.621)
<i>R-squared</i>	0.288
<i>N</i>	418

DEPENDENT VARIABLE: Women's multi-tasking hours	
OLS estimates	
<i>Differences in primary care hours between men and women</i>	0.072*** (0.014)
<i>Women's age</i>	-0.083*** (0.017)
<i>Care demand</i>	0.324*** (0.074)
<i>Children under six</i>	0.713*** (0.204)
<i>Fuel-efficient stove</i>	-1.448*** (0.379)
<i>Constant</i>	4.339*** (0.771)

DEPENDENT VARIABLE: Women's care values score	
OLS estimates	
<i>Men's care values score</i>	0.341*** (0.039)
<i>Solar system</i>	-5.518*** (1.29)
<i>Women's responsibility care hours</i>	0.087* (0.041)
<i>Constant</i>	14.177*** (0.933)
<i>R-squared</i>	0.178
<i>N</i>	426

DEPENDENT VARIABLE: Women's sleep hours	
OLS Estimates	
<i>Women's primary care hours</i>	-0.162*** (0.032)
<i>Women's paid activity hours</i>	-0.166*** (0.027)
<i>Men's group membership</i>	-0.396* (0.174)
<i>Women's control over savings</i>	0.580** (0.186)
<i>Water tap</i>	1.572*** (0.347)
<i>Fuel-efficient stove</i>	0.450** (0.162)
<i>Constant</i>	9.300*** (0.306)
<i>R-squared</i>	0.2
<i>N</i>	385

Colombia

DEPENDENT VARIABLE: Differences in primary care hours between men and women	
OLS estimates	
<i>Women's responsibility care hours</i>	1.629*** (0.284)
<i>Women's paid activity hours</i>	-1.103** (0.36)
<i>Women's multi-tasking care hours</i>	-2.210* (1.03)
<i>Men's responsibility care hours</i>	-0.884** (0.325)
<i>Women's group membership</i>	-17.387* (8.59)
<i>Constant</i>	42.660* (17.116)
<i>R-squared</i>	0.444
<i>N</i>	51

DEPENDENT VARIABLE: Women's primary care hours	
OLS estimates	
<i>Differences in primary care hours between men and women</i>	0.119*** (0.015)
<i>Women's paid activity hours</i>	-0.161** (0.047)
<i>Women's responsibility care hours</i>	0.194*** (0.045)
<i>Women's age</i>	0.034* (0.016)
<i>Women's multi-tasking care hours</i>	-0.107 (0.056)
<i>Constant</i>	0.65 (0.892)
<i>N</i>	69
<i>R-squared</i>	75.65

DEPENDENT VARIABLE: Women's primary or secondary care hours	
OLS estimates	
<i>Women's multi-tasking care hours</i>	0.564** (0.2)
<i>Children under six</i>	3.346* (1.287)
<i>Constant</i>	6.174*** (0.591)
<i>R-squared</i>	0.17
<i>N</i>	69

DEPENDENT VARIABLE: Women's responsibility care hours	
OLS estimates	
<i>Women's multi-tasking care hours</i>	0.789*** (0.078)
<i>Men's responsibility care hours</i>	0.339*** (0.074)
<i>Wealth ref: poorest</i>	
<i>1. wealth</i>	0.429 (1.19)
<i>3. wealth</i>	3.380** (1.238)
<i>4. wealth</i>	-0.445 (1.172)
<i>5. wealth</i>	0.743 (1.187)
<i>Children under six</i>	2.555* (0.973)
<i>Electricity</i>	3.481*** (0.771)
<i>Public water source access</i>	-4.691** (1.611)
<i>Constant</i>	2.087 (0.911)
<i>R-squared</i>	0.811
<i>N</i>	69

DEPENDENT VARIABLE: Women's multi-tasking care hours	
OLS estimates	
<i>Women's responsibility care hours</i>	0.709*** (0.056)
<i>Electricity</i>	-2.729*** (0.776)
<i>Men's primary care hours</i>	-0.366* (0.171)
<i>Constant</i>	-0.457 (0.674)
<i>R-squared</i>	0.703
<i>N</i>	67

DEPENDENT VARIABLE: Women's care values score	
OLS estimates	
<i>Women's care skills score</i>	0.327*** (0.09)
<i>Constant</i>	23.597*** (0.737)
<i>R-squared</i>	0.16
<i>N</i>	66

DEPENDENT VARIABLE: Women's sleep hours	
OLS estimates	
<i>Economic hours</i>	-0.192*** (0.051)
<i>Household members</i>	-0.374* (0.141)
<i>Men's water hours</i>	1.532* (0.733)
<i>Constant</i>	8.818*** (0.630)
<i>R-squared</i>	0.238
<i>N</i>	69

Zimbabwe

DEPENDENT VARIABLE: Differences in primary care hours between men and women	
OLS estimates	
<i>Women's multi-tasking care hours</i>	-2.274*** (0.178)
<i>Women's primary care hours</i>	1.457*** (0.187)
<i>Fuel-efficient stove</i>	-7.429*** (1.747)
<i>Women's responsibility care hours</i>	0.319** (0.112)
<i>Women's income</i>	-0.009* (0.004)
<i>Women's urban exposure</i>	-2.471* (1.245)
<i>Constant</i>	-4.245** (1.373)
<i>R-squared</i>	0.651
<i>N</i>	161

DEPENDENT VARIABLE: Women's primary care hours	
OLS estimates	
<i>Women's paid activity hours</i>	-0.379*** (0.058)
<i>Women's age</i>	-0.082*** (0.013)
<i>Household members</i>	0.092** (0.031)
<i>Constant</i>	9.150*** (0.62)
<i>R-squared</i>	0.306
<i>N</i>	192

DEPENDENT VARIABLE: Women's primary or secondary care hours	
OLS estimates	
<i>Differences in primary care hours between men and women</i>	-0.193*** (0.018)
<i>Women's paid activity hours</i>	-0.373*** (0.058)
<i>Women's age</i>	-0.082*** (0.013)
<i>Household members</i>	0.093** (0.03)
<i>Fuel-efficient stove</i>	1.473* (0.591)
<i>Constant</i>	9.088*** (0.62)
<i>R-squared</i>	0.577
<i>N</i>	192

DEPENDENT VARIABLE: Women's responsibility care hours	
OLS estimates	
<i>Women's age</i>	-0.156*** (0.031)
<i>Fuel-efficient stove</i>	4.404** (1.427)
<i>Accident</i>	-0.034** (0.012)
<i>Women's paid activity hours</i>	-0.475*** (0.14)
<i>Differences in primary care hours between men and women</i>	-0.116** (0.041)
<i>Men's urban exposure</i>	-2.681* (1.348)
<i>Constant</i>	21.359*** (1.743)
<i>R-squared</i>	0.37
<i>N</i>	161

DEPENDENT VARIABLE: Women's multi-tasking care hours	
OLS estimates	
<i>Differences in primary care hours between men and women</i>	-0.234*** (0.019)
<i>Women's paid activity hours</i>	-0.347*** (0.065)
<i>Women's age</i>	-0.055*** (0.016)

<i>Children under six</i>	0.714* (0.283)
<i>Household members</i>	0.086* (0.034)
<i>Men's urban exposure</i>	-1.346* (0.616)
<i>Constant</i>	6.035*** (0.881)
<i>R-squared</i>	0.55
<i>N</i>	191

DEPENDENT VARIABLE: Women's care values score	
OLS estimates	
<i>Men's care values score</i>	0.260** (0.084)
<i>Three water basins²⁹ (equipment to facilitate washing)</i>	2.004* (0.875)
<i>Care demand</i>	-0.632** (0.218)
<i>Women's group membership</i>	1.583 (0.851)
<i>Constant</i>	18.171*** (2.178)
<i>R-squared</i>	0.118
<i>N</i>	161

DEPENDENT VARIABLE: Women's sleep	
OLS estimates	
<i>Three water basins</i>	-0.489 (0.271)
<i>Solar system</i>	-0.783** (0.262)
<i>Wealth ref: poorest</i>	
<i>2. wealth</i>	0.434 (0.391)
<i>3. wealth</i>	0.970* (0.396)
<i>4. wealth</i>	0.936* (0.406)
<i>5. wealth</i>	0.147 (0.409)
<i>Constant</i>	7.957*** (0.342)
<i>R-squared</i>	0.095
<i>N</i>	192

²⁹ This refers to owning at least 3 water basins.

