GENDERED PATTERNS OF UNPAID CARE AND DOMESTIC WORK IN THE URBAN INFORMAL SETTLEMENTS OF NAIROBI, KENYA

Executive Summary for a Household Care Survey 2019
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ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tr>
<td>CBO</td>
<td>Community-Based Organizations</td>
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<td>CSOs</td>
<td>Civil Society Organizations</td>
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<td>GBV</td>
<td>Gender-Based Violence</td>
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<td>GDP</td>
<td>Gross Domestic Product</td>
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<td>GNP</td>
<td>Gross National Product</td>
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<td>HCS</td>
<td>Household Care Survey</td>
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<td>ILO</td>
<td>International Labour Organization</td>
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<td>Ksh</td>
<td>Kenyan Shillings</td>
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<td>NOPE</td>
<td>National Organization of Peer Educators</td>
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<td>RCA</td>
<td>Rapid Care Analysis</td>
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<td>SDG</td>
<td>Sustainable Development Goal</td>
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<td>SITE</td>
<td>Site Enterprise Promotion</td>
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<td>TLSE</td>
<td>Time- and Labour-Saving Equipment</td>
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<td>UCDW</td>
<td>Unpaid Care and Domestic Work</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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EXECUTIVE SUMMARY

Unpaid care and domestic work (UCDW) underpins all societies and contributes to wellbeing, social development and economic growth. Around the world, women spend disproportionately more time than men caring for children, the elderly and the sick, and on cooking, cleaning and household tasks. Yet, while UCDW contributes $10 trillion of output per year – roughly equivalent to 13% of global GDP (World Bank, 2012) – it remains largely invisible, unrecognized and absent from public policies. Positively, the adoption of ILO Resolution I concerning statistics on work relationships, will mean an estimated 650 million unpaid carers globally will be now be counted as part of the labour force. Women and girls’ greater responsibility for UCDW results in opportunity costs that can hinder their ability to enjoy their rights and freedoms to decent work, education, health, rest and leisure. The unequal distribution of UCDW between women and men further limits women’s opportunities for economic empowerment and political participation.

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 and policy makers to address heavy and unequal care work for women and girls. WE-Care is currently implemented in six countries1 across South-East Asia and Africa, including Kenya, in partnership with national women’s rights organizations, civil society and the private sector.

Between October 2018 and March 2019, Oxfam in Kenya commissioned a Household Care Survey (HCS) to understand household patterns of UCDW in the five informal settlements of Kibera, Mathare, Mukuru, Kawangware and Korogocho in Nairobi City.

The objectives of this research were to:
• Establish how UCDW is distributed between the sexes and age groups in the five informal settlements.
• Understand mediating factors affecting the distribution of UCDW in households.
• Explore women and men’s perceptions and attitudes towards UCDW, including its perceived social value.
• Analyse household and individual characteristics and arrangements that facilitate or hinder the equal sharing of UCDW at household and community level.
• Develop policy recommendations for government and key stakeholders to address UCDW.

Locally, the Kenya HCS was anchored within Oxfam in Kenya’s Women Rights Programme’s urban interventions, which aim to ensure that people in urban areas are empowered and have choices and opportunities to live safe, secure and productive lives. The study was carried out under Oxfam’s WE-Care and Wazesha Jamii projects, the latter of which supports the economic empowerment of poor and vulnerable women domestic workers and small-scale traders in the informal settlements of Kibera, Mathare, Mukuru, Kawangware and Korogocho in Nairobi City.

The HCS was carried out using a cross-sectional analytical survey design. Over 30,000 women engaged in the Wazesha Jamii project (20,000 women small-scale traders and 10,000 women domestic workers) were targeted. Male heads of households also constituted part of the study respondents, and were selected based on their partnership with or marriage to the women beneficiaries. A total of 328 women, 42 men and 93 children (48 male and 45 female) took part in the study. The low number of male respondents relative to females was a limitation of the survey, meaning that robust statistical testing using males could not be carried out. The findings and recommendations were validated with survey respondents, community representatives, civil society organizations and government stakeholders.
SNAPSHOT: NAIROBI CITY’S INFORMAL SETTLEMENTS

Ethnic composition: According to the Kenya Population Census (2009), the five largest ethnic groups – the Kikuyu, Luhya, Kalenjin, Luo and Kamba – make up nearly 70% of the country’s population of 48 million (Republic of Kenya, 2009). Across the five study sites, of the total 463 respondents, 24% were from the Luhya community, 22% from Luo, 19% from Kamba and 16% from Kisii communities.

