

No Time to Rest: Women's Lived Experiences of Balancing Paid Work and Unpaid Care Work

Global Synthesis Report for Women's Economic Empowerment Policy and Programming



Deepta Chopra with Elena Zambelli

November 2017

INDIA



**Government of India:
Mahatma Gandhi National Rural
Employment Guarantee Act
(MGNREGA)**

The Mahatma Gandhi National Rural Employment Guarantee Act implemented by the Government of India is a public works programme that seeks to provide 100 days of waged employment per rural family. While there is a 33 per cent inclusion of women in the scheme, more than half of the beneficiaries are women workers. Equal wages on a par with men, proximity of residences to worksites, and provision of crèche facilities at worksites are some of the women-friendly provisions in the Act, even though our research shows that these are far from being realised. A more concerted effort towards building gender-sensitive infrastructure, review of wage rates, implementation of existing provisions, and coordinated convergence with other programmes will be critical in ensuring that women's double boon can be achieved through the programme.

INDIA

**Self Employed Women's Association
in Madhya Pradesh (SEWA MP)**

The Self Employed Women's Association is a registered trade union aiming to provide better working conditions and social security benefits for women workers in the unorganised sector through collective action. SEWA aims to create an enabling environment for women to achieve self-reliance; it therefore advocates for and enables women's access to public services and social security benefits provided by the state. SEWA is well placed to move towards increasing decent work options for women, support women's childcare responsibilities and explicitly recognising and addressing women's unpaid care work responsibilities through dialogue with their families, employers, and the state.



**Government of Nepal:
Karnali Employment
Programme (KEP)**

The Karnali Employment Programme (KEP) run by the Government of Nepal aims to provide at least 100 days of waged employment through public works programmes to households living in extreme poverty in Karnali District. It encourages women's participation by targeting female-headed households and provision of equal wages. However, lack of childcare provisions, long distances to worksites, and problematic working conditions in worksites are a hindrance to women participating in the programme.



**Oxfam:
Enterprise Development
Programme (EDP)**

Oxfam's Enterprise Development programme (EDP) is a livelihoods programme that aims to develop capabilities and markets for small rural enterprises, specifically for women. The Pavitra Jankalyan Agriculture Cooperative is being implemented in Surkhet District, with 64 per cent of its membership being women. It has provided seed-sorting machines to women, drastically reducing their time on this activity. Yet, lack of irrigation facilities and public transport remain critical barriers to reducing their drudgery and time poverty.



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Abbreviations

AAI	ActionAid International	MCDWAC	Ministry of Community Development, Gender and Children [Tanzania]
AAR	ActionAid Rwanda	MGNREGA	Mahatma Gandhi National Rural Employment Guarantee Act [India]
AWID	Association for Women's Rights in Development [Canada]	MIGEPROF	Ministry of Gender and Family Promotion [Rwanda]
BRAC	Building Resources Across Communities [Bangladesh]	MP	Madhya Pradesh
CBO	community-based organisation	MOFALD	Ministry of Federal Affairs and Local Development [Nepal]
CIAT	International Center for Tropical Agriculture [Colombia]	NGO	non-governmental organisation
DFID	Department for International Development [UK]	NLSS	Nepal Living Standard Survey
EDP	Enterprise Development Programme [Nepal]	NSS	National Sample Survey
GDP	gross domestic product	OECD	Organisation for Economic Co-operation and Development [France]
GII	Gender Inequality Index	REU	Research and Evaluation Unit
GrOW	Growth and Equal Opportunities for Women	SDG	Sustainable Development Goal
HLP	high-level panel	SEEP	Small Enterprise Education and Promotion [USA]
IAFFE	International Association for Feminist Economics [USA]	SEWA	Self Employed Women's Association [India]
IDRC	International Development Research Centre [Canada]	SNA	System of National Accounts
IDS	Institute of Development Studies [UK]	UNDP	United Nations Development Programme [USA]
IFAD	International Fund for Agricultural Development [Italy]	UNEP	United Nations Environment Programme [Kenya]
ILO	International Labour Organization [Switzerland]	UNICEF	United Nations Children's Fund
INGO	international non-governmental organisation	VDC	Village Development Committee
ISST	Institute of Social Studies Trust [India]	VICOBA	Village Community Bank
KEP	Karnali Employment Programme [Nepal]	VUP	Vision 2020 Umurenge Programme
KEPTA	Karnali Employment Programme Technical Assistance [Nepal]	WDF	Women Development Fund [Tanzania]
KII	key informant interview	WEE	women's economic empowerment

Glossary

<i>adivasi</i>	Scheduled Tribe	<i>donapattal</i>	disposable paper bowls
<i>agarbatti</i>	incense sticks	<i>poha</i>	savoury dish made from rice flakes
<i>chapati</i>	Indian bread	<i>yarsagumba</i>	high value medicinal herb found in the forests of the Karnali region of Nepal
<i>dalit</i>	Scheduled Caste		

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Executive summary

This report provides evidence on the lived experiences of women in low-income families, as they strive to balance their paid work and unpaid care work responsibilities. It presents the findings of a research project carried out in India, Nepal, Rwanda, and Tanzania during 2015–17, which studied the ways in which women manage their participation in income-earning work – which is generally essential to the household’s overall survival or progress – alongside the unpaid work of directly caring for people; household tasks such as cooking, cleaning and washing; and the ancillary unpaid work of gathering water, fuel, food, and related necessary tasks.

The key innovation of this research project was its mixed-methods approach, combining surveys with semi-structured interviews and participatory exercises to generate high-quality data. These rigorously collected data were subsequently analysed through both quantitative and qualitative techniques, to generate in-depth stories of women’s lives and to assess the extent to which women’s economic empowerment can be achieved through existing programmes and policies that aim to do so. For this research, we chose to examine eight programmes and policies (both state-run and non-state-run) that have a significant component on women’s economic empowerment across the four countries, situated in 14 rural settings and two urban slums.

The findings of the research are clear and strong: that while women welcome the chance to earn income of almost any kind, their paid work options are few and poorly paid, and by no means contribute to their ‘economic empowerment’. This is reflective of how constrained their ‘choices’ are, as they are forced to fit poorly remunerated, insecure and arduous earning in alongside the unrecognised and undervalued work of giving birth to and caring for infants and young children, the continual drudgery of household tasks such as laundry, food preparation and cooking, and the arduousness of fulfilling the basic needs of water and fuel. This research has also provided evidence of the complex and multidirectional

connections between paid work and unpaid care work. Women’s unpaid care work mediated the location, type, amount, and quality of paid work that they undertook. At the same time, while the paid work was valued because it enabled women to spend money on their children, it was exactly the type of paid work that women were engaged in, that undercut the time and energy they had to spend on caring for their children.



The research showed that women who looked like they might be achieving a workable balance between paid work and unpaid care work were managers of rare skill and capacity. They were also often juggling fewer constraints (fewer small children) and had more resources (extended family, help from older children, a little more money coming in, more education). But most of the women in this study did not appear to be moving towards this ‘double boon’ – **a condition in which (a) women have access to decent, empowering work, and (b) unpaid care and ancillary work is redistributed such that women undertake no more than their fair share of the labour of reproducing their society.**

Instead, most women reported effects that can only be catalogued as **physically and emotionally depleting**: working long days and travelling far between home and work, often with heavy burdens; wearing their bodies down and incurring injuries; lacking adequate rest or recreation; and constantly worrying about the effects of their work on their family’s wellbeing, particularly their children. Women’s personal considerations, their own health and wellbeing, often come last. This report’s title, *No Time to Rest*, reflects this overall finding. Further, an imbalance between paid work and unpaid care work was also found to have significant depleting effects on

children, because of a reduction in the amount and quality of care they received, and their augmented roles as substitute providers of care and unpaid helpers at both home and their mother's paid work.



The key policy message of this report is that many women who should be benefiting from empowering development interventions have no time to rest or recuperate from the drudgery of both paid work and unpaid care work. High levels of poverty and lack of public services increase the levels of drudgery and heighten the depletion that they and their families face. It is essential to reflect on these findings of depletion in light of the ongoing support for a tendency to view women's economic empowerment as a matter centred on women's engagements in paid labour markets, even if it is on adverse terms, as evidence of gains in their power. This focus on women's economic power as being entirely about getting them into the labour market, rather than focusing on broader processes of their decision-making and agency, reflects a failure to account not only for women's disproportionate role in the vital labour of reproducing society, but also ignores their prior, yet often detrimental, engagement in some form of paid work.

Many of the women in this study participated in programmes that claimed to 'empower women'. However, it was clear that while generally welcomed, these programmes were at most a small part of far larger and more complex arrangements through which these women managed the overall tasks of social reproduction and economic production in their households. Women continued to hold primary responsibility across the research sites, regardless of their participation in income-earning work. For most women, earning money meant working longer and harder, but it also entailed a more complex management of people, places, and resources. There was some

clear evidence of an intergenerational transfer of care work onto children, particularly girls, and that older women were also widely relied upon for help. But in general, the costs of the adjustment fell chiefly on women's own bodies and minds, constraining their capabilities.

It is by no means clear that contemporary measures of women's economic empowerment that focus on getting women into the paid labour force, capture these costs of balancing paid and unpaid work. In failing to do so, they miss a crucial part of the theory of change that reflects on these costs and sees the multiple connections between paid work and unpaid care work. They also miss valuable opportunities to accelerate progress on women's rights and gender equality.

A key conclusion of this study is that this drudgery and resultant depletion faced by women and their families is neither an inevitable nor a necessary consequence of women's engagement in paid work. Lack of public services and lack of decent work are the two most detrimental structural factors affecting both the social organisation of care and women's experiences of paid work. Therefore, this report calls for adequate investment from a host of actors such that women's drudgery and depletion can be ended. Specifically, well-funded quality and affordable public services provided by the state, and provision of decent work for both women and men in low-income families, would be critical first steps to ensuring a move towards women being able to achieve a 'double boon', and thereby achieving economic empowerment that is optimised, shared, and sustainable.

The achievement of Sustainable Development Goal (SDG) 5 will depend on efforts to empower women becoming more aware of the effects of their interventions on the social organisation of care, and how that interacts with women's economic prospects and gains – and therefore requires changes in macroeconomic contexts and urgent prioritisation of removing the structural barriers to women's empowerment. This prioritisation is even more critical to reach the poorest and most marginalised women and their families living in rural areas and urban slums, so that the call to action of 'leave no one behind' is put into effect.

1 Introduction

Unpaid care work is understood as the work that is carried out in homes across all communities and societies that involves meeting the needs of families, and involves both housework (cooking, cleaning, washing, ironing) and direct care of people. Women's economic empowerment is directly related to their unpaid care work responsibilities in multiple ways. Unpaid care occupies large amounts of women's and girls' time. 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 2008; Eyben and Fontana 2011). This constrains their participation in civil, economic, social, and political spheres, and corrodes their ability to seek employment and income, thereby increasing the risk of 'economic disempowerment' (Razavi 2007: 22). The recent and growing academic literature on the gender division of labour within the household, as measured through time-use surveys (see, for example, Esquivel *et al.* 2008; Budlender 2008; Fontana and Natali 2008; Razavi and Staab 2012; Antonopoulos and Hirway 2010; Charmes 2015) has greatly deepened our understanding of the relationships between the performance of unpaid care work and women's economic participation. However, to date, there has been little research that seeks to specifically unpack how women juggle their dual responsibilities in daily life, and the consequences of women's dual engagement in paid and unpaid care work for their emotional and physical wellbeing – especially for women and their families living in situations of abject poverty and deprivation. It is in this space that the present research situates itself, aiming to contribute to the feminist economic analysis of social reproduction.

The research aimed to examine the social organisation of care in low-income families, the division of care provision amongst different actors making up the care diamond (Razavi 2007),¹ and the experiences of women in low-income families as they attempted to balance their unpaid care work and paid work responsibilities. Titled 'Balancing unpaid care work and paid work: successes, challenges and lessons for women's economic empowerment

programmes and policies', this research project was carried out throughout 2015–17 in four countries: India, Nepal, Rwanda, and Tanzania.²

The report is set against the backdrop of the UN High-Level Panel on Women's Economic Empowerment and its report (Klugman and Tyson 2016), as well as the 2030 Agenda for Sustainable Development (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.



This reflects decades of close careful attention to the spheres of social reproduction and women's economic participation in the feminist economic analyses of development processes. This discussion becomes even more pertinent in the face of women's economic empowerment being discussed and understood by international development agencies as mere inclusion of women into the labour market (World Bank 2006; OECD-DAC 2011), which reflects what Fraser (1997) calls the 'Universal Breadwinner' model. However, in this model, as Fraser points out, women are left bereft of time, energy, and leisure, with only the masculinised idea of 'breadwinning'

being valued. Care thus falls by the wayside, and is under-recognised and under-resourced (Eyben 2012; Chopra, Kelbert and Iyer 2013), with the exception of being seen as a barrier to women's economic empowerment. On the other hand, the model of 'Caregiver Parity' (Fraser 1997) also does not signal a move towards economic empowerment, as while it seeks to recognise and ascribe value to care throughout women's lifecycle, it does nothing to change the fact that women will remain the primary caregivers and therefore will be disadvantaged in the workplace (Fraser 1997: 57–58) – what Kabeer (2012) highlights as being the persistence of gendered disadvantage in the economy.³

This research situates itself with the critiques of both the neoliberal and instrumental approaches to empowerment (Chant and Sweetman 2012; Molyneux 2007), as well as recognising that market-based approaches to women's empowerment actually obstruct gender equality (Elson 2012). More importantly, this research posits care as a positive force (Eyben and Fontana 2011); a 'social good that not only sustains and reproduces society, but also underpins all development progress' (Chopra and Sweetman 2014).

This study acknowledges the huge importance of the immense and intricate work on time-use studies in visibilising unpaid care work and understanding the double burden of women by measurement of their time stress, time poverty (Antonopoulos and Hirway 2010; see also Bittman and Wajcman 2000) and on women's wellbeing (Floro 1995). However, an important definitional difference of unpaid care work needs to be highlighted here. System of National Accounts (SNA)-related definitions consider the production of goods and services (whether they are sold on the market or not) as being counted into GDP calculations. This means that ancillary activities such as the collection of fuel and water for household consumption fall under 'subsistence agriculture' or unpaid work calculations, while unpaid care of children and other dependants, housework (or household maintenance), and community care activities are not counted and thus come under the term 'unpaid care work' (Razavi 2007). This is an important and valuable distinction that has much analytical value. However, as Budlender (2008) has shown, in

practice, very few countries count the value of fuel and water collection when computing GDP; and in addition, those who carry out these activities consider them as being part of household maintenance. In both India and Tanzania, two of our project countries, fuel and water collection is not included within GDP calculations, even though it is considered an SNA activity. This research therefore has taken a wider definition of unpaid care work, to include: (a) direct care of people; (b) housework, including cleaning, cooking and washing; (c) ancillary activities of collection of fuel and water; and (d) community care activities.



In addition, this research conceptualises women's lives as going beyond an analysis of their time, yet being intertwined with their time. Therefore, we have used participatory and qualitative techniques to draw out women's lived experiences. The broad definition of unpaid care work used in this research, which includes, therefore, both direct care of people and indirect care involving both housework and collection of fuel and water, allows us a deeper appreciation of the intertwined nature of these tasks that shape women's lives. In examining the contours and consequences of women striving to balance their paid work and unpaid care work responsibilities, this research fills a critical gap in the body of literature that seeks to map and measure the 'depletion' of the body, household, and community because of women's double burden (Rai, Hoskyns and Thomas 2011, 2014).

This research recognises that neither the Universal Breadwinner nor the Caregiver

Parity models will secure gender equity, as they focus only on changing or subsidising women's life patterns. Instead, we align this research with Fraser's Universal Caregiver model, where the integration of employment and care work are key to gender equality, as everyone is incentivised to combine both paid work and care (Fraser 1997: 59–62). However, it is critical to understand how this integration can happen in practical settings. We have thus conceptualised and designed this research to capture the efforts of women to achieve a balance between paid work and unpaid care work responsibilities, to understand the consequences of imbalance, and the factors associated with a more successful balance.

Our findings clearly point out that the goal of women's economic empowerment is not attainable unless women can achieve a workable balance between their paid work and unpaid care work responsibilities. An examination of the provisions and practices of eight programmes that aimed to achieve 'women's economic empowerment' (WEE) has generated specific recommendations about how WEE policy and programming can turn a 'double burden'⁴ into a '**double boon**' – a **condition in which: (i) women have access to decent, empowering work; and (ii) unpaid care and ancillary work is redistributed such that women undertake no more than their fair share of the labour of social reproduction.** The achievement of a double boon for women will

require changes in macroeconomic contexts to enable provision of decent jobs and quality, affordable public services – both of which enable reduction of drudgery in both paid work and unpaid care work. At the same time, changes in social norms can ease the gendered division of labour both within the home and in the paid work sphere, resulting in an increase in women's agency and decision-making.

This 'double boon' context can thus lead to women's economic empowerment that is:

- a) optimised, i.e. women are enabled to work without deepening their time poverty or worrying about the amount and quality of care their families are receiving. This in turn should make it possible for them to choose better paid and more empowering types of work, rather than being forced into low-paid, flexible work;
- b) shared across all females in the family, without intergenerational transfer of care to girls or older women, and such that economic benefits are not eroded by the costs of substitute care; and
- c) sustainable across generations, i.e. reduction of drudgery of both paid work and unpaid care work such that women and their families are not depleted; and the quality of childcare improves, rather than deteriorates, as a result of their mothers' paid work.

Box 1 Introduction highlights

- While there are important analytical and conceptual differences between unpaid work and unpaid care work, this research includes (a) direct care of people, (b) housework, (c) ancillary tasks such as water and fuel collection, and (d) community care activities, under the ambit of 'unpaid care work'. This is primarily to capture the rich nuances and interconnections of women's lived experiences in their own voices.
- The research study seeks to fill critical gaps in the literature – on experiences and processes of women in low-income families balancing paid work and unpaid care work.
- A key aim of the research has been to understand how programmes aimed at women's economic empowerment (WEE) can generate a double boon for women: through being engaged in decent work that is empowering; and doing no more than their fair share of care through redistribution of unpaid care work and reduction in drudgery of paid work and unpaid care work.
- The study concludes that it is necessary to move away from understanding WEE as mere participation in the labour market; such that the benefits of WEE are optimised by women, shared across families, and sustained across generations.

2 Methodology

The research was based on an innovative, mixed-methods approach, which entailed a series of tools administered by a team comprised of specialists across all three traditions that were used in the research: qualitative, quantitative, and participatory. Data collection with the range of methods at the individual, family, community, and programme levels aimed to afford a detailed and nuanced exploration of the bargains, trade-offs, and contradictions that women negotiated and

experienced in their everyday lives, including of the roles of men and boys in their lives.

Four countries were selected for the study on the basis of strong networks, capacity, and areas of research priority as identified by the research consortium. In addition, the choice of two countries in both sub-Saharan Africa and South Asia was to enable an understanding of the differences and similarities across the two regions and the four countries.

