

MEASURING UNPAID CARE WORK IN HOUSEHOLD SURVEYS

WHAT IS THIS STUDY ABOUT?

This case study discusses the successes and challenges of the time use measurements used in Oxfam's Household Care Surveys. The surveys, supported by Oxfam's **Women's Economic Empowerment and Care (WE-Care) programme**, aimed to measure adults' and children's time spent on unpaid care work and other factors that could influence this distribution within the household. The measurements have been improved based on experience from three rounds of data collection in six developing countries. They make an important contribution to measuring care work, which is often underreported in conventional time use measures.

Caring for people and domestic work such as cooking, cleaning and fetching water, is essential for personal wellbeing and survival. But across the world, care work is overwhelmingly done by women, which restricts their opportunities for education, employment, political engagement and leisure. Unpaid care work contributes to the market economy through maintaining a healthy, productive work force. However, government and private sector policy makers rarely recognize their duty to address unequal unpaid care work.

Women's unpaid care work has recently gained more attention from international development actors. The **Agenda for Sustainable Development** includes a target on care work under Goal 5 on Gender Equality:

'Recognise and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate.'

Measuring unpaid care work is key to achieving this goal, and this study describes Oxfam's work to develop accessible methodologies that can be applied by development actors to address women's heavy and unequal involvement in domestic work and caring for people.

WHY WAS THE RESEARCH NEEDED?

Evidence on what works to reduce and redistribute care work in poor communities remains limited. In order to better understand how to address inequalities in care, accurate measures of care work hours are crucial. In conventional time use measures, care work tends to be underreported for two main reasons:

- First, care work is often not considered ‘work’ and done ‘automatically’, which makes respondents less likely to report time spent on care;
- Second, it is difficult to capture the whole spectrum of care work, as it is often performed at the same time as other activities. For example, women might look after children while cooking or engaging in farm work.

Children and adolescents, especially girls, often make essential contributions to the household through their care work, which can negatively affect their schooling, health and time for leisure and play. There is limited research on young people’s care work and it often relies on secondary data, where their parents are interviewed rather than asking young people themselves.

WHAT METHODS WERE USED?

The Household Care Survey

Since 2013, Oxfam’s Women’s Economic Empowerment and Care (WE-Care) programme has worked on producing new methodologies and evidence about care work to enable development actors to address women’s heavy and unequal care and domestic work. As part of these efforts, a Household Care Survey (HCS) has been developed. The HCS methodologies to capture different aspects of adults’ and young people’s care work were tested and improved through three rounds of HCS data collection, reaching six developing countries on three continents.

1. The **2014 HCS** explored patterns of care in Colombia, Ethiopia, the Philippines, Malawi, Uganda and Zimbabwe, which helped to develop WE-Care interventions;
2. The **2015 HCS** interviewed households in the same six countries, and in the same communities in Ethiopia and Zimbabwe, with in-depth investigation of social norms, and served as an evaluation for WE-Care interventions;
3. The **2017 HCS** explored care work in new districts in the Philippines, Uganda and Zimbabwe, with a special interest in public infrastructure, services, and time- and labour-saving equipment.

All HCS questionnaires measured engagement in the care of adults and young people. They also accounted for several factors that might be associated with care work indicators, such as key household and individual characteristics, social norms and perceptions about unpaid care and domestic work and access to infrastructure, services and equipment.

Measuring adults’ care work

The HCS takes an innovative approach to measuring care work that accounts for care activities carried out simultaneously. A one-day recall asked women and men to report what they did during each hour of the previous day starting from 4am. For each hour of the day, respondents were asked the four questions in Table 1.

Table 1: HCS questions about care activities (one-day recall)

	1 <i>Primary care</i>	2 <i>Secondary care</i>		3 <i>Supervision care</i>	4 <i>Supervision care</i>
	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 99 = There is no child in my household	Were you responsible for looking after a dependent adult during that hour? 0 = No 1 = Yes 99 = There is no dependent adult in my household
04am – 05am	_ _ _	_ _ _		_	_
05am – 06am	_ _ _	_ _ _		_	_
...	_ _ _	_ _ _		_	_

For questions 1 and 2, a variety of activity codes were provided, based on the local context and learning from previous rounds of data collection. Based on the four questions of the one-day recall, the data analysis used three main care work indicators:

- **Primary care:** the number of hours respondents spent on care work as a primary activity (question 1);
- **Any care:** the number of hours respondents spent on care work as either a primary (question 1) or a secondary (question 2) or a supervision activity (question 3 and 4);
- **Multi-tasking:** the number of hours respondents spent on doing at least two care activities at the same time (questions 1, 2, 3, 4).

Measuring children’s care work

All three rounds of HCS data collection aimed to capture children’s time spent in care work, but used different approaches. In 2014, mothers were asked to estimate the frequency that their oldest son and daughter had engaged in care activities tasks in the previous month.

The 2015 HCS asked mothers to estimate the hours that all their children had spent on different activity categories, including a variety of care, paid work, education and leisure activities, the day before the interview. Mothers were given 24 beans representing 24 hours of the previous day to assign to different symbol activity cards.

