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## **‘My Work Never Ends’: Women’s Experiences of Balancing Unpaid Care Work and Paid Work through WEE Programming in India**

Mubashira Zaidi, Shraddha Chigateri, Deepta Chopra and Keetie Roelen

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## **Summary**

This paper seeks to lay bare the contours and consequences of the relationship between paid work and unpaid care work for women in low-income households, in order to better understand the relationship between women’s participation in paid work and ‘economic empowerment’. It is also interested in analysing whether, and if so how, women (may) achieve a positive balance between their unpaid care work and paid work responsibilities such that their economic empowerment is optimised (women’s entry into paid work is enabled without deepening their time poverty or worrying about the quality of care received by their family), shared (across generations, so that other women/girls in the family are not left to bear the burden of care), and sustained (such that the quality of care provided to children improves as a result of their mother’s paid work).

The paper seeks to do this by mapping the social organisation of care in low-income households across four sites in India, and assessing how women cope with their dual burdens. By focusing our analysis on two ‘women’s economic empowerment programmes’: the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) in Rajasthan and the Self Employed Women’s Association (SEWA) in Madhya Pradesh, we also seek to analyse how women’s economic empowerment policy and programming can generate a ‘double boon’: paid work that empowers women *and* provides more support for their unpaid care work responsibilities.

**Keywords:** unpaid care work; paid work; ‘double boon’; double burden; balancing paid work and unpaid care work; women’s economic empowerment; India; SEWA; MGNREGA.

**Mubashira Zaidi** is a Research Analyst at the Institute of Social Studies Trust (ISST), New Delhi. She has an MA in Social Work from the Tata Institute of Social Sciences (TISS), Mumbai. She has been involved in several research projects on gender and development, including on women’s claims-making on violence against women, paid domestic work and unpaid care work. She is in the final stages of her PhD dissertation (Humboldt University, Berlin).

**Shraddha Chigateri** is a Research Fellow at the Institute of Social Studies Trust (ISST), New Delhi. Having obtained a PhD in Women and Gender Studies from the University of Warwick, she has worked as an academic and researcher in both the UK and India for over 15 years. Her research interests are in the field of gender and development with a focus on paid domestic work, and unpaid care work.

**Deepta Chopra** is a Research Fellow at the Institute of Development Studies (IDS). She leads the gender work in IDS on women’s and girls’ empowerment, with her research interests focusing on gendered political economy analysis of policies for the empowerment of women and girls, and its core links with unpaid care work. She works closely with state and non-state partners in South Asia, and has designed, managed and implemented several research projects on social protection and economic empowerment.

**Keetie Roelen** is a Research Fellow and Co-Director of the Centre for Social Protection at the Institute of Development Studies (IDS). She is a development economist by training and her research interests include the dynamics of (child) poverty and social protection. She has worked with many international organisations such as UNICEF, the Food and Agriculture Organization (FAO) and Concern Worldwide, performing research and policy advice work in South East Asia, Southern and Eastern Africa and Central and Eastern Europe.

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# Glossary

<i>adivasi</i>	a term for indigenous, tribal communities in India
<i>agarbatti</i>	an incense stick
<i>agewan</i>	a woman community leader of the Self Employed Women's Association
<i>anganwadi</i>	a preschool, nutrition and immunisation centre for children under six provided under the Government's Integrated Child Development Services
<i>atta</i>	wheat flour
<i>balwadi</i>	a childcare centre for 3–6 year olds
<i>basti</i>	a settlement
<i>beedi</i>	a local cigarette
<i>chulah</i>	stove
<i>dona</i>	a disposable paper bowl
<i>Gram Panchayat</i>	institution of self-government at the village level based on the Constitutional (73 <sup>rd</sup> amendment) Act, 1992
<i>Gram Sabha</i>	assembly of electors of a village <i>panchayat</i>
<i>mazdoor</i>	a worker
<i>mohalla</i>	a geographical community
<i>mahua</i>	name of a tree used in making liquor
<i>mohalla samiti</i>	community-level committee comprised of trade committee members who are each elected by 100 ordinary members of SEWA
<i>nabti</i>	measurement
<i>nigrani samitis</i>	monitoring committees set up by Self Employed Women's Association
<i>panchayat</i>	a three-tier institution of self-government constituted at village, block and district levels under article 243B of the 73 <sup>rd</sup> Constitution Amendment Act, 1992, for the rural areas.
<i>panchayat samiti</i>	a body at the block level comprising of elected representatives from all <i>Gram Panchayats</i> under the block
<i>poha</i>	a savoury dish made from rice flakes
<i>roti</i>	bread
<i>sanghatak</i>	a community organiser
<i>sasural</i>	in-laws' house
<i>soochna kendra</i>	an information centre run by the Self Employed Women's Association in each <i>basti</i>
<i>tendu</i>	leaf used in making <i>beedi</i>
<i>thakaan</i>	fatigue

# Acronyms

ASHA	accredited social health activist
CSO	civil society organisation
FAO	Food and Agriculture Organization
GP	<i>Gram Panchayat</i>
GrOW	Growth and Equal Opportunities for Women programme
IMC	Indore Municipal Corporation
IP	interview with programme staff
ISST	Institute of Social Studies Trust
KII	key informant interview
MGNREGA	Mahatma Gandhi National Rural Employment Guarantee Act
MoHFW	Ministry of Health and Family Welfare
MP	Madhya Pradesh
NRHM	National Rural Health Mission
NGO	non-governmental organisation
NSS	National Sample Survey
OBC	Other Backward Caste
PHC	primary health centre
SC	Scheduled Caste/ <i>dalit</i>
SEWA	Self Employed Women's Association
SoR	Schedule of Rates
SNA	System of National Accounts
ST	Scheduled Tribe/ <i>adivasi</i>
TISS	Tata Institute of Social Sciences
WEE	women's economic empowerment



# 1 Introduction

This paper is based on data collected and analysed for the ‘Balancing unpaid care work and paid work: successes, challenges and lessons for women’s economic empowerment programmes and policies’ research project within the Growth and Equal Opportunities for Women (GrOW) programme,<sup>1</sup> carried out in four countries: India, Nepal, Rwanda and Tanzania. It presents the findings pertaining to India, where research was implemented in the districts of Udaipur and Dungarpur in the state of Rajasthan, and Indore and Ujjain in Madhya Pradesh (MP). The overall objective of the research is to contribute to creating knowledge on how women’s economic empowerment (WEE) policy and programming can generate a ‘double boon’, by which we mean paid work that empowers women and provides more support for their unpaid care work responsibilities.

Regardless of the share of household income they earn, evidence indicates that women do most unpaid caregiving in all contexts (Kabeer 2012). Unpaid care work encompasses care of people, as well as household tasks such as cleaning, collecting water, fuel and firewood. As Kabeer (2012) highlights, women’s increasing entry into paid work has not been accompanied by a change in the gendered division of unpaid care work, revealing the persistence of gendered disadvantage in the economy. While much of the feminist literature on women’s work is premised on an understanding of the double burden of paid and unpaid care work that women bear, the consequences of this double burden for the wellbeing of women have been mainly captured through the concept of time stress, time poverty and time available for rest and leisure (Antonopoulos and Hirway 2010; also see Bittman and Wajcman 2000), though there have been efforts to capture the more direct effects of ‘work intensity’ on women’s wellbeing within time use (Floro 1995). The clarion call for the recognition, reduction and redistribution of unpaid work (Elson 2008) also comes from an understanding of the disproportionate burden that women bear. Even so, research that seeks to specifically unpack the contours and consequences of the double burden for women’s emotional and physical wellbeing, particularly for women from low-income households, as well as the ways in which women from these households manage their double burden is sparse (although see P. Swaminathan 2005), and this is where this paper situates its analysis.

The work of Shirin Rai, Catherine Hoskyns and Dania Thomas (2011, 2014) in delineating the concept of ‘depletion of the body, the household and the community’ goes some way towards mapping and analysing the contours of the double burden, though they root their concept of depletion more specifically in the non-recognition of social reproduction. Further, while they call for a *measurement* of depletion, in this paper, we seek to lay bare the contours and depleting consequences of the relationship between paid work and unpaid care work in order to better understand the relationship between women’s participation in paid work and economic empowerment.

This research is also interested in analysing whether, and if so how, women (may) achieve a positive balance between their unpaid care work and paid work responsibilities. In exploring the pathways towards this balance, this paper examines the social organisation of care in low-income households, and the different roles that families, the state, private actors and the not-for-profit sector play in the provision of care. A key research assumption is that care needs to be redistributed more fairly across the ‘care diamond’ (Razavi 2007) for policies and programmes to contribute effectively and sustainably to women’s economic empowerment. More specifically, the project’s hypothesis is that taking unpaid care work into account in WEE policies and programmes has the potential to significantly strengthen the

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<sup>1</sup> Funded by the International Development Research Centre (IDRC), Department for International Development (DFID) and the Hewlett Foundation.

empowering outcomes of women's participation in paid work. This will come about because support for unpaid care work will:

- Optimise women's economic participation, by enabling them to work without deepening their time poverty, or worrying about the amount and quality of care their families receive in their absence. This in turn will help make it possible for them to choose better-paid and more empowering types of work, rather than being forced into low-paid 'flexible' work.
- Share the gains of women's economic empowerment across all females in the family, so that younger girls and older women are not left to carry the burden and be disempowered as a result; and that economic benefits are not eroded because of the cost of substitute care.
- Sustain the gains of women's economic empowerment across generations, by ensuring that the quality of childcare improves rather than deteriorates, as a result of their mothers' paid work.

The main research question that we sought to answer was: *How can women's economic empowerment (WEE) policies and programmes take unpaid care work into account in order to enable women's economic empowerment to be optimised, shared across families and sustained across generations?*

In India, the two WEE programmes that were selected for this research were: the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA), and the Self Employed Women's Association Madhya Pradesh (SEWA MP), with two sites for each programme identified for data collection.

## **1.1 Methodology**

The research adopted a mixed-methods approach, with primary data consisting of quantitative and qualitative data. Quantitative data was collected through a survey tool aimed at women respondents (see Annexe 1 for a summary of the various modules of the survey). Qualitative data collection comprised semi-structured interviews with women, men and children (see Annexe 2 for details of the tools, and Annexe 6 for list of case study interviews) and participatory tools comprising participatory and visual exercises carried out with a group of respondents – including men, women, girls, boys and also a few mixed groups (see Annexe 4 for a summary of tools used and a table of the participatory research method used per group of respondents). Key informant interview (KII) guides were also developed and used to interview community leaders, as well as staff involved in the delivery of the chosen WEE programmes (see Annexe 3 for the tools and Annexe 5 for a list of KIIs).

All tools were developed through an intense methodology development workshop of the project team across the four countries, followed by an iterative process of piloting and feeding back from each country team, such that these were relevant to the local contexts yet made sense across a range of sites and countries.

The survey was administered as per a sampling framework (Table 1.1), reaching a total of 200 women across four sites. For the Rajasthan sites, a complete list of job card holders was obtained through the official website of MGNREGA, with women respondents being divided into four categories based on the number of days they had worked: more than 75 days; 50–75 days; 25–50 days and less than 25 days. This helped the team make an initial list, on which they then consulted the local partner (Astha) and the key informants in the village to identify women who had at least one child below the age of six years. Priority was given to those households that had worked in MGNREGA for greater number of days. This enabled the research team to identify participants from the survey, as well as groups for participatory tools.

In Madhya Pradesh, preparatory meetings were held with SEWA to demarcate research settings according to the criteria set out in the research: high proportion of low-income families and SEWA members. Participatory tools were conducted in chosen areas – which helped identify respondents for the survey – with the minimum criteria being the same as for Rajasthan: each woman being in paid work, from a low-income household, and with at least one child aged under six years.

From this larger sample of 200 women, 32 women in each site were purposively chosen for in-depth qualitative case study work. This selection was based on different characteristics of the sample, such that the entire range of respondents doing different combinations of paid work, care dependencies, access to services, family types and care arrangements, were selected.

The project also had the objective of distinguishing between participants in the chosen WEE programmes, and those that were in similar situations but were non-participants. Hence, the sampling framework in India was constructed as per Table 1.1.

**Table 1.1 Sampling framework for India**

Name of site	WEE participants		Non-WEE participants		No. of participatory exercises carried out	No. of Kills carried out
	No. of women surveyed	No. of women interviewed for in-depth case study	No. of women surveyed	No. of women interviewed for in-depth case study		
Dungarpur	30	5	20	3	17	5
Udaipur	30	5	20	3	16	5
Ujjain	30	5	20	3	19	6
Indore	30	5	20	3	19	5
Total	120	20	80	12	71	21

All tools were translated into Hindi, and training was provided to a data collection team. This provided the testing ground for translations – and helped overcome the challenges inherent in a purely technical translation of tools. Consistent meanings of terms were arrived at through this collective process, such that data collected in Hindi and the local dialect – Wagdi and Mewari for Rajasthan – were meaningful and rigorous. This initial preparation also stood the teams in good stead for translations of interview data into English, to ensure that meanings were not lost.

However, because of the two-staged translation and the risks of losing/misunderstanding information – the analysis has not relied on counts or occurrences of words/phrases. Instead, the analysis has been undertaken through developing a coding framework that has been agreed to and accepted by the research teams, codes whose meanings have been jointly accepted. Coding has been done in NVivo, allowing systematic use and analysis of this extensive data. Regular monitoring and feedback from project leaders, and coding being carried out by the core research team that carried out qualitative interviews and participatory tools, have ensured rigour and reliability of the analytical process.

Such mixed-methods research has had its advantages – the complementarity of the qualitative and quantitative data collected at the household and community level has enabled us to produce a contextualised ‘case archive’ resulting from a holistic rather than ‘sequential integration’ (Camfield and Roelen 2012). The development of and use of a suite

of participatory tools alongside conventional data collection tools by us as the core team of researchers has built our repertoire of research capacity for development of tools, data collection and analysis. At the same time, this has allowed for a more nuanced and rigorous process of research and more comprehensive analysis. Yet, the process has also been fraught with its challenges.

## **1.2 Ethics and challenges**

Participation in the study was voluntary, and based on respondents' fully informed consent and right to withdraw at any stage of the research. Children's participation was ensured through a two-step informed consent expressed by them and their parents. Also, in recognition of the different ways in which research with children needs to be carried out, we developed specific exercises within the interview guides and in the participatory tools in order to ensure that they would be at ease with the research process.

Confidentiality of the quantitative and qualitative data has been consistently maintained throughout the research process, with a detailed system of storing and managing data. All respondents' names have been changed to ensure their anonymity in the qualitative interviews; while the quantitative data works with codes rather than names.

The most challenging aspect of this research project has been to ensure consistency of meanings and maintaining rigour of the research. This was overcome primarily by extensive trainings and workshops for tool development, piloting and sharp, careful monitoring throughout the process. Another significant challenge has been the capacity of the data collection team – while in some sites, the teams undertaking the survey were capable and closely aligned to the lead researchers undertaking the qualitative and participatory work, in other sites this was a big challenge. We overcame this by replacing team members, and working closely with local organisations to gain contextual understandings for each site. Another challenge was to accept and work with the intricacy of the research tools within the given time and budget. We realised mid-way through the data collection process that our initial plans were ambitious, and therefore proposed an alternative timeline and budget extension for the project.

In terms of the quality of the data, one of the challenges was that because the quantitative data was collected at a specific time of year (November 2015 to January 2016 in Dungarpur, and Udaipur, February to April 2016 in Ujjain and May to June in 2016 Indore), it was difficult to capture the seasonality and variations in time use in paid work and unpaid care work. However, qualitative tools were used to capture these experiences, for instance through the participatory exercise of the care calendar.

Another issue that the research team had to contend with were issues of trust and participant expectations from the exercise, given that the data collection team was not local. However, through the support of local partners working in the areas who helped create a bridge between the team and the participants, the team was able to address immediate local expectations and queries regarding different basic services and economic opportunities.

## **1.3 Structure of the paper**

Section 2 provides an overview of the country's socioeconomic characteristics, of the four research sites, and of the two WEE programmes selected.

In Section 3 we discuss the main findings of the research in relation to how care is socially organised within the low-income households we researched, women's experiences of paid work both within and outside the selected WEE programmes, and the ways in which the two spheres of care and work interacted with one another as seen through the eyes of not only

the women themselves, but also of their spouses/significant male in the household (if any), and children.

In Section 4, we discuss the extent to which the two WEE programmes support women in their day-to-day management of paid work and unpaid care work. Further, the findings on social organisation of care and paid work experiences is juxtaposed with the aspirations of women workers and the solutions that women suggested for supporting them in balancing paid work and unpaid care work in ways that their empowerment is not achieved at the expense of others. These provide us with broader recommendations for WEE programmes that are rooted in women's experiences and aspirations. In Section 5 we summarise and conclude the paper.

## 2 Contextualising the research in India

### 2.1 Country context

India's 'success story' as one of the fastest growing economies in the world has not necessarily translated into favourable development outcomes, either in terms of a concomitant expansion in employment or an improvement in development indicators on health, education and empowerment (Chandrasekhar and Ghosh 2007, 2013; Dreze and Sen 2011, 2013). The story is much worse when it comes to gender outcomes, with India faring poorly on the Gender Development Index and the Gender Inequality Index in 2015 (UNDP 2015; Nair 2015).

One of the key indicators of women's inequality in India has been the decreasing rates of workforce participation by women over a 30-year period, with the sharpest decrease coming from rural employment, pointing to a 'grave and continuing crisis in women's employment under liberalisation led growth' since the 1990s (Mazumdar and Neetha 2011: 1; Also see Chandrasekhar and Ghosh 2013; Sudarshan 2014; Rawal and Saha 2015; Naidu 2016).<sup>2</sup> Currently, based on the 68<sup>th</sup> round of the National Sample Survey (NSS) (Employment and Unemployment Survey) for 2011–12, the work participation rates for urban women stands at an abysmal 21 per cent and at 37.2 per cent for rural women (Rawal and Saha 2015: 7).<sup>3</sup> Many reasons have been cited for this decline including a contraction of employment opportunities in agriculture based on a decline in farm sizes and increased mechanisation, an increase in the educational enrolment of girls, an increased engagement of women in 'domestic services', as well as continuing problems with the way in which women's work is conceptualised by data sets resulting in the undercounting of women's work (Mazumdar and Neetha 2011; Chandrasekhar and Ghosh 2013; Sudarshan 2014; Rawal and Saha 2015; Naidu 2016).

The understanding that women's employment rates do not reflect the true nature of women's work has fuelled the work of feminists in India and elsewhere since the 1970s.<sup>4</sup> For instance,

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<sup>2</sup> The only anomaly in this trend comes from the 61<sup>st</sup> round of the National Sample Survey (NSS) (Employment and Unemployment Survey) for 2004–05, which showed an increase in women's workforce participation. However, the subsequent 66<sup>th</sup> round of the NSS (Employment and Unemployment Survey) showed an absolute reduction of 20.05 million women in the workforce as compared to 2004–05 (Kannan and Raveendran 2012: 78). There are those that have argued that the 2004–05 figures are statistically fraught (Rawal and Saha 2015). Feminists have also argued that the 2004–05 figures hide the instability in women's employment, with the large percentage of the increase in women's workforce participation in the 2004–05 round coming from an increase in self-employed women, particularly in the category of 'unpaid household helper' (Mazumdar and Neetha 2011).

<sup>3</sup> Given the relatively high participation rates for Scheduled Tribe (ST) and Scheduled Caste (SC) women, the overall decline in women's workforce participation has hit them particularly hard (Neetha 2013, 2014; Rawal and Saha 2015).

<sup>4</sup> Feminists in India, as elsewhere, have made concerted efforts to conceptualise, delineate, measure and account for women's work by unpacking and critically evaluating categories such as domestic work, productive labour, reproductive labour, social reproduction, unpaid work, paid work, and unpaid care work for their utility in accounting for the work that women perform. They have analysed international and national classificatory systems and data sets

based on current estimates (drawn from the 2011–12 round of the NSS), 89.5 per cent of rural women and 67.9 per cent of urban women were engaged in ‘domestic duties’ (both as principal and subsidiary status) (Naidu 2016: 105). However, ‘domestic duties’ has not been counted in estimating employment rates (Neetha 2014; Sudarshan 2014; Rawal and Saha 2015; Naidu 2016). Given this context, feminists in India have, since the 1970s, turned their attention to both the nature of unpaid work and unpaid care work, and to the relationship between unpaid work and paid work (see for instance Palriwala and Neetha 2011). However, the dynamics and consequences of how women balance their paid work with their unpaid care work still remains an under-explored area, which is the focus of this paper.

## **2.2 Women’s economic empowerment programmes: MGNREGA and SEWA MP**

The choice of programmes for study was based on its mode of delivery (one state, and one non-state) and its direct focus on women’s economic empowerment (*viz.* either through the provision of direct inputs – training, provision of an employment guarantee – or through the creation of an enabling environment, *viz.* mobilisation on workers’ rights and improving conditions of work, provision of vocational and other training). In this context, MGNREGA was chosen as a state-delivered programme directly focused on women’s economic empowerment. The Self Employed Women’s Association (SEWA) Madhya Pradesh was chosen as an intervention focusing on women’s economic empowerment through the creation of an enabling environment.

### **2.2.1 Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA)**

Started as a pilot in 200 of the poorest districts of India in February 2006, the National Rural Employment Guarantee Act, since rechristened the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA), is a demand-based public works programme which entitles every rural household in India to 100 days of waged employment. Coming on the back of mobilisations by civil society groups, the vision of the hard-won MGNREGA was to engender livelihood security through the creation of waged work during the lean agricultural season available on demand and guaranteed by the Act (Sudarshan 2011; Chopra 2014). Besides providing a safety net for rural communities through demand-based employment creation, MGNREGA also aims to develop rural infrastructure and assets, regenerate natural resources, check distress migration, strengthen decentralised participatory planning, effect greater transparency and accountability in governance and empower socially marginalised groups, including women (Department of Rural Development 2013; Sudarshan 2011; Murthy 2015).

MGNREGA envisages women’s inclusion and empowerment through 33 per cent reservation for women in MGNREGA employment, equal wages at par with men, proximity of residences to worksites, and the provision of facilities such as crèches at worksites. Through its Operational Guidelines, it also expects categories of ‘vulnerable’ women, such as ‘widowed’, ‘deserted’ and ‘destitute’ women, to be specifically included in employment provision. Similarly, pregnant and lactating women are to be provided with ‘special works’ that require ‘less effort and are close to their house’ (Department of Rural Development 2013: 79–80). Further, the Schedule of Rates (SoR) – which form the basis on which wages are calculated – are to be based on time and motion studies that reflect the productivity levels of a mixed group of workers including men and women, elderly and disabled workers, apart from variable local conditions and the health and nutrition status of the population (*ibid.*; Murthy 2015). In terms of representation of women in decision-making, MGNREGA requires the participation of women in the monitoring and management of the programme,

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such as the System of National Accounts (SNA) and the NSS to see whether and if not, how they can be made to account for women’s work; and they have used innovative methodologies such as time use surveys to show the extent of women’s work, as well as the continuum and simultaneity in women’s unpaid and paid work activities (see for instance Sen and Sen 1985; Jain 1996; Hirway 1999; Hirway and Jose 2011).

and through its Operational Guidelines it recommends that states consider reserving 50 per cent of posts of 'mates'<sup>5</sup> for women (Sudarshan 2011; Murthy 2015). In the financial year 2015/16, 59.21 per cent of women and 40.79 per cent of men worked under MGNREGA. Of all the states in India in 2015, Kerala and Puducherry had the highest participation from women workers at around 85 per cent, while Tamil Nadu, Goa and Punjab had above 75 per cent women's participation. Rajasthan also saw high participation of women in MGNREGA at above 60 per cent (MGNREGA 2016).

