

# RAPID CARE ANALYSIS

A contextualized tool for the Occupied Palestinian Territory



Naheel and Abed, a couple from Khanyunis, southern Gaza preparing Romanya, a traditional Gaza dish based on pomegranate fruit. Photo: Saady Modukh/Oxfam, 2019.

## ASMAA ABU MEZIED, BUTHAINA MIZYED, AND ISABELLE DE CHAMPLAIN-BRINGUÉ

This report analyses the issue of unpaid care and domestic work in the Occupied Palestinian Territory (OPT) using Oxfam's Rapid Care Assessment tool. Through a participatory approach, the report explores how different communities across OPT define unpaid care and domestic work through a gender lens; how they distribute this work across the household, the average hours spent by women and men on care work, and how intersectional factors influence this time allocation. The report examines the trends that influence those roles and responsibilities, particularly in a context of protracted crisis, and how issues like economic deterioration, electricity crisis and climate change in the Gaza Strip increase the care work carried out by women and girls. The report highlights areas for action: recognizing and reducing the responsibility of care work for women and girls, raising awareness and educating about the redistribution of unpaid care and domestic work at the household level between men and women, and at the state level accessing affordable basic services.

**Oxfam Research Reports** are written to share research results, to contribute to public debate and to invite feedback on development and humanitarian policy and practice. They do not necessarily reflect Oxfam policy positions. The views expressed are those of the author and not necessarily those of Oxfam.

# CONTENTS

<b>Summary</b> .....	<b>3</b>
<b>1 Introduction</b> .....	<b>5</b>
<b>2 The Rapid Care Analysis methodology</b> .....	<b>7</b>
Communities .....	9
<b>3 Limitations</b> .....	<b>10</b>
Learning .....	10
<b>4 Key findings</b> .....	<b>11</b>
Sample profile .....	11
Defining ‘care responsibilities’ .....	11
Findings: Care roles and relationships.....	13
Average weekly hours spent on different types of work .....	13
How care roles are distributed .....	15
Social norms and their impact on care work .....	16
Exploring changes in care patterns .....	18
<b>5 Challenges and recommendations</b> .....	<b>20</b>
Notes.....	22
Acknowledgements.....	23

## SUMMARY

Women in the Occupied Palestinian Territory suffer from multiple and intersectional challenges including conflict, violence, a deteriorating economic situation and a high unemployment rate. Young women between the ages of 20 and 29 have a 78% unemployment rate. Understanding the dynamics of unpaid care and domestic work (UCDW) is an essential step towards systematically addressing women's economic empowerment, particularly when it comes to its unequal distribution between women and men, boys and girls, and the weak infrastructure investment by the government. Women are disproportionately responsible for unpaid, reproductive care and domestic work which limits their time to invest in small-scale enterprise development, wage employment or marketing. Oxfam initiated a care study and rapid care analysis to understand the specific time commitments and care responsibilities of women, and how the gendered division of work affects women's economic activities.

The analysis was carried out in four communities in the OPT: in Eastern Gaza, Northern Gaza, Kufr Dan and Tubas communities; the former two located in Gaza and the later two in the West Bank. This report documents the findings from this applied research, particularly how the Palestinian context of conflict and occupation affects women's unpaid care and domestic work. The following represent some of the key findings.

- A gendered understanding of UCDW is instilled from early childhood, when women are taught that household chores are their main responsibility while men's responsibility is breadwinning. While both men and women would be subject to societal scrutiny when not adhering to such gendered roles, men, for example, are more likely to be called demeaning names by friends when seen helping with household chores.
- Women in the Gaza Strip who do not do paid work spend an average of 12 hours daily on unpaid care and domestic work; while men without paid employment spend an average of 5 hours. Women in the West Bank highlighted time poverty as the main challenge, as they spend an average of 5 hours a day on the productive work of raising animals.
- Men spend an average of 3.4 hours on primary care responsibilities; however, there is a difference between men with and without paid work, with the former reported spending 1.5 hours a day on primary care responsibilities and the latter spending 5 hours on primary care responsibilities.
- Factors such as age, being a working mother, children's ages, the family's financial situation, the existence of disabled family members, children's education, family size, the husband's support and giving psychological support influences the time spent on care responsibilities by women.
- During war and conflict, particularly the 2014 conflict in Gaza, women reported a tremendous increase in the intensity and time of unpaid care and domestic workloads as families become displaced and live in crowded accommodation and shelters. This load is exacerbated by the difficult access to hygiene and sanitation, by stress and the increased demand for emotional support, by the increased numbers of disabled and injured people, and the inability to access food markets.
- The electricity crisis in the Gaza Strip has affected women's unpaid care and domestic work by intensifying the workload during the 6 hours of electricity available each day, instead of conducting domestic work throughout the day. Furthermore, women caring for their disabled family members who are dependent on electrical machines, had to compensate for the lack of electricity by using manual operation for breathing machines.
- The findings document increased care and domestic workloads due to climate change, where women had to deal with illness due to sudden temperature fluctuations, coupled with a lack of proper infrastructure and agricultural income losses prohibiting families from purchasing time- and labour-saving equipment.

- The findings document how poverty and a lack of access to proper infrastructure increase the pressure on women's mental health in managing their houses and providing for their families with the limited resources available.

The study highlighted a set of recommendations as fundamental to addressing UCDW for these four communities, including raising awareness of gendered roles in UCDW and proposing a social campaign to change the narrative, attitudes and social norms, and public investment in safe and affordable educational spaces for children. Teaching children in the household is extremely time consuming for women. Recommendations also include investing in family economic empowerment projects rather than women-only initiatives, to ensure better harmony and cooperation; and for municipal and government investment in better roads and water facilities to ease mobility and reduce the impact of the flooding of houses during winter. Finally, the report emphasises the importance of providing affordable and accessible care facilities for people with disabilities and the elderly.

# 1 INTRODUCTION

Oxfam's initiatives on unpaid care and domestic work aim to reduce the difficulty of domestic work and to redistribute responsibility for providing care between women and men, and between (poor) families and the state and employers. To overcome inequality and vulnerability, there must be an improved understanding of care work, as well as public and private sector investments in care. The Rapid Care Analysis (RCA) is a qualitative participatory methodology developed by Oxfam in 2013 to assess context-specific patterns of unpaid household work and care of people. The tool is used to improve our understanding of gendered patterns of care work and the gaps in government and employer care services that may contribute to the limited participation of women and girls, and to understand where development projects could be of value. RCA has the potential to increase significantly the quality of programs delivered by Oxfam.

## Unpaid care and domestic work: definitions

**Unpaid care and domestic work (UCDW):** caring for children, sick and elderly people as well as maintaining households – is instrumental for people's wellbeing, social equality and the global economy. However, heavy and unequal workloads restrict women's economic participation and from playing a significant role in political and social spheres.

**Domestic work** is defined as 'routine housework which includes preparing food/cooking, cleaning, dealing with household waste, washing, mending, ironing clothes, household planning, shopping for household goods, and collection of water and firewood.'