2.1 Programme and site selection

In each country, two programmes that had a significant component on women's economic empowerment were selected – one state-run, and the other run by a non-governmental organisation. The programmes were selected after a scoping study of various programmes in each of the countries, and consultation with research and advocacy partners. The final

programmes selected⁵ are listed in Table 1. Two sites per programme were selected for primary data collection, with a total of 16 sites being identified in consultation with programme staff and local research partners. While most of these were in rural settings (14 sites), we also identified two urban slums in India for examining one of the programmes there.⁶

Table 1 The selected women's economic empowerment programmes

Country	State programme	Non-state programme
India	Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA)	Self Employed Women's Association (SEWA)
Nepal	Karnali Employment Programme (KEP)	Enterprise Development Programme, Oxfam Nepal
Rwanda	Vision 2020 Umurenge Programme (VUP)	Food Security and Economic Empowerment Programme, ActionAid Rwanda
Tanzania	Women Development Fund (WDF)	Food Security for Tanzania Farmers, Oxfam Tanzania

Source: Authors' own

2.2 Research tools

Quantitative survey

A purposively designed questionnaire was administered to women who were in paid work; from a low-income household; and with at least one child under six years of age. These three criteria arose based on our focus on women in low-income households, who were balancing paid work with unpaid care work responsibilities, of which care of a young child presented further constraints. 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.

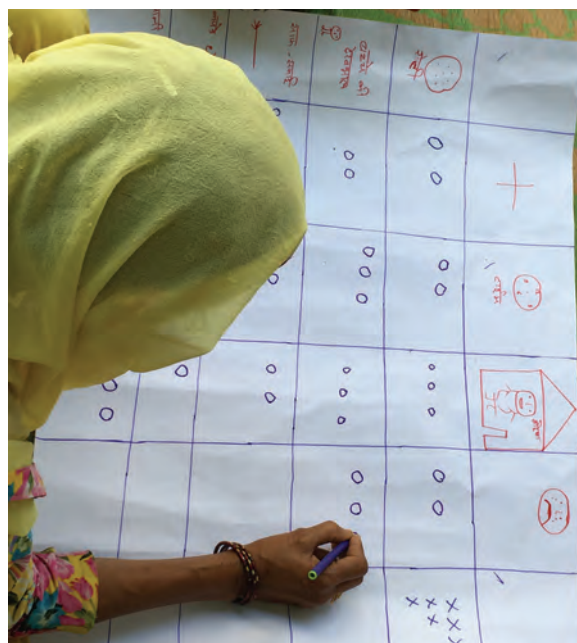
Semi-structured interview guides

These allowed for the collection of fine-grained case study data, with eight women and their families chosen for these case studies purposively (to represent a range of sample characteristics such as different combinations of paid work, care dependencies, access to services, family ties, and care arrangements) from the survey data in each site – 32 in India and Nepal, and 30 in Rwanda and Tanzania; 124 case studies overall. Each case study involved interviewing the woman respondent; a significant male (spouse, oldest son, father); a child aged between 10 and 19 (if present); and other household members providing significant care, if present. Interviews explored the gender norms shaping the division of labour within the household, the social organisation of care, the interplay between women's engagement in paid work, and the redistribution (if any) of their unpaid care responsibilities, as well as respondents' views on how a better balance between income-generating and caring for one another could be achieved.



Participatory toolkit

A suite of ten participatory and visual exercises were developed and carried out with various groups of respondents, including men, women, girls, boys, and some mixed groups.⁷ The participatory tools elicited community-level views on how paid work and care work were organised, the infrastructure and social services available, the norms and expectations around care work; and were also used in order to identify specific case studies that could be of interest.



Key informant interviews (KIIs)

These were held with community leaders and staff involved in the delivery of the chosen WEE programmes. Data collected through KIIs aimed to provide more detailed information about programme design and implementation and respondents' perceptions of the impact on women and the balance between paid work and unpaid care work.

Processes and benefits of multiple tools

All tools were translated into local languages, and tested prior to the beginning of fieldwork to reach a consistent meaning of terms within and across countries. Training was provided to data collection teams for administering the quantitative survey and qualitative tools respectively. Fieldwork dates were adjusted to accommodate country-specific needs, including

safety and security considerations. Fieldwork was mainly concentrated in the first semester of 2016.

The multiplicity of research tools added to the rigour and in-depth nature of the data that we collected. While semi-structured interview guides enabled us to generate nuanced case studies that depicted the lived realities and perspectives of women, men and children, the quantitative surveys were invaluable in depicting time use as well as social norms around care and paid work. The quantitative surveys were also used in identifying women for developing the case studies. Another way in which women were identified for case studies was through the participatory exercises. These group exercises were helpful in obtaining women's voices and an interplay of perspectives of different community members on a range of issues, thereby achieving scale in the research. Finally, the exercises were also useful to sensitise the community on these issues, and for eliciting solutions from different participants.

Research ethics, confidentiality, and permissions

We have ensured a collaborative approach to our research at all stages, which allowed contextualisation of our data collection tools and the analysis of findings. Ethical considerations have been kept foremost. Participation in the study was entirely voluntary. Informed consent was taken for all, with participants having the right to withdraw at any stage of the research. Children's participation was ensured through taking informed consent by them as well as their parents, and by developing specific participatory exercises for them.

2.3 The sample

Survey respondents were selected following an iterative process through participatory exercises, as well as through suggestions of local partners. All respondents had to be in paid work, from a low-income household, and with at least one child under six years of age. Out of this, we selected eight women per site

A detailed and careful system of storing and managing the data and a process entailing anonymisation by use of pseudonyms and codes ensured confidentiality of respondents. Official research permissions were obtained for the respective country partners.



A challenge of this research project has been to ensure consistency of meanings and maintaining rigour across 16 sites in four country contexts. Quality control mechanisms included extensive trainings and workshops for methodology and tool development, piloting, and regular field visits through the data collection process by country leads and IDS leads, and regular Skype calls for support to the research teams. Support by local partners ensured access and trust amongst respondents, and two analysis and writing workshops helped to maintain the rigour and quality of the research outputs.

(32 per country) for qualitative case studies. Participatory exercises were undertaken at the community level and key informant interviews (KIIs) were conducted with those who either held a prominent role in the community or were involved in the implementation of the selected WEE programmes.

Data were collected as per the sampling framework in Table 2:

Table 2 Sampling framework

Country	WEE participants		Non-WEE participants		Total	Total
	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	Number of participatory exercises carried out	Number of Kills carried out
India	120	20	80	12	71	21
Nepal	120	20	80	12	68	19
Rwanda	121	17	79	13	36	6
Tanzania	120	21	80	11	68	12
Total	481	78	319	48	243	58

Source: Authors' own

Data analysis included cross-fertilisation and triangulation across quantitative and qualitative research methods. Quantitative data were analysed using Stata, primarily relying on

descriptive analysis. Qualitative data analysis has been undertaken using NVivo and a purposively developed coding framework.⁸

2.4 Respondent profile

Half of our women respondents (50.7 per cent) were aged 30–39 years old, and a bit more than a third were aged 40–49 years old (35.7 per cent), reflecting the selection of research respondents (being in paid work and having at least one young child). In India, a large number of the sample included women from the *adivasi* (Scheduled Tribe) and *dalit* (Scheduled Caste) communities. In Nepal, most of the respondents across sites were *dalit*.

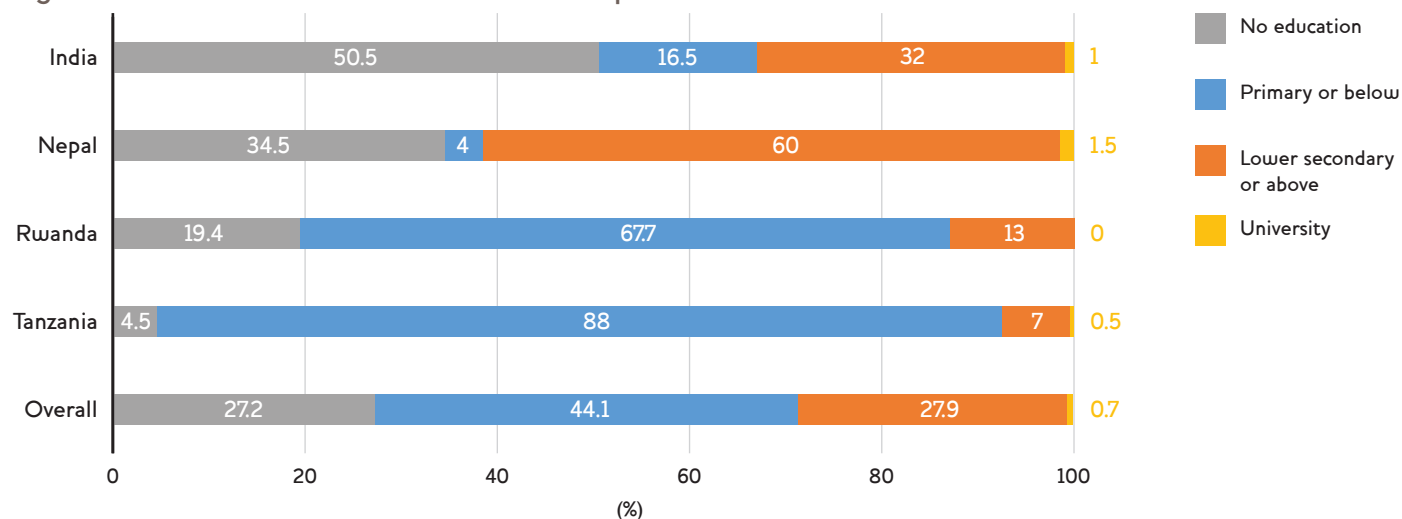
On average, education levels were quite low, with 27 per cent of respondents having had

no education, and nearly half (44 per cent) of them having only pre-primary or primary education.

Country-wise variations are reflected in Figure 1, with Rwanda and Tanzania having the highest share of women with primary education.

Educational attainments were greater in Nepal and India, where 61.5 per cent and 33 per cent of the women had lower secondary or above as their highest education level respectively.

Figure 1: Level of education for women respondents



The majority of women lived in nuclear families (55.5 per cent). On average, women lived in households composed of five to six members, with two to three children below eighteen years of age, of which at least one child was below six. The care dependency ratio, defined

as the ratio of adults to dependents in the house was the highest amongst the Indian sample, reflecting the high average number of children below 18 (3.03) and below 6 (1.61) in the sampled households.

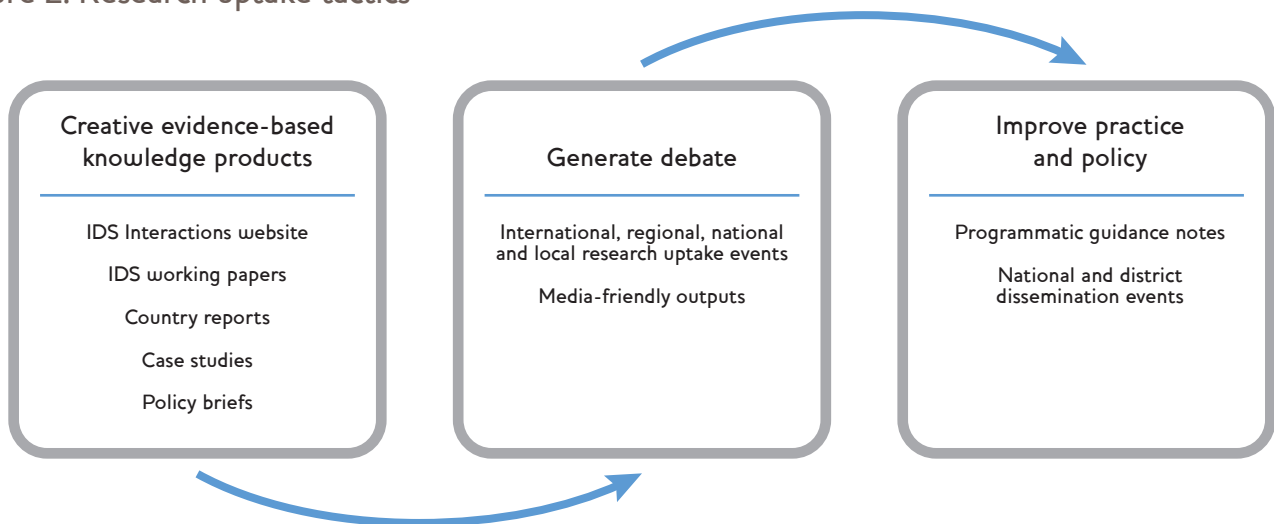
2.5 Research uptake strategy

The main goal of our research uptake strategy was to promote evidence-based learning throughout and beyond the project, so that the findings feed directly back into programmes and interventions. We aimed to do this through (a) creation of evidence-based knowledge products – including academic outputs, policy-relevant briefings, operational

outputs, and advocacy materials; (b) generation of debate at national, sub-national, regional and international levels; and (c) dissemination of policy-oriented outputs to relevant stakeholders (see Figure 2).

The list of knowledge products produced by the project are provided in the Annexe.

Figure 2: Research uptake tactics



Box 2 Methodology highlights

- A mixed-methods study containing a suite of purposively designed tools enabled a richer understanding of women’s perspectives on their own empowerment and the complex interrelations between paid work and unpaid care work.
- Collaboration and co-construction of the methodology, training, and testing of tools ensured contextual relevance and rigour of data collection across four countries.
- Principles of participation, inclusion, sensitivity to care responsibilities, and co-construction of tools required immense engagement of time, effort, and money – and resulted in reworking timelines, expectations, and ambitions.
- Ethical considerations were maintained through anonymisation and informed consent. Data quality and rigour was ensured through careful and periodic workshops and review visits.
- The research uptake strategy centred around creation and dissemination of knowledge products (academic, policy, operational, and advocacy-related) to a range of stakeholders through international, regional, national, and local events.

3 Research context

3.1 Regional overview

According to the latest Global Gender Gap⁹ report (World Economic Forum 2016), gender outcomes in the South Asia region are better only than those recorded in the Middle East and North Africa region, and the gap between women and men remains as high as 33 per cent (World Economic Forum 2017).

Countries in sub-Saharan Africa (SSA) are similar to South Asia, but are highly internally diversified in terms of gaps and outcomes, with Rwanda standing in the ranking's global top ten, just after Scandinavian countries (Iceland, Finland, Norway, Sweden) (World Economic Forum 2016: 14).

In the sphere of work, women's economic empowerment in South Asia continues to be constrained by limited access to, and possession of, land and other productive resources, often based on customary or religious laws and practices (*ibid*: 47). In SSA, female labour force participation is high, but mostly concentrated in low skilled work (*ibid*: 22).

The Social Institutions and Gender Index (SIGI) report finds that 'the gender gap in vulnerable employment exceeds 15 percentage points (70 per cent for men and 85 per cent for women) and only one in three women works in non-agricultural sectors (UN, 2014)' (OECD 2014: 52).



According to the Gender Inequality Index (as Table 3 shows), over the past 20 years all four countries registered significant progress on key indicators that measure gender inequalities in human development outcomes, and in women's economic and political participation. Progress was highest in Rwanda and in Nepal, which decreased their gender inequality gaps by approximately one third (34.31 and 30 per cent respectively).

Table 3 Gender Inequality Index (GII)¹⁰ 1995–2015

	1995 ¹¹	2015	Change +/- (%)
India	0.687	0.53	-22.85
Nepal	0.710	0.497	-30.00
Rwanda	0.583	0.383	-34.31
Tanzania	0.652	0.544	-16.56

Source: UNDP, <http://hdr.undp.org/en/data>

3.2 Country context

India

In India, labour market participation constitutes a specific domain of concern. The 68th round of the National Sample Survey (NSS) (Employment and Unemployment Survey) for 2011–12 found work participation rates for urban women at 21 per cent, and for rural women at 37.2 per cent (Rawal and Saha 2015: 7).¹² These numbers, however, do not acknowledge the large amounts of unpaid care work that women do, which is a limitation of the NSS data.



Table 4 provides the research sites selected. Rajasthan was chosen for fieldwork on MGNREGA as it has a relatively high percentage of women's employment in MGNREGA (61.9 per cent in 2015–16, as opposed to the national participation rate of 59.21) (MGNREGA 2016); while Udaipur and Dungarpur are amongst the poorest 200 districts in the country. Areas of fieldwork for SEWA were chosen through consultations with programme staff.

Udaipur and Dungarpur are predominantly rural, with most families engaged in hard, back-breaking agricultural work – both as daily wage labourers and on their own small landholdings. In Udaipur, the chosen Kotra block has a large Scheduled Tribe (ST) population (95.82 per cent) (Office of the Registrar General and Census Commissioner, India 2011). In Dungarpur's Dovra block, the ST population constitutes 70.8 per cent which is quite high in comparison to the state tribal population of 13.5 per cent. Paid work options were scarce in all villages, with widespread seasonal male migration to nearby cities. Women were found to be engaged in MGNREGA employment when it was available, while daily wage labour was found to be the main type of paid work for men.

In contrast, the districts of Ujjain and Indore in Madhya Pradesh are urban, with one quarter of each district identified as a slum area (Office of the Registrar General and Census Commissioner, India 2011).¹³ While in Indore, there are 2 per cent ST and 20 per cent SC communities, in Ujjain, the percentage of STs and SCs was 2.72 and 15.55 per cent respectively. Commercial activities in Indore employ a large basin of low-income women, who work as home-based workers to produce the three most important commodities manufactured in the area (Office of the Registrar General and Census Commissioner, India 2011): *donapattal* (disposable paper bowls), *agarbatti* (incense sticks) and *poha* (a savoury dish made from rice flakes). The work profile of Ujjain is similar.

Table 4: Fieldwork sites in India

Region	District	Block	WEE programme analysed	Type
Rajasthan	Udaipur	Kotra	MGNREGA	State
	Dungarpur	Dovra		
Madhya Pradesh	Indore	Indore	SEWA	Non-state
	Ujjain	Ujjain		



Nepal

Women's labour force participation in Nepal is the highest in South Asia,¹⁴ and substantially equal to men's (Nepal Living Standard Survey (NLSS) 2010/11, Government of Nepal 2011).¹⁵ Women's participation is predominantly in self-employment (76.7 per cent), and particularly concentrated in agriculture (67.6 per cent). Only 8.5 per cent of women are involved in wage work and mostly in low-skilled and low-paid work in the informal sector (Lokshin and Glinskaya 2009). There also remain large gender pay gaps in the informal sector.¹⁶ The second contributor to Nepal's GDP is remittance, representing 28.8 per cent (International Labour Organization 2014). Economic migrants are predominantly men hailing from rural areas, but women are also increasingly migrating to participate in foreign employment, constituting 0.2 per cent of all labour migrant permits issued by the Government of Nepal in 2012/13 (Government of Nepal 2016).

The two EDP sites (see Table 5) were selected based on data provided by the programme staff members in relation to the highest number of women EDP members with children under six years. The selection of the two KEP sites

was based on data of women workers enrolled in KEP in Jumla, and inputs from the Karnali Employment Programme Technical Assistance (KEPTA) team.

Mehelkuna is a predominantly rural district, with a largely *dalit* population (57 per cent). Women's paid work opportunities mainly revolve around agriculture, whether as small landholders or agricultural labourers. There is a strong male economic migration towards India mainly as a result of lack of irrigation facilities and/or land holdings, and alternative employment options. Maintada is the neighbouring Village Development Committee (VDC) and has a similar caste/ethnicity composition and work profile. In Chandannath, the first and only municipality in Jumla District, agriculture is the main source of livelihood, followed by apple farming and collecting *yarsagumba* for income generation.¹⁷

Women from poor families are engaged in multiple low-income paid work such as agricultural labour, breaking stones, and vegetable farming. Depalgaon is a few kilometres away from the Chandannath Bazaar (which is the district headquarters). It has a similar work profile.

