



ADDRESSING UNPAID CARE AND DOMESTIC WORK FOR A GENDER-EQUAL AND INCLUSIVE KENYA

WE-Care policy briefing

**WE-CARE
WOMEN'S
ECONOMIC
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INTRODUCTION

Care work is the heartbeat of every society: it contributes to our wellbeing as a nation and is crucial for our social and economic development. Unpaid care and domestic work (UCDW) is the often-invisible work of caring for children, elderly and sick people and those living with disability, as well as cleaning, cooking, washing, collecting water and fetching firewood, among other tasks. The time, effort and resources that people invest in carrying out care activities enables households, communities, workplaces and economies to thrive. Across the globe and in Kenya, social-cultural norms largely assign care roles to women and girls. Women provide more than three-quarters of unpaid care and make up two-thirds of the paid care workforce.¹

This disproportionate responsibility for unpaid care work results in time poverty and significant opportunity costs, particularly among the poorest and most marginalized women and girls. Heavy and unequal UCDW undermines women and girls' rights by excluding them from opportunities to engage in decent paid work, education, political life and leisure activities. It is one of the main reasons why 42% of women globally are outside the paid workforce, compared to just 6% of men.²

During the pandemic, unpaid care work in Kenya has been thrown into hyperdrive, with households required to provide home schooling and childcare along with increased meal preparation and household cleaning, as lockdowns have forced people to stay at home and government services have shut down or become less accessible. Women – especially those in the poorest households – have borne the brunt of this increased care workload.

Emerging evidence on the impact of COVID-19 suggests that women's economic, social and productive lives are being disproportionately affected by the pandemic, and in different ways to men's. Women are said to be losing their livelihoods at a higher rate than men because they mostly work in the informal sector, which is one of the hardest-hit economic sectors.³ This has exacerbated pre-existing gender and economic inequalities, revealing vulnerabilities in social-economic structures that are magnifying the gendered impact of the pandemic.

As the world marks 25 years since the historic Beijing Declaration on women's rights, significant gains made since 1995 are likely to be eroded by the impact of the pandemic. In Kenya, this has the potential to undo advances in gender and economic equality; it also threatens important progress on the Sustainable Development Goals (SDGs) and implementation of the National Policy on Gender and Development (2019). This is a historical juncture at which policy makers must redress the deep-seated gender inequalities which have been amplified by the crisis.

This policy brief outlines why unpaid care work is a critical development, economic and gender equality issue for Kenya. It draws on two sets of evidence from Oxfam's Women's Economic Empowerment and Care (WE-Care) programme, which explore the impact of women and girls' heavy and unequal unpaid care responsibilities both before and during COVID-19.

In 2019, Oxfam and partners Youth Alive Kenya and NOPE conducted a Household Care Survey⁴ on the gendered patterns of UCDW in five urban informal settlements⁵ in Nairobi. At the height of the pandemic, in May 2020, Oxfam conducted a Rapid Gender Assessment in the same locations to ascertain the gendered impacts of COVID-19. As discussed in this brief, both reports show that women and girls are spending a disproportionate amount of time providing unpaid care work within their households and communities; this has multiple impacts on their ability to realize their social, economic and political rights as well as negative effects on their health and wellbeing.

The brief then proposes priority actions for policy makers in the national government and in the Nairobi and other county governments.

CARE AND GENDER (IN)EQUALITY ARE INEXTRICABLY LINKED

Before COVID-19, women and girls across the world were already spending 12.5 billion hours on unpaid care work every day.⁶ In monetary terms, this amounts to a contribution of at least \$10.8 trillion annually – three times that of the global tech industry.⁷ In Kenya, despite the amount of time women spend on UCDW, it remains largely absent from both national and county social and economic development plans and policies, making women's paid and unpaid labour less valued than that of men.

According to the Kenya 2019 census, women accounted for 50.2% (9.89 million) of the total working population, compared to 49.8% (9.79 million) men.⁸ The majority of these women work in the informal sector; they are also heavily involved in care work at the household and community level. Their contribution on both fronts – i.e. both unpaid and underpaid work – needs to be quantified and valued.