## **2.2.2 Self Employed Women's Association (SEWA) MP**

The Self Employed Women's Association (SEWA) has a long history of mobilising unorganised sector women workers in India (Bhatt 2006; Hill 2010). Started in Gujarat by Ela Bhatt in 1972 with textile workers, it now has a presence in nearly all the states of India. In Madhya Pradesh (MP), SEWA began its work in 1985 by initially mobilising *beedi* workers (local cigarette makers) to procure better working conditions and social security benefits through the Central Board that was set up for them. Since these early beginnings in Indore district, SEWA has expanded its remit to include other workers such as makers of *agarbatti* (incense sticks), *tendu* leaf pickers (used in making *beedi*), those engaged in stitching and smocking, construction; agricultural and domestic workers; and street vendors. Currently, SEWA MP has the second largest union membership in the national union. From a mere 250 members in 1985, its membership now stands at 500,000 workers. It works in 40 blocks, 850 *Gram Panchayats* (GP) and 3,000 villages in rural areas and 1,004 *bastis* (settlements) in ten towns of 15 districts of the state (IP10,<sup>6</sup> email conversation, April 2017).

SEWA's vision for women's economic empowerment is 'to develop the socioeconomic condition of poor unorganised sector women workers and include them with the economic mainstream of country', through the provision of an enabling environment for the goals of 'full employment and self-reliance' (IP10, email conversations, April and May 2017; SEWA Bharat 2013). Through membership of a trade union, SEWA mobilises workers to claim their rights and entitlements with the state and employers. They also promote livelihood generation through skills-building, vocational training and by enabling market linkages. Further, they promote financial 'self-reliance' by offering training on financial skills and connecting women workers to the SEWA cooperative for savings and loan facilities.

In terms of accounting for unpaid care work in its programming, very early on, both with their work with *beedi* workers and with construction workers, SEWA recognised the close relationship between unpaid care work and paid work by mobilising for maternity benefits (on which they had early success with *tendu* leaf pickers and *beedi* workers and more recently with construction workers, where they have also managed to secure paternity pay for men for 15 days) (IP2, Indore, June 2016). SEWA's incorporation of the unpaid care work that women perform in their own work begins therefore with the recognition that the provision of childcare directly by SEWA would be insufficient; it is in setting processes in place to make the state accountable for supporting women's unpaid care work that SEWA's vision on care work lies. As explained by a senior SEWA staff member, IP1, SEWA played a path-breaking role in operating *anganwadis* (preschool, nutrition and immunisation centres for children under the age of six provided under the Government's Integrated Child Development Services) for children aged 3–6 years until about 1996–97 when the government took on this task. Instead of running a parallel structure of *anganwadis*, keeping to its role of a union, SEWA redirected its efforts to lobbying the government to spread the reach of *anganwadis* and other public services.

Therefore, a key component of SEWA's work in MP is to advocate for and enable women's access to public services and social security benefits provided by the state; in this regard, it

<sup>5</sup> 'Mate' is a work site supervisor, an official term under MGNREGA.

<sup>6</sup> IP: interview with programme staff.

plays a watchdog function in monitoring the provision of state services. To this end, SEWA's *sanghataks* (community organisers), along with *agewans* (women leaders elected from the community) set up *soochna kendras* (information centres) in each *basti* that SEWA members live and work. The *soochna kendras* provide information on women's rights and entitlements and enable women to claim social security and health benefits and access public services from the state. Another structure is of the *mohalla samiti*, a community-level committee comprised of trade committee members who are each elected by 100 ordinary members of SEWA. The *mohalla samitis* meet to resolve issues relating to social security schemes and play a watchdog function to hold the government accountable for public services.

As a membership-based organisation, SEWA MP does not function only through 'programmes': the ambit of its work is wider than any one single programme. In this sense, SEWA MP is an example of an organisation providing an enabling environment that is rooted in long-standing community mobilisation, with community membership.

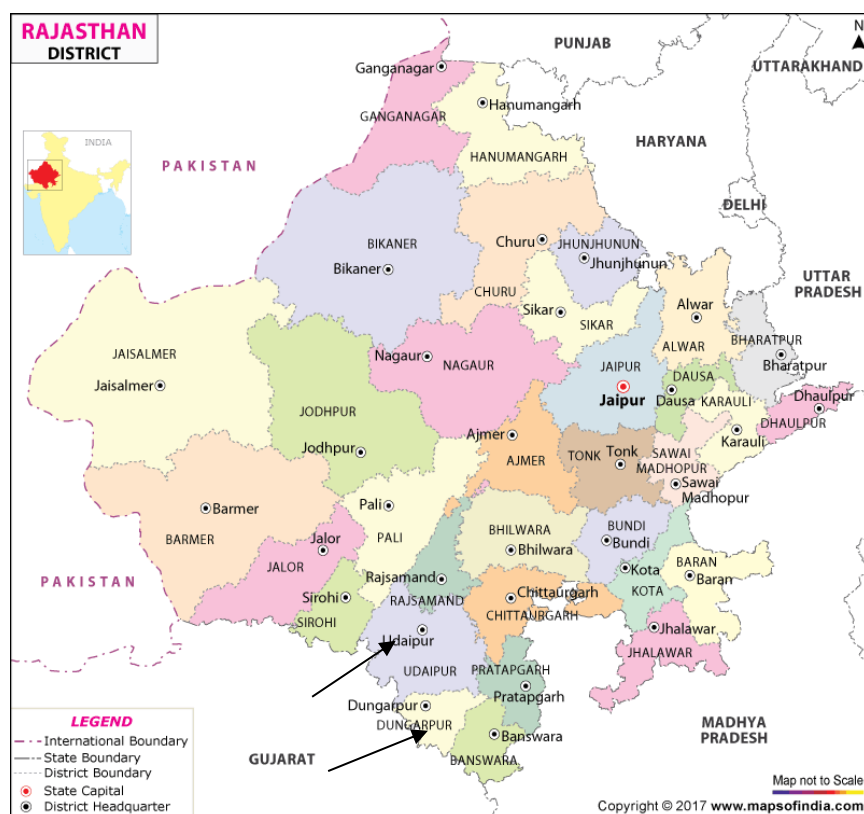
### 2.3 Sites of fieldwork

The sites chosen for fieldwork were two districts each of Rajasthan and Madhya Pradesh to study MGNREGA and SEWA, respectively.

#### 2.3.1 Rajasthan

Rajasthan was chosen for fieldwork on MGNREGA as it has a relatively high percentage of women's employment in MGNREGA (61.9 per cent in 2015–16, as opposed to the national participation rate of 59.21 per cent (MGNREGA 2016)). Udaipur and Dungarpur were selected as both were identified as being two of the 200 poorest districts in the country for the pilot of MGNREGA in 2005.

**Figure 2.1 Map of Rajasthan with districts and the research settings marked with arrows**



Source: [www.mapsofindia.com/maps/rajasthan/rajasthan.htm](http://www.mapsofindia.com/maps/rajasthan/rajasthan.htm) (accessed 25 June 2017). Reproduced with kind permission.



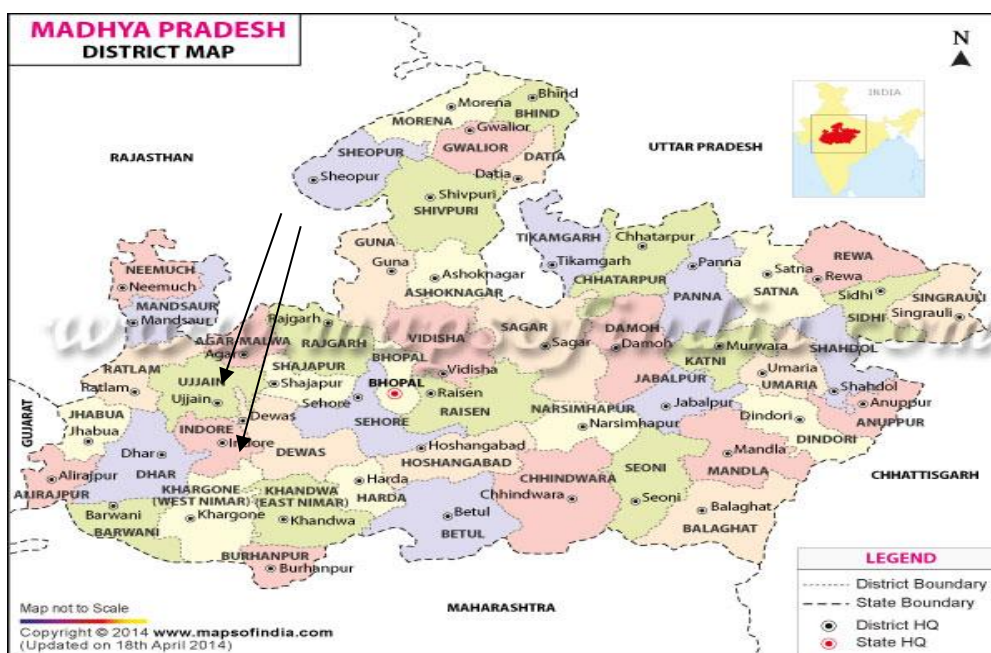
Udaipur district is largely rural (80.2 per cent), with 62 per cent of the working population engaged as cultivators and agricultural labourers. The Scheduled Tribe (ST/*adivasi*) population in Udaipur is close to 50 per cent. The data for this research was collected in the Kotra block of Udaipur, which has a completely rural population and a disproportionately high number of tribal communities at 95.82 per cent of the population according to the Census of India 2011 (Office of the Registrar General & Census Commissioner, India 2011). The literacy rate, particularly for women, is very poor in Kotra (16.49 per cent, as against the male literacy rate of 36.43 per cent and the overall male and female literacy rate in Rajasthan of 79.19 per cent and 52.12 per cent, respectively) (*ibid.*).

Dungarpur district is 93.6 per cent rural. The ST population constitutes 70.8 per cent, which is quite high in comparison to the state tribal population of 13.5 per cent. The female literacy rate in Dungarpur is about 46 per cent and is 26.7 percentage points lower than the male literacy rate. Dungarpur's economy is largely agricultural, with cultivators and agricultural labourers combined standing at 62.1 per cent according to the Census of India 2011 (*ibid.*). Dungarpur is a drought-prone area, which affects agricultural productivity. The research setting for this study was the Dovra block, which has been recently carved out of the Dungarpur block.

### 2.3.2 Madhya Pradesh

For our SEWA MP sites, we chose two urban districts, Ujjain and Indore. The data collection for this study was carried out in areas under the Ujjain Municipal Corporation. The population in Ujjain is constituted by about 2 per cent ST and 20 per cent Scheduled Caste (SC/*dalit*) communities. The literacy rates for the male and female populations are 89.66 per cent and 78.9 per cent, respectively, which are amongst the highest in the district. Twenty-two per cent of the area of the Ujjain Municipal Corporation has been identified as slum area (all the data is based on the Census of India 2011 (*ibid.*)). The three most important commodities manufactured in the area under Ujjain Municipal Corporation are *donapattal* (disposable paper bowls), *agarbatti* (incense sticks) and *poha* (a savory dish made from rice flakes), employing a large number of home-based women workers from poor households (*ibid.*).

**Figure 2.2 Map of Madhya Pradesh with districts and the research settings marked with arrows**



Source: [www.mapsofindia.com/maps/madhyapradesh/madhyapradesh.htm](http://www.mapsofindia.com/maps/madhyapradesh/madhyapradesh.htm) (accessed 25 June 2017). Reproduced with kind permission.

Indore is quite similar to Ujjain in its demographic features and work profile. Data was collected in areas covered by the Indore Municipal Corporation (IMC). The proportion of slum population is 27.14 per cent in IMC and its outgrowths, which is slightly higher than in Ujjain. The population includes 15.55 per cent SCs and 2.72 per cent STs.

## 2.4 Sample characteristics and description

As mentioned in the introduction, a sample of 50 women in paid work (over the previous 12 months) with a child aged under six were surveyed in each site. The characteristics of the sample are provided in Table 2.1. Women respondents were largely in the age range of 18–39, with no or only primary education (particularly in Rajasthan). In Indore and Ujjain, large proportions of women were engaged in home-based work. In Udaipur, unlike in Dungarpur, very few women were engaged in MGNREGA work at the time of the survey (this is discussed in Section 3.2; see Table 3.6). The women from our sample in Rajasthan were largely from *adivasi* (Scheduled Tribe) communities, and in MP, there was a preponderance of women from *dalit* (Scheduled Caste) and *adivasi* communities. In Udaipur, the family structure was largely nuclear, while in Indore, almost two thirds of women were part of extended families. In Dungarpur and Ujjain, the structure of the family was more evenly spread. Despite families being mostly nuclear, Udaipur stands out for its larger family size (nearly seven members per family), with nearly four children in every household on average. In terms of care dependency (assessed by number of children under three years of age per household), Ujjain stands out with a higher percentage of households with low care dependency, with 60 per cent of households having one child aged under six.

**Table 2.1 Demographic characteristics of the sample**

	Rajasthan		Madhya Pradesh	
	Dungarpur	Udaipur	Ujjain	Indore
<b>Age group respondent</b>	%	%	%	%
18–29	64.0	46.0	56.0	84.0
30–39	36.0	44.0	40.0	16.0
40–49	-	10.0	4.0	-
<b>Women’s highest level of education</b>	%	%	%	%
None	66.0	82.0	30.0	24.0
Primary	4.0	10.0	34.0	18.0
Junior/lower secondary	12.0	6.0	18.0	32.0
Secondary/higher secondary	12.0	2.0	14.0	26.0
Tertiary (vocational)	4.0	-	2.0	-
University/college	2.0	-	2.0	-
<b>Caste</b>	%	%	%	%
General	-	-	6.0	26.0
Other Backward Caste (OBC)	-	4.0	22.0	18.0
Scheduled Caste (SC)	-	-	42.0	14.0
Scheduled Tribe (ST)	100.0	96.0	30.0	42.0
<b>Family structure*</b>	%	%	%	%
Nuclear family	50.0	78.0	56.0	38.0
Extended family	50.0	22.0	44.0	62.0

**Table 2.1 (cont'd).**

	Rajasthan		Madhya Pradesh	
	Dungarpur	Udaipur	Ujjain	Indore
<b>Average household size</b>	#	#	#	#
	6.0	6.8	5.4	6.1
<b>Average number of children &lt;18</b>	#	#	#	#
	2.9	4.2	2.5	2.5
<b>Average number of children &lt;6</b>	#	#	#	#
	1.7	1.7	1.4	1.6
<b>Care dependency</b>	%	%	%	%
Low dependency (1 child <6)	42.0	38.0	60.0	48.0
Medium dependency (2 children <6)	48.0	50.0	38.0	46.0
High dependency (3 or more children <6)	10.0	12.0	2.0	6.0
<i>Observations</i>	50	50	50	50

Note: \* Nuclear family refers to households including female respondent, spouse and children only; extended family refers to households including any other relatives.

Source: Calculations from project survey database.

## 3 Findings: Interaction between unpaid care work and paid work

### 3.1 Social organisation of care

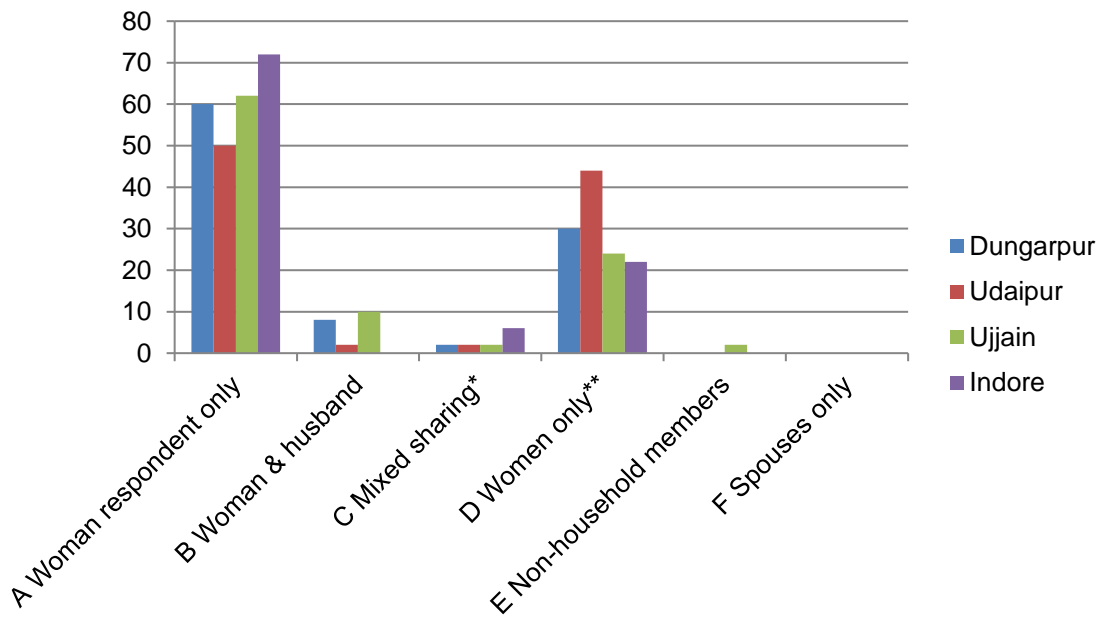
The findings from our research sites on the social organisation of care in low-income households bear out the picture of unpaid care work being a predominantly 'familial and female' activity imbued with an ideology of 'gendered familialism' (Palriwala and Neetha 2011). In both our urban and rural contexts, it was *largely women who performed most of the unpaid care tasks such as cooking, cleaning, collecting water, firewood and fodder, and looking after children*. A large majority of women, irrespective of their WEE participation, undertook household work inside the house solely by themselves or with other women in the household (Figure 3.1).<sup>7</sup> Figure 3.2 points towards a similar picture for water and fuel collection.

<sup>7</sup> For Figures 3.1–3.5 and Table 3.1, definitions of social organisation of care are based on household or non-household members carrying out tasks at least 2–3 times a week. Household members are the respondent, her spouse, a son aged six or above, a daughter aged six or above, an older woman, an older man, other woman or other man in the household. Non-household members could be a relative, a community member, a paid worker, or 'other'. For all the tables, there was *no* spouse who supported care tasks solely on their own. Ujjain provides an exception with 4 per cent of men involved in collection of water and fuel on their own. In all types, except non-household member and spouses only, the respondent is involved.

\* Both female and male household members carry out a specific task; irrespective of age.

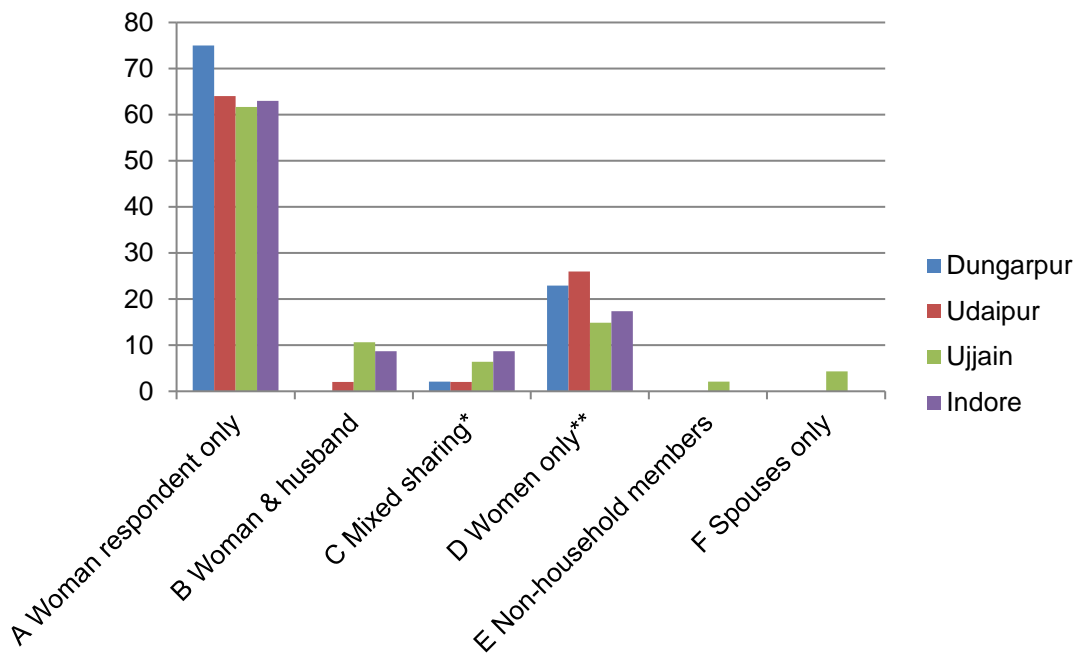
\*\* Irrespective of age, i.e. could be a daughter aged six or above or other (older) woman in the household.

**Figure 3.1 Person(s) responsible for household work inside the house (%)**



Source: Calculations from project survey database.

**Figure 3.2 Person(s) responsible for water and fuel collection (%)**

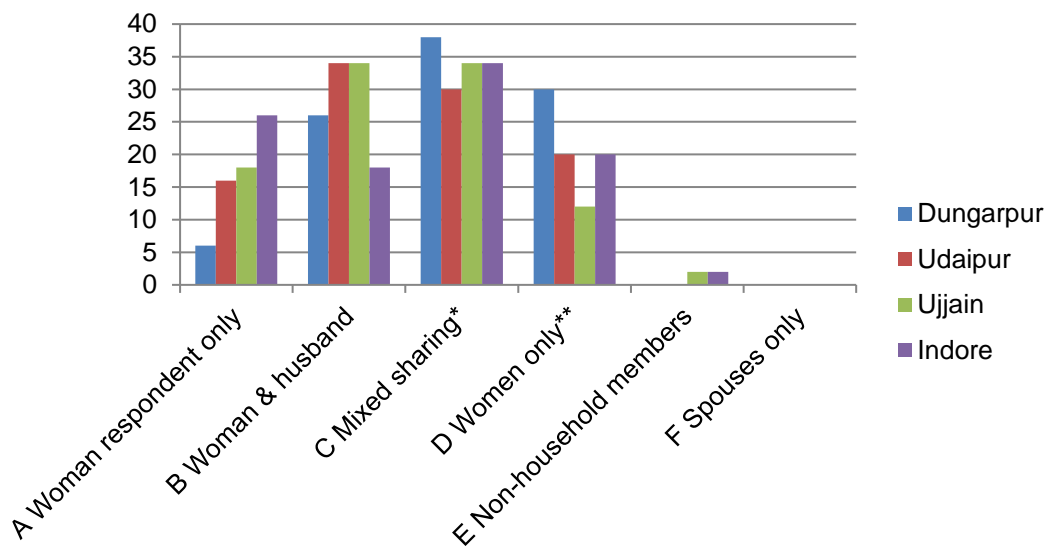


Source: Calculations from project survey database.

However, in relation to the care of children in all sites, and care of animals and land in our districts in Rajasthan, the picture appears more varied, with the responses from women indicating that *the responsibility for childcare is broadly shared with others in the family, including their husbands* (see Figure 3.3). Between the two kinds of tasks, husbands were more likely to watch over their children than do household chores like fetching water or firewood.

