

A woman with braided hair, wearing a floral-patterned t-shirt and a blue skirt with a white lace waistband, is smiling as she hangs a pair of dark trousers on a clothesline. The clothesline is strung across the frame, with various items of clothing, including a red shirt and a blue shirt, already hanging. The background shows a rough, grey wall and some outdoor debris, suggesting an urban informal settlement.

GENDERED PATTERNS OF UNPAID CARE AND DOMESTIC WORK IN THE URBAN INFORMAL SETTLEMENTS OF NAIROBI, KENYA

Findings from
a Household
Care Survey
2019

WE-CARE
WOMEN'S
ECONOMIC
EMPOWERMENT
AND CARE



OXFAM

ACKNOWLEDGEMENTS

This publication was written by Dr. Lucy W. Maina and Professor Elishba Kimani, with contributions from Amber Parkes, Lucia Rost, Andrea Azevedo and Lilyanne Ndinda. The study authors acknowledge the contribution made by various people who enabled, supported and added invaluable input in the execution and completion of this research.

First, we acknowledge the contribution of the women working in the small-scale trading and domestic work sphere within the Nairobi informal settlements, who freely gave their time and cooperated with the research team through consenting to the personal interviews and those with their children. Equally, we thank the male respondents who took time to respond to the questionnaire.

Second, we wish to acknowledge the contribution of women and community representatives who attended the validation workshop and expressed confidence in the findings and recommendations made by the study.

Third, we thank the *Wezesha Jamii* project partner representatives of SITE and NOPE who shared their databases with the project team, enabling the determination of a sample for the study. Many thanks also go to the Oxfam in Kenya Women's WE-Care team, and particularly Wendy Okolo and Lilyanne Ndinda for their invaluable guidance throughout the project.

Finally, Oxfam would like to thank the William and Flora Hewlett Foundation, whose generous support to the WE-Care programme in Kenya, Uganda, Tanzania and Ethiopia made this research possible.



ABBREVIATIONS

CBO	Community-Based Organizations
CSOs	Civil Society Organizations
GBV	Gender-Based Violence
GDP	Gross Domestic Product
GNP	Gross National Product
HCS	Household Care Survey
ILO	International Labour Organization
Ksh	Kenyan Shillings
NOPE	National Organization of Peer Educators
RCA	Rapid Care Analysis
SDG	Sustainable Development Goal
SITE	Site Enterprise Promotion
TLSE	Time- and Labour-Saving Equipment
UCDW	Unpaid Care and Domestic Work
UNFPA	United Nations Population Fund

CONTENTS

Executive summary	6
1.0 Introduction to the Kenya Household Care Survey	14
1.1 Study background	15
1.1.1 The context of unpaid care and domestic work (UCDW)	16
1.1.2 Performance of UCDW	17
2.0 Approach and methodology	19
2.1 Study design	20
2.2 Sample size determination	20
2.3 Data collection	21
2.4 Fieldwork challenges and limitations	23
2.5 Privacy and ethical considerations	23
3.0 Individual and household characteristics	24
3.1 Selected household characteristics	25
4.0 How UCDW is distributed between sexes and age groups	31
4.1 Overall time-use patterns by sex and location	32
4.2 Time-use patterns for paid work by sex and area	33
4.3 Time-use patterns for unpaid work by sex and area	35
4.4 Time spent on primary care, secondary activity, supervision and all care (any care)	37
4.5 Childcare work among households	37
4.6 Children and UCDW	38
4.7 Children and childcare	41
5.0 Influence of social norms on household decisions and UCDW arrangements	42
5.1 Males' experience with UCDW during upbringing	43
5.2 Household decision making over wellbeing	43
5.3 Men's attitudes towards UCDW	44
5.4 Requests for assistance by women in doing UCDW	44
6.0 Perceptions and attitudes of women and men towards UCDW	46
6.1 Perceptions about men's engagement in UCDW	47
6.2 Perceptions on community support for men's engagement in UCDW	48
6.3 Satisfaction with UCDW arrangements at household level	49
7.0 Perceived social value of UCDW	52
7.1 Ranking of social value of UCDW	53
7.2 Perceived skills required for UCDW	53
7.3 UCDW considered problematic for households	54
7.4 Outsourcing of UCDW	54
7.5 Negative effects of UCDW	55
8.0 Conclusion	57
9.0 Recommendations	59
References	62
Notes	63
Appendix A: Reference tables	65
Appendix B: Sampling selection protocol	84

LIST OF TABLES

Table 1: Final sample by area and women's occupation	21
Table 2: Women's age	25
Table 3: Age of child respondents	25
Table 4: Marital status by area	26
Table 5: Payment of bridewealth	26
Table 6: Women's education level	26
Table 7: Women's religion	27
Table 8: Women's cultural background	27
Table 9: Women's income sources	27
Table 10: Women's mean monthly income by activity (Ksh)	28
Table 11: Use of shared toilet and bathroom	29
Table 12: Summary of share and mean of primary activities performed in previous 24 hours by sex	32
Table 13: Childcare distribution (%)	38
Table 14: Mean hours spent in caring for/supervising a child	38
Table 15: Person who makes decisions on household wellbeing	44
Table 16: How often partner provided help with tasks when asked	45
Table 17: Activity ranking by sex according to value attached	53
Table 18: Activity ranking by sex according to perceived skill requirement	54

LIST OF FIGURES

Figure 1: Household ownership of TLSE (%)	30
Figure 2: Mean hours spent on work type in 24-hour cycle by sex	33
Figure 3: Mean hours spent on paid work by sex and area	33
Figure 4: Patterns in time spent on paid work by sex	34
Figure 5: Patterns in time spent on paid work among women by area	34
Figure 6: Mean hours spent on UCDW as a primary activity by sex and area	35
Figure 7: Patterns in time spent on UCDW as a primary activity by sex	36
Figure 8: Patterns in time spent on UCDW as a primary activity among women by area	36
Figure 9: Patterns in time spent on UCDW as a primary activity among men by area	37
Figure 10: Mean hours spent on primary care, secondary care, supervision and all care (any care)	38
Figure 11: Mean hours spent by children on primary activities	39
Figure 12: Mean hours spent by children on primary activities by sex	39
Figure 13: Mean hours spent by children on primary activities by age	40
Figure 14: Mean hours spent by children on primary activities by area	40
Figure 15: Mean hours spent by children on childcare by age and sex	41
Figure 16: Mean hours spent by children on childcare by area	41
Figure 17: Respondents' beliefs about how many men (out of 5) in their locality spent at least an hour doing UCDW the previous day	47
Figure 18: Respondents' beliefs about how many men (out of 5) in their locality support male involvement in UCDW	48
Figure 19: Respondents' beliefs about how many women (out of 5) in their locality support male involvement in UCDW	49
Figure 20: Women's satisfaction with UCDW arrangements	50
Figure 21: UCDW activity considered most problematic by men and women (%)	55
Figure 22: Impact of illness or injury incurred by women from doing UCDW	56

LIST OF REFERENCE TABLES (APPENDIX A)

Table A1: Respondents by area	65
Table A2: Summary statistics for source of income (quintiles)	65
Table A3: Correlation between total income and hours spent on unpaid care work among women	65
Table A4: Household ownership of assets by area	66
Table A5: Ownership of majority of household assets	66
Table A6: Decision maker on assets disposal	67
Table A7: Correlation between TLSE and hours spent on unpaid care work	68
Table A8: Comparing mean hours spent on UCDW by children	69
Table A9: Mean hours spent on each activity by children, by sex	69
Table A10a: Number of men who had ever seen father or another man performing UCDW during upbringing	69
Table A10b: Number of men who had been taught UCDW while children/teenagers	70
Table A11: Association between seeing an adult male perform care work and mean hours spent in care work by males	70
Table A12a: Women's decision making and distribution of UCDW	71
Table A12b: Women's control over assets and distribution of UCDW	72
Table A13a: Ranking of favourite tasks by men	72
Table A13b: Women's reasons for not wanting men to do UCDW	72
Table A14: How often women ask their husband/partner for help	73
Table A15: Whether or not women would like men to help in UCDW tasks	73
Table A16: Acceptability of shaming and mocking a man for UCDW activity	74
Table A17: Acceptability of violence against women for failure to undertake UCDW tasks	75
Table A18: Acceptability of criticism of women for failure to undertake UCDW tasks	76
Table A19: Domestic work that is considered problematic by sex	76
Table A20: Forms of harm experienced by women due to UCDW	77
Table A21: Expressed concerns over the physical and mental harm that UCDW would cause in future	77
Table A22: Women who paid for time-saving services	77
Table A23: Indicated alternative work women would do if they could spend less time on UCDW	78
Table A24: Association between learning how to perform UCDW and mean hours spent on UCDW by males	78
Table A25: Association between seeing an adult male perform UCDW and mean hours spent on UCDW by males	79
Table A26: Association between primary care work/any care work and household/individual characteristics	80
Table A27: Association between household size/number of children aged under 6 and primary care/any care	81
Table A28: Association between access to care services (electricity, water, childcare and healthcare facilities) and primary care/any care	82
Table A29: Association between distance (to road, market) and primary care/any care	83

Executive summary

EXECUTIVE SUMMARY

Unpaid care and domestic work (UCDW) underpins all societies and contributes to wellbeing, social development and economic growth. Around the world, women spend disproportionately more time than men caring for children, the elderly and the sick, and on cooking, cleaning and household tasks. Yet, while UCDW contributes \$10 trillion of output per year – roughly equivalent to 13% of global GDP (World Bank, 2012) – it remains largely invisible, unrecognized and absent from public policies. Positively, the adoption of *ILO Resolution I concerning statistics on work relationships*, will mean an estimated 650 million unpaid carers globally will be now be counted as part of the labour force. Women and girls' greater responsibility for UCDW results in opportunity costs that can hinder their ability to enjoy their rights and freedoms to decent work, education, health, rest and leisure. The unequal distribution of UCDW between women and men further limits women's opportunities for economic empowerment and political participation.

Since 2013, Oxfam's Women's Economic Empowerment and Care (WE-Care) initiative has worked to produce new methodologies and context-specific evidence about care work to enable development actors and policy makers to address heavy and unequal care work for women and girls. WE-Care is currently implemented in six countries¹ across South-East Asia and Africa, including Kenya, in partnership with national women's rights organizations, civil society and the private sector.

Between October 2018 and March 2019, Oxfam in Kenya commissioned a Household Care Survey (HCS) to understand household patterns of UCDW in the five informal settlements of Kibera, Mathare, Mukuru, Kawangware and Korogocho in Nairobi City.

The objectives of this research were to:

- Establish how UCDW is distributed between the sexes and age groups in the five informal settlements.
- Understand mediating factors affecting the distribution of UCDW in households.
- Explore women and men's perceptions and attitudes towards UCDW, including its perceived social value.
- Analyse household and individual characteristics and arrangements that facilitate or hinder the equal sharing of UCDW at household and community level.
- Develop policy recommendations for government and key stakeholders to address UCDW.

Locally, the Kenya HCS was anchored within Oxfam in Kenya's Women Rights Programme's urban interventions, which aim to ensure that people in urban areas are empowered and have choices and opportunities to live safe, secure and productive lives. The study was carried out under Oxfam's WE-Care and *Wezesha Jamii* projects, the latter of which supports the economic empowerment of poor and vulnerable women domestic workers and small-scale traders in the informal settlements of Kibera, Mathare, Mukuru, Kawangware and Korogocho in Nairobi City.

The HCS was carried out using a cross-sectional analytical survey design. Over 30,000 women engaged in the *Wezesha Jamii* project (20,000 women small-scale traders and 10,000 women domestic workers) were targeted. Male heads of households also constituted part of the study respondents, and were selected based on their partnership with or marriage to the women beneficiaries. A total of 328 women, 42 men and 93 children (48 male and 45 female) took part in the study. The low number of male respondents relative to females was a limitation of the survey, meaning that robust statistical testing using males could not be carried out. The findings and recommendations were validated with survey respondents, community representatives, civil society organizations and government stakeholders.



SNAPSHOT: NAIROBI CITY'S INFORMAL SETTLEMENTS

Ethnic composition: According to the Kenya Population Census (2009), the five largest ethnic groups – the Kikuyu, Luhya, Kalenjin, Luo and Kamba – make up nearly 70% of the country's population of 48 million (Republic of Kenya, 2009). Across the five study sites, of the total 463 respondents, 24% were from the Luhya community, 22% from Luo, 19% from Kamba and 16% from Kisii communities.

Income: The average monthly income across the settlements was found to be 7,342 Kenyan shillings (approx. \$71) – a little over half the minimum monthly wage for Nairobi (13,572 Ksh/approx. \$132).²

Living conditions: Living conditions across Nairobi's informal settlements are generally very poor, with overcrowding a significant issue. Housing is often made of poor-quality building materials such as mud or metal sheets, and dwellings often lack basic amenities like drinking water, electricity and sewage disposal. The HCS found that the majority (66%) of dwellings were housing between four and six people.

Environmental conditions: Though the five informal settlements share many characteristics, they are not completely homogeneous and the dominant economic activity in the areas differs, affecting provision of services, social dynamics and environmental conditions. Some of the differences observed in the study could be a result of different economic activities as well as environmental factors. For example, Mukuru is located next to an industrial zone, has filthy water and industrial effluent runoff on land, and mainly houses people on low incomes who are working in the industries. A Rapid Care Analysis carried out by Oxfam in 2016 in this area confirmed that childcare is extremely difficult due to i) constraints against outdoor play and ii) disease outbreaks as a result of industrial effluent and open sewers (Oxfam, 2016).

Sanitation facilities: Informal and squatter settlements lack basic toileting and bathing amenities, which may have implications for the redistribution of UCDW within households (Kenya National Bureau of Statistics, 2015). The HCS shows that less than 10% of dwellings had a private toilet and bathroom, with the majority of respondents sharing both a toilet and bathroom with other families. This is characteristic of informal settlements, where both space and sanitary facilities are underdeveloped, which implies lack of privacy.

Water and electricity: Access to improved water in urban areas in the country is 81%, while 88% of respondents reported having access to it in the areas surveyed. Access to electricity is 77% nationally in urban areas, against 93% for respondents in the survey (The World Factbook, 2016).

Employment: While Nairobi's informal settlements have high unemployment rates, the female target group for this study were those who were employed as domestic workers or small-scale traders. However, the HCS found that this was mostly informal employment, with over 90% of female adult respondents (women, men and children) in informal employment.*

*Informal work includes: engaged in paid domestic work, Unpaid work for family business, Informal work-income-generating activity, self-employed in the formal sector.

KEY FINDINGS AT A GLANCE

DISTRIBUTION OF UCDW¹ BETWEEN WOMEN AND MEN

TIME USE.

Women had by far the greatest responsibility for UCDW.

■ WOMEN ■ MEN

TIME SPENT ON PRIMARY CARE²



Women spent an average of 5 hours a day on primary care compared to about 1 hour a day reported by men.

TIME SPENT ON ANY CARE³



Women spent 11.1 hours per day on any care compared to just 2.9 hours per day for men.

TIME SPENT ON PAID WORK



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

ACCESS TO CARE SERVICES, INFRASTRUCTURE, AND EQUIPMENT. Women with access to these tended to spend less hours on any care.



Women with access to improved water sources and healthcare facilities spent from 4 to 5 hours less per day on any care.



Owning more fuel and washing-related equipment was associated with about 2 to 3 hours less on any care for women.



Women who lived further away from the nearest market tended to spend more time on any care.

WOMEN'S HEALTH AND WELLBEING. Although UCDW is a social good that is necessary for the functioning of society, too much and too heavy tasks can have negative mental and physical health effects.

% of surveyed women who suffered from an injury, illness, disability, or other mental/physical harm due to UCDW



% of surveyed women who suffered from a serious or incapacitating injury due to UCDW



HOUSEHOLD CHARACTERISTICS THAT INFLUENCE UCDW

UCDW ARRANGEMENTS. Majority (73%) of women surveyed reported that they were satisfied with how UCDW was currently shared across the household, which is mainly attributed to the fact that they saw UCDW as a woman's task.

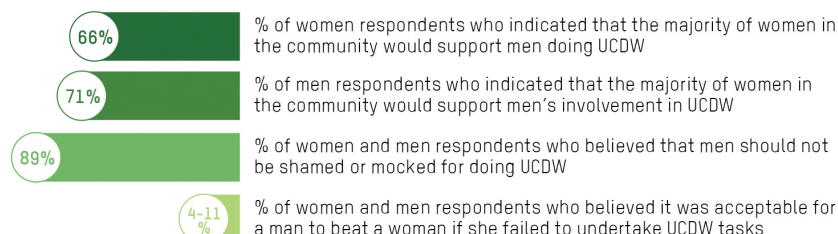


Women who have more decision-making power spent less time on any care.

HOUSEHOLD CHARACTERISTICS. Women living in households with at least one child under 6 spent more time on primary and any care.

SOCIAL NORMS AND PERCEPTIONS

SOCIAL NORMS. There are two important elements in understanding the role of social norms in shaping individual attitudes: what people think others do, and what people think others approve/disapprove of.



MEN'S UPBRINGING. Men were more likely to have been taught how to perform UCDW tasks than to have observed the actual performance of these tasks by other men during their upbringing.

SHAMING OR MOCKERY. 44% of women respondents affirmed having known of a man who had been subjected to mockery due to performing UCDW.



71% of men had never seen another man wash clothes



62% of men had never seen another man clean the house



38% of men had never seen another man take care of siblings



45% of men had never seen another man prepare meals

¹ For more information on unpaid care and domestic work, visit www.oxfam.org.uk/care.

² Primary care refers to the dominant activity during the hour.

³ Any care refers to secondary activity done simultaneously with primary care but taking less attention.

Icons: UN OCHA, Surya Lesmana, Nibras Design, Rudez Studio, Dairy Free Design, and Max Hancock (Project Noun)

KEY FINDINGS

Time use

Time use is a central element of the HCS. The main indicators for time use are **‘primary care’** (number of hours spent on UCDW as a primary activity the day before the survey) and **‘any care’** (number of hours spent on UCDW as either a primary or secondary activity). ‘Any care’ captures the extent of care responsibilities which may be invisible in time-use surveys that only record the main activity, for example, simultaneous activities and multitasking such as leaving food cooking while tending farm animals (subsistence agriculture), or supervising children while watching television (leisure as a ‘primary activity’) or supervising children while selling products in the market (paid work as a ‘primary activity’).

Women had by far the greatest responsibility for UCDW, spending an average of about 5 hours a day on primary care compared to about 1 hour a day reported by men. Furthermore, women’s time spent on any care took up a significant proportion of their day – more than triple that for men – with women reporting 11.1 hours per day for any care compared to 2.9 hours per day for men. Overall, women had greater childcare responsibilities than men, and were more than 20% more likely than men to have been responsible for looking after a child in the last 24 hours.

Whereas women spent considerably more time than men on unpaid care work, men spent almost double the time that women spent on paid work (10.5 vs. 5.3 hours per day, respectively). Women and men spent roughly equal time on leisure and sleep, with women reporting spending 11.7 hours, compared to 12.0 hours for men. Thus, while men spent half their day on leisure and nearly half on paid work, devoting about only 1 hour to UCDW, women’s days were much longer due to their longer hours on unpaid care work. The implications of this time poverty for women can include lack of opportunity to engage in other paid work, community and political life, education and self-care.

Individual and household characteristics

As found in previous Household Care Surveys conducted by Oxfam (available at Oxfam’s [policy and practice page](#)), women living in households that had at least one child under the age of six reported spending more time on primary and any care, while no association was found for men. The study also assessed if individual and household characteristics were associated with the distribution of UCDW between women and men. Having at least primary-level education was associated with higher primary care hours for women (but not for men). When considering women’s marital status, the study found that married women reported more time spent on any care responsibilities than single women. Other factors, such as respondents’ age and number of household members, were not significant in affecting time spent on UCDW for either men or women.

Access to care services, infrastructure and equipment

The findings showed that women with access to improved water sources and healthcare facilities spent from 4 to 5 hours less per day on any care than women without these services. Not surprisingly, owning more fuel and washing-related equipment was also associated with about 2 to 3 hours less on any care for women, respectively. However, access to electricity and childcare facilities were not significantly associated with women’s care work hours, a counter-intuitive result also found in other care surveys and discussed further below. Women who lived further away from the nearest market tended to spend more time on any care, potentially due to women looking after their children while walking to the market.

Women’s health and wellbeing

Although care work is a social good that is necessary for the functioning of society, when tasks such as fetching water from long distances or carrying heavy loads of fuel are particularly laborious and involve a lot of drudgery, they can have negative mental and physical health effects. The study showed some of these negative effects of heavy and time-intensive UCDW on women’s health and wellbeing, with over half (55%) of surveyed women reporting that they had suffered from an injury, illness, disability or other physical or mental harm due to their unpaid care or domestic tasks in the last 12 months. A further 22% of these women reported having suffered a serious or incapacitating injury as a result of their UCDW responsibilities.

Men’s upbringing

Men were more likely to have been taught how to perform UCDW tasks than to have observed the actual performance of these tasks by other men during their upbringing. The majority (71%) of men had never seen another man wash clothes, while almost two-thirds (62%) had never seen another man clean the house/compound; almost half (45%) had never seen another man prepare meals, and over one-third (38%) had never seen another man take care of siblings. The results showed that men who had been taught to cook as children or whose fathers cooked when they were children tended to do more primary care, and men who had been taught to look after children performed more any care. While the small male sample size means these associations need to be taken with caution, they provide important insights for understanding how descriptive norms (the perception of how people behave) and role modelling by male figures might shape men’s behaviour and attitudes towards UCDW in later life.

Household UCDW arrangements

The majority (73%) of women reported that they were satisfied with how UCDW was currently shared across the household, a view they mainly attributed to the fact that they saw UCDW as a woman’s task. Yet when asked

whether men should do UCDW, an even greater majority of women (83%) affirmed that men should do UCDW. Though it appears contradictory, this finding highlights the strong role of social norms in shaping perceptions about gender roles and responsibilities, and the linkages of these norms with UCDW as a highly gendered domain that is maintained by norms held by both men and women. Women were often hesitant to ask men for assistance in doing UCDW, with less than 10% asking for help with regular care tasks. Further, even when women did ask for men's assistance, they reported that 50% of the time men were not willing to help with tasks such as washing/ironing clothes, cleaning the house/compound and collecting fuel. Men were, however, reportedly more willing to help with selected tasks such as caring for children (35% of the time) or water collection (24% of the time). This could suggest that men evaluate the perceived social acceptability of males performing the task in question when deciding whether or not to help their partners with it.

In considering the association between women's agency and the household division of UCDW, the research found that women who have more decision-making power in the household tend to spend less time on any care work, based on an analysis of women's autonomy to take decisions in the household and the time they reported spending on unpaid care. This finding contrasts with previous care surveys in countries such as Zimbabwe and Uganda (available at Oxfam's [policy and practice page](#)), where there was no association between a woman's decision-making ability in the household and the time she spends on UCDW. In these contexts, researchers concluded that social norms about gendered care roles were more powerful than women's agency in determining behaviour. The question arises as to whether social norms are less powerful in determining care roles for women in urban areas or those who are in paid work. In this survey, women who owned more assets independently or jointly with other household members were also found to spend less time on any care work than women who did not own assets. This finding is consistent with the hypothesis that a woman's sense of stability – or vulnerability – informs her willingness to negotiate about workloads and division of labour.

Social norms and perceptions

There are two important elements in understanding the role of social norms in shaping individual attitudes: what people think other community members *do*, and what people think other community members *approve/disapprove of*. While there was no association found between men and women's beliefs about community members' approval/disapproval of a more equal distribution of unpaid care work and the actual number of care work hours performed by men and women, the research highlighted the significant role of social norms in shaping attitudes towards UCDW, particularly those related to perceptions of community approval. Over 66% of women respondents indicated that they think the majority of women in the community would

support men doing UCDW, while less than 20% of them think the majority of men in their community would support it. Among male respondents, 71% of respondents indicated that the majority of women in their community would support men's involvement in UCDW, while about 33% reported that they think the majority of men in their communities would support men doing UCDW. These findings, aligned with data on time use, indicate a tendency for men to subscribe to attitudes they believe other men hold regarding UCDW, i.e. low participation and low expectations, but a desire for change of these normative expectations by the women. Despite the majority 89% of women and men reporting that men should not be shamed or mocked for doing UCDW, 44% of women affirmed having known of a man who had been mocked for performing UCDW. In other words, 11% of women and men still believe it is valid to mock of men for engaging in UCDW and nearly of half of women have known a man who has experienced this type of backlash. Despite this positive result, the research showed that there is persistent acceptability among study participants of violence against women related to women's performance of UCDW. Between 4% to 11% of women and men thought it was acceptable for a man to beat a woman if she failed to undertake UCDW tasks. This demonstrates the link between socialized gender roles, including those related to the performance of UCDW, and gender-based violence (GBV).