Worldwide, the gendered division of UCDW is deeply rooted in gender norms and exacerbated by inequalities based on intersectional factors such as income, education, age, race, ethnicity and geography. While in all contexts women provide the majority of unpaid care work, women and girls living in low-income settings, in rural areas and urban informal settlements, and those with low levels of education and household income tend to shoulder an even greater care workload.⁹ This is the case in Kenya, where access to time and labour-saving infrastructure and technology such as running water,

clean energy stoves, washing-related equipment and access to quality care services such as childcare and affordable healthcare is limited.

Health, education, water and social protection are public goods which benefit the poorest people (the majority of whom are women and girls) the most, as they are least able to afford them. Financing these goods would significantly reduce women’s time poverty and increase women and girls’ abilities to fulfil their potential through paid decent work, education and political representation. Despite this, in Kenya and elsewhere across the world, governments have made insufficient investments in public services, leaving a gap which is filled by women – especially those in marginalized areas – through the additional hours they must spend on unpaid care work.

Inadequate investment in the care economy is further propelled by economic models that value Gross Domestic Product (GDP) growth and corporate profit over societal wellbeing. This is made worse by austerity measures, which reduce state provision of public services such as childcare, healthcare and education, and leave women to make up the shortfall through their unpaid care work or by paying out-of-pocket care expenses.

CARE BEFORE THE PANDEMIC: A CLEAR IMBALANCE

Oxfam’s research in Nairobi’s informal settlements before the pandemic confirmed that, compared to men, women spend significantly more time on UCDW and less time on paid work. The findings show that women spend around 5 hours a day on care activities, whereas men spend just 1 hour a day.¹⁰ When time spent on multitasking care activities (such as supervising children while cooking dinner) is counted, women spend a staggering 11 hours per day on care roles within their households and communities – triple the time that men spend. Women are more often expected to be the primary caregiver and are likely to spend 20% of their time looking after a child. While men spend almost double the time women spend on paid work, women’s working days are considerably longer due to their hours on unpaid care work. The

resulting time poverty for women leads to lack of opportunity to engage in paid work, community and political life, education and self-care.¹¹

Collecting water in the informal settlements is a laborious and time-consuming task that is largely done by women and girls, who have to queue for long hours due to water shortage. This is often as a result of lack of water connectivity by the water bodies and interruption of supply by cartels, who sell water at an exorbitant price.¹²

Importantly, Oxfam’s findings¹³ show that having access to basic services and infrastructure significantly decreases the time women spend on care and domestic tasks. Women with access to improved water sources and healthcare facilities spend 4 to 5 hours less per day on all care activities than women without these services. Owning more fuel and washing-related equipment is also associated with spending about 2 and 3 hours less on all care activities, respectively, for women. These findings highlight the importance of investment in care-supporting services and infrastructure in giving women and girls more choice about how to spend their time.

Across the African continent, women in rural areas face the greatest time constraints, largely due to the amount of time they have to spend collecting water and fuel and preparing food. In regions where piped water to homes is not the norm, women and girls are more likely than men and boys to be responsible for fetching water for domestic use. Collectively, women and girls in sub-Saharan Africa collect 71% of all household water and spend 16 million hours on this daily, compared to 6 million hours for men and 4 million hours for children.¹⁴

In Tanzania, evidence from a nationally representative time-use survey was used to demonstrate, through simulations, how women could collectively save 1,128 million hours a year from improvements in water infrastructure.¹⁵

KEY FINDINGS FROM THE HOUSEHOLD CARE SURVEY



TIME SPENT ON PRIMARY CARE



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 an average of 5 hours per day on any care compared to just 2.9 hours a day for men.



TIME SPENT ON PAID WORK



Men spent almost double the time that women spent on paid work (10.5 vs. 5.3 hours per day respectively).

While care work is a social good that sustains and enriches families and communities, heavy and arduous tasks, such as walking long distances with heavy loads of water or fuel, can have serious consequences for women's mental and physical health. Oxfam's research shows that over half (55%) of women in the informal settlements had suffered an injury, illness, disability or other physical or mental harm as a result of their unpaid care or domestic tasks.

CARE AND COVID-19: FURTHER TIPPING THE SCALES

While COVID-19 has made care work more visible as a public policy issue, it has irrefutably widened the economic and gender inequality gap. Most households have experienced an increase in care responsibilities during the pandemic, and women have carried out the bulk of the additional care workload.