Philippines

DEPENDENT VARIABLE: Differences in primary care hours between men and women	
OLS estimates	
<i>Wealth ref: richest</i>	
<i>1. wealth</i>	4.40 (3.01)
<i>2. wealth</i>	7.78** (3.01)
<i>3. wealth</i>	9.04*** (2.99)
<i>4. wealth</i>	10.04*** (2.99)
<i>Women's paid activities hours</i>	-3.026*** (0.311)
<i>Constant</i>	32.614*** (2.187)
<i>R-squared</i>	0.339
<i>N</i>	210

DEPENDENT VARIABLE: Women's primary care hours	
OLS Estimates	
<i>Women's paid activities hours</i>	-0.732*** (0.061)
<i>Location ref: Bubong</i>	
<i>1. Balindong</i>	2.000*** (0.444)
<i>2. Saiguran</i>	1.396** (0.448)
<i>Children under six</i>	0.366* (0.166)
<i>Constant</i>	7.859*** (0.402)
<i>R-squared</i>	0.476
<i>N</i>	206

DEPENDENT VARIABLE: Women's primary or secondary care hours	
OLS estimates	
<i>Women's paid activities hours</i>	-0.539*** (0.081)
<i>Children under six</i>	1.210*** (0.223)
<i>Fuel-efficient stove</i>	-1.712* (0.727)

<i>Constant</i>	9.767*** (0.453)
<i>R-squared</i>	0.32
<i>N</i>	206

DEPENDENT VARIABLE: Women's responsibility care hours	
OLS estimates	
<i>Women's paid activities hours</i>	-0.720*** (0.113)
<i>Children under six</i>	1.447*** (0.309)
<i>Women's values score</i>	0.341** (0.104)
<i>Constant</i>	(3.169 (2.694)
<i>R-squared</i>	0.291
<i>N</i>	206

DEPENDENT VARIABLE: Women's multi-tasking hours	
OLS estimates	
<i>Women's paid activities hours</i>	-0.339*** 0.09
<i>Children under six</i>	1.384*** 0.245
<i>Women's values score</i>	0.238** 0.082
<i>Ownership of a wheelchair (equipment to facilitate care of dependent adults)</i>	-3.561* 1.607
<i>Constant</i>	-1.532 2.14
<i>R-squared</i>	0.243
<i>N</i>	206

APPENDIX 5: GENERIC QUESTIONNAIRE

EXAMPLE OF GENERIC QUESTIONNAIRE USED IN ETHIOPIA

Household Care Survey Questionnaire for MEN

Woreda/District:		
Kebelle:		
Village:		
Household number:	_ _ _ _ _ _ _	
Respondent's name:		
Interviewer's name and number:		_
Date (dd/mm/yy):/...../.....	
Start time::.....AM / PM	
Finish time::.....AM / PM	

Greet the respondent, then give them this introduction:

My name is _____. I am working with Oxfam/ Rift Valley Children & Women Development Organization/RCWDO. We are carrying out a survey to help us understand about care work in households and the community. We aim to follow up on these questionnaires to interview people again in about 12 months.

There is no material compensation for participating in the survey and no special support will come to your household as a result of your responses to the questions. Your participation is completely voluntary. I want to assure you that it is fine if you decide not to answer a particular question or wish to discontinue the questionnaire altogether at any point.

The records of this research will be kept private. In any publication based on this questionnaire, any information that will make it possible to identify participants will not be included.

We are interested in what you think about the questions. Feel free to make any comment; there are no wrong or right answers!

Do you have any questions about what I have mentioned so far?

Are you willing to spend approximately 1 hour participating in this survey?

If the respondent agrees, tick this box

☐

To be filled in after the interview:

1004: For enumerators only		
Did you have to interrupt the interview because someone was trying to listen or interfered in any other way?	1= Yes once 2 = Yes, more than once 3 = No	_

ENUMERATOR'S COMMENTS	SUPERVISOR'S COMMENTS

Reviewed by: _____
 Data entry done by: _____
 Data entry reviewed by: _____

Date:/...../.....
 Date:/...../.....
 Date:/...../.....

1) Personal Information

I will first ask you about some personal information.

101	What is your religion?	0 = No religion → skip to 104 1 = Catholic 2 = Protestant/ Anglican 3 = Orthodox 4 = Wakefcha 5 = Muslim 6 = Other: _____	_
102	<i>If 1-6 in 101:</i> In the last month, how often have you gone to your place of worship for meeting and worship purposes?	0 = Never 1 = At least once 2 = At least once a week 3 = Once a day 4 = Several times a day	_
103	<i>If 1-6 in 101:</i> In the last month, how often have you read or studied the holy book?	0 = Never 1 = At least once 2 = At least once a week 3 = Once a day 4 = Several times a day	_
104	Have you ever lived in an urban area before?	0 = No → skip to 201 1 = Yes	_
105	<i>If 'yes' in 104:</i> How many years did you live in the urban area?	Number of years (if less than 1 year enter 0)	_ _

2) Time Allocation

Please think about what you were doing in the last 24 hours (yesterday morning at 6am, finishing 3am of the current day). I will ask you for the main activity and one simultaneous activity you were doing at a certain time during the day.

No.	Activity	201 →	202 →	203 →	204 →	205 →
		What were you doing yesterday from [TIME]? See codes below	What else were you doing at the same time? 0 = Nothing else See codes below	Were you responsible for looking after a child (<XX years) during that hour? 0 = No 1 = Yes 2 = There is no child in my household	Were you responsible for looking after a dependent adult during that hour? 0 = No 1 = Yes 2 = There is no dependent adult in my household	What was your wife doing at that time? See codes below
A	06am - 07am**	_ _	_ _	_	_	_ _
B	07am - 08am	_ _	_ _	_	_	_ _
C	08am - 09am	_ _	_ _	_	_	_ _
D	09am - 10am	_ _	_ _	_	_	_ _
E	10am - 11am	_ _	_ _	_	_	_ _
F	11am - 12pm	_ _	_ _	_	_	_ _
G	12pm - 01pm	_ _	_ _	_	_	_ _
H	01pm - 02pm	_ _	_ _	_	_	_ _
I	02pm - 03pm	_ _	_ _	_	_	_ _

J	03pm - 04pm	_ _	_ _	_	_	_ _
K	04pm - 05pm	_ _	_ _	_	_	_ _
L	05pm - 06pm	_ _	_ _	_	_	_ _
M	06pm - 07pm	_ _	_ _	_	_	_ _
N	07pm - 08pm	_ _	_ _	_	_	_ _
O	08pm - 09pm	_ _	_ _	_	_	_ _
P	09pm - 10pm	_ _	_ _	_	_	_ _
Q	10pm - 11pm	_ _	_ _	_	_	_ _
R	11pm - 12am	_ _	_ _	_	_	_ _
S	12am - 01am	_ _	_ _	_	_	_ _
T	01am - 02am	_ _	_ _	_	_	_ _
U	02am - 03am	_ _	_ _	_	_	_ _
V	03am - 04am	_ _	_ _	_	_	_ _
W	04am - 05am	_ _	_ _	_	_	_ _
X	05am - 06am	_ _	_ _	_	_	_ _

**** In the Oromiffa the time starts at 12SH in the morning in local time, which is equivalent to 6am.**

Codes for 201, 202 and 205

00 = Doing nothing	14 = Grinding, pounding
01 = Sleeping, napping	15 = Cleaning
02 = Personal care and eating	16 = Fuel collection (e.g. firewood, charcoal)
03 = Attending school, training	17 = Fetching Water
04 = Paid work, work in own business	18 = Child care
05 = Income generating activities	19 = Care for dependent adult
06 = Construction, repairing	20 = Care for disabled
07 = Fishing, tending livestock, caring for animals	21 = Care for community members
08 = Land preparation for farming	22 = Travelling
09 = Weeding	23 = Leisure time (e.g. fire place, local brew taking)
10 = Harvesting	24 = Religious activity
11 = Shopping	25 = Attending group meetings
12 = Washing, drying, ironing, mending clothes	26 = Making Coffee for domestic Consumption
13 = Food and drink preparation	27. Other _____

206	Is there any activity that you <u>did not do</u> yesterday but that you usually do?	0 = No → skip to 209 1 = Yes	_
207	If 'yes' in 206: What is the activity?	Use codes for 201, 202 and 205	_ _
208	If 'yes' in 206: How many hours do you spend on this activity on a usual day?	Number of hours (if less than 1 hour, enter 1)	_ _
209	Is there any activity that you <u>did</u> yesterday but that you usually do not do?	0 = No → skip to 211 1 = Yes	_
210	If 'yes' in 209: What is the activity?	Use codes for 201, 202 and 205	_ _

Now I will ask you some questions about the allocation of care work activities between household members. I will ask about the distribution of activities between you, your spouse/partner, the oldest daughter and son among those who still live with the parents in the household, and one other person that you identify as being involved in care work.

