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‘How Can It Be a Problem If You Need Them Both?’ Women Juggling Paid and Unpaid Care Work in Tanzania

Elena Zambelli, Keetie Roelen, Naomi Hossain, Deeptha Chopra and Jenipher Twebaze Musoke

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Communications and Engagement Unit, Institute of Development Studies, Brighton BN1 9RE, UK

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Summary

This paper summarises the findings of mixed method research that was carried out in Tanzania as part of the ‘Balancing unpaid care work and paid work: successes, challenges and lessons for women’s economic empowerment programmes and policies’ research project (2015–17). It reflects the voices and experiences of women and their household members participating in women’s economic empowerment (WEE) programmes across four sites in the rural districts of Korogwe and Lushoto in Tanga region. Participants in two WEE programmes are represented, namely the state-run Women Development Fund (WDF) and Oxfam’s Food Security for Tanzanian Farmers programme. The question addressed by the research 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?’*

This study and its findings clearly indicate that women shoulder the majority of unpaid work and struggle to balance this with paid work responsibilities. While some tasks are shared with other household members, there is no evidence to suggest that women are in a position to redistribute unpaid care work responsibilities to the state, the market or the community. Reasons for this appear to be mainly grounded in gender norms, the lack of public provision of services that are essential for facilitating care as well as paid work, and the low returns on women’s (and men’s) paid work. This study highlights that if no explicit action is undertaken to support a rebalance – whether that is through addressing working conditions, childcare arrangements, social norms or values or otherwise – patterns of unbalance will reproduce and perpetuate themselves, offering women valuable economic opportunities that help to improve living conditions and possibly their position within household or community settings, but never stretching quite far enough to reduce drudgery and the physical and psychosocial stress of juggling too many responsibilities.

Keywords: unpaid care work, paid work, women’s economic empowerment, Tanzania.

Elena Zambelli was a Research Officer at IDS (2016–17) in the Governance, and Gender and Sexuality clusters. She holds a PhD in Gender Studies (SOAS) and a MA in Gender and Development (University of Sussex), and has almost 15 years’ work experience in gender equality and women’s empowerment programmes in different parts of the world, having worked with non-governmental, governmental and international organisations. Her research interests revolve around the anthropology of gender and sexuality, the sociology of work and the body, and migration.

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 the United Nations Children’s Fund (UNICEF), 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.

Naomi Hossain is a Research Fellow at the Institute of Development Studies. She has an enduring interest in the politics of poverty, and currently researches the politics of subsistence or food crises, and women's empowerment. Her recent books include *The Aid Lab: Understanding Bangladesh's Unexpected Success* (Oxford: OUP, 2017) and (co-edited with Patta Scott-Villiers) *Food Riots, Food Rights and the Politics of Provisions* (London: Routledge/Earthscan, 2017).

Deepta Chopra is a Research Fellow at the Institute of Development Studies. 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.

Jenipher Twebaze Musoke is the Coordinator of Research for BRAC Africa, leading the Research and Evaluation Units in South Sudan, Uganda, Liberia, Sierra Leone and Tanzania. Having previously worked on a 12-year DANIDA research and training collaborative project at Makerere University for over ten years and as a Research Fellow at University of Copenhagen for several years, she joined BRAC International to lead research in Africa. Her research interests include health for women of reproductive age and children under five, adolescent girls' and women's economic empowerment, gender, and unpaid care work. She has a PhD in Medical Anthropology (Københavns Universitet) and an MA in Sociology from Makerere University.

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Acronyms

AM	Activity Mapping (participatory tool)
CBM	Care Body Map (participatory tool)
CC	Care Calendar (participatory tool)
COSTECH	Commission for Science Technology
CPS	Care Public Service map (participatory tool)
CW	Care Wallet (participatory tool)
CWM	Care Work Matrix (participatory tool)
DFID	Department for International Development
GrOW	Growth and Equal Opportunities for Women
IDRC	International Development Research Centre
IDS	Institute of Development Studies
ISST	Institute of Social Studies Trust
KII	key informant interview
MCDWAC	Ministry of Community Development, Gender and Children
NGO	non-governmental organisation
OSC	other significant carer
REU	Research and Evaluation Unit
RP	Role Play (participatory tool)
SDG	Sustainable Development Goal
VICOBA	Village Community Bank
WDF	Women Development Fund
WEE	Women's Economic Empowerment
WWI	What Would happen If (participatory tool)

1 Introduction

The establishment of the High-Level Panel on Women's Economic Empowerment (WEE) by the UN Secretary-General and its report (Klugman and Tyson 2016) have been fuelling member states' and donor agencies' interest in investing in gender equality and specifically in women's economic empowerment (WEE) programmes. Such interest is unfolding in the context of the 2030 Agenda for Sustainable Development, which contains a specific Sustainable Development Goal (SDG) for gender equality and the empowerment of women and girls (United Nations 2016). Recognition and valuation of women's unpaid care work and the adoption of policies for its reduction and redistribution constitute a target within SDG 5, clearly placing the need for a better balance between paid and unpaid care work at the heart of the agenda.

A focus on unpaid care work *vis-à-vis* paid work and women's economic empowerment is pertinent. Regardless of the share of household income they earn, evidence indicates that women continue to do most unpaid care-giving in all contexts (Elson 1995; Razavi 2007; Budlender 2008b; Eyben and Fontana 2011). This constrains their participation in civil, economic, social and political spheres, and corrodes their ability to seek employment and income (Razavi 2007: 22). Women in paid labour may not be able to adequately substitute for their care responsibilities – thereby affecting the wellbeing of both women and those being cared for – and/or have to resort to substitute or paid care, which increases the opportunity cost of women's engagement in paid work. On the other hand, the routine necessity of care-giving, particularly for small children, tends to result in women's concentration in low-skilled and low-paid informal work that can accommodate care responsibilities (Antonopoulos 2009; Kabeer, Mahmud and Tasneem 2011). 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. In parallel, there is little empirical evidence on what WEE programmes and policies work best in enabling women to balance their paid and unpaid care work, especially for those in low-income households.

This paper presents findings from the 'Balancing Unpaid Care Work and Paid Work: Successes, Challenges and Lessons for Women's Economic Empowerment Programmes and Policies' research project in Tanzania. The project was implemented throughout 2015–17¹ and asked the question: *How can women's economic empowerment (WEE) policies and programmes² take unpaid care work into account in order to enable women's economic empowerment to be optimised, shared across families and sustained across generations?*

A key research assumption was that for policies and programmes to contribute effectively and sustainably to women's economic empowerment, care needs to be redistributed more fairly across the 'care diamond', the framework for the provision of care that comprises the family/household, markets, the public sector and the not-for-profit sector (Razavi 2007: 20). In particular, the research aimed at creating knowledge about how WEE policy and

¹ The project was carried out in four countries (India, Nepal, Rwanda and Tanzania) and it was part of the Growth and Equal Opportunities for Women (GrOW) programme, funded by the International Development Research Centre (IDRC), the UK Department for International Development (DFID) and the Hewlett Foundation. In Tanzania, it was implemented by IDS in partnership with BRAC-REU.

² In this case, WEE programmes are understood to be interventions supporting women to set up income-generating activities and/or support their transition into the labour market.

programming can turn a 'double burden'³ into a 'double boon': paid work that empowers women while also providing more support for their unpaid care work responsibilities. The 'double boon' will come about when support for unpaid care work leads to the following:

- Optimising 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. 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.
- Sharing 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.
- Sustaining 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 project selected two programmes which explicitly aimed at empowering women economically, through access to small loans and/or expansion of women's opportunities to diversify their participation in agricultural work, namely, the state-run Women Development Fund (WDF) and Oxfam's Food Security for Tanzanian Farmers programme, both of which were operating in the two contiguous districts of Korogwe and Lushoto (Tanga region, northeast Tanzania). The research analysed how women's participation in income-earning work affected the ways in which unpaid care work was organised within their household.

