

Apt to be overlooked

Development implications of unpaid work

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The unpaid work is indispensable to maintaining and advancing capabilities and human development. It is essential to the functioning of societies and economies and makes possible much of the observed kinds of paid work. However, it is unevenly shared between men and women—it is predominantly women who undertake much of this unpaid work.

There are variations in how unpaid care work is shared between men and women across countries and over time. For example, in Argentina in 2013 an estimated 50 percent of men did unpaid domestic work, averaging 2.4 hours a day. For women the figures were 87 percent and 3.9 hours. [4] The same year the proportions were 30 percent for men and 54 percent for women in Bogotá, with women taking greater responsibility for food preparation, cleaning and maintenance. [5]

How the burden is shared has also been evolving—in the United States women spent more than 240 minutes a day on housework and men less than 40 minutes in 1965; by 2012 women's involvement had fallen to around 140 minutes a day, and men's had risen to over 80 minutes. Despite the shift, the burden is still unequal. [6] According to time use surveys in developing countries, women are typically responsible for more than 75 percent of the time their household dedicates to unpaid care.

Unpaid work is apt to be overlooked in economic valuations but holds great worth for individuals and society and can be a source of joy and fulfillment for many. Within the household and community, activities of this nature include various services related to the care of oneself and others.

Some of this work is related to the everyday functioning of all households—cleaning, cooking and fetching water and firewood. But a substantial portion relates to the care of others—about 2 billion children for example. Many adults may also need to be looked after to some degree—older people (people over age 80 now number around 120 million [1]), those living with disabilities (estimated at about a billion [2]) and the sick (for example, many of the 37 million living with HIV/AIDS [3]).

Extract of the Human Development Report 2015, by the United Nations Development Programme (UNDP). Available at: <http://bit.ly/1RnrfRe>.

In low-income households that adds up to many more hours than in middle- or high-income households, which generally have better access to basic services and can afford to hire help or buy labour-saving technology. [7] In Africa alone women average 200 million hours a day collecting water. [8] Even when the burden of this work is ameliorated, it remains labour intensive and poses impediments to pursuing other activities such as education, paid work, participation or leisure.

Disparities in discretionary free time

Women work more than men, even if a large part is relatively invisible because it takes place in unpaid care activities. As a result, women have less discretionary free time than men do. In a sample of 62 countries men average 4.5 hours a day of leisure and social activities, compared with women's 3.9 hours. [9] The gap is wider at lower levels of human development: 29 percent (relative to men) in low human development countries, compared with 12 percent in very high human development countries. In Sub-Saharan Africa women show both a high labour force participation rate and a high burden in care work, heavily restricting their free time—in Tanzania women have less than two hours of leisure a day.

In Denmark, Germany and New Zealand, where leisure time is more than five hours a day, the gap between men and women is very small or non-existent. These countries have strong public policies that promote gender equality and women's participation in the labour market as well as facilitative social norms. Although data are missing for some developing countries, the gap is 18 percent in Eastern Europe and Central Asia, 16 percent in the Arab States, 15 percent in Asia and the Pacific, 13 percent in South Asia and 7 percent in Latin America and the Caribbean. [10]

Sharing responsibilities for care work

The sources of caregiving are changing, and in many households men are taking on more domestic responsibilities, as with child care. This is happening even as the total time invested in the care of children within the family is growing. For example in the United States fathers spent on average 55 minutes a day on child care in 2010–2014, up from about 20 minutes in 1965. In comparison, an American mother spent about 100 minutes on child care in 2010–2014, up from about 90 minutes in 1965. [11] The increase relative to the 1965 value was smaller for women (roughly a tenth) than for men (more than double). Changes in family structure and the shift from extended families to more mobile nuclear families have also contributed to this change, as have evolving social standards and the increasing engagement of women in paid work.

Grandparents, if available, often spend time caring for grandchildren. In some cases there may be very little choice. In China, where parents from rural areas work in urban areas as migrant workers, grandparents

provide care to 19 million children whose parents are both away. [12] Worldwide, as of 2013, approximately 18 million children under age 18 had lost one or both parents due to AIDS-related causes. Many of them are cared for by their grandparents. [13]

Emerging challenges

Unpaid care work carries within it an overriding human and social imperative. However, such a pressing imperative can also result in limiting the choices of those who are expected to provide it. As the need for care evolves and alternatives such as state-provided services do not keep up, these expectations and traditional roles can further circumscribe options, unless structural shifts take place towards a more equitable sharing of such work. As illustrative examples, this section presents three emerging challenges—care gaps, health shocks and climate change.