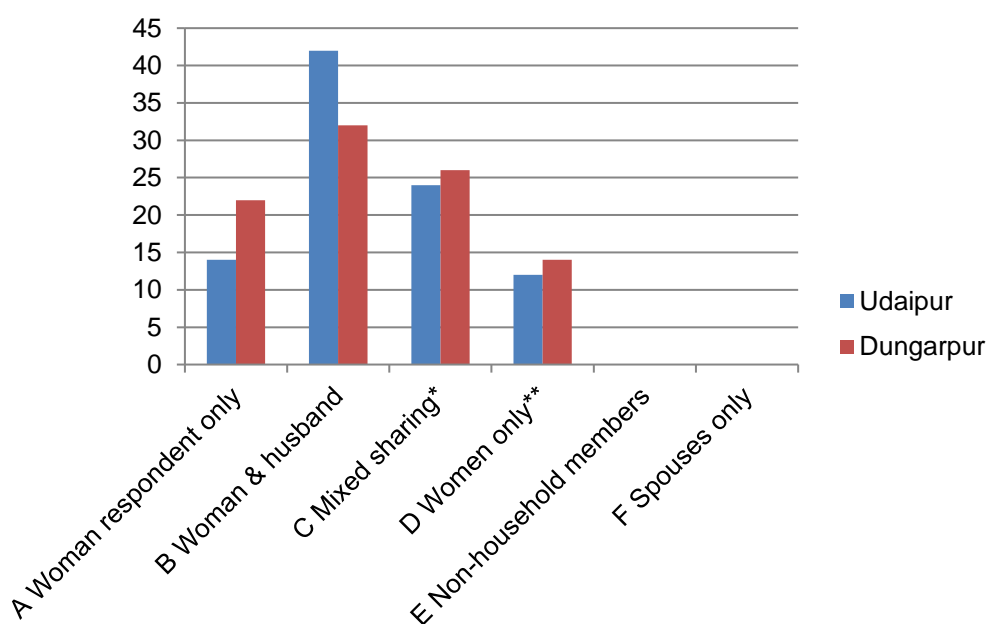
Across our sites, particularly in the case of MGNREGA workers in Dungarpur and Udaipur, we observed (from qualitative data) instances when husbands stayed at home to look after the children when women had to work in MGNREGA, but women were still expected to do the household chores. 'in some instances did men cook, clean or look after the children: 'When these older children start feeling hungry, they ask for *rotis* [bread] from time to time, so I bring rice, make it and feed it to them', said Ramu Daabi indicating that he lacked the skill to make Indian bread but instead managed by preparing rice (Udaipur, January 2016). In Dungarpur, Vijay says, 'There are certain works which I can't do. But I need to cook and feed the children at least. I need to take care of them' (January 2016). The greater sharing of childcare responsibility by the household is also indicative of the higher value attached to childcare than to other ancillary tasks.

**Figure 3.3 Person(s) responsible for childcare (%)**



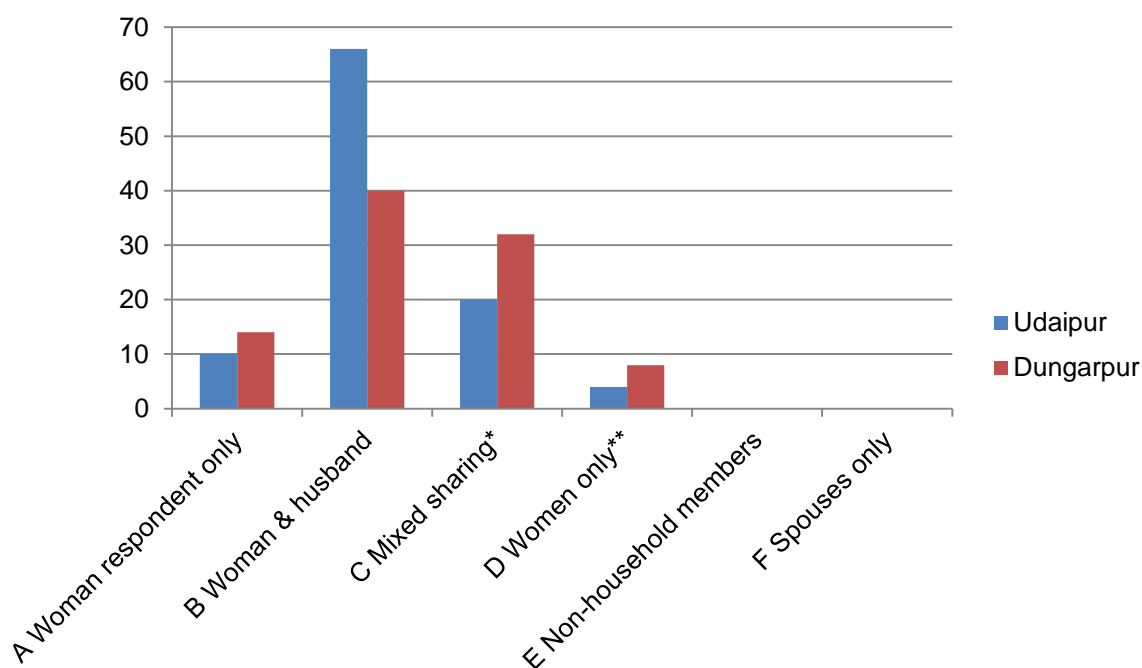
Source: Calculations from project survey database.

**Figure 3.4 Person(s) responsible for animal care (%)**



Source: Calculations from project survey data base.

**Figure 3.5 Person(s) responsible for care of land (%)**



Source: Calculations from project survey data base.

As care of animals and land were linked to the family’s livelihood and taken as productive activities, although unpaid in many cases, we see a higher participation from men, but even here *men were never solely responsible for the two tasks while there were instances of only women caring for animals and land* (see Figures 3.4 and 3.5).<sup>8</sup> Between WEE and non-WEE respondents across sites, the values were similar for all categories of unpaid care work.

### 3.1.1 Structure of the family, size and gender composition

A combination of the structure of the family, its size and gender composition played a role in the ways in which care was organised and the intensity of the care work performed by women. *In extended families, it was more likely for other women in the household to share unpaid care work tasks* (Interviews, Madhu Devi Damor and Indira Bai Damor, January 2016, Dungarpur; Reema Kotwal, Prema Ajnave and Swati Balai, June 2016, Indore). We saw greater proportions of women sharing care for children, and performing household work inside the house and fuel and water collection when their households included extended family members (see Table 3.1). *In nuclear families, women sought support for care activities from older children (particularly daughters) or from relatives living close by (in-laws and other extended female kin) and a higher percentage of husbands in nuclear families also contributed in care, especially childcare* (Interviews, Manasa Hindor, Suneetha G, and Sangeetha Sohan Damra, January 2016, Dungarpur; and Divya Pargi, Durga Naikda, Udaipur, January 2016). Where family support was not available (for instance, through the death of in-laws), women found it extremely difficult to cope with their dual responsibilities (Interview, Varsha TK, January 2016, Dungarpur).

<sup>8</sup> Care of land and animals are calculated for only the two rural sites of Udaipur and Dungarpur as these activities are predominantly associated with the rural economy.

**Table 3.1 Social organisation of care by family type**

Social organisation of care	Type A Woman respondent only	Type B Woman and husband	Type C Mixed sharing	Type D Women only	Type E Non-household members	Type F Spouses only	Observations
<b>Childcare</b>							
Nuclear	18.9	35.1	32.4	13.5	-		111
Extended	13.5	19.1	36	29.2	2.3		89
<b>Household work inside the house</b>							
Nuclear	67.6	8.1	2.7	20.7	0.9		111
Extended	52.8	1.1	3.4	41.6	1.1		89
<b>Water and fuel collection</b>							
Nuclear	67.9	5.7	6.6	17	1.9	0.9	106
Extended	63.5	4.7	2.4	24.7	3.6	1.2	85

Source: Calculations from project survey database.

However, not all women in extended families felt that their burdens were equally shared by other female members of the family. Manjari, an 18-year-old woman who is also the youngest daughter-in-law with two young children, felt particularly burdened by the responsibility of the household despite the presence of other female members in the household who also contributed to the care tasks. She says, 'No one takes responsibility. I only handle things, I only do the work' (June 2016, Indore), pointing to the additional role played by age and status in the household.

Further, the size and gender composition of the family was also important for both the distribution and the intensity of care tasks performed. As *care work was mostly shared amongst women in the household*, older women experienced a decrease in their burden of care when their household expanded to include daughters-in-law as in the case of Indumati from Udaipur (January 2016). In contrast to Indumati, Teesta Dabi (also from Udaipur) lives in a large nuclear family with five girls and three boys. Even though the household is nuclear, her daughters contributed to and relieved her of her unpaid care work responsibilities (January 2016). However, Seema Pargi, also from Udaipur, who lives in a nuclear household (with no girl children for support) felt overly burdened by her unpaid care work responsibilities (January 2016). This reiterates the overly feminised practice of care responsibilities, irrespective of type of household structure.

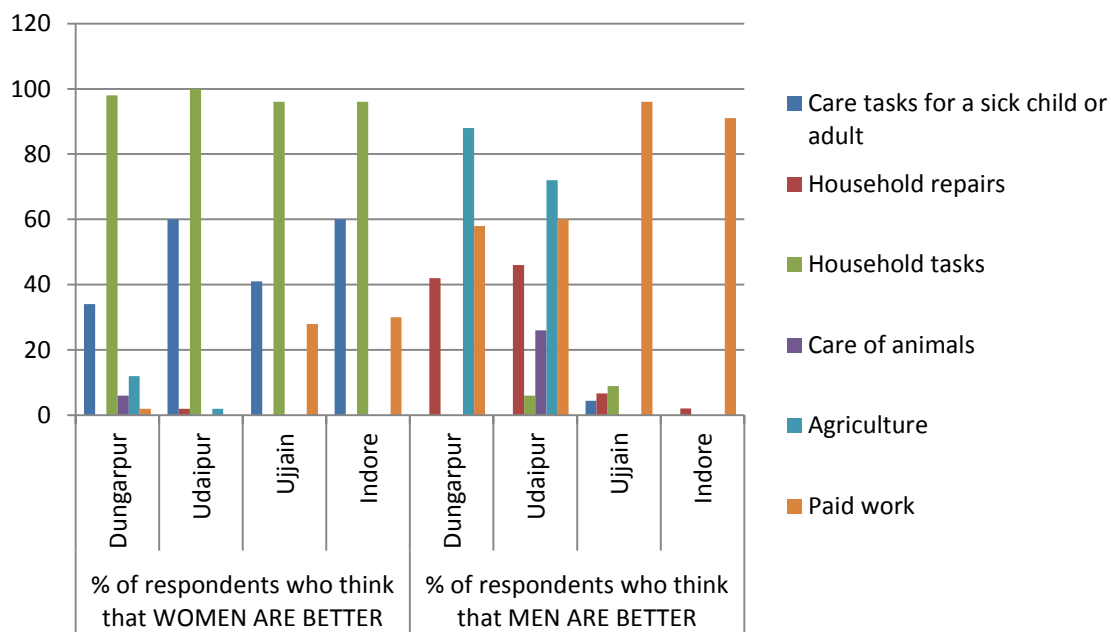
### **3.1.2 Involvement of children and men in care work**

Although the survey data does not show that children were involved in household work and fuel, water and wood collection, findings with respect to sharing patterns suggest that they were involved in the care of siblings (Type C for both boys and girls and Type D in nuclear families in Table 3.2). This is confirmed in the qualitative data. Furthermore, *involvement of children in all unpaid care work tasks was found across our research sites, with girls shouldering a disproportionate share of the unpaid care work compared to boys*. Gendered norms infused the social organisation of care, with girls being trained to do household chores from an early age of five or six. The understanding that the early entry of girls into household work would ease their entry into their 'pre-determined' future roles as wives and mothers

suffused the discourses of both boys and girls: ‘If girls learn domestic work then it is good, because it will be better for when they go to their husband’s house’ (Care Basket, boys only, Dungarpur, December 2015), ‘Girls have to go to their *sasural* [husband’s home] after marriage and cook *rotis*’ (Activity Mapping, children, Udaipur, December 2014).

The ascribed gendered roles of men and women were clearly expressed by our adult respondents as well. ‘The responsibility of a man is to run the family and to keep his family happy. The responsibility of a woman is to cook food, take care of the children and do whatever other little work she can’, says Jagjeet Parmar (Interview, January 2016, Ujjain). A majority of women perceived themselves to be naturally better at care of sick children or adults and almost all women considered themselves to be better at household work inside the house. More than half of all women in Dungarpur and Udaipur and almost all women in Ujjain and Indore consider men to be naturally better at paid work outside the house and household repairs (see Figure 3.6). However, there were women who expressed unhappiness with these norms: ‘Husbands are such that they won’t even pour themselves a glass of water. In my house, my husband is the biggest burden. It is his load that I cannot take... if anyone is ready to take his load I would willingly give it away’ (Care Basket, women only, May 2016, Indore).

**Figure 3.6 Perceptions about gendered roles for various tasks**



Source: Calculations from project survey database.

Apart from the share of care work being heavily biased against females, the nature of care work tasks performed by girls and boys was also gendered, with *girls doing more of the ‘household’ tasks and boys doing more of the ‘outside work’*. For instance, in the research sites in Indore, ‘boys buy vegetables, whereas girls cook vegetables’ (Activity Mapping, mixed children, May 2016, Indore). In Ujjain, if the family had cattle, although women and children took them out for grazing, clearing the cattle dung was mainly done by women or girls (Interview, Indumati, Sapna Pargi, January 2016, Udaipur). Similarly, in Udaipur, while boys did not usually help with household tasks inside the house, they did help in collecting wood from the forest if a girl was not available to do it. In Dungarpur too, boys contributed to unpaid care work by helping with grazing animals and collecting water. However, there were the odd instances of boys cooking as well when their mothers were away (Activity Mapping, mixed children, and Care Basket, boys only, December 2015, Dungarpur).



Across our research sites, apart from girls routinely supporting their mothers with her unpaid care work responsibilities, *girls also stepped in when women were at work, ill or away by taking over their mothers' unpaid care work tasks*. As one of the girls put it: 'Who else is there to do all the work?' (Role Play, girls only, May 2016, Indore). In terms of sibling care, as mentioned above, this was prevalent across our research sites. This was particularly so in Udaipur district, which had a higher proportion of nuclear households, with larger family sizes and more children under 18 (see Table 2.1). In a fairly typical instance from our findings in the district, Maya Daabi's oldest daughter, who is ten years old, looks after her younger siblings (aged five and three) when Maya is at work (Interview, Ramu Daabi, January 2016). Similarly, many working mothers, particularly with young children and those who were breastfeeding, had an older child accompany them to their worksites to watch over the younger child while she worked (Indumati, Udaipur, January 2016). Probably the starkest instance is that of ten-year-old Priti Pargi (also from Udaipur), who took over all the household responsibilities (including looking after her younger sibling) when her parents migrated to Gujarat for work. There were instances of both girls and boys dropping out of school to support their families with unpaid care work in both Udaipur and other districts (Interviews, Sona Hindor, January 2016, Dungarpur; Preetam Pargi, January 2016, Udaipur). This depicts the negative consequences for children as a result of the heavy responsibility of care shouldered by low-income households.

Across all four sites, we found that *men were never solely responsible for household work inside the house and childcare* (see Figures 3.1 and 3.3). When men participated, it was more sporadic than fixed, with cultural norms suffusing the ways in which men participated in care work tasks. It was mainly when women were pregnant and/or post-partum (see Tables 3.2 and 3.3), or when the woman had her period or was ill or away that men performed care work tasks, although this was usually in the absence of other female members (Interviews, Vijay Naikda and Narayan Damor, January 2016, Dungarpur; Rajkumar, June 2016, Indore; What If, men only, May 2016, Indore).

Findings in Table 3.2 show that 47.5 per cent of the women respondents across sites received support in care work that included care for people, cooking, cleaning, preparing clothes and fetching water/fuel during the last trimester of their pregnancy. On the other hand, Table 3.3 shows that a higher number (94.5 per cent) of women received support with the same work in the first three months after the birth of the youngest child. Results show that most support originates from older women and spouses but also girl children. However, women also received more help with care work from spouses in Dungarpur and Indore post-partum in comparison to the last trimester of pregnancy, while in Udaipur and Ujjain, the tables show an increase in support from spouses with care work during the last trimester. In both Dungarpur and Indore, where there was a higher percentage of extended families, the share of older women's support with care work was high. In Udaipur, sibling care and other care-related ancillary activities by girl children was highest among all four sites.

**Table 3.2 Who helped in care work during the last trimester of the pregnancy?**

Sites	Spouse (%)	Girl children (%)	Boy children (%)	Older women (%)	Other adults (%)	Observations (%)
Dungarpur	13.0	8.7	0.0	69.6	8.7	23
Udaipur	37.5	37.5	0.0	21.9	3.1	32
Ujjain	31.6	21.1	0.0	31.6	15.8	19
Indore	9.5	0.0	0.0	52.3	38.2	21
<i>Total</i>	<i>22.9</i>	<i>16.8</i>	<i>0.0</i>	<i>43.8</i>	<i>16.5</i>	<i>95</i>

Source: Calculations from project survey database.

**Table 3.3 Who helped in care work during the first three months after the birth of your youngest child?**

Sites	Spouse (%)	Girl children (%)	Boy children (%)	Older women (%)	Other adults (%)	Observations (%)
Dungarpur	33.3	8.3	2.1	52.1	4.2	48
Udaipur	20.8	27.1	0.0	41.7	10.4	48
Ujjain	18.3	8.2	0.0	59.1	14.3	49
Indore	18.2	2.3	0.0	52.3	27.3	44
<i>Total</i>	<i>22.7</i>	<i>11.5</i>	<i>0.5</i>	<i>51.3</i>	<i>14</i>	<i>189</i>

Source: Calculations from project survey database.

*Both men and women spoke of the normative constraints on men's participation in unpaid care work based on conceptions of masculinity:* 'We can help in cooking and in work at home and women may appreciate this too, but outside the home both women and men will make fun of this' (Activity Mapping, mixed adults, December 2016, Udaipur). However, one of the constraints for men's participation in unpaid care work that *some women pointed to was the poverty-stricken situation of the families, that meant working long hours for men such that they had no time or energy to help.* Rukmini, who is a home-based worker, says that her husband helped with both housework and home-based work of stitching when he was able, but he worked long hours (usually about 12–13 hours a day) and his timings were erratic (sometimes he returns home at 1 pm) (Interview, June 2016, Indore; also see interview with Pratibha, June 2016, Indore). Another constraint was the lack of ability to perform care tasks: 'The issue is that I have never ground chilli, or made *roti* [bread], never fetched water from a well. That leads to a bit of a problem. Otherwise, I would have helped and my wife would get a little respite', says Veer Khair from Udaipur (January 2016).

There were *instances of men taking on a fairer share of the burden of unpaid care work, particularly in the case of large families, and/or illness and disability in the family.* For instance, in the case of Divya Pargi who lives with her husband and six children in Udaipur, the youngest of which is a chronically ill infant demanding intensive care, her husband Brijesh, did most of the care tasks (Brijesh Pargi, January 2016). Similarly, Vijay Naikda, who lived with his wife and seven of their children, also supported his wife with childcare responsibilities (Dungarpur, January 2016). In both these instances, the high care dependency ratio propelled the support of the husbands. However, while Brijesh Pargi, Divya's husband, was more explicitly aware of the transformed gender roles, Vijay Naikda still perceived the care work to be the primary responsibility of his wife. The intensive nature or the time taken to attend to a certain care task also played a part in urging men to contribute to unpaid care tasks, for instance with the collection of water to reduce the burdens on women (Krishna Pargi, Udaipur and Activity Mapping, mixed adults, Dungarpur).

Another factor that affected the social organisation of care in the household was the nature and patterns of paid work that men and women could access (see Section 3.2).

### **3.1.3 Migration and its effects**

Respondents in Udaipur and Dungarpur reported high migration of men to nearby states, especially Gujarat. According to IC3<sup>9</sup> in Dungarpur, in about 70 per cent of families at least one male member migrated for work for a minimum six-month period (January 2015). In one of our participatory discussions, women talked of how they could not fall back on men in the family as they migrated; the resulting issues of restricted mobility for women were also high (Care Work Matrix, women only, Dungarpur, December 2015). IC1 from Udaipur said that

<sup>9</sup> IC: interview with a community key informant.

during drought-like situations when the harvest was not good, women too had to migrate along with their men (January 2016). In such situations children stepped in as substitute carers, while the neighbourhood community or the extended family kept an eye on the children (Sarita Pargi, Udaipur, January 2016).

### **3.1.4 Use of public childcare provisioning**

In the urban sites of Ujjain and Indore, the extent of the use of *anganwadis* (publicly provisioned childcare centres under the Integrated Child Development Services) varied based on locality, with diverse opinions about the usefulness and quality of the services provided (What If, women only, Ujjain, February 2016; Care Basket, women only, Indore, May 2016; Interview, IP3, June 2016, Indore). Many women appreciated the nutritional component of the scheme and they recognised the value of the respite care that *anganwadis* provided, enabling them to complete their household chores, run errands or roll incense sticks (Aradhna Parmar, Indore, June 2016). However, some women bemoaned the quality of care provided in *anganwadis* – ‘The children keep sitting there’ (Parvati Sharma, April 2016, Ujjain), ‘The attention provided is inadequate...’ (Amitabh Ajnave, June 2016, Indore). *The limited timings of the anganwadis also proved a hindrance in providing adequate respite care* (Ruchika Pardhi, Indore, June 2016; Care Marbles, women only, May 2016, Indore). Moreover, it was mainly children between three and six years of age that benefited from the *anganwadis*. *For women with children younger than three years, the lack of a publicly provisioned childcare centre was felt acutely*: ‘There are *anganwadi* centres but no such centre where my small children will be taken care of’ (Parvati Sharma, April 2016, Ujjain). Leena Dinesh echoed similar sentiments: ‘We don’t have a crèche here, it is important to have one here. If the kids were going to a crèche, I would have been able to do my work’ (April 2016, Ujjain). Overall, however, there was a sense that the *anganwadis* played a crucial albeit limited function in their neighbourhoods. SEWA’s monitoring of the *anganwadi* programme in their localities, for instance against pilferage of the nutritional component, or in ensuring *anganwadis* stayed open, played a role in improving the service provided (Interview, IP3, June 2016, Indore; internal meeting, SEWA, May 2017, Indore).

In the two rural settings, many families could not use the *anganwadis* because of the distances involved. The *anganwadi* was made available near the *Gram Panchayat* (GP), but the families belonging to hamlets that were further away from the GP were unable to access the service. ‘It is near the *panchayat*. How will such young/small kids go there? Can they go so far? It is one and a half kilometre away,’ said Sarita Pargi from Udaipur (January 2016). This was the case for many women in Dungarpur as well: ‘Yes there is an *anganwadi*, but that’s far’ (Manasa Hindor, Dungarpur, January 2016). *Where anganwadis were available, women also questioned the quality of services provided at them*: ‘Yes there is need of an *anganwadi* [close by] but still the children would not stay there, they do not give proper food, it is half cooked and children fall ill. The government leaves after putting up a structure!’ (Pravesh Daabi, Udaipur, January 2016). The community leader in Udaipur informed us that ‘women do not leave their children at the *anganwadi*, the *anganwadi*-in-charge comes for some time, the food is prepared, but there is not much care given to the children’ (IC1, Udaipur, December 2015).