Income: The average monthly income across the settlements was found to be 7,342 Kenyan shillings (approx. $71) – a little over half the minimum monthly wage for Nairobi (13,572 Ksh/approx. $132).2

Living conditions: Living conditions across Nairobi’s informal settlements are generally very poor, with overcrowding a significant issue. Housing is often made of poor-quality building materials such as mud or metal sheets, and dwellings often lack basic amenities like drinking water, electricity and sewage disposal. The HCS found that the majority (66%) of dwellings were housing between four and six people.

Environmental conditions: Though the five informal settlements share many characteristics, they are not completely homogeneous and the dominant economic activity in the areas differs, affecting provision of services, social dynamics and environmental conditions. Some of the differences observed in the study could be a result of different economic activities as well as environmental factors. For example, Mukuru is located next to an industrial zone, has filthy water and industrial effluent runoff on land, and mainly houses people on low incomes who are working in the industries. A Rapid Care Analysis carried out by Oxfam in 2016 in this area confirmed that childcare is extremely difficult due to i) constraints against outdoor play and ii) disease outbreaks as a result of industrial effluent and open sewers (Oxfam, 2016).

Sanitation facilities: Informal and squatter settlements lack basic toileting and bathing amenities, which may have implications for the redistribution of UCDW within households (Kenya National Bureau of Statistics, 2015). The HCS shows that less than 10% of dwellings had a private toilet and bathroom, with the majority of respondents sharing both a toilet and bathroom with other families. This is characteristic of informal settlements, where both space and sanitary facilities are underdeveloped, which implies lack of privacy.

Water and electricity: Access to improved water in urban areas in the country is 81%, while 88% of respondents reported having access to it in the areas surveyed. Access to electricity is 77% nationally in urban areas, against 93% for respondents in the survey (The World Factbook, 2016).

Employment: While Nairobi’s informal settlements have high unemployment rates, the female target group for this study were those who were employed as domestic workers or small-scale traders. However, the HCS found that this was mostly informal employment, with over 90% of female adult respondents (women, men and children) in informal employment.*

*Informal work includes: engaged in paid domestic work, unpaid work for family business, informal work-income-generating activity, self-employed in the formal sector.
5 GENDERED PATTERNS OF UNPAID CARE AND DOMESTIC WORK IN THE URBAN INFORMAL SETTLEMENTS OF NAIROBI, KENYA: FINDINGS FROM A HOUSEHOLD CARE SURVEY

KEY FINDINGS AT A GLANCE

**DISTRIBUTION OF UCDW1 BETWEEN WOMEN AND MEN**

- **TIME USE.** Women had by far the greatest responsibility for UCDW.
  - **TIME SPENT ON PRIMARY CARE2:** Women spent an average of 5 hours a day on primary care compared to about 1 hour a day reported by men.
  - **TIME SPENT ON ANY CARE:** Women spent 11.1 hours per day on any care compared to just 2.9 hours per day for men.
  - **TIME SPENT ON PAID WORK:** Men spent almost double the time that women spend on paid work (10.5 vs. 5.3 hours per day, respectively).

- **ACCESS TO CARE SERVICES, INFRASTRUCTURE, AND EQUIPMENT.** Women with access to these tended to spend less hours on any care.
  - Women with access to improved water sources and healthcare facilities spent 4 to 5 hours less per day on any care.
  - Owning more fuel and washing-related equipment was associated with about 2 to 3 hours less on any care for women.
  - Women who lived further away from the nearest market tended to spend more time on any care.

- **WOMEN’S HEALTH AND WELLBEING.** Although UCDW is a social good that is necessary for the functioning of society, too much and too heavy tasks can have negative mental and physical health effects.
  - % of surveyed women who suffered from an injury, illness, disability, or other mental/physical harm due to UCDW: 55%
  - % of surveyed women who suffered from a serious or incapacitating injury due to UCDW: 22%

**HOUSEHOLD CHARACTERISTICS THAT INFLUENCE UCDW**

- **UCDW ARRANGEMENTS.** Majority (73%) of women surveyed reported that they were satisfied with how UCDW was currently shared across the household, which is mainly attributed to the fact that they saw UCDW as a woman’s task.

- **HOUSEHOLD CHARACTERISTICS.** Women living in households with at least one child under 6 spent more time on primary and any care.