**Unpaid care** refers to 'direct care of people whether children, elderly, ill or disabled family member or care of community members (feeding, bathing, dressing, playing, helping with school work, supervising safety, accompanying a child to school, clinic or other public services).'

Source: T. Kidder and C. Poinetti (2013). Participatory Methodology: Rapid Care Analysis. Oxfam. <https://policy-practice.oxfam.org.uk/publications/participatory-methodology-rapid-care-analysis-302415>

Disproportionate distribution of unpaid care and domestic work, coupled with weak infrastructure investment by state actors in marginalized and low-income areas, perpetuates intersectional inequality. Research shows that women and girls spend a significant amount of time on domestic work and unpaid care work for children, elderly and those with disabilities, without adequate support; this can be taxing and impacts on their work choices, working hours, location and the nature of work they engage in. Thus, UCDW has a negative impact on women's economic empowerment (WEE).<sup>1</sup> This impact extends beyond women's economic participation to access to education, civic engagement and self-care, leaving poor families, especially women and girls, more marginalized.

Oxfam considers that the heavy and unequal workloads of women and girls, combined with inadequate public services, is a fundamental driver of poverty and gender inequality. While recognizing the value and significance of UCDW, Oxfam considers that addressing unpaid care and domestic work is a critical precondition for women's political, economic and social empowerment.

## Using the RCA in the OPT

The Occupied Palestinian Territory (OPT) – the West Bank including East Jerusalem along with the Gaza Strip – has endured decades of economic fragility and stagnation as a result of 51 years of Israeli occupation, including 11 years of unlawful blockade. The unemployment rate in the OPT has reached almost 32%, one of the highest in the region. In the Gaza Strip, the

unemployment rate is a staggering 54.9%.<sup>2</sup> Youth and women in the Gaza Strip are the worst affected, with unemployment rates of 70% among youth aged between 20 and 29 years and 78% among women.<sup>3</sup>

In Gaza, recurrent escalations of conflict and violence, along with the blockade, have paralyzed all economic sectors and their ability to absorb the growing population of young people. The agriculture sector is an important source of food security, employment and export revenues for the Gaza Strip; however the sector has shrunk from 10% of GDP in 1990 – before the full imposition of the blockade – to about 5% in 2015.<sup>4</sup> Nevertheless, it serves as an incubator for nearly 12.7% of the labour force, providing permanent and temporary jobs for nearly 50,000 male and female workers and supporting the livelihoods of a quarter of the population of Gaza, according to Ministry of Agriculture reports.

Previous experiences in the OPT showed significant difficulties in implementing the RCA tool in the Palestinian context. The RCA needed to be adapted and contextualized to be effectively used in the OPT and other countries in the region.<sup>5</sup> At the beginning of 2018, the toolkit was translated into Arabic, paving the way for an adapted and contextualized RCA toolkit that could improve considerably the quality of development programming by Oxfam in the OPT and in the MENA region.

Within its projects in the OPT, Oxfam is attempting to analyze existing patterns of unpaid care and domestic work and (gaps in) services and how heavy and unequal care and domestic workloads impede women's empowerment, and to explore ways of addressing this challenge. The project 'Developing Equitable Agricultural Production and Market Systems for Resilient Economic Development in the Occupied Palestinian Territory', funded by Swedish International Development Cooperation Agency (SIDA), focuses on the gender-specific agricultural market constraints which exacerbate women's economic marginalization. Women are disproportionately responsible for unpaid, reproductive care and domestic work, limiting their time for investing in small-scale enterprise development or to participate in paid employment. Thus, the project initiated a care study and RCA to understand the specific time commitments and care responsibilities of women, and how the gendered division of work affects women's economic activities.

The RCA, which formed the basis of this study, is 'a set of exercises for the rapid participatory assessment of unpaid and domestic household work and care for people in the communities.'<sup>6</sup> The assessment helps to design or improving programs to facilitate women's involvement in developmental projects. The tool explores care relationships in the community and identifies the paid and unpaid work activities performed by women and men, with a rough estimate of the time spent on each category per gender. It is used to document care for women, men, girls and boys as well as changes in care tasks due to external factors, while also exploring the social norms impacting care work. Finally, the tool maps care services and infrastructure and identifies options for reducing or redistributing the UCDW load. The use of the RCA is critical for uncovering less-understood barriers to women's and girls' participation in Oxfam programs, and to propose context-specific actions to reduce and redistribute workloads and thus increase women's ability to benefit equitably from these programs. Equally, by showing the patterns of care that exist in any context, the RCA can help to ensure that groups of vulnerable or dependent people will continue to receive adequate care during situations of crisis or stress. Using the tool can improve the outcomes of addressing inequality linked to age, status, gender, or wealth. More details about the tool can be found at <https://policy-practice.oxfam.org.uk/publications/participatory-methodology-rapid-care-analysis-620147>

The objectives of the applied research are:

- To explore which aspects of the RCA methodology work in the OPT and how the methodology can be adapted to the various contexts and cultures (i.e. target groups) across the OPT;

- To produce a toolkit that ensures we engage with local communities in an efficient, effective and respectful way to assess and address unpaid care and domestic work, in order for our programs and interventions to account appropriately for unpaid care and domestic work;
- To understand the specific time commitments and care responsibilities of women in the West Bank and the Gaza Strip, and how the gendered division of labor affects women's economic empowerment (WEE).

## 2 THE RAPID CARE ANALYSIS METHODOLOGY

This research was conducted combining both quantitative and qualitative methods. The first phase consisted in reviewing the two reports that followed the piloting of the tool in 2015 (in Gaza and the West Bank) to compile lessons learned and recommendations. This helped to prepare for meetings with partners to validate the impressions resulting from the reports, to present the newly translated RCA tool in Arabic, and to obtain their support to carry out this applied research. In a second phase conducted in March 2018, Oxfam held a meeting with its economic justice program partners to present the RCA and discuss collectively how to implement it: when, where, by whom and with what available resources. In the West Bank, Oxfam met with the Rural Women's Development Society (RWDS), Agricultural Development Association (PARC), Palestinian Livestock Development Center (PLDC) and Economic and Social Development Center (ESDC). In Gaza, the consulted partners were the Rural Women's Development Society (RWDS), Small Enterprise Center (SEC), Union of Agricultural Work Committees (UAWC) and MA'AN Development Center. In these meetings, the partners identified the communities in which the tool would be tested and the group approved them. In the West Bank, Kufr Dan and Tubas communities were chosen. In the Gaza Strip, Beit Lahia 'Bent Al-Reef' and east of Gaza City – Al-Zaytoon Area 'Al-Nassera Women Cluster' were identified. The selection of these communities was based on whether the women in those communities are currently benefiting from economic empowerment interventions, on their willingness to partake in the analysis and on partners' outreach.

Following the meetings, the planning of the first pilot workshop was organized in Kufr Dan, in the West Bank. A first exploratory visit was made to meet with community members and assess their needs and interest to participate in the workshop. The workshop was conducted on a Saturday, and attended by 23 women (including 10 young women) and 6 men. Two employees of Oxfam's partner Rural Women's Development Society RWDS were present to observe the process for learning and training. Some of the tool's activities were modified to fit into one day.