1.1 Methodology

The familial and relational, social and economic, subjective and objective, experiential, material and emotional issues involved in the research meant it was most suited to a mixed-methods approach to data collection, conducted at different levels – programme, community, household and individual. Annexe A1 contains a summary of the quantitative and qualitative research tools used.

Quantitative data were collected using a purposively designed questionnaire that was administered with women respondents. The questionnaire included modules collecting information on the basic characteristics of all household members, women's time use, sharing of unpaid care, characteristics of women's paid work and unpaid care work, and also on decision-making and social norms.

Three types of qualitative data collection were undertaken. Firstly, semi-structured interviews were undertaken with women, men and children in case study households. Undertaking interviews with multiple respondents within single households allowed for collecting fine-grained case study data. Interview guides were developed for each respondent type. Secondly, participatory and visual exercises were carried out with various groups of respondents – men, women, girls, boys and also mixed groups. The participatory tools were aimed at eliciting community-level views on how paid work and unpaid care work were organised, the infrastructure and social services available, the norms and expectations around care work; and also in order to identify specific case studies that could be of interest. The participatory tools that were utilised include: Activity Mapping (AM), the Care Basket

³ The notion of 'double burden' refers to the labour invested in 'caring for the family and making a living' (Kabeer 1996: 174).

(CB), Care Body Map (CBM), Care Calendar (CC), Care Marbles for those employed privately (CM), Care Public Service map (CPS), Care Wallet (CW), Care Work Matrix (CWM), Role Play – care with and without the main carer (RP) and What Would happen If (WWI). Each participatory tool is synthetically summarised in Annexe AI. Finally, key informant interviews (KII) were held with community leaders and staff involved in the delivery of the chosen WEE programmes. The aim of the data collected through KIIs was to provide more detailed information about the programme design and implementation, as well as respondents' perceptions of the impact on women and the balance between paid work and unpaid care work.

Data collection was administered as per the samples in Table 1.1. The sample is stratified by WEE programme participation. Two WEE programmes were selected for this research: the state-run Women Development Fund (WDF) and Oxfam's Food Security for Tanzanian Farmers, each with different remits. The WDF programme focused on the facilitation of access to loans and the Oxfam programme focused on the improvement of present-day smallholder farmers' agricultural practices and market access (more information is provided below see Section 2.1). Each programme was researched in two sites each across Korogwe and Lushoto districts respectively.⁴

The quantitative survey was administered to a total of 200 women across four sites. Out of 50 women in each site, 30 were WEE programme participants and 20 were non-participants. Respondents were selected following an iterative process through participatory exercises, as well as through suggestions of local partners. All surveyed women had to be in paid work, from a low-income household, and with at least one child under six years of age. From this larger sample of 200 women, 32 women in each site were purposively selected for qualitative case study work, which involved semi-structured interviews with them, their husbands/significant male carers, as well as an older woman and the oldest child (in cases where this was feasible).

Table 1.1 Quantitative and qualitative sample for Tanzania

Name of site	WEE participants		Non-WEE participants		No. of participatory exercises carried out	No. of KIIs 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		
Korogwe W	33	5	17	3	18	6
Korogwe O	28	5	22	3	17	2
Lushoto W	30	5	19	2	16	2
Lushoto O	29	6	22	3	17	2
<i>Total</i>	<i>120</i>	<i>21</i>	<i>80</i>	<i>11</i>	<i>68</i>	<i>12</i>

Data collection tools were designed collaboratively with all research partners involved in the wider research project and adapted to the national context where appropriate. Training was provided to data collection teams for administering the quantitative survey and qualitative tools respectively. Data analysis has been informed by cross-project workshops, allowing for cross-fertilisation and triangulation across quantitative and qualitative research methods.

⁴ Sites are distinguished in the text by adding the letter 'W' to the WDF sites and the letter 'O' to Oxfam's sites.

Quantitative data was analysed using STATA, primarily relying on descriptive analysis. Qualitative data analysis has been undertaken using NVivo and a purposively developed coding framework.

Such a mixed methods approach 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 has allowed for a more nuanced and rigorous process of research and more comprehensive analysis, albeit with its challenges.

1.2 Ethics

The research study was approved by the Commission for Science Technology (COSTECH), the Tanzania national clearance body. 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 are analysed through codes rather than names.

1.3 Challenges

The research process was subject to various challenges. Firstly, the most challenging aspect of this research project has been to ensure consistency of meanings and maintain rigour of the research. This was overcome primarily by extensive trainings and workshops for tool development and piloting. The research in Tanzania suffered from staff turn-over, meaning that new people had to be brought in and up to speed with data collection, data cleaning, coding and analysis, and the subsequent writing of this paper.

Secondly, the capacity of fieldworkers coupled with women respondents’ large time burden presented a real limitation for data collected. Women were able to spare little time for the interviews, and with limited capacity of the data collection team – especially in terms of qualitative interviewing and using participatory methods – this has meant that qualitative data is less detailed and fine-grained than we envisaged.

Thirdly, the quantitative survey was originally set up on tablets to be collected digitally rather than using paper-based questionnaires. Programming errors meant that we had to revert back to paper-based questionnaires midway through the data collection process, posing challenges to consistency between data collected using tablets and using paper-based questionnaires. Strong data-cleaning efforts and consistency checks have been undertaken to resolve any issues.

Fourthly, the identification of WEE participants and non-participants proved challenging. Participation in the selected programmes did not necessarily feature strongly in women’s

lives (or at least not at the time of data collection), which led to confusion about who was a current participant and who had been in the recent past. Checks with community leaders and programme staff, as well as probing by enumerators and fieldworkers, has allowed for largely adhering to the sampling framework as envisaged, yet at the same time responses with respect to paid work as part of WEE programming were much less prevalent than we envisaged.

Finally, the location of the field sites represented a significant challenge. The remoteness of the data collection sites meant that much more time was spent by the team in reaching these communities than was envisaged, thereby increasing the time and financial costs of the project. Elections in Tanzania meant that data collection was delayed and further constrained.

While we have managed to secure strong quality of the overall country-level outputs, these challenges have inevitably gone at the expense of consistency across data sources and ability to undertake in-depth analysis along lines of stratification – most notably across WEE participation and non-participation. It should therefore be noted that while this paper seeks to explore women’s paid work in WEE programmes in relation to other types of paid work, it does not offer a stratified analysis by WEE programme participation.

1.4 Structure of the paper

In Section 2 we provide an overview of the country’s socioeconomic characteristics, the WEE programmes, and the research sites. In Section 3 we discuss the main findings of the research in relation to the social organisation of care within the low-income households we researched, women’s experiences of paid work, and the ways in which the two spheres of care and work interacted with one another. The findings on what is affecting gender norms, which in turn impact the social organisation of care, are discussed in Section 4, where we also look at findings across the case studies to understand the factors that can facilitate the ‘double boon’ for women. Finally, in Section 5, we discuss the solutions that women participants suggested for supporting them in balancing paid work and unpaid care work. These provide us with broader recommendations for WEE programmes that are discussed in-depth in the Programmatic Guidance Notes (Müller and Zambelli 2017a, 2017b).

2 Contextualising the research in Tanzania

2.1 Country, research sites and WEE programmes

In Tanzania, agriculture employs almost 70 per cent of its workforce. Its lower economic growth rate compared to other sectors (respectively less than 4 per cent and about 7 per cent) means that benefits of high overall economic growth have not led to ‘a proportional reduction in poverty levels’ in rural areas (Charle, Dhliwayo and Emenuga 2016: 2). The sector remains constrained by poor basic infrastructure, such as electricity and roads, technology, and dependence on the weather (*ibid.* 3–4). The average female labour share in crop production in Tanzania is slightly above 50 per cent (Palacios-Lopez, Christiaensen and Kilic 2017: 52). Yet they participate in the agrarian economy on adverse terms compared to men: women farmers are less educated, older and often be widowed or divorced,⁵ have limited access to labour-saving technologies, and less capacity to demand and/or secure men’s

⁵ In Tanzania, 67 per cent of sole female plot managers are widowed, separated, or divorced (Palacios-Lopez *et al.* 2017: 52).

help in the fields (Buehren *et al.* 2015: 14). Outside of agriculture, paid and self-employment is mainly informal (76 per cent), and predominantly female (Charle *et al.* 2016: 11; see also Ellis *et al.* 2007: 8). Overall, women continue to spend more time than men on unpaid care work activities, and less on cash-earning work (Charle *et al.* 2016: 12).