Table 5 Fieldwork sites in Nepal

Region, district	City	WEE programme analysed	Type
Mid-Western Development Region, Bheri Zone, Surkhet District	Mehelkuna	Enterprise Development Programme (EDP)	Non-state
	Maintada		
Mid-Western Development Region, Karnali Zone, Jumla District	Chandannath	Karnali Employment Programme (KEP)	State
	Depalgaon		

Rwanda

Gender inequality in Rwanda has been decreasing at all levels since the 1994 war and genocide left many women as widows with new challenges as household heads and the sole providers of all household needs, and in control of family property including land (IFAD 2010; Abbott and Malunda 2015). This situation put pressure on the normative gender division of labour and assets between women and men. In response to changed realities and international support, the Rwandan government made significant strides in achieving gender equity and equality, introducing progressive laws and policies that promote economic empowerment for girls and women, including equal rights in inheritance and access to land.¹⁸ However despite these efforts, Rwanda remains a highly patriarchal society (UNDP 2013). There is limited awareness of existing gender-sensitive laws amongst poor women and men. Limited access to economic opportunities remains a major barrier to women's economic empowerment despite efforts to overcome these barriers. More female-headed households live in poverty than those headed by males (47 per cent as against 44.3 per cent). Lower literacy rates (60 per cent as against men's 70 per cent) constrain women's already limited opportunities in terms of accessing resources, creating and managing small businesses, and participating in decision-making processes in the household and society (UNDP 2013). Gender-based violence remains widely tolerated and under-reported (*ibid.*).

Table 6 presents the fieldwork sites in Rwanda. Muko sector is predominantly rural, with agriculture and horticulture its main economic activities. Poverty rates and food insecurity

are high: 52 per cent of households live below the poverty line and struggle to provide basic necessities such as food, medical care, and school fees; over 50 per cent of children (six months to five years) suffer from chronic malnutrition.

Simbi sector is 20km away from Huye town, and farming is the prevailing economic activity. Availability of water and electricity for households is poor. Gishamvu sector is similarly distant from Huye town, and mainly rural.

Electricity lines and clean water sources are only available in a few places of the Mbazi sector close to Huye town (5km away), and most of its residents have access to basic services such as water, electricity, and roads. However, this is limited for the conspicuous part of the population living in its rural areas.



Table 6: Fieldwork sites in Rwanda

Region, district	Sector	WEE programme analysed	Type
Northern Province, Musanze	Muko	Big Lottery Fund	Non-state
Southern Province, Huye District	Simbi	VUP	State
	Gishamvu		
	Mbazi (for non-participants)		



Tanzania

Although the poverty rate has fallen from 60 per cent in 2007 to 47 per cent in 2016, 12 million Tanzanians still live in extreme poverty, and ‘many hover just over the poverty line’ of US\$1.90 per day (World Bank 2017). The agricultural sector employs almost 70 per cent of the workers (*ibid.* 3–4). Overall, the lower economic growth rate of agriculture compared to other sectors means that benefits of high overall economic growth have not led to ‘a proportional reduction in poverty levels’ in rural areas (Emenuga, Charle and Dhliwayo 2016: 2). Women’s average labour share in crop production 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 more likely to be widowed or

divorced, have limited access to labour-saving technologies, and less capacity to demand and/or secure men’s help in the fields due to their constrained agency and voice (Buehren *et al.* 2015: 14). Outside of agriculture, paid and self-employment is mainly informal (76 per cent), and predominantly female (Emenuga *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 (Emenuga *et al.* 2016: 11).

The fieldwork sites are shown in Table 7. The districts of Lushoto and Korogwe are contiguous. 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).

Table 7 Fieldwork sites in Tanzania

Region, district	WEE programme analysed	Type
Tanga region, Lushoto District	Women Development Fund	State
	Food Security for Tanzania Farmers	Non-state
Tanga region, Korogwe District	Women Development Fund	State
	Food Security for Tanzania Farmers	Non-state

4 The social organisation of care

4.1 The division of unpaid care work within the household and community

Across the 16 sites in the four countries, women maintained the main responsibility for providing unpaid care work in their households.¹⁹ While men helped more often than we had assumed, their participation varied in form, amount, and frequency.

Overall, however, *men's participation was sporadic and low, and was often in response to the absolute absence of any female labour in the household.* This resonates with Budlender's finding that men are 'far more likely than women not to engage at all in unpaid care work... where they do... [they spend] short times' (2008: 18).

Prevailing concepts of the gendered division of labour across the four countries were strongly essentialist, naturalising women's responsibilities for care. Women considered themselves to be better at household tasks

and care work, and men's activities were presumed to require physical energy and strength, or matched local conceptions of male breadwinners – as seen in Figure 3.

Two-thirds of all women (including women respondents and other females in the family) were responsible for the collection of water, fuel, and wood. This was highest in India, where 84.90 per cent of all females in nuclear families and 88.24 per cent of females in extended families were responsible for the collection of water, fuel, and wood. This proportion was 79.19 per cent and 78.79 per cent respectively in Tanzania.

Similarly, responsibility for household work within the house by and large rested on females (whether women respondents only or other females in the household), and was everywhere higher for extended families

Figure 3 Women's perceptions on who is better at...?

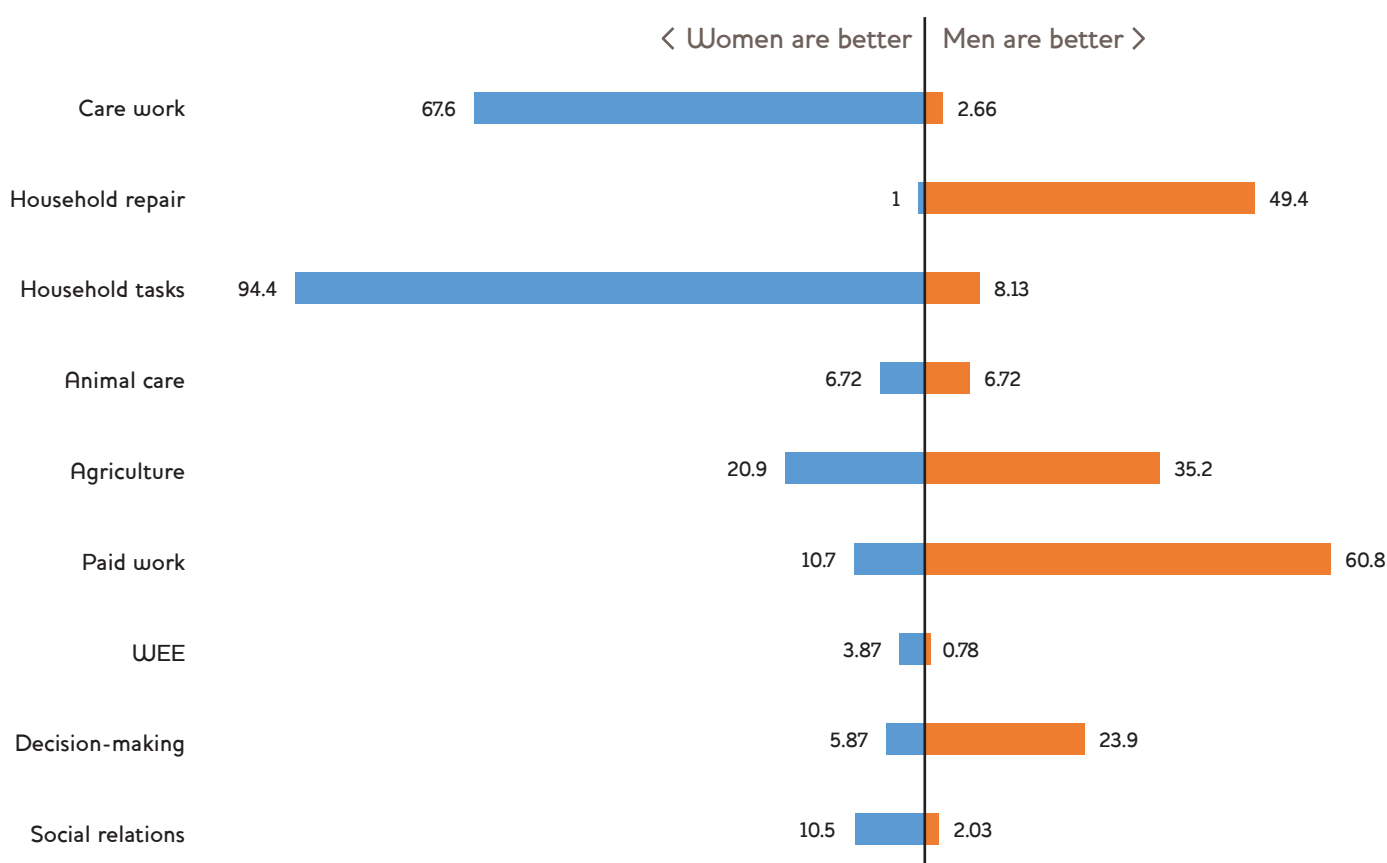
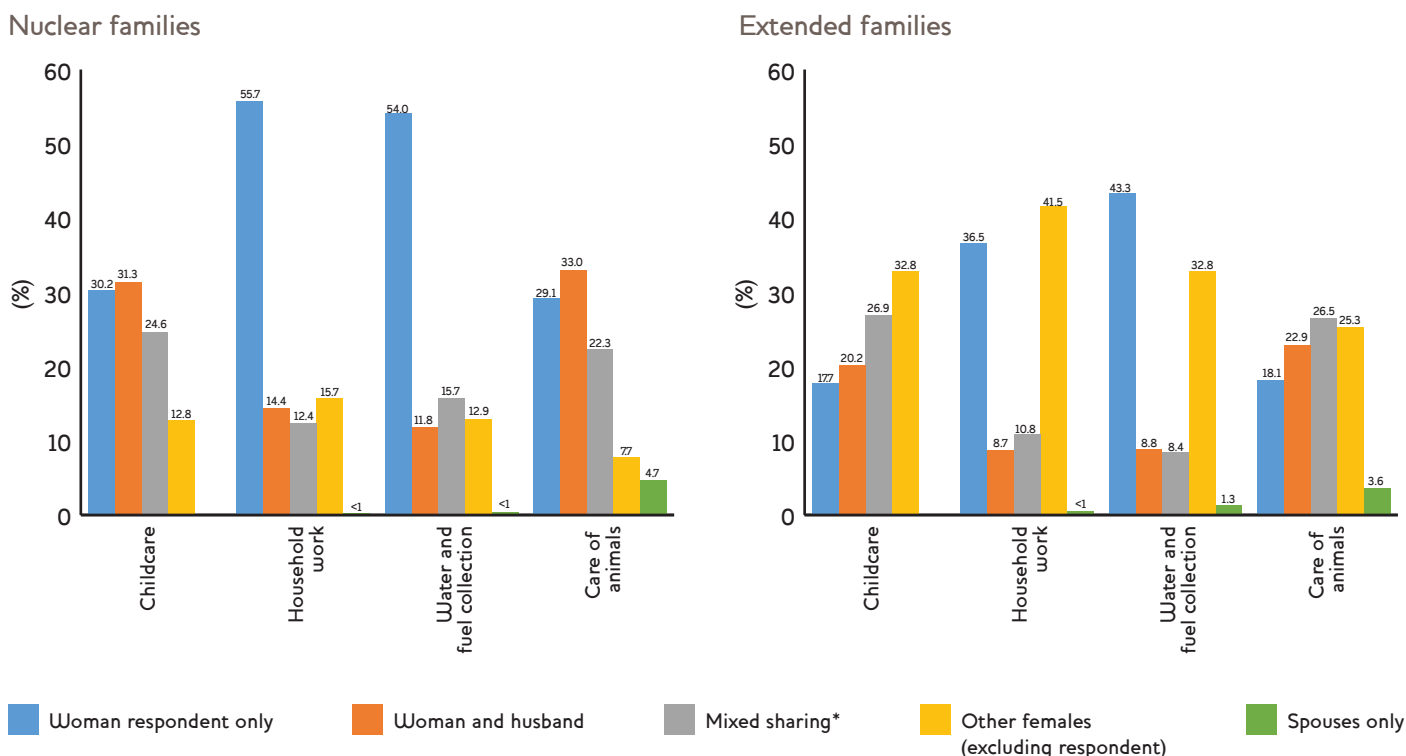


Figure 4 Sharing of tasks in nuclear and extended families²⁰



Note: * Both female and male household members carry out a specific task, irrespective of age.
Source: Authors' own, project survey data.

rather than nuclear families (see Figure 4), with the exception of Tanzania (69 per cent in extended, 73 per cent in nuclear). Rates were highest in India, where 88 per cent of women respondents bore this responsibility without help; in extended families, almost all this work was done by females (94 per cent). Household work was shared most widely in Nepal, but even there, 56 per cent of women respondents in nuclear families and 64 per cent in extended families reported being solely responsible for household work.

Childcare was more equitably shared within the household, with other family members, especially men, sharing in this.²¹ Notably however, men were never solely responsible for childcare in any of the 16 sites. While in Tanzania, almost 42 per cent of women reported men's participation in childcare, only one in four men in Nepal shared this task. In extended families, men's participation was usually significantly lower, while they participated more in childcare in a nuclear setting.

Women's responsibility in animal care was lower compared to other care tasks, with an average of 45–50 per cent being solely responsible for this across the four countries. Rates of sharing this work between women and their husbands were also quite high – this

was actually the activity most shared within the couples across the countries.²² Men's sole responsibility in care activities was highest with reference to animal care – which possibly reflects the relative importance of livestock in a household's income-generating potential, and considered part of men's breadwinner responsibilities.

We cannot work hard like them, earn like them and compete outside the house, we are just limited to our houses... When I plan to sell some vegetables or brew alcohol, something or the other comes up at home and I am unable to go according to the plan.

Durga BK, 22 years old, Nepal, with two children, who is engaged in irregular, small-scale self-employment

We can see from the above that *the structure of households made a difference, with extended families having more people to share tasks with.* We found that, similar to Budlender's (2008) finding for India, as household size increased, the amount of unpaid care work done by an individual woman decreased, as this work was shared across other females in the household.

Our evidence also corroborates the time-use surveys analysed by Budlender (2008) for India and Tanzania: that women spend much more time on both housework and care of people, as compared to men. However, our evidence also shows that *some gender norms are flexible, with men and women collaborating on many activities*. Animal care and childcare are areas of greater collaborative care. On average across countries, animal care is shared in 30 per cent of the families, followed by childcare (28 per cent); household work within the home (13 per cent) and collection of water, fuel, and wood (11 per cent). Men were also found to be engaged more in community activities, including attending weddings and funerals, meetings, etc.

'Community' support was generally minimal, and limited to neighbours' occasional help with childcare. Across sites, women relayed that they rarely could count on the help of the 'community' in undertaking care work, as each household struggled with their own everyday burdens and worries. This situation was particularly bad for childcare (India, Tanzania), or for women living in particularly difficult circumstances; where husbands had migrated

(Nepal); or where women were themselves the household head or single mothers (Rwanda).

Sometimes my husband finds [it] a challenge because you might leave home without cooking, which forces him to cook for the children... that's not his job, but he is supposed to do it since the children cannot stay hungry.

Erica, 24 years old, Tanzania, with three children, who works at a marketplace, and whose husband is a farmer and keeps cows

It was interesting to note that women who participated in WEE programmes did not report a difference in the sharing of care tasks between men and women, when compared to women who did not participate in these programmes – which depicts perhaps that there have been little or no changes to social norms achieved by WEE programmes as yet that would herald a change in the social organisation of care.

4.2 The role of children in unpaid care work

There was high prevalence of an intergenerational transfer of care to children. Children contributed time and energy in undertaking all forms of unpaid care work, including sibling care. Over 22 per cent of women over the four countries reported that their older girls carried out direct care responsibilities 'often' (more than 2–3 times a week), while children often carried out water and fuel collection (girls in over 32 per cent of families, and boys in over 20 per cent). Girls carried out household tasks often in 14 per cent of families, while boys in 20 per cent of families were involved in caring for animals. In Nepal, girls in over 40 per cent of families always undertook care responsibilities, while in over 37 per cent of families, they always collected water, fuel, and firewood. In Rwanda, girls always collected fuel and water in over 28 per cent of families, while in another 10 per cent of families they undertook this activity more than four times a week. The involvement of boys in water and fuel collection was most prevalent

in Rwanda (always in 25 per cent of families, while they undertook this activity more than four times a week in 11 per cent of families).

My son gets tired too since he combines school and unpaid work at home. It is so tiresome and he does not get enough time to play with friends due to some duties assigned to him by me and at some point this affects his performance at school.

Denise Nishimwe, 30 years old, Rwanda, who lives with her four children and her mother, and who is engaged in farming

For both girls and boys, this had adverse consequences on their education – either through taking up time and energy after school, or heralding school drop-outs. The need for domestic and childcare labour particularly affects girls, highlighting the early but enduring, disempowering impact

of gendered divisions of labour and space on young girls. Girls were found to shoulder a higher burden of responsibility for unpaid care work tasks than their brothers. In India and Nepal, this was seen as an apprenticeship leading to girls' adult role of being a wife.

The use of space was also highly gendered: girls were more often found engaged in tasks undertaken indoors (e.g. cooking, cleaning), while boys attended to outdoor tasks (e.g. animal care in Tanzania, fetching water in Nepal). This spatial division, in turn, may reflect gendered norms on girls' and boys' relative

physical strength. As other studies have shown, however (e.g. Fontana and Natali 2008: 11, 18 for Tanzania), *the gendered division of care work amongst sons and daughters is less rigid in childhood than later in their lives.*

In Nepal, boys were found to be more involved in unpaid care work in families with no daughters or when the mother was sick. In fact, the India report (Zaidi and Chigateri 2017) finds that there were instances of boys helping the mother to cook, and the Tanzania report (Zambelli et al. 2017a) similarly suggests that gender norms on the division of labour are not entirely rigid.