Perceived social value and skill of UCDW

Increasing investment and participation in UCDW may also be thwarted by perceptions of care work as inconsequential or unskilled. Previous studies have found UCDW considered 'petty work'. Survey participants were asked to rank common work activities by their value and skills required. The findings show that women ranked most paid work activities to be of higher value than care work activities, with the exception of fuel collection, while men's ranking of value was not skewed to either category of activity. The findings show that as long as women continue to undervalue UCDW, they may not see the need for efforts aimed at integrating discussions on unpaid care into the economics of labour. Likewise, if care work is not valued women may see no need to reduce or redistribute care work within households.

There is some congruence in the ratings by both men and women with regard to the skills required to perform care and paid work tasks, with men ranking paid work slightly higher than women. For instance, both men and women believe that meal preparation requires lower skills while caring for their own children requires higher skills. Importantly, it is observed that since most UCDW – whether paid or unpaid – is learnt as part of the socialization process, its performance is taken for granted as not requiring skills, hence contributing to the low value and income associated with it.

In terms of UCDW tasks considered the most problematic, washing/ironing and mending clothes tops the list for both sexes, as rated by 47% of men and 40% of women.

RECOMMENDATIONS

Drawing from the study findings and conclusion, this section seeks to make practical and realistic recommendations for policy and programming interventions on UCDW. The recommendations are centred on the 'Four-Rs' framework for addressing UCDW (Recognition, Reduction, Redistribution and Representation), and customized to the Kenyan context. The recommendations also follow the wording of SDG 5.4 on unpaid care and domestic work, which affirms roles and responsibilities of critical actors beyond households and communities, to the state and its institutions, the private sector and civil society organizations.

THE 'FOUR RS' FRAMEWORK

Recognition involves making visible the contribution of UCDW to society and the economy, including through government policies, budget allocation and the collection of quantitative and qualitative data to inform policy responses.

Reduction efforts include reducing the drudgery of time- and labour-intensive UCDW tasks to free up women and girls' time to participate in education and social, political and economic life.

Redistribution efforts involve ensuring that the responsibility for UCDW is shared more equitably between women and men, and between government, the private sector, communities and households.

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

RECOGNITION

1. NATIONAL AND COUNTY GOVERNMENTS

Develop and implement gender-responsive public policies and budgets that recognize the extent of UCDW in citizens' lives and the contribution of UCDW to social and economic wellbeing. This should include the National Treasury (Department of Planning) working closely with the Ministry of Labour and Social Protection to collaborate and steer the recognition of UCDW in government planning and budgeting processes.

2. NATIONAL GOVERNMENT

Commit to regular collection and analysis of national

time-use data as part of the government's commitment to monitoring progress on SDG Target 5.4,³ and incorporate ILO Resolution I⁴ into the 2019 census. This will provide the government with critical data on the contribution of UCDW to the country's social and economic development to inform evidence-based policy. Specifically, enacting ILO Resolution I will mean unpaid carers are counted as workers on the labour force. National time-use surveys should be led by the Kenya National Bureau of Statistics in line with best practice and standards on SDG Indicator 5.4.1⁵ and in consultation with the Kenya SDG Forum and civil society.

3. CIVIL SOCIETY AND DEVELOPMENT ACTORS

Increase recognition of the value and significance of UCDW among communities and the country at large and of the importance of reducing and redistributing care work in order that women realize their full potential as human beings. This includes evidence-based policy advocacy that highlights how freeing up women's time allows more women to participate in social, political and economic life, and demonstrates that efforts to reduce poverty will have a limited impact as long as women have almost sole responsibility for UCDW.

REDUCTION

4. NATIONAL GOVERNMENT

Invest in care-related infrastructure, public services and social protection to reduce long and arduous hours of UCDW for women and the related negative health impacts and opportunity costs. This should be delivered through national policy frameworks resourced through a progressive taxation regime that does not further disenfranchise women, with clearly established national guidelines on investment in essential services, parental leave schemes for informal sector workers,⁶ and sufficient budgetary allocation to County governments.

5. COUNTY GOVERNMENTS

Prioritize gender-responsive budget allocations for public services and infrastructure that reduce the time and intensity of UCDW, such as water points, sanitation services, electricity, healthcare facilities and early childhood development and education (ECDE). These must be accessible, affordable and of high quality. Planning for their implementation must be based on local-level consultations and needs assessments with women carers, and targeted to the poorest households where women do the most heavy and arduous UCDW. Ongoing maintenance and repair costs of infrastructure such as water points should be budgeted for.

6. PRIVATE SECTOR

Work in partnership with government and development actors to prioritize the manufacturing and provision of affordable time- and labour-saving equipment and technology to low-income households, and share the costs of care with workers. This includes equipment such as laundry and washing facilities, fuel-efficient cook stoves and transportation devices that have been shown

to reduce the drudgery of time- and labour-intensive UCDW tasks, and allowances such as childcare subsidies and paid leave for illness and maternity/paternity.

REDISTRIBUTION

7. NATIONAL AND COUNTY GOVERNMENTS

Develop public communications, advertisements and public service announcements that positively reinforce men's roles in caring for children and families. For example, in health and education communications, this could include showing both fathers and mothers taking their children to school or to the doctor.

8. CIVIL SOCIETY AND DEVELOPMENT ACTORS

Collaborate with diverse stakeholders, including religious leaders, private sector, the media and government, to develop evidence-based social norms interventions that encourage men to share responsibilities for UCDW, by addressing the negative social norms that influence gender roles and the unequal distribution of UCDW between women and men. These interventions should consider approaches that work with couples to promote respectful and equal relationships and have been shown to foster more equal sharing of care and household responsibilities. Social norms interventions should also consider and address the known relationship between GBV and UCDW to ensure a concerted approach in addressing harmful social norms and to minimize the risk of backlash against women and men who challenge existing gender roles.

9. CIVIL SOCIETY, DEVELOPMENT ACTORS AND PRIVATE SECTOR (INCLUDING THE MEDIA)

Develop large-scale mass media campaigns through social media and advertising/marketing channels that target both men and women, and focus on the benefits of

redistribution of UCDW among family members. This should include working with male champions for peer influencing and role modelling for younger generations, as well as calling out the behaviours and attitudes of people in positions of power and influence that promote unhelpful and negative gender stereotypes related to care and domestic work.

REPRESENTATION

10. NATIONAL AND COUNTY GOVERNMENTS

Put in place mechanisms and processes for the inclusion of women caregivers in consultations and decision making related to budget allocation, needs assessments etc. Both public and private institutions should make provision for care-supporting services and spaces in meeting and work places, for example, on-site breastfeeding spaces and childcare facilities.

11. NAIROBI COUNTY GOVERNMENT

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

12. CIVIL SOCIETY AND DEVELOPMENT ACTORS

Support and advocate for the inclusion of diverse groups of women (and men) carers in public dialogue and decision making related to budgets and community planning, while lobbying government to ensure it meets its obligations in this area. These initiatives should ensure that women have the appropriate skills, knowledge and confidence to actively take part in dialogues and consultations.

AREAS FOR FUTURE RESEARCH



Further comparative research on time use and social norms related to UCDW is needed in other sectors of the Kenyan population. This includes in rural areas and among the urban middle classes, as well as among some of the distinct cultures (e.g. coastal culture), to understand how UCDW dynamics differ and to develop appropriate policy and programming responses. Qualitative research that more closely examines the link between social norms, GBV and unpaid care work is also needed to inform the development of social norms interventions and behaviour change campaigns.

Other suggestions to improve future Household Care Surveys are:

- Include dimensions of unpaid care work among families caring for people who are elderly, sick or disabled.
- Combine the HCS with qualitative methodologies, such as the Rapid Care Analysis.⁷
- Ensure the sample is sufficiently large to analyse non-traditional household structures and living arrangements, to explore if/how these factors are associated with different UCDW patterns.
- Include measures to recruit a larger male sample that can be analysed comparably to the female study population, for example through pre-existing community and development interventions on livelihoods, parenting and UCDW, etc.

1. Introduction to the Kenya Household Care Survey

1. INTRODUCTION TO THE KENYA HOUSEHOLD CARE SURVEY

The Household Care Survey (HCS) is one of the time-use survey tools developed by Oxfam to enable practitioners at national and local level to generate quantitative, context-specific evidence to inform the design of interventions, evaluations and research on factors associated with household-level arrangements and decisions on unpaid care and domestic work (UCDW). The HCS enables the identification of factors that lead to more equal distribution of UCDW. The tool also aims at producing evidence that can be used by Oxfam, government, development practitioners and women's rights advocates to influence local and national-level policy and budget processes. Since 2014, the HCS (or key modules within the survey) has been conducted in eight different countries.

The Kenya HCS conducted in 2018 targeted over 30,000 women (20,000 women small-scale traders and 10,000 women domestic workers) from five informal settlements within Nairobi City County. These five settlements were already targeted in *Wezesha Jamii*, a four-year project working on promoting livelihoods and inclusion of vulnerable women domestic workers and women small-scale traders in the urban informal economy in Nairobi. The project was funded by the European Union and co-financed by Oxfam, and jointly implemented with three national CSOs – SITE Enterprise Promotion, Youth Alive Kenya and the National Organization for Peer Educators (NOPE) – between 2015 and 2018.

The purpose of the HCS was to gather quantitative data to demonstrate how UCDW is being shared at household level, disaggregating it by sex and other key indicators with the aim of revealing its distribution and thereby enabling the generation of recommendations towards positive change in the recognition, reduction and redistribution of UCDW and the representation of carers (the 'Four Rs framework'). The survey thus endeavoured to measure patterns in UCDW while explicating the factors that influence these patterns – such as household wealth, women's incomes and employment, women's education, women's involvement in community groups and external support programmes – and analysing how different socio-economic realities for women count.

The HCS also underscored the role of key societal factors that shape norms and perceptions about gender roles and UCDW, and those that can influence changes in its patterns. It did so with a view to recommending initiatives towards investments in time- and labour-saving equipment, products and services that free women from the entrapment of UCDW, thereby increasing their engagement in employment and other socio-political endeavours.

The research was thus guided by the following objectives:

- Establish how UCDW is distributed between the sexes and age groups in the five informal settlements.
- Understand mediating factors affecting the distribution of UCDW in households.
- Explore women and men's perceptions and attitudes towards UCDW, including its perceived social value.
- Analyse household and individual characteristics and arrangements that facilitate or hinder the equal sharing of UCDW at household and community level.
- Develop policy recommendations for government and key stakeholders to address UCDW.

1.1 Study background

Care work is a sub-category of work that includes all tasks that directly involve care done in service of others. It also refers to those occupations that provide services that help people develop their capabilities or the ability to pursue the aspects of their lives that they value. UCDW is often differentiated from other forms of work because it is considered to be intrinsically motivated, implying that people are inspired to pursue care work for reasons other than financial compensation. However, regardless of motivation, UCDW includes care activities done for pay (paid care work) as well as those done without remuneration (unpaid care work) (Folbre, 2003).

According to O'Hara (2014), UCDW is often focused on the responsibility to provide for dependants such as children, those who are sick or physically challenged and elderly people. However, UCDW is also done in immediate service to others, regardless of the recipient's dependent or non-dependent status. Notably, in a low- and medium-income context, UCDW largely entails the performance of domestic chores – mainly by women and girls – which is time-consuming and laborious in the absence of most domestic work-saving equipment and infrastructure. The Human Development Report (2016) asserts that the products of UCDW are essential to human wellbeing, in that without genuine care and nurturing children cannot develop into high-functioning individuals, and adults have a hard time maintaining or expanding their wellbeing and productivity. Further, as observed by household UCDW surveys carried out in the Philippines, Zimbabwe and Uganda, UCDW also actively involves childcare, whether provided in the home or community and by the public or private sector, and contributes to the development of healthy and productive children (Oxfam, 2017). At the same time, effective care for sick people allows recipients to remain productive and continue contributing to society (Esquivel, 2017). In this sense, UCDW is directly related to the health of a society as well as to its economic development. The implication is that UCDW is responsible for creating both social capital and human capital, and is essentially an enabler of economic development.

1.1.1 The context of UCDW

In the sphere of labour statistics, UCDW is pegged on the provision of care support and household work within households or in the community, often with no monetary reward. Indeed, virtually all adults will be unpaid carers at some stage during their lifetime. Providing UCDW can be a rewarding experience, but it can also have adverse effects on unpaid carers' economic opportunities, wellbeing and overall enjoyment of individual human rights and freedoms. In Africa, the most common profile of unpaid carers is that of a woman aged between 15 and 54 years old, with few economic resources, several children, a low level of education and, often, health problems or disabilities. This category of carers simultaneously works for pay or profit, mostly in the informal economy, and receives little or no formal care support (ILO, 2018).

Although UCDW hardly counts in countries' Gross National Product (GNP), it makes a substantial contribution to households' wellbeing as well as to individual and societal wellbeing. Unpaid carers meet the vast majority of care needs across the world. However, UCDW remains mostly invisible, unrecognized and unaccounted for in decision making. Estimates based on time-use survey data in 64 countries (representing 66.9% of the world's working-age population) show that 16.4 billion hours are

spent in UCDW every day. This is equivalent to two billion people working eight hours per day with no remuneration. Were such services to be valued on the basis of an hourly minimum wage, they would amount to 9% of global Gross Domestic Product (GDP), which corresponds to \$11 trillion (Purchasing Power Parity, 2011). The great majority of UCDW consists of household work (81.8%), followed by direct personal care (13.0%) and volunteer work (5.2%) (ILO, 2018).

Care work, both paid and unpaid, is at the heart of humanity and our societies. Economies depend on UCDW to survive and thrive. Across the world, women and girls are performing more than three-quarters of the total amount of UCDW, and two-thirds of care workers are women. Demographic, socio-economic and environmental transformations are increasing the demand for care workers, who are often trapped in low-quality jobs. If not addressed properly, current deficits in care work and its quality will create a severe and unsustainable global care crisis and further increase gender inequalities in the world of work (ILO, 2018). The situation is even worse in the context of UCDW, and especially in situations of resource poverty, where women experience low productivity in other spheres and remain in the domestic sphere, forgoing opportunities to contribute to economic development.



The impacts of UCDW can be far-reaching. In a qualitative Rapid Care Analysis (RCA) study conducted in Nairobi's informal settlements in 2016, findings revealed that UCDW was unevenly distributed between men and women, whereby females spent 2.3 times more hours doing UCDW than their male counterparts (Oxfam, 2016). From the study, women's greater engagement in UCDW was perceived as contributing to lost opportunities, not only in productive activities but also in terms of women's inability to fully exploit their potential to improve their living standards. The RCA study further revealed higher engagement in UCDW for women living in contexts of large families, extreme poverty, and lacking basic labour-saving technologies that greatly hampered women's productive opportunities, leading to greater poverty. From the study, reduction in UCDW engagement for women would afford them more time to engage in productive activities, which was often linked to improvements in their livelihoods and the livelihoods in the community, and which would eventually reduce extreme household vulnerability (Oxfam, 2016).

1.1.2 Performance of UCDW

According to the International Labour Organization (2018), across the world, women perform three-quarters of UCDW, or 76.2% of the total of hours provided. In no country in the world do men and women take an equal share of UCDW. Women dedicate on average 3.2 times more time than men to UCDW: 4 hours and 25 minutes per day, against 1 hour and 23 minutes for men. Over the course of a year, this represents a total of 201 working days (on an 8-hour basis) for women compared to 63 working days for men. Women spend more time than men on UCDW in every region, ranging from 1.7 times more in the Americas to 4.7 times more in the Arab states. Globally, UCDW is most intensive for girls and women living in middle-income countries, those who are married and of adult age, with lower educational achievement, resident in rural areas, and with children under school age. In low-income contexts with limited time- and labour-saving equipment and large family sizes, the hours are long and the work physically hard, especially in rural areas of developing countries. These inequalities in UCDW distribution are an important part of the obstacles that women face in their life choices and opportunities.

Across the African continent, women's time constraints are highest in rural areas because of the long time spent collecting water and fuel and preparing food. In regions where piped water to homes is not the norm, women and girls are more likely than men and boys to be responsible for fetching water for domestic use. Collectively, women and girls in sub-Saharan Africa are responsible for collecting 71% of all household water, spending 16 million hours every day collecting water, compared to 6 million hours for men and 4 million hours for children (UN Women, 2015). Further, in sub-Saharan Africa, annual economic loss due to women's underused potential

linked to UCDW is estimated to exceed approximately 6% of GDP (UNDP, 2016).

It is worth noting that the Sustainable Development Goal (SDG) 5 – 'Achieve gender equality and empower all women and girls' – includes the mandate to recognize and value UCDW and domestic work. In particular, Target 5.4 calls for *the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate*. The target recognizes that work comprises more than paid employment, and that UCDW makes a valuable contribution to individual, societal and national wellbeing. The inclusion of this target under SDG 5 also recognizes the current imbalance in the division of UCDW between women and men, and the fact that specific policies will be needed to support the delivery of this target in a manner that is consistent with the cultural and economic realities of different countries. Additionally, the inclusion of UCDW in the 2030 Agenda for Sustainable Development United Nations, (2015) marks an unprecedented advance in the care agenda in terms of the visibility of care as a central dimension of sustainable development (Esquivel et al., 2017).

Many studies have also shown that women provide the majority of unpaid childcare. In Nepal, women work 21 more hours per week than men, and in India, 12 more hours. In Kenya, 8- to 14-year-old girls spend 5 hours more on household chores than boys. In all these cases most of these extra work hours for women are spent on UCDW. This poses a particular problem for women, in that the extra hours of domestic UCDW translate into a difficult balance for women between productive work and domestic work. In the division of household labour, women have not been given many choices other than care work as patriarchal systems have used their physical force, property rights and cultural norms to force women to take over specializations that are deemed unfit for men (Esquivel et al., 2017).

In almost all societies the gendered division of labour hands the responsibility for caring labour to women – much of it without remuneration – in the family or as voluntary activity in the community. According to the OECD Gender Institutions and Development Database (GID-DB) (2019), around the world, women are responsible for 75% of unpaid care and domestic work in our homes and communities.

Women carry a heavier responsibility for UCDW in the home than men largely due to perceived differences in abilities and tendencies, socialization as well as cultural norms which prescribe certain roles for men and women. Historical and cultural norms explain the

widely held ideology of women's role in caring for others. In addition, the comparative willingness of women to perform UCDW due to societal reinforcement has historically contributed to the poor remuneration of people in care-based professions. The historical and cultural pressure on women to provide these services without assurance of financial compensation has devalued UCDW, leading to caring professions being heavily underpaid in comparison to professions which require a similar amount of training and work but are not equivalent to any domestically performed tasks (Friedman, 2012).

McKinsey Global Institute (2015) reports that one of the significant structural barriers to women's economic empowerment in Africa is women's disproportionate responsibility for UCDW at home that restricts them from taking up paid jobs, undertaking advanced education and skills training and, most importantly, participating in public life. Health challenges are rampant in sub-Saharan Africa, and one of the biggest is lack of provision of quality healthcare. In particular, care for children with special needs, those who are elderly, disabled people and ill individuals is primarily provided privately by their families, and especially by women, since adequate public services are largely absent. This is particularly the case in rural areas, where UCDW escalates for women (UNFPA, 2012).

Studies of globalization and its impact tend to focus on incomes, employment, education and other opportunities. Less visible, and often neglected, is the impact on care and caring labour – mainly the task of providing for dependants, for children, those who are sick and elderly people, with all the demands this creates in daily life. Further, globalization is putting a squeeze on care and caring labour, especially in the ways in which men and women use their time. As discussed above, the role of care in the formation of human capabilities and in human development is fundamental. But the supply of

care is not merely an input into human development. It is also an output – an intangible yet essential capability, a factor of human wellbeing (UNFPA, 2012).

Changing patterns of women's employment have also been linked to increased tensions in the social reproduction of individuals, families and societies, resulting in less time for unpaid housework and personal care. The prominence of UCDW as a structural barrier to gender equality at work is also related to the fact that households have changed. The ongoing transformation of the nuclear family model, which formerly comprised a married heterosexual couple with children, has made more common what has often been defined as 'globalizing models of family'. This process has seen the proliferation of family forms and living arrangements that are not built on social obligation, but which are increasingly chosen and based on mutual consent.

Thus, in the modern society, family structures have changed as households have become smaller and the traditional extended family's role has been substantially reduced. Another clear expression of these changes to family forms is the prevalence of single-headed households, which account for 5.3% of the global working-age population (300 million people). Globally, 78.4% of these households are headed by women, who are increasingly shouldering the financial and childcare responsibilities of a household without support from fathers. Unless these additional care needs are addressed through adequate care policies, extra demand for paid care work is likely to continue to constrain women's labour force participation, put an extra responsibility on care workers and further accentuate gender inequalities at work. (ILO, 2018).

Against this backdrop, the current study endeavoured to investigate the imbalances in UCDW performed by both men and women, its determinants and dynamics, with a view to providing direction for UCDW recognition, reduction, redistribution and representation within the context of informal settlements.

2. Approach and methodology

2. APPROACH AND METHODOLOGY

The Household Care Survey (HCS) is part of Oxfam's Women's Economic Empowerment and Care (WE-Care) programme, which addresses UCDW as a key factor in achieving gender equality and economic development. WE-Care is implemented in six countries across South-East Asia and Africa, including Kenya, in partnership with national women's rights organizations, civil society and the private sector (in Ethiopia, Uganda, Tanzania, Zimbabwe, the Philippines and the Oxfam Pan-Africa Programme).

The Kenya HCS was also conducted under Oxfam in Kenya's Women's Rights Programme urban interventions, which was established in 2009 with the aim of ensuring that people in urban areas are empowered and have choices and opportunities to live safe, secure and productive lives. In 2015, Oxfam, in partnership with the National Organization of Peer Educators (NOPE), Youth Alive Kenya and SITE Enterprise Promotion, received financial support from the European Union to strengthen socio-economic empowerment of poor and vulnerable women domestic workers and small-scale traders who live in Nairobi City's urban settlements – mainly Mukuru, Kibera, Mathare, Korogocho and Kawangware.

The HCS was anchored on a four-year project, *Wezesha Jamii* (empower the family/community), which contributes to achieving secure and productive lives for vulnerable women who are dependent on the informal economy. It does so by strengthening their collective groups and federations, building their business and vocational skills, increasing their equity and resilience, educating them on their rights and responsibilities, building strategic linkages and strengthening advocacy actions to increase their participation in decision-making processes etc. The project's interventions seek to address systematic challenges that affect the target groups, their dependants and neighbouring communities, such as: low and unreliable incomes, poor negotiation skills, lack of favourable policy environment, harassment, extortion, arbitrary arrests and sexual violation, limited knowledge of their rights, limited access to markets and credit, and inadequate business skills. The project is directly benefitting over 30,000 women (20,000 women small-scale traders and 10,000 women domestic workers) from the five informal settlements within Nairobi City.

2.1 Study design

The HCS was carried out using a cross-sectional analytical survey design which enabled the inclusion of all five informal settlements. The study generated three sets of mainly quantitative data, which was analysed and triangulated to inform a comprehensive understanding of how UCDW was shared between the sexes and age groups within households and communities, who between women and men bore the greatest UCDW responsibility, the factors that if leveraged could achieve

positive changes in the recognition, reduction and redistribution of UCDW in households and communities, and factors that shaped assumptions, norms and perceptions on UCDW at the household level.

The HCS targeted over 30,000 women (20,000 women small-scale traders and 10,000 women domestic workers) who were already involved in the wider *Wezesha Jamii* project. A representative sample of 300 women (1% of the beneficiaries) was randomly selected from the five informal settlements, based on the number of beneficiaries reached in each settlement. The aim was to select a proportionate number of beneficiaries in each cluster (strata) under study. Proportionate stratified random sampling strategy was used where the sample size of each strata (informal settlement) was proportionate to its population size viewed against the entire population.