The districts included in this study – Lushoto and Korogwe – are representative of rural areas and the wider challenges that women and families in Tanzania face. Agriculture represents the main occupation in these districts at rates higher than the national average, as it employs almost 85 and 90 per cent of the population, respectively (Braslow and Cordingley 2016: 2; Mkwizu 2014: 18).

Two distinct WEE programmes operate in Lushoto and Korogwe districts and have been included in this research:

- The **Women Development Fund (WDF)** programme is a nationwide initiative administered through the Ministry of Community Development, Gender and Children (MCDWAC). Its objective is to support the economic empowerment of women, and especially rural women, by providing them with loans that they can use to start/scale-up a wide range of income-generating activities, including agriculture and animal keeping, sale of processed food, and petty trade. The programme does not directly create jobs for women, but supports them in setting up small income-generating businesses, which in turn are seen as a means to contribute lifting their household out of poverty.
- Oxfam's **Food Security for Tanzanian Farmers** programme aims to increase food production and income, and improve the quality of life and food security for smallholder farmers, particularly women. In Lushoto and Korogwe districts, it focused in particular on the domestic vegetable value chain, wherein rates of women's participation are lower as compared to other agricultural crop production (Palacios-Lopez *et al.* 2017: 57). The programme also provided opportunities for improving the quality of farmers' agricultural production and strengthening farmers' collective action *vis-à-vis* the government and financial institutions.

2.2 Sample

Looking at the demographic characteristics of the quantitative sample underpinning this research in Table 2.1 helps contextualise findings for women included in this study within this wider context. The age distribution varies across the sites, with the majority of women interviewed in Lushoto being 30 years or older, compared to roughly 40 per cent of women interviewed in Korogwe being younger than 30 years of age. Women respondents in Lushoto are slightly better educated, with more women having finished primary school compared to women respondents in Korogwe. Roughly four out of five households are of a 'nuclear' type; at least one adult male is present in a similar proportion of households. Average household size is higher than the national average in all sites, ranging from five to 5.7 members, with an average of three children below 18 years of age and average of 1.3 children below six years of age in each household. As a result, care dependency levels (based on the number of children aged under six years) can be categorised as relatively low for at least two thirds of all women respondents.

Table 2.1 Demographic characteristics of women respondents included in quantitative sample

	Korogwe O	Korogwe W	Lushoto O	Lushoto W
Age group respondent	%	%	%	%
18–29	46	36	24	23
30–39	40	54	41	41
40–49	14	10	31	35
50–59	0	0	4	2
Women's highest level of education	%	%	%	%
None	2	4	8	4
Pre-primary	24	34	0	0
Primary	70	54	90	80
Junior/lower secondary	4	8	2	14
University/college	0	0	0	2
Family structure⁶	%	%	%	%
Nuclear family	80	80	80	94
Extended family	20	20	20	6
Adult male present in the household	%	%	%	%
No	8	20	28	8
Yes	92	80	73	92
Average household size	#	#	#	#
	5.7	5.0	5.7	5.4
Average number of children <18	#	#	#	#
	3.2	2.9	3.3	2.6
Average number of children <6	#	#	#	#
	1.4	1.4	1.3	1.1
Care dependency				
Low dependency (1 child <6)	68	64	73	86
Medium dependency (2 children <6)	28	36	24	14
High dependency (3 or more children <6)	4	0	4	0
<i>Observations</i>	50	50	51	49

⁶ Nuclear family refers to households including female respondent, spouse and children only; extended family refers to households including any other relatives.

In the next section we discuss our key findings in relation to how care is organised within women respondents' households, followed by an analysis of the women's experiences of paid work, and finally, a discussion of how women juggle responsibilities in these two spheres.

3 Women's engagement in care, unpaid and paid work

3.1 Social organisation of care

This section considers the sharing of care between household members and beyond, building on the concept of the 'care diamond' by Razavi (2007) (Figure 3.1; see also Section 1) and in reference to the seminal edited volume by Folbre and Bittman (2004).

We consider the social organisation of care from the perspective of how different unpaid work tasks are shared across individuals in the family and the community, reflecting on what respondents told us about who should be undertaking particular tasks and who actually does them – either alone or together with others.

Figure 3.1 Care diamond



Source: Adapted from Razavi (2007: 21).

We use the following categorisation to operationalise the quantitative analysis of the social organisation of care:

- A. Task carried out by woman respondent only (at least 2–3 times per week)
- B. Task carried out by woman and husband/spouse jointly (each at least 2–3 times per week)
- C. Task carried out by woman and any combination of female and male household members jointly (each at least 2–3 times per week)
- D. Task carried out by women household members only (each at least 2–3 times per week)
- E. Task carried out by woman and one or more non-household members (each at least 2–3 times per week)
- F. Task carried out by spouses only (at least 2–3 times per week)
- G. Task carried out by one or more non-household members only (each at least 2–3 times per week)

3.1.1 Collection of water, wood and fuel

The collection of water and fuel (such as firewood) is the most physically demanding and time-consuming of the care tasks that women and household members undertake regularly. In our research sites, which are predominantly rural, the water infrastructure system is poor,⁷ and fetching water is strenuous and time-consuming (see also Fontana and Natali 2008).

The degree of strain involved in water collection depends on a number of factors, including distance from the water source, seasonality, and relative population pressure per water source. As women explained during participatory exercises, when water is scarcer during the dry season, women spend more time queuing, or might resort to going to the stream during less busy but riskier times. Women also lamented the physical harm on their bodies of carrying heavy weights for long distances: ‘You can get sharp stabbing pain around [the] chest from carrying water for a long distance or carrying many buckets of water’ (Adult Women CBM, Korogwe O).

Since alternative cooking fuel in rural areas is largely unavailable, many women reported having either to travel far to collect firewood from the forests, or to pay for either helpers or ready-cut wood – a trade-off which in itself clearly conveys the unrecognised economic value of women’s care work. Hence, a woman in Lushoto O (Mixed Adults CW) said that ‘[f]etching firewood uses much expense as I [have] to buy the tree and pay someone to cut it down and cut small pieces and carry them until home.’ In Korogwe O (Women CWM) women reported that they have to travel long distances to reach the forest and fetch firewood, and observed that the journey is in itself dangerous, as it entails exposure to the risk of sexual violence: ‘When you go to fetch firewood you get affected so much, because it’s far and men can run after you.’ During the rainy season, moreover, collecting firewood is more strenuous, because the search for dry wood takes longer.

⁷ Water availability is better in Lushoto, where several respondents spoke of a World Bank project that has extended a fee-based home-based water distribution. Nonetheless, one respondent mentioned that this system is reducing the overall availability of water for public use, thereby reinforcing the class-based distribution of access to this precious resource.

Table 3.1 indicates that women often bear sole responsibility for water, wood and fuel collection. In nuclear and extended households across the four research sites, more than three out of four women stated that women are the sole bearers of responsibility⁸ for collecting these essential goods. In extended households, responsibilities are more likely to be shared between women in the household (mostly with older women and daughters) compared to nuclear households. Across the spectrum of care activities, husbands' involvement is lowest with respect to collecting water, wood and fuel. Hardly any respondent described their husband as being exclusively responsible for these tasks, and the share of respondents who described this as a joint activity shared with their spouses does not exceed 11 per cent in nuclear households, and drops to 6.1 per cent in extended households.