211	Who of your household members does <u>most</u> care work, other than you, your spouse, your oldest daughter and your oldest son? (care work includes cooking, cleaning, preparing clothes, fetching water/ fuel and care of persons)	0 = There is no one else in my household who does care work 1 = Older woman (e.g. grandmother) 2 = Older man (e.g. grandfather) 3 = Daughter 4 = Son 5 = Man 6 = Woman 7 = Paid worker	Name:
			Code: _

Please tell me how often members of your household have done the following activities in the last month.

212	Activity →	You	Spouse/partner	Oldest daughter (Living in the household, ≥ 4 years old)	Oldest son (Living in the household, ≥ 4 years old)	[NAME] (Selected under 211)
		0 = Never 1 = Rarely 2 = At least once a week 3 = Once a day 4 = Several times a day 99 = Not applicable	0 = Never 1 = Rarely 2 = At least once a week 3 = Once a day 4 = Several times a day 99 = Not applicable	0 = Never 1 = Rarely 2 = At least once a week 3 = Once a day 4 = Several times a day 99 = Not applicable	0 = Never 1 = Rarely 2 = At least once a week 3 = Once a day 4 = Several times a day 99 = Not applicable	0 = Never 1 = Rarely 2 = At least once a week 3 = Once a day 4 = Several times a day 99 = Not applicable
A	Water collection/storage	_	_	_	_	_
B	Fuel collection/purchase	_	_	_	_	_
C	Meal preparation/washing dishes	_	_	_	_	_
D	Cleaning the house, compound	_	_	_	_	_
E	Washing/drying/ironing/ mending clothes	_	_	_	_	_
F	Child care	_	_	_	_	_
G	Elderly care	_	_	_	_	_
H	Care of ill/disabled	_	_	_	_	_
I	Care of community members	_	_	_	_	_

3) Time and Labour Saving Equipment, Products and Services

Now I will ask you some questions about time and labour saving equipment your household may or may not own.

<i>(Used for analysis)</i>	No.	Items	301
			Do you have this item in your household? 0 = No 1 = Yes
Water	A	More than 4 jerrycans	__
	B	Transport for fetching water (e.g. bicycle, animal cart, using asses, wheelbarrow)	__
	C	Rain water harvesting system/ water reservoir	__
	D	Water tap on compound	__
Fuel/energy	E	Axe	__
	F	Kerosene lamp	__
	G	Dry cell	__
	H	Solar system/biogas system	__
	I	Generator	__
	J	Firewood or charcoal efficient stove	__
Food preparation	K	Equipment for serving liquids/ Equipment for serving food	__
	L	Knives	__
Clean space	M	Dustbin/compost pit	__
Clean clothes	N	Bowl	__
	O	Ironing Machine	__
	P	Bathrooms	__
<i>Only proceed if the household has at least one infant (≤ 2 years):</i>			
Child care	Q	Baby Milk Bottle	__
	R	Mosquito net for children	__
	S	Nappies	__
<i>Only proceed if the household has at least one member who cannot walk or is blind (other than infant):</i>			
Elderly/ disabled/ill care	T	Walking sticks/crutches/wheelchair	__

If 'yes' to any items in 301, otherwise skip to 401:

		Item 1	Item 2
302	Out of these items that your household owns, what are the two most significant items for your household? Use codes from 301 (A-T)	__	__

303	What were the main reasons why your household purchased this item? <i>(Ask as open question, take notes and identify code. You can note up to two codes.)</i>		
	1 = Because it saves time		
	2 = Because it saves money		
	3 = Because it is better for my health/my family's health		
	4 = Because it increases the standard of living		
	5 = Because I feel it is expected of me/us		
	6 = Because I get enjoyment from it		
	7 = Because many neighbours/ friends/relatives have it		
	8 = Because it is affordable		
	9 = Because there is no alternative		
	10 = For no particular reason		
	11 = Other		

4) Norms and Perceptions

Now I would like to ask you some questions that relate to perceptions and norms.

				(Used for analysis)
401	Who in your household do you think generally makes the most significant contribution to the well-being of the household?	1 = Me 2 = My spouse 3 = Another woman in the household 4 = Another man in the household 5 = I don't know 6 = Other: _____	<input type="checkbox"/>	Perceived contribution
402	Are there tasks that women are <u>naturally</u> better at than men?	0 = No → skip to 404 1 = Yes	<input type="checkbox"/>	Gender specific characteristics
403	If 'yes' in 402: What are the tasks that women are <u>naturally</u> better at than men? <i>(Ask as open question, take notes and identify code. You can note up to five codes.)</i> _____	11 = Construction, repairmen, carpentry 12 = Running, managing a business 13 = Paid/Salaried work 14 = Preparing Land for farming 15 = Weeding 16 = Harvesting 17 = Fishing, hunting 18 = Tending livestock, caring for animals 19 = Dealing with money/ 20 = Leading/Making decisions for the family 21 = Other: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Gender specific characteristics
404	Are there tasks that men are <u>naturally</u> better at than women?	0 = No → skip to 406 1 = Yes	<input type="checkbox"/>	Gender specific characteristics

405	<p><i>If 'yes' in 404:</i></p> <p>What are the tasks that men are <u>naturally</u> better at than women?</p> <p><i>(Ask as open question, take notes and identify code. You can note up to five codes.)</i></p> <hr/>		Gender specific characteristics	
	<div> <div>1 = Fetching water</div> <div>2 = Fuel collection/ purchase</div> <div>3 = Meal preparation</div> <div>4 = Cleaning the house and compound</div> <div>5 = Washing, mending, ironing clothes</div> <div>6 = Child care</div> <div>7 = Care of elderly/ill/disabled</div> <div>8 = Care of community members</div> <div>09 = Making and selling crafts</div> <div>10 = Protecting the home</div> </div> <div> <div>11 = Construction, repairmen, carpentry</div> <div>12 = Running, managing a business</div> <div>13 = Paid/ salaried work</div> <div>14 = Preparing Land for farming</div> <div>15 = Weeding</div> <div>16 = Harvesting</div> <div>17 = Fishing, hunting</div> <div>18 = Tending livestock, caring for animals</div> <div>19 = Dealing with money/</div> <div>20 = Leading/ making decisions for the family</div> <div>21 = Other: _____</div> </div>	<div><div><div></div><div></div></div></div> <div><div><div></div><div></div></div></div> <div><div><div></div><div></div></div></div> <div><div><div></div><div></div></div></div> <div><div><div></div><div></div></div></div>		
406	<p>If your wife had to spend less time on care work what would do you think she would do with the extra time?</p> <p><i>(care work includes cooking, cleaning, preparing clothes, fetching water/ fuel, care of children, elderly, ill, disabled in the household and community)</i></p>	<div> <div>1 = More leisure time/sleep/personal care</div> <div>2 = More income-generating work</div> <div>3 = More agriculture</div> <div>4 = Provide better direct person care (e.g. children)</div> <div>5 = Engage in community activities or social life</div> <div>6 = Help neighbours/friends</div> <div>7 = More education/training</div> <div>8 = More religious activities</div> <div>9 = Other: _____</div> </div>	<div><div><div></div><div></div></div></div>	Value of women's time