The 2017 HCS included a short questionnaire on young people’s time use that was administered with two young people for each household, usually the oldest boy and girl, unmarried, between 8 and 21 years old. Children and adolescents were asked to divide 24 beans representing 24 hours of the previous day among different activities illustrated by symbols.

The activity categories included:

- Work for family business (including agricultural work), paid work;
- School, studying;
- Meal preparation, fuel collection, water collection, cleaning the house or compound, washing clothes, caring for younger children, caring for adults;
- Sleep, leisure, other.

To account for simultaneous care, the questionnaire included the following two questions:

- While you were doing your other activities (for example, housework or playing), did you also look after younger children yesterday?
- How many hours did you look after younger children for? (Use all 24 beans)

SUCCESSSES AND CHALLENGES

The HCS measurements have been successful in highlighting the intensity and heaviness of women’s and girls’ care work. At the same time, they have highlighted important areas for improving care work measures.

Measuring adults’ care work

Accounting for secondary and supervision activities helped to make visible the large amounts of care work undertaken by women. Across countries and data collection years, women spent between 10 to 16 hours on any care, of which only 4 and 8 hours were primary care. Women’s care work hours were about twice as high when we accounted for secondary and supervision care, compared with only looking at primary care hours (see Tables 2–4 below). For example, the 2017 HCS data shows that care work time for women increases by 85% to 138% of what was registered for primary care hours when we account for secondary and supervision care. Similarly, men’s care work hours increase by 121% to 327% if secondary and supervision care is included, compared with looking only at primary care hours.

Table 2: 2014 HCS – hours spent by women and men in care work

	Colombia		Ethiopia		Philippines		Uganda		Zimbabwe	
	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men
Primary care	4.26	1.19	6.98	1.43	7.65	1.11	5.00	1.25	5.07	0.31
Any care	9.80	4.34	13.48	5.08	11.97	3.69	10.38	3.55	11.86	2.05

Table 3: 2015 HCS – hours spent by women and men in care work

	Colombia		Ethiopia		Philippines		Uganda		Zimbabwe	
	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men
Primary care	4.93	1.17	6.45	0.29	6.58	1.04	4.12	1.15	5.75	1.44
Any care	15.87	8.74	15.22	2.90	16.41	3.04	13.10	6.00	10.8	2.70

Table 4: 2017 HCS – hours spent by women and men in care work

	Philippines		Uganda		Zimbabwe	
	Women	Men	Women	Men	Women	Men
Primary care	6.46	2.43	4.43	0.69	4.67	0.84
Any care	12.00	5.37	10.53	2.91	10.87	3.05

Another advantage of measuring secondary and supervision care is that it helps to better understand women’s multi-tasking. In all study locations and rounds of data collection, women spent significantly more time than men on doing at least two care activities at the same time, between 3 and 9 hours a day. Multi-tasking can be especially tiring for women and can negatively affect their health and wellbeing. The high levels of women’s multi-tasking care have important implications for policy making. The findings suggest that interventions need to address the whole spectrum of care work in order to reduce women’s total care workload. For example, providing equipment for any single task (e.g. stoves for cooking) cannot be expected to reduce women’s total care work hours. While such an intervention might reduce women’s time spent on a particular activity (e.g. cooking), other care tasks carried out simultaneously (e.g. looking after children) would not be reduced.

Enumerators generally reported that the one-day recall worked well in the field. But some enumerators said that the questions were repetitive and made respondents lose interest. Respondents seemed especially impatient with the questions about the early morning/late evening hours, usually spent in sleeping. Some respondents said, for example, ‘I just told you, I slept until 7, why are you asking me again?’ The reason for asking about time use during sleeping hours was to capture care work carried out at the same time as sleeping, such as breastfeeding.

Another weakness of the one-day recall is that it assumes that activities take one hour and might thus ignore tasks that take less than an hour. Care tasks, such as sweeping or doing the dishes, often take less than an hour, and might be ignored.

Furthermore, the one-day recall approach does not account for variation throughout the week or for seasonality. Tasks such as washing clothes or fetching firewood are usually not carried out on a daily basis and might thus be under- or over-reported in the time use measure. Qualitative research in the study settings showed that seasonality affects care in different ways. For example, in Uganda, some care work tasks are more time-consuming in the rainy season (e.g. keeping the compound clean), while others are harder in the dry season (e.g. collecting water). If children are on school holiday, mothers have more childcare responsibilities, but might also get more help with care tasks. The 2017 questionnaire added two questions asking at what time of the year care work and paid work were most difficult. Although these questions provided some insight into seasonality, more detailed measures of seasonal differences in care work are needed.

Measuring children’s care work

While the measurement for adults’ time use remained largely the same in the three rounds of HCS data collection, questions on children’s time use evolved from 2014 to 2017.

The 2014 HCS found that daughters engaged more in care activities than sons, especially in water

collection and cooking. But the estimated frequency measure did not tell us about the actual number of hours children spent on care work. It ignored simultaneous care and excluded younger children in the household. We were also unable to draw comparisons between care and other activities, as the questionnaire only asked about the frequency of carrying out care tasks. Lastly, the data was based on mothers' estimates of children's engagement in care, which raises questions about accuracy.