Understanding the various constraints facing women in the Gaza Strip necessitated conducting more than one RCA in different locations. Oxfam conducted two assessments in the North of Gaza: Beit Lahia 'Bent Al-Reef' and east of Gaza City: Al-Zaytoon Area 'Al-Nassera Women Cluster'. Working with the EJ partners supported the work on the assessment with the participants, particularly with the participation of male relatives. Spouses' refusal to give permission and reluctance to participate hindered implementing the pilot in one area in the Gaza strip. Thus, the team decided to pilot RCA with a women's cooperative included in one of the EJ projects – 'Phase3: Improving Palestinian small-scale producers' access to and power in olive, high value, fruit, small ruminant value chains – Takamol'. The second pilot was conducted with 'Al-Nassra Women Cluster' which Oxfam supports under the 'Developing Equitable Agricultural Production and Market Systems for Resilient Economic Development in the occupied Palestinian Territory' project funded by SIDA.

With the flexibility of the RCA and the limited time available to do the analysis, the team and the participants decided to dedicate a full working day to the analysis, rather than two days as in the

case of ‘Bent Al-Reef’ community and a two-day pilot in the case ‘Al-Nassera Women Cluster’. It was decided to implement five exercises out of the total eight exercises; covering the four purposes of RCA with ‘Bent Al-Reef’ and implementing the eight exercises with ‘Al-Nassera Women Cluster’.

Implementing the research analysis involved full coordination between the Gaza and West Bank teams responsible for piloting the RCA. As the West Bank implemented the pilot first, their main takeaways and lessons learned helped improve the design of the pilot in the Gaza Strip, especially in selecting and engaging male participants’.

It is worth noting that the present research, which was designed to be deeply anchored in practice and action, focuses solely on the issues of care work and economic empowerment, while acknowledging that the issue of care work related to WEE is much broader and should also include issues of violence against women and girls, for example, among other forms of violence experienced by women and girls, domestic violence, harassment in the workplace and on the way to work.

**Table 1: Workshop agenda and exercises – Gaza and the West Bank**

<b>Purpose</b>	<b>Exercises</b>	<b>Objective</b>
<b>Introduction</b>	What do we mean by ‘care work’	Explain the concept of ‘care work’ and how it functions in the community
<b>Explore relationships of care in the community</b>	Exercise 1: Care roles and relationships	Ask participants to reflect on who they care for and who cares for them, and how relationships of care build on social roles in the family and community
<b>Identify women’s and men’s work activities and estimate average hours per week</b>	Exercise 2: Time use	Make visible the total volume of work done by women and men in a given context/community, and identify the share of care work done by women and men
<b>Identify gendered patterns in care work, the social norms influencing care work patterns, changes in care patterns, and most problematic care activities</b>	Exercise 3: Distribution of care roles	Explore the distribution of care roles at household level
	Exercise 4: Social norms	Identify and discuss key social norms and how they impact on patterns of care work
	Exercise 5: Changes in care	Understand fluctuations and changes in patterns of providing care, including those due to external events or policies
	Exercise 6: Problematic care activities	Identify the most problematic care activities for the community and for women
<b>Discuss available services and infrastructure, and identify options to reduce and redistribute care work</b>	Exercise 7: Service available	Identify different categories of infrastructure and services that support care work.
	Exercise 8: Proposed solutions	Identify and rank options to address problems with current patterns of care work, with a focus on reducing difficulties and redistributing responsibility for care work, thereby improving women’s lives
<b>Conclusion</b>	Plenary session to present the results of the exercises for both men and women.	Men and women gather in one room and results presented; feedback is received.



Note: Although exercises 3, 4 and 6 which investigate social norms and problematic care activities were not fully implemented in Kufr Dan and Bent Al-Reef, they were addressed throughout the day when probing the participants to explain further the distribution of care roles.

## COMMUNITIES

### **Kufr Dan**

Kufr Dan cooperative is in Northern West Bank near Jenin City, with a mixed membership of men and women. It is an agricultural cooperative focused mainly on farming and fresh vegetables. The cooperative was very interested in the exercises as the cooperative will be supported by Oxfam to build a small factory for baby cucumber pickles which will mainly support small-scale farmers, especially women.

### **Tubas**

In Tubas Oxfam conducted the exercise with a Bedouin community called Atouf, close to Tammoun city. The community is around 600 people, who own approximately 3,000 sheep. Their main activity is herding sheep, selling the milk and also producing cheese and yogurt. The community showed a high level of interest in the RCA as both men and women work together to take care of their main source of livelihood (sheep).

### **Bent Al-Reef**

The cooperative 'Bent Al-Reef' is a women's cooperative in the north of Gaza, Beit Lahia, that has 40 women members and employs about 10 permanent workers from among the members. The cooperative specializes in producing jam, pastries and 'Maftool' (Palestinian couscous). Women workers were nominated by the cooperative's management, and the workers then consulted with their male relatives regarding participation.

### **Al-Nassra Women Cluster**

The cluster consists of 13 women from Al-Nassra Area, located close to the eastern perimeter of Gaza, and Al Maghraqa area. The women will be managing a food processing unit for pickles, particularly olives. We held a preliminary meeting with the women to explain care concepts and asked who was interested in participating. The first attempt was unsuccessful due to lack of acceptance by the women's husbands; however, the women and their husbands agreed to participate after the second attempt to reach out to them. Their husbands' refusal was attributed to their scepticism regarding the exercise and the fear that we might be trying to influence their wives to rebel. The partner organization worked with the women and their families over six months, involving continuous communication and face-to face meeting to address misunderstandings and reluctance. More details about the change in attitudes can be found in the section on good practices. The head of the cluster shared with us a list of women participants and their accompanying husbands.

## 3 LIMITATIONS

The scope of the research was restricted by some methodological limitations.

1. Due to human resources and time constraints, the sample size was limited and the findings of the study cannot be considered representative of the entire Palestinian society, and should only be taken as clues and insights.
2. The data was collected in Arabic and translated into English, which could have created some discrepancies due to inconsistencies and losses in translation.

## LEARNING

One of the main takeaways in relation to women's participation in the labor force and unpaid care and domestic work responsibility is related to trust. Women explained that when there is a trusting relationship between partners, it is easier for husband and wife to cooperate and defend her right to work against community scrutiny.

Furthermore, trust and rapport built with the community and civil society is instrumental when addressing issues of the unequal distribution of unpaid care and domestic work responsibility and women's economic participation. For example, in Al-Nassra Women Cluster, the community is very conservative and most of the women do not work outside their homes after they marry. When approached at an early stage of our intervention to participate in the RCA; although women liked the idea, none of their husbands agreed to participate or to allow their wives to, due to their scepticism and the fear that women would be influenced negatively. After six months of working with them through the partner organization on building the capacity of women in business, marketing and technical knowledge, as well as regular meetings with their families to break down any doubts or fears, the women themselves approached us to conduct the assessment with them, and their partners were also present.