In both rural and urban areas, despite issues with accessibility and quality of childcare provided at *anganwadis* that limited their usage, particularly in rural areas, *women were still desirous of a space where they could leave their children for a few hours to allow them some time to focus on their unpaid or paid work. However, women were unwilling to use childcare services if they were not of the required quality or worthy of their trust.*

Community support for care work varied across the localities with no specific patterns emerging in terms of either rural or urban contexts. While extended family members living in the neighbouring areas and neighbours offered support, particularly to look after children,

'Everyone helps a little with taking care of the children' (Interview, Damini Bai, Ujjain; also see interviews with Bhushan Pargi, January 2016, Udaipur; Malati Kathodi, Dungarpur; Animesh Sailesh, Ujjain; Ruchika Pardhi, Indore; What If, women only, Udaipur, February 2016), this was not across the board: 'No one helps over here' (Parvati Sharma, Ujjain; also Simran Rakesh; Ujjain; Hema Bai, Udaipur). There was also a recognition of the difficulty of community support in the face of acute work burdens: 'All of them go to work' (Indira Bai Damor, Dungarpur, January 2016), and 'We can take their help but everybody has their own work' (Care Body Map, women only, Ujjain, February 2016).

### 3.1.5 Characteristics of care tasks and links with public resources and services

**Table 3.4 Number of hours during which time was spent on care tasks and household chores by site**

Number of hours during which time was spent on	Dungarpur	Udaipur	Ujjain	Indore
Care tasks	12.5	11.4	16.8	14.0
Household tasks inside the house	5.7	5.58	7	7.1
Fuel and water collection	2.36	1.62	0.32	0.94
<i>Observations</i>	50	50	50	50

Source: Calculations from project survey database.

The amount of time consumed by unpaid care tasks, together with the drudgery associated with doing several unpaid care tasks, formed a recurring theme in our findings across all research sites. *Allowing for a simultaneity of tasks, we found that on average women were engaged in care tasks (including care of children and dependent adults) over a period of 15.2 hours a day and household tasks (including cleaning, washing, shopping, food and drink preparation, cooking and serving food) over a period of 6.3 hours across sites.*<sup>10</sup> In Dungarpur and Udaipur, women undertook water and fuel collection during an average of two hours per day whereas in the urban areas women undertook such tasks during close to 40 minutes a day, which is still significantly high. The many hours during which women spend time on water and fuel collection, especially in the two rural sites, are indicative of the difficulties women face in accessing these public resources.

The likely explanation for the relatively shorter period of time during which women spend time on care activities by women in the two rural districts are that in these districts, women perceived their children to be relatively safer in their surroundings without the watchful eye of an adult. In the urban settings of Ujjain and Indore, however, the possibility of children running out to the street and hurting themselves was high and insecurities related to sexual abuse of children, especially the girl children, were also high (Interviews, Shaila Pathan, Parvati Sharma, April 2016, Ujjain). Although the involvement of men and others in the care of children was similar across the four sites (see Table 3.3), the fact that in Udaipur, the amount of time during which women spent time on care work could be further explained by the disproportionately high number of nuclear families and the much higher number of children under 18, pointing to a higher incidence of sibling care in the area (see Table 2.1).

<sup>10</sup> Like other surveys (such as the time use survey conducted in 1998/99 by the Ministry of Statistics and Programme Implementation in six states, see Neetha (2010), our survey also uses a 24-hour recall period, but it specifically accounts for care tasks by asking whether women were also involved in care tasks (including separate questions on care of a child under six, and a dependent adult) along with the first two tasks listed. This calculation of number of hours does not refer to *total* number of hours spent, but on the time frame over which work was done, including the possibility of multiple tasks being done in the same time frame. On the use of time use surveys more generally, see Jain and Chand (1982); Hirway (1999); Neetha (2010); and Hirway and Jose (2011).

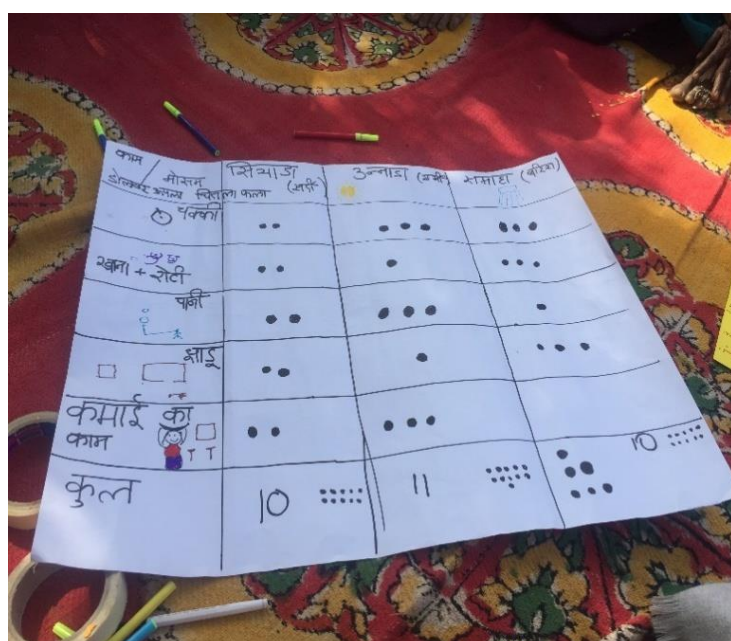
If we further break up the time spent on 'care tasks', *the number of hours during which time was spent on childcare was particularly high across the sites*, whereas the time spent on caring for a dependent adult was relatively low (see Table 3.5). One of the reasons for the relatively low number of hours during which time was spent on care for a dependent adult could also be because of how participants perceived dependency; when adults were also engaged in both unpaid care work, and paid work, they were not perceived to be 'dependent'.

**Table 3.5 Average number of hours during which women are responsible for children or dependent adults by site**

Average number of hours responsible for	Dungarpur	Udaipur	Ujjain	Indore
Children <18	12.0	11.0	14.8	12.6
Dependent adult	0.5	0.4	2.0	1.4
Observations	50	50	50	50

Source: Calculations from project survey database.

Apart from the time-consuming nature of the unpaid care tasks, *the intensity of and drudgery associated with some of the care tasks varied according to the seasons of the year, combined with a lack of access to resources and services, including access to fuel, water and sanitation, roads, anganwadis and schools* (Care Body Map, girls only, and Care Marbles, women only, May 2016, Indore). This was particularly acute in our rural settings. For instance, in Dungarpur, as elsewhere, the collection of firewood is a seasonal activity, collected in preparation for the four months of monsoon. Given the particularities of the locale combined with a lack of access to resources, women had to travel a long way to collect firewood from a forest in treacherous conditions. Women went in batches of 8–10 and it took them from 5am to about 11am or midday to collect firewood and come back. They would have to do this for 3–4 days every week for a month to collect sufficient firewood to last them through the monsoon (Interview, Minabai Kathodi, January 2016, Dungarpur; Activity Mapping, mixed adults, December 2015, Dungarpur).



Care Calendar, women only, Dungarpur. The care tasks of grinding flour, cooking, fetching water, cleaning and paid work are depicted by intensity based on the seasons of winter, summer, and monsoon. *Photographer: Jasmeet Khanuja (9 December 2015).*

*Water was not easily available in many of the areas visited, and was another care task that took time and energy.* Water collection was adversely affected in the summers when wells would dry up and hand pumps would not function properly (Care Calendar, women only, December 2015, Dungarpur). Women spoke about waking up at 4–5am to collect water and carrying about 10–15 litres of water each time, with 3–4 trips each day to cover the family's needs (Care Work Matrix, women only, December 2015, Dungarpur and Interview Sangeetha Sohan Damra, January 2016, Dungarpur). While prioritising state support in terms of easing their work burden in the Care Calendar activity depicted in the photograph, when women in Dungarpur were asked to choose only four care tasks of the many care tasks they performed that they found most burdensome, they chose grinding wheat or pulses on a grindstone, fetching water, cooking, and household chores and rated their intensity of work across the three seasons. However, *childcare did not feature in care activities that were considered tedious in comparison to other more burdensome tasks.*

In the urban settings of Indore and Ujjain, the availability and accessibility of state resources and services fared better than in Udaipur and Dungarpur. SEWA's efforts to make the government accountable by demanding the provision of basic facilities such as access to water, electricity, sanitation, etc. have made a material difference to the conditions of women's lives. In New Rajiv Nagar, a slum community in Ujjain, more taps were installed and women no longer had to walk long distances to collect water. In Mayapuri, another slum community, a drive for better sanitation facilities from the government is ongoing. In an area where SEWA MP has been working over many years, an elderly respondent noted: 'Earlier there used to be lot of problems, but after SEWA's intervention, a road was constructed, and electricity connection was provided. We even have piped water for each house' (Lalita bai, Indore, June 2016). Even so, in urban sites too, *most of the women identified the collection of water as taking the most amount of time*, particularly in the summers. In Indore, women said that it took them as long as 2–3 hours to collect water including an hour-long wait in the queue (Care Work Matrix, women only, May 2016, Indore).



Woman carrying water in Ujjain. *Photographer:* Jasmeet Khanuja (12 February 2016).

Sometimes, this was a fruitless exercise as ‘after standing for hours’ they would return empty handed ‘because the person operating the tap switches off the bore’ (*ibid.*). As one woman indicated, this was a serious opportunity cost for women engaging in work: ‘Should women earn wages or fill water?’ (Care Marbles, women only, May 2016, Indore). The acuteness of the lack of access to water in particular is highlighted by both Swati Balai and Manjari who prefer staying at their brick kiln sites to returning to their own homes because there is running water at the brick kilns (Interviews, June 2016, Indore).

Children, particularly girls, were often recruited to fetch water, which they too found tedious: ‘We have to go far from here to fetch water’ and ‘Sometimes it takes an hour, sometimes it can take up to three hours including going, standing in the queue and coming back’ (Care Body Map, girls only, May 2016, Indore).



Girls carrying water in Indore. *Photographer: Jasmeet Khanuja (25 May 2016).*

Apart from accessing water, sanitation proved to be a problem for women (Ruchika Pardhi, Indore, June 2016). Similarly, while women did not have to go to a forest to access firewood, they had to walk long distances to buy wood, and their workload increased during winter and the monsoon when their requirement was more (Care Calendar, women only, May 2016, Indore). Further, the experience of accessing state services was not positive among the community. Although the government hospital was close by, families generally complained about the poor medical attention and the discriminatory attitude of the staff, because of which they preferred to go to private clinics for better treatment, even though they had to pay. School-going children from Mayapuri in Ujjain and Sirpur (a slum community) in Indore faced difficulties: ‘The government school is far off in Sirpur. During monsoons, it is difficult to send the children’ (Care Marbles, women only, Indore, May 2016).

Overall, our findings illustrate *a direct link between access to resources and services and the social organisation of care; in the case of water and fuel collection, lack of these resources meant increased time spent on these onerous tasks by both women and children, with significant negative consequences on their time and energy levels.* Another example of this crucial linkage comes from Dungarpur. In one of the hamlets, the construction of a dam has cut people off from public and private resources and services such as *anganwadis*, health centres, and access to water (including their own wells) (Care Public Services map, mixed

adults, December 2015, Dungarpur; interviews with Suneetha G, Manasa Hindor, January 2016, Dungarpur). This difficulty of accessing services and resources has increased the unpaid care work of women. For instance, after the construction of a dam, Manasa Hindor does not have access to an *anganwadi*, and she takes her youngest child to work with her (Dungarpur, January 2016). Similarly, the nearest hospital is 10km away with no access by road, substantially increasing the work of care during times of illness.

### **3.1.6 Value of care work**

While the conditions of care work were intense and difficult for women, particularly for those that had neither familial support nor the support of public resources and services, *women in the four research sites recognised the importance of the care work performed by them*. This is exemplified by the women in a slum community in Indore who said that without their support, 'All the work in the entire colony, in Indore itself would stop. The entire balance would get disrupted – both inside the house and outside' (What If, women only, May 2016; What If, women only, Ujjain, Dungarpur and Udaipur). Roshni Mimroth from Ujjain echoes many of the women's voices when she says that without her, her entire house would be affected: 'Who will cook for my husband? Who will look after the children's food, who will bathe them, who will clean the house?', she asks (Ujjain, April 2016). Pratibha Garudi from Indore recognises the universal necessity of care work when she asserts, 'Housework is there for everyone equally. You have come, so even you must have eaten food and come? You must not have come here hungry' (Indore, June 2016).

Children too spoke of how they value the care work that women perform, and of maternal care: 'Mothers are very important for the family, without them no one is able to do any work. Everything gets affected' (What If, girls only, April 2016, Ujjain; Rajesh Gaur, Indore). In a similar vein, many men expressed the value of the care work that women perform. Ramu Daabi from Udaipur says of his wife: 'Things won't carry on without her... her work [of looking after the house] is very important' (January 2016). Other men echo these sentiments: 'It will all come to a halt' (Veer Khair, Udaipur), 'The house cannot run without her' (Vijay Mina, Dungarpur), and 'The day she is not there, it becomes very difficult for me to manage work' (Animesh Sailesh, Ujjain).

However, women's own accounts of men's recognition of their care work varied. *While a few women felt that men valued the work that they did (Roshni Mimroth, Ujjain), many felt a lack of such recognition*. Gayatri Khair from Udaipur says, 'They think that it is the work of the women, and it is nothing great or significant' (January 2016). Similarly, a woman from Udaipur expressed her anguish that her work is not recognised: 'I feel sad because our work is not recognised,' she says, 'My husband says you have done such little work' (Care Body Map, women only, Udaipur). This is echoed by Anu Solanki in Ujjain: 'We do a lot of work and get tired and when the husband comes home in the evening, he starts complaining about things we didn't do' (Anu Solanki, Ujjain). More poignantly perhaps, one woman asked: 'After the whole day of working, when men get back and beat us up and that takes time, does that count as an activity? And even after all this work we do, men return at night and ask what work have you done?' (Activity Mapping, mixed adults, Udaipur, December 2015).

## **3.2 Experiences of paid work: availability, characteristics and conditions**

### **3.2.1 Availability of paid work**

In the *adivasi* communities of our research settings in Rajasthan, both men and women in the villages were engaged in hard, back-breaking and low-paying agricultural work, both as daily wage agricultural labourers and in their own small landholdings. Families complained that in the absence of irrigation facilities, they were unable to grow enough even for their own consumption. There was some commercial production of cotton and lentils (IC3,



December 2015, Dungarpur, and Devibai Daabi, Hema Bai, Kavita Daabi, January 2016, Udaipur), yet the turnover was very low. On their own farms, agricultural produce was both for sale and own consumption (Maaya Daabi, Preetam Pargi, January 2016, Udaipur), yet this was not a viable source of a stable livelihood.

*Paid work options were scarce in the villages, with widespread male seasonal migration to cities such as Ahmedabad, Gujarat, to supplement income with low-paid work as a daily wage agricultural or construction labourer. While it was mainly men who migrated for short periods during lean periods of agriculture or periods of drought, women too accompanied men along with their children if they were younger than four or five (Seema Pargi, Bhushan Pargi Udaipur, January 2016).*

Women took up MGNREGA employment when it was available during the lean agricultural period (November–May); they also prepared alcohol (from the *mahua* tree) and if better educated, they took up other employment where it was available, for instance in *anganwadis* and schools. In Dungarpur, 60 per cent of women indicated WEE (MGNREGA) to be their main type of paid work, indicating the importance of MGNREGA work for their livelihoods, whereas 26 per cent of women considered agricultural daily wage labour to be their first type of paid work. Daily wage labour is the first type of paid work for 78 per cent of the men in our sample at this site.

In contrast, in Udaipur, self-employment constituted the main type of paid work for nine out of ten women in our sample. During our survey in Udaipur, no MGNREGA work was available as the locals were unhappy with the non-payment of previous wages and had not demanded more work. Most of the non-MGNREGA workers in Udaipur were those who had lost interest and had not participated in the programme and if they could not find employment nearby under forest department works or other infrastructural development projects of non-governmental organisations (NGOs), they worked on their own farms or migrated.

In both Dungarpur and Udaipur, in the previous year, work undertaken through MGNREGA included levelling land for agricultural use, bunding, watershed development and deepening ponds, building bridges, and constructing concrete roads for better rural connectivity (IP1, Udaipur and IP4, Dungarpur, December 2015; MGNREGA 2016). The MGNREGA participants from our field sites were involved mainly in construction of roads, canals for irrigation purposes, bunding and building terraces on hills for cultivation. MGNREGA is supposedly a demand-driven programme, but we found that women respondents did not show any clarity on what, how and when MGNREGA work was sanctioned, pointing to poor participation of women in the decision-making process of the *Gram Sabha*.

Availability of paid work under MGNREGA was limited to unskilled hard labour with fixed timings; hence women who were better educated and aspiring to join service-oriented paid work (Madhudevi Damor, Malati Kathodi, January 2016, Dungarpur), or those who were not inclined to do hard labour due to various reasons, such as higher care responsibilities and physical capacities, did not join MGNREGA.

**Table 3.6 First types of paid work**

	Dungarpur	Udaipur	Ujjain	Indore
<b>Current type of work of female respondent</b>	%	%	%	%
Home-based work inside house	-	-	51.0	50.0
Home-based work outside house	-	-	4.1	4.0
Other self-employment	6.0	90.0	36.7	24.0
Agricultural daily wage labour	26.0	2.0	4.1	4.0
Non-agricultural daily wage labour	-	4.0	-	12.0
Factory work for employer	-	-	-	6.0
Construction work for employer	-	-	2.0	-
Office work for employer	4.0	2.0	-	-
WEE programme participation	60.0	2.0	2.0	-
Other	4.0	-	-	-
<i>Observations</i>	50	50	49	50
<b>Current type of work of primary male</b>	%	%	%	%
Home-based work inside house	-	-	2.0	2.0
Home-based work outside house	-	2.0	-	2.0
Other self-employment	14.0	58.0	8.2	14.0
Agricultural/non-agricultural daily wage labour	78.0	34.0	55.1	40.0
Factory work for employer	-	-	22.5	14.0
Office work for employer	-	2.0	10.2	22.0
No paid work	8.0	-	2.0	4.0
Other	-	4.0	-	2.0
<i>Observations</i>	50	50	50	50
<b>Children &lt;18 undertaking paid work</b>	%	%	%	%
	-	-	-	-
<i>Observations</i>	50	50	50	50

Source: Calculations based on project survey database.

In contrast to the rural areas of our research settings in Rajasthan, paid work options for women living in the slum areas of our research settings in Ujjain and Indore included a range of occupations – yet the similarity was in terms of *the low returns from this work, and the precarity of people’s livelihoods*. Women were engaged in home-based work (rolling incense sticks, punching files, stitching bags, tailoring clothes, rolling *tendu* leaves to make *beedis*), working as vendors (vegetables, plastic goods), construction work, domestic work and brick kiln work, work at factories, or self-employment such as stitching or running a small shop (Activity Mapping, mixed adults, May 2016, Indore). Half of all women in the urban research sites of Indore and Ujjain performed home-based work inside the house with a majority of other women being engaged in other forms of self-employment (see Table 3.6). Men in the urban communities were engaged in a range of low-paid and irregular daily wage jobs such as manual labouring, construction and allied work, and as porters. They were also engaged in self-employment such as carpentry, tailoring, welding, selling ice cream on contract, and they worked in factories, brick kilns and occasionally offices (*ibid.*).

The research respondents who were SEWA participants benefited from the enabling environment created by SEWA through skills-building on a range of livelihood options.

SEWA enabled women to enrol in skill enhancement programmes run by the state and private organisations in areas such as tailoring, beauty, computers, and hotel management, which proved beneficial to women in providing livelihood options as well as enhancing their businesses as street vendors (Care Marbles, women only, May 2016, Indore; internal dissemination meeting, May 2017, Indore). SEWA also connected women workers to the SEWA cooperative where members were able to access loan facilities and other financial services (IP11, Indore, June 2016). Some of the more established members of SEWA were able to see long-term benefits of their associations with SEWA; these were women who had seen a real change in their lives through, for instance, buying a sewing machine obtained through a loan provided by SEWA, and moving away from a difficult life in the brick kilns (particularly Devki bai Ajnave and Lalita bai in Indore, June 2016). A community leader shared her journey from being a home-based tailor who stitched clothes on a hired sewing machine to owning her own business after taking out a loan from SEWA. Now she even trains other women in this skill and contracts out work to them (internal dissemination meeting, Indore, April 2017). Similarly, Shashikala was previously a domestic worker, but through SEWA she now has an office job that she much prefers (*ibid.*). However, the employment and skills-building opportunities enabled by SEWA were based on their availability in the market and not created by SEWA.

*Many of the types of work across the four sites were seasonal, low paid and precarious in nature. Therefore, both women and men usually engaged in more than one kind of work.* From our survey data (see Table 3.7) women held an average of 1–2 jobs a year. This was the case irrespective of the age group, the women’s level of education and the number of young children that they had. There was some variation according to family structure – those in nuclear families tended to have more jobs than those in extended families. The presence of an adult male in the household is also associated with a lower number of jobs that the woman was engaged in.

**Table 3.7 Average number of types of paid work in 12 months by demographic characteristics (numbers of each category)**

	Average number of types of paid work in 12 months
<b>Age group respondent</b>	#
18–29	1.5
30–39	1.6
40–49	1.7
<b>Women's highest level of education</b>	#
None	1.6
Primary	1.7
Junior/lower secondary	1.5
Secondary/higher secondary	1.5
Tertiary (vocational)	1.0
University/college	1.5
<b>Time spent away from household last year</b>	#
Never	1.6
Less than one month	1.4
1–3 months	1.5
4–6 months	1.7

**Table 3.7 (cont'd).**

	Average number of types of paid work in 12 months
<b>Caste</b>	#
General	1.5
OBC	1.6
SC	1.5
ST	1.6
<b>Family structure</b>	#
Nuclear family	1.7
Extended family	1.4
<b>Adult male present in the household</b>	#
No	2.0
Yes	1.6
<b>Care dependency</b>	#
Low dependency (1 child <6)	1.6
Medium dependency (2 children <6)	1.5
High dependency (3 or more children <6)	1.7
<i>Observations</i>	<i>N/A</i>

Source: Calculations based on project survey database.

These jobs varied as per women's free time and care responsibilities. In Madhya Pradesh, many women who were construction workers also made incense sticks at home. As the market for incense sticks was low, women who could work away from home took up domestic work; other women who needed home-based work moved to making paper bowls. Brick kiln work is both seasonal (November–June) and migratory, and many families migrated to do this work for long periods within Indore, which meant that during the off season, both men and women either had long periods of unemployment or had intermittent insecure daily wage work (Activity Mapping, women only, and Care Marbles, women only, May 2016, Indore).

None of the women in our sample reported that their children undertook paid work (see Table 3.6). However, we found that *children were engaged in paid work in both rural and urban sites*. In our rural settings, children performed agricultural and manual labour in the village and as migrants (Activity Mapping, mixed children, December 2015, Dungarpur; interview with Sona Hindor, January 2016, Dungarpur and Udaipur). In Indore and Ujjain too, many children were involved in paid work, with industries such as the brick kilns employing children from a young age (Interviews, Manjari and Swati, June 2016, Indore). Home-based work that was characterised with high labour but low returns – such as making incense sticks – hid a considerably high level of child labour, as the team repeatedly observed. Girls and boys were also engaged in factory work and daily wage labour. We observed the invisibilisation of children's paid work in all trades across sites when they were substituting for their mother's paid work and not being paid separately (Role play, girls only; Activity Mapping, mixed children, May 2016, Indore; interview, Malavika Gaur, June 2016, Indore).

### 3.2.2 Factors influencing the 'choice' of paid work

Across our research sites, *women expressed a marked preference for paid work that enabled them to continue performing their unpaid care work* (see also Palriwala and Neetha 2011; Kabeer 2012). Women clustered in paid work that provided them with a combination of flexibility in terms of time spent on work, location and distance from home, such as home-based work, other forms of self-employment and agricultural daily wage labour (see Table 3.8). Although women spent a fair amount of time on agricultural daily wage labour, the work was relatively close to their homes. WEE programme participation (and in this table, it largely refers to women working for MGNREGA) provides the only other significant option where women clustered in work that was not necessarily close to their homes but was available within the village, though for some women, MGNREGA sites were more than an hour's walk away (Interview, Suneetha G, Dungarpur, January 2016).