**SOCIAL NORMS AND PERCEPTIONS**

- **SOCIAL NORMS.** There are two important elements in understanding the role of social norms in shaping individual attitudes: what people think others do, and what people think others approve/disapprove of.
  - % of women respondents who indicated that the majority of women in the community would support men doing UCDW: 66%
  - % of men respondents who indicated that the majority of women in the community would support men’s involvement in UCDW: 71%
  - % of women and men respondents who believed that men should not be shamed or mocked for doing UCDW: 89%
  - % of women and men respondents who believed it was acceptable for a man to beat a woman if she failed to undertake UCDW tasks: 11%

- **MEN’S UPBRINGING.** Men were more likely to have been taught how to perform UCDW tasks than to have observed the actual performance of these tasks by other men during their upbringing.

- **SHAMING OR MOCKERY.** 44% of women respondents affirmed having known of a man who had been subjected to mockery due to performing UCDW.

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1 For more information on unpaid care and domestic work, visit [www.oxfam.org.uk/care](http://www.oxfam.org.uk/care).
2 Primary care refers to the dominant activity during the hour.

Icons: UN OCHA, Surya Lesmana, Nibras Design, Rudez Studio, Dairy Free Design, and Max Hancock (Project Noun)
KEY FINDINGS

Time use

Time use is a central element of the HCS. The main indicators for time use are ‘primary care’ (number of hours spent on UCDW as a primary activity the day before the survey) and ‘any care’ (number of hours spent on UCDW as either a primary or secondary activity). ‘Any care’ captures the extent of care responsibilities which may be invisible in time-use surveys that only record the main activity, for example, simultaneous activities and multitasking such as leaving food cooking while tending farm animals (subsistence agriculture), or supervising children while watching television (leisure as a ‘primary activity’) or supervising children while selling products in the market (paid work as a ‘primary activity’).

Women had by far the greatest responsibility for UCDW, spending an average of about 5 hours a day on primary care compared to about 1 hour a day reported by men. Furthermore, women’s time spent on any care took up a significant proportion of their day – more than triple that for men – with women reporting 11.1 hours per day for any care compared to 2.9 hours per day for men. Overall, women had greater childcare responsibilities than men, and were more than 20% more likely than men to have been responsible for looking after a child in the last 24 hours.

Whereas women spent considerably more time than men on unpaid care work, men spent almost double the time that women spent on paid work (10.5 vs. 5.3 hours per day, respectively). Women and men spent roughly equal time on leisure and sleep, with women reporting spending 11.7 hours, compared to 12.0 hours for men. Thus, while men spent half their day on leisure and nearly half on paid work, devoting about only 1 hour to UCDW, women’s days were much longer due to their longer hours on unpaid care work. The implications of this time poverty for women can include lack of opportunity to engage in other paid work, community and political life, education and self-care.

Individual and household characteristics

As found in previous Household Care Surveys conducted by Oxfam (available at Oxfam’s policy and practice page), women living in households that had at least one child under the age of six reported spending more time on primary and any care, while no association was found for men. The study also assessed if individual and household characteristics were associated with the distribution of UCDW between women and men. Having at least primary-level education was associated with higher primary care hours for women (but not for men). When considering women’s marital status, the study found that married women reported more time spent on any care responsibilities than single women. Other factors, such as respondents’ age and number of household members, were not significant in affecting time spent on UCDW for either men or women.

Access to care services, infrastructure and equipment

The findings showed that women with access to improved water sources and healthcare facilities spent from 4 to 5 hours less per day on any care than women without these services. Not surprisingly, owning more fuel and washing-related equipment was also associated with about 2 to 3 hours less on any care for women, respectively. However, access to electricity and childcare facilities were not significantly associated with women’s care work hours, a counter-intuitive result also found in other care surveys and discussed further below. Women who lived further away from the nearest market tended to spend more time on any care, potentially due to women looking after their children while walking to the market.

Women’s health and wellbeing

Although care work is a social good that is necessary for the functioning of society, when tasks such as fetching water from long distances or carrying heavy loads of fuel are particularly laborious and involve a lot of drudgery, they can have negative mental and physical health effects. The study showed some of these negative effects of heavy and time-intensive UCDW on women’s health and wellbeing, with over half (55%) of surveyed women reporting that they had suffered from an injury, illness, disability or other physical or mental harm due to their unpaid care or domestic tasks in the last 12 months. A further 22% of these women reported having suffered a serious or incapacitating injury as a result of their UCDW responsibilities.