4.3 Lifecycle patterns driving changes in social organisation of care

Lifecycle changes such as pregnancy and childbirth led to a change in the social organisation of care within families. Sixty-three per cent of women reported that there was

either some or a lot of change in the division of labour within the household when they were in the third trimester of their pregnancy, while 82 per cent reported changes in the

Figure 5: Amount of change in the organisation of care during lifecycle changes

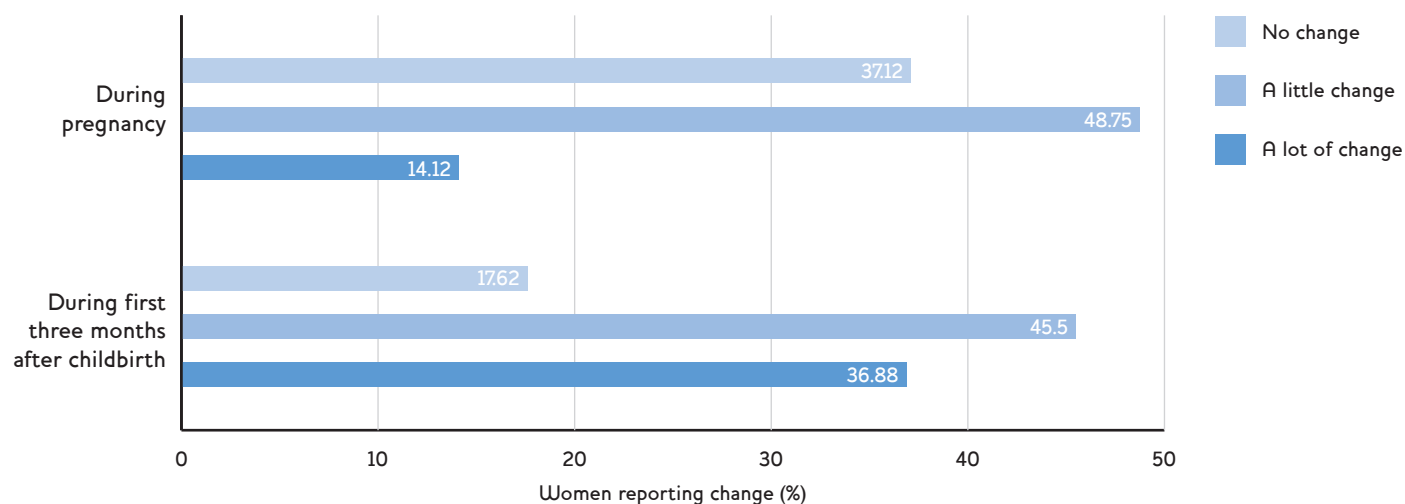
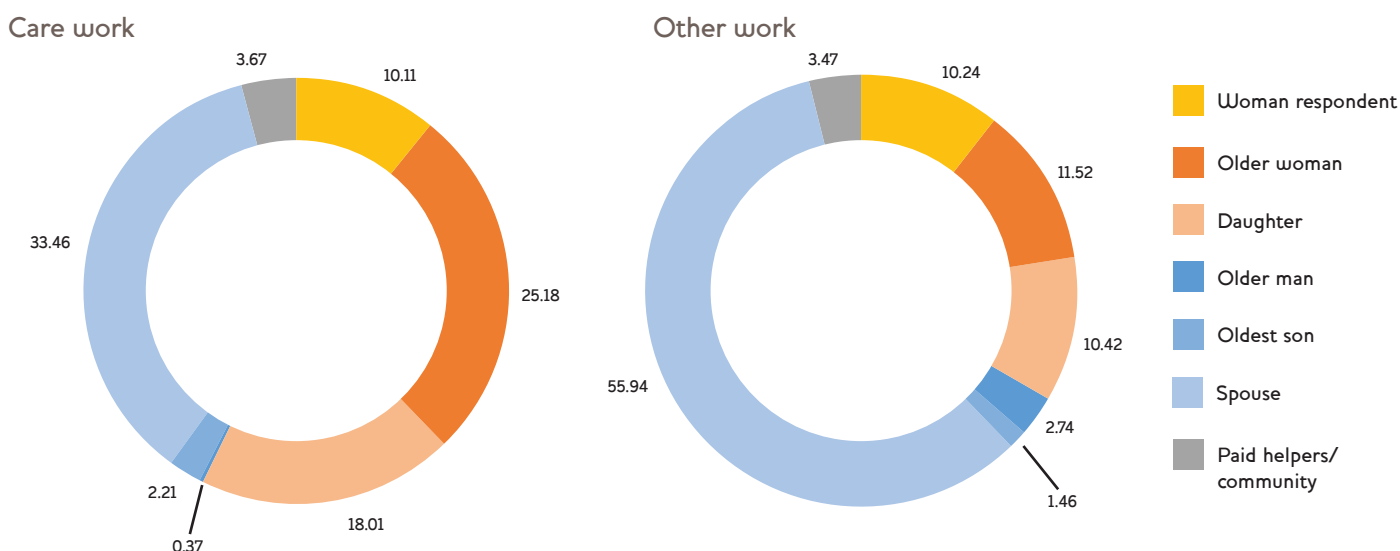


Figure 6: Person(s) responsible for labour within the household when woman is pregnant



first three months after childbirth. However, as seen in Figure 5, a substantial proportion of women reported no change in this division of responsibility when they were pregnant or when their child was less than three months old, which reflects the arduousness of their care responsibilities. The stickiness of gender norms can be examined by looking at the division of labour within the household when the main woman carer was not able to carry out these tasks as a result of pregnancy or childbirth (see Figure 6). Overall, men took on more of the other work²³ in the family (in 56 per cent of families) as compared to taking on care work²⁴ (which happened in 32 per cent). Care work was largely taken up either by older women (in 31 per cent of families) or daughters (in 16 per cent). However, these patterns are driven by country-specific variations, reflecting the context-specific nature of gender norms across these countries.

In India, when women were pregnant, spouses were reported to mainly take on the work in the household that involved care of animals, agricultural unpaid productive work, and paid work (in 78 per cent of families). In contrast, the care work in the household, which included care of people, cooking, cleaning, and fetching water and fuel was taken up by girls and older women (in 18 per cent and 40 per cent of the families respectively). This pattern was similar for when women were unable to carry out their tasks in the first three months after their child's birth. In Nepal, the pattern was similar, yet less stark – when women were either pregnant or incapacitated because of child birth, spouses took over more of the other work in the household, as compared to girls and older women who took on the majority of the care work tasks. But spouses were also reported to take up care tasks in about 40 per cent of families in Nepal, though they predominantly took on the other work (in 66 per cent of families). This reflects the sharp division of responsibilities within the household in South Asia – females undertook most of the care work, either as primary carers or as back-up when primary carers were not able to carry out these tasks; while men supported women in unpaid agricultural work, paid work, or care of animals when women were unable to do so.

Sub-Saharan Africa, however, showed some flexibility in gender norms. Spouse participation was the highest in Rwanda, where they

were the primary support to women during pregnancy and the early months after childbirth, for both care work tasks (in 48 per cent of families) and other work in the household (in 59 per cent). Interestingly, in Rwanda, more girls (as daughters) took on either the care work tasks (in 18 per cent of families) or the other work (in 10 per cent of families) when the primary carers were pregnant or unable to do so in the early months after childbirth, as compared to older women who undertook care tasks or other work in only 5 per cent of families. In Tanzania, this division was based more along the lines of the reasons why women were not able to carry out their tasks. When the woman was pregnant, spouses and daughters took on more of both the care work and other work, while older women stepped in to take on more care work and other work in the early months after childbirth. However, it was interesting to note that in Tanzania and Rwanda, some women got no help from anyone within the family when they were pregnant (in 19 per cent and 10 per cent of families respectively), and in the first three months after childbirth (in 5 per cent and 13 per cent of families).

One has to lift [water] and get it. It is very far; you take it on your head and bring it, one's head too hurts. Once you are back with water, one does all the work like cleaning and cooking, all the work, to bathe and clean the kids, take shower oneself, clean clothes. All the work and then there is no rest at all.

Manjari Rajkumar, 18 years old, India, who is a tribal woman with two children, and who is a brick-kiln and construction worker

The patterns of male–female division of labour were replicated in the next generation of males. While in India, Nepal and Tanzania, sons played a negligible role in care work, in Rwanda, 6 per cent of families saw sons taking on care work.

In the cases of India and Nepal, community and paid support was also negligible, while in the cases of Rwanda (in 4 per cent of families) and Tanzania (in 8 per cent), there seemed to be a little more support from communities and from paid carers.

4.4 Conditions affecting the intensity and drudgery of care work

Lack of access to water and electricity heavily affected the burden of unpaid care work on women and poor families, especially in rural areas where access was limited, non-existent, or very poor. Across the research sites, women reported having to travel for long distances to collect or buy water and firewood. Access to these essential services often hampered the use of other services – for example, women in Nepal lamented the lack of electricity which left them waiting for long hours to use the flour mill. Water and electricity provision was uneven, causing class-based differentials in Rwanda and Tanzania; in Nepal, access to electricity came through positive discrimination for *dalit* families.

Similarly, access to health care was difficult. In Tanzania, poor roads exacerbated the time that women spent in accessing health facilities for themselves and their families. Frequent complaints in India related to the poor quality of health care and the discriminatory attitude of medical staff. In only two sites, both urban and both in India, was there evidence of public childcare facilities across the research sites. Even in these cases, the provision did not extend to children aged three or under.

Seasonality affected the intensity and drudgery of different types of care work, and especially the collection of water, wood, and fuel. In the hot season, fetching water took more effort, as ‘wells dry up and hand pumps do not function properly, so women need to go to collect water at the nearest source several times a day, carrying 10–15 litres of water each time’ (Zaidi *et al.* 2017). During the dry season in Tanzania ‘women spend more time queuing to fetch water or resort to going to the stream during less busy but riskier times (e.g. dark)’, and in the rainy season, finding dry wood takes a longer time (Zambelli *et al.* 2017b).



Box 3 Highlights on the social organisation of care

- Women undertake the majority of care tasks, especially pertaining to collection of fuel and water; household work, and childcare.
- While childcare was more shared with the husband especially in nuclear families, men’s participation in even this task was sporadic and in response to the unavailability of female members.
- Children, especially girls, shoulder a large proportion of care work from an early age. This impacts negatively on their health and education.
- Minimal support from the wider community is problematic for single women and those whose men have migrated.
- Lifecycle patterns such as pregnancy and childbirth affect the division of care work and other work within the family for short periods, although this is mediated by context-specific gender norms.
- Lack of public services is the single most important factor contributing to the drudgery of care work. Critical public services include: water, electricity, fuel, roads, and childcare facilities for children under three.
- There is a seasonal element to the intensity and drudgery of care work, with summers/the dry season being problematic in the light of absence of water facilities.

5 Paid work – characteristics and conditions

The research found that women engaged in multiple types of paid work, for long periods throughout the year. Nearly half of all women were engaged in two or more types of paid work.

Seventy-three per cent of the women had been engaged in some form of paid work for over six months of the year, with nearly 40 per cent engaged in paid work through the year.

5.1 Types of paid work²⁵

Income-generating activities through self-employment constituted the main type of paid work that over one-third of the women (36 per cent) across the research countries were engaged in, although with high variations between the countries. While Tanzania, India, and Nepal had relatively high rates of this kind of informal self-employment (56.5, 31.5 and 47 per cent respectively), only 9.5 per cent of women in Rwanda reported this to be their main paid work. Participation in WEE programmes figured as the main activity for 20 per cent of the women, and was highest in Rwanda at 29 per cent. While home-based work was highest in Rwanda (38 per cent), followed by Tanzania and India (32 and 28 per cent respectively), it was negligible in Nepal (0.5 per cent). Conversely, women's engagement in informal waged employment as daily wage labour was highest in Nepal (28 per cent) but significantly lower in India (16 per cent), Rwanda (11 per cent), and Tanzania (5 per cent). Across all the countries, women working as employees in factories or regular construction was 1 per cent, as seen in Figure 7.

As Figure 7 depicts, the primary work patterns for men were quite different. Across the countries, 40 per cent of men were engaged in daily wage labour (informal wage workers), with Nepal (64 per cent) and India (52 per cent) having the highest rates. Twenty-one per cent of men were mainly engaged in informal self-employment activities, with this being the highest in Tanzania (30 per cent). Men's home-based work was lower (17 per cent across countries), being almost negligible in India and Nepal, and concentrated in Tanzania (38 per cent) and Rwanda (32 per cent). In addition, 11.6 per cent of men worked either in factories or in offices as employees. It is notable that

these categories were very negligible amongst women's primary types of paid work, indicating that men have more occupational choice than women in the formal sector in particular.

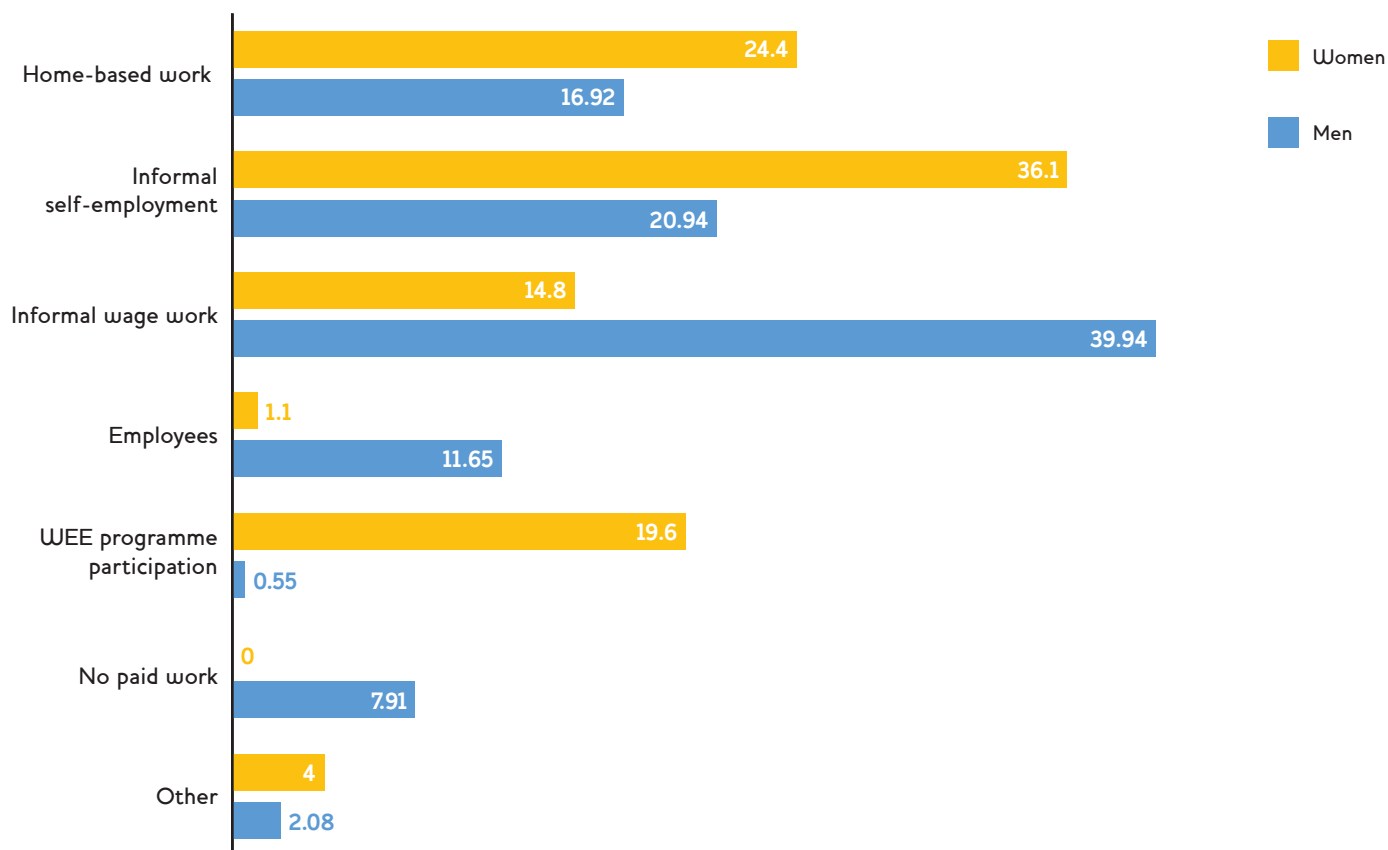
Another significant finding was that 8 per cent of men were not engaged in any form of paid work²⁶ – which meant that women in these families were the primary income earners. Further, these women were engaged primarily (68 per cent) as home workers or in informal self-employment or as wage workers, which reflects the precarity of the economic situation that these families were living in. In Nepal, male out-migration for paid work was endemic, because of a lack of job opportunities in the local areas. This put additional pressure on women.

I have to irrigate the land by myself which is difficult; plantation is equally difficult. If my husband and I could work together, and if he did not have to migrate, it would have been easier but he has to go [abroad] to earn enough money.

**Sharmila Oli, EDP participant,
Mehelkuna, Nepal**

Specific to South Asia is the occurrence of children engaging in paid work from a very young age, albeit informally and therefore never reported as child labour. Children were observed undertaking agricultural and daily wage labour alongside their mothers, as well as helping mothers in home-based work to improve the returns from this work. Children also engaged sporadically in factory and domestic work, sometimes as substitutes for their mother if she was sick.

Figure 7: Primary type of paid work undertaken by women and men (%)



Across the four countries, the type of wage labour available for both men and women in rural settings was low paid, precarious and unprotected, and largely agrarian. In urban settings of India, too, work opportunities for women were mostly low paid, and either home-based, or in the informal sector. Further, most of the work across the 16 sites was strenuous, hard, and back-breaking labour under tough working conditions. In India, low earnings, non-payment of wages and delayed payments were a common occurrence.

In Nepal, subsistence-based activities such as kitchen gardens, brewing alcohol, and collecting and selling firewood and herbs were characterised again by arduous labour with low returns.

In Rwanda and Tanzania, the seasonal nature of the agricultural-related work that most women were engaged in, and their lack of technological inputs (fertilisers, irrigation facilities) produced low returns. Lack of adequate connectivity to markets for selling produce, and travelling long distances for work put additional time and work pressure on women.

Many women were found to be juggling, combining, and alternating multiple, but generally low-paid jobs and income-generating activities across all the research sites – adding further to their time pressures. Yet, women insisted that they greatly valued the little economic income that they were able to obtain through their participation in paid work; this constituted an important contribution to meeting the household’s basic necessities, and in particular, allowed for the additional food, health, and education costs of their children.