In the urban research sites of Indore and Ujjain, women with young children or dependent adults preferred home-based work to the better-paying construction work, as this allowed them to balance their paid work with their unpaid care work responsibilities, while neatly tying in with gender norms, particularly those restricting women's mobility (Interviews, Sumita Sharma, April 2016, Ujjain; Rukmini Keshavdas, June 2016, Indore). As Rukmini Keshavdas puts it, 'What I am doing is good. I cannot go out to work... and in our family, we prefer not to go. So, this work is good. I cannot go since the children are small' (Interview, June 2016, Indore). Simran Rakesh, who cared for three dependent adults – her parents and her mentally challenged brother – besides her own three children, made incense sticks whenever she could find time from her care chores. She says, 'There is so much work, so much load that my health goes for a toss, how can I work as a construction worker, if I go out also who will do the [care] work' (Ujjain, April 2016). Similarly, in rural communities, women expressed a preference for agricultural labour close to home as it enabled them to perform both unpaid care work and paid work. As Table 3.8 shows, women in both urban and rural areas clustered in work that was within 30 minutes of their home.

Although there is no strong correlation between the levels of care dependency (number of children aged below six) and choice of work (Table 3.8), we found that the *conception of children and the age of the child were clear factors that informed the choices women made about when they re-entered paid work across the four sites (cf Sudarshan 2014)*. In Dungarpur and Udaipur, if women could afford to, they did not engage in paid work such as MGNREGA or work requiring manual labour with inflexible timings until the child turned six months (Maya Daabi, Udaipur 2015). Often women did not join full-time paid work whether MGNREGA or otherwise, when children were younger than three or four years and if there was no one else to take care of the child in her absence. Such women worked mainly on their own farm (Interviews, Divya Pargi, Udaipur; Varsha TK, Dungarpur, January 2016). In urban areas too, particularly for those women who did not do home-based work, the age of the child factored into the choices they made. For instance, Ruchika, a plastics vendor, started work again once her youngest child was of school-going age (June 2016, Indore). Similarly, Shashikala, who is a domestic worker, says, 'I could have done more income-generating work... I would have worked in one more house and earned 2,000 rupees more... but this is not possible... till the child is young...' (Ujjain, April 2016). Some women like Sumita Sharma stopped making incense sticks altogether when she conceived a child (due to the hazardous nature of raw material) until after the child was born and was weaned off her breast milk (Ujjain, 2016). While Ruchika and Shashikala are SEWA participants, Sumita is not a member of SEWA.

However, there were many women who carried on the work despite having infants, as they had no other source of income and lived in situations of abject poverty (Manjari, June 2016, Indore; also see interview with Swati, June 2016, Indore). Thus, in both Rajasthan and MP, irrespective of whether they were a part of the WEE programmes under study, factors influencing the choice of paid work were similar for all participants and dominated by their care work responsibilities.

**Table 3.8 Paid work by time spent on work, location, distance and care dependency**

	Home-based work inside house	Other self-employment	Agricultural daily wage labour	Non-agricultural daily wage labour	Factory work for employer	Construction work for employer	Office work for employer	WEE programme participation	Other
<b>Average number of hours spent on this type of work</b>	#	#	#	#	#	#	#	#	#
	5.1	5.8	8.1	10.6	10.3	11.0	5.0	7.9	2.0
<b>Location</b>	%	%	%	%	%	%	%	%	%
Inside the house	96.0	29.5	-	-	-	-	-	-	-
At home, just outside the house	4.0	47.4	-	-	-	-	-	-	-
Own land/plot (away from the house)	-	9.0	-	-	-	-	-	-	-
Someone else's land/plot/home	-	11.5	100.0	25.0	-	100.0	-	-	-
Market	-	1.3	-	-	-	-	-	-	-
Construction site/worksites	-	-	-	75.0	-	-	-	96.9	-
Factory	-	-	-	-	100.0	-	-	-	-
Shop	-	1.3	-	-	-	-	-	-	-
Office	-	-	-	-	-	-	100.0	-	-
Other	-	-	-	-	-	-	-	3.1	100.0
<b>Time to travel to work</b>	%	%	%		%		%	%	%
0–15 minutes	100.0	55.6	5.6	12.5	66.7	-	-	12.5	50.0
15–30 minutes	-	44.4	83.3	62.5	33.3	-	33.3	56.3	50.0
30–60 minutes	-	-	11.1	12.5	-	100.0	66.7	31.3	-
1–2 hours	-	-	-	12.5	-	-	-	-	-
<b>Care dependency</b>	%	%	%	%	%	%		%	%
Low dependency (1 child <6)	52.0	44.9	33.3	50.0	100.0	100.0	33.3	46.9	100.0
Medium dependency (2 children <6)	44.0	48.7	61.1	25.0	-	-	33.3	40.6	-
High dependency (3 or more children <6)	4.0	6.4	5.6	25.0	-	-	33.3	12.5	-
<i>Observations</i>	50	78	18	8	3	1	3	32	2

Source: Calculations from project survey database.

### 3.2.3 Conditions of work

Working conditions were harsh across the four research sites for the majority of participants – with women engaged in low paid jobs, and without recourse to alternative employment opportunities. Across sites, irrespective of whether women were participating in the selected WEE programmes, the negative consequences of the poor conditions of paid work were often compounded by the intersection of poverty and care work, as we will show below, though in the case of SEWA participants, this was mitigated by the support that they received from SEWA to ensure correct payments from contractors, and to bargain for better wages.

#### Wages and financial inclusion

In the rural settings of our research sites, *low wages, non-payment of wages and delayed payments were a recurrent theme* for both participant and non-participants of MGNREGA. For instance, Malati worked as a teacher in a school in Dungarpur, for which she was paid a monthly salary of 1,200 rupees; however, her daily travel expenses by bus alone amounted to 20 rupees. Moreover, her employer was neither supportive in raising her salary nor in providing her with a bus pass (Interview, January 2016, Dungarpur). Similarly, Madhu, who is an ASHA<sup>11</sup> worker in the hilly terrains of Dungarpur (walking long distances to complete her daily work), received only 500 rupees per month until last year when her salary was increased by the government after agitations from workers for higher wages to 1,500 rupees (Interview, January 2016, Dungarpur).

While both Malati and Madhu were ‘non-participants’ of MGNREGA, issues of delayed and non-payment of wages also dogged women participants of MGNREGA, especially in Udaipur. In Dungarpur, women spoke of payments being delayed by 3–4 months (Public Services Map, mixed group, December 2015, Dungarpur), whereas in Udaipur, workers complained of not receiving their dues for close to a year (Seema Pargi, Udaipur, January 2016). As the programme officer of MGNREGA, IP5, explains: ‘Some of the delay is caused by the district level people, and then the people at the block level delay it further. How will the payment reach the workers on time?!’ (Interview, Dungarpur). There were also some technical issues faced by the women with the incorrect linking of bank accounts to the job card numbers. ‘There are 1,200 people, of them only one to five get payment per day, if the government gives us NREGA but doesn’t fix the payment then how will it work!’ continued IC5. Moreover, as payments are processed only through banks, women faced problems in accessing these banks in terms of distance and using the ATMs due to financial illiteracy (Suneetha G, January 2016, Dungarpur).

Another issue with wages that women faced was with regard to the amount they received. While MGNREGA mandates equal wages for men and women, amounting to not less than minimum wage rates set in each state, as several commentators have pointed out, the methods of calculation of wage rates disadvantage women.<sup>12</sup> Since the work time-motion studies on which SoRs are based rely on the work out-turn of an able-bodied person, the women workers on the ground are often unable to match up due to the additional pressure of care tasks on them (see Pankaj and Tankha 2010; Sudarshan 2011; Chauhan, Rehman and Tomar n.d.; Khera and Nayak 2009; Sivakumar 2010). This is all the more acute for women

<sup>11</sup> Accredited social health activists (ASHAs) are community health workers instituted by the government of India’s Ministry of Health and Family Welfare (MoHFW) as part of the National Rural Health Mission (NRHM).

<sup>12</sup> The wage calculation under MGNREGA follows piece rate in Rajasthan based on a Schedule of Rates (SoRs) for different tasks, the measurement of the task completed by a group of five workers assigned to the task, and the time taken by the respective group to complete the task (see Khera and Nayak 2009; and Guidelines for Male, Rural and Panchayati Raj Department 2010). The SoRs themselves are prepared by identifying all the tasks required for a work; subsequently, comprehensive work time-motion studies are undertaken to observe out-turn under different location specific geo-morphological and climatic conditions. Afterwards, the rates are fixed in a way that normal work for the prescribed duration of work results in earnings at least equal to the minimum wage rate (Chauhan, Rehman and Tomar n.d.; Khera and Nayak 2009).

with young children, pregnant women and women who are lactating mothers. This is corroborated by our findings too, with women receiving wages which were far less than the minimum wages as the workers were unable to finish the assigned task in the specified time. In Kotra, Udaipur workers received wages of between 80 and 100 rupees for a day, which was far less than the minimum wage rate of 173 rupees (IP3, Udaipur, December 2015).

Further, the team observed problems in worksite supervision and a mismatch between the worker's and the mate's work expectations. As one woman in Dungarpur commented, 'The mate needs to be on the site because people come to check'; another woman said that the 'Mate's *nabti* [measurement] is also less' (Care Marbles, December 2015).

In the urban settings too, women faced financial issues, particularly with low wages. In Indore, Rukmini, a SEWA member who stitched bags for a living, earned 40 paisa for each bag she made, and she needed to work eight hours to make 100 bags. She was unable to put in the requisite hours every day owing to her unpaid work responsibilities (Interview, June 2016, Indore). Similarly, Shaila Pathan, a SEWA member from Ujjain, works with her sister, Zubaida, making paper bowls, which earns them 25 paisa per bowl. They work for 8–9 hours for eight days to make 7,000 paper bowls, which earn them 280 rupees. While home-based work offered women flexibility regarding working hours and place of work, the conditions of work were poor in terms of low wages and compounded by the onerous nature of the work.

*It was difficult for women to bargain for better wages, as they believed that other women workers were available to work for lesser wages, although the collectivisation process engendered by SEWA has been enabling for women members.* There were some examples of improved wages, particularly for home-based workers engaged in *bidis*, *agarbattis* and garment work, owing to SEWA's intervention through bargaining and strike action (IP1, April 2016, Ujjain; IP3, May 2016, Indore; internal discussion, May 2017, Indore). Further, SEWA's collective action has also helped street vendors from being evicted (IP1, April 2016, Ujjain). Some of the other benefits that SEWA members received were its support in keeping a good record of their worker diaries/logbooks, which enabled them to cross-check and verify the information on supply of materials, wages, etc. with the contractors (IP3, April 2013, Ujjain; IP3, Indore, May 2016). However, in some of our research sites, a few women members of SEWA said that their log books had not been made (Care Marbles, women only, May 2016, Indore).

SEWA members also spoke of feeling more empowered financially as they were learning to make savings even with their nominal incomes, and to access banks and use ATMs and deposit and withdrawal slips (Care Marbles, Ujjain, February 2016). Similarly, Reema, a member, talked of the financial security she feels because of her association with SEWA: 'Besides getting information we save as well, sometimes take a loan when our children are sick or if there is a problem at home...' (Indore, June 2016).

### Other working conditions

Apart from wages, the conditions of work at several of the worksites were difficult and intense. This is exemplified by *the work at brick kilns where women managed only 4–5 hours of sleep*, sometimes going to the kilns at 3am and returning at 11pm. Swati Balai, a brick kiln worker from Indore who has worked in the brick kilns for 17 years since she was a child, talked of the effects of the work on her body: 'There is pain in my hands and feet because I have to climb many times. I go crazy', she says (Indore, January 2016). *Depleting conditions of work were also reported by home-based workers.* For instance, women making incense sticks in Ujjain complained of body aches, especially in their backs and arms from making incense sticks, as they had to be made in a continuously bent posture. Women also noted the hazardous nature of incense stick making leading to respiratory problems in infants.



In the rural contexts too, given the arduous nature of manual labour offered under MGNREGA, women complained of tiredness and body aches: 'When we need to carry the soil to throw at a far-off place... this is bit difficult', said Devibai, and 'I feel tired when I go out to work', emphasised Teesta (Udaipur, January 2016).

Worksites were also sites of discrimination, as exemplified by Shashikala Sailesh from Ujjain, who works as a domestic worker. Shashikala talked about the all too common discrimination she faced in not being allowed to use the toilet, or eat and drink the same food or water as her employers, or use the same dish as the employers (Ujjain, April 2016).

### **3.2.4 Childcare facilities**

There were *no childcare facilities at most of the worksites of our research settings, which contributed to the clustering of women in employment close to their homes to juggle their care work responsibilities* (see Table 3.8). There were also many instances of children shadowing their mothers at work in both urban and rural contexts, with pregnant women and those with young children in particular facing severe hardships. This is exemplified by Manjari who worked at the kilns into her ninth month of pregnancy with no break in the intensity of her work. 'One does, out of helplessness... what can one do?', she asks. After 15 days of unpaid leave, with a newborn baby to nurse, she returned to work because of her fear that her job would be given to someone else. Manjari nurses her youngest as she works, 'I take time off in between work and have to feed them milk', she says. When she is working, her children are kept nearby, 'Where we work, we leave them there, make them sit... they play... we keep an eye' (June 2016, Indore; also Swati, June 2016, Indore).

Construction workers too did not have any safe facility to keep their children at the worksites; at her construction site, Roshni's child fell from a height of 12 feet and badly hurt himself. She said there was no crèche at the worksite but she was allowed to bring her child (Roshni Mimroth, Ujjain, April 2016).

In rural areas too, there were no childcare facilities at women's worksites. Speaking of MGNREGA worksites, the programme officer for MGNREGA in Udaipur, IP2, claimed, 'We make arrangements for them [workers] such as providing them with shade, place to sit, place to keep their children, water, etc. Providing these facilities is given a lot of importance. Eighty per cent of our labour force comprises of women' (Udaipur, December 2015). However, this is not what we found in our fieldwork. In response to enquiries on the availability of crèche facilities, most women in both Udaipur and Dungarpur said there were no crèches at the worksite (Care Marbles, women only, Udaipur, November 2015; Care Marbles, women only, Dungarpur, December 2015). In Dungarpur, programme officer IP5 claimed that the lack of facilities at the worksites was due to the change in government (December 2015). A different MGNREGA officer said quite candidly, 'Those women who take their small children to the site, we advised them that they should not work at the site if they have children who are six months, one year old' (IP3, Udaipur, December 2015). However, another programme officer, IP4, blamed the women workers for not using the crèches despite them being made available owing to a superstitious fear that their children would be cursed by the women appointed to watch over the kids (IP4, Dungarpur, December 2015). This was confirmed by our respondents in Udaipur during a participatory exercise, with women saying that they were superstitious about 'disabled and old women' being appointed as child carers, as they believed that these women could 'cast bad spells on the children under their care', and hence they did not like to use the crèche (What If, women only, Udaipur, November 2015). While this is indicative of the social norms on childcare in the area, and possibly the lack of trust some women place in the minimal 'childcare' provisioning under MGNREGA at the sites, many women also said that *if there were good quality childcare provisioning in the worksites, they would take their children along* (Care Marbles, women only, Dungarpur, December 2015).

Women tended to leave their children at home with family members, including older siblings when this was possible (Care Marbles, women only, November 2015, Udaipur; Care Marbles, women only, December 2015, Dungarpur). For women without support for childcare at home, the *children shadowed their mothers at work, and in some instances, women would bring along an older child to watch over his/her younger sibling* (Indumati, Udaipur, January 2016). Some women who did not have this help chose not to work at all (Maya Daabi, Udaipur, January 2016). For women whose children shadowed them at their worksites, their attention was divided at work, and they experienced a lack of a supportive environment; their children were ‘kept in a pit at work’, and they felt pressured to perform efficiently (Interviews with Gauri and Varsha, January 2016, Dungarpur).

There was also *no special provision of light work or frequent breaks for pregnant or breastfeeding women* (Care Marbles, women only, Udaipur, November 2015; Care Marbles, women only, December 2015, Dungarpur). Even during pregnancy, women continued to work as long as they could, and as Hema Pargi, a pregnant MGNREGA worker shared, her co-workers would abuse her for taking breaks to rest since each one had to do the same amount of work to meet the target of the task (Udaipur, January 2016; also interviews with Gauri Mina and Varsha TK, January 2016, Dungarpur).

### 3.2.5 Valuation and recognition of paid work

In the rural settings of our research, despite the difficulties in the payment of wages and the harsh conditions of work with limited facilities, the income generated by the women from work carried out under MGNREGA, especially when this was their first type of work – which was the case for 60 per cent of women in Dungarpur (see Table 3.9) – was considered either ‘very important’ or ‘important’. Nearly all women for whom self-employment was their first type of paid work (which was the case in Udaipur) also thought of the income they obtained as ‘very important’.

**Table 3.9 Paid work by WEE participation**

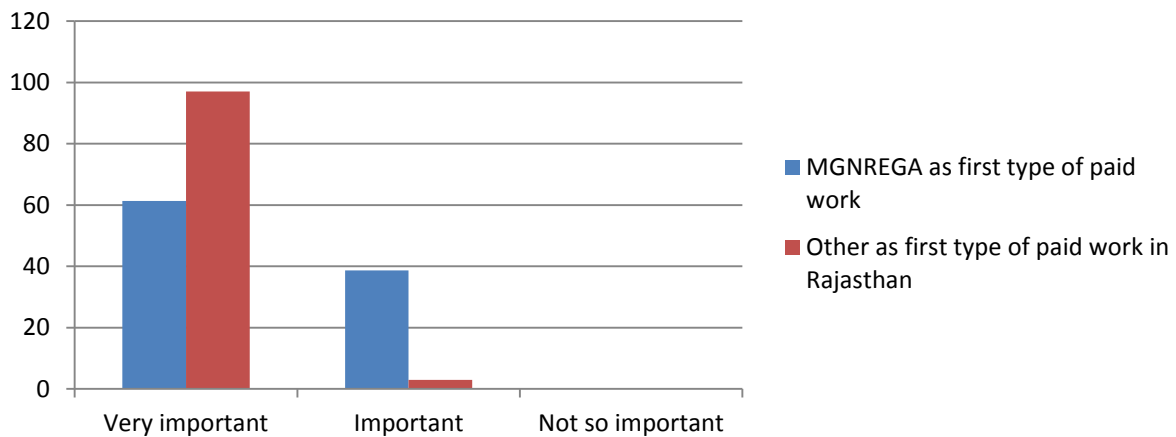
	Dungarpur and Udaipur – MGNREGA	
	WEE as first type of paid work	Other as first type of paid work
<b>Average number of months in paid work in last 12 months</b>	#	#
	2.0	9.3
<b>Type of payment</b>	%	%
Cash	100.0	94.2
In-kind	0.0	0.0
Combination	0.0	5.8
<b>Average number of hours of work on typical day</b>	#	#
	8.0	6.9
<i>Observations</i>	31	69

Source: Calculations from project survey database.

*The critical importance of the paid work performed by women (both MGNREGA and other paid work) was underlaid with attendant expressions of the necessity of their work. Sangeeta Sohan Damra, a participant of MGNREGA from Dungarpur says, ‘Things won’t carry on if I don’t go for paid work’ (January 2016). Similarly, Indumati Khair, who does daily wage labour*

at construction sites in Udaipur says, 'I earn to provide food to the family. What other work can I do? I have to do... I have no choice' (January 2016). This is echoed by Maya Daabi, also a casual daily wage labourer from Udaipur: 'There is no other benefit other than getting extra income which I get when I work. It helps me to lend financial support to my family' (January 2016; also see Care Basket, women only, December 2015, Udaipur). In terms of the recognition of women's paid work by their husbands, the picture was mixed. Some men appreciated the work done by women: 'It feels nice that some financial freedom comes to the family', says Sohan Damra from Dungarpur, talking of his wife's MGNREGA work. Similarly, Bhika Hindor also appreciates the MGNREGA work that his wife takes up: 'If she does not work and I remain the only earning member, the resources will remain unchanged. Now she earns say 5 rupees, if she does not go, nobody give us that amount. She will work, only then we can manage. That is why it necessary for her to work', he says (January 2016, Dungarpur). However, *women also felt under-appreciated for the work they performed*: 'I feel sad because our work is not recognised – my husband says you have done such little work' (Care Body Map, women only, December 2016, Udaipur).

**Figure 3.7 Importance of income in Rajasthan**



Source: Calculations from project survey database.

In the urban settings too, women, both participants and non-participants of SEWA recognised the importance of the paid work they performed. Swati Balai, a brick kiln worker from Indore and not a member of SEWA, says, 'I make enough contribution. I buy *atta* [wheat flour], pulses, vegetables, pepper, spices and other essential commodities for family' (June 2016). Her father also recognises her contribution: 'Yes there is some benefit, and we buy clothes, food etc. but there is no saving' (Antar Balai, June 2016, Indore). SEWA member, Aradhna Parmar's family is also appreciative of her work as a tailor; her husband, Jagjeet Parmar, acknowledges that 'her income is useful' (April 2016), and her daughter, Namita, says, 'My mother is doing a good job, managing work and the house which facilitates our household.' Another SEWA member, Shaila Pathan, who lives with her mother and sister, makes disposable paper bowls for a living. Her mother recognises the value of the contribution: 'She only makes these and feeds us. There is no man in the house' (Zubaida, participant mother, April 2016). Some women recognise the value of their contribution despite the odds stacked against them in terms of family that is not supportive of their paid work. Malavika Gaur, a construction worker, says, 'I have got a big family, the money that my husband earns is not enough. It is difficult to manage things in a single income. Both of us need to earn to run the house... so I believe if I can work for at least for four days in a week I would be able to lend some support to him. [My family] tell me not to go, but I believe if I will earn then I can save some money and help my children to start their own work' (non-participant, Indore, June 2016). The combination of gendered norms in a context of poverty and necessity is brought out clearly by Animesh Sailesh, whose wife

Shashikala works as a domestic worker in Indore. He says, 'Well, I don't like it. Many times, I tell her not to go out for work, but even she cannot help it. It is a necessity at least to pay the house rent, to meet other expenses' (Ujjain, April 2016).

The work of SEWA has gone some way in engendering a recognition of the value of the paid work that women perform (Care Marbles, February 2016, Ujjain). This was particularly the case for the more long-standing members of SEWA. Lalita bai speaks of both her involvement with SEWA and the pride she takes in her work when she says, 'Yes, my family has benefited. Do you see this house? I have constructed it with my own hands!' (Lalita bai, Indore, June 2016). Similarly, Roshni bai, who works as a tailor and is another longstanding member of SEWA says, 'Yes, it has definitely helped me to support my husband financially'. There were also those who spoke of more intangible benefits that they received from being associated with SEWA in terms of a supportive environment and readily available information (Shashikala Sailesh and Shaila Pathan, Ujjain, April 2016). Women spoke of gaining a better understanding of their entitlements through accessible information on and access to identity cards, ration cards and state welfare schemes designed for these workers: 'We get information and meeting other women is a good experience', said Parvati (Ujjain, April 2016).