2.2 Sample size determination

This entailed calculating using the following formulae:

$$n_h = (N_h / N) * n$$

n_h = Sample size for h^{th} stratum (as provided in the list of beneficiaries)

N_h = Population size for h^{th} stratum

N = Size of entire population (30,000 beneficiaries)

n = Size of desired sample, which was 1% of the total beneficiaries (30,000 women)

After the determination of the sample size for each strata (informal settlement), the n^{th} number to be picked from the list of beneficiaries was calculated by dividing sample size arrived at by the total number of beneficiaries in the list for each specific informal settlement to be **picked using systematic random sampling**. This provided the sampling interval (calculated separately for each area) to eventually arrive at the total determined sample of 300 women beneficiaries. This implies that, in total, 200 small-scale trading women and 100 domestic working women and their households were picked to participate in the study. Male participants were picked from among the women who reported being married, whereby 150 men were targeted, being cognizant of the high number of female-headed households in the study settings. Child participants were picked from among women respondents who fulfilled the criteria of i) having children in the age range of 7-18 and ii) providing informed consent for the inclusion of their children in the study. The male participants were considered eligible as long as they had been living together with selected women for a minimum of six months at the time of the study. This implied that the male sample was essentially determined by women's marital status and partnership.

The inclusion of men and children in the household study was not only aimed at enabling an analysis of how UCDW is

distributed among household members but also to explore where the care responsibility was greater, with a possibility of obtaining evidence to support recommendations for the redistribution of UCDW among households. The final representative sample enabled inclusion of households with unique characteristics such as:

- 1) Large and small size.
- 2) Poor and absolute poor.
- 3) With member(s) living with disability.

In order to investigate variations in distribution of UCDW by age, children (girls and boys between 7-18 years) living in the households were also sampled for study. Due to the inability to know in advance which selected households had eligible children, the determination of participating children was done by enumerators after the interview with women and men in the sampled households. In the case that there was more than one eligible child in a household, the eldest was picked for the study, as long as parents assented to the child's participation. A desired population of 100 children was deemed suitable.

Selection of children for participation in the study was undertaken as follows:

- 1) The generated list of target women formed a basis for sampling at least 20 children in each of the five settlements under study.
- 2) Care was taken to include both male and female children, as well as all ages (7-18).
- 3) Only one child was picked from each household.
- 4) The children were visited at their family household during evenings (whenever security conditions allowed for it) or the subsequent Saturday during the day for interview, to allow for school attendance.

Table A1 in the appendix shows the final composition of the sample selection by area, inclusive of total reached/surveyed. See Appendix B for the detailed sampling protocol.

The final survey participants comprised 328 women (70%), 42 men (9%) and 93 children (20%). As shown in table A1 presented in the appendix, the participants were

mainly drawn from Kibera (32.8%), followed by Mathare (23.9%), with the lowest number of participants coming from Korogocho (7.1%), which is one of the smaller informal settlements of Nairobi City.

2.3 Data collection

The HCS questionnaire developed by Oxfam was customized to take into consideration the study objectives and the unique circumstances of informal settlements in Kenya, ensuring that it was aligned to the current realities of life in the areas under study. The questionnaire was structured to investigate:

- a) First, the household/individual characteristics and then four broad categories related to UCDW, namely:
 - Time allocation to UCDW and other activities (time list).
 - Social norms and perceptions guiding the allocation of time to activities.
 - Motivational factors and decision making in regard to UCDW.
 - Time- and labour-saving equipment, products and services accessible to respondents.
- b) Under the time list, women respondents indicated how they had spent the last 24 hours prior to the study according to the categories of: leisure and resting, paid work, caring for people and domestic work, education, community and other activities.
- c) Under the social norms, attitudes and perceptions influencing arrangements for UCDW, respondents ranked UCDW activities in order of importance and value attached to them, skills required to perform the listed activities, as well as those activities that were deemed problematic. The section also investigated individual and community perceptions with regard to UCDW, and specific social norms guiding distribution of UCDW at household level.
- d) Under motivations and decision making in regard to UCDW, the study explored gendered power relations, acceptability of male involvement in UCDW by households and community, as well as societal sanctions for women not performing UCDW.

TABLE 1: FINAL SAMPLE BY AREA AND WOMEN'S OCCUPATION

Area	Domestic working women population	Sample size (women)	Small-scale trading women population	Sample size (women)	Sample size men (half of women sample size)	Sample size children	Total selected	Total surveyed
Kawangware	1,483	15	2,666	28	21	20	84	73
Kibera	2,855	30	4,870	52	41	20	142	152
Korogocho	846	8	1,899	20	14	20	62	33
Mathare	1,557	16	4,961	53	35	20	124	111
Mukuru	3,011	31	4,399	47	39	20	137	94
Total	9,752	100	18,795	200	150	100	549	463



e) The last section, on time- and labour-saving equipment (TLSE) products and services, investigated use of TLSE, time constraints experienced as well as recommendations on how UCDW responsibility could be reduced among respondents.

Though the men's questionnaire was closely aligned to the women's, it was limited to investigating their personal information, time allocated to UCDW and other activities, perceptions and attitudes towards UCDW, distribution of UCDW activities between them and women partners, gendered power relations and UCDW, and opinions on reduction of UCDW responsibilities. The children's questionnaire mainly sought to capture how they allocated time to UCDW and other activities.

Data collection was undertaken using digital devices and the mobile data collection software *surveyCTO*. The survey instrument was converted to electronic form and uploaded on tablets for the purposes of data collection. Collected data was uploaded daily to the WE-Care *surveyCTO* server. Prior to data collection, six enumerators were hired and trained on the use of the tablets, electronic data collection and uploading the data using the *Wifi*-enabled devices. They were also trained on study focus and on ethical and privacy considerations, including ethical expectations applicable to minors. A detailed training manual was prepared and issued to all the enumerators for use during the training sessions.

Before the actual survey was conducted, a pilot study was undertaken in one administrative ward within the Kawangware region, which was later excluded from the study. The pilot enabled the determination of reliability and validity and led to the revision of the study instruments to address gaps and ambiguities.

Once data collection was completed, stored data was cleaned, checked for consistency and downloaded into statistical software, *Stata* and *SPSS*. The quantitative data was then analysed using descriptive measures of central tendency and particularly the mean, for instance to show the number of hours spent on UCDW by each sex and age group or the value accorded to UCDW, and measures of dispersion to demonstrate differentials in care-work patterns among various categories of population under study. The analysis particularly focused on how the different informal settlement areas varied in terms of intra-household distribution of both paid work and UCDW, by sex and age groups and the various household characteristics that affected UCDW distribution. Other techniques, such as relevant measures of association, were utilized to compare and interpret the key factors determining UCDW allocation among other issues. In order to elucidate such factors, a number of regression models were developed. Lastly, the data was presented in descriptive, narrative, graphic and tabular form, depending on its nature.

2.4 Fieldwork challenges and limitations

A number of challenges were encountered during the data collection exercise. Reaching the target male cluster for study was hampered by several factors. Firstly, a majority of households were female-headed, as is expected in urban informal households (Mberu et al., 2016; Kinyanjui, 2014). Secondly, most male respondents were unavailable during the day when the exercise was being undertaken, necessitating return visits for all eligible households. Thirdly, even during return visits, men proved difficult to locate as they spent a large proportion of their day at work and were outdoors even during non-work hours. Fourthly, a majority of men declined the interview, possibly due to either assumptions that UCDW is the domain of women or research apathy. In the end, only about 30% of the selected males were studied. The low sample size for male respondents limited the use of data arising from the male sample and restricted derivation of inferences as well as robust statistical testing for the male sample. Hence, the findings for male respondents presented in this report should be read in light of this limitation.

Children were also hard to find at home during the weekdays, while at the weekends they were out in playfields, which led to loss of time and necessitated return visits to the households. Further, due to insecurity, the research team had to employ male village 'gatekeepers' to safely access the inner regions of the informal settlements. Research fatigue was noted among the respondents, not to mention the concerns raised by some about the lengthy questionnaire. Overall, the survey reached 328 women, 42 men and 93 children.

2.5 Privacy and ethical considerations

In adherence to the principle of privacy as required by Oxfam (see Oxfam, 2012) and other internationally agreed

research guidelines, interviews with individuals were conducted in private. This is in line with the fundamental principles of research ethics and was also important given the potential sensitivity of the matters that were under investigation. Interviewers were urged to find a location inside or outside the house or where the respondent felt comfortable and where there would be enough privacy. If the respondent opted to have someone present with them during the interview, or if a member of the household insisted on being present during the interview, this was considered and noted or recorded in the informed consent form.

In particular, the three ethical principles of research with human subjects were duly considered:

- **Respect for persons' and communities' cultures and beliefs:** Study participants had the right and the capacity to make their own choices and decisions. Through the informed consent process, participants were given the opportunity to make decisions, having been fully informed about what their involvement in the study entailed.
- **Beneficence:** Researchers made a risk/benefits analysis of what participation in the study meant to the participants. This evaluation was communicated to the participants, who were duly informed that no direct benefits would accrue after their participation.
- **Justice:** This was upheld by ensuring that no individual or household was placed at risk at the expense of another and protecting those who were vulnerable (Oxfam, 2012).

During the fieldwork, each team of three enumerators was accompanied by a supervisor. Both the supervisor and interviewers bore the responsibility for obtaining informed consent from households and individuals eligible for the study, including obtaining consent from parents and guardians for the children selected and ensuring that these children assented to the interview.

3. Individual and household characteristics

3. INDIVIDUAL AND HOUSEHOLD CHARACTERISTICS

This section presents the analysis of respondents' individual and household characteristics, which have a bearing on the distribution and arrangements of UCDW within households.

3.1. Selected household characteristics

The factors of analysis included age of surveyed children, marital status and payment of bridewealth, area of residence, women's education level, religious and ethnic background, and respondents' resources, assets and control over them. Given that the survey principally targeted women beneficiaries of the *Wezesha Jamii* project working in two different clusters, i.e. female small-scale traders and domestic workers, it is important to note that women working in small-scale enterprises were 213 (65%) of the total women studied, while those in the domestic work sphere were 115 (35%). With respect to the children studied, there was a fair distribution by sex, as 48 (51%) were girls while 45 (48%) were boys.

To analyse household and individual characteristics which enable or hinder sharing of UCDW at the household level, a multinomial regression procedure was used. The aim was to show how selected factors such as marital status, age, educational level and household size affected the amount of time spent on UCDW, childcare and all combined forms of care when measured by a single indicator; the results are presented in the respective subsections.

3.1.1 Women's age

As shown in Table 2, the modal age for women who participated in the study was 38-43 (24.1%), followed closely by those aged 32-37 (23.8%). About 5.5% of the women were in the 20-25 age bracket cluster, while close to 3% were above 62 years of age. The mean for women's age was 39.8 years. The mean for men under study was slightly higher than women's age, at 40.2.

TABLE 2: WOMEN'S AGE

Age cluster	Frequency	Percent
20-25	18	5.5
26-31	49	14.9
32-37	78	23.8
38-43	79	24.1
44-49	44	13.4
50-55	35	10.7
56-61	13	4
62-67	9	2.7
68+	2	0.6
Not indicated	1	0.3
Total	328	100

Table 3 shows that the age of surveyed children ranged from 7-17 years, with 4.3% being in the lowest cadre of 7 years. The mean children's age was 11.2 years. At least 17.2% were aged 8 and a further 10.8% were aged 9, while 12.9% were aged 10 and 8.6% were aged 11. A total of 14% and 10% were aged 12 and 13 respectively, with children aged 14, 15, 16 and 17 years representing less than 10% in each case. Indeed, only 5.4% were aged 17 years.

TABLE 3: AGE OF CHILD RESPONDENTS

Children's age	Frequency	Percent
Age 7	4	4.3
Age 8	16	17.2
Age 9	10	10.8
Age 10	12	12.9
Age 11	8	8.6
Age 12	13	14.0
Age 13	10	10.8
Age 14	7	7.5
Age 15	6	6.5
Age 16	2	2.2
Age 17	5	5.4
Total	93	100

Women living in households that had at least one child under the age of six reported spending more time on primary and any care, while no association was found for men. Other factors, such as respondents' age and number of household members, were not significant in affecting time spent on UCDW for either men or women, as shown in table A27.

3.1.2 Marital status

Marital status has a bearing on UCDW and how it is shared in the household (Oxfam, 2017). As Table 4 reveals, a majority of the women respondents – 208 (66.6%) – were married or living with a partner (monogamously), while 38 (12.1%) were single but living with a partner to whom they had not formally committed. In addition, 37 (11.8%) of the respondents were divorced/separated, while 23 (7.3%) were widows. Further, 4 (1.2%) of the women respondents had never married and were living without partners. However, 16 (4.8%) of the women respondents opted not to reveal their marital status. On the other hand, the majority of studied males (39, or 92.8%) were married and living monogamously, while 3 (7.2%) were married and living polygamously.

As shown in Table 4, there were small variations in marital status across the five areas of study, with the domination of single persons in both Kawangware (twice that of other areas) and Mukuru (slightly elevated). The proportion of divorced women is larger for Mukuru, Kawangware and Mathare.

TABLE 4: MARITAL STATUS BY AREA

Respondents by area [frequency and percent]						
	Kibera	Mathare	Korogocho	Kawangware	Mukuru	Total
Women						
Single/cohabitating	10 (26.3%)	3 (7.8%)	3 (7.8%)	11 (28.9%)	11 (28.9%)	38 (12.1%)
Married/living with partner – monogamous	61 (29.3%)	50 (24%)	17 (8.1%)	31 (14.9%)	49 (23.5%)	208 (66.6%)
Married/living with partner – polygamous	0.00	1 (50%)	1 (50%)	0.00	0.00	2 (0.64%)
Divorced/separated	6 (16.2%)	8 (21.6%)	3 (8.1%)	8 (21.6%)	12 (32.4%)	37 (11.8%)
Widowed/widower	8 (34.7%)	4 (17.3%)	1 (4.3%)	4 (17.3%)	6 (26%)	23 (7.3%)
Never married/living without partner	0.00	1 (25%)	0.00	1 (25%)	2 (50 %)	4 (1.2%)
Not indicated	0.00	3 (0.9%)	9 (2.7%)	2 (0.6%)	2 (0.6%)	16 (4.8%)
Total (women)	85 (27%)	67 (21.4%)	25 (8%)	55 (17.6%)	80 (25.6%)	328 (100%)
Men						
Married/living with partner – monogamous	19 (48.7%)	9 (23%)	6 (15.3%)	4 (10.2%)	1 (2.5%)	39 (92.8%)
Married/living with partner – polygamous	2 (66.6%)	0.00 (0)	1 (33.3%)	0.00 (0)	0.00 (0)	3 (7.2%)

Further, married women were asked to indicate if bridewealth had been paid for their union with their male spouses (Table 5). As confirmed by Table 5, 170 of the women (51.8%) indicated that bridewealth had not been paid for them, while 109 (33.2%) indicated the converse. About 49 (15%) of women declined to indicate if bridewealth had been paid for their union. Culturally, most communities in Kenya demand payment of bridewealth for a bride, which is perceived to be compensatory for the 'loss' of their member who joins the groom's family as a wife. Often, payment of bridewealth is (mis)interpreted as a purchase or ownership of the married woman and therefore a justification for excessive power of husbands over their wives and high demands made on wives by their husbands, including those pertaining to performance of UCDW. Hence, as much as it ratifies the marriage, bridewealth also grants indefinite rights to a man over his wife and is partly responsible for: i) the negative perception males have towards UCDW; ii) negative perceptions men have over fellow men who engage in UCDW; and iii) acceptance by women that performance of UCDW is an obligation and social expectation. Indeed, it is common for males to justify their non-involvement in domestic work on the basis that they 'already paid bridewealth'. When considering women's marital status, the study found that being married is associated with women reporting more time spent on any care responsibilities than single women (table A26).

3.1.3 Women's education level

Table 6 shows that all the women who participated in the study had acquired some formal education, with at least 38.4% having acquired secondary-level education and 47% having primary education. Notably, 8.5% of women had acquired tertiary education. Further analysis on the comparison of education level and area of residence showed no significant trend or relationship with either

the use of ordinal/ordinal or interval/ordinal measures. Men's education level was not investigated in this study.

TABLE 5: PAYMENT OF BRIDEWEALTH

Bridewealth status	Frequency	Percent
Not paid	170	51.8
Paid	109	33.2
Did not indicate	49	15
Total	328	100

TABLE 6: WOMEN'S EDUCATION LEVEL

Education level	Frequency	Percent
None	5	1.5
Primary	154	47
Junior secondary	15	4.6
Secondary	126	38.4
Tertiary	28	8.5
Total	328	100

The study found that having at least primary-level education was associated with an increase in primary care hours for women (but not for men), as can be seen from table A26.

3.1.4 Religion and culture

Analysis of women's religion, presented in Table 7, shows that the majority of the respondents (304, or 92.7%) were Christians and only 17 (5.2%) indicated professing Islam. Seven respondents did not indicate their religious affiliation (2.1%). From further analysis, there were no indications that religion varied significantly across the five areas under study, which was expected given the clear skew towards Christian religion.

TABLE 7: WOMEN'S RELIGION

Religion	Frequency	Percent
Christian	304	92.7
Muslim	17	5.2
Not indicated	7	2.1
Total	328	100

Regarding cultural background, Table 8 shows that of the women who participated in the study, only 279 indicated their cultural background. Of these, 68 (20.7%) came from the Luhya community, 64 (19.5%) were from Luo, 55 (16.8%) were from Kamba and 45 (13.7%) from Kisii communities. According to the World Population Review (2019), Kenya's ethnic distribution shows the Kikuyu group accounting for 17%, Luhya for 14%, Luo for 11%, Kalenjin for 13%, Kamba for 10%, Kisii for 6% and Meru for 4%, while other Africans account for 13% and non-African (Asian, European, and Arab) for 1%. The Kenya Population Census (2009) revealed that the five largest ethnic groups – the Kikuyu, Luhya, Kalenjin, Luo and Kamba – make up nearly 70% of the country's population of 48 million (Republic of Kenya, 2009). The findings may be indicative of spatial preference by particular ethnic groups living in informal settlements.

Kenya has 43 distinct community groups which have varied cultures. However, there is little variation across the cultures with regard to expectations on UCDW duties by both men and women (Suda, 2001). Indeed, culture becomes a key reference point for most groups when the prevailing norms on UCDW are challenged or questioned, irrespective of community identity. In some cultures, men are not even permitted to enter the kitchen, implying that they are not expected to perform kitchen-related duties such as cooking, washing utensils and serving meals (Kirai, 2014; Osoba, 2011). This reality could greatly

hamper the achievement of recognition, reduction and redistribution of UCDW.

3.1.5 Resources, assets and income control

Women's economic empowerment is linked to their ability to access resources and income, participate in economic activities and exercise control over resources and decisions. These goals become compromised with women's disproportionate responsibility for UCDW. Further, men tend to earn more money, own more assets and have more savings in part because they undertake far fewer unpaid care work roles (ActionAid, 2016). As such, this study sought to establish the sources of income for the women under study.

The findings, as shown in Table 9, reveal that at least 205 respondents (62.5%) were engaged in informal work, 63 (19.2%) in waged work and 37 (11.3%) in paid domestic work. At least 7 (2.1%) women who participated in the study were engaged in a family business, while 12 (3.7%) were unemployed and probably had no source of income at all.

TABLE 9: WOMEN'S INCOME SOURCES

Source of income	Frequency	Percent
Unemployed	12	3.7
Engaged in paid domestic work	37	11.3
Student/pupil/trainee	1	0.3
Unpaid work for family business	7	2.1
Informal work	205	62.5
Work for wage or salary	63	19.2
Agriculture	1	0.3
Other	1	0.3
Self-employed in informal sector	1	0.3
Total	328	100

TABLE 8: WOMEN'S CULTURAL BACKGROUND

Culture	Frequency	Percent
Borana	1	0.3
Kamba	55	16.8
Luhya	68	20.7
Meru	5	1.5
Embu	4	1.2
Kalenjin	1	0.3
Kikuyu	30	9.1
Nubi	3	0.9
Swahili	1	0.3
Kisii	45	13.7
Luo	64	19.5
Other	2	0.6
Not indicated	49	14.9
Total	328	100

3.1.6 Women's monthly income

The study further explored the amount of income earned by women from various sources. The economic dynamics captured in Table 10 point to four significant trends that are important in the analysis of UCDW, as follows:

- 1) The lowest income earner was provision of services to local people, earning only a mean of 17 Kenyan shillings (Ksh), which is less than a quarter of one US dollar. It is likely that these women were rarely hired within their own neighbourhoods but hired out their labour to people living outside their settlements. Observably, most informal settlements in the study lie adjacent to middle- or high-income households.
- 2) The highest mean for income earned was established in informal business, followed by domestic paid work. This distribution is expected, since the survey had targeted two-thirds of women working in small-scale trading and one-third working in the domestic sphere for pay.

3) Evidence points to low income for the women under study, where the mean for earned income per month was 7,342 Ksh (see quintiles in table A2).

4) The fact that agriculture engagement accrued meagre earnings of a monthly mean of 43.28 Ksh (less than half a dollar) is typical of an urban setting, where the form of agriculture practised included kitchen gardens around selected homes or small livestock keeping, as confirmed through observations during fieldwork. However, further analysis of the findings revealed no relationship between the mean monthly income earned by the women and area of residence, i.e. Kibera, Mathare, Mukuru, Korogocho and Kawangware, indicating a fairly homogeneous study population in terms of economic status.

This aspect of income may have gross implications for UCDW, in that women earning higher incomes may have greater decision-making power and economic leverage to afford labour-saving equipment at home (Oxfam, 2017). However, in this study, analysis showed that women's income did not relate to share of UCDW, which is not surprising given the prevalence of low incomes among the women under study. However, when income was correlated to the factor of all care activities (any care), there was a negative, significant relationship between the two factors, but with a small effect, as shown in table A3.

Further, surveyed women were asked to indicate if they had any savings. At least 60% reported having stored up some savings, with 40% indicating the converse.

3.1.7 Women's control over resources and assets

Women's control over and access to resources and assets at the household level has implications for decisions on UCDW, especially its distribution, quantity and intensity. Women with a higher number of assets and substantial control over them can convert assets to

income. This can lead to purchase and use of time- and labour-saving equipment and also the possibility of employing persons to undertake UCDW (Oxfam 2017). The study therefore interrogated women's access to and control over selected resources and assets.

With regard to assets and their ownership, as shown in table A4 in the appendix, the following observations can be made:

- The ownership of the assets under analysis are uniformly distributed across the five areas under study. Assets under analysis included both immovable assets, such as house or land, and movable assets such as those for domestic usage, including bed, mattress, radio, television, chairs and table.
- Ownership of house or living quarters in informal settlements is often low, while household amenities are often of very poor quality and congested. From the study, only 25.9% of participants owned a house, while 31.7% owned land.
- Ownership of basic household items such as a bed, mattress and chairs is quite high, with nearly all homes reporting in the affirmative.
- Mobile phone ownership is also high, at 98.7%. Conversely, ownership of a laptop stood at only 5.7%.
- Radio and television ownership in the studied informal settlements stands out as moderately high, at 62.2% and 67.6% respectively.
- Only 6.4% and 0.6% owned a bicycle and/or a car/truck in the five urban communities studied. Ownership of means of transport may have implications for access to urban amenities that are hard to reach, for example water, markets, schools and health facilities.
- The study found only slight variations in the ownership of specific assets across the five areas.

TABLE 10: WOMEN'S MEAN MONTHLY INCOME BY ACTIVITY (KENYAN SHILLINGS)

Activity	Mean Ksh
Domestic hired labour	1,229
Providing access to services to local people	17
Providing community access and security	185
Rent	142
Unskilled wage labour/casual labour	305
Skilled labour (e.g. artisan, handicrafts)	733
Formal employment (e.g. office, government position)	366
Informal business	3,928
Remittances/gifts/assistance	138
Agriculture (e.g. crops, livestock, animal products)	43
Other	257
Total mean income	7,342

3.1.8 Decision making over household assets

Of more interest is the analysis of the ownership of assets in terms of who is considered the rightful owner of an asset within the household, as demonstrated by table A5 in the appendix. The results show that immovable assets, such as a house and land, are largely considered as co-owned, with 78.8% of women affirming this for house and 54.8% for land. Other movable domestic properties are fairly co-owned; 44.4% of women affirmed this for mattresses, 43.1% for mobile phones, 49% for radios, 51.8% for televisions and 49.6% for chairs ownership.

Indeed, decision-making dynamics within the household regarding assets have implications for women. Some of the assets, for example motorbike, car/truck and bicycles, which could reduce time spent on UCDW, may be reserved for men only and used as they wish. Beneria and Floro (2005) in their study in Ecuador and Bolivia observed that women from poor urban households with low income who have influence over valued assets are in a position to convert assets to capital, especially when they need to respond to household emergencies and risks. In the same vein, such access to capital might enable women to purchase equipment and infrastructure that can reduce their UCDW responsibility, or hire the labour to ease UCDW tasks. The study investigated household decision making on the disposal of assets, as shown in table A6.