Table 3.1 Collection of water, wood and fuel per type of household and per research site

Social organisation of care	Household type		Research site			
	Nuclear (%)	Extended (%)	Korogwe O (%)	Korogwe W (%)	Lushoto O (%)	Lushoto W (%)
A Woman respondent only	73	55	64	76	59	81
B Woman and husband	11	6	16	13	8	2
C Mixed sharing	5	6	2	2	14	2
D Women only	6	24	14	2	18	2
E Non-household members	2	6	2	4	0	5
F Spouses only	1	0	0	2	0	0
G Others only	2	3	2	0	0	7
<i>Observations</i>	<i>149</i>	<i>33</i>	<i>44</i>	<i>46</i>	<i>49</i>	<i>43</i>

3.1.2 Household work

As Table 3.2 shows, over two thirds of all women respondents stated that the responsibility for undertaking household work – which includes washing, ironing, cleaning the house and compound, and food preparation – rests with women, and in extended households they are more likely to share it with other women. Consistent with other findings on time use by women in Tanzania (Fontana and Natali 2008: 22), our qualitative data suggest that men's participation in preparing food is particularly low. 'The father can even decide to go and eat in the hotel but [he won't] cook, leaving the kids hungry', a woman said during a focus group discussion in Korogwe O (Women WWI). Women only share household work with their spouses in 16–18 per cent of cases, for extended and nuclear households.

⁸ The data reflects the sum of category A (woman respondent only) and D (women only).

Table 3.2 Household work per type of household and per research site

Social organisation of care	Household type		Research site			
	Nuclear (%)	Extended (%)	Korogwe O (%)	Korogwe W (%)	Lushoto O (%)	Lushoto W (%)
A Woman respondent only	68	56	62	70	57	74
B Woman and husband	18	16	21	23	14	11
C Mixed sharing	6	12	6	2	16	2
D Women only	5	12	10	0	12	2
E Non-household members	3	0	0	4	0	6
F Spouses only	0	0	0	0	0	0
G Others only	0	3	0	0	0	4
<i>Observations</i>	<i>159</i>	<i>32</i>	<i>48</i>	<i>47</i>	<i>49</i>	<i>47</i>

3.1.3 Childcare

Quantitative data indicates that childcare is more broadly shared compared to other care tasks. As Table 3.3 shows, approximately half of the respondents described childcare as a responsibility that is held by women only, with joint responsibility of childcare across women and spouses ranging between 36 and 48 per cent across all sites. Childcare is more likely to be shared with other women and girls in extended household types (by 7 percentage points) compared to nuclear household types. This greater level of sharing is not matched by a reduction of women respondents' sole responsibility for children, but it does appear to lead to lower levels of joint responsibility held by women and husbands. Women and husbands sharing responsibility for childcare is 15 percentage points lower in extended household types compared to nuclear household types.

It should be noted that these high percentages of men's involvement in caring for children may reflect respondents' inclusion of financial responsibility as part of what it means to 'care for' someone. Indeed, qualitative data suggest that men's involvement in childcare is limited to circumstances in which women are at work, or sick.

Table 3.3 Care for children per type of household and per research site

Social organisation of care	Household type		Research site			
	Nuclear (%)	Extended (%)	Korogwe O (%)	Korogwe W (%)	Lushoto O (%)	Lushoto W (%)
A Woman respondent only	47	45	45	48	42	50
B Woman and husband	42	28	36	48	36	37
C Mixed sharing	5	7	9	0	9	2
D Women only	3	10	9	0	9	0
E Non-household members	3	0	0	4	0	5
F Spouses only	0	0	0	0	0	0
G Others only	1	10	0	0	4	5
<i>Observations</i>	<i>150</i>	<i>29</i>	<i>44</i>	<i>50</i>	<i>45</i>	<i>40</i>

3.1.4 Caring for animals

Our quantitative data suggest that women’s responsibility for caring for animals inside the compound (e.g. feeding, fetching water) is the lowest within the range of care work tasks. As Table 3.4 shows, less than half of all women respondents, both in nuclear and extended households, state that this activity is a woman’s sole responsibility. In line with observations for other care tasks, shared responsibility between women is more prevalent in extended household types (by 12 percentage points).

Qualitative data confirms this picture: men generally describe caring for animals as their main care work responsibility, and sons are socialised into taking on this role from early on, as they are far more frequently reported as helping out on this task compared to daughters. This higher share of male participation possibly reflects the relative importance of livestock in a household’s own food consumption, as well as its income-generating potential, which make it a valuable asset that men care for.

Table 3.4 Care for animals per type of household and per research site

Social organisation of care	Household type		Research site			
	Nuclear (%)	Extended (%)	Korogwe O (%)	Korogwe W (%)	Lushoto O (%)	Lushoto W (%)
A Woman respondent only	49	33	45	41	46	51
B Woman and husband	30	25	34	28	22	33
C Mixed sharing	9	17	8	5	20	3
D Women only	1	12	3	0	4	3
E Non-household members	0	0	0	0	0	0
F Spouses only	11	12	10	28	6	9
G others only	1	0	0	0	0	0
<i>Observations</i>	<i>115</i>	<i>24</i>	<i>38</i>	<i>22</i>	<i>46</i>	<i>33</i>

3.1.5 Children’s participation in unpaid care work

Children help out their parents in doing different types of care work, generally organised on the basis of gender and age. Girls are expected to help their mothers with household work inside the home (e.g. washing utensils, cooking, cleaning) while boys care for animals, which in turn reflects and reproduces gendered norms concerning physical strength and use of space. As other studies have shown, however, the gendered division of care work amongst sons and daughters is less rigid in childhood than later in their lives (Fontana and Natali 2008: 11, 18). For example, Justine, a 50-year-old woman from Lushoto O, has three children: two sons (19 and 20 years old) and a five-year-old daughter. She reported that ‘when [her boys] are back from school they go fetch water, wash his [their] clothes, collect firewood and cut [the] grass.’

3.1.6 Care work support and/or services provided by the community, the state and/or the market

Some women reported that occasionally neighbours helped in caring for their children when they were away. Nevertheless, when asked whether ‘the community’ could contribute significantly to improving the ways in which women balanced their paid and unpaid care

work, women were generally sceptical. 'The community cannot play any role because everyone is busy with their own family', explained Josephine, a 30-year-old a self-employed mother of three young children in Korogwe W.

Poor water and electricity infrastructure, distant health facilities, and bad roads all have a knock-on effect on the time that women spend on a number of care tasks, which subtracts from the time they can invest in cash-earning activities. As indicated in Table 3.5 childcare facilities are largely unavailable at sites of paid work. All in all, women living in these low-income households in remote rural areas were left carrying the weight of unpaid care work in very difficult circumstances, with no help from the state or the market in sharing the responsibilities or the costs of human and social reproduction.

3.2 Paid work

3.2.1 Reasons for engaging in paid work

Women's reasons for engaging in paid work were generally linked to the stress on basic living conditions, mostly in a context where their male spouse's income (chiefly from agricultural-based work) is insufficient to meet all household needs. For example, Michel is a 33-year-old woman living with her husband and their three children in Lushoto. She sews sweaters and her husband is a construction technician, and they both also farm as a secondary source of income. 'I did [engage in paid work] because I wanted to make sure that my family survives', she said. A few women expressed in particular the use of their additional income for their children's wellbeing. For example, Harriet, a 37-year-old agricultural labourer from Korogwe and mother of five daughters, said that 'I want them to go to school, get good clothes and food. So I have to go out and work.' This aspiration was widely echoed.

Women's engagement in paid work was often presented as the result of a joint, rational decision of the marital couple, in the face of economic scarcity. Hence, Erica, a 24-year-old woman who lives with her husband and their three children in Lushoto O, said:

I couldn't depend on my husband's income to take care of all the family needs as it is not enough therefore we discussed and reached a conclusion with him that I should do some paid work so that I can help in taking care of the family with my income also.