	<i>(Used for analysis)</i>	Value of care work	Value of care work	Value of care work	Care responsibilities	Care decision-making	Care decision-making	Care decision-making
No.	Activity	407 ↓	408 ↓	409 ↓	410 ↓	411 →	412 →	413 →
		Do you consider [ACTIVITY] work? 0 = No 1 = Yes	Do you think [ACTIVITY] requires significant skills? 0 = No 1 = Yes	How valuable is [ACTIVITY]? 1 = Not very valuable 2 = A little valuable 3 = Somewhat valuable 4 = Very valuable	Who do you think <u>should</u> mainly be responsible for performing [ACTIVITY]? <i>(you can select up to two options)</i> 1 = Men in the household 2 = Women in the household 3 = Children in the household 4 = The state 5 = Employer 6 = Civil society/NGOs 7 = Paid/waged worker 8 = Other	In your household, who normally decides who performs [ACTIVITY]? <i>(you can select up to two options)</i> 1 = Me 2 = My spouse 3 = Another man in the household 4 = Another woman in the household 5 = A child in the household 6 = No one, it is just like this 7 = Other 99 = Not applicable	If 2- 5 in 411: Do you agree with this decision? 0 = No 1 = Yes	If 'no' in 412: To what extent do you think you could change this decision? 0 = Not at all 1 = To some extent 2 = To a great extent
A	Providing/fetching water	__	__	__	__ __ ____	__ __ ____	__	__
B	Providing/collecting fuel	__	__	__	__ __ ____	__ __ ____	__	__
C	Meal preparation	__	__	__	__ __ ____	__ __ ____	__	__
D	Cleaning	__	__	__	__ __ ____	__ __ ____	__	__

E	Preparing clothes	_	_	_	_ _ _	_ _ _	_	_
F	Child care	_	_	_	_ _ _	_ _ _	_	_
G	Elderly care	_	_	_	_ _ _	_ _ _	_	_
H	Care of ill/disabled	_	_	_	_ _ _	_ _ _	_	_
I	Care of community	_	_	_	_ _ _	_ _ _	_	_

414	Which care activity is most problematic for your family and community (in terms of mobility, health and time burden)?	0 = None 1 = Fetching water 2 = Fuel collection/ purchase 3 = Meal preparation 4 = Cleaning 5 = Washing, mending, ironing clothes 6 = Child care 7 = Elderly care 8 = Care of ill/disabled 9 = Care of community members	_	Perceptions of types of care work
415	Do you think the government should provide <u>health care</u> to help families with their care work?	0 = Strongly disagree 1 = Disagree 2 = Indifferent 3 = Agree 4 = Strongly agree	_	Sense of entitlement
416	Do you think the government should provide <u>child care</u> to help families with their care work?	0 = Strongly disagree 1 = Disagree 2 = Indifferent 3 = Agree 4 = Strongly agree	_	Sense of entitlement
417	Do you think the government should provide <u>care for disabled or ill adults</u> to help families with their care work?	0 = Strongly disagree 1 = Disagree 2 = Indifferent 3 = Agree 4 = Strongly agree	_	Sense of entitlement
418	Do you think women should receive help to do care work from other members of the household?	0 = Strongly disagree → skip to 501 1 = Disagree → skip to 501 2 = Indifferent → skip to 501 3 = Agree 4 = Strongly agree	_	Sense of entitlement
419	If 'agree' or 'strongly agree' in 418: From whom should women mainly receive help with care work? (You can select up to two options)	0 = Husband 1 = Daughter 2 = Son 3 = Other women 4 = Other men 5 = Other: _____	_ _	Sense of entitlement

5) External Support for Providing Care

Now I will ask you about external support from civil society that your household may or may not receive.

No.	Area	501 → Have you ever received any training or service in this area? 0 = No 1 = Yes	502 → <i>If 'yes' in 501:</i> Who delivered this training or service? 0 = Government 1 = Community 2 = Oxfam GB 3 = RCWDO 4 = Other
A	Access and provision of water	__	__ _____
B	Fuel saving techniques	__	__ _____
C	Income generating activities	__	__ _____
D	Health and hygiene	__	__ _____
E	Gender roles and responsibilities	__	__ _____
F	Agronomy of vegetables	__	__ _____
G	Cooperative management and leadership	__	__ _____
H	Business skills	__	__ _____
I	Marketing	__	__ _____
J	Postharvest management	__	__ _____
K	Business strategic plan preparation	__	__ _____
L	Development of producers' cooperatives by-law	__	__ _____

This is the end of the interview. Explain again that the information will be kept strictly confidential, and that the information will help researchers to strengthen their work in this area. Ask the respondent if he has any questions for you. When finished, thank him for his time

Household Care Survey Questionnaire for WOMEN

Woreda/District:

Kebelle:

Village:

Household number:

Respondent's name:

Interviewer's name and
number:

Date (dd/mm/yy):

Start time:

Finish time:

Greet the respondent, then give them this introduction:

My name is _____. I am working with Oxfam/ Rift Valley Children & Women Development Organization/RCWDO. We are carrying out a survey to help us understand about care work in households and the community. We aim to follow up on these questionnaires to interview people again in about 12 months.

There is no material compensation for participating in the survey and no special support will come to your household as a result of your responses to the questions. Your participation is completely voluntary. I want to assure you that it is fine if you decide not to answer a particular question or wish to discontinue the questionnaire altogether at any point.

The records of this research will be kept private. In any publication based on this questionnaire, any information that will make it possible to identify participants will not be included.

We are interested in what you think about the questions. Feel free to make any comment; there are no wrong or right answers!

Do you have any questions about what I have mentioned so far?

Are you willing to spend approximately 1 hour participating in this survey?

If the respondent agrees, tick this box

To be filled in after the interview:

1004: For enumerators only

Did you have to interrupt the interview because someone was trying to listen or interfered in any other way?

1= Yes once
2 = Yes, more than once
3 = No

|_|

ENUMERATOR'S COMMENTS

SUPERVISOR'S COMMENTS

Reviewed by: _____

Date:/...../.....

Data entry done by: _____

Date:/...../.....

Data entry reviewed by: _____

Date:/...../.....

1) List of household members

These are all those who normally sleep in your home and share meals with other members of your home and who have been living with the household for at least 6 months in the last year. To ensure that no one is missed, the interviewer should explicitly ask about three types of persons which are commonly overlooked by survey respondents: 1) Persons who are temporarily absent, 2) Workers; 3) Infants or small children.