### 3.3 Balancing paid work and unpaid care work: interactions and depletion

One of the recurring themes that emerged from the fieldwork is that in most cases, whether WEE participants or not, *women were not able to balance their double burden of paid work and unpaid care work*. However, some women had the option of relying on support from family members, particularly female kin and children, to somewhat alleviate their burdens; for instance, when Leena Dinesh, a domestic worker with young twin children returned to work, she was supported in childcare by her mother, who moved to stay with her (Leena Dinesh, April 2016, Ujjain). This was also the case with Madhu Devi Damor, an ASHA worker from Dungapur. In Madhu's case, this support extended to all the female members of her family: when Madhu's mother-in-law was employed by MGNREGA, her sister-in-law took leave to look after the children, and vice versa (January 2016, Dungarpur). Similarly, *children supported their mothers in both unpaid care work and paid work (often to the deleterious effect on their own wellbeing) to alleviate their double burden*. Sumita Sharma's two daughters, who are 12 and 11 years old, help her with both household chores and with making incense sticks (Ujjain, April 2016). Similarly, Aradhna's two daughters help with household chores, enabling her to do her paid work as a tailor (Ujjain, April 2016).

*Where public resources and services were available, particularly in the urban areas, women were able to alleviate or receive temporary respite from their double burden*. For instance, Ruchika Pardhi, who lives in Indore and works as a plastics vendor, has relatively good access to public resources and services: she has access to tap water in her house (although during summers, there are difficulties) and an *anganwadi* close by (even if it was open for only short hours) (June 2016; also Pratibha Garudi, Indore, June 2016; Rukmini Keshavdas, Indore, June 2016). For Parvati Sharma, who lives with her infant, her parents and her five-year-old brother in dire poverty making *agarbattis* for a living (her husband has died and her father does not work), sending her brother to the *anganwadi* for a few hours every day provides some respite from the relentless work that she and her mother perform (Ujjain, April 2016).

*While the support of family members, and access to public resources and services offered some respite, more often than not, women had to cope themselves* (see Table 3.2). Mostly, *women's care work tasks in fact did not shift at all* when they were in paid work. Women talked of being in a rush all the time, multi-tasking and continuously switching their roles. Hema Bai, who was five months pregnant and whose husband migrates to nearby Gujarat often for work, exemplifies this when she says, 'I have to do household work, then work as a

labourer, then do the agricultural work. There is no one to help me out. There is no rest at all, just keep doing whatever work there is to do' (Hema Bai, non-participant, Udaipur, January 2016). Similarly, Seema Pargi says, 'The thing is that I make the food before going [by waking up early], then when I get free from work at 12–1 o' clock [lunch break under MGNREGA], I return and rush to make *rotis* which we all eat. There is always a rush' (Seema Pargi, MGNREGA worker, Udaipur, January 2016).

The staff overseeing the implementation of MGNREGA at the block level recognised the pressures of women's dual responsibilities, with IP3 noting: 'They do labour at home also, go for income-generating work also, go to do agricultural work too,' adding that 'Women work even if they are thirsty or hungry' (Interview, December 2015).

*Women found juggling multiple tasks difficult.* Findings in Table 3.10 reflect types of work that women found most problematic to combine with paid work. Women were asked to provide up to three answers. More than two-thirds of women indicated care tasks, i.e. the direct care of people, to be among the three tasks that are most difficult to combine with paid work. Roughly half of all women also referred to household tasks as being difficult to combine with paid work. For women in Dungarpur, agriculture was another type of work that was difficult to combine with their paid work under MGNREGA. Community work in our rural settings was also challenging to combine with women's paid work but this was not an issue in urban areas.

**Table 3.10 What women found most problematic to combine with paid work (%)**

India – sites	Care tasks	Household tasks	Water and fuel	Agriculture	Illness	Self-care	Community	Observation
Dungarpur	72	44	2	40	2	4	24	50
Udaipur	66	44	4	12	24	20	38	50
Ujjain	68	66	0	0	2	4	2	50
Indore	74	64	8	0	0	22	2	50
<i>Total</i>	<i>70</i>	<i>55</i>	<i>3.5</i>	<i>13</i>	<i>7</i>	<i>13</i>	<i>17</i>	<i>200</i>

Source: Calculations from project survey database.

*To manage their double burden, rather than reduce or redistribute their unpaid care work, women stretched their time and energy to meet their responsibilities.* When asked how they managed their unpaid care work when they have to take up MGNREGA employment, for instance, women responded: 'Even in this case, we do the work', 'We get up early in the morning', 'We come back from NREGA work and then we do the work at home and then we go back to doing NREGA work' (What If, mixed adults, December 2015, Dungarpur). This was the case in urban settings too: 'Whole day we work and return at six in the evening. When we return in the evening, we have to cook, feed our children, we have to do the dishes, wipe the floor and look after our children'; 'If we are given an hour's break from work we come and feed our children and have our lunch as well'; 'We go to sleep at 11 and then wake up at 4–5 in the morning,' says one woman, adding, 'There are some days when we go to sleep without food since we're too tired to eat' (Care Work Matrix, women only, May 2016, Indore).

Women also talked of coping with their double burden by postponing some work by a day rather than dropping or redistributing the work (for instance, washing clothes) as 'it is ultimately them who have to do the work'. Other activities such as cooking, and caring for

children however, had to be done every day irrespective of how tired or rushed women were (Care Work Basket, women only, May 2016, Indore).

*The acuity of the imbalance was particularly felt by women when support structures such as those provided by the family and the state failed* (as in the case of Varsha TK, whose in-laws are deceased, or with the upheaval caused by the construction of a dam in Dungarpur, which cut off communities from public services such as *anganwadis*, public health centres, water sources, roads and transport, etc.). Another factor that exacerbated the acuity of the imbalance was the *seasonality in paid work and unpaid care work*, for instance with water collection in the summers, or peak agricultural seasons (IC2, December 2015). Seasonal migration of adult male members of the family – mainly in the rural areas – often increased women’s unpaid care work, including care of land and animals. *The nature of paid work also has an effect on the degree of the imbalance that women experienced in juggling their work responsibilities*. When women were not self-employed or doing home-based work, they did not have either the flexibility in location or time spent on work to effectively juggle their responsibilities. For instance, work at construction sites had inflexible timings with a lunch break of an hour in between. Again, brick kiln workers worked long erratic hours starting work in the early hours of the morning, working till late at night (Anuja, June 2016, Indore). Similarly, participants of MGNREGA also had inflexible hours, working a full eight-hour workday whilst juggling their care work responsibilities.

Further, *women’s unpaid care work responsibilities impacted their ability to manage their paid work responsibilities*. Women spoke of taking leave from MGNREGA work to perform unpaid care work, as many times they remained responsible for some chores (such as cutting grass) (Care Work Matrix, women only, December 2015, Dungarpur). Women shared instances of being reprimanded at work or being marked absent on arriving late due to care work at home. Women sometimes came late to the MGNREGA worksite or left early to attend to care tasks. Even the MGNREGA staff recognised this challenge: ‘Women have to work at home and it is natural that a person cannot do work beyond human capacity... they do as much as they can but still coming late, there is weakness here due to lack in food and water, so they are not able to [complete the task in time]’ (IP4, Dungarpur, December 2015).

Non-participant workers had similar qualms: ‘I used to take leave. Who else will do it?’, says Hema Bai on fetching water and collecting wood (Udaipur, January 2016). And Madhu, an ASHA worker, also took leave (sometimes without pay) to perform farming work during the agricultural seasons (January 2016, Dungarpur). In Malati’s case, her care responsibilities came in the way of her ability to perform paid work: she left her employment as a school teacher when she had a baby as the school had no care services, and the monthly income of 1,200 rupees she received was inadequate to meet her household expenses. Malati tried to negotiate for better wages but the headmaster at her school was uncooperative and told her to leave the job if she was unhappy with the income (non-participant, January 2016, Dungarpur).

The idea that *there is no choice but to juggle all balls* is borne out by the responses of many women: ‘If we don’t reach paid work [MGNREGA] on time, then we are marked absent so we need to reach on time as well’; ‘If we make children do the work at home then they will fail school; right now they go to school and help with the cattle work’ (What If, mixed adults, December 2015, Dungarpur). The sense of responsibility and ownership that women feel towards their unpaid care work and paid work responsibilities comes out clearly in the responses of the women: ‘If we don’t cook in the morning what would the children eat?’ asks one woman (What If, women only, December 2015, Dungarpur). With a sense of responsibility comes a measure of stoicism: ‘Till our feet work, we will work’ (What If, women only, December 2015, Dungarpur).

### 3.3.1 Depletion amongst women

Across the four sites, in a context of high levels of poverty and deprivation, the combination of long hours of paid work, hard labour, and poor facilities at the worksite on the one hand, and the time-consuming, intensive and onerous nature of care work on the other, proved depleting of women's capacities. *Women complained about lack of time, lack of rest, pain in various parts of the body, physical weakness, and mental stress related to multi-tasking and managing their work responsibilities.* Sangeetha says that managing her time makes her tense: 'The entire week I have to work, how do I explain my tension to you, should I wake up at 4 o'clock or 5 o'clock, should I do this work or that, my brain just doesn't function!' She also feels the physical effects of her overburden of work, she gets fatigued, experiences leg pain and falls ill, but she cannot give up either her paid work or her unpaid care work: 'Things won't carry on if I don't go for paid work and things won't carry on if we don't do the housework. That is why I have to do all the work' (Interview, January 2016, Dungarpur). Similarly, Suneetha says that she feels a 'lot of tension' in balancing her work responsibilities and says that she is 'often... unable to sleep properly thinking about the work that remains to be done' (Interview, January 2016, Dungarpur). Simran Rakesh shares, 'I feel like I am in pain, or something has happened to my body, I get no rest, so I feel a bit sick, but I adjust, I have to adjust!' (Ujjain, April 2016). Similarly, Aradhna says, 'When I sleep in the night and wake up in the morning, it feels like I slept only for five minutes' (Ujjain, April 2016). When Gauri does MGNREGA work, she says that she too experiences *thakaan* (fatigue), and feels tense because she also has to work at home when she comes back. 'I really go mad', she says (Dungarpur, January 2016).

While women talked of being in mental and physical pain because of the overburden of work, they sometimes localised the physical pain to particular activities. For instance, women said that grinding flour makes 'our waists hurt'; the collection of water made feet and hands ache and 'our necks start hurting'; or sitting in front of the *chulah* (stove) burnt their eyes (Care Work Matrix, January 2016, Dungarpur; Care Work Matrix, women only, May 2016, Indore). *Many of these effects were the result of the lack of easy access to public resources including water.* Other factors, such as lack of roads and transport – exacerbated by the hilly terrains of the fieldwork sites in Rajasthan – had a physical impact on the women who had to walk long distances for unpaid care work and paid work (see Madhu, Dungarpur, January 2016).

*Women experienced a chronic deficit of rest.* Table 3.11 shows that especially in urban areas, from the high combined pressure of unpaid care work and paid work women suffered from a lack of uninterrupted sleep, and spent most of their waking hours multi-tasking. This situation seems slightly better in Udaipur and Dungarpur – perhaps explained by the fact that our research was undertaken at a time when MGNREGA work was down and women were mostly engaged in flexible agricultural work. In some instances, children were participating in paid work as it was vacation time, relieving some mothers from their inflexible paid work (Teesta Daabi, Seema Pargi, Udaipur, January 2016). While women in rural areas had more hours of uninterrupted sleep, they spent lesser time on personal care, hygiene and leisure than women in urban areas.

**Table 3.11 Hours spent on multi-tasking, sleep, personal hygiene and leisure**

	Dungarpur	Udaipur	Indore	Ujjain
Total hours of sleep	7.6	8.2	6.4	5.9
Maximum uninterrupted sleep	6.5	6.5	3.8	4.1
Hours spent multi-tasking	14.1	13.0	13.5	16.7
Hours spent on personal care and hygiene, eating, training programme and/or leisure	2.5	2.4	3.3	3.4
Hours spent on personal care, hygiene and leisure only	1.4	1.1	2.2	2.2
<i>Observations</i>	<i>50</i>	<i>50</i>	<i>50</i>	<i>50</i>

Source: Calculations based on project survey database.

When women were asked to choose up to three activities that they would like to do if they were given more time, most of the women opted for more personal time and more income-generating work, while some wanted to devote more time to household tasks – see Table 3.12. However, none of the respondents said that they had ‘no need for more time’, suggesting that *all women experienced time poverty and had to compromise on their personal time (leisure, rest, personal care, sleep), income-generation work and household tasks.*

### **3.3.2 Effects of the imbalance on children as care recipients, carers and child labourers**

In all our research sites, *the effects of poverty, overwhelming responsibility of hard, onerous care tasks and arduous paid work was felt acutely by children.* In the wake of care and paid work deficits in the family, children stepped in as paid workers, unpaid family helpers and to perform unpaid care tasks, suffering a deficit of care in turn. In Ujjain, Aradhna’s 14-year-old daughter Namita Parmar helped her mother with her tailoring work, and in the performance of household tasks such as cleaning, washing and cooking for the family. Namita says, ‘I rarely get the time to rest. I have too much work to do and that is the reason I don’t go out and play’ (April 2016). In Ujjain again, Roshni Mimroth, a construction worker, took her older child, Aakash to the worksite to look after her youngest (aged four) after Aakash himself was injured when he shadowed his mother at work as an infant (April 2016, Ujjain).



Children shadowing their mother at MGNREGA work, Udaipur. *Photographer: Jasmeet Khanuja (27 November 2015).*



**Table 3.12 Aspirations of women if they had more time**

Sites	More personal time	More income generation	More agriculture	Provide better care	More social activities	More help to neighbours and friends	More education	Household tasks	No need for more time	Other
Dungarpur	18.0	20.0	12.0	14.0	8.0	0.0	2.0	36.0	0.0	8.0
Udaipur	38.0	18.0	8.0	6.0	8.0	0.0	0.0	22.0	0.0	10.0
Ujjain	38.0	36.0	0.0	12.0	2.0	2.0	2.0	8.0	0.0	12.0
Indore	42.0	34.0	0.0	8.0	2.0	0.0	0.0	26.0	0.0	2.0
<i>Total</i>	<i>34.0</i>	<i>27.0</i>	<i>5.0</i>	<i>10.0</i>	<i>5.0</i>	<i>0.5</i>	<i>1.0</i>	<i>23.0</i>	<i>0.0</i>	<i>8.0</i>

Source: Calculations based on project survey database.

In Udaipur and Dungarpur where migration was high during lean agricultural periods, children as young as ten stepped in as substitute carers when both parents migrated. Thirteen-year-old Lata Khair looked after her younger siblings whenever her mother migrated for paid work or went for paid work in the vicinity (Indumati and Lata Khair, January 2016, Udaipur). In such situations 'children stop going to school and it has a negative effect on their education' (IC1, Udaipur, January 2016).



Sibling care. *Photographer.* Jasmeet Khanuja (9 January 2016).

Preetam Pargi, a young boy aged 12 from Udaipur, narrates that he dropped out of school after first grade as there was no one else in the family to take their cow for grazing, since his mother was unable to find time out of her paid work, farming and household chores. Preetam now regrets that he could not pursue his education like his siblings (January 2016). In Dungarpur, Manasa's 15-year-old daughter also dropped out of school to share in the household's unpaid care work responsibilities. She fetches the water, cleans the vessels and the house, cooks and grazes the animals. She also accompanies her father when he migrates for paid work (Manasa and Bhika Hindor, January 2016, Dungarpur).

While children who substituted as carers and family helpers in paid work experienced deficits of care, *children who were not substitute carers also experienced deficits of care*. For instance, Anu Solanki, and her daughter Parvati Sharma (who is widowed and has come to stay with Anu) together make incense sticks to run the household and when it is extremely difficult to keep Parvati's infant of six months away from the hazardous raw material, she ties her to the bed so that they can continue to work (Anu Solanki, February 2016). Moreover, *the conditions of some types of work are particularly difficult for the optimisation and sustainability of care*. For instance, in a migratory occupation such as brick kiln work, families migrate with their children, sometimes with children also working as child labourers. In most of these situations, children are not sent to school (Anuja, June 2016, Indore). Swati, a brick kiln worker who started working in kilns as a child herself, sees educating her own children as an impossible choice: 'There can be only one thing,' she says, 'Either I go to my work or they go to school' (Interview, June 2016, Indore).

Just as with women, *children too talked of the effects of the performance of onerous work*. Collecting water made 'feet hurt', 'hands hurt', 'forehead aches' and 'when we sweep, then our hands hurt', 'when we sweep then our waist/lower back hurts' (Care Body Map, girls only, December 2015, Dungarpur). Boys too expressed the pain of performing unpaid care tasks. One boy said, 'Getting water pains the stomach'; another who collects water when his

mother is away doing MGNREGA work said, 'His hands hurt because of getting water'; and another said, 'When we go to get wood then it hurts'. The pain expressed by the boys was also in terms of the distances they covered on foot. One of them said that his head hurts 'Because I walk 7km to go to school' (Care Body Map, boys only, December 2015, Dungarpur).



A girl washing dishes, Udaipur. *Photographer: Jasmeet Khanuja (10 January 2016).*

Apart from the physical effects on child carers, children talked of the effects on their emotional wellbeing. One boy talked about feeling angry 'when he has to cook *rotl*', and another said 'we are unable to study when mother goes away' (Care Body Map, boys only, December 2015, Dungarpur). This was the case in Indore too, where boys talked about the 'tension' they experience and the difficulties they face in their studies (Care Body Map, boys only, May 2016, Indore). In Ujjain, boys were unhappy that their mothers did not have time for them: 'We feel sad when mother works... because she doesn't have time, no time to even talk to us. Sometimes we have to work at home, because she is doing other work,' (Care Body Map, boys only, Ujjain).

In terms of the impact on children as care providers, boys say that they are unable to play when they have to take care of their siblings and sometimes feel tired (Care Body Map, boys only, May 2016, Indore). Girls talked of getting more time to play when their mothers do not work, and they also talked of sometimes having to skip school to attend to care work responsibilities when their mothers were at work (Care Body Map, girls only, December 2015, Dungarpur). However, children (particularly girls) also appreciated contributing to care work responsibilities – 'I feel good when I cook' – and they also valued their mother's paid work, especially in terms of the direct attention she was able to bestow on them: 'We feel happy in our hearts when we get money from her' (Care Body Map, girls only, December 2015, Dungarpur).

## 4 WEE programming – moving towards a ‘double boon’

The preceding sections of this paper show that *in light of lack of decent paid work, overwhelming responsibilities for care tasks, lack of public services or employer- provided care support, women and their children face high levels of depletion*. The hypothesis then, that women’s economic empowerment programmes could be ‘empowering’ for women would only bear out if these WEE programmes were able to address care through provision of decent work and through providing support for women’s care responsibilities in addition to providing linkages with public services. While we have examined the experiences of WEE participants in the previous sections, we now bring the analysis together by taking a closer look at the two WEE programmes in terms of both design and implementation, to understand both what works, and how they can be made more care responsive. Further, we also look at the aspirations of women themselves and the solutions proposed by them to understand how WEE programmes may enable a ‘double boon’ that works for women. In doing so, we also assess the challenges that WEE programmes face in moving towards a ‘double boon’, some of which are structural and require wider state action, and others that can be directly addressed by the programmes.

### 4.1 Decent work: availability, access and conditions of work

#### 4.1.1 Availability of work

The availability of decent work formed one of the main concerns of our respondents in both rural and urban settings. For many of our respondents, the traditional livelihood options in agriculture in Udaipur and Dungarpur have proved precarious owing to low productivity due to small landholdings, poor irrigation facilities and reliance on monsoons. Moreover, the remoteness of the locations and the lack of adequate alternatives proved a hindrance for both men and women. ‘We have to go far to find work’, said Brijesh in Udaipur (January 2016). Another respondent from Dungarpur, Bhika Hindor, informed us: ‘There is no alternative work or option. Sometimes we have work, sometimes we are out of work’ (January 2016). Both men, like many others in Udaipur and Dungarpur, have to migrate to Gujarat as agricultural, construction or daily wage workers. In this context, MGNREGA provides a much-needed alternative in both areas. However, as we have seen in the previous sections, in Udaipur, the programme has suffered from a lack of demand, owing to non-payment of wages. As commentators have noted, over a period of time, MGNREGA has seen a downward trend in its performance in Rajasthan due to multiple issues on the supply side, including funding, and capacity to implement (see Chopra 2014; Bishnoi, Rampal and Meena 2014; Kumar, Kumari and Alam 2016). In Udaipur, the programme failed due to non-payment of wages; but in Dungarpur it is relatively more successful and there is demand for more than 100 days of guaranteed work. The previous state government had promised 150 days of paid work, but this was rolled back by the new government. In both places, there were also some construction projects being run by the forest development department and some small-scale work that was also available from NGOs for the development of the area. However, from our assessment, these opportunities have been insufficient to meet the high demand for paid work.

In view of this, *women demanded an increase in livelihood options, the availability of decent employment, and support in income-generating activities so that they can make paid work choices based on their interests, abilities and care work demands*. Given that agriculture is their traditional occupation, women in Udaipur and Dungarpur aspired to improve the agricultural productivity of their land, for which they demanded infrastructure for irrigation and water facilities and the levelling of land so that more land was made available for farming (Hema Bai, Udaipur, January 2016). Further, they demanded loans for micro-

enterprises, and to engage in aligned activities such as cattle rearing (Care Basket, women only, Udaipur, November 2015). As not all women could participate in hard manual labour, there were also suggestions to incorporate training and skills-based work. However, here a cautionary tale is provided by MGNREGA programme officer IP1 in Udaipur regarding providing skills training without forward and backward linkages. In the rural areas, schemes such as the Deen Dayal Krishi Upadhyay scheme introduced for skills development have not picked up as the market linkages were absent. Referring to this scheme, IP1 said, 'There should be such a market where they can work. If there is no market, how is it going to help if you train someone in electric fitting, when there is electricity in only 20 per cent of the village?' (Udaipur, December 2015).

In terms of its design, MGNREGA is clearly meant to provide work on demand for rural communities. While the problems of the non-availability of decent work options in the region may be more structural in nature than a single programme can resolve, clearly MGNREGA has failed its purpose in Udaipur owing to poor implementation in the payment of wages. Urgent action is required to attend to the non-payment of wages, particularly for work already performed so that faith can be restored in the programme.

In our urban research settings of Ujjain and Indore, while there was a relatively better availability of paid work, for both men and women, this was precarious, irregular and insecure. *Women expressed aspirations for regular employment with better wages and income* (Reema, Indore, June 2016; Roshni Mimroth, Ujjain, April 2016). In both Ujjain and Indore, many women sought support in the form of credit or equipment to start their own small businesses with an aspiration to be self-employed from home.

Interviews with older women in Indore and Ujjain, who have witnessed SEWA's work over many years, reflected a shift in aspirations for the younger generations. Mothers-in-law who had lived a life in hard labour (Devki bai Ajnave, Indore, June 2016) and some who continue to be in manual work (Lalita bai, Indore, June 2016), preferred other work options for their daughters and daughters-in-law. They explained that they preferred the younger generation of women to have decent and better work options that would not require them to undergo the hardships at paid work that they themselves had to experience. Both have trained their daughters in tailoring; Lalita bai bought a sewing machine for her daughter-in-law after taking a loan from SEWA. The refrain from women in Ujjain was for factories for females, 'so that we can also go out and work and feel safe' (Care Calendar, Ujjain, February 2016). Similarly, a home-based worker in Indore said, 'It will be good if there is some factory nearby. And there should be commensurate pay for the hard work that women put in.'

SEWA currently connects its members and their children to available training opportunities from the government or other NGOs, or runs its own trainings depending on the availability of funds. The training courses currently provided include stitching/tailoring, beautician, cooking/baking, bag making and computers (IP6, June 2016). Except for the computer and bag-making courses, the majority of training courses available to women were more or less gendered and stereotypical in nature – offering a limited range of options against the changing requirements of the market and keeping up with the aspirations of women. However, even the respondents of this study did not have suggestions beyond the present set of trainings being offered to them. Even so, in view of the aspirations of the younger women for decent work, it presents an opportunity to SEWA to move towards more unconventional courses for girls and women. This will not only break the glass ceiling but may also improve women's employability and open an entry into more regular and formal kinds of work.