Another learning point is that it is vital to explain the terminologies and concepts in participants' own language, and to use examples from the local context before presenting statistics or data, so that participants can relate them to their own lives. The RCA should therefore be tested internally and with partners before using it with participants. This reflects learning from other countries and was highlighted as good practice. Guidance for implementers of the RCA is to conduct a trial with a few community members or leaders to discuss the terms and examples to be used in explaining the concepts as well as to flag any sensitivities.

Providing a safe space during the assessment was another crucial learning. Women and men need to be in separate rooms to allow each to be comfortable in expressing themselves openly and honestly. This was learning from the first West Bank group in Kufr Dan; in the groups in the West Bank and Gaza, we worked with men and women in separate rooms, then gathered everyone in one room to present the final findings and solicit feedback.

Consultation with women before implementing the training was fundamental to ensure their full participation. Women highlighted that the difficulty of affording transportation was a barrier to their participation, and that of their husbands. The location of the venue was chosen in consultation with the women; surprisingly, instead of opting for a closer location, they preferred a venue in Gaza city, as they rarely get the chance to go to the city. Lastly, in order to reduce the workload of the participating women, Oxfam provided them with meals for their family so they did not need to go home after assessment day and start cooking.

As the economic situation in Gaza is rapidly deteriorating and job opportunities are rare, the husbands' attendance at the first pilot was low, as they don't want to lose their jobs. Thus,

women brought their adult sons or nephews with them. Another example of adapting the tool is identifying the most effective activities of the RCA tool to fit within one day, as three of the communities were unable to participate in two full days.

Due to the volatile nature of the Palestinian context, including recurrent conflict, it was imperative to ask women and men about what unpaid care and domestic work looks like in times of conflict, as well as how the interrupted access to basic infrastructure such as electricity shapes their daily lives and UCDW. We aimed to explore during the two pilots how living in an area of continuous conflict and the demand for emotional support from women is affecting their unpaid care and domestic work and their psychological wellbeing.

## 4 KEY FINDINGS

### SAMPLE PROFILE

This section gives a quick overview of the profile of the communities and participants.

Overall the research targeted 86 participants, with 54 women (63%) and 32 men (37%) who participated in the focus group discussions, and the participation of eight local partner organizations. In Kufr Dan, 23 women and 6 men participated in the workshop. In Tubas, 7 women and 7 men participated in the exercises. In Bent Al-Reef, there were 12 women and 9 men. Finally, in Nassera, there were 12 women and 10 men participants.

### DEFINING 'CARE RESPONSIBILITIES'

In defining what 'care' means, the women participants viewed it through a family lens, such as meeting family needs, supporting the family to achieve a better lifestyle, taking care of the family members and providing psychological support. Some women participants also defined care as the feeling of safety and self-care. However, those participants pinpointed that the care responsibilities mainly fall on the women. One participant said, *'Care responsibilities fall on the wife's shoulders more than the husband's; where she exerts the largest efforts. The husband's responsibility is to provide an income to his family'*. Another participant indicated that *'A woman has to adapt her life and situation to manage her house chores to survive'*

Male participants, on the other hand, defined care responsibility as keeping the house safe and taking care of children, family and land; some defined it as 'any activity that happens inside the house without pay for the women is care responsibility'. As found in many other RCA reports, men also argued that providing income for the house is part of their care responsibilities.<sup>7</sup> One of the participants said, 'Money is everything in the house, it is fundamental for taking care of my children; now that I don't work and don't bring money, I feel I am not performing my role as a father'. They also connected lack of income to how care responsibility can be performed; for example, when there is income, all the household needs are available, which makes doing household chores and domestic work easier; while the absence of money results in problems between partners.

Table 2 shows examples of care expected and carried out by women and men as stated by women and men participants in Alnassra community.

**Table 2: Division of labour according to gender**

	Care responsibilities for women	Care responsibilities for men
<b>Women participants</b>	<ul style="list-style-type: none"> <li>• Preparing food</li> <li>• Preparing clothes</li> <li>• Cleaning the house</li> <li>• Washing clothes</li> <li>• Teaching children</li> <li>• Guidance and support</li> <li>• Taking care of the sick and elderly</li> <li>• Doing the dishes</li> <li>• Heating water for bathing</li> <li>• Making and baking bread</li> </ul>	<ul style="list-style-type: none"> <li>• Help in preparing food.</li> <li>• Help in house chores when the woman is sick or giving birth</li> <li>• Taking sick children to the doctor</li> <li>• Securing water</li> <li>• Paying the bills</li> </ul>
<b>Men participants</b>	<ul style="list-style-type: none"> <li>• Cooking</li> <li>• Household chores</li> <li>• Clothes laundry</li> <li>• Caring for children and parents-in-law</li> <li>• Teaching children and helping in their homework</li> <li>• Caring for the husband (food, clothes, etc)</li> <li>• Maintaining social relationships</li> <li>• Raising children</li> <li>• Cleaning the house</li> <li>• Making bread</li> <li>• Obeying their husband</li> <li>• Doesn't spend money (well managed financially)</li> </ul>	<ul style="list-style-type: none"> <li>• Working for income (bringing in money)</li> <li>• Raising children (behavior, giving advice and guidance)</li> <li>• Protecting the house</li> <li>• Maintenance of broken equipment/machines in the house</li> <li>• Teaching children</li> <li>• Shopping</li> <li>• Providing a decent life for children</li> <li>• Help in some household chores</li> <li>• Farming</li> </ul>

It is worth mentioning that when some of the women participants talked about how supportive their husbands are, the reaction of the other women participants was either surprise or to say that talking about their husbands doing some household chores was scandalous for their husbands.

The attitude towards men helping their wives was mixed; even through the women participants would appreciate their husbands' help, how society views such help perpetuates their scornful view of such help. *'My husband helps me in all house chores, however, he told me to never say anything about this to his mother as it considered shameful for a man'*

*'When I used to make dessert, my husband used to bake it. During a visit from my women neighbors, they saw my husband baking the dessert; they looked at him as if he was doing a crime'*

In areas where women are performing many tasks at the same time, their husbands help. For example, charging batteries when the electricity comes on for 4 hours: everyone in the house would be working to utilize the electricity to its maximum, including charging batteries.

On the other hand, male participants considered being the breadwinner as their main care responsibility, and when it came to raising children, their role was limited to providing advice and guidance. Two participants mentioned that activities like giving their son a bath or taking care of him while their wives were away was not their responsibility and they were 'not obliged to do their wives' responsibilities instead of them'. Some also considered the financial management of the house, particularly with the little income available, as part of women's care responsibilities.

## FINDINGS: CARE ROLES AND RELATIONSHIPS

Participants were asked to reflect on who they care for, who cares for them, and how relations of care build on social roles in the family. There is a clear difference in the intensity and nature of unpaid care and domestic responsibilities when it comes to relationships and care roles which are attributed to gender, age, disability and marital status. For example, families that have disabled or sick children and elderly members, dedicate all their time to caring for their family members, which limits the time available for economic and social engagement. Unpaid care and domestic work differs in nature between men and women; where the later perform household chores, cleaning, cooking, washing and other work for the benefit of those in their care on a daily, weekly and monthly basis. The majority of men limit the type of care activities they do to visiting and providing income or caring for sick people without any mention for domestic work. Finally, family size and marital status influence the number of people cared for; women (and men to a lesser extent), who have larger families care for their parents, parents-in-law, their children and grandchildren, sisters and brothers, compared with single women who care for their parents, sisters and brothers. Deciding which and how many care relations one can have is not a choice. One woman participant said 'norms and traditions dictate who you should care for and you are required to care for all categories. If you failed to do so, you will be blamed'. This results in higher stress and exhaustion levels.