101		How many members live in your household?					_ _ _			
No	102 ↓	103 →	104 →	105 →	106 →	107 →	108 →	109 ↓	110	
	Name of household member (Please name you and your spouse first, then your children, your parents, your and your spouse's brothers and sisters, their partners and their children)	What is your relationship to the person? 1 = Self 2 = Spouse/partner/ 3 = Son/daughter 4 = Brother/sister 5 = Parent 6 = Grandchild 7 = Grandparent 8 = Son/daughter-in-law 9 = Niece/Nephew 10 = Sister/brother-in-law 11 = Other relative 12 = Not related	What is [NAME's] gender? 1 = Male 2 = Female	What is [NAME's] age? Approximate age in years (If the child is less than 1 year old, please enter 0.)	<i>If [NAME] is ≥ 3 years:</i> What is the highest level of education [NAME] has achieved so far? 0 = None 1 = Pre-primary 2 = Primary 3 = Junior Secondary 4 = Secondary 5 = Tertiary 98 = I don't know 99 = Not applicable	<i>If [NAME] is ≥ 6 years:</i> In the last six months, what kind of work has [NAME] been mainly involved in? (You can select up to two options.) 0 = Unemployed 1 = Engaged in domestic work 2 = Still a student/pupil 3 = In retirement 4 = Permanently disabled 5 = Unpaid work for family business 6 = Informal work-income-generating activity 7 = Work for wage or salary 8 = Agriculture 9 = Other 98 = I don't know	In the last month, how much care has [NAME] received from other household members? 0 = None or almost no care 1 = Minimum care 2 = Significant care 3 = Full-time care <i>Types of care work:</i> cooking, cleaning, preparing clothes, fetching water, fetching fuel and care of persons. <i>Minimum care:</i> one type of care work required <i>Significant care:</i> at least 4 types of care work required <i>Full time care:</i> all types of care work required	<i>If [NAME] is > 18 years:</i> Is [NAME] a member of any community group? 1 = No 2 = Yes 98 = I don't know 99 = Not applicable	What type of group/organisation is she/he a member of? (You can select multiple responses or options.) 1 = Economic/producer/worker group 2 = Religious group 3 = social group 4 = Finance/savings group 5 = Other	
1.		_	_	_ _	_	_	_ _ _____	_	_	
2.		_	_	_ _	_	_	_ _ _____	_	_	
3.		_	_	_ _	_	_	_ _ _____	_	_	
4.		_	_	_ _	_	_	_ _ _____	_	_	
5.		_	_	_ _	_	_	_ _ _____	_	_	
6.		_	_	_ _	_	_	_ _ _____	_	_	
7.		_	_	_ _	_	_	_ _ _____	_	_	
8.		_	_	_ _	_	_	_ _ _____	_	_	
9.		_	_	_ _	_	_	_ _ _____	_	_	
10.		_	_	_ _	_	_	_ _ _____	_	_	

2) Personal Information

Now I will ask you about some personal information.

201	What is your religion?	0 = No religion → skip to 205 1 = Catholic 2 = Protestant/ Anglican 3 = Orthodox 4 = Wakefeta 5 = Muslim 6 = Other: _____	_
202	<i>If 1-6 in 201:</i> In the last month, how often have you gone to your place of worship for meeting and worship purposes?	0 = Never 1 = At least once 2 = At least once a week 3 = Once a day 4 = Several times a day	_
203	<i>If 1-6 in 201:</i> In the last month, how often have you read or studied the holy book?	0 = Never 1 = At least once 2 = At least once a week 3 = Once a day 4 = Several times a day	_
204	<i>If 1-6 in 201:</i> What is the nature of your marriage?	0 = Cohabiting 1 = Traditional/customary marriage 2 = Civil marriage 3 = Religious marriage 4 = Other: _____	_
205	Have you ever lived in an urban area before?	0 = No → skip to 301 1 = Yes	_
206	<i>If 'yes' in 205:</i> How many years did you live in the urban area?	Number of years (if less than 1 year enter 0)	_ _

3) Household Assets/Income

Now I will ask you some questions about assets of your household.

301	Does your household have any access to agricultural land?	0 = No → skip to 303 1 = Yes	_
302	<i>If 'yes' in 301:</i> How much land do you access under the following arrangements?	Family land Private land Rented land Communal land (0 = No, 1 = Yes) Other: _____	Land in acres (if no land enter 0)

No.		303 →	304 →	305 →	306 →
		Does your household own this asset? 0 = No 1 = Yes	<i>If 'yes' in 303:</i> How much/many does your household own of this asset? <i>Number of items</i>	<i>If 'yes' in 303:</i> Who owns the asset? 1 = Self 2 = Spouse/partner/ cohabitant 3 = Child 4 = Brother/sister 5 = Parent 6 = Grandparent 7 = Son/daughter-in-law 8 = Niece/Nephew	<i>If 'yes' in 303:</i> Who decides whether to sell the asset? 1 = Self 2 = Spouse/partner/ cohabitant 3 = Child 4 = Brother/sister 5 = Parent 6 = Grandparent 7 = Son/daughter-in-law 8 = Niece/Nephew
A	Poultry	_	_ _	_	_
B	Sheep, goat(s), pig(s)	_	_ _	_	_
C	Bee hive(s)	_	_ _	_	_
D	Cattle	_	_ _	_	_
E	Oxen(s)	_	_ _	_	_
F	Heifer	_	_ _	_	_
G	Mattress(es)	_	_ _	_	_
H	Bed(s)	_	_ _	_	_
I	Mobile phone(s)	_	_ _	_	_
J	Radio(s)/ CD player(s)	_	_ _	_	_
K	Television(s)	_	_ _	_	_
L	Ox drawn plough(s)	_	_ _	_	_
M	Bicycle(s)	_	_ _	_	_
N	Motorcycle(s)	_	_ _	_	_
O	Cart, Bajaj	_	_ _	_	_
P	Chair(s), table(s)	_	_ _	_	_
Q	Houses for rent	_	_ _	_	_
R	Horses, donkey or mules	_	_ _	_	_
S	Generator/Water-Pump	_	_ _	_	_

Now I will ask you some questions about the characteristics of your house.

307	What is the main material used for the construction of the walls of your main house?	1 = Mud and wood 2 = Bamboo 3 = Bricks with mud 4 = Bricks with cement 5 = Other: _____	_
308	How many rooms does your main house have?	Number of rooms	_ _
309	How long does it take to walk from your house to the nearest market place?	Time in minutes	_ _ _

Now I will ask you some questions about your income.

			Amount in Birr (If no income enter 0)
310	How much income did <u>you</u> earn from the following sources in last 3 months?	Agriculture (e.g. crop, livestock , animal products)	
		Unskilled wage labour/casual labour	
		Skilled labour (e.g. artisan, handicrafts)	
		Petty trading (e.g. sale of firewood, charcoal, greens, brewing)	
		Remittances/ gifts/ assistance	
		Other: _____	
		311	Here are ten small beans. The beans together represent all the income that <u>you</u> earned from the different sources in the last three months. <i>Support the respondent to work out the proportions of income controlled independently, jointly and by the husband.</i>
How many beans represent the amount of your income that you decided how to use <u>jointly with your husband</u>?	_ _		
How many beans represent the amount of your income that <u>your husband</u> decided how to use?	_ _		
312	Do you have any savings?	0 = No → skip to 314 1 = Yes	_
313	<i>If 'yes' in 312 :</i> Who controls these savings?	0 = My husband 1 = Me 2 = Me and my husband 3 = Other: _____	_
314	In the last month, how much cash did you receive from other household members for normal household expenses?	Amount in Birr	Birr _____
315	Has your household purchased any piece of land or titled any land?	0 = No → skip to 401 1 = Yes	_
316	<i>If 'yes' in 315:</i> Do you have your name on any of these land titles or land purchase agreements?	0 = No 1 = Yes, on some titles 2 = Yes, on all titles	_

4) Time Allocation

Please think about what you were doing in the last 24 hours (yesterday morning at 6am, finishing 6am of the current day). I will ask you for the main activity and one simultaneous activity you were doing at a certain time during the day.

No.	Activity	401 →	402 →	403 →	404 →	405 →
		What were you doing yesterday from [TIME]? See codes below	What else were you doing at the same time? 0 = Nothing else See codes below	Were you responsible for looking after a child (<18 years) during that hour? 0 = No 1 = Yes 2 = There is no child in my household	Were you responsible for looking after a dependent adult during that hour? 0 = No 1 = Yes 2 = There is no dependent adult in my household	What was your husband doing at that time? See codes below
A	06am - 07am**	_ _	_ _	_	_	_ _
B	07am - 08am	_ _	_ _	_	_	_ _
C	08am - 09am	_ _	_ _	_	_	_ _
D	09am - 10am	_ _	_ _	_	_	_ _