This reflects two things: firstly, the conditions of abject poverty that these families were living in, which increased the importance of even the smallest economic contribution that the women were able to make to the household income; and secondly, *how highly constrained the choices were that poor women and their families had within the local economy, as they sought to eke out a living for themselves.*

This is also important to consider in understanding ‘economic empowerment’, as *the focus on what women value or contribute detracts attention from the limited choices that women actually have.*

5.2 Work conditions

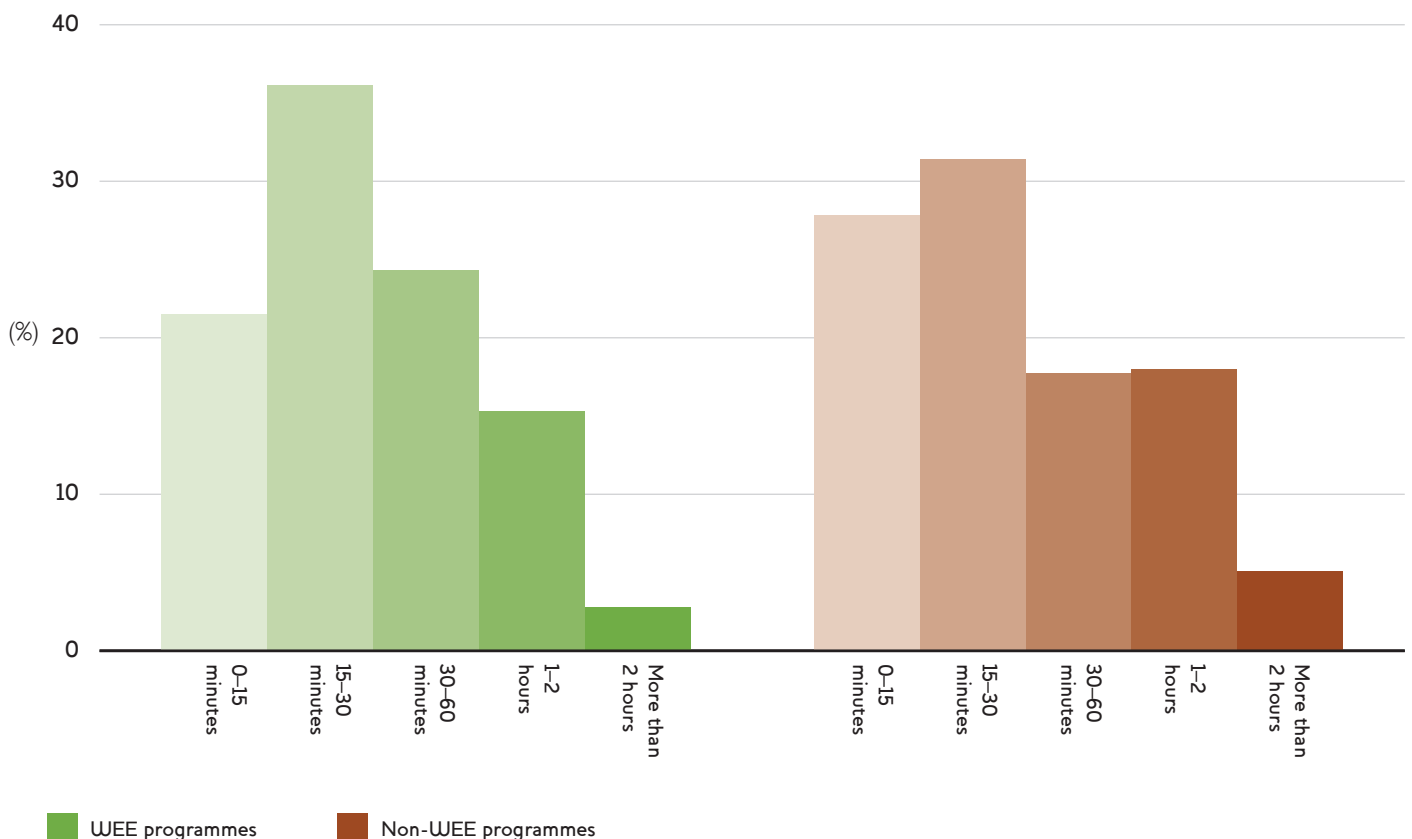
Low earnings were prevalent across the 16 sites and across the various types of income-generating work or jobs that women were engaged in. However, *women did not have sufficient bargaining power to negotiate for better income* – mainly because of widespread economic insecurity and high reliance on these income sources for their and their family’s survival. There were examples of improved earnings for home-based workers, but this was only through collectivisation and bargaining by SEWA, in the urban sites of India. There were also instances of gender wage gaps, such as in India’s MGNREGA – where the methods of wage calculation were disadvantageous to women. Overall, *bar SEWA participants, women were not involved in any labour-based movements or collective action across the four countries.*

Significantly, WEE programmes did not provide women with enough economic security. In most cases, *the income generated through these WEE programmes was part of a broader patchwork of livelihood strategies followed by women and their families.* Seventy-seven per cent of the women who reported WEE programmes to be their main source

of income²⁷ considered that this work had increased their household income significantly. This was not that much higher than the 71 per cent of women across the four countries who reported a significant increase in their household income from other (non-WEE) paid work. This was because the short spans of employment and low returns from these WEE programmes were largely insufficient to make any sustainable improvements in women’s economic situation.

Across the research sites, women spent six hours per day on average on paid work – whether these were WEE programmes or other (non-WEE) types of paid work. While most paid work options provided by WEE programmes were outside the woman’s home (95.4 per cent), participation in other (non-WEE) paid work gave greater flexibility for women to work at home, with a reported 36.19 per cent of paid work being located at the women’s houses. Women who worked outside their homes took a similar time to travel to work, whether they were engaged in paid work through WEE programmes or in other types of paid work, as can be seen in Figure 8.

Figure 8: Time taken to travel for paid work (WEE and non-WEE)





Women reported unhappiness about the time it took them to travel to work, especially when they were working on public works, as agricultural day labourers, or walking to the market to sell vegetables, etc. Moreover, there was a widespread lack of public transport facilities across all four countries, and the majority of women (96 per cent) reported primarily walking to work. *Distance to marketplaces or work sites and lack of transport facilities meant long, difficult journeys*, which added to their tiredness and increased the drudgery associated with them engaging in paid work.

Women were satisfied about the physical and sexual safety conditions at paid work across both WEE programmes and other paid work (except in India where 16 per cent of women felt unsafe at other paid work). However, *they recounted experiencing particularly harsh working conditions across all the sites – in both WEE work and other paid work*. Twenty-eight per cent of women working in WEE programmes in both India and Tanzania, 15 per cent working in other paid work in India and 10 per cent in other paid work in Tanzania reported unhealthy conditions at work. Sleeping for only four to five hours a day in the brick kilns in India; breaking stones and carrying heavy loads in Nepal; and breathing in dust and overexposure to sun and heat in Tanzania were commonly reported. Women's health was adversely affected

because of these conditions: women reported back and hand injuries (across the countries), uterine prolapse (in Nepal), body aches, and respiratory problems for themselves and their infants (in India).

I get problem mainly when my baby cries while am working in VUP, carrying her on my back and then she cries for breastfeeding which affect usual works.

Umutoni Liliose, 21 years old, a Vision 2020 Umurenge Programme (VUP) participant in Simbi, Rwanda, who is a single mother with one daughter

There was a dearth of childcare facilities at paid work, which led to children shadowing their mothers at paid work, irrespective of the hazardous conditions at workplaces. In Nepal, almost eight in ten women did not have access to these facilities (78.17 per cent) and in Tanzania more than nine in ten (90.48 per cent). In Rwanda, while the provision for childcare was there in the state-run programmes, this reached only 29 per cent of the women surveyed. The quality of the occasional childcare facilities was quite poor, with children being kept in pits, without shade, and often in harmful settings.

Women with small children everywhere shared that they could either not work, had to take their child with them, or had to rely on family members to care for their child, as a result of the lack of childcare facilities. This was a uniform constraint across women who were working within WEE programmes and those who were working in other paid work.

Despite the harsh conditions at paid work, 93 per cent of women whose most important type of paid work was their participation in WEE considered their income from this as either 'very important' or 'important', which was similar to the 91 per cent of women who reported the same about other (non-WEE) types of paid work. This shows that *despite low returns for high efforts, women were highly reliant on some form of paid work for survival.*

Men across the research sites valued their wives' engagement in paid work for the contribution that this made to the household budget. However, most men considered this engagement as a symptom of their household's poverty, rather than an idealised situation, and

preferred that this work was either in their own fields or closer to home. The situation of abject poverty that forced women to engage in any form of paid work that they could seek, also inadvertently resulted in a loosening of gender norms around what types of paid work women were allowed to engage in. In Nepal, for example, women were undertaking ploughing, which is traditionally a male-dominated area.

There is no place to keep the kids at the work place... they [other women workers] have to bring older kids to take care of their younger kid, as they need to travel on foot for nearly two kilometres to work.

Indumati Khair, 35 years old, India, with six children, who is engaged in waged labour and construction work, and whose husband is also engaged in agriculture and construction work

Box 4 Highlights on women's paid work

- Women's jobs were more limited in range as compared to men's, though both men and women were engaged in low-paid, precarious and arduous jobs in the informal sector.
- Women were working on hard, manual jobs with low economic returns, and with little infrastructural or childcare support. This increased the arduousness and drudgery of their paid work.
- The low returns from one source forced women to juggle multiple activities to generate income – this resulted in increased time pressures and women expending high levels of energy on paid work.
- Women's health and wellbeing was adversely affected because of the poor conditions of paid work. Lack of public transport facilities further exacerbated their time pressures and increased drudgery of paid work.
- Children in South Asia were engaged in paid work, often alongside their mothers or as substitute workers.
- Despite poor conditions of work and low returns, women and their families highly valued their paid work. This reflects the high level of constraints they faced in eking out a living within the local economy.
- While there were small, positive differences between WEE and non-WEE paid work, short spans of work, low returns, and similar conditions of work within WEE programmes explained the lack of any significant differences between those who were engaged primarily in paid work from WEE programmes and those in other (non-WEE) paid work.

6 Depletion: the outcome of balancing paid work and unpaid care work

This research found a *bi-directional interaction between paid work and care work*. The extent to which care work affected the choice and location of paid work depended on how many children the women had and the age of the children, as well as the type of support that they had from their families for care work. However, across all the countries, the economic necessity of doing paid work and the availability of paid work were considered more important by women, who often either relegated their care work or passed it on to their daughters, or did care work and paid work at the expense of their own physical and emotional health.



Care work responsibilities also affected paid work through lowering the quality and amount of paid work that women could do, and thereby the income that they were able to obtain through it. Women reported being worried and distracted at paid work because of the care work that they had to do. Forty-seven per cent of them found care of children, and 41 per cent found household tasks such as cleaning and cooking, to be the hardest tasks to combine along with their paid work. Across the research sites, women reported that they were very tired and therefore not as productive at paid work. Some women

reported being late for work because they were doing care work, and being reprimanded for taking time off because their child or someone in their family was ill. Many of them spoke about how their lifecycle needs (pregnancy and young children) meant that they restricted their work hours, or dropped out of work for short periods, and then had difficulties in finding jobs. Women also reported a sense of not being able to bargain for better wages, or their employers not giving them adequate wages, because they had either been out of work or had care responsibilities that they needed to carry out in conjunction with paid work. This again lowered the economic returns that women were able to obtain from paid work.

On the other hand, paid work also affected women's care work in several ways. Thirty-six per cent of women reported leaving household tasks undone, while 31 per cent reported giving up childcare in order to be able to engage in paid work. *Women reported being physically exhausted because of the drudgery of the paid work that they were engaged in.* Some women were keenly aware of the time and energy that they were spending on paid work, which made them tired, but also anxious and worried about being able to carry out or complete their care tasks. This led to them adopting strategies such as multitasking their care responsibilities. Economic precariousness across the 16 sites was a critical determinant of women feeling rushed off their feet and stressed about how and when they would be able to generate income. For women who did not have a source of reliable income in Rwanda, life was more stressful when agricultural work was scarce in the dry season.

During the period of preparing farms it is difficult to combine paid work and unpaid work... because there is so much to do in the farm so I have to leave home activities undone and go to the farm first.

Daniela, 47 years old, who lives with her husband and four sons in Lushoto district

Overall, it is significant that *women continued to be responsible for care work, despite being engaged in paid work.*²⁸ Women's increased engagement in paid work did not result in a commensurate increase in men's participation in unpaid care work – similar to the trend for developed countries (Budlender 2008). The only change in the social organisation of care when the women engaged in paid work was through an intergenerational transfer of care responsibilities, from the women to children – primarily daughters. Older women also had to take on care tasks, but this caused severe time and energy pressures for them, both because of their age and resultant fragility, and also because in almost all the cases they themselves were engaged in paid work, rather than being 'dependents' or extra help in the family.

Finally, *the interaction between paid work and unpaid care work also caused a depletion of resources (financial and time) amongst low-income families:* the need for more economic resources (to sustain families) and more time resources (to ensure their care and wellbeing), was contradicted by the very time and energy

drain that undertaking paid work and caring for families entailed. There was also a *bi-directional relationship found between the time spent on unpaid care work and the availability of basic services such as safe water and electricity.* While the lack of availability of basic services increased the time that women needed to spend on care of people and household work, this led them to spend increased time and energy on fulfilling their households' needs of water and fuel, thereby constraining the available time that women had left to spend on care of people and household tasks.

Thus, women struggled to balance their dual responsibilities for paid and unpaid care work, and felt the effects of this very acutely. *There was often a remarkable resourcefulness, a well-honed managerial strategy for getting everyone to do their bit.* While there are limits to the resilience of such women and families, most women demonstrated a keen sense of responsibility, pride, and determination through their physical and mental exhaustion that drove them on, despite the harshness of their lives and the dual burden they bear.

6.1 Effects of the double burden on women: lack of rest and high levels of multitasking

One of the most significant effects of women's struggle to balance their responsibilities was that *of tiredness and the constancy of doing something at any given time, without time to rest or recuperate.* The large amount of time that women spent doing some work can be seen through analysis of their time.

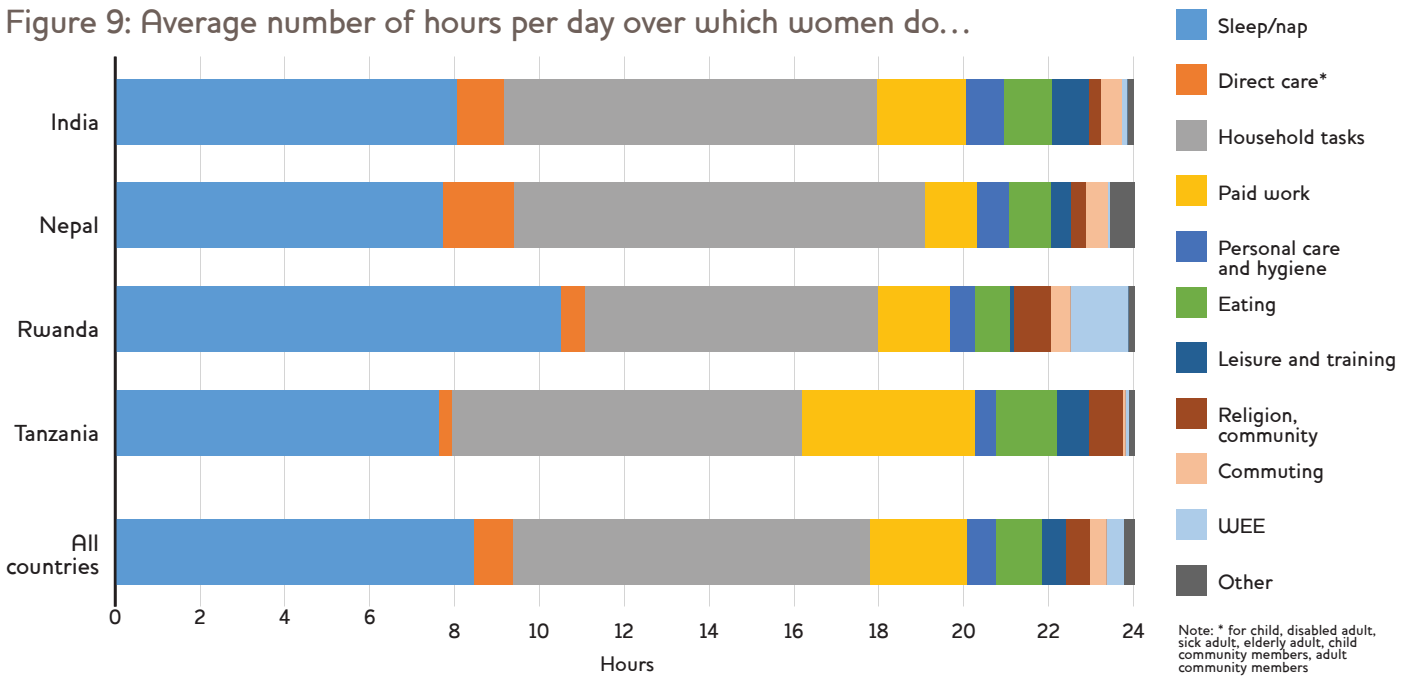
The spread of activities as presented in Figure 9²⁹ shows that women spend a large proportion of their time on household tasks – this includes cooking, cleaning, collecting water and firewood, washing clothes, shopping, preparing food, and serving food and drinks. This corroborates the findings from time-use surveys of India³⁰ and Tanzania³¹ which found that the time spent by women on household

maintenance through housework and ancillary activities such as water and fuel collection, was markedly higher as compared to care of children, while the time spent on unpaid community care was negligible (Budlender 2008).

I get home tired and now I start doing the unpaid care and there is also a client who wants me to help repair his or clothes and my baby wants to breastfeed, so it becomes too much for me and I end up failing to get time to rest.

**Abayisenga Dancile, 46 years old,
a tailor in Mbazi, Rwanda**

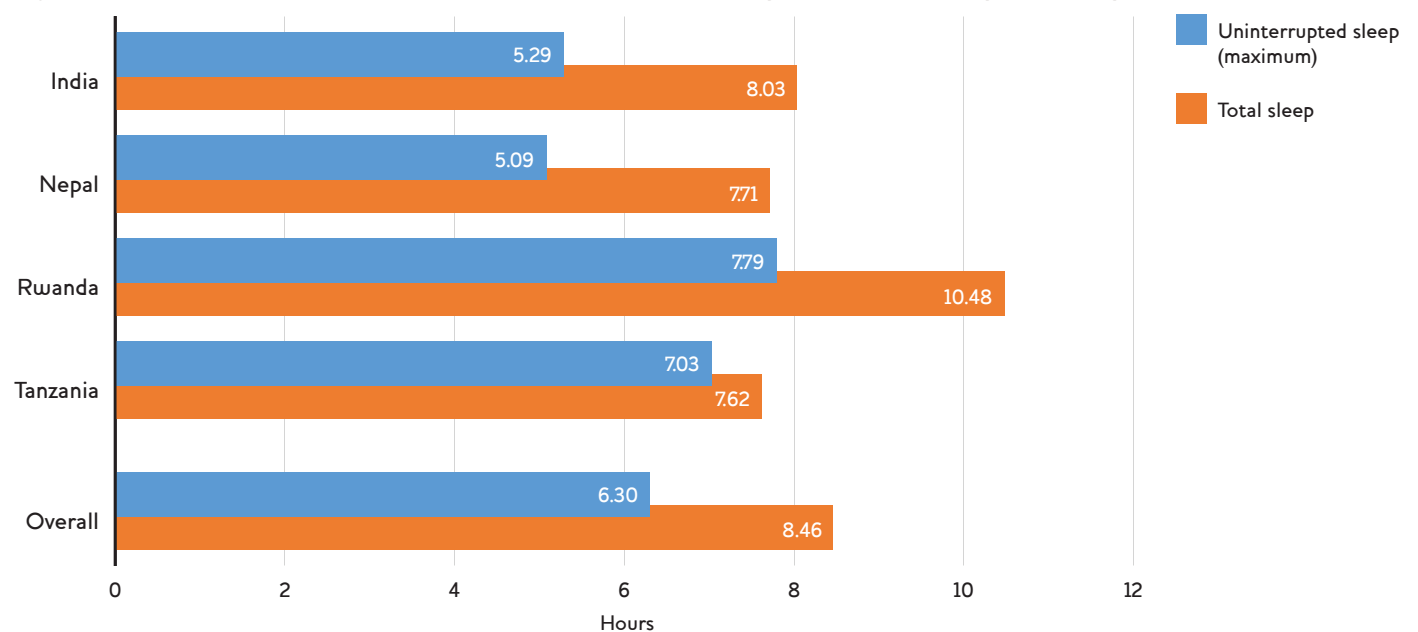
Figure 9: Average number of hours per day over which women do...



At a first glance, it appears from Figure 9 that women get enough sleep across the four countries. However, our research found that this was a misrepresentation of the actual rest that women got. As shown in Figure 10, women across the four countries had lower 'uninterrupted sleep' in comparison to the total

hours that they reported to be 'asleep'³² – i.e. they woke up in between sleep to do a care activity and then went back to sleep again. Even when the women were asleep, i.e. in either of the two categories in Figure 10, they could be responsible for a child – signifying the absence of complete rest.