#### **4.1.2 Access to work: Gendered norms and proximate location**

One of the main barriers to women's participation in paid work across research settings was the gendered norms on the division of labour. Although all of our respondents were women in paid work, the recognition of the value of the work women performed varied between men and women. *While most women recognised the value and necessity of the work they performed, the value of their work was not uniformly recognised by the men in their households.* In Indore and Ujjain, participation in SEWA's activities has enabled a gradual change in these norms. 'SEWA has helped in opening up people's mind related to women going outside and working', said women in Ujjain, explaining the bird they drew to represent SEWA in a group exercise in Ujjain (Care Marbles, February 2016), suggesting that these and other similar SEWA initiatives have been effective in changing their perceptions on women's mobility and paid work choices. In this sense, the enabling environment that SEWA provides has a role to play in the recognition of the value of paid work.

However, many respondents still expressed a desire to be respected for their paid work within their families, suggesting further efforts in this direction may be needed. In a participatory group exercise with SEWA members in Ujjain, a summary of the women's responses to what support they would like was: 'If our husband believes in us and in-laws let us go out and earn... a woman who goes and works is looked down upon in our community... this should change' (Care Marbles, Ujjain, February 2016). While focusing on only women for membership in the union was a conscious decision from the early years of SEWA so that women could enjoy a free and open space without men (IP9, dissemination meeting with SEWA, Indore, 7 April), including men in SEWA's dialogues (not necessarily membership) could be one way to change gendered perceptions about women's work. SEWA MP could include men in its discourse by inviting them to meetings and conducting training programmes. These efforts could over time achieve some shifts in perceptions that the wider community holds about working women, distribution of care work within the household and open better opportunities for women.

Another outcome of the gendered norms on mobility and division of labour is the desire to have paid work either in their homes or within their localities. *Women showed a clear preference for paid work that was close to their homes, reflecting the rigidity of the gendered division of labour and the burden of care work on women.* 'Women want paid work in the locality so that they don't have to travel' (Care Marbles, women only, Indore, May 2016). Shashikala, a domestic worker in Ujjain, reflects the desires of many women for proximity of work location when she says that she wants 'Some source of employment that is nearby... so that I am able to go and come back quickly' (April 2016). Similarly, Malavika Gaur, a construction worker in Indore, says, 'It would be better if I can get to work from home, I would be able to look after the children and the house as well' (June 2016).

In Udaipur and Dungarpur too, women mainly opted for MGNREGA or paid agricultural work that was available in the vicinity. Durga Naikada from Dungarpur said, 'When the worksite is near then we go for work, but we do not go if the work place is really far' (January 2016). Similarly, participants of the Activity Mapping exercise in Dungarpur said, 'Only if its close do women go to the employment guarantee work, otherwise men go out and work' (December 2015). The reasons for women's preference to work close to home or find home-based work was the same across sites. Speaking of his wife, Veer Khair from Udaipur said, 'If they get work closer to home, they will be able to return home at a decent time and can take care of the household work as well' (January 2016).

While the desire for proximate work locations does not transform either gendered norms on mobility or women's care responsibilities, it clearly alleviates women's double burden. Proximate location to places of residence as a design feature of WEE programmes would go

some way in alleviating women's double burden, as demonstrated by MGNREGA, which already has this as a design feature with the mandate to provide work within a 5km radius.

#### **4.1.3 Decent conditions of paid work**

One of the key components of decent work is the provision of a fair, living wage for work performed. As we have seen, across our research settings, women were poorly paid and aspired to wages commensurate to the hard work they put in: 'I get 30 rupees for making 1,000 files. We should get more money' (Pratibha Garudi, Indore, June 2016). Another woman in Ujjain said, 'If we get a fair price then that is all we want, nothing else' (Anu Solanki, April 2016). SEWA's work of organising women workers to negotiate and bargain for better wages has seen some success in improving the wages in some sectors, including for *beedi* and garment workers.

In the context of MGNREGA work, apart from the non-payment of wages, the payment of wages through banks has had mixed effects for women. While this has pushed women to learn to transact through banks, and has challenged the traditional role of men dealing with money (IP3, Udaipur, January 2016), *women also raised concerns about the location and accessibility of banks*. 'Women have to go very far to get to the banks for the NREGA payment – they are illiterate and the money should come straight to the *panchayat*. Women spend time and money to go to the bank, they spend 200 rupees for travelling and even then, they don't get paid' (Care Body Map, men only 2, Dungarpur, December 2015). While financial accessibility and literacy are clearly pre-requisites for the use of financial institutions for making payments, commentators have also questioned the rationale for the payment through banks (Adhikari and Bhatia 2010).

Apart from non-payment, delayed and inability to access payments, *owing to their care burdens and the arduous nature of the work, women took longer to perform the tasks assigned, because of which they were paid lower than the minimum wage rates*. Pregnant and lactating women felt pressured to perform work efficiently because of the ways in which group tasks and wages were calculated. In terms of design, MGNREGA is gender and care responsive. It clearly mandates equal wage rates for both men and women, and in its Operational Guidelines, it also expects that the Schedule of Rates that are drawn up to be gender sensitive. Further, it expects that pregnant and lactating women are given lighter work. However, our findings show that MGNREGA suffers from poor implementation in relation to the above.

From our findings, *the arduous nature of the work, and the long, inflexible work hours combined with their care burdens had depleting effects on women*. Moreover, women did not get breaks to breastfeed their children, and were insufficiently supported, pointing to the assumptions of MGNREGA work catering to a 'male worker' (Murthy 2015). Listening to the voices of women respondents from Udaipur and Dungarpur, women's reasons for joining MGNREGA work are imbued with understandings that this is work done out of necessity, to earn a living in the absence of other alternatives: 'We do it for money', 'We have to go. Only then can we make *rotis* and feed ourselves', 'We do hard labour to survive', 'Our wheat didn't grow well in the field, so we had to go work at the employment guarantee' (Devibai, Seema Pargi, Teesta Daabi, Udaipur, January 2016; and Care Calendar, women only, Dungarpur, December 2015). One of the reasons for this disengagement was the arduous nature of work under MGNREGA that resulted in greater physical exhaustion for women. This was even recognised by men in the community when they said, 'It hurts their [women's] hands, waist and lower back' (Care Body Map, men only, Udaipur, November 2015).

However, manual labour without 'labour-displacing machinery and contractors' is a design feature of MGNREGA: 'As far as practicable, works executed by the programme implementation agencies shall be performed by using manual labour and no labour

displacing machines shall be used', according to the Operational Guidelines (Department of Rural Development 2013: Para 22, Schedule I). The purpose of this is to ensure that workers are directly benefited, rather than being displaced, that there are no additional, unnecessary costs on machinery, and to avoid corruption in the system through the introduction of contractors (Shah 2007; Mann and Pande 2012). Moreover, the labour intensive nature of the programme also speaks to the right to employment framework that is envisioned by MGNREGA, through which it demarcates itself from state beneficence. Questioning the inverse relationship between labour-saving devices and productivity, Mihir Shah argues that 'an employment guarantee focused on asset-creating works that are labour intensive at the same could tackle problems of unemployment, environmental regeneration and agricultural growth in one stroke' (2007: 46). However, this focus on *earning* an income through one's own labour does not address the labour-intensive nature of the programme in the context of women's double burden, and the attendant depleting consequences for women. From our research sites, there were suggestions to permit the use of machinery on hard rocky lands, albeit from a programme officer: 'In Medi [name of a *Gram Panchayat*] there is hard disk laid underneath, can the labour dig it with a spade? They cannot unless they are given the permission to use machinery' (IP1, Udaipur, December 2015). However, given the human and material costs of the introduction of machinery, instead of labour-displacing devices to reduce the drudgery of paid work, women could be given the option to reduce the time spent on onerous work by providing them with flexibility in the hours they spend on-site through either further job sharing or lesser working hours spent over a longer duration of time equally a 100 full days.

#### **4.1.4 Childcare provisioning: redistribution to the employer/state**

As discussed extensively in Section 3.2, women work in poor working conditions with no or inadequate support for childcare. In the Operational Guidelines, MGNREGA clearly mandates the provision of crèches at worksites where five or more children below the age of six accompany their mothers to work. It further mandates that one of the women workers, who should be paid wages equal to the prevalent wage rates for unskilled workers, should be deputed to look after such children. The expenditure for such wages should be separately recorded (Department of Rural Development 2013). However, our fieldwork corroborates the findings of previous research that *crèches were either absent or minimally present with a 'pit' standing in for a crèche* (Narayanan 2008; Khera and Nayak 2009; Pankaj and Tankha 2010; Sudarshan 2011; Ray and Karak n.d.; Murthy 2015). As Sudha Narayan (2008) has argued, neither the Act nor the Operational Guidelines lay down criteria for crèche provisioning, beyond assigning a worker with wages. Moreover, as several studies emanating from an early childhood and education perspective have shown, it is insufficient to have someone 'mind the child', viz. 'custodial care' hardly constitutes quality childcare provisioning (M. Swaminathan 1990; Datta and Konantambigi 2007; Chigateri 2013). Further, as Ray and Karak (n.d.) demonstrate, the *lack of crèches at worksites creates a self-fulfilling prophecy, with women choosing safer, better quality alternatives for their children, which in turn leads to no movement in the provisioning of crèches under MGNREGA*.

In our research sites, women distrusted the framework of crèche provisioning with superstitions about 'older women casting spells on their children' while at the same time expressing a *desire for better quality childcare at worksites*. MGNREGA needs to do more to engender women's trust in the childcare provided at their worksites. This cannot be achieved if pregnant and lactating women, and women with young children, are made to feel unwelcome at worksites, and if there is no modicum of 'childcare' facilities at worksites. Under the Act and Operational Guidelines, civil society organisations (CSOs) have a role to play in 'awareness-building, mobilisation, support and strengthening capacities of wage-seekers and creating an interface between implementation structure and wage-seekers so that they are able to secure their rights, demand work and demand payment for work on



time' (Department of Rural Development 2013: 17.1). CSOs can be entrusted with working with both programme staff and women workers to engender the trust required to use crèches, as well as to demand the provision of crèches where women are accompanied by children. However, without clear guidelines on what constitutes quality childcare provisioning at worksites, women will not use crèches. The Operational Guidelines therefore need to be revised to set criteria for the provision of quality childcare. These can be drawn from the vast literature on the components of early childhood care and development, the delivery of the Integrated Child Development Services (ICDS), as well as from the experience of organisations that have decades of experience in providing 'mobile crèches' at worksites such as Mobile Crèches in New Delhi and SEWA Gujarat (Khalakdina 1995; Venkateswaran 2013; Mobile Creches 2016; Balakrishnan 2013; Chigateri 2013).

In the urban and rural contexts of informal employment too, women depended mainly on their families, usually relying on older women or siblings for the care of their children. However, women did make use of *anganwadis* too, although this varied across localities in both rural and urban contexts, based on accessibility and quality of childcare provisioning. In this context, state policy as well as civil society action for childcare provisioning for informal workers seems to have shifted focus from crèche provisioning at worksites (apart from for those employed in the formal sector) to maternity entitlements and social security benefits, along with an increased focus on the expansion of the ICDS. SEWA too, since its early years of providing childcare in MP, has shifted its focus to mobilise on and advocate for maternity entitlements, social security benefits, and making the state accountable for public services, including the monitoring of *anganwadis*. This is clearly the way forward for providing respite care for women in paid work, while ensuring quality care for children. Having said this, there were instances where, during their own meetings and trainings, women did not always feel comfortable taking young children along (see for instance, interviews with Aradhna Parmar, Shashikala Sailesh, Shaila, Ujjain, April 2016). SEWA MP could further demonstrate its support to women with young children by creating care-responsive arrangements within its own structures, initiatives and programmes.

In terms of the relationship between MGNREGA and *anganwadi* provisioning, there needs to be a coordinated convergence between the two, while providing women with the flexibility and choice of provisioning of childcare. The Supreme Court pronouncements in the Right to Food case have created a legal entitlement for children under six to childcare provisioning through the ICDS (CIRCUS 2014). The Law Commission of India Report No. 259 on *Early Childhood Development and Legal Entitlements* also recommends the legal recognition that 'every child under six should have an unconditional right to crèche and day care, which is provided, regulated and operated by the State' through the introduction of fundamental right to care in the Constitution (Law Commission of India 2015: 63). In the light of this, there needs to a convergence between MGNREGA and *anganwadis*, such that every parent is provided with a legally protected option to send their child to an *anganwadi* or a crèche, and no child is without care, either familial, state or employer provided.

## **4.2 Recognition, reduction and redistribution of care work: family and the state**

One of the challenges faced by WEE programming in being more care responsive and enabling a 'double boon' is with regard to the gendered norms on the social organisation of care. As discussed at length in the previous sections, care is largely a familial and female activity, both in terms of norms and in practice. When women received support from their family at different stages of their life, they were able to achieve a better balance between paid work and unpaid care work. However, this support from the family was based on and reiterated dominant gender norms, with family support being provided mainly by other women (including girls) in the family, such that higher the number of women in the family, better was the distribution of care work among them, and better was the balance between paid work and unpaid care work. Conversely, where this support was not forthcoming, either

because of the structure of the household (nuclear) or the higher ratio of men in the family, the more disproportionate was the distribution of care work to the disadvantage of women of the family, lowering the possibility of a balance between paid work and unpaid care work.

In more instances than not, *men's participation in care work was sporadic and intermittent* for both participants and non-participants in both urban and rural contexts. Moreover, while there were several instances where men recognised the value of care work, this did not translate into either a recognition of the need to redistribute care within the family, much less a change in gendered practice. While women recognised the value of their contributions, and were more willing to see the value in a redistribution of care work within the family, there were *women who appreciated both the normative and time constraints that men were under*. Further, there were also some women like Teesta Daabi from Udaipur who found the very idea absurd: 'When I am there to make *chapattis* [Indian bread], why should my husband make? Why should a husband do a wife's work?' (January 2016).

Another challenge that WEE programming faces is with regard to *the lack of availability and access to public resources and services which heightens the drudgery and intensity of the care work performed by women*. The research settings in Udaipur and Dungarpur are remote villages with a hilly terrain; therefore, accessing care resources that were usually far off in these surroundings meant a greater strain on women and girls. In Kadwala, a village that was cut off from the rest of the *panchayat* in Dungarpur as a result of the dam construction, women faced problems in even accessing public services such as the primary health centre (PHC) or the school. 'To go to the PHC, we have to go to Damdi [another village] and it is far because it is a mountainous area' (Care Work Matrix, mixed adults, Dungarpur, December 2015).

While the availability and accessibility of state resources and services fared better in Ujjain and Indore, women still had to collect water and often spent a long time standing in queues to access these resources. Also, the distance of schools in some localities made them inaccessible. Moreover, owing to discriminatory attitudes, the experience of accessing state services was not positive among the locals, particularly government health services.

SEWA's organisational efforts have enabled a gradual change in norms on the recognition of the value of paid work. Further, SEWA implicitly recognises that if women can access wider public resources and services, then there will be a reduction in women's unpaid care work burdens. This is reflected in their struggles for making the state accountable for providing basic facilities such as water and sanitation. An explicit focus on unpaid care work (akin to the work they do on the recognition of paid work) in SEWA's leadership trainings, and in *mohalla* meetings, as well as in their dialogues with men could lead to a deeper understanding and recognition of women's unpaid care work burdens, as well as the constraints faced by the community in seeking a fairer redistribution of care work, both in the family, and with the employer and the state. These efforts could over time achieve some shifts in perceptions that the wider community holds about working women, distribution of care work within the household and open better opportunities for women.

MGNREGA too could make a concerted effort to be more care responsive in its public works by making accessible and available care infrastructure that would bring basic resources closer to households, especially water and fuel.

As we have seen, an important means of redistribution of care is through the redistribution of childcare to accessible and good quality childcare provisioning supplied by the state and/or employer (in this case MGNREGA).

## 5 Conclusions

The overall objective of this research was to create knowledge on how women's economic empowerment (WEE) programming can create a 'double boon'. In order to do this, it was critical to map the social organisation of care in low-income households, and assess how women coped with their double burden. As the findings have clearly shown, care work is largely a familial and female responsibility determined by a dynamic interplay of gender norms, poverty conditions and state, market and community support. Women performed the majority of care work tasks such as household work inside the house, water and fuel collection, and childcare. While men's contribution to care work was sporadic and intermittent, they contributed more significantly to childcare as opposed to any other care task. Children, particularly girls, played a key role as substitute care providers in all household chores including sibling care. The intensity of the unpaid care work burden of women was based on a number of factors, including the structure of the family (whether nuclear or extended), the care dependency ratio and the gender composition of the family.

There was a strong correlation between the availability of and access to public resources and services and the intensity and drudgery of care tasks. Difficulty in accessing essential resources such as water and firewood substantially increased the work burden of women across our sites; however, this was all the more acute in Udaipur and Dungarpur, where women – and often children – spent many hours fetching these two resources over and above other household chores.

Women's paid work experiences were shaped by a number of factors, including social norms on women's work, the lack of availability of decent work options, the precarity and poor working conditions of the paid work available to them, their care responsibilities, as well as the support structures that were available to them at the level of family, community, employer and the state. Women tended to cluster in paid work such as self-employment and home-based work, as this provided them flexibility in terms of both location and working hours, enabling them to perform both their paid work and unpaid care work responsibilities. MGNREGA provided a crucial paid work option for women, particularly in Dungarpur. In terms of working conditions, organisations such as SEWA enabled women to collectivise and bargain for better wages and social security benefits with both the employers and the state. Childcare facilities were virtually non-existent in the worksites of our research settings.

In order to cope with disproportionate burden of care work coupled with the poor conditions of paid work, women stretched their time, energy and resources. Moreover, their double burden had roll-on effects for substitute carers, particularly children, who in turn suffered deficits of care with adverse impacts on their own emotional and physical wellbeing. Further, women's burden of care work limited their ability to manage paid work responsibilities. The finding that women spent almost the entire working day multi-tasking, while managing only a few hours of uninterrupted sleep lays bare the chronic deficit of rest that women experienced. As a result of this continuous juggling of work and stretching of personal resources, although disheartening, it is clear that women who participated in this study were under severe stress – and with high levels of depletion on their physical and emotional wellbeing arising as a consequence of the imbalance between paid work and unpaid care work.

It is also clear that the existing WEE programmes have a lot to accomplish to create a 'double boon' for women workers. As discussed in Section 4, there are many positive gender and care-responsive features of both WEE programmes. MGNREGA mandates the provision of paid work in proximity to the homes of the workers and crèches where five or more children below six years of age accompany women to worksites; it expects lighter work to be provided to pregnant and lactating women; and for SoRs to be gender responsive.

However, in spite of these provisions, as we have seen, the experiences of women with regard to MGNREGA have clearly been mixed. In order to move towards a 'double boon' for women, the programme should pay closer attention to several concerns: (a) delayed and non-payments in Udaipur, which in turn has affected demand for MGNREGA work; (b) gender-responsive SoRs for ensuring equal wages for men and women are truly achieved; (c) the provision of flexible timings for women to reduce the impact of the drudgery of paid work; (d) the revision of Operational Guidelines to spell out the component of quality childcare at worksites, along with the use of CSOs to engender trust amongst women workers about the quality of childcare provisioning under MGNREGA; and (e) convergence with the ICDS machinery to ensure that all children of workers under MGNREGA have options for public provisioning at either the worksites or at ICDS centres.

The enabling environment that SEWA provides too has several positive gender- and care-responsive components. The provision of training and financial security (through facilitating loans) has given some women better paid work options. The organisation of women for collective bargaining has empowering effects, in terms of changing gendered norms on the value of paid work, enabling better wages and working conditions and in engendering solidarity amongst women. SEWA's advocacy with the state and employers for social security benefits and better access and quality of public services is a key feature of its programming that reduces women's care work burdens. Even so, SEWA could do more to engender a 'double boon' for women:

- a. An explicit focus on unpaid care work (akin to the work they do on the recognition of paid work) in SEWA's leadership trainings, and in *mohalla* meetings, as well as in their dialogues with men could lead to a deeper understanding and recognition of women's unpaid care work burdens, as well as the constraints faced by the community in seeking a fairer redistribution of care work, both in the family, and with the employer and the state. These efforts could over time achieve some shifts in perceptions that the wider community holds about working women, distribution of care work within the household and open better opportunities for women.
- b. In enabling wider paid work options, SEWA could also consider the inter-generational changes in aspirations with regard to paid work, using this as an opportunity to provide skills training to break the mould of the gendered division of labour.
- c. SEWA could be more responsive to the care needs of women members while conducting trainings and meetings.

In conclusion, this research sets out the 'double boon' as access to paid work that is 'empowering' along with support for unpaid care work responsibilities. The findings as presented in the paper add several nuances to our original conceptualisation of a 'double boon'. Firstly, the criticality of the state or government came out as a major player in terms of who is to provide support for unpaid care work. This, as has been highlighted, could be in terms of access to public services including crèches, water provision, roads and transport facilities; or in terms of shifting gender norms around care and paid work. Secondly, the findings show that poverty and precarious jobs with poor working conditions are critical factors in restricting women's (and men's) access to, or negotiation towards, decent paid work. Thirdly, the findings demonstrate the pathways for WEE programmes to be more care responsive; while design is a critical component, design alone is insufficient in the face of sticky gender norms on paid and unpaid care work. Including men in the dialogues about the intrinsic value of care work would go a long way in shifting the predominant normative discourse of seeing care work as women's work.

# Annexes

## Annexe 1: Summary of survey questionnaire

Quantitative data were collected using a purposively designed questionnaire that was administered with women respondents. The questionnaire included modules on collecting basic characteristics from all household members, women's time use, the sharing of unpaid care, characteristics of women's paid work and unpaid care work, and also on decision-making and social norms. In each country<sup>13</sup> the questionnaire was administered to 200 women across four sites, with the minimum criteria that each woman was in paid work, from a low-income household, and with at least one child under six years old. Out of 50 women per site, 30 were to be participants in selected women's economic empowerment (WEE) programmes, and 20 non-participants.

### A1.1 Synthesis of the questions contained in each module

1. **Household roster.** Respondents listed each household member,<sup>14</sup> defining their relationship to them, their gender, age, level of (and/or if they are attending) education, and the type of paid work they are currently engaged in, if any.

2. **Women's time allocation.** Respondents were asked to describe the activities they undertake on a typical day based on a closed list of activities. For each hour-long time interval (e.g. from 4am to 5am), they listed their main activity and one simultaneous activity (if any), and stated whether they were also responsible for a child<sup>15</sup> and/or for a dependent adult.<sup>16</sup> Additional questions verified the representativeness of the day they described by checking whether they included/omitted activities that they usually/rarely undertake.

3. **Values, norms and perceptions.** This module began with questions revolving around respondents' perceptions of who, within their household, made the most significant contribution to care tasks/household work/financial needs. Subsequently, questions addressed the gendering of different types of work (i.e. whether women were naturally better than men at X, and vice versa), the perception of different activities as 'work', their value to them, and the owner/s of responsibility for undertaking them. The module concluded with a set of statements that respondents had to dis/agree with, revolving around how care *should* be organised within their household along gender and generational lines, and what role, if any, the state should have in the provision of essential services which affect the quantity and quality of care (e.g. health care, childcare).

4. **Women's decision-making.** Questions addressed the decision-making processes within the household in relation to: the cash generated by the respondents' and/or other household members' paid work; children's schooling, sickness and behaviour; and the respondents' capacity to participate in community meetings and activities.