Married women below the age of 30 focus their care responsibility towards their husbands and children on a daily basis and to their parents-in law in cases of living in an extended family or when parents-in-law live in the same compound. Those aged above 30 exhibited the same trend however, as women advance in age their daily care responsibilities extend to their daughters-in-law and grandchildren; while single and divorcee women tend to care for their parents, brothers and sisters. On a weekly and monthly basis, the care responsibility circle expands to the woman's parents, sisters, brothers and neighbors; as for single and divorcee women, they tend to care for their sisters-in-law much more, as well as their friends. **Women highlighted that providing psychological support should be considered among the care responsibilities they perform continuously for different people, and stressed how friends are usually the providers of such psychological support for them.**

As for male participants, married men usually care for their children, wives and their parents regardless of their age; while single men focus their unpaid care toward their parents, sisters and brothers. On a weekly and monthly basis, unpaid care responsibility is directed towards extended family and relatives including grandparents, sisters and brothers, aunts and uncles. For example, elderly married men tend to visit their married daughters as part of their unpaid care responsibilities.

When asked about who takes care of them, the majority of women participants mentioned: their husband, mother, children depending on their age, and friends; in the case of living with their extended family, their mother and sisters-in-law take care of them when they are sick or outside the house. The absence of a support system and people to care of them impels some women to leave their children alone in the house when they leave the house for the clinic or on urgent matters.

## AVERAGE WEEKLY HOURS SPENT ON DIFFERENT TYPES OF WORK

This exercise aims to make visible the total volume of work done by women and by men and to identify the share of unpaid care and domestic work done by women and men. The exercise identifies six work categories: work to produce products for sale, paid labor and services, unpaid care work, unpaid work producing products for home consumption, unpaid community work, non-work. It also identifies that any activity can be either primary or simultaneous which means

carrying for persons is often performed at the same time as other activities which consumes most of the time, or can be supervision responsibilities, which refers to the responsibility to 'look after' dependents for a period of time.<sup>8</sup>

In the findings from the northern West Bank, women stated that they are not suffering from care work for their family and relatives – they are suffering from time poverty as a result of work on processing and raising animals. Most of them spend 4–5 hours per day in milk processing and cleaning of equipment, and women expressed the importance of having channels for the direct sale of milk without processing.<sup>9</sup> The overload of agricultural work at certain times of year – from late winter to early summer, five months for this community – leaves limited time to perform unpaid care and domestic work. It also forces the whole family to be heavily involved in milking, feeding cleaning the barn, grazing the animals, then processing the milk and cleaning the processing equipment. This leaves them trapped in time poverty, without enough proper food, clean clothes or time to take care of themselves. Participants did not mention their living conditions or quality of services, but mainly discussed the issue of their herds. This shows the extent to which they see their lives being connected with their herds. The community considered time and labor-saving technology as priorities to provide them with better conditions for their productive and agricultural work, rather than their domestic work. This is mainly because of their perception that agricultural work is their livelihood, while domestic work can be done by family members.

The findings from the two groups in North and East Gaza showed that on average women spend nine hours a day on primary care responsibilities, four hours on simultaneous care activities and two hours on supervisory activities. There is a difference in the time consumed on unpaid care and domestic responsibilities between women with paid work and those who do not do paid work; for example, women who do not do paid work spend 12 hours on UCDW, while women with paid work whose average working day is seven hours, spend six hours a day on primary care responsibilities. The time spent on supervision responsibilities varies depending on the age range of the children, and whether they are taking care of elderly, sick or people with disabilities. Two of the women respondents indicated that they spend seven hours a day on supervising their disabled children.

There is a set of factors that influences the time spent on care responsibilities by women, such as age, being a working mother, children's ages, the family's financial situation, having a supportive extended family, family size, the husband's support and giving psychological support. Another factor that can increase the care load is when children attend school over two shifts, morning and afternoon shifts. This pushes the mother to wake up early to prepare the children for the morning shift by making breakfast sandwiches, preparing their clothes and hair; then after few hours she will have to repeat the same rituals for the afternoon shift. Once she finishes and has prepared lunch, the first shift gets back and requires attention to do homework and eat, followed by the afternoon shift a few hours later. Almost none of the women produce products for sale or participate in unpaid community work; however, they do produce products for household consumption. This is seasonal, however, such as olive harvesting, which is very limited.

Men respondents reported an average of 3.4 hours for primary care responsibilities; the results coincided with the women's results with regard to discrepancies between the results for men with and without paid employment. For example, men with paid work of five working hours a day, reported 1.5 hours of primary care responsibilities, while men without paid work reported five hours of primary care responsibilities.

The majority of male participants were surprised with the results, particularly the number of hours spent by women on care work. Some accused women of exaggerating the numbers. Others considered the little time spent by men on care was natural, because care is the main responsibility of women; while others indicated the need to be more proactive in helping their wives in the house. Most men spend an average of 16 hours on no work category, which they

attributed to the deteriorating economic conditions and high unemployment rate in the Gaza Strip.

The electricity crisis in Gaza had a great impact of the daily distribution of care work for women. When the electricity is on, women conduct intense work of cooking, laundering clothes and making bread to use the four to six hours of electricity. Women adjust their work to the electricity schedule, so whether it is 2am or 2pm, they wake up to use the electricity and finish their care work. One of the women participants reported waking up from 2am to 5am to make bread, bake it on the electronic oven and clean the utensils to benefit from the electricity.

## HOW CARE ROLES ARE DISTRIBUTED

The daily activities undertaken by women in their households revealed four types of dominant care activities. These include preparing meals, cleaning the house, taking care of elderly, sick and children and preparing clothes. There are six social categories – ‘girls, boys, women, men, older women, older men’ – who can perform care responsibilities, and the participants were asked to identify who does what type of care work.