Men’s upbringing

Men were more likely to have been taught how to perform UCDW tasks than to have observed the actual performance of these tasks by other men during their upbringing. The majority (71%) of men had never seen another man wash clothes, while almost two-thirds (62%) had never seen another man clean the house/compound; almost half (45%) had never seen another man prepare meals, and over one-third (38%) had never seen another man take care of siblings. The results showed that men who had been taught to cook as children or whose fathers cooked when they were children tended to do more primary care, and men who had been taught to look after children performed more any care. While the small male sample size means these associations need to be taken with caution, they provide important insights for understanding how descriptive norms (the perception of how people behave) and role modelling by male figures might shape men’s behaviour and attitudes towards UCDW in later life.

Household UCDW arrangements

The majority (73%) of women reported that they were satisfied with how UCDW was currently shared across the household, a view they mainly attributed to the fact that they saw UCDW as a woman’s task. Yet when asked
whether men should do UCDW, an even greater majority of women (83%) affirmed that men should do UCDW. Though it appears contradictory, this finding highlights the strong role of social norms in shaping perceptions about gender roles and responsibilities, and the linkages of these norms with UCDW as a highly gendered domain that is maintained by norms held by both men and women. Women were often hesitant to ask men for assistance in doing UCDW, with less than 10% asking for help with regular care tasks. Further, even when women did ask for men’s assistance, they reported that 50% of the time men were not willing to help with tasks such as washing/ironing clothes, cleaning the house/compound and collecting fuel. Men, however, reportedly more willing to help with selected tasks such as caring for children (35% of the time) or water collection (24% of the time). This could suggest that men evaluate the perceived social acceptability of males performing the task in question when deciding whether or not to help their partners with it.

In considering the association between women’s agency and the household division of UCDW, the research found that women who have more decision-making power in the household tend to spend less time on any care work, based on an analysis of women’s autonomy to take decisions in the household and the time they reported spending on unpaid care. This finding contrasts with previous care surveys in countries such as Zimbabwe and Uganda (available at Oxfam’s policy and practice page), where there was no association between a woman’s decision-making ability in the household and the time she spends on UCDW. In these contexts, researchers concluded that social norms about gendered care roles were more powerful than women’s agency in determining behaviour. The question arises as to whether social norms are less powerful in determining care roles for women in urban areas or those who are in paid work. In this survey, women who owned more assets independently or jointly with other household members were also found to spend less time on any care work than women who did not own assets. This finding is consistent with the hypothesis that a woman’s sense of stability – or vulnerability – informs her willingness to negotiate about workloads and division of labour.

Social norms and perceptions

There are two important elements in understanding the role of social norms in shaping individual attitudes: what people think other community members do, and what people think other community members approve/disapprove of. While there was no association found between men and women’s beliefs about community members’ approval/disapproval of a more equal distribution of unpaid care work and the actual number of care work hours performed by men and women, the research highlighted the significant role of social norms in shaping attitudes towards UCDW, particularly those related to perceptions of community approval. Over 66% of women respondents indicated that they think the majority of women in the community would support men doing UCDW, while less than 20% of them think the majority of men in their community would support it. Among male respondents, 71% of respondents indicated that the majority of women in their community would support men’s involvement in UCDW, while about 33% reported that they think the majority of men in their communities would support men doing UCDW. These findings, aligned with data on time use, indicate a tendency for men to subscribe to attitudes they believe other men hold regarding UCDW, i.e. low participation and low expectations, but a desire for change of these normative expectations by the women. Despite the majority 89% of women and men reporting that men should not be shamed or mocked for doing UCDW, 44% of women affirmed having known of a man who had been mocked for performing UCDW. In other words, 11% of women and men still believe it is valid to mock men for engaging in UCDW and nearly half of women have known a man who has experienced this type of backlash. Despite this positive result, the research showed that there is persistent acceptability among study participants of violence against women related to women’s performance of UCDW. Between 4% to 11% of women and men thought it was acceptable for a man to beat a woman if she failed to undertake UCDW tasks. This demonstrates the link between socialized gender roles, including those related to the performance of UCDW, and gender-based violence (GBV).

Perceived social value and skill of UCDW

Increasing investment and participation in UCDW may also be thwarted by perceptions of care work as inconsequential or unskilled. Previous studies have found UCDW considered ‘petty work’. Survey participants were asked to rank common work activities by their value and skills required. The findings show that women ranked most paid work activities to be of higher value than care work activities, with the exception of fuel collection, while men’s ranking of value was not skewed to either category of activity. The findings show that as long as women continue to undervalue UCDW, they may not see the need for efforts aimed at integrating discussions on unpaid care into the economics of labour. Likewise, if care work is not valued women may see no need to reduce or redistribute care work within households.

