INFRASTRUCTURE AND EQUIPMENT FOR UNPAID CARE WORK: HOUSEHOLD SURVEY FINDINGS FROM THE PHILIPPINES, UGANDA AND ZIMBABWE

2017 Household Care Survey Report, Executive Summary
Care work is essential for personal wellbeing and for maintaining societies. But across the world, it is overwhelmingly done by women, which restricts their opportunities for education, employment, political engagement and leisure.

Unpaid care work is a significant component of the economy, underpinning and contributing to the market economy, and maintaining a healthy, productive workforce. However, government and private sector policy makers rarely recognize their duty to address unequal unpaid care work, nor the public responsibility they have to facilitate unpaid care and domestic work through investments in infrastructure and care services. Since 2013, Oxfam’s Women’s Economic Empowerment and Care (WE-Care) initiative has worked to produce new methodologies and context-specific evidence about care work to enable development actors to address heavy and unequal care work for women in development initiatives and policy proposals. This report summarizes the findings from the 2017 Household Care Survey (HCS) conducted in project areas in the Philippines, Uganda and Zimbabwe.

Governments and the private sector have a role to play in addressing unpaid care work. Because this role is so important, the 2017 HCS research concentrates on building evidence about the impact of public services on the level and the distribution of unpaid care and domestic work between women and men in poor communities. The 2017 HCS also looks at features such as women’s decision-making power and social norms around care to build a comprehensive picture of the factors that influence care-work patterns, and explores the impact of care workloads on women’s health and wellbeing. Communities, governments, the media, development practitioners and the private sector must be aware of the different implications of heavy and unequal care work for women’s lives, their families and communities, so they can act together to recognize, reduce and redistribute care work and improve representation of carers in decision-making processes.

THE HOUSEHOLD CARE SURVEY

The 2014 Household Care Survey (HCS) was devised to provide rigorous evidence on women’s time use for the design of local initiatives for women’s empowerment and care, in selected rural communities in Colombia, Ethiopia, the Philippines, Malawi, Uganda and Zimbabwe.

In 2015, a second round of the HCS in the same districts of Ethiopia and Zimbabwe and in other areas in Colombia, Uganda and the Philippines included methodological improvements such as in-depth investigation of social norms and perceptions of unpaid care work, and provided an end line for the We-Care pilot.

In 2017, the HCS was conducted in new districts of the Philippines, Uganda and Zimbabwe. From April to July 2017, data was collected from randomly sampled households within communities where We-Care is operating. A total of 4,734 respondents were interviewed: 541 in the Philippines, 3,114 in Uganda and 1,079 in Zimbabwe. The sample is not nationally representative, nor does it control for seasonality; it includes five districts in the Philippines, three districts in Uganda and five districts in Zimbabwe. Most households were low-income and rural. For brevity, findings are discussed as for a ‘country’, which should always be understood as the survey sample from districts in the country. The 2017 HCS improved data collection by interviewing 1,679 children, adolescents and young adults between 8 to 21 years old as well as their parents. The analysis used both descriptive and multivariate statistics.
Women do more total hours of work (primary care and paid work) than men in two of the three countries.
KEY FINDINGS

• **Women do more hours of care work than men do in all situations; on average women spent 4.5 to 6.5 hours a day on care as a primary activity.** When supervision of dependants and secondary activities are included, women’s average hours of care responsibility increase to 11 to 12 hours per day.

• **In households with an improved water source, women reported significantly lower total hours of care work than in households without.** This finding implies that a single intervention, providing access to an improved water source, could potentially reduce women’s average unpaid care workload by 1 to 4 hours a day in the districts in three countries where the survey was conducted.

• **Heavy care work can affect women’s wellbeing.** The findings show an association between more hours of care work and women reporting injury and illness linked to these tasks, and that women who reported spending more time on care work experienced more time constraints with care of adult dependants.

• **From responses on social norms related to unpaid care work, what matters most is not what people think community members do, but what they think community members believe.** Women and men were most likely to say that men would do care work in situations where the community considered it acceptable. Additional analysis conducted with data from the 2017 HCS shows that positive social norms are associated with a more equal gendered distribution of care work, i.e. women and men sharing unpaid care work more equally within the household.

TIME USE

Time use is a central element of the HCS. The main indicators for time use are ‘primary care’, or the number of hours respondents spent on care as a primary activity the day before the survey, and ‘any care’, or the number of hours respondents spent on care as either a primary or secondary activity (e.g. leaving food cooking while tending farm animals) or a supervision activity (e.g. supervising children while selling products in the market).

**Women do more care hours than men in any situation (primary care or any care).** Women in all three countries spent on average 4.5 to 6.5 hours a day on care as a primary activity. When ‘any care’ is calculated, women’s total hours with care responsibility more than double, reaching an average of 11 to 12 hours a day. Including hours of care as a ‘secondary activity’ and ‘responsibility for supervision’ more accurately reflects the reality of women’s lives, as compared to only counting hours of care as a primary activity. Women’s mobility, choices and productivity are clearly limited by ‘any care responsibility’, even supervising a sleeping child. Interventions that reduce women’s care workloads contribute to their wellbeing and reduce time poverty.