The 2015 HCS also showed that girls were more likely to engage in care work than boys. But surprisingly, this measure found low hours of care work for children: on average, 0.44 care work hours for girls and 0.25 hours for boys, aged 0 to 17. Such low hours of care work contradicted findings from qualitative fieldwork in the study areas, showing that children, especially girls, made significant contributions to the household provision of care. In Uganda, where children of some of the households were interviewed separately, it was found that children reported significantly higher hours of care work than their mothers. Based on these findings, the WE-Care team realized that to accurately measure young people's time use it was important to interview children themselves.

The 2017 HCS asked young people about their time use. Respondents reported much higher hours of care work than we found in 2015: between 4 to 8 hours of care work for girls and 3 to 5 hours for boys, aged 8 to 21. Feedback from enumerators about using beans and activity symbol cards was generally positive. Most children understood the questions and were happy to participate in the research. The measurement does not provide as many details as the one-day recall for adults, i.e. we do not have as detailed activity codes and in-depth understanding of simultaneous care. It also faces the same challenge as the one-day recall in terms of accounting for variety throughout the week and seasonality.

LESSONS LEARNED

Over the last four years, the We-Care team had the chance to reflect and to draw some key lessons from the three rounds of HCS data collection. They are summarized below:

- The value of measuring secondary and supervision activities to understand the whole spectrum of women's care work;
- The importance of a comprehensive approach to addressing women's care work. Interventions focused on single care activities might be less effective in reducing total care work due to women's tendency to multi-task;
- The need for accurate and detailed measures of young people's time use;
- The value of using activity cards with symbols and beans to help children estimate their time use;
- The significance of interviewing young people themselves about their time use rather than asking their mothers;
- The need to further improve time use measurements to account for variation throughout the week and seasonality.

The care measurements represent an important contribution to research on measuring care work. At the same time it highlights challenges that need to be addressed to produce accurate measures of care, urgently needed for designing policies and interventions to address women's heavy and unequal care and domestic work.

FURTHER READING

Read more about Oxfam's **WE-Care programme**.

The 2014 HCS research report **Women's Economic Empowerment and Care: Evidence for Influencing** discusses patterns of care and related factors from data collection in Colombia, Ethiopia, the Philippines, Malawi, Uganda and Zimbabwe.

The 2015 HCS research report **Factors and Norms Influencing Unpaid Care Work: Household survey evidence from five rural communities in Colombia, Ethiopia, the Philippines, Uganda and Zimbabwe** presents findings from the HCS follow-up survey in Colombia, Ethiopia, the Philippines, Malawi, Uganda and Zimbabwe, with a special focus on social norms and perceptions.

The 2017 HCS research report **Infrastructure and Equipment for Unpaid Care Work: Household survey findings from the Philippines, Uganda and Zimbabwe** summarizes results from data collection in the Philippines, Uganda and Zimbabwe, with special attention paid to infrastructure and equipment.

Oxfam's research guideline on **Planning Survey Research** outlines steps for survey data collection and provides useful advice.

In the blog post **Critical junctures and the redistribution of care work**, Martin Walsh introduces new WE-Care research reports on care work in Uganda (**Transforming Care After Conflict**) and Ethiopia (**Cash Cropping and Care**)

In the blog post, **Measuring time – comparing questionnaire designs**, Simone Lombardini compares duration, estimates and enumerator's bias from two different time-use survey modules from the same impact evaluation survey in Indonesia.

Oxfam's **Real Geek blog** hosts learning and knowledge from Oxfam's technical advisers, researchers and programme colleagues.

LINKS

All links last accessed in April 2018

WE-Care (Women's Economic Empowerment and Care) programme: <https://policy-practice.oxfam.org.uk/our-work/gender-justice/womens-economic-empowerment/we-care>

Women's Economic Empowerment and Care: Evidence for influencing: <https://policy-practice.oxfam.org.uk/publications/womens-economic-empowerment-and-care-evidence-for-influencing-578732>

Factors and Norms Influencing Unpaid Care Work: Household survey evidence from five rural communities in Colombia, Ethiopia, the Philippines, Uganda and Zimbabwe: <https://policy-practice.oxfam.org.uk/publications/factors-and-norms-influencing-unpaid-care-work-household-survey-evidence-from-f-620145>

Infrastructure and equipment for unpaid care work: Household survey findings from the Philippines, Uganda and Zimbabwe: <https://policy-practice.oxfam.org.uk/publications/infrastructure-and-equipment-for-unpaid-care-work-household-survey-findings-fro-620431>

Planning Survey Research: <https://policy-practice.oxfam.org.uk/publications/planning-survey-research-578973>

Critical junctures and the redistribution of care work: <https://views-voices.oxfam.org.uk/gender/wee/2017/12/critical-junctures-care-work>

Measuring time - comparing questionnaire designs: <https://policy-practice.oxfam.org.uk/blog/2017/01/real-geek-measuring-time-comparing-questionnaire-designs>

Real Geek blog: <https://views-voices.oxfam.org.uk/topic/methodology/real-geek>

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