There is some congruence in the ratings by both men and women with regard to the skills required to perform care and paid work tasks, with men ranking paid work slightly higher than women. For instance, both men and women believe that meal preparation requires lower skills while caring for their own children requires higher skills. Importantly, it is observed that since most UCDW – whether paid or unpaid – is learnt as part of the socialization process, its performance is taken for granted as not requiring skills, hence contributing to the low value and income associated with it.
In terms of UCDW tasks considered the most problematic, washing/ironing and mending clothes tops the list for both sexes, as rated by 47% of men and 40% of women.

RECOMMENDATIONS

Drawing from the study findings and conclusion, this section seeks to make practical and realistic recommendations for policy and programming interventions on UCDW. The recommendations are centred on the ‘Four Rs’ framework for addressing UCDW (Recognition, Reduction, Redistribution and Representation), and customized to the Kenyan context. The recommendations also follow the wording of SDG 5.4 on unpaid care and domestic work, which affirms roles and responsibilities of critical actors beyond households and communities, to the state and its institutions, the private sector and civil society organizations.

THE ‘FOUR Rs’ FRAMEWORK

**Recognition** involves making visible the contribution of UCDW to society and the economy, including through government policies, budget allocation and the collection of quantitative and qualitative data to inform policy responses.

**Reduction** efforts include reducing the drudgery of time- and labour-intensive UCDW tasks to free up women and girls’ time to participate in education and social, political and economic life.

**Redistribution** efforts involve ensuring that the responsibility for UCDW is shared more equitably between women and men, and between government, the private sector, communities and households.

**Representation** involves ensuring the meaningful inclusion of unpaid carers in decision making about national, community and household budgets, planning, policy and decision-making processes, to ensure that UCDW is considered in infrastructure and services at all levels.

**RECOGNITION**

1. **NATIONAL AND COUNTY GOVERNMENTS**

Develop and implement gender-responsive public policies and budgets that recognize the extent of UCDW in citizens’ lives and the contribution of UCDW to social and economic wellbeing. This should include the National Treasury (Department of Planning) working closely with the Ministry of Labour and Social Protection to collaborate and steer the recognition of UCDW in government planning and budgeting processes.

2. **NATIONAL GOVERNMENT**

Commit to regular collection and analysis of national time-use data as part of the government’s commitment to monitoring progress on SDG Target 5.4, and incorporate ILO Resolution I into the 2019 census. This will provide the government with critical data on the contribution of UCDW to the country’s social and economic development to inform evidence-based policy. Specifically, enacting ILO Resolution I will mean unpaid carers are counted as workers on the labour force. National time-use surveys should be led by the Kenya National Bureau of Statistics in line with best practice and standards on SDG Indicator 5.4.1, and in consultation with the Kenya SDG Forum and civil society.

3. **CIVIL SOCIETY AND DEVELOPMENT ACTORS**

Increase recognition of the value and significance of UCDW among communities and the country at large and of the importance of reducing and redistributing care work in order that women realize their full potential as human beings. This includes evidence-based policy advocacy that highlights how freeing up women’s time allows more women to participate in social, political and economic life, and demonstrates that efforts to reduce poverty will have a limited impact as long as women have almost sole responsibility for UCDW.

**REDUCTION**

4. **NATIONAL GOVERNMENT**

Invest in care-related infrastructure, public services and social protection to reduce long and arduous hours of UCDW for women and the related negative health impacts and opportunity costs. This should be delivered through national policy frameworks resourced through a progressive taxation regime that does not further disenfranchise women, with clearly established national guidelines on investment in essential services, parental leave schemes for informal sector workers, and sufficient budgetary allocation to County governments.

5. **COUNTRY GOVERNMENTS**

Prioritize gender-responsive budget allocations for public services and infrastructure that reduce the time and intensity of UCDW, such as water points, sanitation services, electricity, healthcare facilities and early childhood development and education (ECDE). These must be accessible, affordable and of high quality. Planning for their implementation must be based on local-level consultations and needs assessments with women carers, and targeted to the poorest households where women do the most heavy and arduous UCDW. Ongoing maintenance and repair costs of infrastructure such as water points should be budgeted for.

6. **PRIVATE SECTOR**

Work in partnership with government and development actors to prioritize the manufacturing and provision of affordable time- and labour-saving equipment and technology to low-income households, and share the costs of care with workers. This includes equipment such as laundry and washing facilities, fuel-efficient cook stoves and transportation devices that have been shown...
to reduce the drudgery of time- and labour-intensive UCDW tasks, and allowances such as childcare subsidies and paid leave for illness and maternity/paternity.