**Women’s total hours of work (primary care and paid work) are, on average, about 1 hour more a day than men’s in Uganda and Zimbabwe.** Men reported additional hours of care when their hours of ‘any care responsibility’ are included, but findings show that even when hours of ‘supervision’ are included, women’s hours with responsibility for care were, on average, 6.5 to 8 hours longer per day than men’s hours. Between 9% and 52% of men across the three country samples reported no time spent on any kind of care activity the day before the survey.

**Unequal distribution of unpaid care work begins in childhood, and it persists over time.** Girls as young as 8 to 12 spent about 2 hours a day more on care work than boys. We find that girls in all countries and in all age groups spent more time on total work (paid and unpaid) than boys of the same age group did, especially adolescents (aged 18 to 21). This can have implications for schooling, training, public activities and play, and can lead to gender inequalities later in life.
CARE WORK
Because care work is complex and intense, interventions that address heavy and unequal unpaid care work must involve different actors and work on different levels. For example, that care tasks are carried out simultaneously suggests that providing equipment for any single task (e.g. improved cooking stoves) cannot be expected to reduce the overall hours that women spend on care. Even with reductions in time spent on housework, women may increase time on people care, especially if public care services are inaccessible. Governments and the private sector must play a role in the provision of services, infrastructure and equipment that can reduce the time required for unpaid care work. Redistribution requires community engagement and public communications to promote new social norms, and increasing the commitment of men and boys to share care work.

INFRASTRUCTURE AND TIME- AND LABOUR-SAVING EQUIPMENT
The 2017 HCS implies that a single intervention providing access to an improved water source (i.e. not a natural source like a river or spring) could be a powerful factor associated with lower workloads for women. The research found that in households with access to improved water sources, women in the three countries reported spending an average of 1 to 4 hours a day less on any care than women in households without improved water sources. Improved access to water was also associated with more leisure hours for women in Uganda and Zimbabwe but a slight decrease in women’s leisure hours in the Philippines. Children also benefit from improved water sources: in the study areas in Uganda and Zimbabwe, it is associated with boys and girls spending more time on leisure. Additional analysis conducted with data from the 2017 HCS shows that improved access to water is associated with a reduction in the time women spent in multi-tasking of care activities and with girls sleeping longer hours in Uganda and studying longer in Zimbabwe.

The report recommends that government, private sector and development actors prioritize poor households’ access to affordable services and infrastructure related to water, to fulfill national and international commitments to reduce heavy workloads of unpaid care work, especially for women and girls.

Electricity infrastructure is not consistently related to a reduction of women’s care hours in all countries. Electric light can extend the hours in which families are able to do housework. In Zimbabwe, it is associated with more primary and any care hours for women, and less sleep time for women in Uganda. However, in the Philippines, electricity access is associated with women spending fewer hours on primary and any care, more hours on leisure and a more equal distribution of care hours within the household. The same can be said about access to health facilities: in Zimbabwe, it seems to reduce workloads; but for other countries it points to an increase in any care work and/or primary care.

Access to childcare facilities was only reported by 9% to 20% of households interviewed. This access is associated with boys spending more time in school in the Philippines and girls spending more hours on studying at home in Zimbabwe, as compared to households without access to childcare services. Additional analysis shows an association between access to childcare facilities and an increase in time reported on primary care and multi-tasking for women in Uganda and Zimbabwe, and girls and boys reporting less time on paid work in Uganda.

Time- and labour-saving equipment (TLSE) can be associated with reduction and redistribution of unpaid care work. This influence varies according to country and the type of equipment in question. Findings show that technology is a factor that, in some cases, can be associated with lower hours of women’s unpaid care work and men reporting spending more time on care. For example, men spent more time on water collection if the household owned more water-related equipment, and more time on primary care if the household had more fuel-related equipment. It is possible that in households where men spend more time on care work, more money is invested in TLSE. More research is needed to understand social norms and perceptions related to types of equipment and types of unpaid care work, and how technology can be used to challenge perceptions and promote redistribution of care work.

WOMEN’S WELLBEING
Unequal care work can affect the wellbeing of women and their families. The findings show an association between more hours of care work and women reporting that they experienced harm linked to these tasks, in Uganda and Zimbabwe. Women who reported longer hours of care work experienced more time constraints (e.g. not having time for personal care or unable to fulfill expectations to provide a meal), with 8% to 15% of women reporting that they had left a child under six without any supervision during the previous week. Water collection and doing laundry appear to have a significant impact on women’s wellbeing. The survey shows that 74% of the women in the study areas in the Philippines and 19% of the women in the Zimbabwe sample reported an injury, illness, disability or other physical or mental harm related to these tasks.