Care gaps

Different age groups have different care needs, and as populations age, the nature of the services needed also changes. Traditionally, the care needs of infants and children have predominated, and economic, public, social and cultural institutions have evolved to meet them. While institutional arrangements change—for example, through the provision of parental leave or changes in what is expected of men and women—the broad contours of the kind of care services needed, how they will be provided, and money and time commitments are well understood. As fertility rates fall in most of the world, the number of children needing care is likely to decrease, although how the effort is distributed across the various actors will change and—hopefully—move to a more equitable distribution between men and women.

By contrast, as the number of children needing care falls, the care needs of older people will become increasingly important. The economic provisioning for this at the aggregate level is captured to some extent by the economic dependency ratio—the ratio of those ages 65 and older (not in the labour force) to those ages 15–64 (in the labour force). However, as with children, a substantial part of what is needed comes from care provided within families, which is not captured by conventional economic measures.

Recent estimates indicate that there is a global shortage of 13.6 million care workers, causing extreme deficits in long-term care services for those over age 65. [14] The total need for elder care increases with the number of older people and the frequency with which their inability to perform ordinary activities goes up. Some 110–190 million people worldwide experience major difficulties in functioning and need long-term care in their daily lives. [15] These needs can be met partly through paid care services acquired from outside the household (either market based or publicly provided); however, a considerable part comes from the unpaid care work of household and family members,

provided predominantly by women. It is here that traditional gender roles may combine with increasing longevity, shrinking household sizes and limited access to alternatives to lead to a higher and disproportionately shared burden of care borne by women, restricting further the choices available in engaging in other forms of work.

While this is already a concern in several developed countries—notably Japan, where 26 percent of the population was over age 65 in 2014 and the cost of caring for them is expected to more than double by 2050,⁵⁸ in spite of the availability of alternative mechanisms—it is also imminent in others. For instance, in the United States the burden of elder care relative to its value in 2010 rises relatively slowly—by about a sixth by 2030 and about a fifth by 2080. But in China the rise is much more rapid—by about two-fifths by 2030 and doubling by about 2050. [16]

Regardless of where and when the need will become apparent, the care of older people is an increasingly urgent issue. Should conventional gender roles and a lack of public alternatives continue to prevail, women may find their choices to be increasingly constrained.

Health shocks

Care work becomes even more critical during severe health crises, such as those caused by HIV/AIDS, avian flu and Ebola. In countries with weak health services the burden often falls on caregivers working silently within the home. In these circumstances people are expected to sacrifice themselves for their families and communities, even putting their own well-being at risk. Traditional gender-differentiated roles then result in a further restriction of options for women, often greatest for the poor, who can least afford them.

For example, across Southern Africa unpaid, voluntary, informal networks of care providers have emerged as a critical vanguard in the provision of care to sick people and orphans in crises such as HIV/AIDS. As public health systems across the region face a barrage of challenges, family and community care providers, albeit with minimal support, fill in a health care gap left by governments.

The gender dimensions of this are evident. As seen in the recent Ebola outbreak, women were especially affected. Confirmed cases are overall equitably distributed between men and women, with women's numbers of cases just slightly higher. But the gendered dimensions of the outbreak go beyond infection rates. Evidence points to women's expected social role as carers of the sick for their increased vulnerability to infection and for greater calls on their time due to the sickness within the family and school closures. These responsibilities result in a decreased participation in economic activity, compounded further by road and market closures. Finally, in a vicious cycle, as the economy shrinks and revenues fall, cuts in public spending redistribute care costs to those who can least afford to pay. [17]

Climate change

Studies have already demonstrated that part of the unpaid work that women do is related to fetching water and gathering fuel and firewood—close to 2 billion people in developing countries use traditional biomass fuels as their primary source of energy. [18] A 2003 study highlighting examples from Sub-Saharan Africa noted that women spent more time than men in these activities, with variations driven by residence in rural or urban areas. [19] Other factors that impact the time spent include infrastructure and access to services, where household income is also a factor. Overall, the burden is likely to be the highest for the poor, especially in rural areas where access to modern cooking fuels and improved water resources is especially weak.

Biodiversity decline and deforestation have meant that wood—the most widely used solid fuel—is located farther from the places where people live. A similar result holds for ground-water. Meeting these pressing needs means that women and girls have less time than ever to take part in alternative activities, paid or unpaid. These pressures are likely to be accentuated by climate change. The Intergovernmental Panel on Climate Change reported in its 2014 assessment that it is virtually certain that climate change will reduce renewable water resources substantially in most dry, subtropical regions, resulting in scarcity of drinking water and biomass-based fuels. [20] Many of these regions lie in Sub-Saharan Africa and other less developed parts of the world, where women and girls already spend considerable time each day in meeting these requirements for their homes. Should there continue to be a lack of relevant infrastructure or more equitable sharing between men and women, climate change will further reduce choices for women.