**Table 3: Care work distribution sample – Al Nassra Women Cluster in Gaza**

Care activities	Sub-categories of care activity	Girl	Boy	Middle-aged woman	Middle aged man	Elderly woman	Elderly man
Preparing meals	Buying vegetables and food		**	*	***	**	***
	Making bread	*	*	***		*	
	Cooking process	**	*	***	*	**	
	Washing dishes	***	*	***	*	***	
House cleaning	Sweeping and washing the floor	***	*	***		*	
	Tidying rooms	***	*	***	*		
	Removing dust	***		***	*		
	Take out garbage		***	*	*		*
Taking care of elderly and children	Teaching the children	*		***	*		
	Bathing children	**		***	*		
	Preparing special food	*		***		*	
	Giving medicine	**		***	*		
	Emotional support			***	**		
	Providing advice			***	***		*
	Staying in the house			***	**	*	
Buying medicine		*		***			
Clothes preparation	Washing clothes	*		***		*	
	Hanging clothes	***	*	***	*		
	Ironing clothes	**		***	*		
	Buying clothes	*	**	***	**		

Table 3 shows how care responsibilities are mostly done by women and girls, such as cooking, washing dishes, tidying the house, taking care of children and elderly and washing. Most are time consuming, exhausting and done inside the house. However, men whatever their age, mostly carry out the responsibilities that require going out of the house, such as grocery shopping, buying medicine and taking out the garbage. Furthermore, activities where women would be seen outside the house such as hanging clothes, are more likely to be done by the husband, brother or son. While women do the majority of care work for children, men indicated that their main responsibility is providing advice and guidance to their children.

One participant mentioned, 'my sons don't allow their wives to buy grocery from the market, because they need to take care of their children, and people will start talking if they saw her in the market.'

The distribution is influenced by different factors such as children's availability, sickness, children's age and the employability of spouses. For example, during holidays girls are more likely to help with household chores than in the exam period. Some women participants spare their husbands from any care work when they are working; however, if they are unemployed, women would like men's help with household chores.

Some other participants indicated that such distributions may vary based on the relationship between the partners, as their husbands help them with washing, teaching children and baking bread, for example. Another area highlighted by women participants is related to how going out to work would impact the distribution of these care responsibilities by redistributing the care work to their daughters or male children when they are younger. Men from the West Bank categorize caring for elderly men by male relatives as a social and ethical obligation, particularly if they are first-degree relatives. The majority of Gaza respondents agreed that there were both disadvantages and advantages; for example, one participant shared her experience of being a working mother. 'I used to force myself to do things. I didn't have the energy to sit or play with my children'. Another participant indicated that work is a way for women to develop themselves and use their education to the best. She said 'women's place is not the kitchen', countering the widespread stereotype.

## SOCIAL NORMS AND THEIR IMPACT ON CARE WORK

Social norms reinforce patriarchal stereotypes and systems, particularly when it comes to women's participation in the labor force and in care work. All reproductive work is expected to be the sole responsibility of women. Men in the West Bank expect certain roles to be done by women, such as cooking, cleaning, ironing, etc. One Gaza woman participant shared that 'the woman has to do everything in the house. You know why? Because that is what I have been hearing all my life. I heard this from my aunts, mother, neighbors, and the whole community.'

Zainab, one of Gaza participants said, 'when there are guests in the house and a man brings his wife a glass of water while she is sitting, everyone would say he is weak and have no opinion or control over his house. However, if the situation is reversed, people will consider this one of her duties'. Balancing life-work responsibilities is considered a must for women and they would be criticized if they failed to achieve such balance.

Care work activities done by women, from cooking, cleaning, taking care of children and the elderly, is an extension and reflection of the long-standing perception of the traditional roles of women, whether in the West Bank or Gaza. For example, a proverb says, 'a woman's place is in the kitchen, even if she reached Mars'. The majority of women respondents perceived these activities as an exhausting duty, but when it comes to child care it is enjoyable responsibility. The common perception is that care work requires no skills, it is just women's duty. However, care work requires many skills, such as organizing, financial management, patience, listening, awareness and creativity. For example, cooking requires the skills of buying good raw materials



at low cost, organizing the cooking process, and efficiency. Although these skills are not recognized and acknowledged, social norms, as represented in old proverbs, demand that women have these skills.

The past few decades have witnessed a change in women's participation in the labor market and the limitations imposed on the jobs available to women or perceived as women-only. It was noted during the discussions that a portion of young men in the north of Gaza strongly oppose work for women, saying 'I would divorce my wife if she worked'. Others identified acceptable careers for women, such as teaching or nursing. In the West Bank, men respondents rejected women's participation in herding activities; saying, 'it is not safe for women to be alone in the field'. It was observed that in the minds of young men in northern Gaza, the economic situation has resulted in a backlash against women. They view women as property, and that they should obey men and absorb all their anger, frustration and be used as a 'punching bag'. The views of older men<sup>10</sup> were more moderate compared with the young men's opinions. Although women participants were more open with regards to the jobs women can undertake, they identified certain careers, such as construction work, that women could not perform.

'I don't know why people keep talking about how men are stronger than women to justify why women shouldn't work. Women clean, cook, wash dishes and clothes, help in the agricultural work and take care of the kids. You never hear her complaining, while if the man worked for few hours outside the house, he starts complaining how tired he is when he enters the house'. The majority of men respondents focused on the conditional participation of women, linking it to her work-life balance. Failure to establish such balance would take away the freedom to work. Men in the West Bank did not perceive care work at home as a hurdle or obstacle that would prevent women from participating in women's economic empowerment activities; however, they still put pressure on women to achieve a balance between work and care.

Men referred to the problems of short-term employment for women with many children, leaving for work at 7am, as it caused conflict within the household. Some of the stereotypes shared regarding working women describe them as 'men' or 'very masculine'. Communities commonly attribute negative behavior, particularly children's behavior, to their mothers, with statements like 'she is working and busy, she doesn't have time to take care of her children, that is why they are naughty or bad'. On the other hand, positive actions by the children, whether excelling in school or being polite, is credited to either the father or his family.

Even though some husbands help their wives, they abstain from offering such help in front of others, and avoid speaking openly about helping them. This is attributed to community stereotypes and the offense they would receive; men would be called 'a woman'. 'A happy rabbit is better than angry lion' is a said of men who either go home early to be with their children or to help their wives in the house.

An influential social norm is related to women's responsibilities towards her in-laws. The majority of respondents consider that taking care of the husband's parents is the wife's duty and anything else is not acceptable. Such pressure increases when living with extended family or living in the same building. However, the same pressure is not exerted on the man regarding caring for his in-laws.

There are three categories of women who are excused when they don't perform their care work based on their gender roles. These are women who have given birth, women with a disability and elderly women. In general, women participants indicated the absence of speaking out by religious leaders to appreciate the role of women, and not to limit her role in society to her house.

## EXPLORING CHANGES IN CARE PATTERNS

This section explores factors that affect care work patterns either positively or negatively to understand the fluctuations and changes in patterns of providing care. The following is a summary of these factors shared by the men and women participants.