The report recommends that governments and the private sector take responsibility for gendered inequality in the household and in the economy through investments in care-related services and infrastructure, especially water access, and time- and labour-saving equipment to reduce long hours of care work and to address ‘occupational health and safety’ risks and ‘lost work time’ for women carers. It also calls for more research to investigate the impact of public services and infrastructure on women’s time use and wellbeing to inform more deliberate gender-transformative programmes and public policies.
In households with access to improved water sources, women reported spending an average of 1 to 4 hours a day less on any care responsibilities.
SOCIAL NORMS AND PERCEPTIONS

The HCS found that there are two elements in understanding the role of social norms in shaping attitudes about unpaid care work: what people think others do and approve of, and what they personally believe is acceptable and tell others to do.

The report recommends combining investments in infrastructure, service provision or time- and labour-saving equipment with initiatives that address the social norms that might inhibit women and men from redistributing unpaid care work within the household. Further research is needed to understand what kinds of social norms interventions are most effective for promoting equal sharing of responsibility of care between men and women.

Overall, women and men perceive care work differently. Men generally perceive care work as a less valuable activity than women do, but improved perceptions of the value of care have the potential to increase men’s participation in care. Valuing care activities is associated with more hours per day of any care responsibility for men in Uganda and more primary care hours for men in Zimbabwe. However, the research does not clarify the direction of causality: whether valuing care work more leads to increasing participation in care work, or whether men and women who do more care work value it more.

What matters most is not what people think community members do, but what they think community members believe. In Uganda and Zimbabwe, women and men were most likely to say that men would do care work in situations where the community considered it acceptable. This finding is emphasized by the fact that we do not find an association between perceptions of other men’s involvement in care work and men’s care-work hours for the Philippines and Zimbabwe.

In fact, the large majority of respondents approved or strongly approved of couples sharing care and productive work: 72% to 92% of men and 77% to 87% of women. This finding leads to the recommendation that initiatives can play a role in publicizing the discrepancy between beliefs about care in the community and actual community behaviour.

Programmes can highlight the fact that male participation in care work is widely accepted by individuals, and that men are more likely to engage in care work if their fathers engaged in care activities when they were children. The role of male ‘care champions’, in this context, is not only to lead by example, but also to engage in dialogue to unveil perceptions and challenge social norms about care work in the community.

Men who approved of an equal division of care and productive work spent more time on any care in the Philippines and on primary and any care in Uganda when compared to men who did not approve of sharing tasks. The direction of causality is unclear. In these same countries, the distribution of primary and any care between spouses is more equal in households where women approved of sharing tasks.

Although most men and women approve of an equal division of care and productive work between men and women, women are still seen as the main contributors to the household wellbeing. In all countries, women wanted girls to help with care work significantly more often than men did. Women and men were least likely to want sons to help with care work. This could lead to the persistence of gender inequalities in unpaid care work. The research findings support interventions designed to encourage the participation of boys and challenge perceptions.

Acceptance of gender-based violence is associated with more unequal division of care work. Men who accepted the beating of women for perceived inadequate provision of care tended to spend less time on any care in the Philippines and Uganda. At the same time, there is an association between women accepting the mocking of men who do unpaid care work and women spending more time on primary care in the Philippines and Zimbabwe and any care in the Philippines and Uganda.

The report recommends closer collaboration between initiatives that address gender-based violence and initiatives that promote positive change in gendered social norms and practices on unpaid care work. A concerted approach in addressing harmful social norms and practices could contribute to minimizing risks of gender-based violence related to the redistribution of unpaid care work within the household while promoting more sustainable, transformative approaches towards gender equality.

INDIVIDUAL AND HOUSEHOLD CHARACTERISTICS

Household characteristics can be more decisive than individual traits in determining patterns of unpaid care work. Development programmes often assume that efforts to increase women’s ‘agency’ lead to women renegotiating responsibility for unpaid care and domestic work. However, consistent with the findings from the 2015 HCS, the research shows there is no association between women’s decision-making ability in the household and equality in care hours. When looking at household characteristics, in all countries, women who had at least one child under six spent about 4 to 5 hours more a day on any care activity than women who did not have a young child. Households where respondents were married reported higher gender inequality in care as a primary activity than households where men and women were unmarried. This finding highlights that initiatives on unpaid care work require active engagement of the whole household, especially men and boys, in promoting redistribution.
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NOTES

1 For more, please see the UN Special Rapporteur’s report on extreme poverty and human rights (2013): http://api.ning.com/files/M7-ZTBu0d8uzx5SM9pg0iZx3MmVjOi9Wkd4j0lGHk8OKAASbQ0wxzrlUisQMhUuLMyh0MN0ZbGLMU0Xck7f7Wbdq4a8ZlUnpaidcarereportA.68.293_EN.pdf

2 For brevity, findings are discussed as for ‘these countries’, when they should always be understood as the findings for the survey samples from districts in the three countries.


4 Ibid., forthcoming.

PHOTOS

Front cover: Ulita Mutambo and her husband hang up laundry outside their home in Ture Village, Zimbabwe.

Photo: Aurelie Marrier d’Unienville

Page 3: Grace Aloyo cradles her sleeping baby, Lamwo district, northern Uganda. Photo: Julius Ceaser Kasujja

Page 6: Pastora Samson and her husband wash clothes together at the river in Eastern Samar, Philippines.

Photo: Aurelie Marrier d’Unienville

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