Oxfam's research in the informal settlements of Nairobi during the lockdown in May 2020 confirmed that this is

very much the case for women living in poverty in the settlements; they are among the most marginalized in society, with the least access to formal paid employment, social protection, healthcare and public services. Among cohabiting couples, 70% of women reported spending more hours on UCDW than they did before the pandemic.¹⁶ The resulting time constraints mean many women are unable to carry out their usual paid work, and consequently face a higher risk of falling deeper into poverty.

In Kenya, school closures – combined with an overwhelmed health service and the introduction of a home-based care system¹⁷ – have pushed the responsibility for schooling children and caring for vulnerable people onto households, with women bearing the brunt of this change. The poorest households with the least access to resources, safety nets and public services have suffered the most. Oxfam's research shed light on several key areas for policy intervention, as outlined below.



Susan Wairimu, a small scale trader, stands outside her home in Kawangware, Nairobi. Photo: Katie G. Nelson/Oxfam



Access to care-supporting infrastructure and equipment

Before COVID-19, 57% of households in informal settlements had sufficient access to water; during the pandemic, this decreased to just 26%.¹⁸ Given the emphasis on hygiene measures, and with many people confined to their homes during lockdown, increased household demand for water has compounded the underlying challenges of water shortage due to climate change. This means that women and girls are spending even more time collecting water: women reported spending close to 20% of their time each day collecting water for household usage.¹⁹ Some 63% of women said that washing, cleaning and sweeping took up most of their time, while only 27% of men said the same.²⁰



Health and reproductive rights

During the pandemic, there has been a worrying increase in teen pregnancies and violence against women and girls.²¹ Although schools have reopened it is likely that teen mothers, especially those from disadvantaged backgrounds, will be unable to resume their education.



Healthcare provision

The government's national home-based isolation and care protocols²² to combat COVID-19 have transferred healthcare responsibilities from public health providers to homes and communities, where women make up the majority of carers and community health workers. In addition to increasing women's time poverty and exposure to the disease, this further reinforces traditional norms around women (as opposed to men) as caregivers. The unavailability or unaffordability of care affects the choices that parents, particularly mothers, make regarding paid work, e.g. whether to stay at home or how to combine their paid work with unpaid care.²³



Education

With most low-income families having experienced negative economic impacts of the pandemic, many are likely to consider the financial and opportunity costs of educating their daughters.²⁴ For girls, being out of school is likely to mean increased care responsibilities in the household and fewer opportunities – now and in future – to contribute to the social and economic development of their communities and nation.



Shifting social norms

While women and girls have taken on most of the additional care work during the pandemic, there has been a slight increase in the amount of time that men spend on care work. This presents an opportunity to encourage a change in norms and perceptions on care work to enable more equitable redistribution of UCDW at the household level, during and after the pandemic.

PROMISING POLICY RESPONSES

1. In September 2020, Tharaka Nithi County launched the first low-cost crèche within Chuka open-air market to enable female buyers and sellers to run their businesses without worrying about childcare. As workers in the informal economy – a sector hit particularly hard by the pandemic – the female traders welcomed the initiative, as it enabled them to save on the higher cost of nannies.

2. In 2020, the Government of Kenya through the Ministry of Labour and Social Protection invested KES.10 billion shillings (\$100 million) and prioritized giving unconditional cash transfers of KES.8000 (\$80) on a monthly basis to over 1 million people. The cash transfer helped to cushion vulnerable households from the economic impacts of the pandemic lockdown, especially women who could no longer work or look for work because of increased care responsibilities. In Nairobi's informal settlements, the unconditional cash transfer was complemented with a constant supply of clean water by the Nairobi Metropolitan Service, helping to reduce the hours that women and girls would spend queuing for clean water.

FINANCING INVESTMENTS IN CARE SERVICES AND INFRASTRUCTURE

The provision of gender-responsive public services is key to delivering on human rights and transforming women's lives.²⁵ The Abuja and Incheon Declarations recommend that African governments spend at least 15% of their national budget on health and another 15% minimum of their national budget, or 4-6% of GDP, on education. In the financial year 2018/19, while Kenya spent 5.31% of its GDP on education, it spent just 5.1% of its national budget on health. While Kenya is meeting its commitments to education spending, the quality of spending is wanting, and its health spending is grossly underfunded. Quality provision of early childcare centres, public education, healthcare and water are crucial, alongside investment in traditional sectors like energy and agriculture. The latter are seen as the main contributors to the country's GDP,

while unpaid work – where women spend so many of their hours over their lifetimes – remains invisible.