As already observed, the Kenya HCS was conducted in resource/asset-poor households where, generally, ownership of disposable properties such as houses, cars or livestock was low. It emerged from the data that the key decision maker for the use of owned house(s) was 'myself and partner', as asserted by 71 (83.5%) of respondents. Similarly, in the case of land, 69 respondents (66.5%) affirmed that both partners were involved in decision making. Joint decision making also prevailed in the use of most forms of household items, such as bedding and furniture, as shown in table A6.

This is significant in the case of house and land, since it implies that women would be consulted if such assets were to be used. However, it also implies that women would not be in a position to use or convert the assets to income without the consent of their husband/partner. The findings also show that nearly a third of women report being the sole decision maker regarding the use of mattresses, beds, mobile phones, television and chairs,

ownership of which rated quite high. This reflects a cohort of women who had fair rights to property, most items of which have low value.

3.1.9 Household access to private toilet and bathroom

Informal and squatter settlements lack the basic amenities of toileting and bathing, which may have implications for the redistribution of UCDW within households (Kenya National Bureau of Statistics, 2015). Table 11 shows the status of sharing toilet and ownership of a bath facility. As would be expected, the majority of the respondents were sharing both toilet and bathroom with other families, while less than 5% used a private toilet and bathroom. This is characteristic of informal settlements, where both space and sanitary facilities are underdeveloped, which implies lack of privacy in terms of the utilization of these facilities.

The findings show that 93.6% of households surveyed had access to electricity, 87.5% had access to improved water sources, and only 11.2% had access to childcare facilities. Additional regression analysis showed that women who have access to improved water sources and healthcare facilities reported spending 4 to 5 hours less on any care, while access to electricity and childcare facilities were not significantly associated with women's care work hours (table A28 in the appendix). Women who lived further away from the nearest market tended to spend more time on any care, potentially due to looking after their children while walking to the market, as table A29 shows.

The study explored respondents' control over access to resources such as electricity and water, as this is usually disputed in informal settlements due to inadequate provision. Findings showed that 32% of women controlled access to amenities such as electricity and water, while 68% did not. The fact that some women did control who accessed these amenities may imply they earned income from it, though according to Table 10, very little income accrued from selling such services to local people (mean of 17 Ksh, or less than a quarter of one US dollar). The other implication is that provision of such services is not entirely determined by local and national governments but that middle persons also play a part, which may further compromise access to these services by informal settlers. Evidently, there are mixed conclusions about access to electricity in shaping UCDW patterns, with some studies arguing that it can make

TABLE 11: USE OF SHARED TOILET AND BATHROOM

Facility	Yes	No	Total
Uses shared toilet	304 (92.7%)	24 (7.3%)	328 (100%)
Owns private bathroom	15 (4.6%)	313 (95.4%)	328 (100%)

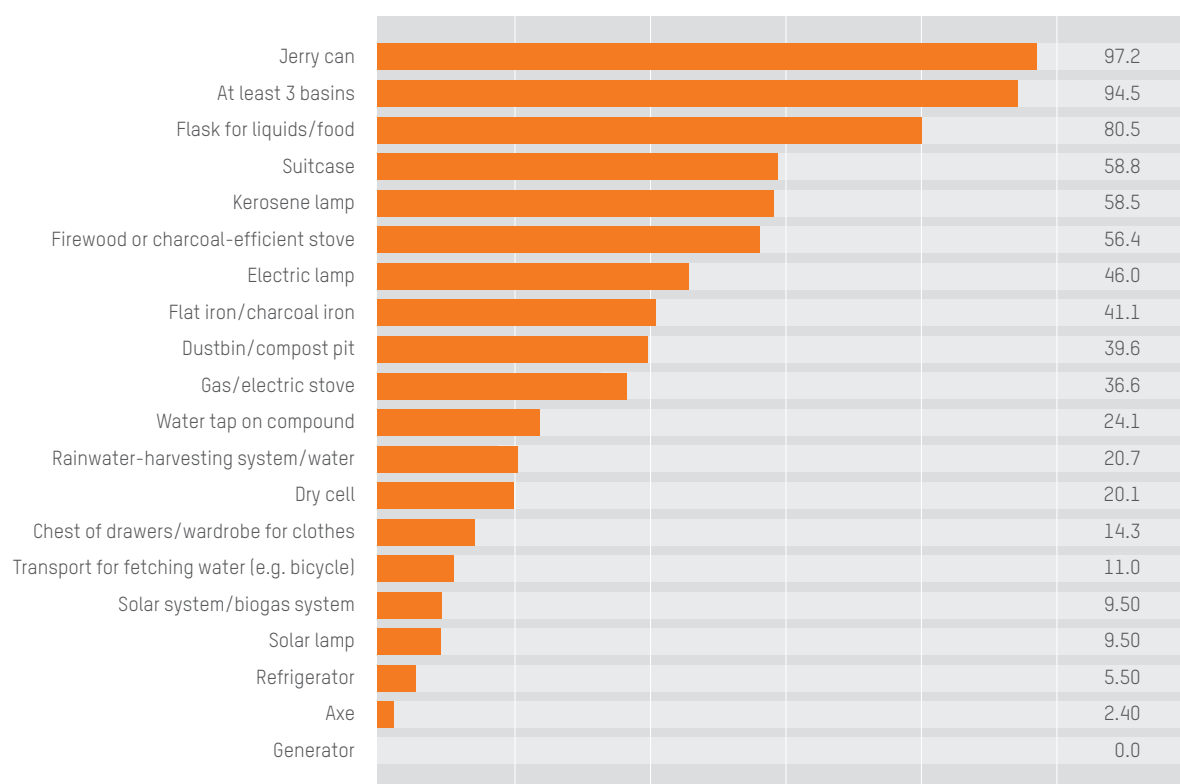
work easier for middle- and high-class women who can afford time- and labour-saving equipment (TLSE) (see Oxfam, 2017), but that it can also prolong the hours that women devote to UCDW (by decreasing the hours of darkness), thus having a negative consequence. This calls for concerted efforts by those who provide such services, such as private sector and governments, to focus on mitigating negative effects of extending such services on those who shoulder the greatest responsibility for UCDW.

3.1.10 Household ownership of time- and labour-saving equipment

Access to TLSE such as fuel-efficient stoves, water tanks or solar lamps can contribute to making unpaid care tasks less time consuming and intense, and in some cases, it can be associated with men doing more care work (Oxfam 2017). Ownership of TLSE was therefore also

analysed (Figure 1). The findings reveal that overall, more expensive items of equipment such as a solar lamp, refrigerator and biogas system were owned by less than 10% of respondents. Less than 20% of households owned TLSE such as a cart/bicycle for fetching water, axe, solar lamp and refrigerator, which are usually costly to buy. About 20% owned a dry cell battery and a rainwater-harvesting system, while a firewood or charcoal-efficient stove, suitcase, or kerosene lamp were owned by slightly over 50% of respondents. Thus, it may be concluded that a fair number of respondents under study owned only basic and affordable items, reflecting a high poverty ratio. The evidence also points to low ownership of TLSE, which implies that UCDW may be laborious for a great majority. Not surprisingly, owning more fuel and washing-related equipment was associated with about 2 to 3 hours less on any care for women, respectively, as shown in table A7.

FIGURE 1: HOUSEHOLD OWNERSHIP OF TLSE (%)



4. How UCDW is distributed between sexes and age groups

4. HOW UCDW IS DISTRIBUTED BETWEEN SEXES AND AGE GROUPS

This section presents the findings of the first two objectives of the study, which sought to establish how UCDW is distributed on the basis of sex and age alongside factors mediating its distribution within households. The determination of time use and sharing of UCDW among the sexes and age groups in the study entailed firstly an analysis of the hourly allocation to all work and non-work categories, hourly allocation to paid work and UCDW engagement for women, men and children, and then a comparison of UCDW responsibility among the three study samples. Thereafter, time spent on childcare was also analysed by sex. The study aggregated all forms of UCDW into different variables for analysis, considering it as 'primary care' (care as a main task), and as 'any care', or care done as primary, secondary or child supervision activity.

In the survey, 'leisure' described activities where individuals were either sleeping, resting or engaging in self-entertainment, for instance watching television. Paid work was any form of work where monetary compensation was obtained, including formal and informal work, for example waged work, selling goods in informal markets and domestic work done for pay. The opposite of this was unpaid work which had no monetary gain, for example cooking for the family, cleaning, and washing or mending clothes. Community activities were those UCDW activities which were performed to meet needs of communities, such as cooking at ceremonies, cleaning the neighbourhood or serving food at community events such as weddings.

4.1 Overall time-use patterns by sex and location

A summary was computed to demonstrate how men and women allocated their time to different work and non-work activities. The summary was based on a 24-hour recap of the day before the interview, according to a list of pre-determined activities. Table 12 thus shows

the comparison of mean hours spent on each activity during the period, revealing that:

- Women spent a mean of 5.1 hours a day on UCDW, compared to men's 1.3 hours.
- Women spent only 5.3 hours on paid work, compared to men's 10.5 hours.
- Women spent a mean of 11.7 hours on leisure (including sleep), compared to men's 11.9 hours.
- Women spent a mean of 2.0 hours on personal care and religious activities, while men spent only 0.2 hours on the same.

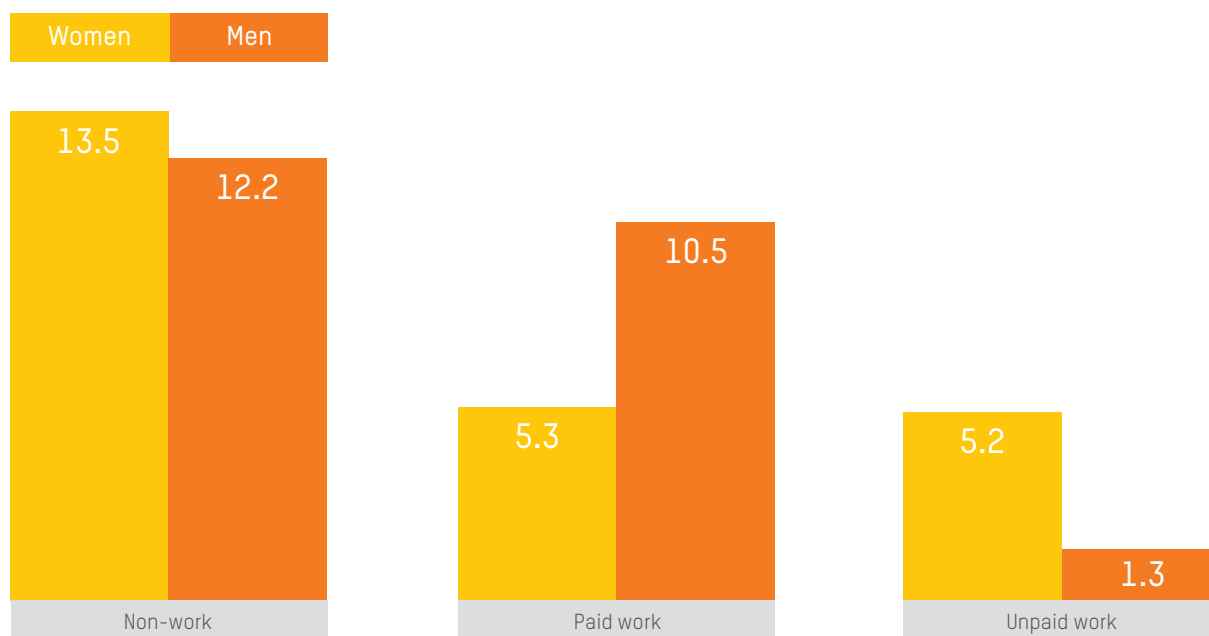
The results further attest that women split their non-leisure time nearly equally between paid work and UCDW, while devoting a small proportion of their time to other activities falling under personal care or religious activity, such as prayer. On the other hand, men's non-leisure time is mostly spent on paid work, devoting only about 1 hour to UCDW. However, it is important to note that the findings on men's share of their time have to be taken with caution, given that male participants were not representative of the surveyed sites and represent a much smaller sample than that of women.

Analysis by percentage share of activity for men and women within the 24-hour period reveals a consistent pattern for time spent on each listed activity. From the summary of the primary activity performed in the 24-hour period, the evidence shows that leisure, inclusive of sleeping, topped the list. It took an average 48.8% share of the 24 hours for women compared to 50.5% for men, showing a slight difference in the number of hours men and women spent in leisure overall, as seen in Table 12. Paid work, which includes both formal work and informal work, took a share of only 21.1% for women and nearly double that (43.9%) for men. This indicates a huge difference in time available for paid work for women compared to men. Conversely, women spent 21.9% of their day engaged in UCDW, compared to only 3.5% for men. The fact that men in the study context spent twice as much time engaged in paid work as their women counterparts may imply that women have a myriad of lost opportunities due to their engagement in UCDW, as confirmed by other studies in similar contexts (Oxfam, 2017).

TABLE 12: SUMMARY OF SHARE AND MEAN OF PRIMARY ACTIVITIES PERFORMED IN PREVIOUS 24 HOURS BY SEX

Average share	Women %	Mean hours women	Men%	Mean hours men
Leisure (non-work)	48.8	11.7	50.5	11.9
Paid work	21.1	5.3	43.9	10.5
Unpaid work	21.9	5.1	3.5	1.3
Other (non-work, e.g. religious and community activities, personal care)	8.1	2.0	2.0	0.2
Education (non-work)	0.2	0.08	0	0.00

FIGURE 2: MEAN HOURS SPENT ON WORK TYPE IN 24-HOUR CYCLE BY SEX



To gain a fuller picture of how men and women distributed their time within the larger categories of paid work, unpaid work and non-work inclusive of leisure, the mean hours presented in Table 12 were further compared in Figure 2.

As shown in Figure 2, women spent an average of 13.5 hours in non-work inclusive of sleep, leisure and religious activity, while men spent 12.2 hours. This reflects a difference of more than one hour, which is a significant difference.

4.2. Time-use patterns for paid work by sex and area

Further analysis was done to compare paid-work patterns by sex and area, as shown in Figure 3. In the given period of 24 hours, the mean for hours spent on paid work varied slightly by area, with men in Korogocho appearing to spend more time on paid work (12.1 hours), followed by Mathare and Kibera (about 10 hours). Men in Mukuru appear to spend the least time (8 hours) in paid work compared to their counterparts in other areas.

FIGURE 3: MEAN HOURS SPENT ON PAID WORK BY SEX AND AREA

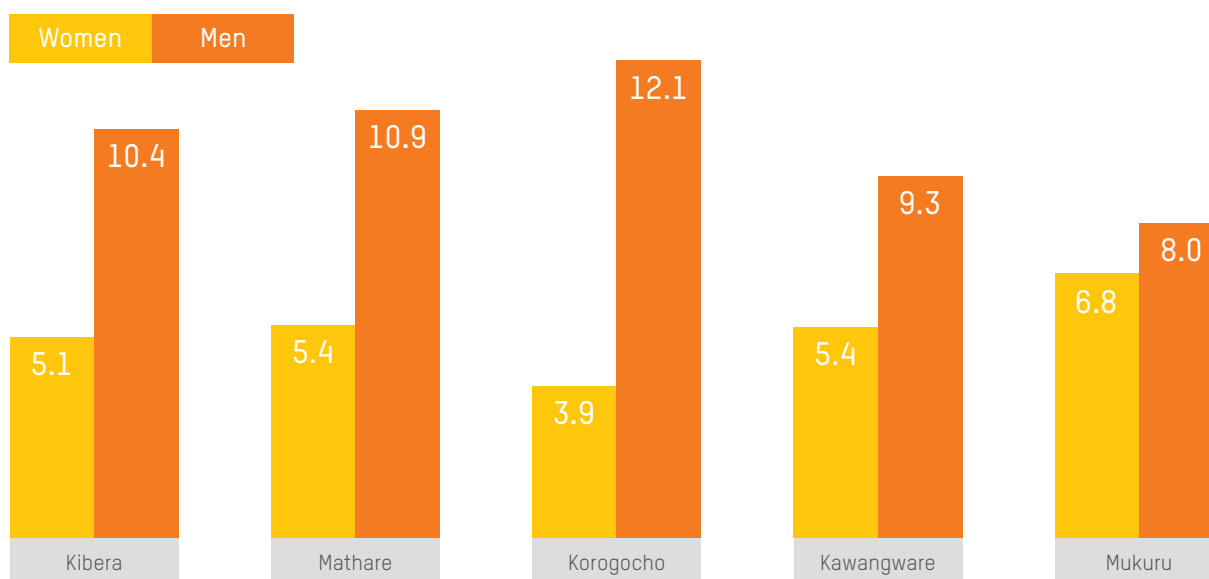
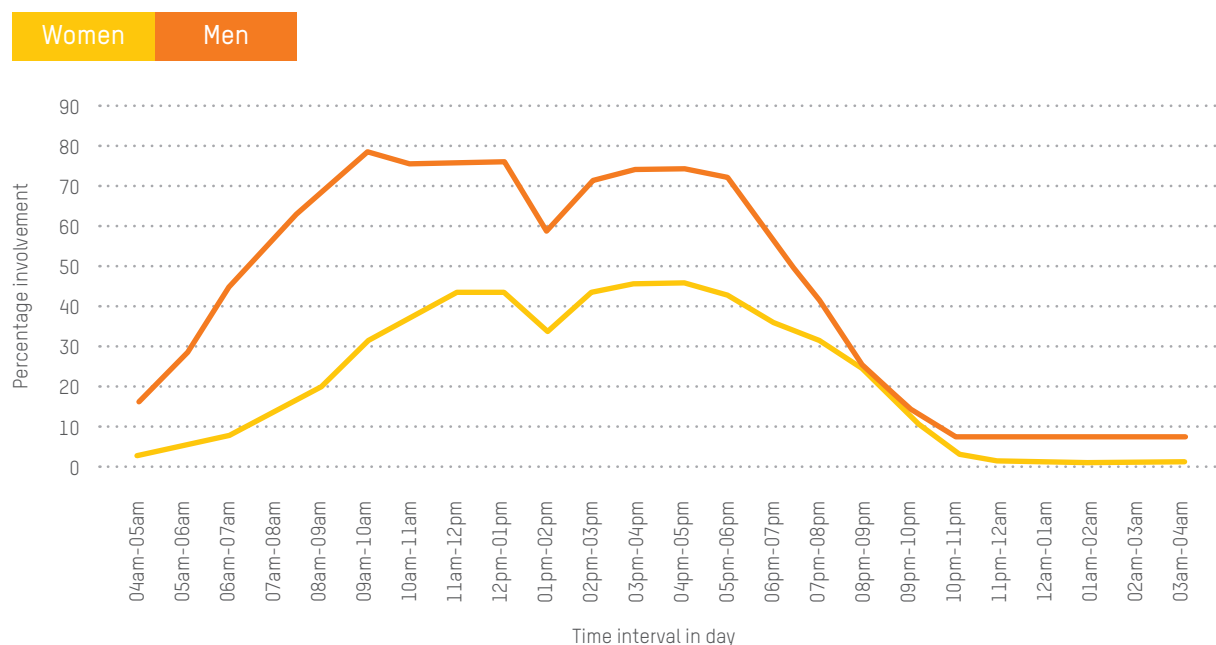


FIGURE 4: PATTERNS IN TIME SPENT ON PAID WORK BY SEX



Conversely, women in Mukuru appear to spend the highest number of hours in paid work (6.8 hours), followed by Mathare and Kawangware (about 5 hours), with women in Korogocho spending only 3.9 hours in paid work (in an area where their partners spent the greatest number of hours dedicated to paid work).

To clearly show the hourly patterns of engagement in paid work by sex and area, time spent on paid work was plotted on graphs. Figure 4 shows the proportion of men and women engaged in paid work on an hourly basis in the 24-hour cycle, while Figure 5 shows this pattern for the five areas. The analysis enables an appreciation of

FIGURE 5: PATTERNS IN TIME SPENT ON PAID WORK AS A PRIMARY ACTIVITY AMONG WOMEN BY AREA

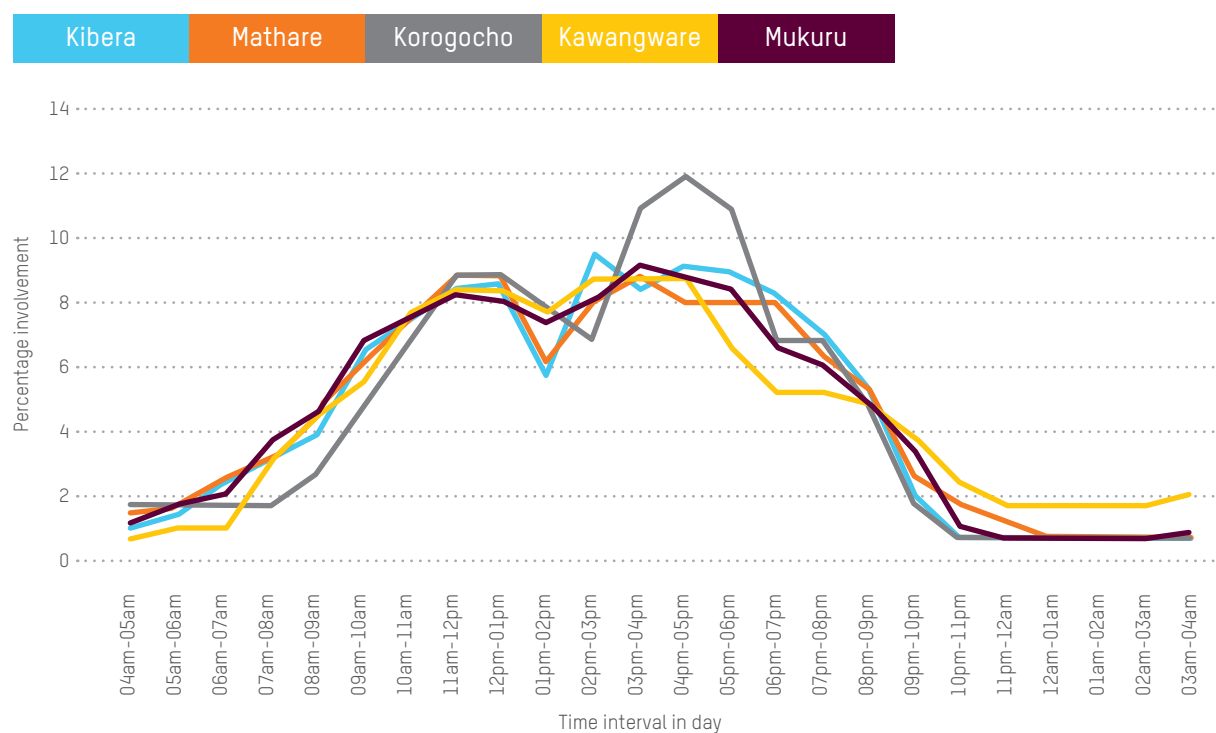
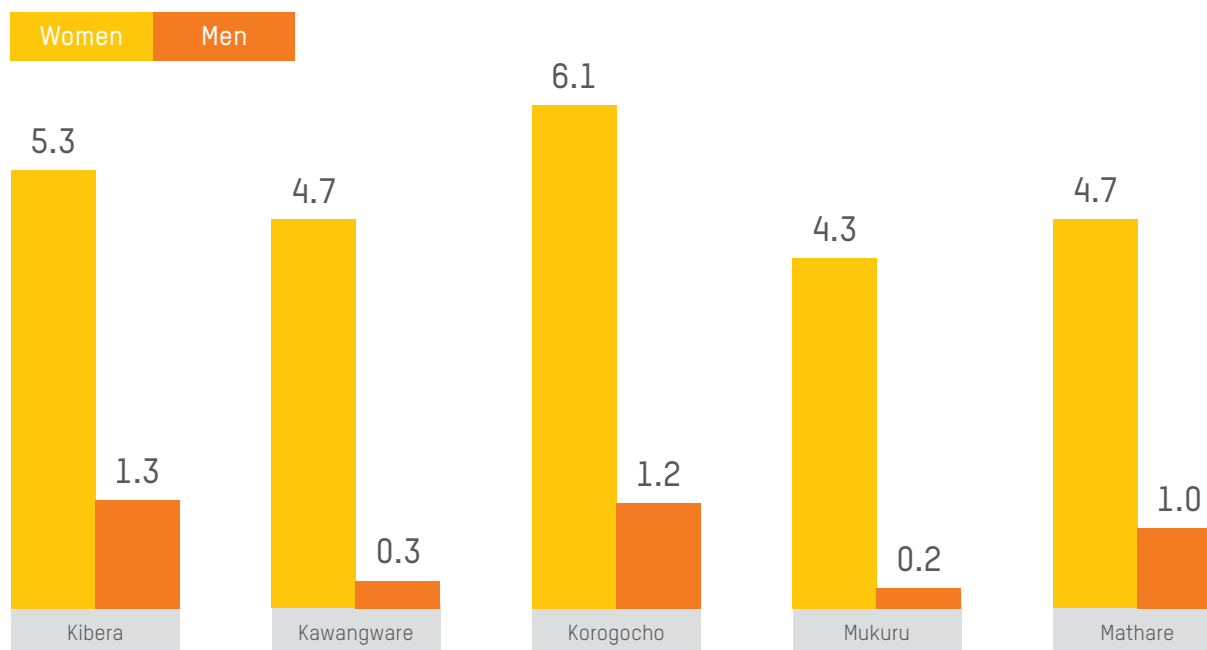


FIGURE 6: MEAN HOURS SPENT ON UCDW AS A PRIMARY ACTIVITY BY SEX AND AREA



what time of the day participants engaged in different activities, including which times of the day intensity in paid work occurred. Evidently, men's engagement in paid work peaked at 10-11am, dwindling around 8-9pm in the evening, while that of women peaked at 10-12am and again at 3-6pm, steadily declining in the late evening, and was non-existent from 11pm till 4am. For both sexes, paid work dipped at 1-2pm reflecting the time normally reserved for lunch. This analysis implies some variations between the sexes regarding when UCDW was performed, as determined by the nature of economic activities and family arrangements at the household level.