A desire to break their economic dependency from their husbands also underpinned the responses of some of the women respondents. Maria, a 27-year-old woman from Korogwe W who sells food in her restaurant for a living, said that she engaged in paid work because 'I wanted to be independent and not depend on the man'. Denise, a 34-year-old mother of five children from Lushoto O, who grows crops and runs a business selling pancakes, said: 'I hate depending on my husband all the time so I sell pancakes to get money and buy what I want.'

3.2.2 Types of paid work available and choice of paid work

Qualitative data indicates that agricultural work, food processing, and small petty trade businesses (e.g. in chicken, clothes, soap) constituted the sectors within which women projected their cash-earning possibilities, and many women reported combining and/or alternating different types of cash-generating activities based on the agricultural season. A few respondents linked the narrowness of these options to their lack of formal education. However, the limited nature of the job market, and the absence of alternative paid work options identified from the qualitative data suggests instead that this reflects the prevalently

traditional agrarian character of the district economies within which these women work and live.

Indeed, given the predominantly rural character of the districts where we undertook fieldwork, and women's high share of agricultural labour in Tanzania (Palacios-Lopez *et al.* 2017: 56–7), land cultivation figured high in women's experiences of paid work.⁹ Women either cultivated their own or rented land, selling produce (e.g. beans, vegetable, cassava) exceeding household consumption needs. Agricultural wage labour, and notably digging, was the most frequently quoted type of paid work on other people's land that women reported in both the quantitative and qualitative data.

Quantitative data confirms the centrality of agriculture in women's paid work. The majority of women indicated their most important type of paid work consisted of income-generating activities. These activities are often agricultural and premised on cultivating their own or rented land. The primary males in women's households – mostly husbands – also primarily focus on agriculturally based activities, either outside the house or as part of income-generating activities.

Table 3.5 provides information about the characteristics of paid work for different types of work. The number of hours per day spent on work varies greatly across types of work, ranging from four for WEE programme participation and four and a half hours for home-based work to nine for office work. This may reflect the degree of flexibility offered by different types of work and to what extent they may be combined with other activities.

Most paid work activities take place at the compound, on women's own land or other plots of land and at the market. Safety conditions at work are considered safe or neutral across all types of work. Health conditions at the work sites are more variable, particularly for home-based work outside the home and income-generating activities. More than half of all women undertaking home-based work outside the house report conditions to be 'fairly healthy' or 'very healthy' but almost one in five women doing such work experience 'not healthy' or 'very unhealthy' conditions. Experiences are equally mixed with respect to health conditions at sites of income-generating activities. Overall, very few safe and healthy childcare facilities are available at work sites, with only a small minority of women reporting them.

⁹ Women's share of agricultural labour, however, is lower for produce such as fruits and vegetables – hence Oxfam's WEE programme aiming to increase women's participation in the vegetable chain.

Table 3.5 Characteristics of paid work by type of paid work

	Home-based work inside house	Home-based work outside house	Income-generating activities	Agricultural daily wage labour	Office work for employer	WEE programme participation	Other
Average number of hours spent on this type of work	#	#	#	#	#	#	#
	4.5	5.7	7.2	5.7	9.0	4.0	7.6
Location	%	%	%	%	%	%	%
Inside the house	40	11	7	0	0	0	31
At home, outside the house	40	13	21	0	0	0	6
Own land/plot (away from the house)	10	46	4	33	0	0	11
Someone else's land/plot/home	0	7	8	67	0	30	8
Market	10	17	31	0	0	30	22
Construction site/work site	0	0	8	0	0	0	0
Factory	0	2	3	0	100	0	3
Shop	0	4	11	0	0	20	20
Office	0	0	0	0	0	10	0
Other	0	0	8	0	0	10	0
Safety conditions at work	%	%	%	%	%	%	%
Very safe	70	52	45	33	100	60	67
Fairly safe	20	26	35	0	0	40	17
Neutral	10	22	17	67	0	0	11
Not safe	0	0	3	0	0	0	3
Very unsafe	0	0	0	0	0	0	3

(Cont'd).

Table 3.5 (cont'd).

	Home-based work inside house	Home-based work outside house	Income-generating activities	Agricultural daily wage labour	Office work for employer	WEE programme participation	Other
Health conditions at work	%	%	%	%	%	%	%
Very healthy	60	28	30	33	100	40	39
Fairly healthy	30	30	35	0	0	40	33
Neutral	10	24	27	67	0	20	14
Not healthy	0	15	8	0	0	0	8
Very unhealthy	0	4	1	0	0	0	6
Childcare facilities	%	%	%	%	%	%	%
No	100	100	93	100	0	100	97
Yes	0	0	7	0	100	0	3
<i>Observations</i>	<i>10</i>	<i>54</i>	<i>75</i>	<i>3</i>	<i>1</i>	<i>10</i>	<i>36</i>

3.2.3 Effects of women's paid work

When asked about the effects of paid work, most women emphasised its financial dimension, and notably the positive difference this additional income made in their lives. '[M]y paid work brings me pleasure because I know I get an income from doing it', said a woman during a participatory exercise. Others observed that income brought 'peace in the house' (Adult Women CBM, Lushoto W). Reversely, lack of income is a major source of stress. Charlene, a woman in her mid-fifties, lives with her husband, their five-year-old daughter, and her sister in Lushoto W. She owns a small grocery shop, works part-time in a restaurant and farms for a living, working 12 hours per day. 'Mentally I cannot be okay having it in mind that I have not earned any income in a day', she said. The physical hazards that women mentioned the most revolved around agricultural work, and included back injuries, cuts and blisters on their hands, breathing in dust, and overexposure to sun and heat.

The relationship between women's engagement in paid work and their children's education was ambivalent. On the one hand, women's engagement in paid work generally resulted in a partial transfer of their care work responsibilities onto their children, especially their daughters, which in some cases could generate a trade-off situation between a woman's paid work and her daughter's educational outcome. 'Sometimes when I go to look for money she [her older daughter] can't go to school. She has to remain home', said 35-year-old Roberta from Korogwe O who lives with her husband and their six daughters. Roberta earns her income from selling agricultural produce from her household's farm such as vegetables, and working as a labourer on other people's gardens. 'Sometimes,' she says, 'I cancel going to work in people's gardens so that the girl goes to school.' Yet, on the other hand, paying school fees was one of the reasons that women cited the most when explaining the reasons why their paid work was valuable to them (see below). Gloria, a 26-year-old woman with a one-year-old daughter, alternates working on people's farms for a wage and selling porridge in the market, according to the season. She acknowledged that her younger sister, who lives with her and absorbs her transfer of care work responsibilities when she goes to do paid work, gets very tired, fails to do her homework, and reaches school late, 'but I explain to her that I am facing all the[se] troubles so that I can get money and send her to school.' In the absence of basic infrastructure, such as accessible piped water, as well as a broader reduction and redistribution of care work, earning additional income seems to come at the cost of a longer-term investment in girls' education.

3.2.4 The value of women's paid work

Quantitative findings point towards the importance that women attributed to the income they earned out of paid work, which was either important or very important for the large majority of women.¹⁰ Qualitative findings confirm that all women valued their paid work, which they considered to be providing a critical contribution to meeting the household's basic necessities, and in particular food, health and their children's education (e.g. school fees, uniforms, books). Women's pride was also unanimously echoed by their husbands, for whom their wives' additional income partly relieved them of the pressure associated with men's breadwinning responsibilities.

¹⁰ It should be noted that the degree of importance assigned to income cannot necessarily be interpreted to reflect actual size of income; a woman without any other means of income may find the income that she earns from one type of work very important even if the payment is small.

Children's responses, however, were more ambivalent, reflecting awareness that their mothers' engagement in paid work was a response to their household's poverty rather than a 'free' choice, and resulted in their physical exhaustion, and in fact depletion. Justine's five-year-old daughter (Lushoto O) said that her mother, who farms the land and rears livestock to earn cash,

does a lot of work. I know that working is good but she overworks so I would like her to get some rest after her work. But again, she needs to do the digging so that we have food. So I don't know.