5. **Paid work.** This module focused on the first and second most important type of paid work undertaken by the respondent in the last 12 months, as well as on their WEE programme-supported paid work.<sup>17</sup> It began with a description of what it was/is, the type and amount of remuneration they received for their labour and its contribution to the household income. Subsequently, respondents were asked to describe its location (and time and means of transportation used to reach it, if relevant), health and safety conditions, and availability and quality of childcare facilities.

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<sup>13</sup> The research project was undertaken in India, Nepal, Rwanda and Tanzania.

<sup>14</sup> 'Household members' are defined as 'all those who normally sleep in your home and share meals with other members of your home and who have been living with the household'.

<sup>15</sup> Any daughter or son younger than 18 years old was defined a child.

<sup>16</sup> A dependent adult could be a 'sick, disabled or elderly' person.

<sup>17</sup> Only for women classified as WEE programme participants.

**6. Sharing unpaid care.** Questions addressed the distribution of care work activities within the household between the respondent, the spouse/partner, the oldest daughter and son, and any other adult potentially involved in care work (e.g. kin, paid worker, neighbour, etc.). Respondents were asked to state how frequently each household member did a number of unpaid care and paid work activities, in a range of 'never' to 'always'. They were then asked if this organisation varied when the respondent was pregnant with her youngest child<sup>18</sup> (e.g. who took on what responsibility) and in the three months after his/her birth, and if so, who took over the largest amount of care work and other work/tasks in their household.

**7. Interaction between unpaid care and paid work.** This module addressed potential gaps in the respondents' capacity to provide face-to-face care to the various household members (i.e. dependent adult, child under six, other injured dependent) and asked what other activity that they were doing was responsible for this gap in the capacity to provide care. It also asked if any catastrophic/big event had occurred in the previous month requiring more of the respondent's time than usual, and if there was, what the impact had been on their unpaid care work and/or paid work. Finally, it asked respondents to state whether in the last seven days they happened not to have enough time, and if so, how frequently, for a range of activities (e.g. household work tasks/chores, personal care and hygiene, rest and sleep, and paid work), and what other activity they were doing was responsible for this gap. It concluded with a list of questions on the unpaid care work activities which most affect their capacity to undertake paid work, to whom they would delegate them if they could, and on what they would spend their time doing if they had some more at their disposal.

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<sup>18</sup> In particular, in the third trimester of the pregnancy.

## Annex 2: Summary of in-depth interview guides for the household members

### A2.1 In-depth interview guide for women, spouse and other adults living in their household

**Objective:** To understand how women living in low-income households organise their double engagement in unpaid care work and paid work.

**Table A2.1 Summary of the modules included per type of respondent**

	Woman	Spouse	Other significant carer (OSC)
Module 1: Socio-demographic characteristics	X	X	X
Module 2: Sharing care	X	X	X
Module 3: Experiences and perceptions	X	X	X
Module 4: Experiences about women's paid work and WEE programme and policies	X		
Module 5: Interactions between paid work and unpaid care work	X	X	X
Module 6: Solutions	X	X	X

#### A2.1.1 Synthesis of the questions contained in each module

**Module 1: Socio-demographic characteristics.** Questions concerned the household composition (i.e. number of members, relationship), the number of adults involved in paid work, children's school attendance, and the respondent's engagement in social, economic and/or political activities beyond the household.

Spouse and OSC variant: Questions on the respondent's engagement in social, economic and/or political activities beyond the household were not asked.

**Module 2: Sharing care.** Questions revolved around the gender and generational distribution of unpaid care work within and beyond the household, and the identification of tasks that women experienced as particularly time-consuming.

Spouse and OSC variant: In addition to questions on the gender and generational distribution of unpaid care work within and beyond the household, respondents were asked to describe how unpaid care work was organised in the case of sickness, absence, or pregnancy of the primary adult female in the household.

**Module 3: Experiences and perceptions.** This module explored women's perceptions of the value of her paid and unpaid care work in the eyes of the other household members (husband, children), the community, and her own. It also looked at contradictions between the norms they hold, and their effects on women and their household members' physical and emotional wellbeing. Finally, it asked what impact women's paid work engagement had on the household's decision-making processes and the allocation of unpaid care work tasks in her absence.

Spouse and OSC variant: Questions explored respondents' perceptions of the value of the primary adult female's engagement in unpaid care work and paid work, as well as the existence and forcefulness of gender norms constraining women's choice of different types and/or spaces of paid work.

**Module 4: Experiences about women’s paid work and WEE programme and policies.**

Questions concentrated on women’s decision to engage in paid work (e.g. the driver), the range of the work options potentially available to them, and their concrete experience of it with reference to challenges, bargaining power, and provision of support for care work. When women were classified as WEE programme participants, questions also explored the programme’s interlinkages, if any, with community and state support services. Finally, it asked women to report on how their household members and community perceived their engagement in paid work.

**Module 5: Interactions between paid work and unpaid care work.** This module addressed women’s participation in community and/or NGO activities, the effects of their participation on their own and their household members’ wellbeing, as well as on women’s capacity to sustain their engagement in paid work. It also looked at how women’s engagement in paid work affected the quantity and quality of care received by the household members, the challenges they faced in balancing their paid and unpaid care work, and the effects of the transfer of part of her unpaid care work responsibilities on the substitute carer’s wellbeing (and/or education, in the case of children).

Spouse and OSC variant: Questions addressed the organisation of unpaid care work and its effects on household members (themselves included) when substituting the primary female adult when she is engaged in paid work.

**Module 6: Solutions.** Questions revolved around the opportunities for moving towards a ‘double boon’. In particular, they focused on women’s perceptions of whether and how unpaid care work could/should be reduced and redistributed across other parts of the care diamond (i.e. the state, the market and the community), and improvements of their paid work conditions.

Spouse and OSC variant: Similar questions were asked, and compounded by questions revolving around respondents’ perception of their personal responsibility in improving the gender and generational redistribution of unpaid care work within their household.



## ***A2.2 Summary of in-depth interview with children***

**Objective:** To gain insights into the tensions and trade-offs between women's paid work and children's experiences as care recipients and providers. Before the interviews with children took place, both the child concerned and his/her parents gave their consent.

**Icebreaking.** The interview began with a 'Family Tree' exercise, during which the child mapped the household members and their relationships. Subsequently, the child was asked to undertake an 'Activity Clock' exercise, where s/he described all the activities they had done on the previous day, and how long it had taken them. The information provided during these exercises was then used interactively to verify answers to Modules 1 and 2, described below.

**Module 1: Background information.** Questions concerned the child's activities on the previous day, household composition, parents' activities, and his/her and siblings' participation in care/paid/unpaid work.

**Module 2: Sharing care.** The focus of this module was the child's experiences as a care receiver and care provider. At first, the focus was on person care, asking who looked after him/her and siblings, elderly and sick people, and household work. Subsequently, questions explored his/her involvement in different unpaid care work tasks, and estimated the time s/he spent in accomplishing them.

**Module 3: Values, norms and perceptions.** This module explored the child's feelings towards each of his/her parents' engagement in work, whether they wished they had more time to spend with them, and if so, why.

**Module 4: Fall-outs.** Questions explored potential negative repercussions on the child's wellbeing and/or educational outcomes due to his/her parents' engagement in paid work. Particular attention was given to what happened to the child when her/his mother was away: who cared for him/her, what did s/he do, and if s/he ever happened to be in need of help which he could not receive, and if so, why. Questions also addressed whether, when and why the child faced difficulties in pursuing his/her education, looking after him/herself, and spending leisure time.

**Module 5: Solutions.** In conclusion, the child was asked what would s/he change in each of his/her parents' and his/her own 'work/routine' if s/he had the opportunity to do so.

## **Annexe 3: Summary of qualitative key informant interview guides**

### **A3.1 Interviews with WEE programme staff**

**Objective:** To assess whether and how the selected WEE programmes supported women's capacity to balance their involvement in paid work with their own and their household's care needs and responsibilities.

**Module 1: Vision and intent.** In this module, respondents described the WEE programme in terms of its objectives and participants, and the quality of its appraisal process, and specifically whether it incorporated the views of women and men living in the targeted communities. Subsequently, they described their role in the programme from the moment they started working in it.

**Module 2: Programme provisions, implementation and monitoring.** Respondents described the types of paid work provided by the programme, and whether and how support for women's unpaid care work responsibilities had been included in its design. In the case of a positive answer, further questions explored the budget allocated for implementing its care components, challenges encountered, and the existence of monitoring mechanisms.

**Module 3: Perception of paid work and care arrangements.** This module explored respondents' perceptions of the existence of gender norms, defining what (paid and unpaid) work is socially acceptable for women and for men. It also gathered respondents' opinions on the benefits of women's participation in paid work for both her household and herself, what barriers hamper it, and what makes the WEE programme valuable in women's eyes.

**Module 4: Solutions.** Questions revolved around the capacity of WEE programmes to contribute in providing an enabling environment for women to work towards a 'double boon'. They specifically asked how WEE policies and programmes could best accommodate participants' care responsibilities, as well as what role state policies and communities could have in supporting women to find an optimal and sustainable balance between paid and unpaid care work. The interview closed with a request for the respondent to define what women's empowerment meant for the WEE programme s/he worked in, and how it can be realised.

### **A3.2 Interviews with community leaders**

**Objective:** To assess the role of the community in perpetuating the gendered distribution of unpaid care work, and/or in supporting women's capacity to balance paid and unpaid care work.

**Module 1: Background of the community leader.** Questions concerned the respondent's basic socio-demographic information, including his/her household composition.

**Module 2: Care arrangements.** Respondents were asked to describe the social arrangements prevailing in the community they were socially acknowledged to be leaders of, both along gender and generational lines (e.g. what do women/girls/men/boys do) and any other salient difference (e.g. class, caste, religion, or others).

**Module 3: Values and norms.** This module explored respondents' perceptions of the existence of gender norms defining what tasks women and men are better at, and who within the household should have the biggest responsibility for providing care, undertaking household work and earning cash.

**Module 4: Interactions between paid work and unpaid care work.** Respondents were asked to state their views as per why women engaged in paid work, what effect their paid work had on their own and household members' wellbeing, and who did and/or should take the responsibility for unpaid care work in the woman's absence.

**Module 6: Solutions.** Questions revolved around respondents' awareness of the existence of WEE programmes in his/her community, and if they knew about them, what they do, and whether they offered women the means to balance their dual engagement in paid and unpaid care work. In conclusion, the focus was turned on the actual and potential role of the community in supporting women to move towards a 'double boon', along with the state. The interview closed with a request for the respondent to define what women's empowerment meant to his/her community and how it can be achieved.

## Annexe 4: Participatory toolkit

**Table A4.1 Summary of the participatory research method used per group of respondents**

	Tool	Adult women	Mixed adults	Mixed children	Girls	Boys	Adult men
1	'What Would happen If...'	X					X
2	The Care Basket	X		X			
3	The Care Calendar	X					
4	The Care Work Matrix	X		X (optional)			
5	The Care Body Map	X			X	X	X
6	The Care Marbles for those employed privately	X					
7	Activity Mapping – 'what did you do yesterday?'		X	X			
8	The Care Wallet		X				
9	Care Public Service map		X				
10	Role Play – care with and without the main carer				X	X	

### **A4.1 Short description of the tools**

#### **(1) 'What Would happen If...' (WWI)**

##### Objective/s:

1. To introduce and value the centrality of care in the economy and how without care, any economy would collapse.
2. To explore what happens when the main caregiver leaves home for paid work.

Description: This tool focuses on what happens to families and communities when care is not provided. Participants act out scenarios where care is not available; for instance, when the main caregiver falls sick and families need to rearrange care patterns. The scenarios start with unpaid care work only and move towards connecting unpaid care work with the more visible parts of the economy, paid work, and from micro (family) to macro (state) situations.

Groups of respondents it was used for: Adult women; Adult men.

#### **(2) The Care Basket (CB)**

##### Objective/s:

1. To explore how too much care work affects the capacity to do paid work.
2. To explore norms and values around sharing care; and how care work can be shared at home and beyond.

Description: Like a day only has 24 hours, a basket can contain only so many things. This tool uses the image of a basket that can only contain a certain number of objects representing unpaid care work and paid work. Participants discuss the need for a balanced care load at home (rather than care overload) to be able to do paid work.

Groups of respondents it was used for: Adult women; Mixed children.

### **(3) The Care Calendar (CC)**

#### Objective/s:

1. To explore when in the year one has a heavier workload, including unpaid care work and paid work.
2. To know when and what type of programmes to use to reduce and redistribute unpaid care work.

Description: Participants explore how the variations in the overall workload changes throughout the year through a calendar matrix.

Groups of respondents it was used for: Adult women.

### **(4) The Care Work Matrix (CWM)**

#### Objective/s:

1. To explore the constraints that unpaid care work may have on (the choice and location of) paid work.
2. To explore which of the different impacts on women are the most important.

Description: Participants reflect on the impact of providing too much care on caregivers, in terms of physical or emotional strain, and how this impacts their livelihoods, wellbeing and paid job choices.

Groups of respondents it was used for: Adult women; Mixed children (optional).

### **(5) The Care Body Map (CBM)**

#### Objective/s:

1. Identify the impact, both positive and negative, of the sum of unpaid care work and paid work on women's bodies and wellbeing.

Description: Women make a drawing of their bodies and discuss how they feel, both physically and emotionally, as a result of their responsibility for unpaid care work and paid work together. The outline of a woman's body is used to help participants visualise and discuss this.

Groups of respondents it was used for: Adult women; Girls; Boys; Adult men.

### **(6) The Care Marbles (CM) for those employed privately**

#### Objective/s:

1. To explore what care services are provided at a (paid) workplace/WEE programme and how that affects women's care work within the household.
2. To discuss the need for decent paid work and social security benefits in order to fully perform (and enjoy) quality caring of families and friends.
3. To raise participants' awareness of their rights as workers and how the violation of workers' rights leads to a *care transfer* from the employer to the poorest families.

Description: The tool uses the imagery of a marble that moves between a few columns – the employer/programme/cooperative/state; and then the family as a cross-cutting row at the bottom. If the employer (or other) is the main provider of a care service, such as childcare, the marble rolls over to the employer/programme/cooperative/state's column side; and if the care service is provided by the worker or her/his family, the marble rolls down to the worker's side.

Groups of respondents it was used for: Adult women.

### **(7) Activity Mapping (AM) – ‘What did you do yesterday?’**

#### Objective/s:

1. To explore how unpaid care work and paid work time (labour) is distributed at home between men and women.
2. To explore the underlying norms and assumptions behind role distribution between men and women.

Description: This session looks at the activities that women and men do each day and how these contribute to the local economy. The tool asks participants to think about all the activities they do in a normal day, which are then mapped out on cards for participants to categorise. Activities include cooking breakfast, collecting water, resting, working in the fields, selling goods at the market and participating in a community meeting.

Groups of respondents it was used for: Mixed adults; Mixed children.

### **(8) The Care Wallet (CW)**

#### Objective/s:

1. To explore how care resources are accessed, controlled and distributed at home between men and women.

Groups of respondents it was used for: Mixed adults.

Description: This tool focuses on how households earn and spend their income on products related to care and what access and control women have over the household budget. While the Activity Mapping tool assesses how families can redistribute their time on care, this tool analyses how households can distribute their income on care.

### **(9) The Care Public Service map (CPS)**

#### Objective/s:

1. To explore what and how care-related public services are provided by the state and how they affect women’s workloads back in the household.
2. To analyse and prioritise the most needed public service related to care in the participants’ area.

Description: Participants use a map to analyse and prioritise the most needed care public service in their area.

Groups of respondents it was used for: Mixed adults.

### **(10) Role Play (RP) – care with and without the main carer**

#### Objective/s:

1. To introduce the concept of care and care arrangements to children.

Description: This tool focuses on what happens to families and communities when care is not provided. Participants act out scenarios where care is not available; for instance, when the main caregiver falls sick and a family needs to rearrange care patterns.

Groups of respondents it was used for: Girls; Boys.

## Annexe 5: List of key informant interviews in India

Anonymised name	Name of site/document	Gender of the respondent
IC1	Udaipur	female
IC2	Udaipur	male
IP1	Udaipur	male
IP2	Udaipur	male
IP3	Udaipur	male
IC3	Dungarpur	male
IC4	Dungarpur	female
IC5	Dungarpur	male
IP4	Dungarpur	male
IP5	Dungarpur	male
IC6	Ujjain	male
IC7	Ujjain	female
IC8	Ujjain	male
IP6	Ujjain	female
IP7	Ujjain	female
IP8	Ujjain	female
IC9	Indore	female
IC10	Indore	male
IP9	Indore	female
IP10	Indore	male
IP11	Indore	female

## Annexe 6: List of case study interviews in India

Anonymised name	Family	Name of site/document	Gender of the respondent	Age of the respondent	Respondent's role in the family
Maya Daabi	CS1 India	Udaipur	female	20–24	Mother
Ramu Daabi	CS1 India	Udaipur	male	25–29	Father
Rani Daabi	CS1 India	Udaipur	female	60+	Significant other adult (uncle, aunt, etc.)
Sarita Pargi	CS2 India	Udaipur	female	30–39	Mother
Bhushan Pargi	CS2 India	Udaipur	male	30–39	Father
Indumati Khair	CS3 India	Udaipur	female	30–39	Mother
Veer Khair	CS3 India	Udaipur	male	40–49	Father
Lata Khair	CS3 India	Udaipur	female	10–14	Child
Gayatri Khair	CS3 India	Udaipur	female	20–24	Significant other adult (uncle, aunt, etc.)
Seema Pargi	CS4 India	Udaipur	female	30–39	Mother
Mangal Pargi	CS4 India	Udaipur	male	15–19	Child
Preetam Pargi	CS4 India	Udaipur	male	10–14	Child
Teesta Daabi	CS5 India	Udaipur	female	30–39	Mother
Kavita Daabi	CS5 India	Udaipur	female	15–19	Child
Suman Daabi	CS5 India	Udaipur	female	10–14	Child
Hema Bai	CS6 India	Udaipur	female	20–24	Mother
Divya Pargi	CS7 India	Udaipur	female	30–39	Mother
Brijesh Pargi	CS7 India	Udaipur	male	30–39	Father
Meena Bai	CS7 India	Udaipur	female	60+	Significant other adult (uncle, aunt, etc.)
Devibai Daabi	CS8 India	Udaipur	female	30–39	Mother
Pravesh Daabi	CS8 India	Udaipur	male	40–49	Father



Sapna Daabi	CS8 India	Udaipur	female	10–14	Child
Manasa Hindor	CS9 India	Dungarpur	female	30–39	Mother
Bhika Hindor	CS9 India	Dungarpur	male	30–39	Father
Sona Hindor	CS9 India	Dungarpur	female	15–19	Child
Gauri Mina	CS10 India	Dungarpur	female	25–29	Mother
Vijay Mina	CS10 India	Dungarpur	male	30–39	Father
Suneetha G	CS11 India	Dungarpur	female	20–24	Mother
Varsha TK	CS12 India	Dungarpur	female	25–29	Mother
Sangeetha Sohan Damra	CS13 India	Dungarpur	female	30–39	Mother
Sonhan Damra	CS13 India	Dungarpur	male	40–49	Father
Jeevat Damra	CS13 India	Dungarpur	male	15–19	Child
Madhu Devi Damor	CS14 India	Dungarpur	female	25–29	Mother
Narayan Damor	CS14 India	Dungarpur	male	30–39	Father
Indira Bai Damor	CS14 India	Dungarpur	female	50–59	Significant other adult (uncle, aunt, etc.)
Malati Kathodi	CS15 India	Dungarpur	female	25–29	Mother
Ram Kathodi	CS15 India	Dungarpur	male	30–39	Father
Mina Bai Kathodi	CS15 India	Dungarpur	female	50–59	Significant other adult (uncle, aunt, etc.)
Durga Naikda	CS16 India	Dungarpur	female	30–39	Mother
Vijay Naikda	CS16 India	Dungarpur	male	40–49	Father
Lata Naikda	CS16 India	Dungarpur	female	50–59	Significant other adult (uncle, aunt, etc.)
Leena Dinesh	CS17 India	Ujjain	female	40–49	Mother
Dinesh	CS17 India	Ujjain	male	40–49	Father

Damini Bai	CS17 India	Ujjain	female	60+	Significant other adult (uncle, aunt, etc.)
Simran Rakesh	CS18 India	Ujjain	female	30–39	Mother
Deepak Rakesh	CS18 India	Ujjain	male	30–39	Father
Shaila Pathan	CS19 India	Ujjain	female	30–39	Mother
Zubaida	CS19 India	Ujjain	female	50–59	Significant other adult (uncle, aunt, etc.)
Rashida	CS19 India	Ujjain	female	20–24	Significant other adult (uncle, aunt, etc.)
Shashikala Sailesh	CS20 India	Ujjain	female	30–39	Mother
Animesh Sailesh	CS20 India	Ujjain	male	30–39	Father
Sumita Sharma	CS21 India	Ujjain	female	30–39	Mother
Shyamlal Sharma	CS21 India	Ujjain	male	40–49	Father
Saachi and Savitri	CS21 India	Ujjain	female	10–14	Child
Parvati Sharma	CS22 India	Ujjain	female	20–24	Mother
Anu Solanki	CS22 India	Ujjain	female	30–39	Significant other adult (uncle, aunt, etc.)
Roshni Mimroth	CS23 India	Ujjain	female	30–39	Mother
Jairam Mimroth	CS23 India	Ujjain	male	30–39	Father
Aradhna Parmar	CS24 India	Ujjain	female	30–39	Mother
Jagjeet Parmar	CS24 India	Ujjain	male	40–49	Father
Namita Parmar	CS24 India	Ujjain	female	10–14	Child
Swati Balai	CS25 India	Indore	female	25–29	Mother
Antar Balai	CS25 India	Indore	male	60+	Significant other adult (uncle, aunt, etc.)
Manjari Rajkumar	CS26 India	Indore	female	20–24	Mother
Rajkumar	CS26 India	Indore	male	20–24	Father

Anuja	CS26 India	Indore	female	20–24	Significant other adult (uncle, aunt, etc.)
Ruchika Pardhi	CS27 India	Indore	female	25–29	Mother
Laxman Pardhi	CS27 India	Indore	male	30–39	Father
Mehendi bai Pardhi	CS27 India	Indore	female	50–59	Significant other adult (uncle, aunt, etc.)
Arnab	CS27 India	Indore	male	less than 10 years old	Child
Pratibha Garudi	CS28 India	Indore	female	25–29	Mother
Roshni bai	CS28 India	Indore	female	40–49	Significant other adult (uncle, aunt, etc.)
Malavika Gaur	CS29 India	Indore	female	30–39	Mother
Jitendra lal Gaur	CS29 India	Indore	male	30–39	Father
Rajesh Gaur	CS29 India	Indore	male	15–19	Child
Rukmini Keshavdas	CS30 India	Indore	female	25–29	Mother
Mahesh Keshavdas	CS30 India	Indore	male	30–39	Father
Reema Kotwal	CS31 India	Indore	female	25–29	Mother
Suraj Kotwal	CS31 India	Indore	male	30–39	Father
Lalita bai	CS31 India	Indore	female	60+	Significant other adult (uncle, aunt, etc.)
Roshni	CS31 India	Indore	female	30–39	Significant other adult (uncle, aunt, etc.)
Prema Ajnave	CS32 India	Indore	female	25–29	Mother
Amitabh Ajnave	CS32 India	Indore	male	30–39	Father
Devki bai Ajnave	CS32 India	Indore	female	50–59	Significant other adult (uncle, aunt, etc.)

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