Figure 5 shows a comparison of the patterns of engagement in paid work by women across the five settlements. By and large, there is a fair degree of consistency across the five areas with regard to the time of day allocated to paid work by women. Across the areas, engagement in paid work rose steadily from 8am to 1pm, dipping sharply at 1-3pm and then decreasing steadily to 11pm. This is consistent with the occupations of the women targeted by the study, namely domestic workers and small-scale traders. It is expected that women in paid domestic work begin work early in the morning and continue up to mid-afternoon when they may return home to await their school-going children and possibly perform other household chores. On the other hand, women in small-scale trading (mainly trading in food items) generally begin later and work later due to the demand for food items, which escalates in the late evening as formal and other workers are returning home. The findings imply some homogeneity across the five areas but also some salient differences, which may be explained by the unique economic characteristics of each area.

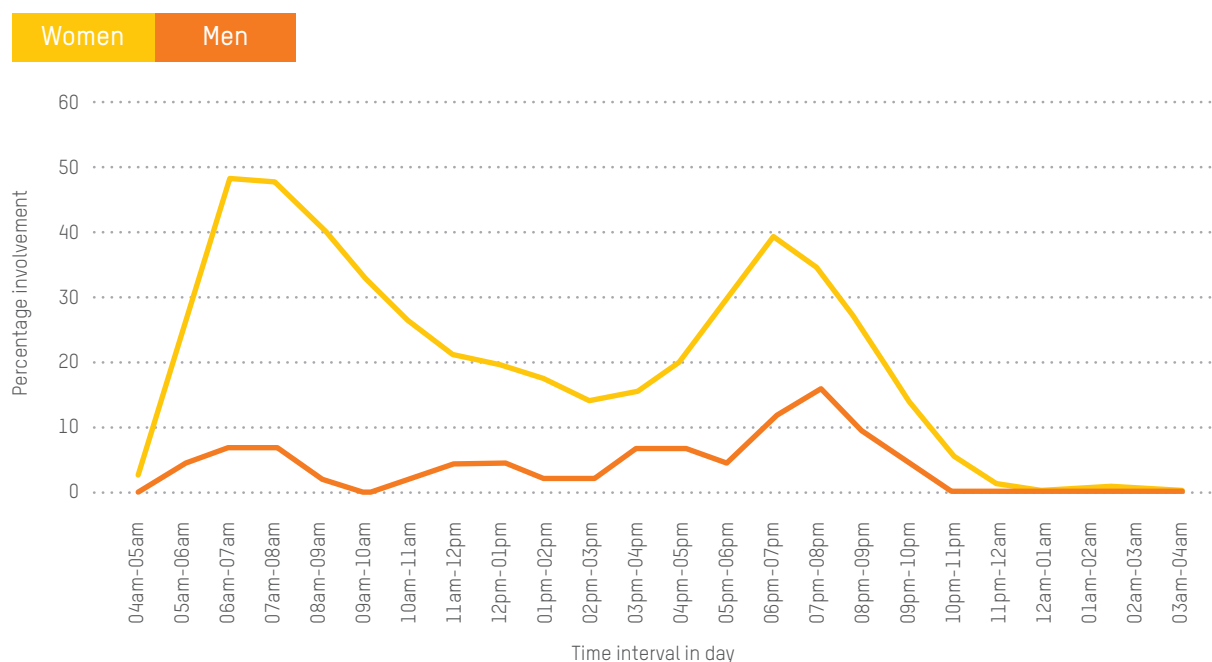
4.3 Time-use patterns for unpaid work by sex and area

Analysis of time-use patterns for UCDW was carried out, with comparisons by sex and location. Figure 6 shows the mean of UCDW as a primary activity as performed by both men and women and across the five areas. The highest mean for UCDW done by women was recorded in Korogocho, where women spent 6.1 hours (against the lowest mean of 3.9 hours for paid work) followed by Kibera, with a mean of 5.3 hours. In the other study areas, women spent at least 4 hours engaged in UCDW. Among men, the highest mean for UCDW was recorded at Kibera and Korogocho (1.3 and 1.2 hours, respectively). Mukuru and Kawangware males spent just about half an hour doing UCDW as a primary activity.

The study also analysed UCDW according to the hour-to-hour accounts of how women and men allocated their time to it within the 24-hour recap. This analysis was useful in showing the hourly engagement of both men and women in UCDW, which can assist in designing time-specific/sensitive programmes for achieving the 'Four Rs'. Plotting the patterns of UCDW yields interesting patterns when males and females are compared. Clearly, there are variations in the **time of the day** when women engage in UCDW; these variations are less pronounced among males, as shown in Figure 7.

The figure shows that there were more women than men engaged in UCDW at any time of the day. Women's engagement peaks twice in the 24-hour cycle, at 6am to 8am and then in the evening at 6pm to 7pm. The two peaks when women were largely involved in UCDW coincide with times when the family meals are prepared

FIGURE 7: PATTERNS IN TIME SPENT ON UCDW AS A PRIMARY ACTIVITY BY SEX



and when children are fed and attended to either before or after school. The evening peak also coincides with the time when husbands return home from work, while the extended UCDW into the night may imply washing and cleaning in preparation for the following day, two activities which are socially perceived to be women's domain. The mornings were also generally spent cleaning, washing clothes and tidying households. Notably, men's UCDW **by the hour was lower across the day**, peaking slightly at 6-8am and then sharply at

7pm-8pm when at least 11% of males were involved, implying some form of UCDW sharing or assistance to women during that hour.

Notably, for women UCDW reduces to negligible levels from midnight to 4am, while that of men dwindles to zero from 10pm to 4am. This reflects longer involvement of women in UCDW across the 24-hour period under analysis.

When patterns of unpaid work by women are compared by area, Figure 8 demonstrates that there were no

FIGURE 8: PATTERNS IN TIME SPENT ON UCDW AS A PRIMARY ACTIVITY AMONG WOMEN BY AREA

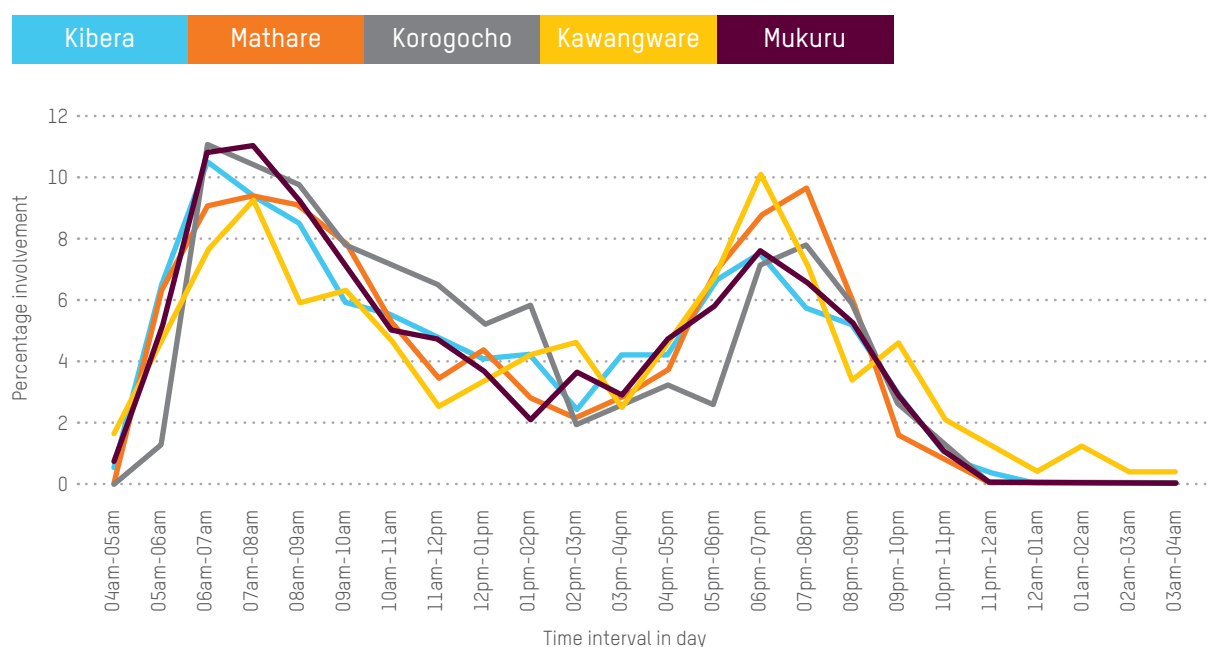
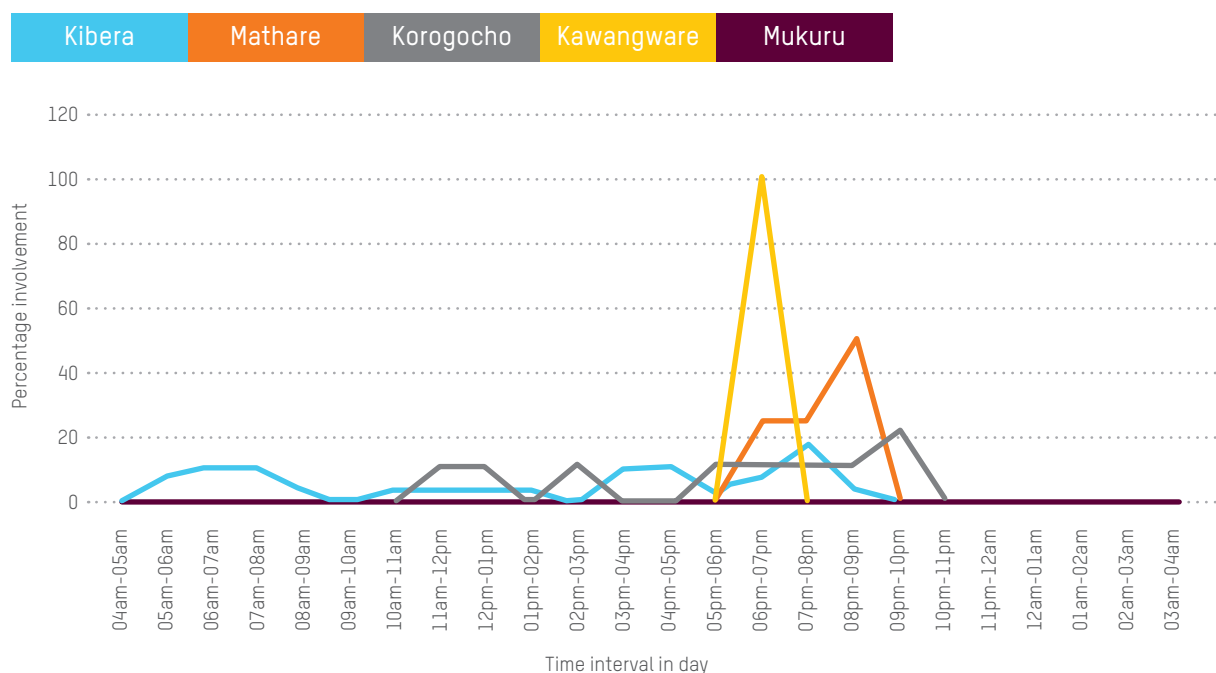


FIGURE 9: PATTERNS IN TIME SPENT ON UCDW AS A PRIMARY ACTIVITY AMONG MEN BY AREA



significant differences in the hourly distribution of unpaid work as a primary activity among women, with the different locations staying closely aligned throughout the 24-hour period.

4.4 Time spent on primary care, secondary activity, supervision and all care (any care)

Analysis of the hourly distribution of UCDW as a primary activity among men, as shown in Figure 9, reflects low engagement for most of the day except the hours between 5pm to 11pm. During the peak period, there was significant involvement of men in Kawangware area and 50% involvement of men in Mathare area, with Korogocho peaking at 9pm-10pm at 22% of male involvement. Thereafter, from 10pm, men's involvement is at zero till 4am.

Across societies, primary care is often combined with other tasks done simultaneously. An analysis of this fact is important, as it provides a fuller picture of how different forms of UCDW are organized (Oxfam, 2017). The study therefore investigated not just primary care activities of UCDW but also the secondary care activity and supervision of children and dependent adults, and constructed a variable to reflect *any care*. To calculate the total number of hours women and men spent on all types of UCDW, the mean for primary care work activity variable was combined with that of secondary care work activity and child/adult care supervision variable to generate the '**any care activity**' variable. The supervision variable was arrived at by asking respondents if, in addition to performing various primary and secondary tasks in the 24-hour cycle, they were also responsible for looking after a child aged below 18 and/or a dependent adult.

The results show that while women spent an average of about 5 hours doing primary care, secondary care activity (done simultaneously) took an average of 3.8 hours while child supervision took 1.2 hours and adult supervision another 1.1 hours on average. This is in contrast to men, who spent about 1 hour engaged in primary care activity, 0.8 hours in secondary care, 0.8 hours in child supervision and 0.3 hours supervising a dependent adult. The aggregation of all care activity yielded a total mean of 11.1 hours for women and 3.0 hours for men, which is the *any care factor* as shown in Figure 10.

This distinction is helpful as it provides a fuller account of time spent on UCDW by both men and women. From the table, it is evident that women's time use on UCDW almost doubles when all care activities are included, and actually nears the halfway mark of 24 hours, showing that nearly half of the period involves care activity by women. This further accentuates the heavier responsibility of UCDW borne by women and calls for relevant policy redress if women are to contribute to economic and social development.

4.5 Childcare work among households

As established by other studies, childcare is one of the major occupations in UCDW (see, among others, O'Hara, 2014; ILO, 2018). Though childcare happens in nearly all households at some point in time, it is more intensive in households that have young and more children. Also, socio-economic factors dictate its intensity, those responsible for it, and even how it is arranged (O'Hara, 2014). From the analysis presented in Table 13, the study revealed that overall, 83.5% of the women were involved

FIGURE 10: MEAN HOURS SPENT ON PRIMARY CARE, SECONDARY CARE, SUPERVISION AND ALL CARE (ANY CARE)

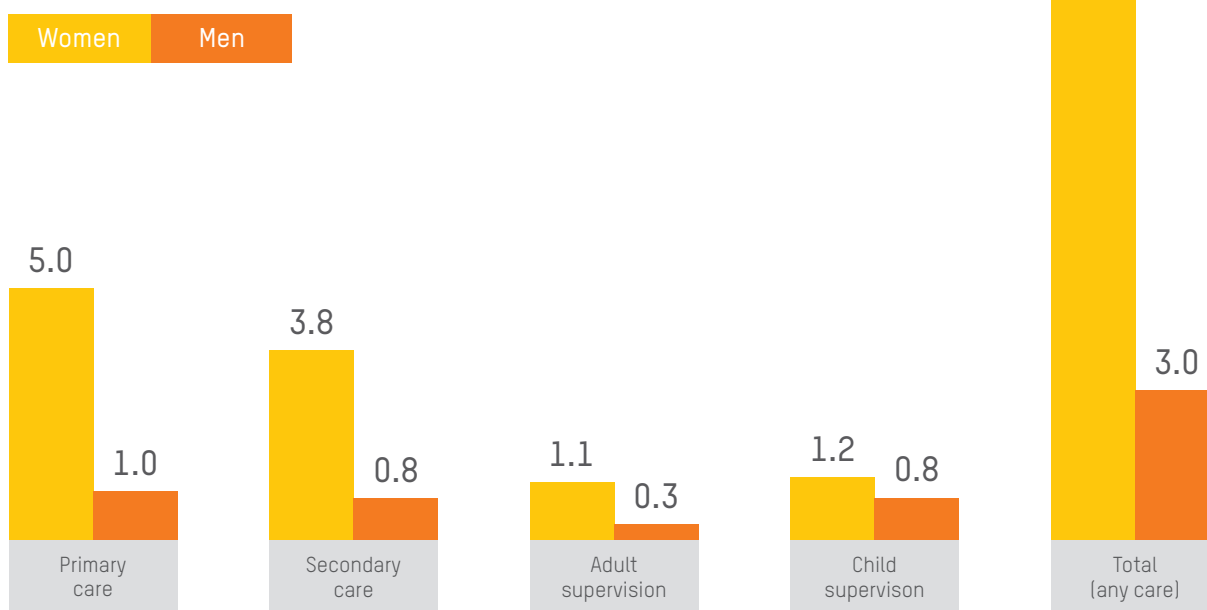


TABLE 13: CHILDCARE DISTRIBUTION (%)

In the past 24 hours, have you been responsible for looking after a child aged below 18 years?	Women (%)	Men (%)
Yes	83.5	61.9
No	11.5	33.3
No child in age range	4.8	4.7
Total	100	100

in caring for a child below 18 years at some point during the 24-hour cycle (whether as a primary or secondary activity), compared to 61.9% of the men. This reflects a significant difference in childcare responsibility between men and women. At least 4.8% of the households did not have a child requiring care.

Further analysis to establish the actual childcare responsibility borne by women compared to men was done across all the hours of the 24-hour cycle, using the mean as an indicator.

In summary, Table 14 shows that in the 24-hour cycle, for the women an average of 9.1 hours involved childcare. This is in contrast to men's 2.4 hours on average, with the combined mean for childcare in households being 6.7 hours.

TABLE 14: MEAN HOURS SPENT IN CARING FOR/ SUPERVISING A CHILD

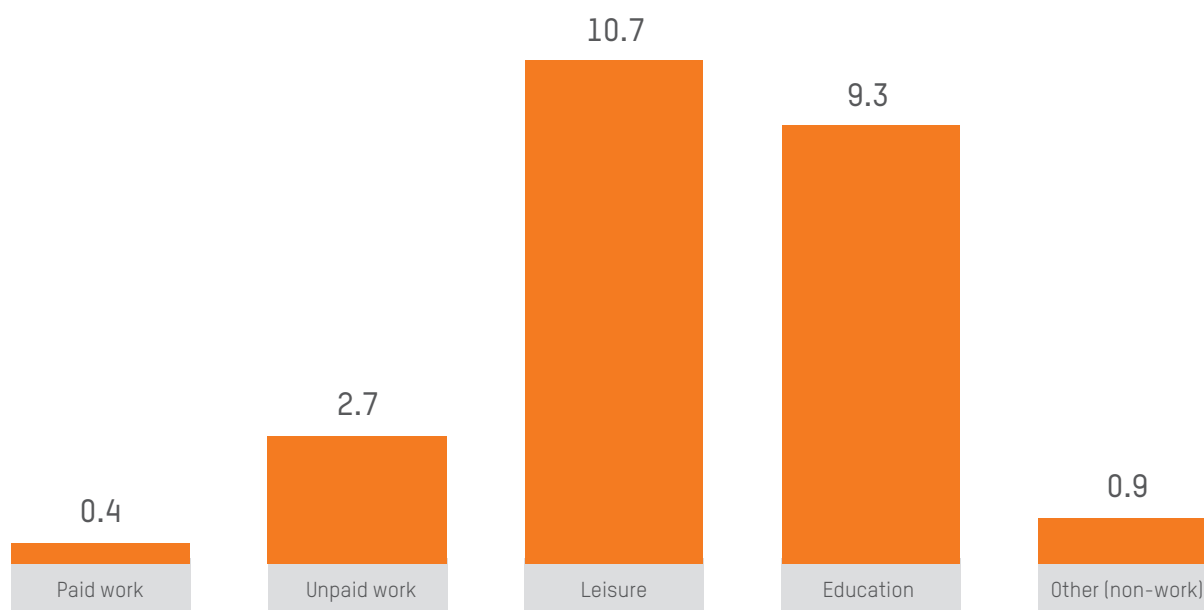
	Women	Men
Mean hours	9.1	2.4
Total mean	6.7	

4.6 Children and UCDW

Around the world, children are expected to assist parents and guardians in carrying out some UCDW tasks. Often these may be the lighter tasks, but in some contexts, children might be engaged in more demanding UCDW activities (and even paid work activities). Studies show that in low-income societies, engagement of children in UCDW disproportionately affects girls in comparison to boys and is related to gender inequalities in education and, later, in economic opportunities. Furthermore, girls' domestic work is hidden and laborious, thereby increasing their vulnerability (ILO, 2013). The study analysed male and female children's (age 7-17) time use in reference to the activities done the day before the survey, according to pre-defined work categories. As detailed elsewhere in this report, the study interviewed 93 children (48 male and 45 female). The findings are shown in Figure 11.

Further analysis by sex (Figure 12) shows that girls spent more time on average on leisure (including sleep) compared to boys (mean of 11.5 and 9.9 hours respectively). However, boys spent on average 1.3 hours per day more in education activities (in school or studying) than girls (10.0 hours for

FIGURE 11: MEAN HOURS SPENT BY CHILDREN ON PRIMARY ACTIVITIES



boys against 8.7 hours for girls). Further in-depth analysis by task (see table A9 in the appendix) shows that the mean hours children spent on school was 8.9 hours for boys and 7.8 hours for girls, on average.

When the mean for the number of hours spent doing UCDW tasks (meal preparation, fuel collection, fetching water, cleaning, washing clothes, caring for children) is aggregated, boys were found to have spent a total of 2.8 hours doing these activities compared to girls' 2.6 hours, indicating a slight difference in UCDW engagement skewed towards boys; this is contrary to expectations within the cultural norms that girls spend more time than

boys on UCDW and less time on leisure. The finding in this case is surprising, especially considering that the study was done among girls living in informal settlements, where conditions would be expected to be worse. This difference in hours spent on UCDW between boys and girls was, however, not significant, as shown in table A8. Studies report consistently that girls with low economic status take a larger share of UCDW (ILO, 2013). At least 0.4 hours were spent by both boys and girls in paid work, which is characteristic of low-economic status societies (ILO, 2013) and which calls for specific interventions for addressing child labour.