3.3 Balancing care, unpaid and paid work

Generally, the women said they could fulfil both their care and paid work responsibilities, except in cases of their own or their children's sickness, or when the agricultural season was at its peak, demanding more unpaid work on their plot of land and/or offering more income-earning opportunities on other people's. Most of the women recounted fitting care tasks around their paid work, which was their means of contributing cash to the household's expenditure, especially by stretching their day (e.g. waking up early to prepare food and their children for school before leaving for paid work). Several women, however, observed that the flexibility of self-employment and/or home-based work was more conducive to achieving a better balance compared to wage labour, where work hours are decided by the employer. Juliet, for example, is 38 years old and lives with her husband and their five children in Korogwe. She is a farmer and a shopkeeper, selling part of her crop yields and groceries to earn money. She said that she never fails to balance care and paid work, 'because I open the shop when I know I have little work to do, [and] I usually open it when am behind doing housework and the door can be half closed', and customers would call her 'in case they want something.'

Nevertheless, most of our respondents reported an overwhelming sense of tiredness, as they struggled to maintain an ordinariness of living amidst environmental hazards, diseases, and economic precariousness. For example, Noerina (Lushoto W), a 28-year-old woman living with her husband, their two children and her sister-in-law, often works as a casual agricultural labourer, mostly digging other people's gardens, and sells vegetables at the market. She said that what she earns through her paid work is 'little money', which is not enough to spare for savings after covering for school fees and medical expenditures, 'so the time you spend working for money cannot cover for the time [in which] you are not working.' Admission of their tiredness was, however, always accompanied by a sense of responsibility, pride and determination which allowed them to keep going, the harshness of the dual burden they endured notwithstanding. Josephine seemed almost puzzled at the question as to whether she found it challenging to balance paid and care work:

How can it be a problem if you need them both? You have to balance the need for both the work that brings some money and you have to eat and look after your family. [Don't you find it tiresome at some point and fail to do some work at home?] I find it tiresome but what can you do if you need to eat and also some money to make the home survive. This is what I get from [selling] my food products.

The women generally valued being a member of saving and lending groups, some of which were part of the WEE programmes operating in our research sites, for their function as safety nets which allowed them to cover onerous expenditures (e.g. school fees, funerals, etc.). Women who appeared to cope better with their dual care and paid work responsibilities were able to use some of their paid work earnings to hire workers to help them with care or

other unpaid work, or to purchase water and firewood. Joelina is 20 years old and lives in Lushoto W with her husband and their three children, including a five-year-old son. She farms both for home consumption and to sell some of her crop (mainly maize and beans) on the market, working on the land for 12 hours a day. She said that '[s]ometimes when I don't have enough strength, I am able to pay someone to fetch water for me and also split firewood.' Vice versa, as many community leaders like S.K. (Korogwe O) relayed, people who are 'very poor have no choice to carry the burden of paid and unpaid care work.' Amongst these, there probably are women employed to do care work in other households, reproducing a female care chain which scholars have discussed in the context of women's transnational migration from the global South to the global North (see e.g. Ehrenreich and Hochschild 2003), but that is also enacted locally, as a function of class-based inequalities amongst different households. The work of a paid helper is typically tough: 'Sometimes she delays to do something as she doesn't know how to go about it. Sometimes she gets so exhausted', said 30-year-old Eric (Lushoto O) of the 'maid' who helps his wife with some domestic chores, while his wife is selling farm produce and clothes in the market for an income.

3.4 WEE programmes versus other types of paid work

The discussion above supports the notion that women struggle to balance care, unpaid work and paid work, despite being resourceful in finding ways to juggle all responsibilities. This struggle holds across all types of work and we find no discernible difference between women participating in WEE programmes or other types of paid work.

Quantitative findings suggest that paid work as supported by the WEE programmes included in this study – facilitation of access to loans (i.e. the WDF) or improvement of present-day smallholder farmers' agricultural practices and market access (i.e. Oxfam's programme) – is slightly more flexible than other types of paid work. Women who indicated that their first type of paid work is through WEE programming engaged in their work for an average of four hours per day, compared to 7.2 hours for income-generating activities and nine hours for office work (see Table 3.5). Women are also relatively more positive about the health and safety conditions of the work sites. However, the relatively small number of women actually identifying WEE programme participation as their first type of paid work – only ten – make it impossible to derive any firm conclusions based on this information.

From the qualitative data we observe some differences between sites in relation to the sharing of care between women and spouses, although patterns are not strong. Women who were not participating in WEE programmes more frequently indicated that men contribute to care tasks in comparison to women who were participating in WEE programmes. However, male help was usually little, unspecified, sporadic, or limited to when the woman is away. Conversely, husbands of WEE programme participants that were helping with care tasks were more likely to contribute to a wider range of tasks and to do so more frequently.¹¹

The relatively limited explicit mention of the WEE programmes in any of the qualitative data and the low number of women identifying paid work as a part or result of WEE programmes in the quantitative data can be considered an important finding in and of itself. It may suggest that these programmes do not feature importantly in their lives, possibly because they do not provide paid job opportunities. This finding may also reflect our own biases as researchers with assumptions about WEE programmes based on the literature showing a

¹¹ It should be noted that these observations are made on the basis of women's status as programme participant, rather than following respondents' direct observations in relation to WEE programming.

reasonably direct and significant impact on women’s lives; by contrast, several interviews reported women’s flexible use of different opportunities provided by different actors, at different times, and with different access requirements. The WEE programmes were inputs and resources among others, not notably different in what they meant for empowerment and balance between income-earning and care outcomes.

The next section explores the dimensions and offers some explanations of these imbalances of care, unpaid and paid work.

4 Explaining patterns of care, unpaid and paid work

4.1 The role of gender norms

Our findings clearly indicate that women maintain the main responsibility for care work in their families. This is matched by quantitative data on women’s perceptions of what women and men are naturally better at. Women respondents consider caring for people and undertaking household work inside and outside the home to be a woman’s responsibility. The perception of unpaid care work as being a predominantly female activity, in turn, reflected a broader, gendered view of work. Table 4.1 shows how the large majority of women perceive men to be naturally better at household repair and construction, agricultural activities or care for animals, i.e. activities that purportedly require physical energy and strength. By contrast, roughly half of all women that were interviewed mentioned caring for a sick child as the foremost task that they are better at, and roughly one third of all women reported household work inside the house to be the main task that they were better at than men.

Table 4.1 Perceptions of tasks that women are better at than men per research site

	Korogwe O (%)	Korogwe W (%)	Lushoto O (%)	Lushoto W (%)
The first task that women consider to be naturally better at than men				
Care of (sick) child	65	40	62	50
Care of (sick) dependent adults/ community members	5	0	0	0
Household repairs and construction	0	0	3	0
Household work inside the house	24	52	24	23
Shopping	0	0	3	4
Water, fuel and firewood collection	3	0	0	14
Care for animals (at compound)	0	0	0	4
Agricultural activities	0	5	7	4
Paid work inside the home	0	2	0	0
Other	3	0	0	0
<i>Observations</i>	37	41	29	22

Notwithstanding our respondents' neat and strong views about the gendering of work, our data also points towards contradictions between the norms women and men formally hold on to, and the everyday negotiations they engage in to cope with the harsh contexts that they live in. In some cases, these result in shifts in the norms allocating social value to different types of work, beyond the gender identity of the person who undertakes them.

In particular, qualitative data suggest that norms and practices around men's participation in unpaid care work do sometimes collide. We observed contradictions between what men from different households voiced in front of one another, and what individual respondents – women, men, children – relayed in the context of a one-to-one interview. For example, most men who participated in a male-only focus group in Korogwe O (Men WWI) tended to stress their inability to cope without women's care work: for men cooking is 'taboo', a 'breakage of norms', which goes 'against cultures', and which would rather be performed by children in the absence (or 'dysfunctionality') of women, and very few conceded that they would take action to avoid extreme consequences, such as death of their kin by starvation. As a male participant put it during a mixed Activity Mapping (AM) participatory exercise in Korogwe W: 'if you help your wife with [care] activities, she will think you're under her control' (Mixed Adult AM).