Figure 10: Difference between women's hours of sleep and uninterrupted sleep



One of the women's significant coping strategies to complete all the tasks they needed to do in a day involved 'time-stretching' – waking up earlier, going to bed later, and taking little time to rest or for leisure. As recent evidence has shown, lack of sleep and recreation are indicators of poor health, no matter how creatively managed.³³

We go to sleep at 11 and then wake up at 4–5 in the morning; there are some days when we go to sleep without food since we're too tired to eat.

Women in Indore, India

Another risky strategy was multitasking: completing tasks intermittently but continuously doing more than one activity. Women looked after children at the same time as washing clothes or cooking, in between

moments of paid work. Across the four countries, *women multitasked during the time they were awake over an average of 11.06 hours a day*. Table 8 provides country averages.

Table 8 Over how many hours did women multitask...?³⁴

	India	Nepal	Rwanda	Tanzania	Overall
When awake	11.74	10.72	8.15	13.63	11.06
When asleep	2.43	3.69	3.33	4.47	3.48
In total (whether awake or asleep)	14.17	14.41	11.48	18.10	14.54
When also responsible for a child* (either awake or asleep)	7.9	4.9	5.0	5.3	5.8

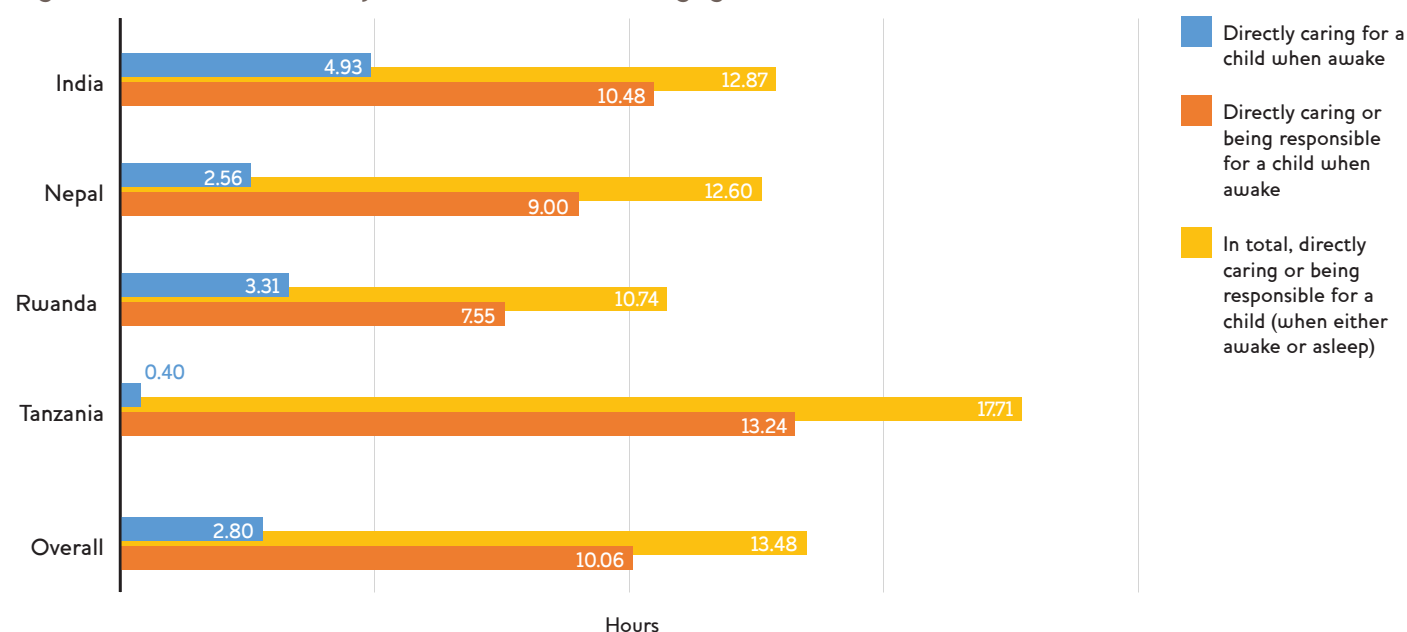
Note: * Under the age of 18.

As seen in the last row of Table 8, women often did multiple activities whilst also being responsible for a child aged under 18. Childcare took up the bulk of women’s time, especially as they either took care of a child directly, or remained responsible for a child over an average of 13.48 hours a day across the four countries. However, as seen in Figure 11, they often did not acknowledge this as a separate activity, which explains the relatively low number of hours (as seen also in Figure 9) over which they reported to be directly engaged

in childcare when awake.³⁵ Across the four countries, women reported that they were either looking after a child or being responsible for a child whilst awake over an average of 10.06 hours – showing the high levels of energy and engagement that this activity took.

Women also took care of children while engaging in paid work. Across the four countries, women reported that they were also responsible for a child for over 60 per cent of the time that they were engaged

Figure 11: Over how many hours did women engage in childcare...?³⁶



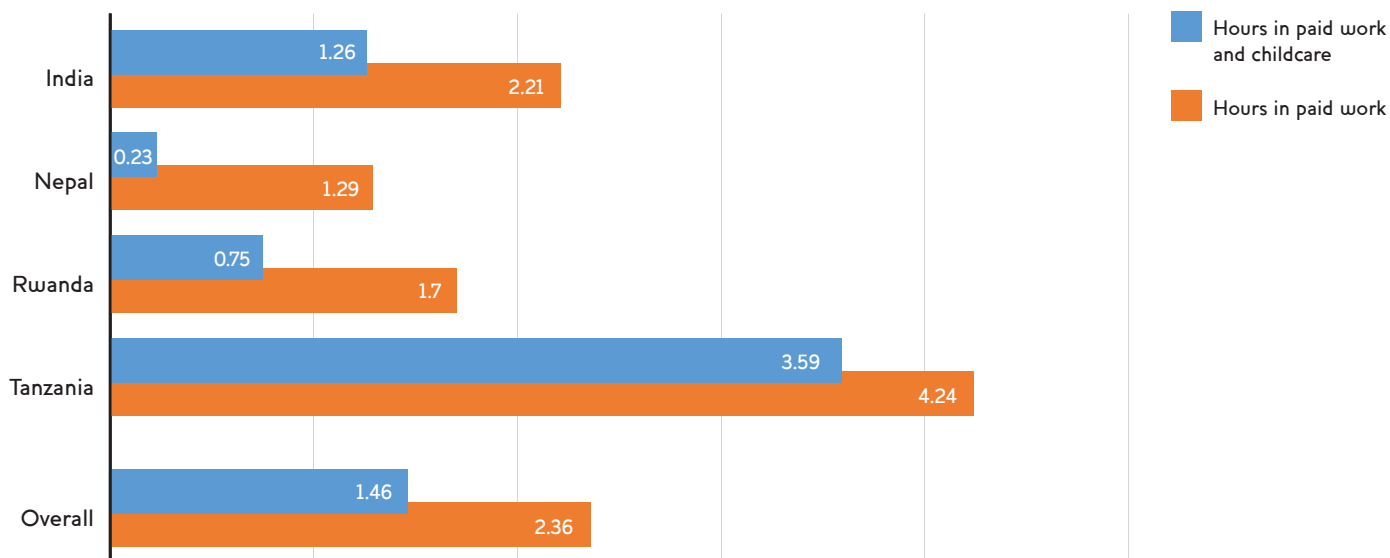
in non-WEE paid work³⁷ – as evidenced by Figure 12. This was especially acute in Tanzania and India, while it was not the case in Nepal and Rwanda where women largely preferred to leave their children at home with older siblings rather than take them to work. There is not much difference to this pattern when considering WEE work as well – which shows that irrespective of the source of paid work, the extent to which women multitask through undertaking both paid work and childcare responsibilities does not vary. This also reflects how care responsibilities impact on opportunities

for paid work, as women want to work closer to home and in jobs that allow them the flexibility to look after their children at the same time.

The thing is that I make the food before going [by waking up early], then when I get free from work at 12–1 o'clock [lunch break under MGNREGA], I return and rush to make rotis which we all eat. There is always a rush.

Woman MGNREGA worker, Udaipur, India

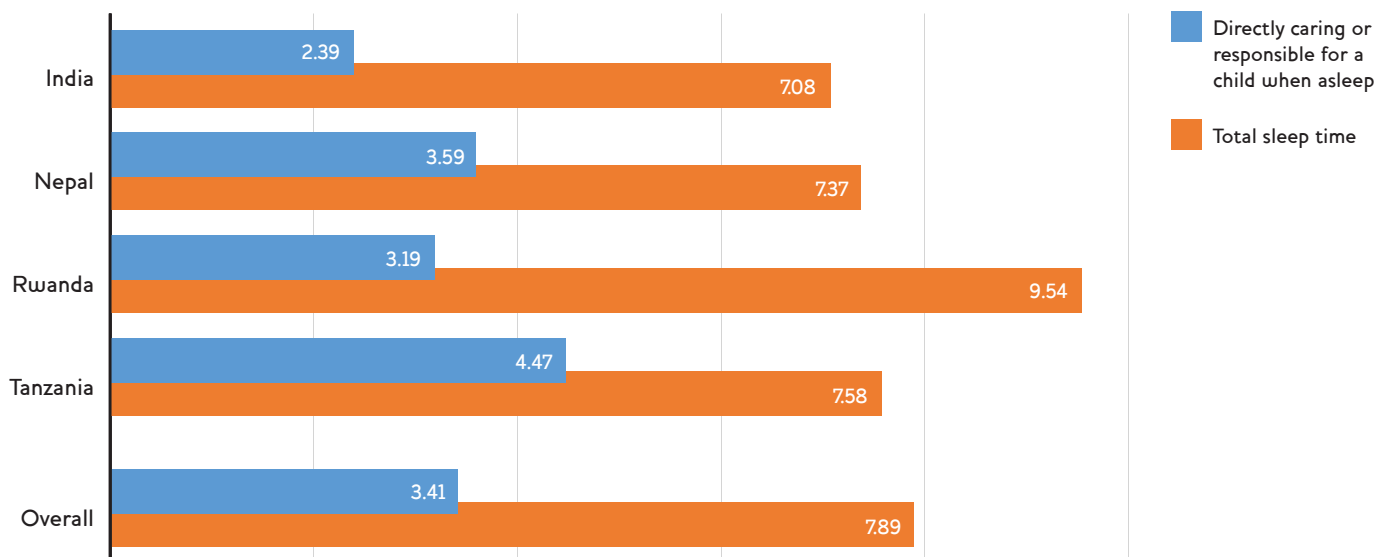
Figure 12: Responsibility for childcare while doing non-WEE paid work



Across the four countries, childcare – either direct care or responsibility for a child – ate into the rest time that women had when they were asleep; women reported being

responsible for a child when asleep for an average of 3.41 hours of a total maximum sleep time³⁸ of 7.89 hours (see Figure 13).

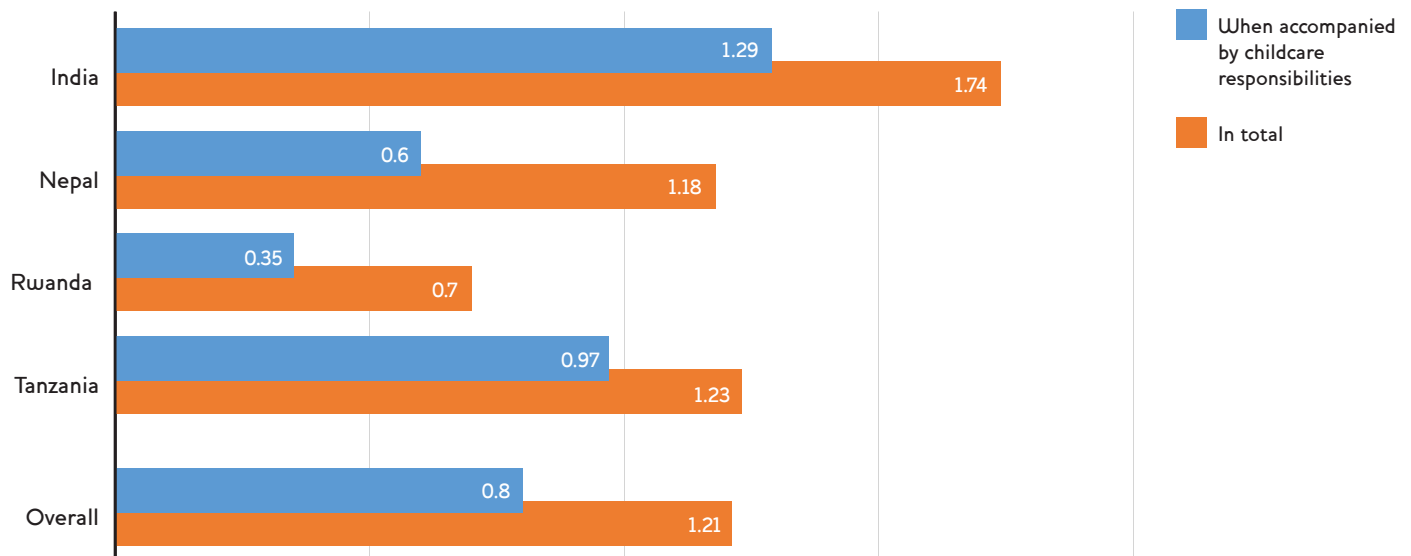
Figure 13: Over how many hours did women engage in childcare when asleep?



Even the time women spent on personal care and hygiene was not spared from them being responsible for a child at the same time, as Figure 14 depicts; this situation was especially stark in India and Tanzania.

It is telling that even when not accompanied by childcare responsibilities, the hours were not exclusively spent on personal care, hygiene or leisure as women were often multitasking on other activities at the same time.

Figure 14: Over how many hours did women engage in personal care, hygiene, and leisure...?



The adverse effects of continuous coping, no time to rest, and the arduousness and drudgery of both care work and paid work, in the absence of most essential public services and infrastructure, were felt by women in both their time and energy levels – leading to *physical and mental depletion*. Lack of time often meant too little sleep, chronic fatigue, and mental stress. In Rwanda, women felt they were overworked and unable to rest – they felt unable to get all their work done in time, and felt very stressed and tired because of this. In Tanzania, most women reported an overwhelming sense of tiredness, as they struggled to maintain their lives and livelihoods.

The time-stretching and feeling of being rushed was more acute during the peak agricultural seasons. In India and Nepal, women felt they had no time to sit down, and reported constantly worrying about their care responsibilities, or postponing the less immediate tasks. Across the research sites, women experienced chronic deficit of rest, exhaustion, and feeling overworked.

Even after you walk for four hours, you do not find firewood... And if the child cries at home, I have to come back in a hurry. The other day, while I was coming back fast, I fell down and sprained my leg.

Menuka Dhital, Depalgaon, Nepal

This *chronic fatigue* meant that they were not able to recuperate from the effects of their harsh lives. This depletion manifested itself in physical problems – women suffered from body aches; pain in hands, legs and backs; and frequent illnesses. There were also cases of serious physical harm, such as uterine prolapse, vision problems, and lung diseases. The women’s emotional depletion was reflected through their constant worry, tension, and feeling stressed – both about not being able to complete or carry out their care work, and also about finding paid work. Some women also shared their feelings of sadness and worry about transferring their care work to their daughters, yet being unable to stop or reduce paid work because they needed the money to survive.

6.2 Effects of women's double burden on children and families

Children often absorbed the negative effects of women's double burden – receiving less maternal care themselves, and often taking on more of the role of care provider. This abrupt assumption of adult responsibilities can damage children's educational and wellbeing prospects. This seemed to be particularly true for young girls in families with small children and economically active mothers. Across the research sites, women's engagement in paid work frequently resulted in a transfer of care onto their children. This care work could be heavy – fetching water and firewood, cooking, etc. – and reduced children's time for play or learning. In Tanzania and India, the daughter's educational outcomes were most significantly affected as they tended to do more of the tasks that their mothers transferred back to the household when they went for paid work. In Rwanda, some children perceived the benefits of their mother's work as insufficient *vis-à-vis* the costs of the time and physical burden transferred to them.



Further, children often shadowed their mothers while they undertook paid work, whether at home or travelling outside to worksites. This adversely affected not only the time that children were able to spend playing or studying, and therefore their health and education outcomes, but also exposed children to dangerous environments. This could be seen quite starkly at public works sites, construction sites and brick kilns, with children being exposed to dust, heat and harmful construction tools. Working at home was recognised by many respondents as equally dangerous, with children being vulnerable to harmful chemicals such as incense stick raw material, tools such

Case study: Intergenerational transfer of deprivations

Brick kiln worker children face severe deprivations – they are recruited into child labour at an early age, and many of them do not attend school. Swati Balai's three children do not attend school either at the brick kilns or back at their home. Swati sees educating her children as an impossible choice: 'there can be only one thing, either I go to my work or they go to school.'

as needles and scissors, and dyes that could lead to adverse health effects. More insidiously, *children who shadowed their mothers were often 'helping' their mothers complete paid work targets and earn incomes* – cleaning homes, rolling incense sticks, breaking stones, etc. – in effect being child labourers even though not reported as such.

Overall, children generally valued their mothers' income-generating activities, even stepping in as paid workers, unpaid family helpers, and to perform unpaid care tasks of their own volition. They appreciated the efforts made by their mothers to pay for school, clothes and food. But some suffered a deficit of care, affecting their educational opportunities without help or encouragement from their mothers. *Feelings of loneliness, sadness, or anger were widely reported by children.* Most men, by contrast, perceived few negative effects of the women's double burden on themselves, and in fact remained normatively attached to a gendered division of work. So, while many men did appreciate their wives' earnings, they saw this as a symptom of their family's poverty, rather than an ideal situation.

Well, everybody goes to school but I cannot. They roam around but I cannot. That's how I feel... If we could do something we would not have to suffer like our parents.

Sheetal Nepali, 15 years old, Depalgaon, who dropped out of school to take up the responsibilities of unpaid care tasks as her mother is the primary earner of the family

Men largely expressed their preference for women to remain home and in charge of care work. However, some men did recognise the arduousness of women's lives. This recognition led, in a handful of cases, to men helping out in household care tasks. However, men were often constrained both normatively and practically from offering support. They themselves were constrained by the necessities

of economic survival of the family which led them to undertake multiple and arduous work with long hours away from home. Many men appreciated their wives' contribution to the household budget, sometimes also valuing this to the consequent decrease of pressure on them as the sole breadwinners in the family (in Tanzania and Rwanda).

6.3 Factors influencing the outcomes: depleted, coping, or moving towards a double boon?

The presence of young children and infants, and a large number of children, exacerbated women's care work because of the high level and intensity of care involved.³⁹ The absence of public services combined with arduous paid work that provided low economic returns contributed to their drudgery and generated an imbalance between paid work and unpaid care work – resulting in high levels of physical and emotional depletion.

Women whose earnings were good and reliable were better able to redistribute their care work responsibilities. Some women used part of their paid work earnings to outsource unpaid care work, hiring workers (in Tanzania) and helpers (in Rwanda) for direct personal care tasks or to buy water and firewood. *This strategy, however, increases the opportunity-cost of women's already generally low returns from engagement in paid work, and does little to affect the social distribution of care either within the household or to other responsible actors such as the state.*

Women who engaged in more arduous paid work with low wages were drained of both time and energy (depleted), and found it extremely hard to cope with their double burden. *Women's depletion was seen to increase with the distance of work from home – especially in light of bad roads or the lack of affordable and safe transportation. This resulted in many women expressing a marked preference for home-based work – for example in India, where women felt they could cope better with their paid work and unpaid care work responsibilities if they could undertake paid work at home. In Tanzania and Rwanda, many of the women were struggling to achieve a positive balance, and were found to work longer hours and far*

from home. This restricted the occupational choices women could realistically choose from, and heightened their depletion.