E	10am - 11am	_ _	_ _	_	_	_ _
F	11am - 12pm	_ _	_ _	_	_	_ _
G	12pm - 01pm	_ _	_ _	_	_	_ _
H	01pm - 02pm	_ _	_ _	_	_	_ _
I	02pm - 03pm	_ _	_ _	_	_	_ _
J	03pm - 04pm	_ _	_ _	_	_	_ _
K	04pm - 05pm	_ _	_ _	_	_	_ _
L	05pm - 06pm	_ _	_ _	_	_	_ _
M	06pm - 07pm	_ _	_ _	_	_	_ _
N	07pm - 08pm	_ _	_ _	_	_	_ _
O	08pm - 09pm	_ _	_ _	_	_	_ _
P	09pm - 10pm	_ _	_ _	_	_	_ _
Q	10pm - 11pm	_ _	_ _	_	_	_ _
R	11pm - 12am	_ _	_ _	_	_	_ _
S	12am - 01am	_ _	_ _	_	_	_ _
T	01am - 02am	_ _	_ _	_	_	_ _
U	02am - 03am	_ _	_ _	_	_	_ _
V	03am - 04am	_ _	_ _	_	_	_ _
W	04am - 05am	_ _	_ _	_	_	_ _
X	05am - 06am	_ _	_ _	_	_	_ _

**** In the Oromiffa the time starts at 12SH in the morning in local time, which is equivalent to 6am.**

Codes for 401, 402 and 405

00 = Doing nothing	14 = Grinding, pounding
01 = Sleeping, napping	15 = Cleaning
02 = Personal care and eating	16 = Fuel collection (e.g. firewood, charcoal)
03 = Attending school, training	17 = Fetching Water
04 = Paid work, work in own business	18 = Child care
05 = Income generating activities	19 = Care for dependent adult
06 = Construction, repairing	20 = Care for disabled
07 = Fishing, tending livestock, caring for animals	21 = Care for community members
08 = Land preparation for farming	22 = Travelling
09 = Weeding	23 = Leisure time (e.g. fire place, local brew taking)
10 = Harvesting	24 = Religious activity
11 = Shopping	25 = Attending group meetings
12 = Washing, drying, ironing, mending clothes	26 = Making Coffee for domestic Consumption
13 = Food and drink preparation	27. Other _____

406	Is there any activity that you <u>did not do</u> yesterday but that you usually do?	0 = No → skip to 409 1 = Yes	_
407	If 'yes' in 406: What is the activity?	Use codes for 401, 402 and 405	_ _

408	If 'yes' in 406: How many hours do you spend on this activity on a usual day?	Number of hours (if less than 1 hour, enter 1)	<input type="text"/>
409	Is there any activity that you <u>did</u> yesterday but that you usually do not do?	0 = No → skip to 411 1 = Yes	<input type="text"/>
410	If 'yes' in 409: What is the activity?	Use codes for 401, 402 and 405	<input type="text"/>

Now I will ask you some questions about the allocation of care work activities between household members. I will ask about the distribution of activities between you, your spouse/partner, the oldest daughter and son among those who still live with the parents in the household, and one other person that you identify as being involved in care work.

411	Who of your household members does <u>most</u> care work, other than you, your spouse, your oldest daughter and your oldest son? (care work includes cooking, cleaning, preparing clothes, fetching water/ fuel and care of persons)	0 = There is no one else in my household who does care work 1 = Older woman (e.g. grandmother) 2 = Older man (e.g. grandfather) 3 = Daughter 4 = Son 5 = Woman 6 = Man 7 = Paid worker	Name: <hr/> Code: <input type="text"/>
-----	--	---	--

Please tell me how often members of your household have done the following activities in the last month.

412	Activity →	You 0 = Never 1 = At least once 2 = At least once a week 3 = Once a day 4 = Several times a day 99 = Not applicable	Spouse/partner 0 = Never 1 = At least once 2 = At least once a week 3 = Once a day 4 = Several times a day 99 = Not applicable	Oldest daughter <i>(Living in the household, ≥ 4 years old)</i> 0 = Never 1 = At least once 2 = At least once a week 3 = Once a day 4 = Several times a day 99 = Not applicable	Oldest son <i>(Living in the household, ≥ 4 years old)</i> 0 = Never 1 = At least once 2 = At least once a week 3 = Once a day 4 = Several times a day 99 = Not applicable	[NAME] <i>(Selected under 411)</i> 0 = Never 1 = At least once 2 = At least once a week 3 = Once a day 4 = Several times a day 99 = Not applicable
A	Water collection/storage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B	Fuel collection/purchase	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C	Meal preparation/washing dishes	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	Cleaning the house, compound	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E	Washing/drying/ironing/ mending clothes	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F	Child care	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G	Elderly care	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
H	Care of ill/disabled	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
I	Care of community members	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5) Time and Labour Saving Equipment, Products and Services

Now I will ask you some questions about time and labour saving equipment your household may or may not own.

<i>(Used for analysis)</i>	No.	Items	501
			Do you have this item in your household? 0 = No 1 = Yes
Water	A	More than 4 jerrycans	__
	B	Transport for fetching water (e.g. bicycle, animal cart, using asses, wheelbarrow)	__
	C	Rain water harvesting system/water reservoir	__
	D	Water tap on compound	__
Fuel/energy	E	Axe	__
	F	Kerosene lamp	__
	G	Dry cell	__
	H	Solar system/biogas system	__
	I	Generator	__
	J	Firewood or charcoal efficient stove	__
	K	Equipment for serving liquids/ Equipment for serving food	__
Food preparation	L	Knives	__
Clean space	M	Dustbin/compost pit	__
Clean clothes	N	Bowl	__
	O	Ironing Machine	__
	P	Bathrooms	__
<i>Only proceed if the household has at least one infant (≤ 2 years):</i>			
Child care	Q	Baby Milk Bottle	__
	R	Mosquito net for children	__
	S	Nappies	__
<i>Only proceed if the household has at least one member who cannot walk or is blind (other than infant):</i>			
Elderly/disabled/ill care	T	Walking sticks/crutches/wheelchair	__

If 'yes' to any items in 501, otherwise skip to 504:

		Item 1	Item 2
502	Out of these items that your household owns, what are the two most significant items for your household? Use codes from 501 (A-T)	__	__

503	What were the main reasons why your household purchased this item?		
	<i>(Ask as open question, take notes and identify code. You can note up to two codes.)</i>		
	1 = Because it saves time		
	2 = Because it saves money		
	3 = Because it is better for my health/my family's health		
	4 = Because it increases the standard of living		
	5 = Because I feel it is expected of me/us		
	6 = Because I get enjoyment from it		
	7 = Because many neighbours/ friends/ relatives have it		
	8 = Because it is affordable		
	9 = Because there is no alternative		
10 = For no particular reason			
11 = Other			

Now I will ask you some questions about time and labour saving products that your household may or may not pay for.

Used for analysis	Code	Products	504	505
			Have you ever purchased this product? 0 = No 1 = Yes	<i>If 'yes' in 504:</i> In the last month, how often have you purchased this product? 0 = Never 1 = At least once 2 = At least once a week 3 = Once a day 4 = Several times a day
Food products	A	Flour (maize, millet, wheat, cassava, sorghum)	<input type="checkbox"/>	<input type="checkbox"/>
	B	Edible Oil	<input type="checkbox"/>	<input type="checkbox"/>
	C	Bread	<input type="checkbox"/>	<input type="checkbox"/>
	D	Traditional Drinks (Alcoholic)	<input type="checkbox"/>	<input type="checkbox"/>
Washing products	E	Bar Soap	<input type="checkbox"/>	<input type="checkbox"/>

If 'yes' to any products in 504, otherwise skip to 508:

		Product 1	Product 2
506	Out of these products that your household purchases, what are the two most significant products for your household? Use codes from 504 (A-E)	<input type="checkbox"/>	<input type="checkbox"/>

507	What are the main reasons why your household purchases this product? <i>(Ask as open question, take notes and identify code. You can note up to two codes.)</i>		
	1 = Because it saves time		
	2 = Because it saves money		
	3 = Because it is better for my health/my family's health		
	4 = Because it increases the standard of living		
	5 = Because I feel it is expected of me/us		
	6 = Because I get enjoyment from it		
	7 = Because many neighbours/ friends/ relatives have it		
	8 = Because it is affordable		
	9 = Because there is no alternative		
	10 = For no particular reason		
	11 = Other		

Now I will ask you some questions about time and labour saving services that your household may or may not pay for.