Yet beyond stereotypical imageries of male irresponsibility and unfitnes for household work, in more discreet one-on-one interview settings many women, men and children relayed that men did participate in care work. For example, Robin is 47 years old and lives in Lushoto W with his wife and two children – a ten-year-old daughter and a four-year-old son. His wife farms and sells vegetables to supplement her income, while he is a farmer who also occasionally works in construction. When he was asked what the community and his friends thought about him engaging in care work activities when his wife was away, he responded:

I don't care what they say or think, I work for the wellbeing of my family. I can't fail to eat because my wife is not home; I have to do the cooking by myself. I don't lose anything even if someone finds me peeling and I don't care about what they say.

Women continue to be perceived as the main providers of unpaid care work in the household, and their own responses reveal that they themselves subscribe to this notion, resulting in attempts to stretch the day and manage their time more effectively to comply with this responsibility, and in their worries for the burden they pass on to other household members when they fail to do so. At the same time, women expressed pride for their caring role, which was overwhelmingly echoed by their spouses and children.

Nevertheless, they are now also given latitude to undertake paid work so that their income can supplement their husbands' in meeting the households' needs. Both spouses generally presented women's income contribution as ancillary, but in a few instances women reclaimed their primary role in both the care and paid work spheres. Barbra is a 37-year-old mother of five boys, who lives with her husband in Korogwe W. She sells fish, farms the land and sells agricultural produce in the market, in addition to her unpaid care work responsibilities that she fulfils before she leaves for work. She said that

[m]ost women in our community are the fathers and mothers in the households. They play both roles and it is not because their husbands are dead. No they are alive but they are not good at working as their women, so the one who provides everything in the family is the women.

A few women also reported that they can and sometimes do undertake tasks which are supposedly perceived as manly activities, such as pruning. On the other hand, contra public denials during participatory exercises where compliance with 'hegemonic masculinity' (Connell and Messerschmidt 2005) appeared to be at stake, men in individual interviews recounted undertaking a range of unpaid care work activities. These were also described in interviews with their wives and children. Francis, the 47-year-old husband of Janice, with whom he lives in Korogwe W together with their three sons and his mother-in-law, said that he frequently helps, and not just when his wife is away doing paid work, because 'I can see that she is doing a lot for the family and I would not want her to be exhausted.'

Yet, for most male respondents their wives' engagement in paid work was a symptom of their household's poverty, rather than an ideal situation they subscribed to, and expressed their preference for their wives to remain home and in charge of care work, thereby taming the risk of these responsibilities remaining unfulfilled, or being transferred to men. This reflects a trade-off between income and time, whereby generation of income requires tapping into a finite amount that is available for women and men alike.

Gender norms appear to be enforced from a young age, with girls doing more household chores than their brothers, who do more care work outside the home; this rigid allocation is sometimes relaxed as children mature.¹² For both boys and girls, unpaid care work encroached on the time and energy they could dedicate to their education, although the effects appeared to be greater for girls (see also Fontana and Natali 2008: 37). In participatory exercises, some girls revealed their sense of injustice with this unfair distribution. 'I would like also boys to be involved, they should cook and stop considering it only for girls,' said one girl in Lushoto O (Mixed Children AM). Boys' responses were more ambivalent, as they partly reproduced the normative association of their work— such as caring of animals, cutting trees, hunting – with hegemonic notions of masculinity. Some boys considered that their exclusion from 'lighter' tasks, such as cooking, was a reflection of culture rather than nature. One boy in Korogwe O (Mixed Children AM) said that '[b]oys can do all activities that girls do, only they do not want to do some like cooking, washing plates.'

4.2 Factors influencing women's experiences of a 'double boon' as compared to a 'double burden'

4.2.1 Family structure and support

The extent to which households get close to a 'double boon' – where women's paid work supports and enables (rather than undermining and depleting) their members' wellbeing and personal growth and development – depends also on how effectively care is shared within the household. Notwithstanding social norms prescribing care work as a womanly responsibility, our findings indicate that in different ways, all members of a working woman's household partake in a share of the overall unpaid care work. Differences arise, however, including significant variabilities in (a) the extent of sharing; (b) how care tasks are delegated; (c) the capacities of those delegated to undertake care tasks; and (d) the time and other resources available to those tasked with care.

In families that were managing to balance women's paid work with the household's unpaid care needs relatively successfully, care tended to be shared in an accepted and regular or systematic way, among people with the competency and capacity to undertake such tasks. It appeared to be routine and accepted that others would perform some tasks, in particular

¹² Fontana and Natali (2008: 11) similarly found that more boys than men helped in water collection.

when the women were absent for long periods or many hours at a time. These arrangements would be made in advance, rather than *ad hoc* responses left to chance or inclination.

In those households where women's paid work was evidently contributing to household investments towards a better future, other adults, particularly the husbands and fathers, tended to take a prominent and visible role in care. While few men were forthcoming about their roles in household work, many noted that when their wives were absent because they were earning an income, the men themselves took on domestic tasks as a matter of course. Some women were scathing about men's capacities to cook, or the state of the household compound when they left the sweeping to the children. But there was, nonetheless, a sense that women had gone off to their paid work having made workable arrangements for tasks that were necessary but could not be delayed till they returned. Other adults, such as the women's mothers, sisters and brothers, and sisters-in-law, were also regularly involved in substituting and supplementing for particular tasks, notably looking after children and some cooking.

In households where a more or less successful balance was being achieved between paid and unpaid work, older children, usually aged ten or more, frequently helped in key tasks. Although their work was important in the overall sharing of care, households with fewer or more grown-up children were more likely to show signs of getting closer towards a 'double boon', due to the fact that caring for young children is an intense labour, albeit of love. This finding is consistent with Budlender's analysis of Tanzania's 2005 time use survey, where she observes that 'among both women and men, the likelihood of doing paid work decreases when they are living together with a young child' (Budlender 2008a: 15).

By contrast, households where the balance between care and paid work was less successful tended to be larger and to have more young children, and the sharing of care work appeared to be more *ad hoc*, with a higher engagement of children. In these cases, women's expression of their exhaustion was recurrent, and yet it was rarely blamed on 'absent' or 'lazy' husbands. 'He sees the pain that I go through but because he is also always out looking for money, he helps but not very much,' said Jolly, a 29-year-old woman who lives with her husband and their three sons in Korogwe O. Jolly digs on other people's farms to earn money, and on their own land for subsistence.

4.2.2 Structural and contextual aspects

The opportunities for income-earning work for women across the four research sites are in general limited to fairly low-return and unpredictable farming, and some small-scale trading and retail business activities, which men further compound with opportunities to work as casual labour on farms and in construction work. In general, incomes are low, and fertility rates are relatively high, with most women having three to four babies in their lifetime. However, most children over the age of six attended school and parents (both mothers and fathers) consistently mentioned the need to ensure their education as a driver to their work sacrifices. Access to water and fuel (firewood) is generally straining and time-consuming, affecting the burden of unpaid care work necessary to satisfy a household's basic survival needs. Bad roads also exacerbated the time that women invested in caring for their own and their household members' health, as it stretched the time necessary to reach out to health facilities.

The poor status of roads also affects farmers' and traders' access to towns and markets, which decrease their income-earning capacities. Joy is 40 years old and lives with her

husband and their three-year-old son in Korogwe O. A businesswoman running a shop that is up to two hours' walking distance from their house, she noted several ways in which public policies could help ensure that her engagement in paid work results into a 'double boon':

the government should give us water, provide security. It should enforce tight security because theft is a threat to our business... electricity, roads if they are well constructed, it could ease our work.

Childcare facilities were substantially absent, and women wage labourers with very young children who could not rely on the help of other household members were either forced out of paid work, or had to carry their children in the fields, so that they could manage their dual responsibilities.