### **The political and economic situation**

- The increased poverty level and families' inability to provide for their children influenced the birth rate. The resistance against birth control is lower than previous years and there is a slow trend toward smaller family sizes; people are less likely to have 10 children and more, which would reduce childcare work. Some male participants mentioned that the inability to feed their children could push them to marry off their daughters, who are in some cases under age of 18, to men aged over 40 as long as they have money.
- The political situation, particularly the recent PA sanction and salary cuts for public employees, exacerbates the existing chronic economic crisis caused by the blockade. These salary cuts, in addition to high levels of unemployment, has made it more difficult to cover household expenses or to buy machines that could help reduce care work for women. For example, even if a woman is working, she is more likely to use her salary to meet basic needs rather than buy readymade food or pay for childcare.
- The deteriorating economic situation created a space for women's participation in the labor force, even if the husband or father is not convinced, which could result in economic violence (e.g. a man forcibly taking his wife's salary or controlling her cash card). One participant said, 'I know a female professor who works in the university, she has better education and salary than her husband. Her husband used to take her ATM card and withdraw her salary and she didn't know what happened to the money. The husband doesn't spend money on their house, so she had to tutor children in her house to provide income for her family'
- Another participant shared the story of a female teacher whose husband used to take her salary, and she wished to buy a mobile phone. Her husband refused to buy her a mobile, so she saved some money with her colleagues and bought one. When she went home, her husband beat her, but she was happy that he didn't take the phone away. Women are now taking on the types of jobs they would not accept previously, such as cleaner and building superintendent.
- Women participants associated increased poverty levels with an increase in mental stress, because they have to manage their house with the minimum resources available. A mother will spend much time deciding what to cook and how to make different dishes from the same raw materials, such as lentils which they can afford, to encourage her children to eat. This consumes a lot of her energy and adds to her psychological load.
- In the West Bank, access to schools can be very problematic, particularly for Bedouin communities in Area C, where children need to walk for hours to reach schools. This is likely to discourage children and parents from continuing their education and increases the care work for both mothers and daughters.

### **A shift in perception and attitudes towards women's participation in the workforce**

- Although women are increasingly going out to work in occupations that were previously closed off to them, nothing has changed with regard to the distribution of care work. This increases the amount of work women are responsible for. In addition, women's employment does not necessarily translate into economic independence, as many husbands and fathers take control over their wives' and daughters' salaries. In Gaza, there is a trend towards men marrying working women in order to help with the household expenses, although without an increase in sharing the housework. On the other hand, there is much more respect for women's status in the community and a belief in their role in the community that goes beyond their household.

## **Technology**

- Positive impact: machines such as washing machines, fridges, mopping and sweeping and bread dough makers have reduced both the time and the effort required to do household chores. Participants reported that the internet provides them with access to information on doing things more efficiently.
- Negative impact: smart phones and social media platforms have created distractions for the whole family and has affected the harmony within the household due to people's addiction to social media. However, some of the women participants indicated that social media enabled them to engage with and support their family with free calls, particularly when they can't afford transportation.
- Male participants in Kufr Dan were not convinced that women have a heavy care load; acknowledging that in the past, this might have been the case, but arguing that advancements in technology and social media mean that women spend less time on care work. The men believed that they carry a similar care load to women.

## **War and conflict**

- Participants shared how care work increases significantly during times of conflict, because people flee the war for relatives' houses in more secure areas. Families might host up to 60 people in one house, which requires food and care. One participant mentioned that she hosted a woman who gave birth during the conflict, at the same time as hosting relatives and being herself pregnant with twins. Every day, she would bake 100 loaves of bread. Another participant described how it was more dangerous for men to go out to shop for food in times of conflict, as they would be targeted. She used to go to the market herself to get the household supplies. However, this was not the case for women from other areas of Gaza. Women would work from the moment they woke up until they sleep at night to cook, entertain and reassure their families during wartime, which increased their physical and mental exhaustion.
- For people who live in shelters, accessing basic services such as sanitation was a struggle. One participant said she had to leave the shelter, take transportation a long distance bathe her children before returning to the shelter.
- Women participants reported that during times of conflict, they would make bread daily, do the laundry manually and build fires for cooking. Finding medicine for children was very difficult, and most of their time was spent running to a safer place or cooking and cleaning. Women would be responsible for washing their own family's clothes, but cooking was a collective activity.
- The electricity crisis in Gaza has had a great impact of the daily distribution of care work for women. When the electricity is on, women carry out intensive domestic and care work to take advantage of it, such as cooking, clothes laundering, or making bread, to utilize the 4 to 6 hours of electricity. Furthermore, people with disabilities who are dependent on electrical machines to breathe are faced with having to rely on manual support; women would have to operate breathing machines manually for their sick children.

## **Climate change**

- Climate change has greatly affected women's care work in two ways. First, the changing seasons and the unpredictable fluctuations in temperature have resulted in an increase in family members falling sick, which adds to women's care responsibilities.
- Second, changes in the weather have affected agricultural crops, reducing the income families might have gained, which in turn adds to workloads. For example, the rain in May 2018 negatively affected the olive season in Gaza, and production was greatly reduced. Women reported how they were anticipating the income from the olive harvest to buy bread-making machines and reduce the time spent baking bread. These plans did not materialize because of the reduction in the crop.

- Environmental pollution, particularly in the sea, causes a risk of disease for children during the holiday season.

At some times of the year, care responsibility skyrockets, such as at the time of children's exams, when women need to dedicate more time to teaching their children and supporting them to prepare for exams. In the olive harvesting period, women go to the fields with their families to collect olives instead of hiring paid labor. Weddings and events such as pilgrimages during the summer, and the necessity of socializing, can mean either leaving the children at home or having to take them to the events. During holiday periods, children require more feeding and the house more cleaning. Finally, in the holy month of Ramadan; as people are fasting all day, they get stressed and anxious. Expenses also increase due to family visits.

## 5 CHALLENGES AND RECOMMENDATIONS

Women identified making bread, caring for children, elderly and sick people, and doing laundry, mostly manually, as the most time- and effort-consuming care activities which hinder their mobility. Although some women have supportive families, the full responsibility for care work falls on women's shoulders. Recommendations to raise awareness and encourage redistribution of some of the care work includes:

- Raising awareness of men and women about care work and gender roles, particularly highlighting the amount of care work performed by women, and sharing examples of where men can help and support in household chores, to change the behavior and attitudes of men at an individual level in the household. An awareness campaign would have to reach men in the places where they gather, such as neighborhoods and cafés. Awareness raising should also be directed towards children in schools and students in universities, to influence their perceptions of care at an early age. An awareness campaign could target mothers-in-law through radio and videos on social media, particularly in the online groups these women join, such as 'Gaza women's group'. Participants highlighted the importance of involving religion figures in raising the awareness of men and encouraging them to share care work. Social norms could be tackled in a way that would lead to more men accepting different care roles for a more just and equitable gender division of labor.
- Making available educational spaces for children to learn and review their lessons by expert educators, as well as play in a safe place, would reduce the time women spend teaching their children.
- When conducting economic empowerment projects for women, it would be more effective reduce the risk of conflict to involve the whole family, including the husband and mother-in law.
- Women in the east and north of Gaza suggested that one way to reduce the care load resulting from making bread would be to provide a large bread dough-making machine in the cooperative. Thus, using the solar energy that is available in the cooperative would enable women to make bread in large quantities collectively, and distribute it among themselves
- Making available community kitchens for women working in businesses or cooperatives, enabling them to distribute and share cooking activities and reduce the time taken by individuals for cooking.
- Providing alternative affordable energy options that would be available during electricity cuts for operating labor-saving domestic machines.
- Lobbying and advocating for the lifting of the blockade of Gaza and implementing reconciliation processes which would improve economic conditions.