Another significant way in which conditions of paid work affected women's drudgery and depletion was in terms of childcare facilities. Women who did not have support for childcare at home either brought their children to work – including an older child to watch over the younger sibling – or dropped out of paid work. For those who brought their children to paid work, support of employers (for time or wage calculations) was critical in lessening the worry that women felt regarding balancing children and paid work. Yet, this did little to reduce their drudgery and depletion in terms of lack of rest and multitasking.

Lack of family support was another factor that affected the balance of paid work and unpaid care work adversely and increased the drudgery that women were experiencing. Women in Rwanda who were the sole adult earners and carers for their families were found to be struggling the most. In Nepal, women with limited familial support and high periods of male migration felt the effects of their double burden more acutely, as they were unable to redistribute parts of their care tasks to other household members. In India, the seasonal migration of male members increased women's unpaid care work, which in turn reduced the time they could invest in paid work. In India, women tended to leave their children under the care of household members – and those without support, had to 'choose' not to work at all.

Women were found to cope better with their dual roles in contexts where basic

infrastructure and essential public services were accessible, available, and affordable. Across the research sites, the availability, accessibility and quality of water and electricity provision, roads, and health facilities, made a huge impact on women's drudgery and depletion. In India, where public resources and services were available, women were able to alleviate their drudgery or receive temporary respite from their double burden. On the contrary, lack of roads and a dam construction had cut off a rural community in India, exacerbating women's double burden and drudgery by increasing the time and energy it took to access markets.

Interestingly, our findings mirror those of Smeeding and Marchand (2004), who suggest in the context of the United States that a reduction in family size, better infrastructure, and more income can increase the time spent on care of people (especially children) by decreasing other demands on parents' time to undertake basic household maintenance and earn a living.

Budlender found similar associations with income levels – an increase in income leads to a fall in the amount of unpaid care work –, explained by 'poorer infrastructure available to

poor households, less ability to buy care, and larger household size' (2008: 27).

It is no surprise to note that community or institutional help enabled women to better balance their dual roles. Rotational responsibilities pertaining to agriculture and livestock, relying on neighbours for childcare, and collective travel for paid work were found to be significant in improving women's paid work and unpaid care work conditions, and in contributing to a positive balance between these.

Programmes and policies aiming at WEE did not, by and large, consider women's unpaid care work, thereby obstructing women's achievement of a double boon. Inflexible hours, lack of childcare facilities, and measurement bias against pregnant and lactating women contributed to exacerbating women's drudgery and resultant depletion.

Finally, there is a seasonal element to the imbalance, creating peaks of intensity for both paid work and unpaid care work. *Workload management was more challenging during agricultural months*, when women worked on their land and/or as agricultural labourers, and water collection was harder and more energy-depleting during the dry seasons.

Box 5 Highlights on balancing paid work and unpaid care work

- There was a bi-directional interaction between paid work and unpaid care work, with paid work affecting the quality, time, and outcomes of care work, and vice versa. This interaction caused a depletion of time and monetary resources in low-income families to undertake both paid work and care work.
- Lack of basic services such as access to water and fuel increased the time that women needed to spend on caring for their families, which at the same time constrained the time they had available for this care work as they spent it on collection of water and fuel.
- On the whole, women struggled to balance both paid work and unpaid care work responsibilities, and used strategies of time-stretching and multitasking.
- Women faced severe depletion of their physical and psychological capacities – they spoke of physical tiredness, emotional stress, and chronic fatigue.
- Children bore the negative consequences of the imbalance and double burden – both in terms of a reduction in the care that they received, and as substitute carers. Those who shadowed their mothers for paid work also stepped in as unpaid helpers, and were exposed to dangerous conditions both within and outside their homes.
- Support through family, community, and most importantly, well-funded public services was essential for women to reduce their drudgery and depletion.
- There was a strong link between conditions of paid work (including wages and supportive facilities) and the extent of depletion that women faced as a result of their double burden.

7 Steps towards achieving a ‘double boon’

7.1 Women’s perspectives on solutions

Access to regular and quality paid work opportunities was, across the sites, one of the strongest demands that women voiced. In India and Nepal, women sought an increase in their livelihood options that were regular and better paid. In Rwanda and Tanzania, women asked to have more work that was better paid and more regular. The economic precariousness of their families largely dictated the solutions that women came up with. Across the research sites, 67 per cent of women said that if they had more time, they would spend it on income-generating work, including agriculture.



Many women considered that self-employment and/or close-by paid work opportunities were key in their capacity to engage both in paid and unpaid care work, so that the paid work did not impinge excessively on their unpaid care work responsibilities. This was especially important for women with young children in Nepal and India. However, the preference for home-based work needs to be put in the context of all informal workers, including home workers requiring quality childcare services in order for them to be able to work and earn enough money to support their families (Alfers 2016). The assumption that home workers don’t need childcare was discredited by many of our respondents, explaining how home-based

work turns the home into a place of work that is not necessarily safe for children. In Rwanda and Tanzania, women mostly demanded access to credit to start or expand their businesses, including in the form of productive assets (e.g. livestock), and/or access to better technology (e.g. fertilisers, watering systems, and so forth) to enhance their productivity.

The very important thing that the government can do is to construct house to the homeless people in our community and if possible provide domestic animals to the poor people like me in our village.

Mukamanzi Grace, 33 years old, Rwanda, with two children, who does construction work for the Vision 2020 Umurenge Programme (VUP)

Access to markets through feeder roads was considered as critical in Nepal, Tanzania, and Rwanda. On the other hand, women in India expressed a desire for water and fuel connections in order to reduce their drudgery on these activities. But this demand for the state to step in was limited to only a few women for whom the state was a part of their imaginations. For women in Nepal, even the idea of state or employer accountability for care was new; while in Rwanda, women thought care work could be distributed only within their family and community.

When asked who women could pass their care work responsibilities to, 24 per cent of women across the four countries said they did not know who else could take these on. Out of the remaining women, the overwhelming majority (77 per cent) spoke of their families as being the primary, and often the only, support mechanism. Within this category, an equal number of women (27 per cent) said they would pass on their responsibilities to either their spouses or to other adults (primarily females) in the family, while 17 per cent said they would pass them on to their

older children (primarily girls). This shows the prevalence of gender norms, and yet a desire amongst women to change these norms. Across the research sites, it was interesting to note that women expressed a desire to share care responsibilities with their spouses, though at the same time acknowledging the immense economic strain that men were under to make ends meet for their families. However, the stickiness of gender norms is reflected through two aspects: (a) there is still a long way to go for women to expect and want their sons to take over tasks that are considered female; and (b) while young men (mainly as spouses) are taking up care tasks, this is happening quite slowly, and is shaped by the nature of care tasks – as depicted in Section 4.1, some care tasks are more equitably shared amongst men and women in the family than others.

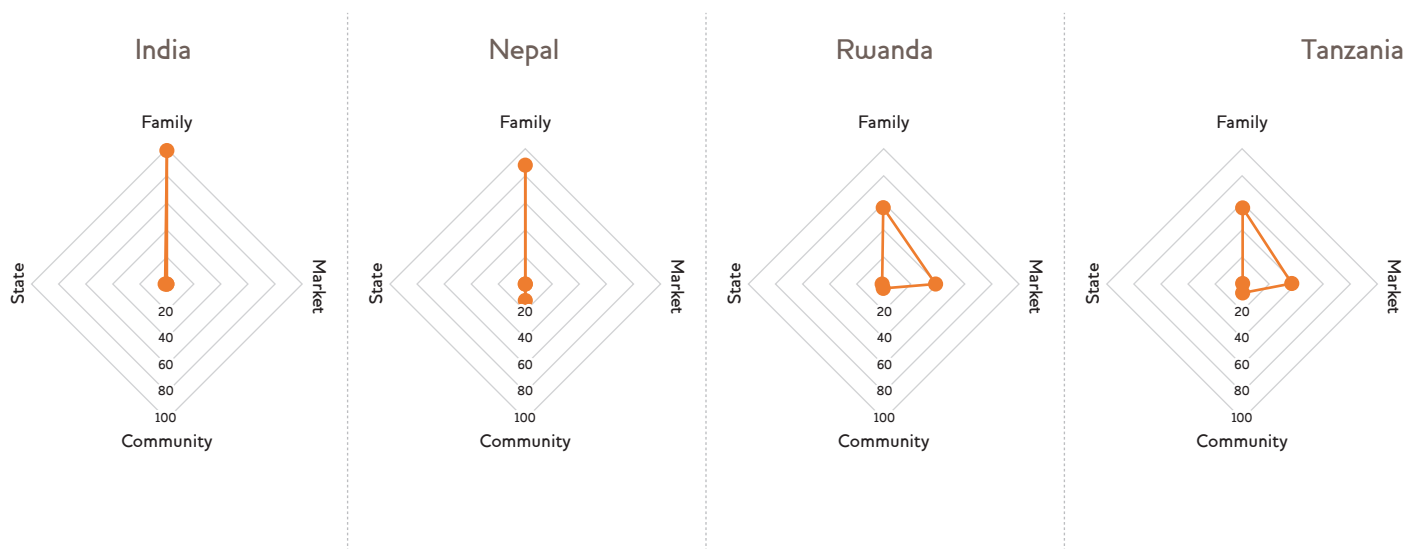
As depicted in Figure 15, across the four countries, women did not envisage that either the state or the community would provide any support in redistributing their care work responsibilities. Only in Rwanda and Tanzania did the idea of the market come up in terms of hired care workers (for 39 per cent and 37 per cent of

women respectively), but no women had any expectations from ‘employers’ or workplace support for care.

This analysis depicts that women’s imaginations and expectations are shaped by the sombre reality of their situations, in which families are the only present source of support to them, and therefore the only key institution that women can imagine would be able to provide care. From this, it can be seen that the ideal distribution of care provision amongst different actors of the care diamond (Razavi 2007) is far from being achieved, either in reality or in women’s imaginations. In addition, this also shows that *women’s envisioning is shaped by prevalent gender norms, which dictate specifically who within the family – mainly daughters and older women – would be women’s first recourse.*

Programmes aiming for WEE thus need to draw lessons pertaining to both heralding sustainable changes in gender norms, as well as drawing in other actors in order to achieve a more equitable provisioning of care from across the various institutions in the care diamond.

Figure 15: Care provision across the care diamond as envisaged by women (%)



7.2 Reducing drudgery and depletion: Creating the ‘double boon’

It is clear that public investment in small infrastructure and essential public services is critical to: (1) reduce the amount of time that women spend on collection of fuel and water and household tasks, (2) increase the time they

can spend on care of people, (3) reduce the drudgery and accompanying depletion that they face in carrying out their care work and paid work responsibilities, and (4) increase the return on women’s paid work. Provision of

water, electricity, roads and transport facilities, childcare, and education are critical for women to be able to carry out these tasks without depleting consequences for themselves and their families.



Further, higher economic security can prompt a virtuous cycle towards women achieving a double boon. Poverty pushes women, and their men, into precarious jobs with poor working conditions, which in turn create an imbalance between the time that either can spend on paid work or care. Women's paid work can then appear to be, as was the case for most families across the 16 sites, a reflection and strategy to cope with the household's poverty, rather than a 'choice' or a sign of women's positive inclusion in the labour market. *The arduousness of paid work combined with the demands of unpaid care work can thereby lead to depletion.* Better-paid work with decent income generation can alleviate this pressure. At the same time, greater economic security can improve collective bargaining power at work as well.

These findings call for understanding women's empowerment as centrally requiring two aspects: firstly, *a fairer sharing out of the unpaid*

care work across the different actors within the care diamond, and especially to the state and to the market, that helps families reduce their depletion, thereby allowing them to grow and thrive. At present, women carry this responsibility with limited help; much more can be done to reduce the drudgery that women face in carrying out care tasks. Specifically, the state can provide well-funded small infrastructure – piped water into homes, electricity connections, and roads connecting inaccessible villages to local markets and paid work options. Public provision of quality childcare services is essential in order to enable women working in the informal sector and their families to care for their children adequately (Alfers 2016).

Secondly, this requires *making decent work accessible to women and men – such that there is no drudgery associated with paid work.* The state needs to also act as a regulator of markets for this – through formulating and implementing laws on decent work – specifically mandating and ensuring: (a) payment of living wages to both men and women; (b) decent and safe working conditions; and (c) childcare provisions either at the workplace, or in communities through state-run quality childcare facilities. Critically, *the state is also responsible for improving the overall macroeconomic climate in which poor families operate,* specifically through ensuring that jobs for poor families are created in a range of sectors, such that men and women are not excluded from or adversely incorporated into the overall process of growth. Without a fairer share of care and decent paid work, the idea of women's economic empowerment will remain a myth, because their involvement into the paid labour market will continue to be a source of drudgery and depletion, rather than empowerment.

7.3 Lessons for programmes aiming towards WEE

Programmes that aim at women's economic empowerment need to include considerations of care, as well as provide higher economic security through decent work. Becoming care-responsive includes integrating services into programme provisions (i.e. childcare, breastfeeding safe spots) and having flexibility in working hours and proximity to women's homes. In addition, this involves contributing to making care visible

and valuable through an explicit recognition and addressing of gender norms and sharing the costs of human and social reproduction. Public works programmes can make a concerted effort to build infrastructure that would bring basic resources, such as water and fuel, closer to households. All programmes providing employment need to review their wage calculations in order for women and men to be able to earn a living wage.

Care-sensitive wage calculations would include considerations of arduous care burdens faced by women and pressing lifecycle scenarios such as breastfeeding and pregnancy that impact on women's productivity. More importantly, these programmes need to intersect with public infrastructure and goods that provide collective arrangements for social reproduction, public utilities (irrigation, roads, childcare centres), safe and good schools, accessible health facilities, and affordable nutritious food. This *coordinated convergence of several programmes* and provisions would be more effective in addressing women's double burdens by addressing the multiple constraints that women operate within. Finally, programmes for women's economic empowerment would be well placed to facilitate and promote spaces for women's collective action and leadership, especially taking into account diverse organising and collective bargaining strategies within the informal sector.⁴⁰

Development organisations need to recognise the inadequacy and risk of increased labour force participation rates for women as an indicator for women's economic empowerment. As this research has shown, getting women into the labour force does not provide an accurate representation of either the quality of jobs or the rewards that they are able to obtain from these jobs. In fact,

a focus on labour force participation rates obscures the hardships that women and their families endure to balance their paid work with their unpaid care work responsibilities, and glosses over the drudgery and resultant depletion that is experienced by them. In order to capture the lived experiences of women and the processes of their empowerment, *it is essential to have process-based indicators built into impact assessments of programmes and policies*, capturing especially the changes and trends over time. Some of these indicators can include: the ability to make real choices about the types of paid work that women engage in; time taken in travelling for paid work; time taken for collection of fuel, wood, and water; ability to collectively bargain for wages and working conditions; and ability to engage in community decision-making processes.

I do all that I can... I help with filling water, making *chapatis* [Indian bread], grinding chillies... there is no shame in doing the household work. We should help the women.

Brijesh, 38 years old, India, who is the husband of Divya Pargi, 35 years old, with six children, and who is mainly engaged in farming on their own land

Box 6 Highlights on steps to achieve a double boon

- Access to regular, decent paid work opportunities is considered the most important by women themselves in order to achieve economic empowerment. However, drudgery and depletion of women's bodies and minds is neither a necessary nor an inevitable consequence of their participation in the labour force.
- Provision of well-funded, essential public services (including small infrastructure and quality childcare services) and decent paid work that cements higher economic security for poor families is critical to ensuring a reduction in the drudgery of care work and that of paid work – thereby reducing their physical and emotional depletion, and building women's capacities to achieve a double boon.
- The state is a critical player in ensuring a fair share of care and reducing drudgery – through provision of essential public services, regulating the market, and creating an inclusive macroeconomic environment.
- Programmes aimed at WEE need to include considerations of care in order to ensure that WEE is optimised, shared within families, and sustained across generations.
- Labour force participation rate is an inadequate and misplaced indicator of women's empowerment. Process-based indicators of WEE are essential to capture the lived experiences of women and the processes of their empowerment.

8 Conclusions and future research agenda

Our research has highlighted the lived experiences of women and their families in relation to the social organisation of care, and their paid work. Significant findings are as follows:

- Lack of public services, and lack of decent work, are the most detrimental factors affecting both the social organisation of care as well as women's experiences of paid work. Lack of infrastructure and services increases drudgery of care, constrains the time that women can spend on care, prevents redistribution of care responsibilities, hampers women's engagement in the paid economy, and increases the depletion that they and their families face. Lack of decent work constrains women's (and men's) choices, and results in women and their families being engaged in unsafe, multiple, and depleting work. These effects are especially severe for women and girls in low-income families.
- Care by itself is not a barrier for women's engagement in the labour market, or for their economic empowerment. In fact, there is a bi-directional interaction of paid work and care work on each other, resulting in a depletion of time and monetary resources in low-income families to undertake care work and paid work.
- The most significant barriers to women's empowerment are structural, involving a combination of two factors: (1) the drudgery of care work, and (2) poor working conditions and returns from low-quality and arduous paid work.
- Broader narratives of masculinity and femininity shape, through manifesting themselves in social norms, both the social organisation of care, and women's experiences of paid work through contracting the 'choices' that they have access to.
- The combined drudgery of paid work and unpaid care work leads to depletion of women's time and energy, as reflected in

physical and psychological effects on the women themselves, and that of their families.

- This drudgery and depletion is neither necessary nor an inevitable consequence of women's engagement in the labour force, and can be corrected through provision of (a) well-funded public services, and (b) decent work for both women and men.
- Essential public services need to include running water, electricity, and connectivity to markets; while care services should include provision of quality childcare for informal sector workers so that the structural barriers that reinforce and reproduce women's marginal position within the labour market are removed.
- Women need to undertake no more than their fair share of the responsibility of reproducing their society if the goal of a double boon is to be realised. This implies a redistribution of care work responsibilities – to the state, through public services, to the market, through decent work, and to male family members – through addressing social norms.





Having laid bare the contours and processes of the social organisation of care and its interactions with paid work at the micro level, this research has provided a nuanced and rich understanding of drudgery and depletion, and generated concrete recommendations for action and policy for women's economic empowerment to be optimised, shared within families, and sustained across generations. Future research in this field needs to be undertaken on the following:

a) **Drudgery and depletion:** There needs to be further research and conceptualisation of depletion in relation to the SDGs, especially in highlighting the sustainability of both people and natural resources, as linked to care. Another aspect to explore would be to develop indicators for drudgery and depletion that can be useful for a macroeconomic perspective on these issues, and to monitor the progress of SDG 5. An assessment of what indicators might already exist for a whole region or country, and what indicators would need to be developed further to make meaningful comparisons across different groups (stratified by region, household income level, etc.), would be useful.