Local social cohesion appears to make a considerable difference to the achievement of a better balance of paid and unpaid work. Where women have the support and cooperation of other women and neighbours, it helped improve both their paid and unpaid work conditions. This was particularly the case for women who participated in WEE programmes: they generally encouraged women to join saving and lending groups¹³ and other forms of collective organising with the aim of helping women to cope with burdensome care and/or unpaid work activities, and with exceptional expenditures (e.g. children's school fees, funerals, etc.). For example, Carol, a 29-year-old woman from Korogwe W, and a single parent of three daughters, reported that her saving and lending group gave useful advice and support about income-earning prospects, but also made it possible for each other to manage the periods when they could not work, for instance if someone had given birth or died, etc. By contrast, other women noted that they had little support from their communities or from other working women. This appeared to contribute to the imbalances many were facing in managing paid and unpaid work.

4.2.3 Market provisioning

Access to markets for labour, products and services play a key role in enabling women to achieve a 'double boon' through their participation in economically empowering work. Indeed, where markets were absent or failing to provide the kinds of jobs, customers or services women needed, women and their families faced particular struggles to balance paid, unpaid and care work.

In general, all women appreciated the opportunity to earn some cash, to top up household income, with many mentioning schooling and medical costs, additional food and other household needs as items they spent their own incomes on. However, all also pointed out that their earnings were very low, unpredictable, and often involved arduous labour and considerable amounts of travel. Some women pointed out the limited nature of the work options available to them, pointing out also that local demand for their products tended to be low. Others complained that markets did not work as they should, including several women whose businesses regularly suffered because of bad debtors who were unable or unwilling to pay up, and wage workers complaining that their employers either delayed or did not pay them for the work they undertook. In contexts where women's transport needs were not met, distance to marketplaces exacerbated women's physical burden, and indeed a common request from women was for the government or non-governmental organisations (NGOs) to build market closer to their communities.

¹³ In particular, they mentioned the Village Community Banks (VICOBA).

Some women used some of their paid work earnings to outsource part of their unpaid care work responsibilities. This increases the opportunity cost of women's already low returns from engagement in paid work, and does not affect the uneven distribution of unpaid care work within the household or across the care diamond. The household – with very limited support from the state, the market and/or the community – continues to cover the costs of human reproduction.

4.2.4 Community

Most women and men interviewed did not understand at first what was meant when asked about the (actual or potential) role of 'the community' in easing households' unequal burden of unpaid care work. Their subsequent negative responses suggest the challenge of tasking such an abstract entity with concrete and essential everyday responsibilities, in the face of each household's everyday struggle. Some women like Joelina (Lushoto W), however, spoke of the benefits of organising into groups 'so that we work together then possibly we save time. Then, they should create groups through which we can get money.'

4.2.5 Personal attributes – skills, training, education, attitudes

Women's lack of formal schooling beyond primary education (see Table 2.1) appeared to affect their capacity to make the best out of the opportunities provided by WEE programmes, for example in relation to ability to read and write, learning the basic financial skills needed to participate in a saving and lending group, or in taking more active and leadership roles within the vegetable value chain. Nevertheless, in the rural and remote contexts women live in, most of the paid work women participate in are activities they have grown up doing (e.g. weeding, digging, cooking, etc.). What made a significant difference, then, was the availability of financial and/or technical support to scale up their activities and/or to increase their income, which WEE programmes in the selected areas contributed to provide.

5 Conclusions

This study and its findings clearly indicate that women across the four research sites continue to shoulder the main responsibility for unpaid work, and they struggle to balance this with the opportunities of paid work. There is no evidence to suggest that their unpaid care work responsibilities are being redistributed across the care diamond as they enter into new labour markets and economic activities. As discussed in Section 4, this is due to a mix of gender norms, the lack of public provision of services essential for both the care and the paid economy to flourish; and the low and unpredictable returns on women's (and men's) paid work. The study findings suggest that if no explicit action is undertaken to support a rebalance – whether through addressing working conditions, childcare arrangements, social norms or values or otherwise – patterns of imbalance will reproduce and perpetuate themselves. Women will continue to be offered economic opportunities that help to improve living conditions and possibly their position within household or community settings, but never stretch quite far enough to reduce drudgery and the physical and psychosocial stress of juggling too much work.

5.1 Learning about WEE programme participation

This study does not find any discernible differences between women participating in either the state's or Oxfam's WEE programme and women not participating in any WEE programme. Any regional or site-specific differences with respect to social organisation of

care or interactions between paid and unpaid work cannot be ascribed to the WEE programme in that respective location; patterns are too inconsistent and implicit to draw any conclusions. In other words, WEE programme participation does not appear to significantly alter the balance between paid and unpaid care work for the women included in this study – either positively or negatively.

This overall finding may in part be due to the nature of the WEE programmes that were studied as neither offered direct linkages to either formal or informal paid work. Findings also suggest that paid work as a result of WEE programme participation represents but one of multiple types of paid work that women engage in depending on the season, availability of work and personal circumstances.

The absence of a positive effect on the balance between paid work and unpaid care work, or indeed a move towards a ‘double boon’ should not lead to negative conclusions about the WEE programmes, however, because neither programme set out to offer the main form of paid work or income for women or in fact to address the balance between paid work and unpaid care work. For each WEE programme, we have therefore elaborated a detailed guidance note which sets out a number of recommendations on how to mainstream unpaid care work within their initiatives, to which we refer for reasons of space (Müller and Zambelli 2017a, 2017b).

5.2 Working towards a ‘double boon’

So what can be done to work towards a ‘double boon’, in WEE programming and across paid work for women? The insights offered by women and men, and to some degree children, that were involved in this study overwhelmingly pointed towards the need for (1) decent work that provides ample payment at regular intervals, for which conditions can be negotiated or adapted to the women’s and families’ needs; and (2) basic services, to provide the enabling environment for developing economic opportunities, reducing drudgery and directly improving human wellbeing.

When asked about ways to improve their working conditions, women overwhelmingly responded that they wished to be paid more, and more regularly. Timely access to a decent, or at least to the agreed, wage, was also seen as contributing to maintain a healthy social texture, in contexts where people frequently postponed payments to cope with lack of cash.

For most women, however, self-employment represented a better option than wage employment, where conditions of engagement (e.g. time of work, payment) cannot be controlled. Access to higher loans, with lower (or null) interest rates, or to productive assets (e.g. livestock) and technology (e.g. fertilisers, watering systems, etc.) were the most frequent demands that women voiced when asked what would ease their dual responsibilities in care and paid work. The logic was that better economic opportunities would release them to create/strengthen income-generating opportunities that fit around their care responsibilities.

Most women demanded improved basic service provision, and specifically mentioned water, public health-care facilities, and education. Accessible facilities would reduce the time spent on unpaid care work, while on the other hand, the need to pay for children’s school costs are often both the trigger of women’s participation in paid work, and a significant expenditure. If costs were subsidised, women and their household members could divert income to meeting other needs and aspirations.

These demands resonate with the key conclusions agreed during the 61st UN Commission on the Status of Women (2017), which are not binding for individual member states. Yet, as Carol a single parent of three daughters from Korogwe W said, for the government – or indeed anyone – to improve their wellbeing ‘they should come [to] talk to us and [get to] know our problems and maybe create ways of solving them.’

Annexes – Research tools: a summary

Annexe 1: Quantitative survey

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 country¹⁴ 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,¹⁵ 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 child¹⁶ and/or for a dependent adult.¹⁷ 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-

¹⁴ The research project was undertaken in India, Nepal, Rwanda and Tanzania.

¹⁵ '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'.

¹⁶ Any daughter or son younger than 18 years old was defined a child.

¹⁷ A dependent adult could be a 'sick, disabled or elderly' person.

supported paid work.¹⁸ 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.

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 child¹⁹ (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.

¹⁸ Only for women classified as WEE programme participants.

¹⁹ 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 In-depth guide for interviews 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.

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