**REDISTRIBUTION**

7. **NATIONAL AND COUNTY GOVERNMENTS**

   Develop public communications, advertisements and public service announcements that positively reinforce men’s roles in caring for children and families. For example, in health and education communications, this could include showing both fathers and mothers taking their children to school or to the doctor.

8. **CIVIL SOCIETY AND DEVELOPMENT ACTORS**

   Collaborate with diverse stakeholders, including religious leaders, private sector, the media and government, to develop evidence-based social norms interventions that encourage men to share responsibilities for UCDW, by addressing the negative social norms that influence gender roles and the unequal distribution of UCDW between women and men. These interventions should consider approaches that work with couples to promote respectful and equal relationships and have been shown to foster more equal sharing of care and household responsibilities. Social norms interventions should also consider and address the known relationship between GBV and UCDW to ensure a concerted approach in addressing harmful social norms to ensure a concerted approach in addressing harmful social norms and to minimize the risk of backlash against women and men who challenge existing gender roles.

9. **CIVIL SOCIETY, DEVELOPMENT ACTORS AND PRIVATE SECTOR (INCLUDING THE MEDIA)**

   Develop large-scale mass media campaigns through social media and advertising/marketing channels that target both men and women, and focus on the benefits of redistribution of UCDW among family members. This should include working with male champions for peer influencing and role modelling for younger generations, as well as calling out the behaviours and attitudes of people in positions of power and influence that promote unhelpful and negative gender stereotypes related to care and domestic work.

**REPRESENTATION**

10. **NATIONAL AND COUNTY GOVERNMENTS**

   Put in place mechanisms and processes for the inclusion of women caregivers in consultations and decision making related to budget allocation, needs assessments etc. Both public and private institutions should make provision for care-supporting services and spaces in meeting and work places, for example, on-site breastfeeding spaces and childcare facilities.

11. **NAIROBI COUNTY GOVERNMENT**

   Ensure that women with care responsibilities are included in ward-level committees and leadership roles. These processes should take into consideration the specific time constraints faced by women with UCDW responsibilities, for example by considering factors such as the time of day and location that meetings are held and the availability of childcare and breastfeeding spaces during the meetings.

12. **CIVIL SOCIETY AND DEVELOPMENT ACTORS**

   Support and advocate for the inclusion of diverse groups of women (and men) carers in public dialogue and decision making related to budgets and community planning, while lobbying government to ensure it meets its obligations in this area. These initiatives should ensure that women have the appropriate skills, knowledge and confidence to actively take part in dialogues and consultations.

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**AREAS FOR FUTURE RESEARCH**

Further comparative research on time use and social norms related to UCDW is needed in other sectors of the Kenyan population. This includes in rural areas and among the urban middle classes, as well as among some of the distinct cultures (e.g. coastal culture), to understand how UCDW dynamics differ and to develop appropriate policy and programming responses. Qualitative research that more closely examines the link between social norms, GBV and unpaid care work is also needed to inform the development of social norms interventions and behaviour change campaigns.

Other suggestions to improve future Household Care Surveys are:

- Include dimensions of unpaid care work among families caring for people who are elderly, sick or disabled.
- Combine the HCS with qualitative methodologies, such as the Rapid Care Analysis.7
- Ensure the sample is sufficiently large to analyse non-traditional household structures and living arrangements, to explore if/how these factors are associated with different UCDW patterns.
- Include measures to recruit a larger male sample that can be analysed comparably to the female study population, for example through pre-existing community and development interventions on livelihoods, parenting and UCDW, etc.
NOTES


3. SDG Target 5.4: Recognize 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.

4. ILO Resolution I (2018) mandates that persons who are engaged in services for home consumption - such as UCDW - will be counted as working: https://www.ilo.org/wcmsp5/groups/public/---dgreports/---stat/documents/meetingdocument/wcms_648693.pdf

5. SDG Indicator 5.4.1: Proportion of time spent on unpaid domestic and care work, by sex, age and location.

6. Such as maternity cash benefit schemes for women in the informal economy through employer liability, social insurance or tax-financed cash transfer schemes.

7. The Rapid Care Analysis (RCA) is a participatory, qualitative methodology developed by Oxfam to understand patterns of UCDW in households and communities, to understand the social norms underpinning them, and to support communities to identify solutions. https://policy-practice.oxfam.org.uk/publications/participatory-methodology-rapid-care-analysis-620147