It would also be useful to go beyond diagnostics, to understand where the policy solutions lie for alleviating drudgery and

ending depletion – generating examples of not only what has worked (for whom and where), but gaining an understanding of the processes through which success may have been achieved and how these solutions can be scaled up. Further, research on what may not have worked, especially for the poorest and most marginalised, can provide valuable evidence for developing more innovative policy solutions.

b) **The role of collective action in ensuring redistribution of care as well as ensuring decent work:** Collective mobilisation and action is often understood as being the key to empowerment and social change. However, given that women are so stretched for time and energy, it will be important to understand how collective action can happen in these circumstances. What factors determine processes of collectivisation, and how can collective mobilisation be enhanced? What are the different strategies of collectivisation and constraints of these strategies (depending on nature of jobs, informal vs more formal sector work, geography?). Further research on collectivisation also needs to take into account the challenges brought forth because of women's intersecting and multiple identities, and the intersecting nature of deprivations that they face.

The conditions under which collective action can lead to more care sensitivity in programmes, or public service provisions, or provision of decent work, can be examined through studying success stories. Following on from identifying cases of success (Moussié 2017), it is important to undertake a feminist political economy analysis of the processes of change – who were the actors involved, their interests and motivations, and how change happened – in order to provide recommendations for collective action, especially in the case of informal sector workers.

While processes of collectivisation are shaped by women's lived realities, these processes also impact on women's empowerment – especially through impacting their identities and social norms, negotiating capabilities, and building their support systems. A future research agenda would be to trace the impact of collective mobilisation on women's economic empowerment – in terms of affecting both the social organisation of care, and their paid work experiences.

- c) **Decent work:** Further research is also needed on the contours of decent work and on making the macroeconomic environment inclusive. Specifically, it is important to identify sectors that can provide good-quality jobs to poor families, in a situation where the large proportion of such families are unskilled and illiterate. It is also critical to define what decent work means in different contexts and for different people – especially when seen alongside unpaid care work responsibilities. The link between collective mobilisation and access to decent work can be explored to understand the bi-directional links between these two aspects.
- d) **Time use data analysis:** Looking at trends and seasonality will be an important aspect to explore further. It will be interesting to examine the effects of seasonal variations on the social organisation of care; and also in terms of availability of paid work that impacts women's 'choices'. Further, it will be important to understand changes in time

use for both men and women over a longer period that are being affected by larger social processes, including globalisation processes, lifecycle changes, migration, women's empowerment programmes, changes in social norms, collective mobilisation, provision of public services, etc. A longitudinal mixed-method study to explain trends in time use as well as to explore the reasons behind these changes will be a valuable exercise.

e) **Lived experiences of women in urban areas:**

This research has focused primarily on women and their families living in rural areas, with only two research sites being in urban slums. An important research direction would be to extend the evidence on women living in cities, the ways in which they are incorporated into the economy in very specific and often disadvantageous ways, and the resultant outcomes of this adverse incorporation.

Finally, it is critical that policy on economic empowerment of women addresses not just the benefits of women entering the labour force, but also the costs of this participation – to women themselves, to children, and their families. This research has identified and provided evidence of the costs of this in terms of the drudgery and depletion that women face, and the effects of this depletion on their and their family's lives. This research has also clearly shown the sources of drudgery arising from arduous paid work and lack of support for unpaid care work. It is therefore imperative that policies and programmes aiming at women's economic empowerment ensure that drudgery of both paid work and unpaid care work is addressed as a structural barrier to women's economic empowerment. Sustainable women's economic empowerment can only be achieved through the realisation of 'double boon' for women – i.e. removal of the structural barriers to their empowerment through provision of decent work opportunities to women (and men), and redistribution of unpaid care work through essential public and care services.

Annexe Outputs produced by the project

Working Papers

- Ghosh, A.; Singh, A.; Chigateri, S.; Chopra, D. and Müller, C. (2017) *A Trapeze Act: Balancing Unpaid Care Work and Paid Work by Women in Nepal*, IDS Working Paper 500, Brighton: IDS
- Rohwerder, B.; Müller, C.; Nyamulinda, B.; Chopra, D.; Zambelli, E. and Hossain, N. (2017) *'You Cannot Live Without Money': Balancing Women's Unpaid Care Work and Paid Work in Rwanda*, IDS Working Paper 498, Brighton: IDS
- Zaidi, M.; Chigateri, S.; Chopra, D. and Roelen, K. (2017) *'My Work Never Ends': Women's Experiences of Balancing Unpaid Care Work and Paid Work through WEE Programming in India*, IDS Working Paper 494, Brighton: IDS
- Zambelli, E.; Roelen, K.; Hossain, N.; Chopra, D. and Twebaze Musoke, J. (2017) *'How Can It Be a Problem If You Need Them Both?' Women Juggling Paid and Unpaid Care Work in Tanzania*, IDS Working Paper 495, Brighton: IDS

Programmatic Notes

- Ghosh, A.; Singh, A. and Chigateri, S. (2017) *Making Karnali Employment Programme More Care-Responsive*, Programmatic Notes, Brighton: IDS
- Ghosh, A.; Singh, A. and Chigateri, S. (2017) *Care Responsiveness of Livelihoods Programming: The Enterprise Development Programme, Oxfam Nepal*, Programmatic Notes, Brighton: IDS
- Kennedy, L. and Roelen, K. (2017) *ActionAid's Food Security and Economic Empowerment Programme in Muko Sector, Northern Rwanda: Guidelines for Achieving the Double Boon*, Programmatic Notes, Brighton: IDS
- Murphy-McGreevey, C.; Roelen, K. and Nyamulinda, B. (2017) *Making Rwanda's Vision 2020 Umurenge Programme Public Works Care-Responsive*, Programmatic Notes, Brighton: IDS
- Zaidi, M. and Chigateri, S. (2017) *Making Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) More Care-Responsive*, Programmatic Notes, Brighton: IDS
- Zaidi, M. and Chigateri, S. (2017) *Learning from 30 years of the Self Employed Women's Association in Madhya Pradesh (SEWA MP)*, Programmatic Notes, Brighton: IDS
- Zambelli, E. and Müller, C. (2017) *Making Women Development Fund More Care-Responsive*, Programmatic Notes, Brighton: IDS
- Zambelli, E. and Müller, C. (2017) *Oxfam's Food Security for Tanzania Farmers Programme: Guidelines for Achieving the Double Boon*, Programmatic Notes, Brighton: IDS

National Reports

- Ghosh, A.; Singh, A. and Chigateri, S. (2017) *A Trapeze Act: Women Balancing Paid Work and Unpaid Care Work in Nepal*, National Report, Brighton: IDS
- Rohwerder, B.; Müller, C.; Hossain, N. and Nyamulinda, B. (2017) *'You Cannot Live Without Money': Women Balancing Paid Work and Unpaid Care Work in Rwanda*, National Report, Brighton: IDS
- Zaidi, M. and Chigateri, S. (2017) *'My Work Never Ends': Women Balancing Paid Work and Unpaid Care Work in India*, National Report, Brighton: IDS
- Zambelli, E.; Roelen, K.; Hossain, N.; Chopra, D. and Twebaze Musoke, J. (2017) *'My Mother Does a Lot of Work': Women Balancing Paid and Unpaid Care Work in Tanzania*, National Report, Brighton: IDS

Case Studies

- India: 32 case studies
- Nepal: 32 case studies
- Tanzania: 30 case studies
- Rwanda: 30 case studies

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Notes

1. The 'care diamond' is a framework that outlines the institutions involved in the provision of care, which include: the family/household, markets, the public sector, and the not-for-profit/community sector (Razavi 2007: 20).
2. Details of country-level findings, including respondent profiles, site and programme contexts, and analysis for each country can be accessed from the respective country working papers (Ghosh *et al.* 2017; Rohwerder *et al.* 2017; Zaidi *et al.* 2017; Zambelli *et al.* 2017).
3. These two models arose in response to the increasing irrelevancy of the concept of a heterosexual, nuclear household where the man was the breadwinner and the woman stayed at home.
4. The notion of 'double burden' refers to the labour invested in 'caring for the family and making a living' (Kabeer 1996: 174).
5. Details of each of these programmes can be found in the relevant country working paper, with further analysis in the respective programmatic guidance notes of each programme (see Annexe for listed outputs). A short summary of these programmes also appears in the inside front and back covers of this report.
6. The two urban sites were selected because, unlike the other three countries, a programme working for women's economic empowerment existed in India.
7. Participatory tools were organised on the basis of gender and/or generation. Some addressed women only; others, men only; and others, mixed adults. Similarly, there were separate participatory tools for girls and boys aged 10–14/15–19, and mixed children ones. Women participating in these exercises were members of the community, and could overlap with survey respondents. For each exercise, participant numbers were in the range of 8–12.
8. Because of the two-staged translation and the risks of losing/misunderstanding information, the analysis has not relied on counts or occurrences of words/ phrases.
9. The Global Gender Gap report measures gaps between men and women in Economic Participation and Opportunity, Educational Attainment, Health and Survival, and Political Empowerment.
10. The GII 'measures gender inequalities in reproductive health measured by maternal mortality ratio and adolescent birth rates; empowerment measured by proportion of parliamentary seats occupied by females and proportion of adult females and males aged 25 years and older with at least some secondary education; and economic status expressed as labour market participation and measured by labour force participation rate of female and male populations aged 15 years and older' (see UNDP, <http://hdr.undp.org/en/data>, with 'gender' chosen as the dimension followed by 'gender inequality index').
11. The data on the 'share of seats in parliament' included in this calculation refers to 1997 (see UNDP, <http://hdr.undp.org/en/data>, with 'gender' chosen as the dimension followed by 'gender inequality index').
12. Given the relatively high participation rates for Scheduled Tribe (ST) and Scheduled Caste (SC) women, the overall decline in women's workforce participation has hit them particularly hard (Neetha 2013, 2014; Rawal and Saha 2015).
13. Twenty-two per cent of the area of the Ujjain Municipal Corporation and 27.14 per cent of the Indore Municipal Corporation.
14. It should be noted that the Nepal Living Standard Survey (NLSS) (2010/11) included the collection of goods for own consumption such as the collection of fodder/firewood and fetching of water under 'extended economic activity' and counted in calculating the overall labour force participation rate, unlike other countries in South Asia (ILO 2014).
15. Men's labour force participation is 80.9 per cent whereas it is 79.4 per cent for women.
16. The average daily wage rate for women and men is Rs 189 and Rs 286 respectively (Nepal Living Standard Survey (NLSS) 2010/11, Government of Nepal 2011).
17. *Yarsagumba* is a high value medicinal herb found in the forests of the Karnali region of Nepal.
18. Law N°22/99 of 12/11/1999 related to matrimonial regimes, liberalities, and successions, giving to women the same rights of succession as men; and the Land Organic Law N°08/2005, granting equal access to land for men and women (African Development Bank 2014).
19. This is in line with the findings from Budlender (2008), based on data from both Tanzania and India, that women tend to spend more time on unpaid care work than men. Budlender finds that the gender gap is most pronounced in India, with women spending nearly ten times as much time on extended SNA work than men (2008: 11).

20. The category of mixed sharing implies that both male and female members carry out the specific tasks, irrespective of age. The 'other females' category includes only other females (excluding the respondent) in the family (irrespective of age, so could also include daughters aged five or more or other older women in the household).
21. While we were not able to disentangle the quality and nature of the various activities that constituted child care between men and women, our findings resonate with those of Craig (2006), with women doing more multitasking with childcare, spending more time alone with children, and taking more responsibility for managing childcare (as shown in Section 6).
22. Animal care has the highest collaboration between wife and husband in India (47 per cent). In Nepal and Rwanda as well, animal care has the highest collaboration (24.7 and 24 per cent respectively). In Tanzania, it is childcare. On average across countries, animal care is shared in 29.81 per cent of families, followed by childcare (27.89 per cent) and then household work within the home (12.66 per cent) and collection of water, fuel, and wood (10.87 per cent).
23. Other work includes care of animals, unpaid productive work, and paid work.
24. Care work includes care for people, cooking, cleaning, preparing clothes, and fetching water and fuel.
25. There are many definitions and categorisations of 'informal sector employment' (Vanek *et al.* 2014). In this research, we have taken the categorisation developed jointly by the International Labour Organization, the Delhi Group, and Women in Informal Employment: Globalizing and Organizing (WIEGO) (Chen 2012), and which was accepted by the International Conference of Labour Statisticians (ICLS) in 2003. The categories we have used for paid work are adapted from this categorisation, which takes the status of employment as the basis for defining sub-categories. We have adapted this categorisation for the research as follows: (a) home workers (those working from home for industries as outworkers, who can be working either inside the home, or in the compound around the home to make products such as incense sticks, papadums, etc.); (b) informal self-employment (those who are working as own account workers in their or their family's enterprise – including as tailors, beauticians, and in small shops) and paid domestic workers; (c) informal wage workers (those who have been employed on casual contracts without social security benefits – including agricultural day labourers, and construction workers employed on a daily basis); (d) employees (those who are employed in factories or offices with regular contracts and salaries); and (e) WEE participants (those who are working within programmes aiming for women's economic empowerment, through either provision of jobs – mainly public works – or in cooperatives).
26. The fact that none of the women reported to be unemployed was a reflection of our sampling framework, as we were only surveying women who were in some form of paid work.
27. We collected data on the first, second, and third most important type of paid work. These calculations are based on the first most important type of paid work that women reported. The difference in results for the second and third most important type of paid work is not significant – which reflects that women reported similar improvements from all the types of work that they engaged in.
28. This corroborates the evidence from time-use surveys for six countries including India and Tanzania, that women are more likely than men to work across all studied countries if all types of work are considered, and that women are more likely than men to combine both SNA (productive) and non-SNA (unpaid care) types of work (Budlender 2008).
29. These calculations are based on the primary tasks that women reported doing, irrespective of what else they were doing alongside.
30. Conducted in 1998/99 in six states by India's Ministry of Statistics and Programme Implementation.
31. Conducted in 2006 by Tanzania's National Bureau of Statistics as an add-on module to their Integrated Labour Force Survey.
32. This reflects the period of time that women reported their primary activity as being asleep, irrespective of whether they are doing anything else during that time.
33. See: www.theguardian.com/books/2017/sep/21/why-we-sleep-by-matthew-walker-review.
34. This is the time over which women reported doing more than one activity simultaneously, including when they were responsible for a child.
35. This resonates with the relatively small amounts of time spent on care of persons in developed countries, which Budlender (2008: 16) explains in terms of a much smaller proportion of the population being engaged in care of persons and an under-reporting of this activity when it is done simultaneously or does not involve direct physical interaction.
36. The category of 'caring for a child when awake' calculates when the woman reported childcare either as a primary or secondary activity. This is higher than the numbers shown in Figure 7, which only depicts calculations of when childcare was reported as a primary activity.

37. These figures calculate the time women spent on all types of paid work (as primary or secondary activity), except WEE participation.
38. This reflects the period of time that women reported their primary activity as being asleep and when they were not doing any other activity during this time (but irrespective of childcare responsibilities).
39. This is tested by Budlender (2008), who similarly finds that having a (young) child in the household tends to increase the amount of unpaid care work done (p.27) and that the engagement in unpaid care work is 'more intense' when there are children, especially younger children, in the household (p.30).
40. Examples of how women informal sector workers have collectively organised for childcare facilities can be found in Moussié (2017).

RWANDA



**ActionAid Rwanda:
Food Security and Economic
Empowerment Programme**

ActionAid's Food Security and Economic Empowerment programme in Northern Rwanda aims to enable women and men smallholder farmers to improve their food security through increased agricultural profitability. This is through setting up farmer cooperatives, community seedbanks, and maize processing and storing facilities. The programme has resulted in increased economic security for its beneficiaries, yet needs to take into account the time poverty and drudgery faced by women in its programming; and create synergies with government programmes for services and improving working conditions.

RWANDA

**Government of Rwanda:
Vision 2020 Umurenge
Programme (VUP)**

The Government of Rwanda's Vision 2020 Umurenge Programme's public works component provides paid employment for extremely poor households with at least one able-bodied adult. Women participants in the VUP strongly value paid work as it improves their family's economic wellbeing. However, our research shows that VUP public works can increase women's drudgery and time poverty, especially in the absence of interventions to change cultural gender norms that place responsibility of care and household tasks with women, low wages, and difficult work conditions.



TANZANIA

**Government of Tanzania:
Women Development Fund (WDF)**

The Government of Tanzania's Women Development Fund aims to support the economic empowerment of women by providing them loans for income-generating activities. Access to loans is through group membership, which creates a collective responsibility for meeting repayment deadlines. The programme design does not take into account women's involvement in unpaid care work or the drudgery faced by women – thereby limiting its impact on women's empowerment. Provision of childcare facilities, nurturing spaces and platforms for collective action, synergies with public service provisions and infrastructure, and increasing women's confidence will be essential steps towards this.



TANZANIA

**Oxfam:
Food Security for Tanzania Farmers**

Oxfam runs the Food Security for Tanzania Farmers programme to increase food production and improve the quality of life and food security for smallholder farmers, especially women. It ensures women's participation in vegetable value chains through increasing access to, control of and ownership of land through supporting market linkages; and training farmers in leadership and entrepreneurship. The programme needs to promote collective action for decent work and provision of public services, as well as play an active role in helping families plan and redistribute the division of care tasks.



No Time to Rest: Women's Lived Experiences of Balancing Paid Work and Unpaid Care Work

Global Synthesis Report for Women's Economic Empowerment Policy and Programming

Balancing unpaid care work and paid work carried out qualitative and quantitative research in India, Nepal, Rwanda, Tanzania across 16 sites. This research explores how women's economic empowerment policies and programmes can take unpaid care work into account, in order to enable economic empowerment to be optimised, shared across families and sustained across generations. It focusses on the social

organisation of care in low income households, and at the role of families, state, private sector and not-for profit sector.

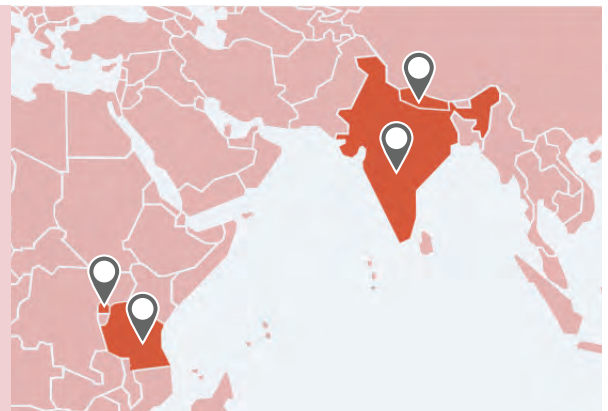
Ultimately the research aims to identify measures that can lead towards a 'double boon', creating paid work that empowers women and provides core support for their unpaid care work responsibilities.

The Balancing unpaid care work and paid work project explores the successes, challenges and lessons for Women's Economic Empowerment programmes and policies.

Creating and sharing new knowledge on the balance between paid work and unpaid care work

Advocating for decent paid work, providing support for unpaid care work responsibilities and removal of barriers to entry and retention in paid work

Resulting in women's economic empowerment that is optimised, shared across families and sustained across generations



India
Nepal

Rwanda
Tanzania

PROJECT LEAD:



Institute of Development Studies

RESEARCH PARTNERS:



BRAC Research and Evaluation Unit



Institute of Social Studies Trust

UPTAKE PARTNER:



ActionAid



Alliance for Right to Early Childhood Development



Oxfam Nepal and Oxfam Tanzania

For more project background information, publications and access to datasets and case studies, visit interactions.ids.ac.uk/wee

Balancing unpaid care work and paid work is part of the global Growth and Equal Opportunities for Women programme (GrOW) bit.ly/1PbKwAd



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