Code	services	508	509	510
		Have you ever paid anyone to help you with [ACTIVITY]? 1 = No 2 = Yes	<i>If 'yes' in 508:</i> In the last month, how often have you paid someone to help you with [ACTIVITY]? 0 = Never 1 = At least once 2 = At least once a week 3 = Once a day 4 = Several times a day	In the last month, how often have you received <u>unpaid</u> help from non-household members with [ACTIVITY]? 0 = Never 1 = At least once 2 = At least once a week 3 = Once a day 4 = Several times a day
A	Cleaning the house or compound			
B	Transporting food			
C	Cooking, serving food			
D	Grinding			
E	Washing, ironing, mending clothes			
F	Fetching water			
G	Fetching firewood			
H	Childcare (incl. day care)			
I	Hair braiding/ cutting children's hair			
J	Care of dependent adults			

If 'yes' to any items in 508, otherwise skip to 601:

		Service 1	Service 2
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511	Out of these services that your household pays for, what are the two most significant services for your household? Use codes from 508 (A-J)	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
512	What are the main reasons why your household pays for this service? <i>(Ask as open question, take notes and identify code. You can note up to two codes.)</i> 1 = Because it saves time 2 = Because it saves money 3 = Because it is better for my health/ my family's health 4 = Because it increases the standard of living 5 = Because I feel it is expected of me/us 6 = Because I get enjoyment from it 7 = Because many neighbours/ friends/relatives do it 8 = Because it is affordable 9 = Because there is no alternative 10 = For no particular reason 11 = Other	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>

6) Norms and Perceptions

Now I would like to ask you some questions that relate to perceptions and norms.

				(Used for analysis)
601	Who in your household do you think generally makes the most significant contribution to the well-being of the household?	1 = Me 2 = My spouse 3 = Another woman in the household 4 = Another man in the household 5 = I don't know 6 = Other: _____	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	Perceived contribution
602	Are there tasks that women are <u>naturally</u> better at than men?	0 = No → skip to 604 1 = Yes	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	Gender specific characteristics
603	<i>If 'yes' in 602:</i> What are the tasks that women are <u>naturally</u> better at than men? <i>(Ask as open question, take notes and identify code. You can note up to five codes.)</i> _____		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	Gender specific characteristics
<div style="display: flex; justify-content: space-between;"> <div> 1 = Fetching water 2 = Fuel collection/ purchase 3 = Meal preparation 4 = Cleaning the house and compound 5 = Washing, mending, ironing clothes 6 = Child care 7 = Care of elderly/ill/ disabled 8 = Care of community members 09 = Making and selling crafts 10 = Protecting the home </div> <div> 11 = Construction, repairing, carpentry 12 = Running, managing a business 13 = Paid/ salaried work 14 = Preparing Land for farming 15 = Weeding 16 = Harvesting 17 = Fishing, hunting 18 = Tending livestock, caring for animals 19 = Dealing with money/ 20 = Leading/ making decisions for the family 21 = Other: _____ </div> </div>				
604	Are there tasks that men are <u>naturally</u> better at than women?	0 = No → skip to 606 1 = Yes	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	Gender specific characteristics

605	<p><i>If 'yes' in 604:</i></p> <p>What are the tasks that men are <u>naturally</u> better at than women?</p> <p><i>(Ask as open question, take notes and identify code. You can note up to five codes.)</i></p> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>1 = Fetching water</p> <p>2 = Fuel collection/ purchase</p> <p>3 = Meal preparation</p> <p>4 = Cleaning the house and compound</p> <p>5 = Washing, mending, ironing clothes</p> <p>6 = Child care</p> <p>7 = Care of elderly/ill/ disabled</p> <p>8 = Care of community members</p> <p>09 = Making and selling crafts</p> <p>10 = Protecting the home</p> </div> <div style="width: 45%;"> <p>11 = Construction, repairing, carpentry</p> <p>12 = Running, managing a business</p> <p>13 = Paid/ salaried work</p> <p>14 = Preparing Land for farming</p> <p>15 = Weeding</p> <p>16 = Harvesting</p> <p>17 = Fishing, hunting</p> <p>18 = Tending livestock, caring for animals</p> <p>19 = Dealing with money/</p> <p>20 = Leading/ making decisions for the family</p> <p>21 = Other: _____</p> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"></div> <div style="width: 45%;"> <p> _ _ </p> <p> _ _ </p> <p> _ _ </p> <p> _ _ </p> <p> _ _ </p> </div> </div>	Gender specific characteristics
606	<p>If you had to spend less time on care work what would you do with your extra time?</p> <p><i>(care work includes cooking, cleaning, preparing clothes, fetching water/ fuel, care of children, elderly, ill, disabled in the household and community)</i></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"></div> <div style="width: 45%;"> <p>1 = More leisure time/sleep/personal care</p> <p>2 = More income-generating work</p> <p>3 = More agriculture</p> <p>4 = Provide better direct person care (e.g. children)</p> <p>5 = Engage in community activities or social life</p> <p>6 = Help neighbours/friends</p> <p>7 = More education/training</p> <p>8 = More religious activities</p> <p>9 = Other: _____</p> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"></div> <div style="width: 45%;"> <p> _ </p> </div> </div>	Value of women's time

	<i>(Used for analysis)</i>	Value of care work	Value of care work	Value of care work	Care responsibilities	Care decision-making	Care decision-making	Decision-making on care tasks
No.	Activity	607 ↓	608 ↓	609 ↓	610 ↓	611 →	612 →	613 →
		Do you consider [ACTIVITY] work? 0 = No 1 = Yes	Do you think [ACTIVITY] requires significant skills? 0 = No 1 = Yes	How valuable is [ACTIVITY]? 1 = Not very valuable 2 = A little valuable 3 = Somewhat valuable 4 = Very valuable	Who do you think should mainly be responsible for performing [ACTIVITY]? <i>(you can select up to two options)</i> 1 = Men in the household 2 = Women in the household 3 = Children in the household 4 = The state 5 = Employer 6 = Civil society/NGOs 7 = Paid/waged worker 8 = Other	In your household, who normally decides who performs [ACTIVITY]? <i>(you can select up to two options)</i> 1 = Me 2 = My spouse 3 = Another man in the household 4 = Another woman in the household 5 = A child in the household 6 = No one, it is just like this 7 = Other 99 = Not applicable	<i>If 2-5 in 611:</i> Do you agree with this decision? 0 = No 1 = Yes	<i>If 'no' in 612:</i> To what extent do you think you could change the decision? 0 = Not at all 1 = To some extent 2 = To a great extent
A	Providing/fetching water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Providing/collecting fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Meal preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Preparing clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	Elderly care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	Care of ill/disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	Care of community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

614	Which care activity is most problematic for your family and community (in terms of mobility, health and time burden)?	0 = None 1 = Fetching water 2 = Fuel collection/ purchase 3 = Meal preparation 4 = Cleaning 5 = Washing, mending, ironing clothes 6 = Child care 7 = Elderly care 8 = Care of ill/ disabled 9 = Care of community members	<input type="checkbox"/>	Perceptions of types of care work
615	Do you think the government should provide <u>health care</u> to help families with their care work?	0 = Strongly disagree 1 = Disagree 2 = Indifferent 3 = Agree 4 = Strongly agree	<input type="checkbox"/>	Sense of entitlement
616	Do you think the government should provide <u>child care</u> to help families with their care work?	0 = Strongly disagree 1 = Disagree 2 = Indifferent 3 = Agree 4 = Strongly agree	<input type="checkbox"/>	Sense of entitlement
617	Do you think the government should provide <u>care for disabled or ill adults</u> to help families with their care work?	0 = Strongly disagree 1 = Disagree 2 = Indifferent 3 = Agree 4 = Strongly agree	<input type="checkbox"/>	Sense of entitlement
618	Do you think women should receive help to do care work from other members of the household?	0 = Strongly disagree → skip to 701 1 = Disagree → skip to 701 2 = Indifferent → skip to 701 3 = Agree 4 = Strongly agree	<input type="checkbox"/>	Sense of entitlement
619	If 'agree' or 'strongly agree' in 618: From whom should women mainly receive help with care work? (You can select up to two options)	0 = Husband 1 = Daughter 2 = Son 3 = Other women 4 = Other men 5 = Other: _____	<input type="checkbox"/> <input type="checkbox"/>	Sense of entitlement

7) Time Constraints and Care Work

Now I will ask you some questions about gaps in being able to provide care in your household.