FIGURE 12: MEAN HOURS SPENT BY CHILDREN ON PRIMARY ACTIVITIES BY SEX

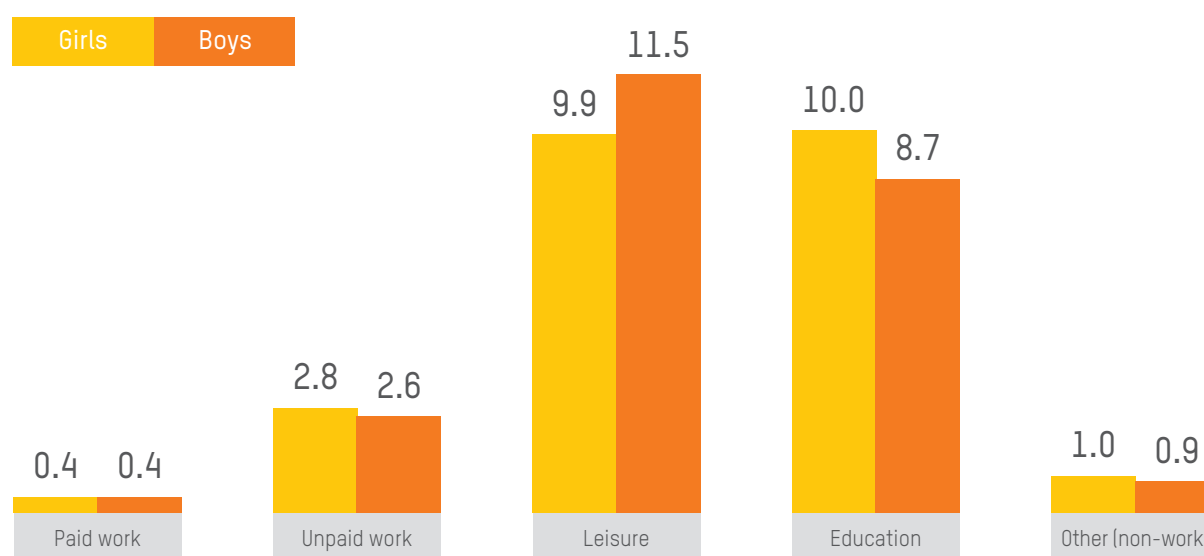
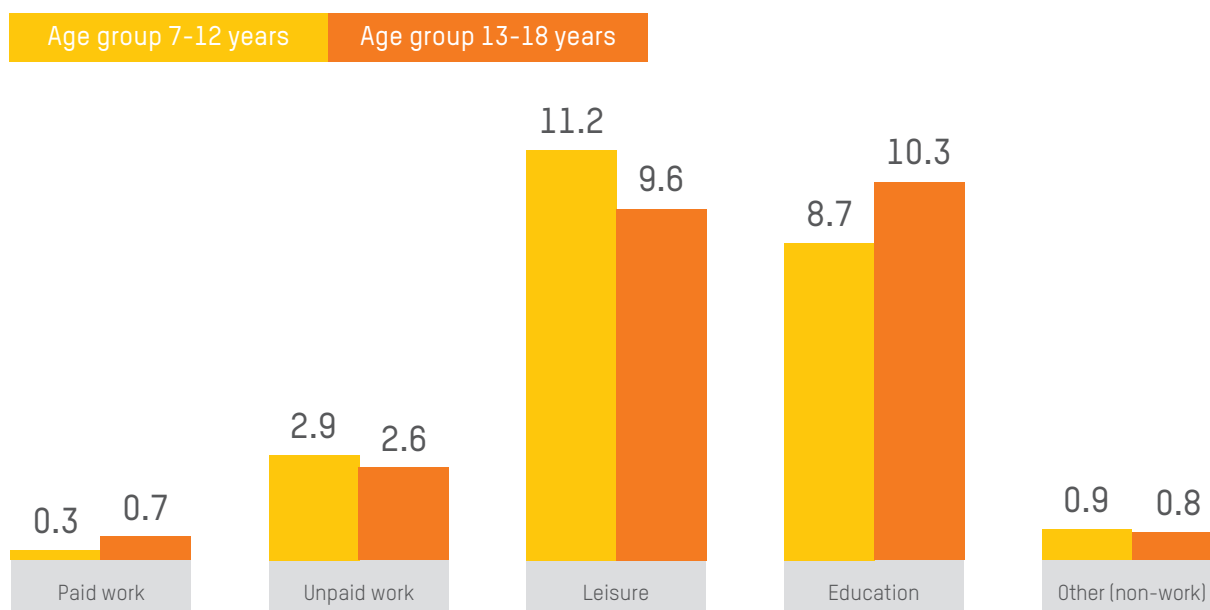


FIGURE 13: MEAN HOURS SPENT BY CHILDREN ON PRIMARY ACTIVITIES BY AGE



Analysis of children's engagement in primary activities by age (Figure 13) shows that mean hours varied slightly by age, especially in the case of education, where older children aged 13-18 years were more engaged, with a mean of 10.3 hours, compared to 8.7 hours for children aged 7-12. With regard to leisure, older children spent 9.6 hours, compared to 11.2 hours on average for children aged 7-12. There is little difference in child engagement in UCDW across the age groups, although older children were slightly more engaged than the younger cohort. The fact that the older age group were in school for more time may explain the slight differences in mean hours spent on leisure and UCDW.

Figure 14 shows an analysis of the mean hours spent by children on each activity across the areas of study. It shows slight differences in mean hours spent on the five groups of activities: paid work, unpaid work, leisure, education and other (non-work). Children from Kibera and Mathare spent slightly more hours on paid work, averaging 5-6 hours in both areas, while those from Korogocho spent considerably more time (mean of 6 hours) in UCDW. The time differences in engagement by children across the informal settlements points to salient differences with regard to prevailing economic activities, intensity of UCDW and perhaps the poverty index. Hours spent in education were highest in Mukuru, but only marginally so, at a mean of 11.2 hours.

FIGURE 14: MEAN HOURS SPENT BY CHILDREN ON PRIMARY ACTIVITIES BY AREA

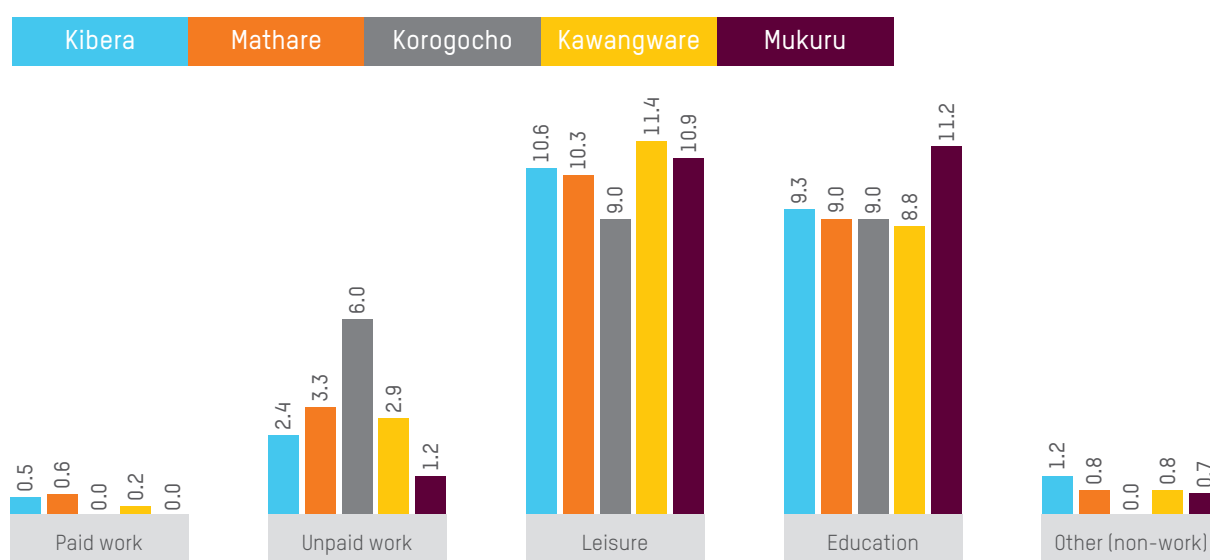
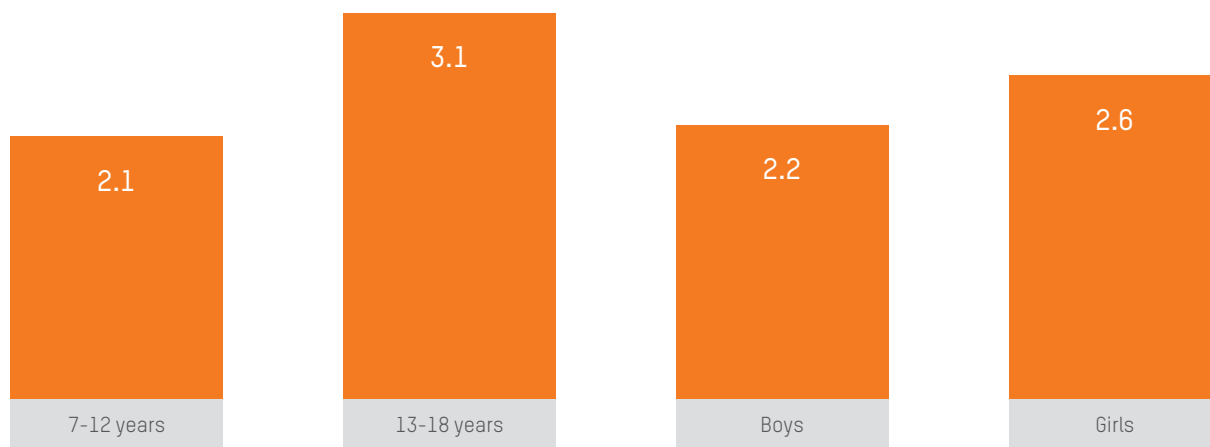


FIGURE 15: MEAN HOURS SPENT BY CHILDREN ON CHILDCARE BY AGE AND SEX



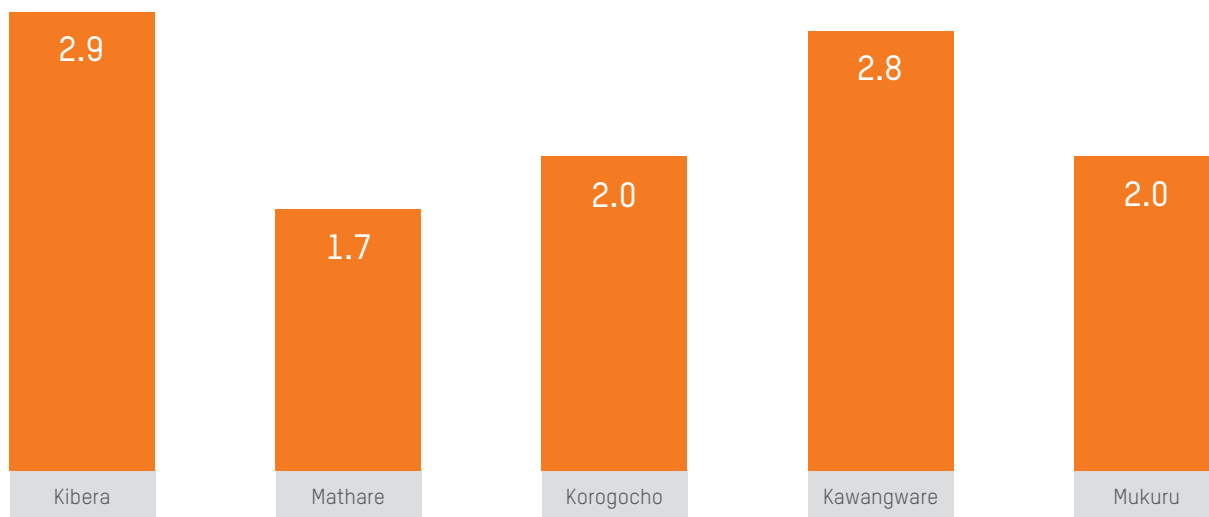
4.7 Children and childcare

Further analysis was done to ascertain how many hours children spent in childcare inclusive of child supervision, which often happens as a secondary activity to primary care tasks. The findings show that children spent on average 2.5 hours taking care of other children, mainly their younger siblings. Comparison by age and sex (Figure 15) reveals slight differences in the number of hours children spent caring for other children, with those aged 7-12 years spending an average of 2.1 hours in childcare compared to those aged 13-18 years, who spent about 3.1 hours on average in the day prior to the survey. Slight sex differences emerge, with girls appearing to spend more time taking care of other children, at a mean of 2.6 hours compared to boys' 2.2 hours.

A comparison of how much time children spent caring for other children across areas also show slight variations:

children in Kibera spent the most time, with a mean of 2.9 hours, followed by Kawangware, Korogocho and Mukuru and finally Mathare, where children spent 1.7 hours on average caring for other children (Figure 16). Notably, though the five informal settlements share many characteristics, they are not completely homogeneous and the dominant economic activity differs, which may affect UCDW. For example, Mukuru is located next to an industrial zone, has filthy water and industrial pollution, and mainly houses low-income persons who work in the industries. Hence, the slight differences in this case could be as a result of the dominant economic activity as well as related environmental factors. A Rapid Care Analysis carried out in 2016 confirmed that childcare is extremely difficult in Mukuru settlement due to i) constraints against outdoor play and ii) disease outbreaks as a result of industrial effluent and open sewers (Oxfam, 2016).

FIGURE 16: MEAN HOURS SPENT BY CHILDREN ON CHILDCARE BY AREA



5. Influence of social norms on household decisions and UCDW arrangements

5. INFLUENCE OF SOCIAL NORMS ON HOUSEHOLD DECISIONS AND UCDW ARRANGEMENTS

Performance of UCDW and sharing of tasks at household level is often shaped by prevailing cultural norms, family-specific experiences and attitudes, as well as decisions regarding who in the household is responsible for what tasks. In this survey, the motivation or drivers for UCDW arrangements were analysed across four parameters, namely: experiences with UCDW by males during upbringing, participation in decision making by women and men, men's attitude to UCDW tasks, and women's request for assistance with UCDW.

5.1 Males' experience with UCDW during upbringing

The study considered the role that males' upbringing plays in motivating men to participate in UCDW and more so in shaping their views about UCDW. Men were asked if as children they ever saw their father or another adult male perform UCDW. The analysis of their responses is shown in table A10a in the appendix. Evidently, 47.6% of males had witnessed their father or another male frequently or sometimes prepare meals, compared to 45.2% who had never seen this happen. Those who had witnessed fathers or males cleaning the compound were 35.7%, compared to 61.9% who had never seen this; while 59.5% had seen their male counterparts take care of siblings, compared to 38.1% who had not. Only 28.6% of males reported that they had seen fathers or male adults washing clothes frequently or sometimes, against 71.4% who had never seen this. This has implications regarding the importance of social norms and socialization patterns for men's propensity for doing UCDW, and may be partially responsible for men's low engagement in UCDW and childcare, as observed earlier.

Another mediating factor that could have had a bearing on men's involvement in UCDW is whether they were taught to perform UCDW when they were children/teenagers. As shown in table A10b, 73.8% of male respondents were taught how to prepare meals sometimes and frequently, while 78.6% were taught to clean the house/compound. Those who said they were taught how to wash clothes frequently or sometimes were 73.8%, with only 26.2% reporting never having been taught. A significant number of males (73.8%) had been taught how to take care of siblings frequently and sometimes, with only 26.2% having never been taught. In summary, more men were taught how to perform each category of UCDW listed than had observed the actual performance of these tasks by other men during their upbringing.

This has implications in that descriptive norms (what others in a group do) and role modelling have a

substantial effect on what behaviour persons choose to adopt in later life. It also means that UCDW is not strange to a good number of men, but what they were taught is at variance with what they observed among male folk; this may partially explain their resistance to engaging in UCDW. However, this finding ought to be taken with caution given the small sample size of males involved in the study. Additionally, the fact that men have some knowledge of 'how to do' UCDW may offer opportunities for redistribution strategies that can be mounted to ease women's daily workload within households.

Further analysis was done to ascertain whether having been taught how to do certain UCDW tasks or having observed an adult male do certain tasks as a child was associated with men spending more/less time on UCDW. The results presented in table A24 show that men who had been taught to cook as children or whose fathers cooked when they were children tended to do more primary care, and men who had been taught to look after children performed more any care. Likewise, men whose fathers cooked when they were children tended to spend more time on primary care (table A25). At a glance, the findings appear to suggest that being taught and observing other males doing UCDW may play a significant role in influencing male participation in UCDW, which contradicts other findings. However, this finding should be cautiously considered given the small sample size of males in the study.

5.2 Household decision making over wellbeing

The study investigated the decision-making dynamics within the studied households as a form of motivation in the performance of UCDW. The findings shown in Table 15 demonstrate – as reported by women under study – that women wielded considerable leverage in decision making, with 47.6% reporting being the sole household decision maker across the informal settlements under study. This was followed by joint partnership in decision making, as reported by 34.8% of the women. Only in a few cases were men reported as being the sole decision makers; across the five areas, this response was given by 2.9% to 11.9% of the women. The result in this case ought to be interpreted with caution, given that about 24.8% of studied women were either single, cohabiting, divorced or widowed.

These results were further subjected to a statistical test to determine if there was an association between household decision making by women and distribution of UCDW in the household, as presented in table A12a. The research found that women who have more decision-making power in the household tend to spend less time on any care work. This finding contrasts with previous HCSs in countries such as Zimbabwe and Uganda, where there was no association between a woman's decision-making ability in the household and the time she spends on UCDW. Women who owned more assets independently

TABLE 15: PERSON WHO MAKES DECISIONS ON HOUSEHOLD WELLBEING

Decision maker	Frequency	%
Myself	52	47.6
My partner	2	7.0
Someone else	0	0.9
Myself and my partner jointly	33	34.8
Someone else and me jointly	3	1.5
No response	9	8.2
Total	328	100

or jointly with other household members were also found to spend less time on any care work, as can be seen from table A12b.

5.3 Men's attitudes towards UCDW

Another mediating factor that the study considered was men's attitude towards UCDW. Men were asked to rank their favourite UCDW tasks from a list of options. As table A13a shows, fuel collection was rated first, followed by washing, drying/ironing and mending clothes. Next was caring for elderly, ill and disabled persons, then cleaning the house/compound. Caring for children and water collection were considered the least favourite tasks,

perhaps because they require the most time and attention. Notably in informal settlements, collection of water entails travel and at times enduring long queues.

5.4 Requests for assistance by women in doing UCDW

Whether women request assistance in the performance of UCDW may have an implication on males' motivation to engage in it; hence this was also analysed. Requests for assistance made by women to their male partners may also be an indication that women felt overloaded by the demands UCDW made on them. This is especially so in a cultural environment where social norms prescribe most forms of UCDW to women and are somewhat restraining to women even when they would like to share UCDW with males. The analysis (table A14 in the appendix) shows that women with partners rarely asked for assistance with most tasks. Less than 10% asked for assistance with water collection, fuel collection, meal preparation, washing, ironing and mending clothes, cleaning the house or compound, caring for children, preparing children for school or assisting children with school work. Notably, at least 6% of the women did request their partner's help in caring for elderly, ill and disabled persons at least once a week, while 7% requested it at least once a day.



Further, an enquiry on whether partnered women received assistance whenever they asked for it shows that the probability of getting help was lowest in the case of preparing children for school, where only 16.7% of women received help sometimes and always, as seen in Table 16 below. The same applied to cleaning the house/compound, where only 34.8% of women got help sometimes or always. In the case of fuel collection, help was sometimes or always given to 42.4% of women. Childcare stands out as an activity that was more likely to attract help when women requested it from partners, with 68.1% receiving help sometimes or always.

It may be concluded therefore that there appears to be some propensity for women to request and obtain help from partners, but that this is dependent on the activity in question. Viewed in light of the ranking of favourite activities by men (as shown in table A13a) the findings are inconsistent, in that men appeared not to provide help in line with their rating of favourite tasks. For instance, although men ranked fuel collection first,

57.4% of women who requested assistance in this task never received help with it. Also, although washing, ironing and mending clothes was ranked second by men, 74% of women who did request help with this did not receive it. It may also be inferred from this section that social barriers impede women from requesting assistance from their partners, and that male partners are perhaps guided by their social evaluation of tasks when selecting which aspects of UCDW to participate in.

The section has shown that social norms do influence how men respond to UCDW, and that having been taught how to do UCDW during their upbringing is not sufficient for increasing men's involvement in it. By the same token, women rarely ask for assistance perhaps due to prevailing social norms or fear of how men will react. Strategies to reduce and redistribute UCDW should continue to be a point of emphasis for government and policy makers. In addition, engaging men in debate and counteracting social norms has merit for efforts to improve the recognition and redistribution of care.

TABLE 16: HOW OFTEN PARTNER PROVIDED HELP WITH TASKS WHEN ASKED

Task	Never	Sometimes when asked	Always when asked	Total* frequency and percent
Water collection	71 (45.2%)	47 (29.9%)	39 (24.8%)	157 (100%)
Fuel collection	81 (57.4%)	30 (21.2%)	30 (21.2%)	141 (100%)
Meal preparation	72 (43.3%)	64 (38.5%)	30 (18.0%)	166 (100%)
Washing, ironing, mending clothes	114 (74%)	33 (21.4%)	7 (4.5%)	154 (100%)
Cleaning the house or compound	101 (65.1%)	40 (25.8%)	14 (9.0%)	155 (100%)
Caring for children	58 (31.8%)	59 (32.4%)	65 (35.7%)	182 (100%)
Preparing children for school	99 (83.1%)	13 (10.9%)	7 (5.8%)	119 (100%)

*Varied according to applicability of task in household

6. Perceptions and attitudes of women and men towards UCDW

6. PERCEPTIONS AND ATTITUDES OF WOMEN AND MEN TOWARDS UCDW

Arrangements for UCDW at household level are influenced by a combination of social norms, perceptions and household dynamics. Globally, societies prescribe both childcare and domestic work to specific people mostly on the basis of family and cultural norms and within the realm of gender distinctions. The distribution of UCDW is a major occupation at the household level and is integral to early gender socialization and defined gender relations. This section explores the prevailing attitudes and norms among women and men towards UCDW, as well as factors that can influence how these are shaped and determined. The factors explored in relation to UCDW were: assessment of acceptability of men doing UCDW as perceived by women and men, reasons for men's non-involvement in UCDW, perceptions on support by the wider community for males doing UCDW, women's satisfaction with UCDW arrangements, and acceptability by both males and females of violence and criticism towards women who fail to perform their designated UCDW roles.

To assess women's perceptions of men's participation in UCDW, women were asked whether men should do UCDW. In response, 83% (270) of women affirmed that men should do UCDW. This view is in contrast to findings presented above (section 5.4), where a large majority of

women did not ask men to support them in doing UCDW. It may be construed that women tended to adhere to social norms, perhaps for fear of being chided by their partners, but were aware of the inequalities that exist between men and women as far as sharing UCDW is concerned.

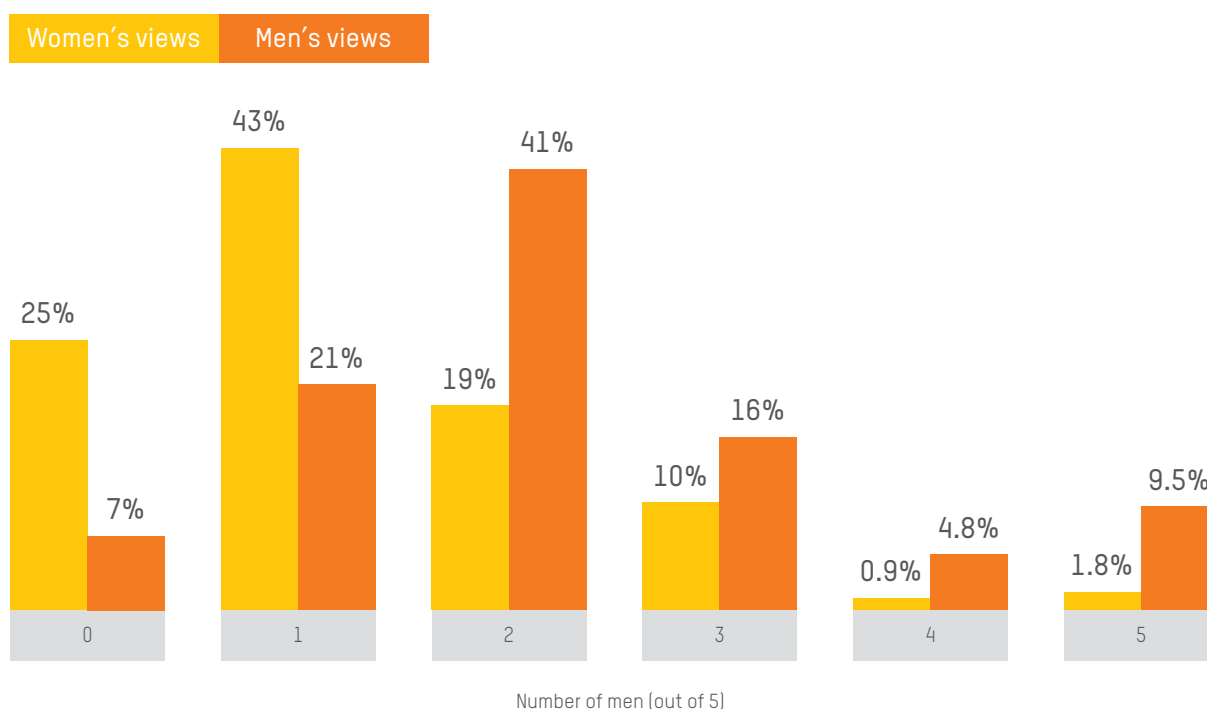
Among the 17% (57) of women who did *not* want men's help in UCDW, the majority (84%) believe it is a woman's task (see table A13b in the appendix). This supports the notion that some women do not question the gender norms that prescribe UCDW mainly to women, freeing men from the same responsibility. This has implications on the need for interventions that counter the societal norms regarding UCDW. Other reasons expressed by women for not supporting men's engagement in UCDW – such as community disapproval and inability of men to perform it – are not compelling, given that only 3.5% of women subscribe to this thinking.

6.1 Perceptions about men's engagement in UCDW

To gain a deeper insight into respondents' perceptions of the prevailing community views about engagement of men in unpaid work, women and men respondents were asked to indicate how many men out of 5 within their specific locality they believed had spent at least one hour caring for others or performing domestic work the day before the survey.