The African Union (AU) Social Policy Framework recommends spending 2% of the national budget, or 4.5% of GDP, on social protection. However, in 2018 Kenya spent just 0.4% of GDP on social protection. In the Kenyan context, social protection comprises social assistance (including cash transfers, school feeding and food relief programmes), social security (including public service pensions) and health insurance.

Kenya's revenue performance has a direct effect on its ability to finance public services. Its tax-to-GDP ratio was at 15.09% in 2018; this continues the decline seen in

recent years, where it was 18.3% in 2016 and 18.2% in 2017.²⁶ Between the financial years 2013/14 and 2014/15, the budget deficit almost doubled, from 6.4% to 11.1% of GDP, and has averaged at 7.9% over the last five years.²⁷

Kenya, like many other African countries, received huge amounts of funding for its COVID-19 response; it received over \$2bn in aid and grants, which was mainly intended for the provision of personal protective equipment, medicines and isolation structures. To date, there have not been any gender-responsive investments or implementation; there have also been allegations of embezzlement.²⁸ There is a need to put pressure on donors to hold the government to account on spending, including from a gender inclusion and diversity perspective.

RECOMMENDATIONS

The 'Four Rs' framework to address UCDW



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

Source: Diane Elson

World leaders, such as the UN Secretary General,²⁹ have made a clarion call to all governments to put women and girls at the centre of their COVID recovery plans. Based on the findings of the Household Care Survey and the Rapid Gender Assessment in five informal settlements in Nairobi, we make the following recommendations. These are based on the '4R' framework presented above.

RECOGNIZE

National government: The Kenya government is in the process of carrying out a national time-use survey through the Kenya National Bureau of Statistics in partnership with Oxfam and other actors. It is imperative that this happens regularly as part of the government's commitment to implementing SDG 5.4.1,³⁰ and that the resulting data is used to inform gender-responsive budgets and policies. Capturing this in the Systems of National Accounts (SNA) will enable the government to recognize UCDW, develop and resource gender-responsive policies and budgets, and value unpaid care as a main contributor to the country's GDP.

Nairobi County government: In partnership with the Ministry of Labour and the Ministry of Public Service, Youth and Gender, Nairobi County government should recognize UCDW as driver of social and economic development and gender equality, and include it in its policies and budgets. This should also inform its economic stimulus programmes,³¹ which can target carers and domestic workers who have had to give up paid jobs because of the increase in care work at the household and community levels.

REDUCE

National government: Invest in quality, affordable 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, all of which have been brought to the fore by COVID-19. This should be delivered through national policy frameworks, and resourced through a progressive taxation regime that does not further disenfranchise women. There should be clearly

established national guidelines on investment in essential services, parental leave schemes for both formal and informal sector workers, and sufficient budgetary allocation to County governments.

County 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 they must be targeted to the poorest households, where women do the heaviest and most arduous UCDW. Ongoing maintenance and repair costs of infrastructure should be budgeted for.

REDISTRIBUTE

National and county governments: Utilize revenue and taxes raised to invest in care-supporting infrastructure and public services that help to redistribute the responsibility for UCDW between households and the government, and between women and men. There is also a need to promote progressive taxation and to curb International Financial flows (IFFs) to finance recovery from the pandemic, including by: increasing taxes on companies that were especially profitable during the pandemic, such as the telecommunications sector; decreasing consumption taxes, which affect low-income households disproportionately; and stopping wasteful tax

incentives and inefficient use of donations for post-COVID economic recovery. National and county governments must also reallocate funding to where it will have most impact for women with heavy UCDW responsibilities.

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.

REPRESENT

National and county governments: Put in place mechanisms and processes for including women caregivers in consultations and decision making related to budget planning and allocation, needs assessments, etc. Both public and private institutions should make provision for care-supporting spaces and services in meetings and workplaces, such as on-site breastfeeding areas and childcare facilities.

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



Sheillah Achieng, 28, and her newborn baby in Mashimoni village, Mathare, Nairobi, Kenya. Photo: Katie G. Nelson/Oxfam

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Front cover

Street food vendor Zeina Njuguna prepares dough for Chapati by the roadside on Makadara street in Old Town, Mombasa. Photo: Brian Otieno/Oxfam in Kenya

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