701	In the last 7 days, how often have you left a dependent adult alone, knowing that there was no one else looking after her or him?	0 = Never 1 = At least once 2 = At least once a day 3 = Several times a day 4 = Not applicable	<input type="checkbox"/>
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702	In the last 7 days, how often have you left a child (under 6 years old) alone, knowing that there was no one else looking after her or him?	0 = Never 1 = At least once 2 = At least once a day 3 = Several times a day 4 = There are no children < 6 years in my household	<input type="text"/>
703	In the last 7 days, how often have children/dependent adults in your household have injured themselves in an accident? (e.g. falling down, cuts, burns)	Number of times (if there has been no accident note '0') 99 = There are no children < 6 years/dependent adults in my household	<input type="text"/>
704	In the last 7 days, how often have children/dependent adults in your household broken or damaged anything?	Number of times (if there has been no accident note '0') 99 = There are no children < 6 years/dependent adults in my household	<input type="text"/>
705	In the last 7 days, how often have you <u>not</u> had enough time to cook food?	0 = Never 1 = At least once 2 = At least once a day 3 = Several times a day 4 = I do not cook food	<input type="text"/>
706	In the last 7 days, how often have you <u>not</u> had enough time to wash, iron or mend family members' clothes when needed?	0 = Never 1 = At least once 2 = At least once a day 3 = Several times a day 4 = I do not wash, iron or mend clothes	<input type="text"/>
707	In the last 7 days, how often have you <u>not</u> had enough time for personal care and hygiene?	0 = Never 1 = At least once 2 = At least once a day 3 = Several times a day	<input type="text"/>

8) External Support for Providing Care

Now I will ask you about external support from the state, employers, civil society or community that your household may or may not receive.

801	Do you use publicly provided water?	0 = No → skip to 804 1 = Yes	<input type="text"/>
802	If 'yes' in 801: How far away from your house is the public water source that you use?	0 = In/next to the compound 1 = 0.1 - 0.5 KMs 2 = 0.6 -1.0 KMs 3 = 1.1 - 2.0 KMs 4 = 2.1 - 3.0 KMs 5 = More than 3 KMs	<input type="text"/>
803	If 'yes' in 801: In the last three months, how often did the publicly provided water cut off?	0 = Never 1 = At least once 2 = At least once a month 3 = At least once a week 4 = Once a day	<input type="text"/>
804	Do you use publicly provided electricity in your house?	0 = No → skip to 806 1 = Yes	<input type="text"/>

805	<i>If 'yes' in 804:</i> In the last three months, how often did the publicly provided electricity cut out?	0 = Never 1 = At least once 2 = At least once a month 3 = At least once a week 4 = Once a day	<input type="text"/>
806	In the last three months, has any member of your household fallen sick?	0 = No → skip to 808 1 = Yes	<input type="text"/>
807	<i>If 'yes' in 806:</i> Did you use the public health facility?	0 = No 1 = Yes	<input type="text"/>
808	Do you have access to a child day care centre?	0 = No → skip to 811 1 = Yes	<input type="text"/>
809	<i>If 'yes' in 808:</i> Are any of your children going to this child day care centre?	0 = No → skip to 811 1 = Yes	<input type="text"/>
810	<i>If 'yes' in 809:</i> Who mostly pays for the childcare?	1 = Husbands income 2 = Men's income 3 = Women's income 4 = The state 5 = Employer(s) 6 = Civil society organisation(s) 7 = Other: _____	<input type="text"/>
811	In the last three months, how often have you discussed ways to reduce care work in your household with people outside your household (e.g. friends/ neighbours/relatives community groups)?	0 = Never 1 = At least once 2 = At least once a month 3 = At least once a week 4 = Once a day	<input type="text"/>
812	In the last three months, how often have you sought to reduce care work by sharing tasks with people outside your household?	0 = Never 1 = At least once 2 = At least once a month 3 = At least once a week 4 = Once a day	<input type="text"/>

No.	Area	813 →	814 →
		Have you ever received any training or service in this area? 0 = No 1 = Yes	<i>If 'yes' in 813:</i> Who delivered this training or service? 0 = Government 1 = Community 2 = Oxfam GB 3 = RCDWO 4 = Other
A	Access and provision of water	<input type="text"/>	<input type="text"/> _____
B	Fuel saving techniques	<input type="text"/>	<input type="text"/> _____
C	Income generating activities	<input type="text"/>	<input type="text"/> _____
D	Health and hygiene	<input type="text"/>	<input type="text"/> _____
E	Gender roles and responsibilities	<input type="text"/>	<input type="text"/> _____

F	Agronomy of vegetables	<input type="checkbox"/>	<input type="checkbox"/>
G	Cooperative management and leadership	<input type="checkbox"/>	<input type="checkbox"/>
H	Business skills	<input type="checkbox"/>	<input type="checkbox"/>
I	Marketing	<input type="checkbox"/>	<input type="checkbox"/>
J	Postharvest management	<input type="checkbox"/>	<input type="checkbox"/>
K	Business strategic plan preparation	<input type="checkbox"/>	<input type="checkbox"/>
L	Development of producers' cooperatives by-law	<input type="checkbox"/>	<input type="checkbox"/>

9) Involvement in Community Groups and Local Leadership

Now I will ask you about your involvement in community groups and local leadership.

901	Are you a member of any community group or have you been a member of any community group in the past?	1 = Yes 0 = No → skip to 908	<input type="checkbox"/>
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If 'yes' in 901:

No.	902 ↓	903 →	904 →	905 →	906 →	907 →
	Names of community groups <i>(start with the groups that you are still a member of and then list the groups you were a member of in the past)</i>	What type of group is it? (you can select up to two options) 1 = Economic/ producer group 2 = Religious/ social group 3 = Finance/ savings group 4 = Voluntary group for community activities 5 = Digging group 6 = Other	How many months have you been/were you a member of that group? Number of months	What were the main reasons why you joined this group? (you can select up to two options) 1 = To bring about positive change 2 = To make friends 3 = For my personal development 4 = To be more independent 5 = To improve my household status 6 = For the direct benefits 7 = Other	What were the main reasons why you left this group? (you can select up to two options) 0 = Still a member 1 = Lack of time 2 = Disagreement with group 3 = My husband was against it 4 = Disappointed with outcomes 5 = It was not for me 6 = Other	Have you ever held a leadership position in this group? 0 = No 1 = Yes
A		<input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/>
B		<input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/>
C		<input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/>
D		<input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/>
E		<input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/>

908	Do you hold any civic local leadership position or have you held any civic local leadership position in the past? (e.g. LC/ LC Vice)	1 = Yes 0 = No → skip to END	<input type="text"/>
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If 'yes' in 908:

No.	909 ↓	910 →	911 →	912 →
	Local leadership positions <i>(start with the positions you still hold and then list the positions you held in the past)</i>	How many months have you been/were you holding this position? Number of months	What were the main reasons why you wanted to hold this position? (you can select up to two options) 1 = To bring about positive change for my household or community 2 = To make friends 3 = For my personal development 4 = To be more independent/ leave the house 5 = To improve my status in the household 6 = Other	What were the main reasons why you stopped holding this position? (you can select up to two options) 0 = I am still holding this position 1 = Lack of time 2 = Argument/ disagreement with colleagues 3 = My husband was against it 4 = Disappointed with outcomes 5 = I did not like it/it was not for me 6 = I did not get re-elected 7 = Other
A		<input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/>	<input type="text"/> <input type="text"/>
B		<input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/>	<input type="text"/> <input type="text"/>
C		<input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/>	<input type="text"/> <input type="text"/>
D		<input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/>	<input type="text"/> <input type="text"/>

This is the end of the interview. Explain again that the information will be kept strictly confidential, and that the information will help researchers to strengthen their work in this area. Ask the respondent if she has any questions for you. When finished, thank her for her time.

Oxfam Research Reports

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OXFAM

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