Figure 17 reveals that 43% of women and 21% of men believed that only 1 man out of 5 spent at least an hour in

FIGURE 17: RESPONDENTS' BELIEFS ABOUT HOW MANY MEN (OUT OF 5) IN THEIR LOCALITY SPENT AT LEAST AN HOUR DOING UCDW THE PREVIOUS DAY



UCDW in their locality. About 19% of women and 41% of men believed that at least 2 men out of 5 spent at least an hour in UCDW. Only 13% of interviewed women believed that 3 or more men out of 5 had spent at least an hour caring for others or performing domestic work within their locality the day before the survey, compared to 30% of males. At least 25% of women but only 7% of men believed that no men spent at least an hour on UCDW within the period. The findings reveal significant differences in female and male expectations on men's normative behaviour with respect to UCDW, with women reporting they believe men in their locality are not actively engaging in unpaid care work activities, while men showed more positive perceptions about male engagement.

6.2 Perceptions on community support for men's engagement in UCDW

To capture the normative expectations of men and women about social norms related to UCDW, women were asked to indicate how many people in their locality would support men's involvement in caring for people and doing domestic work, with the aim of elucidating participants' beliefs about what they thought would be other people's perceptions on the matter. Both women and men surveyed were required to indicate how many men out of 5 and then how many women out of 5 in their locality would support men's involvement in UCDW.

As seen in Figure 18 below, around 19.5% of women surveyed believe that more than 3 men out of 5 in their

locality would support other men doing UCDW, compared to about 33.3% of men surveyed. Further, about 80.5% women believe that 2 or fewer men out of 5 would support men's involvement in UCDW activities, against 66.7% of male respondents.

Figure 19 shows that 65.3% of women respondents believe that 3 or more women out of 5 in their locality would support male involvement in UCDW, compared to 71.4% of male respondents. About 34.6% of women believed that 2 or fewer women out of 5 in their locality would support men doing UCDW, against only 28.6% of men.

The findings overall suggest that male and female respondents believe there is higher support among other women in the community towards male involvement in UCDW, and lower support from men in the community. Results for male respondents, however, suggest a greater tendency for males to believe women and men in the studied communities support male involvement in UCDW.

To further establish whether perceptions on men's involvement in UCDW cut across all domains of UCDW, and whether women were open to sharing the UCDW responsibilities with their male partners, married and cohabiting female respondents were asked if they would like their partners to help with various UCDW tasks that were listed. The findings (table A15 in appendix) show that most women (73.3%) would like their men to help with childcare, most (67.1%) report wanting their partner

FIGURE 18: RESPONDENTS' BELIEFS ABOUT HOW MANY MEN (OUT OF 5) IN THEIR LOCALITY SUPPORT MALE INVOLVEMENT IN UCDW

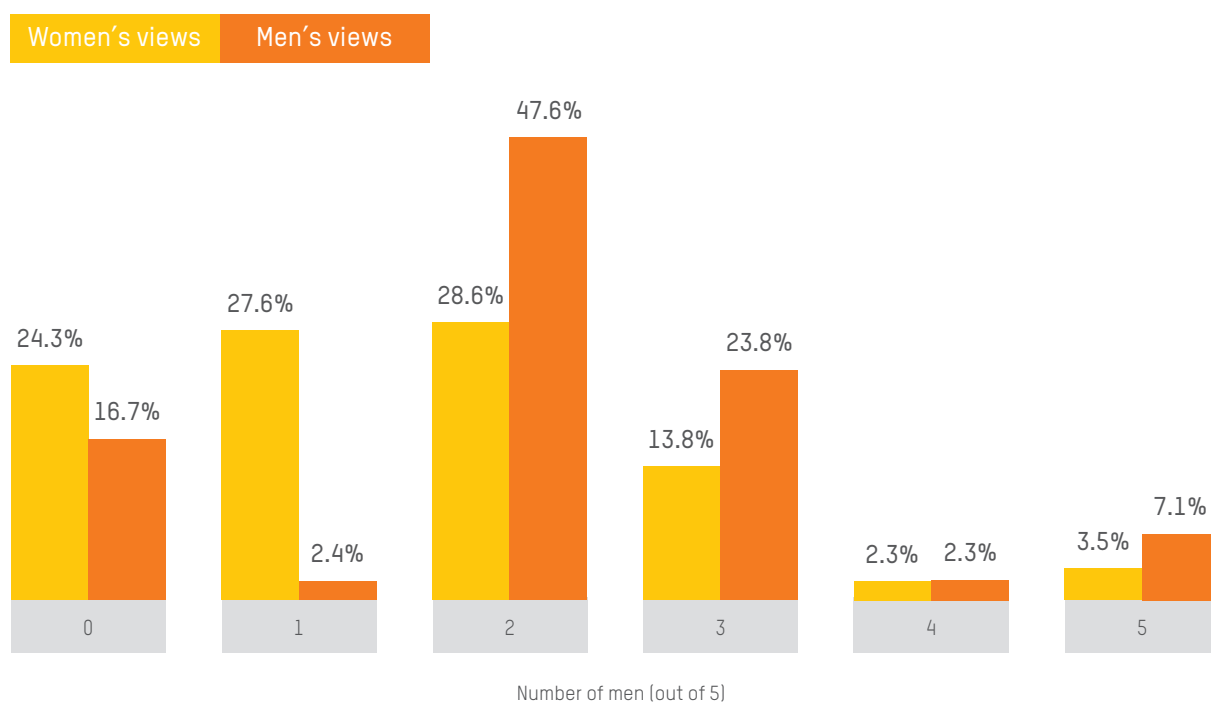
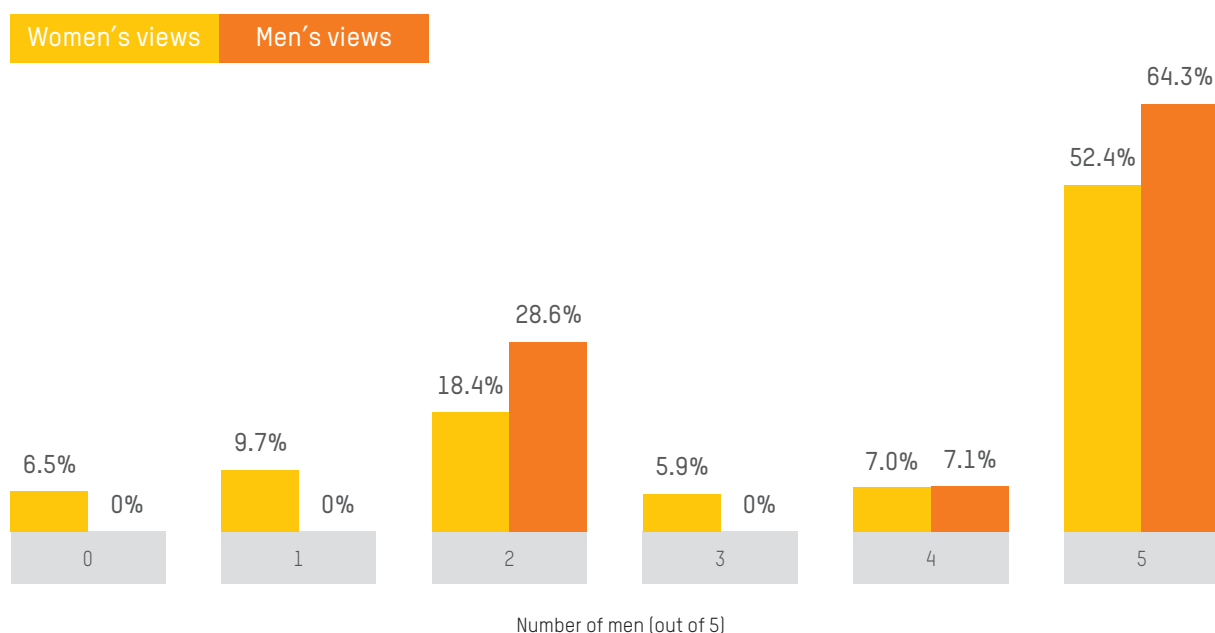


FIGURE 19: RESPONDENTS' BELIEFS ABOUT HOW MANY WOMEN (OUT OF 5) IN THEIR LOCALITY SUPPORT MALE INVOLVEMENT IN UCDW



to help with water collection, 66.7% with meal preparation and 59.5% with fuel collection. The findings are significant as they attest to women's willingness to be assisted, despite the perceived reaction that this would elicit among the community. Notably, women also seemed to want help in all the listed activities, implying that the care responsibility weighs heavily on them. On the flip side, fewer but still a significant number of women appeared not to want help with washing, ironing and mending clothes, cleaning the house and caring for elderly, ill and disabled people.

The findings in this section consistently support the notion that socialization patterns and related perceptions are still pushing the bulk of UCDW to women, and there is therefore a clear need to pursue redistribution efforts. For this to happen, recognition is needed by both women and men of the effects of unequal responsibility for UCDW on women, their families and the wider society. It is critical that men recognize the significance of UCDW, both in terms of its time and labour intensity, and its contribution to household welfare, the community and society. There is thus a need to work with the community so that men can feel more confident engaging in unpaid care work, as there are indications that the community would support it.

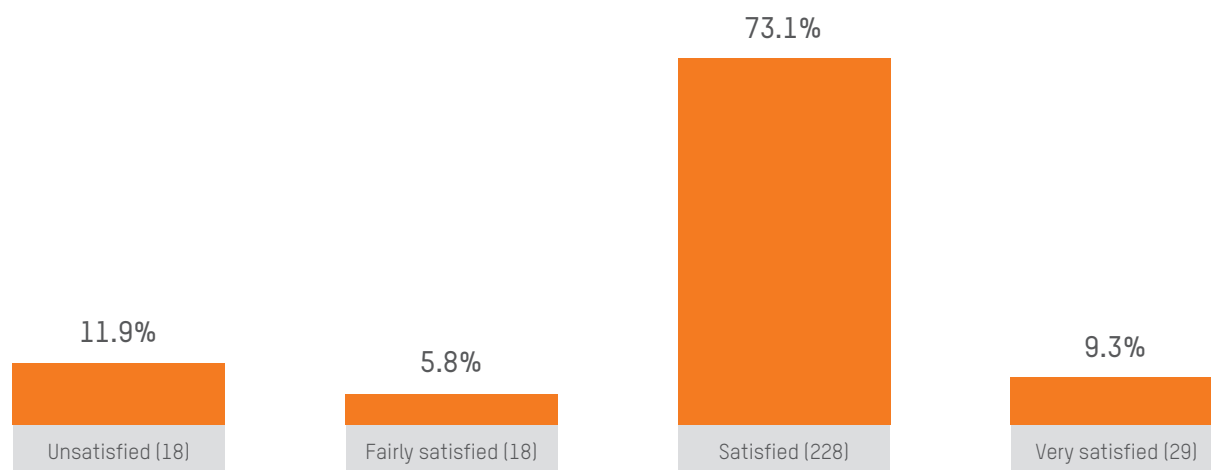
6.3 Satisfaction with UCDW arrangements at household level

To gauge women's level of contentment with performing UCDW, they were asked to indicate if they were satisfied with the UCDW arrangements as they stood (Figure 20). Surprisingly, the majority (73.1%) reported being satisfied

with UCDW, reflecting a high level of contentment with UCDW arrangements among women. This points to the need for programmes with a focus on the recognition of UCDW and the benefit to women's social, political and economic empowerment if UCDW is equally distributed between men and women, and between households, the state, private sector and community. The findings in Figure 20 are consistent with the Rapid Care Analysis conducted in 2016, which found that women did not mind doing the bulk of UCDW and appeared unaware that this robs them of opportunities for self-development (Oxfam, 2016).

The study also explored whether males' avoidance of UCDW was tied to societal reactions towards male involvement, and aimed to understand women's hesitation to allow their partners to participate in it. Married women respondents were asked if they would want their partners to do more UCDW, if no one were to find out. The findings established that over two-thirds (70%) of the women would indeed want their partners to care for people and do domestic work if others were not to find out. This compared to 22% of males who thought the same. This is important, because it attests that perceptions of what others think is a significant factor influencing the sharing of UCDW at household level. It also highlights that women are more eager than men for a change in the status quo. It thus calls for the designing of programmes that challenge gender norms to make it more publicly acceptable for men to do UCDW, aiming at shifting behaviour in the realm of UCDW for both men and women. In a sense, women's view on this matter appears contradictory to the earlier finding as shown in Figure 20, where the majority asserted satisfaction with UCDW arrangements as they exist.

FIGURE 20: WOMEN'S SATISFACTION WITH UCDW ARRANGEMENTS



Often, societal and community acceptability of behaviour are embedded in perceptions and attitudes which are closely linked to beliefs, values and practices. The study endeavoured to uncover the perceptions of surveyed women and men on whether it was acceptable for a man to be mocked/shamed for performing various types of UCDW. Notably, from both the women's and men's responses, men should not suffer mockery for performing most UCDW activities such as cooking, cleaning and caring for adults living within their households. More than 95% of women respondents and close to 100% of men overwhelmingly and persistently indicated that this was unacceptable across all listed forms of UCDW (see table A16 in the appendix). These results affirm women and men's support for men engaging in UCDW. This finding also points to a likely need to support men who are positive about UCDW, and more importantly points to the need to mount community programmes that can work towards making it more acceptable for men to do UCDW. Such programmes should promote the benefits that are likely to result from more involvement of men in UCDW, including both tangible and intangible benefits, such as improvements in the quality of the relationship when UCDW is equally distributed between partners.

Further, asked if they knew of any man living close to their area who may have been shamed or mocked for doing UCDW activities, 47% of the women respondents indicated not knowing any man who had suffered societal ridicule as a result of doing UCDW, while 44% affirmed having known of a man who had been subjected to mockery due to performing UCDW. About 7% did not respond to this question. Notably, though most women disapprove of mocking of men for engaging in UCDW, nearly half have known a man who has suffered this fate. This finding attests that despite risking being mocked for engaging in UCDW, there were instances of men going against societal expectations on UCDW. The reactions that male engagement in UCDW drew in the social setting

may also be a factor discouraging many men from sharing in UCDW, which then stands out as a matter for interventions by government through targeted programming.

To capture societal reactions against women who do not adhere to societal norms of UCDW and to be able to explore any link between UCDW and gender-based violence (GBV), women and men respondents were asked to indicate if it was acceptable in their communities to beat a woman for failing to undertake several types of UCDW, and for not heeding the will of their male counterparts.

The findings, as indicated in table A17 in the appendix, consistently show a concerning acceptability among male and female respondents of violence against women for failure to undertake UCDW tasks. Generally, 4% to 11% of women and 5% to 10% of male respondents felt that it would be acceptable for a man to beat a woman who failed to cook, did not cook well, disobeyed her husband, failed to care for children and sick adults, failed to prepare a bath for her husband and other significant men, or left home without notifying her spouse. Higher levels were observed when women respondents were asked to indicate acceptability of criticism or yelling at women for failure to perform certain UCDW tasks in their communities (see table A18). Up to 15% of women and men reported high levels of acceptability of harsh criticism in the case of failure to perform the same tasks. This confirms that social norms run deep and are pervasive across many socio-economic contexts.

These findings attest first to a patriarchal order of relationships between men and women, including male relatives, and secondly to an acceptability of GBV against women who fail to undertake societally designated UCDW roles. The implications are that women's UCDW roles are closely aligned to prevailing gender norms, which assign men and women to superordinate and subordinate gender

relations in the communities studied. This is significant given that the study was carried out in urban informal settings, where cultural changes regarding UCDW would be expected to positively impact on women's perceptions and gender power relations, thereby reducing GBV. For instance, studies in Kenya have shown that GBV disproportionately affects women due to strong adherence to the social norms, with rural women being more affected (Khasakhala-Mwenesi et al., 2003). These findings clearly point to a need for programming by the government and other stakeholders to recognize the connection between UCDW and GBV and scale up efforts to address it.

Section summary

Several observations emerge from the analysis of perceptions on UCDW by women and men in the study, as follows:

- Women by and large embrace UCDW as part of their responsibility or as 'a woman's work' and rate their satisfaction with UCDW quite highly. This may partially explain why they hardly requested assistance with UCDW from their husbands/partners. However, a large majority indicated wanting help from men in UCDW.
- Women largely do support men's involvement in UCDW, and would largely like men to help. Hence, interventions for enhancing this are needed.
- The impediments to men's involvement in UCDW are largely tied to social norms and practices that hold to the view that UCDW is a 'woman's domain'.
- At the perception level, there is indication that women believe that at least some men are involved in UCDW, and there is evidence that men do perform UCDW in the communities under study, although men's levels of involvement are low. Some women knew of men who had performed UCDW and had been mocked for it.
- Both men and women are generally amenable to men's involvement in UCDW, but in both cases perceptions could still improve. Therefore, interventions are still required to address public perceptions about UCDW and support the establishment of an enabling environment for male participation in UCDW.
- The analysis also points to perceptions among respondents that there is disapproval in their communities regarding males who do UCDW, as attested by the high number of women who reported knowing men who had been ridiculed for performing these tasks.
- There are indications that prevailing perceptions and norms are highly critical of women who neglect their UCDW responsibilities.
- The findings point to an existing link between UCDW, GBV and gender norms.



7. Perceived social value of UCDW

7. PERCEIVED SOCIAL VALUE OF UCDW

UCDW is undertaken by all societies and communities as integral not only to their survival, but also to improved family welfare and maintenance of household and economic development. Despite this, UCDW is under-recognized and hardly rewarded or compensated. Its value is largely missing from development and economic indicators as well as public policy, while its regulation remains at the household and community levels. Though it is difficult to quantify the actual monetary value or the cost of lost opportunities for women, who bear the greatest responsibility for UCDW, its importance is not disputed. In this study, assessing the value of UCDW in the five areas largely relies on proxy measures that are a pointer to the social value of UCDW but also to the social cost of unequal sharing of UCDW by individuals at the household level.

7.1 Ranking of social value of UCDW

This part of the study sought to establish the social value (in order of importance) attached to various types of work (both UCDW and paid work) by women and men respondents. This entailed asking respondents to rank 12 activities – six representing paid work and six representing unpaid work – according to perception of their social value. Women ranked fuel/water collection first, compared to men's top ranking of washing, ironing and mending clothes. Three paid work activities – namely selling products, taking care of farm animals and home construction/repair – are among the top five activities ranked by women. Among men, taking care of farm animals and home construction/repair (i.e. paid work activities) are among the top five activities, alongside caring for children and elderly/ill persons, which comprise UCDW, as can be seen from Table 17.

Low-ranking activities among women include caring for neighbours or their children, meal preparation and cleaning house/compound, while in the case of men, the bottom three are carpentry/furniture making, fuel/water collection and cleaning of house/compound.

The findings show that women ranked most paid work activities higher than those of UCDW, with the exception of fuel collection, while men's ranking was not skewed to either form of activity. The findings in this section have implications in that as long as women continue to undervalue UCDW, they may not see the need for efforts aimed at integrating it into the economics of labour or to reduce or redistribute it within households.

7.2 Perceived skills required for UCDW

Equally important for this study was the ranking of paid and unpaid care tasks according to the perceived skills required to do them. This assumes that association of any form of care with skills may be equated with value attached to it. From the analysis presented in Table 18, the tasks requiring most skill, as rated by women, are carpentry/furniture making, caring for children, selling products/trading and fuel/water collection. This is in tandem with men's views, where selling of products, caring for children, carpentry/furniture making and home construction/repair are in the top four, while washing, ironing and mending clothes comes fifth.

The bottom three tasks as rated by women with regard to requirement for skill are caring for neighbours/ neighbours' children, taking care of farm animals and meal preparation. These are also rated low among males, as is caring for elderly/ill persons.

It is interesting to note the congruence in the ratings by both men and women. For instance, both men and women believe that meal preparation requires lower skills, while caring for own children (as opposed to caring

TABLE 17: ACTIVITY RANKING BY SEX ACCORDING TO VALUE ATTACHED

Activities ranked by women according to value		Activities ranked by men according to value	
Fuel/water collection	1	Washing, ironing, mending clothes	1
Selling products/trading	2	Taking care of farm animals	2
Taking care of farm animals	3	Caring for elderly, ill or disabled	3
Washing, ironing, mending clothes	4	Home construction/repair	4
Home construction/repair	5	Caring for the children	5
Planting/harvesting crops	6	Caring for neighbours or their children	6
Caring for elderly, ill or disabled	7	Selling products/trading	7
Carpentry/making furniture	8	Planting/harvesting crops	8
Caring for the children	9	Meal preparation	9
Caring for neighbours or their children	10	Cleaning the house or compound	10
Meal preparation	11	Fuel/water collection	11
Cleaning the house or compound	12	Carpentry/making furniture	12

TABLE 18: ACTIVITY RANKING BY SEX ACCORDING TO PERCEIVED SKILL REQUIREMENT

Activities ranked by women according to skills required		Activities ranked by men according to skills required	
Carpentry/making furniture	1	Selling products/trading	1
Caring for the children	2	Caring for the children	2
Home construction/repair	3	Carpentry/making furniture	3
Selling products/trading	4	Home construction/repair	4
Fuel/water collection	5	Washing, ironing, mending clothes	5
Caring for elderly, ill or disabled	6	Planting/harvesting crops	6
Washing, ironing, mending clothes	7	Fuel/water collection	7
Cleaning the house or compound	8	Cleaning the house or compound	8
Planting/harvesting crops	9	Taking care of farm animals	9
Meal preparation	10	Caring for elderly, ill or disabled	10
Taking care of farm animals	11	Meal preparation	11
Caring for neighbours or their children	12	Caring for neighbours or their children	12

for other people's children) requires higher skills. Also surprising is that activities that take a large chunk of time, such as washing, ironing and mending clothes and also caring for elderly and ill people are only rated moderately in terms of their demand for skills. Importantly, it is observed that since most UCDW, whether paid or unpaid, is learnt as part of the socialization process, its performance is taken for granted as not requiring skills, hence contributing to the low value and income associated with it. The findings are suggestive of the need to incorporate deconstruction of existing social norms by duty bearers, including national and local governments, for greater recognition of UCDW. There is also a need to generate policies that address UCDW to guide the mainstreaming of this theme on the development agenda.

To further elucidate how UCDW impinges on women's participation in the marketplace, women were asked to indicate what alternative work they would opt for if they had to spend less time on caring for people and domestic work. The findings (presented in table A23 in the appendix) show that more than two-thirds (76.8%) would spend the extra time on income-generating work and only 9.8% would spend it on leisure and personal care, with an additional 5.8% asserting that they would spend it on giving direct personal care to others. This affirms that UCDW does indeed limit women's engagement in economic activity. It also indicates women's feeling duty-bound to perform UCDW, since they are clearly conscious of the fact that they forego the opportunity to make an income for the sake of UCDW.

7.3 UCDW considered problematic for households

To gauge the most problematic tasks in **terms of mobility, health and time** demand (which also would imply the most demanding, time consuming and perhaps the most

socially stigmatized tasks), both women and men were asked which domestic work or care activity is most problematic for their families. This question was thus targeted to elicit general views from both men and women, irrespective of whether they were performing the listed activities.