Towards a rebalancing

The work that women do—paid and unpaid—has major human development implications for themselves and for others. Paid work provides economic autonomy along with opportunities for participation and social interaction, as well as for enhancing skills and capabilities, helping boost self-esteem and confidence. But unpaid care and community work are vital for human well-being and have both individual and social value. Unpaid caregivers seldom get to exercise choice in fulfilling their responsibilities and are often motivated by cultural, family and societal constraints. When people undertake care responsibilities and stay out of the labour force, they make large sacrifices, perhaps missing the chance to expand their capabilities in the workplace. They also often compromise their economic independence and personal autonomy, which can be crucial for them and their children.

Yet such caregiving makes a major contribution to human development, particularly by offering personalized care for family members—strengthening family bonds and boosting the physical and mental well-being of other family members, especially children and older people. Mothers who are able to breastfeed

their babies, crucial for children's health, [22] and offer care for the first 15 months have positive effects on children's education performance. [23] And workplaces that provide enabling conditions and facilities are best able to support such care-giving benefits. Carework for the community enhances community well-being and improves social cohesion.

Growing evidence also shows that daughters of mothers in paid employment have advantages later in life. A recent study based on a sample of 50,000 adults in 25 countries concluded that daughters of working mothers who completed more years of schooling were more likely to be employed, especially in a supervisory role, and to earn a higher income. In the United States, where daughters of working mothers earned 23 percent more than daughters of stay-at-home mothers, some of these effects were stronger. The careers of sons appear not to be significantly influenced by having a working mother, not surprising as generally men are expected to work, but sons of working mothers appear to spend more time on child care and housework. [24]

An educated and professionally active mother can inspire and stimulate her children intellectually and serve as a positive role model for her children. However, in many countries public provision for family support services and facilities has become more difficult due to cutbacks in public social services, threatening women's participation in activity outside the home. The questions become: How can society create an enabling environment where women can make empowered choices? What would be needed to translate such choices into an equitable balance between men and women in roles, responsibilities and outcomes for both paid and unpaid work? Such interventions need to be made along four axes, engaging a variety of actors and impacting all men and women:

- Reducing and sharing the burden of unpaid care work — including universal access to clean water, modern energy services for household needs, quality public services (including those related to health and care), workplace arrangements that accommodate flexible schedules without penalizing professional advancement

and a shift in mindsets about gender-specific roles and responsibilities.

- Expanding opportunities for women to engage in paid work —including access to quality higher education in all fields, proactive recruitment efforts and reducing barriers to entrepreneurship.
- Improving outcomes at work —including legislative measures such as those related to workplace harassment and equal pay, mandatory parental leave, equitable opportunities to expand knowledge and expertise and measures to eliminate the attrition of human capital and expertise when engaged in care work.
- Changing norms —including promoting women in visible positions of seniority, responsibility and decisionmaking in both public and private spheres and encouraging the engagement of men in traditionally female-dominated professions.

Conclusions

Beyond economic contribution, paid and unpaid work has social value with considerable human development implications.

There have been positive developments in policies, social norms and attitudes and changing roles of men and women in various societies that should lead to a rebalancing in the world of work. Education, social policies and modernizing societies have played a part.

Yet we are far from the desired results. Governments can promote measures to foster enabling conditions for men and women to make empowered choices through policy, but government measures can go only part of the way.

The ultimate focus should be on sharing responsibilities and mutual contributions by men and women in overcoming imbalances in paid and unpaid work, critical not only in a rapidly changing and ageing world but also for sustainable work.

[1] UNFPA and HelpAge International 2012.

[2] WHO and World Bank 2011.

[3] UNAIDS 2015

[4] INDEC 2014.

[5] DANE 2014.

[6] Sayer 2015.

[7] Human Development Report Office calculations based on data from Charmes (2015).

[8] Deen 2012.

[9] Human Development Report Office calculations based on data from Charmes (2015).

[10] Human Development Report Office calculations based on data from Charmes (2015).

[11] BLS 2015c; Sayer 2015.

[12] Ko and Hank 2013.

[13] UN 2015b.

[14] Scheil-Adlung 2015.

[15] WHO and World Bank 2011.

[16] The Japan Times 2015.

[17] For a methodology for estimating the care burden, see Mukherjee and Nayyar (2015).

[18] Elson, 2012.

[19] UN WomenWatch 2009.

[20] Charmes, 2006.

[21] Jiménez Cisneros et al. 2014.

[22] Baker and Milligan 2008.

[23] Data are for educated mothers only. Liu and Skans 2010.

[24] Miller 2015b.