- Women in east of Gaza recommend working with the municipality to provide better infrastructure, particularly roads and water, to ease mobility and reduce the impact of the flooding of houses during the winter season.
- Encouraging startups to do home delivery of groceries at affordable prices;.
- Providing kindergartens at affordable prices by the government; .
- There is a need for services for disabled people. This was a very strong recommendation from participants, as the number of people with disabilities in Kufr Dan village in the West Bank and the conflict-affected areas of Gaza is high. Any future intervention needs to take this into consideration.
- In Kufr Dan there is a need for good quality childcare. Although the village has two kindergartens, the owners and staff need to be supported to deliver quality services. This may be in the form of training on early childhood development or equipment and improvement of the facilities.
- Initiating, developing and supporting day care services for seniors in the form of day activities, social spaces or home visits. This was strongly highlighted in Kufr Dan, and an issue touched on within other groups in the West Bank and Gaza. The women's society could be supported to do this work, but planning is needed and networks would have to be built.

## NOTES

- 1 Institute of Development Studies, Balancing Unpaid Care World and Paid Work project. <https://www.ids.ac.uk/projects/balancing-unpaid-care-work-and-paid-work/>
- 2 Palestinian Central Bureau of Statistics (2018). Labour Force Survey: (July–September, 2018) Round, (Q3/2018). Press Report on the Labour Force Survey Results. Ramallah: Palestine. [http://www.pcbs.gov.ps/portals/\\_pcbs/PressRelease/Press\\_En\\_8-11-2018-LF-en.pdf](http://www.pcbs.gov.ps/portals/_pcbs/PressRelease/Press_En_8-11-2018-LF-en.pdf)
- 3 Ibid.
- 4 Paltrade (undated). The Agricultural Sector in Gaza Strip: Obstacles to development. <https://www.paltrade.org/upload/multimedia/admin/2017/09/59af8fe3e487b.pdf>
- 5 The Rapid Care Analysis was designed to be adapted and changed in all contexts. It has been modified, for example, for humanitarian responses (it can be made shorter), for youth/children (with a different time-use exercise), for use in urban areas and in work places, and for different religious contexts. On many occasions, the RCA has been done in one day, because two days was not feasible.
- 6 <https://policy-practice.oxfam.org.uk/publications/participatory-methodology-rapid-care-analysis-620147>
- 7 Some RCA facilitators have found it helpful to clarify or affirm at the beginning of the focus groups that 'yes, income is crucial to maintain families', however 'this exercise focuses on work activities with and for people that we care for.' 'Providing money can be discussed in a separate exercise'.
- 8 For more information on these categories, please refer to Oxfam's Participatory Methodology: Rapid Care Analysis Guidance for Managers and Facilitators (2016). <https://policy-practice.oxfam.org.uk/publications/participatory-methodology-rapid-care-analysis-620147>
- 9 Under the support of SIDA and AMENCA, the private sector and a number of farmers were supported to establish a processing unit for sheeps' milk products. As part of the facilitation role and to provide the women with alternative opportunities, Oxfam and partners facilitate linkages between the women and the processing unit.
- 10 It is important to note that those older men worked in the West Bank and Israel, so they used to bring money home; they mentioned that as they are unemployed, they appreciate their wives' long support through helping with the household chores.

## ACKNOWLEDGEMENTS

Oxfam acknowledges the assistance of Mahdy Jarboo, Hadeel Qazzaz, Rahhal Rahhal, Mohammed Abu Ouda in the production of this report. Oxfam is grateful to the four communities, women, men and their families, for agreeing to take part in this applied research. It is part of a series of papers and reports written to inform public debate on development and humanitarian policy issues.

Oxfam acknowledges the support the Swedish International Development Cooperation Agency (SIDA) as this research was made possible through its funding for the project 'Equitable agricultural production and market systems for resilient economic development in the Occupied Palestinian Territory (OPT), exploring how care responsibilities can hinder women's economic participation in the labor force.

## Oxfam Research Reports

Oxfam Research Reports are written to share research results, to contribute to public debate and to invite feedback on development and humanitarian policy and practice. They do not necessarily reflect Oxfam policy positions. The views expressed are those of the author and not necessarily those of Oxfam.

For more information, or to comment on this report, email Asmaa Abu Mezied, Women's Economic Empowerment Coordinator, [Asmaa.Abu.Mezied@oxfam.org](mailto:Asmaa.Abu.Mezied@oxfam.org)

© Oxfam International November 2019

This publication is copyright but the text may be used free of charge for the purposes of advocacy, campaigning, education, and research, provided that the source is acknowledged in full. The copyright holder requests that all such use be registered with them for impact assessment purposes. For copying in any other circumstances, or for re-use in other publications, or for translation or adaptation, permission must be secured and a fee may be charged. Email [policyandpractice@oxfam.org.uk](mailto:policyandpractice@oxfam.org.uk)

The information in this publication is correct at the time of going to press.

Published by Oxfam GB for Oxfam International under ISBN 978-1-78748-534-1 in November 2019. DOI: 10.21201/2019.5341

Oxfam GB, Oxfam House, John Smith Drive, Cowley, Oxford, OX4 2JY, UK.

## OXFAM

Oxfam is an international confederation of 19 organizations networked together in more than 90 countries, as part of a global movement for change, to build a future free from the injustice of poverty. Please write to any of the agencies for further information, or visit [www.oxfam.org](http://www.oxfam.org)

Oxfam America ([www.oxfamamerica.org](http://www.oxfamamerica.org))

Oxfam Australia ([www.oxfam.org.au](http://www.oxfam.org.au))

Oxfam-in-Belgium ([www.oxfamsol.be](http://www.oxfamsol.be))

Oxfam Brasil ([www.oxfam.org.br](http://www.oxfam.org.br))

Oxfam Canada ([www.oxfam.ca](http://www.oxfam.ca))

Oxfam France ([www.oxfamfrance.org](http://www.oxfamfrance.org))

Oxfam Germany ([www.oxfam.de](http://www.oxfam.de))

Oxfam GB ([www.oxfam.org.uk](http://www.oxfam.org.uk))

Oxfam Hong Kong ([www.oxfam.org.hk](http://www.oxfam.org.hk))

Oxfam IBIS (Denmark) ([www.oxfamibis.dk](http://www.oxfamibis.dk))

Oxfam India ([www.oxfamindia.org](http://www.oxfamindia.org))

Oxfam Intermón (Spain) ([www.oxfamintermon.org](http://www.oxfamintermon.org))

Oxfam Ireland ([www.oxfamireland.org](http://www.oxfamireland.org))

Oxfam Italy ([www.oxfamitalia.org](http://www.oxfamitalia.org))

Oxfam Mexico ([www.oxfammexico.org](http://www.oxfammexico.org))

Oxfam New Zealand ([www.oxfam.org.nz](http://www.oxfam.org.nz))

Oxfam Novib (Netherlands) ([www.oxfamnovib.nl](http://www.oxfamnovib.nl))

Oxfam Québec ([www.oxfam.qc.ca](http://www.oxfam.qc.ca))

Oxfam South Africa ([www.oxfam.org.za](http://www.oxfam.org.za))