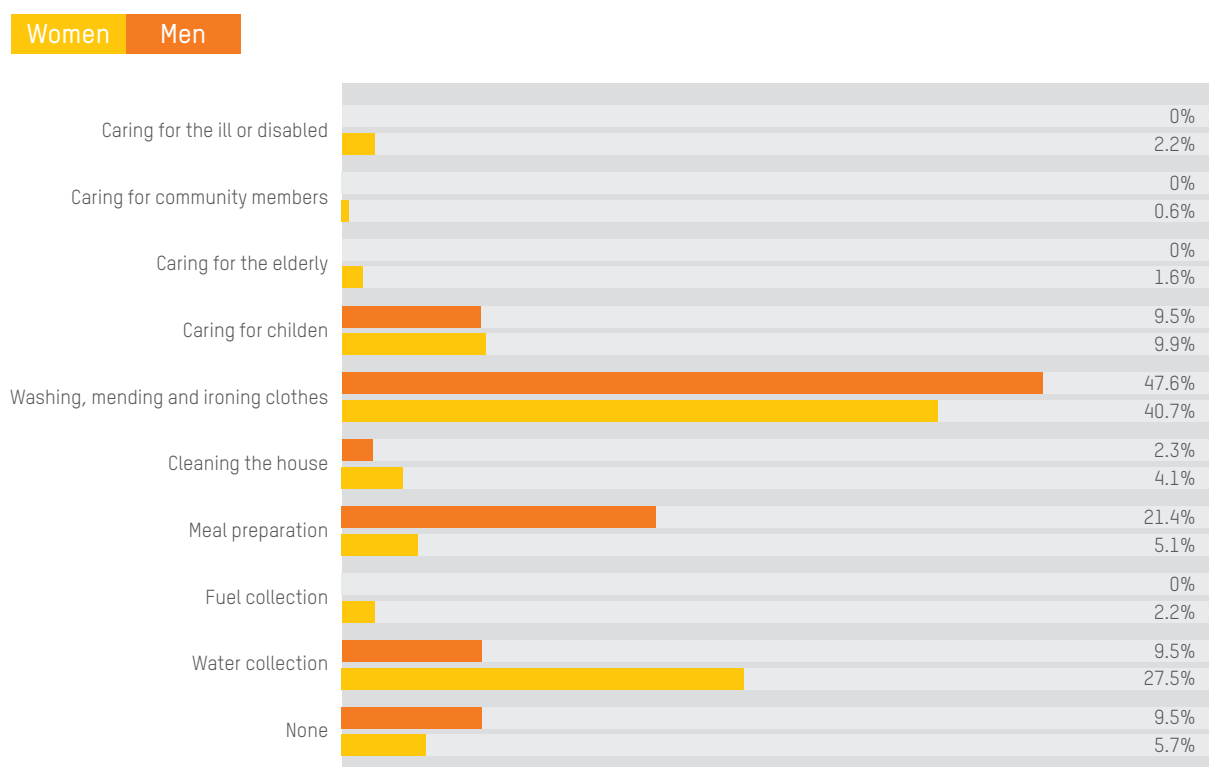
The analysis, presented in Figure 21 (see also table A19 in the appendix), reveals some consensus between men and women and also some variations in which UCDW tasks they considered problematic. Washing, mending and ironing of clothes tops the list as the most problematic for both men and women, with 40.7% of women and 47.6% of men rating this first. The fact that men rated washing, mending and ironing clothes as most problematic may imply that they consider this to be the domain of women. At least 27.5% of women believe water collection is most problematic compared to 9.5% of men, while meal preparation is perceived as problematic by at least 21.4% of males but only 5.1% of women. Caring for children is considered problematic by nearly an equal number of men and women, at 9%.

When compared to the activities rated by men as their favourite, the findings do not align as might be expected. For example, washing, ironing and mending clothes was rated by men as the second favourite task, but also as the most problematic. Though caring for children was one of the least favourite tasks, it was only considered problematic by about 9% of males. Hence, it may be concluded that men's rating of favourite UCDW tasks was not associated with their problematic nature.

7.4 Outsourcing of UCDW

The study considered that hiring labour for UCDW has a bearing on its importance both for individuals and communities, especially considering that the respondents were from low-income settlements. Women were asked to indicate if they had paid for time-saving

FIGURE 21: UCDW ACTIVITY CONSIDERED MOST PROBLEMATIC BY WOMEN AND MEN (%)



services such as water collection, fuel collection, or caring for elderly, ill or disabled persons among others as an alternative to undertaking UCDW themselves. The findings (see table A22) indicated that very few had paid for such services. However, nearly 60% had paid for haircuts or braiding for their children, perhaps because it is time-consuming and requires skill to do well. About 28% had paid for washing/ironing and mending of clothes, which could imply its social value. Notably, mending of clothes in particular requires equipment.

Further analysis shown in table A22 reveals that 19% of women had paid for fetching water, perhaps to save time and to offload this responsibility. It is important to note that fetching water in informal settlements is a laborious task because it involves travelling to a water source and/or queuing, sometimes for lengthy periods as stated earlier in this report. At least 12% paid for childcare services, which may have been necessitated by their other work commitments as either domestic workers or small-scale traders. Given that the women under study are from under-resourced, mostly poor localities, the matter of hiring domestic labour should be seen as an indication of great demand on women's time, though it could be motivated by other factors such as illness. Still, most informal settlers have to choose between income opportunities and staying at home to do UCDW, and perhaps take the option that affords them more cash in their pocket. This points to the need for government to

seriously address the provision of infrastructure that minimizes UCDW for women.

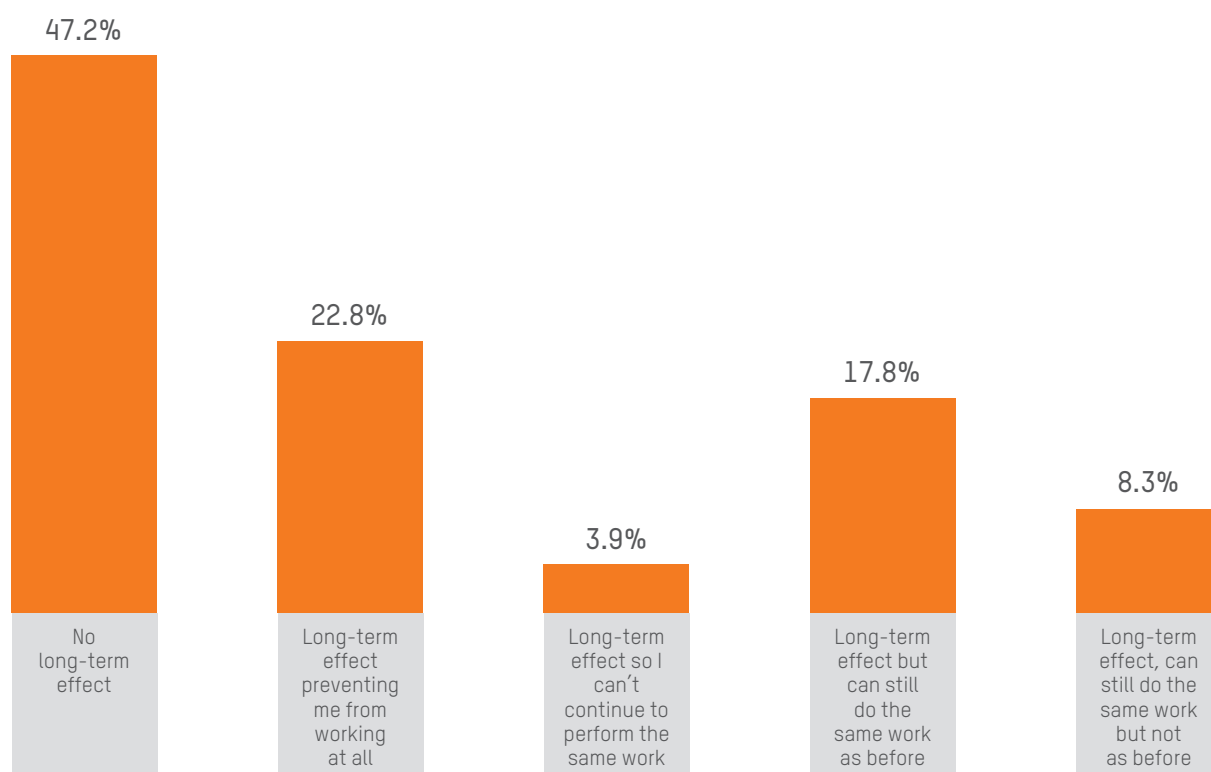
7.5 Negative effects of UCDW

UCDW may also be evaluated on the basis of its impact on those who perform it, especially with regard to health. Though societies often relegate UCDW to women at the household level, there is little focus on its harmful effects. The study asked the respondents if they had suffered any injury, illness, disability or other physical or mental harm from performing UCDW within the last 12 months. More than half (55%) responded in the affirmative. Thus, heavy and laborious UCDW can have serious implications for the wellbeing of women and their households.

Further questioning was done for the 55% of women who reported suffering harm from UCDW. As shown in Figure 22, of the 180 women who had suffered injury/illness or other forms of harm from UCDW, 42 (22.8%) had suffered long-term effects which prevented them from working at all. This means that they too may need care and support. Around 8.3% of women also reported that they had suffered long-term effects but were still able to work, though not to the same degree as before.

As illustrated in table A20 in the appendix, the study further noted 221 women who suffered other forms of harm; these included ailments such as headache/dizziness, back/muscle/joint aches, breathing problems, stress, fatigue and digestive problems. The most

FIGURE 22: IMPACT OF ILLNESS OR INJURY INCURRED BY WOMEN FROM DOING UCDW



common harm was back/muscle/joint aches, reported by 91 (39.4%) women who reported injuries, followed by physical injuries in the form of burns and wounds, reported by 78 women (33.8%).

Surprisingly, when asked if they were concerned that UCDW could cause them physical or mental harm in future, 160 (49.8%) women were not concerned and only 28 women (8.7%) were very concerned (see table A21 in the appendix). The fact that half the women studied were not overly concerned about the physical or mental harm they were likely to suffer due to their heavy responsibility for UCDW can be interpreted as showing that they have

accepted the work as part of their life. This is a pointer to the need to push a health agenda in addressing the 4-Rs by national and local governments, the private sector and civil society organizations.

From the foregoing discussion, though difficult to statistically quantify, UCDW is of great importance to families and is intrinsically valued – but it has costs and is even considered problematic. There is a need for programmes to be cognizant of the importance attached to UCDW and its harmful nature at times, with a focus on relieving women and providing suitable alternative structures for supporting care and domestic work.

8. Conclusion

8.CONCLUSION

This study highlights the need to address UCDW in economic and development policy and practice in Kenya. It emphasizes the potential of time- and labour-saving equipment and public infrastructure and services to bring about positive change in care-work patterns. But the evidence also highlights that to be effective, change in care work requires positive shifts in social norms that encourage male participation in UCDW.

Consistent with other data, the study confirmed high levels of economic stress among the five studied informal settlements. Respondents reported low levels of income, with households owning little in terms of assets and equipment that can be used for easing UCDW or converted into financial resources. This suggests that UCDW dynamics in the settlements are compounded by severe economic hardship and also by the limited infrastructure and public services that are characteristic of such environments. As research in the area suggests (Chopra and Zambelli, 2017), the combination of poor quality paid work and heavy and unequal distribution of unpaid care at home can lead to women's physical and emotional 'depletion', with effects cascading to the amount and quality of care provided to their children, and an increase in their involvement in these tasks.

Overall, patterns in UCDW did not vary significantly across the five settlements. Women spent an average of about 5 hours a day on UCDW compared to about 1 hour for men. Women's care *responsibility*, including supervising dependants or doing domestic tasks while undertaking paid work, averages 11 hours a day, while men have care responsibility for less than 3 hours a day. Further, men spent double the time spent by women (10 hours vs. 5 hours) on paid work. Thus, women not only carry the biggest responsibility for UCDW but are also less engaged in paid work, implying lost opportunities for paid employment as well as participation in broader public life. Male experience during upbringing and early male

socialization appeared to have had a substantial effect on males' attitudes towards UCDW. Household and individual factors that were associated with an increase in care workloads included women's marital status, education and number of children under the age of six.

The research underscored the significance of available, quality public services and infrastructure in decreasing the time and intensity of UCDW. Women with access to improved water sources and healthcare facilities spent less time on UCDW, as did those who owned fuel and washing-related equipment. Women who lived further away from the nearest market spent more time on UCDW.

Unsurprisingly, the study found that social norms that reinforce gendered care roles appear to greatly influence the distribution of UCDW at household level and the expectations of study participants. The majority of women expressed being largely satisfied with their household's current UCDW arrangements, despite also saying they would like men to do more of it and at times actively asking their male partners for assistance.

The study indicated a tendency for men to subscribe to social norms regarding UCDW, but a desire for change of these normative expectations by the women. The findings thus reveal greater propensity for women in the studied communities to support male involvement in UCDW than men, which offers potential for programmes aimed at creating awareness on the need to alter prevailing UCDW arrangements.

9. Recommendations

9. RECOMMENDATIONS

Drawing from the study findings and conclusion, this section seeks to make practical and realistic recommendations for policy and programming interventions on UCDW. The recommendations are centred on the 'Four-Rs' framework for addressing UCDW (Recognition, Reduction, Redistribution and Representation), and customized to the Kenyan context. The recommendations also take into consideration the roles and responsibilities of critical actors including households and communities, the state and its institutions, the private sector and civil society organizations.

RECOGNITION

1. NATIONAL AND COUNTY GOVERNMENTS

Develop and implement gender-responsive public policies and budgets that recognize the extent of UCDW in citizens' lives and the contribution of UCDW to social and economic wellbeing. This should include the National Treasury (Department of Planning) working closely with the Ministry of Labour and Social Protection to collaborate and steer the recognition of UCDW in government planning and budgeting processes.

2. NATIONAL GOVERNMENT

Commit to regular collection and analysis of national time-use data as part of the government's commitment to monitoring progress on SDG Target 5.4,⁹ and incorporate ILO Resolution I¹⁰ into the 2019 census. This will provide the government with critical data on the contribution of UCDW to the country's social and economic development to inform evidence-based policy. National time-use surveys should be led by the Kenya National Bureau of Statistics in line with best practice and standards on SDG Indicator 5.4.1¹¹ and in consultation with the Kenya SDG Forum and civil society.

3. CIVIL SOCIETY AND DEVELOPMENT ACTORS

Increase recognition of the value and significance of UCDW among communities and the country at large and of the importance of reducing and redistributing care work in order that women realize their full potential as human beings. This includes evidence-based policy advocacy that highlights how freeing up women's time allows more women to participate in social, political and economic life, and demonstrates that efforts to reduce poverty will have a limited impact as long as women have almost sole responsibility for UCDW.

REDUCTION

4. NATIONAL GOVERNMENT

Invest in care-related infrastructure, public services and social protection to reduce long and arduous hours of UCDW for women and the related negative health impacts and opportunity costs. This should be delivered through national policy frameworks resourced through a progressive taxation regime that does not further disenfranchise women, with clearly established national guidelines on investment in essential services, parental leave schemes for informal sector workers,¹² and sufficient budgetary allocation to County governments.

5. COUNTY GOVERNMENTS

Prioritize gender-responsive budget allocations for public services and infrastructure that reduce the time and intensity of UCDW, such as water points, sanitation services, electricity, healthcare facilities and early childhood development and education (ECDE). These must be accessible, affordable and of high quality. Planning for their implementation must be based on local-level consultations and needs assessments with women carers, and targeted to the poorest households where women do the most heavy and arduous UCDW. Ongoing maintenance and repair costs of infrastructure such as water points should be budgeted for.

6. PRIVATE SECTOR

Work in partnership with government and development actors to prioritize the manufacturing and provision of affordable time- and labour-saving equipment and technology to low-income households, and share the costs of care with workers. This includes equipment such as laundry and washing facilities, fuel-efficient cook stoves and transportation devices that have been shown to reduce the drudgery of time- and labour-intensive UCDW tasks, and allowances such as childcare subsidies and paid leave for illness and maternity/paternity.

REDISTRIBUTION

7. NATIONAL AND COUNTY GOVERNMENTS

Develop public communications, advertisements and public service announcements that positively reinforce men's roles in caring for children and families. For example, in health and education communications, this could include showing both fathers and mothers taking their children to school or to the doctor.

8. CIVIL SOCIETY AND DEVELOPMENT ACTORS

Collaborate with diverse stakeholders, including religious leaders, private sector, the media and government, to develop evidence-based social norms interventions that encourage men to share responsibilities for UCDW, by addressing the negative social norms that influence gender roles and the unequal distribution of UCDW between women and men. These interventions should consider approaches that work with couples to promote respectful and equal relationships and have been shown to foster more equal sharing of care and household responsibilities. Social norms interventions should also consider and address the known relationship between GBV and UCDW to ensure a concerted approach in addressing harmful social norms and to minimize the risk of backlash against women who challenge existing gender roles.

9. CIVIL SOCIETY, DEVELOPMENT ACTORS AND PRIVATE SECTOR (INCLUDING THE MEDIA)

Develop large-scale mass media campaigns through social media and advertising/marketing channels that target both men and women, and focus on the benefits of redistribution of UCDW among family members. This should include working with male champions for peer

influencing and role modelling for younger generations, as well as calling out the behaviours and attitudes of people in positions of power and influence that promote unhelpful and negative gender stereotypes related to care and domestic work.

REPRESENTATION

10. NATIONAL AND COUNTY GOVERNMENTS

Put in place mechanisms and processes for the inclusion of women caregivers in consultations and decision making related to budget allocation, needs assessments etc. Both public and private institutions should make provision for care-supporting services and spaces in meeting and work places, for example, on-site breastfeeding spaces and childcare facilities.

11. NAIROBI COUNTY GOVERNMENT

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

12. CIVIL SOCIETY AND DEVELOPMENT ACTORS

Support and advocate for the inclusion of diverse groups of women (and men) carers in public dialogue and decision making related to budgets and community planning, while lobbying government to ensure it meets its obligations in this area. These initiatives should ensure that women have the appropriate skills, knowledge and confidence to actively take part in dialogues and consultations.

AREAS FOR FUTURE RESEARCH



Further comparative research on time use and social norms related to UCDW is needed in other sectors of the Kenyan population. This includes in rural areas and among the urban middle classes, as well as among some of the distinct cultures (e.g. coastal culture), to understand how UCDW dynamics differ and to develop appropriate policy and programming responses. Qualitative research that more closely examines the link between social norms, GBV and unpaid care work is also needed to inform the development of social norms interventions and behaviour change campaigns.

Other suggestions to improve future Household Care Surveys are:

- Include dimensions of unpaid care work among families caring for people who are elderly, sick or disabled.
- Combine the HCS with qualitative methodologies, such as the Rapid Care Analysis.¹³
- Ensure the sample is sufficiently large to analyse non-traditional household structures and living arrangements, to explore if/how these factors are associated with different UCDW patterns.
- Include measures to recruit a larger male sample that can be analysed comparably to the female study population, for example through pre-existing community and development interventions on livelihoods, parenting and UCDW, etc.

REFERENCES

- ActionAid [2016]. *Incorporation of Women's Economic Empowerment and Unpaid Care Work into regional policies: South Asia: A case for centring Unpaid Care Work within regional frameworks*. A Policy Brief available at: https://aidstream.org/files/documents/Policy-brief-WEE_UCW-SAsia-online-20180430090408.pdf.
- Beneria, L., and M. Floro (2005). 'Distribution, gender and labour market informalization: A conceptual framework with a focus on home workers.' *Rethinking informalization: poverty, precarious jobs and social protection*. Eds. Neema Kudva and Lourdes Beneria (pp. 9-27), Cornell University.
- Central Bureau of Statistics (CBS) [Kenya], Ministry of Health (MOH) [Kenya], and ORC Macro. (2004). *Kenya Demographic and Health Survey 2003*. Calverton, Maryland: CBS, MOH, and ORC Macro.
- Chopra, D. and E. Zambelli (2017). *No Time to Rest: Women's Lived Experiences of Balancing Paid Work and Unpaid Care Work*, Brighton: IDS
- Esquivel, Valeria and Andrea Kaufmann (March 2017). *Innovations in Care New Concepts*. New Actors, New Policies. (UNRISD).
- Folbre, Nancy (2001). 'Introduction' in *The invisible heart: economics and family values*, New York: New Press, p. xv.
- Folbre, Nancy (2003). 'Caring labor - transcription of a video by Oliver Ressler, recorded in Amherst, USA'. *Republic Art*. Retrieved: 4 June 2014.
- Friedman, Gerald (2012). *Microeconomics: Individual Choice in Communities*, Ed. 5.1, Amherst: independently published, pp. 112-115.
- Goodwin, N. (2005). 'The Core Sphere: households and communities/households and communities as organizations/the core sphere in historical perspective/work/family challenges/theories of household behavior', in Neva Goodwin, Frank Ackerman, Julie Nelson and Thomas Weisskopf, *Microeconomics in context*, Boston: Houghton Mifflin, pp. 355-356.
- International Labour Organization (ILO) (2013). *Household Chores and Child Domestic Work (The care economy)*. Available at: www.ilo.org/global/topics/care-economy/household-chores/lang--en/index.htm.
- International Labour Organization (ILO) (2018). *Care Work and Care Jobs for the Future of Decent Work*. Geneva. Available at: https://www.ilo.org/global/publications/books/WCMS_633135/lang--en/index.htm
- Kenya National Bureau of Statistics (2015) *Kenya Demographic and Health Survey 2014*, <https://dhsprogram.com/pubs/pdf/fr308/fr308.pdf>
- Khasakhala-Mwenesi, Betty, Robert C.B. Buluma, Rosemary U. Kong'ani and Vivian Nyarunda (2003). 'Gender Violence'. *Kenya Demographic and Health Survey 2003*. Government of Kenya.
- Kinyanjui, M. (2014) *Women and the informal economy in urban Africa - from the margins to the centre*. London: Zed Books.
- Kirai, M. (2014) *Barriers to women career progression in Kenya's Civil Service*, Doctoral Thesis submitted to the Jomo Kenyatta University of Agriculture and Technology.
- McKinsey Global Institute (2015). *The Power Parity: How Advancing Women's Equality can add \$12 Trillion to Global Growth*.
- OECD (2019) *Gender Institutions and Development Database (GID-DB)*. <https://stats.oecd.org>
- O'Hara, Sabine (2014). 'Everything Needs Care: Toward a Context-Based Economy'. In Margunn Bjørnholt and Ailsa McKay (Eds), *Counting on Marilyn Waring: New Advances in Feminist Economics*. Bradford: Demeter Press, pp. 37-56.
- Osoba, S.B. (2011). *Variation in Ownership of Global System for Mobile Telecommunication GSM among Socio-economic Groups in Lagos, Nigeria*. J. Logist. Transport, 3 (1): 79-94.
- Oxfam (2018). *Gender Roles and the Care Economy in Ugandan Households: The case of Kaabong, Kabale and Kampala districts*. Available at: <https://oxfamlibrary.openrepository.com/bitstream/handle/10546/620532/rr-gender-roles-care-economy-uganda-130818-en.pdf?sequence=4&isAllowed=y>
- Oxfam (2017). *Infrastructure and Equipment for Unpaid Care Work: Household Survey Findings from the Philippines, Uganda and Zimbabwe Household Care Survey Report*. Available at: <https://oxfamlibrary.openrepository.com/bitstream/handle/10546/620431/rr-household-care-survey-philippines-uganda-zimbabwe-260418-en.pdf>
- Oxfam (2016). *A Study on Women's Care Work in Nairobi's Informal Settlements*. Internal document.
- Oxfam (2012). R. Dua and K. Raworth. *Undertaking Research with Ethics: Guidelines and Toolkits*. <https://policy-practice.oxfam.org.uk/publications/undertaking-research-with-ethics-253032>.
- Republic of Kenya (2009). *Kenya Population Census 2009*. <https://www.knbs.or.ke/category/census-2009-summary-of-results/>
- Rao, Nitya (2016). *Global Agendas, Local Norms: Mobilizing around Unpaid Care Work in Asia*. UNRISD: Mimeo.
- Suda, C. (2001). 'The Invisible Child Worker in Kenya: The Intersection of Poverty, Legislation and Culture'. *Nordic Journal of African Studies* 10(2): pp. 163-175 (2001).
- The World Factbook 2016-2017 (2016) Washington, DC: Central Intelligence Agency (CIA), Available at: <https://www.cia.gov/library/publications/download/download-2015/index.html>
- Uchenna Mberu, Blessing, James Mbugua Ciera, Patricia Elungata and Alex Chika Ezech, (2016) 'Fertility and Household Economic Outcomes among Poor Urban Households in Nairobi informal Settlements, Kenya' in *African Population Studies* Vol. 30, No. 3
- UNDP (2016) *The African Human Development Report 2016: Accelerating Gender Equality and Women's Empowerment in Africa*. <http://www.undp.org/content/undp/en/home/librarypage/hdr/2016-africa-human-development-report.html>.
- UNDP (2015) *Human Development Report 2015: Work for Human Development*. <http://www.hdr.undp.org/en/content/human-development-report-2015-work-human-development>
- UN Women (2015). *Progress of the world's women 2015-2016. Transforming economies, realizing rights*. <http://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2015/poww-2015-2016-en.pdf?la=en&vs=0>.
- UNFPA (United Nations Population Fund) (2012). *Ageing in the Twenty-First Century: A Celebration and a Challenge*. New York: UNFPA. <http://www.unfpa.org/sites/default/files/pub-pdf/Ageing%20report.pdf>
- World Bank (2012). *World Development Report 2012: Gender Equality and Development*.
- World Population Review (2019). *Kenya Population 2019. Demographics, Maps and Graphs*. <http://worldpopulationreview.com/countries/kenya-population/>

NOTES

- 1 Uganda, Zimbabwe, Ethiopia, Tanzania, Philippines and Kenya.
- 2 Based on Kenyan Government The Labour Institutions Act of 2007. Available at: http://kenyalaw.org/kl/fileadmin/pdfdownloads/LegalNotices/2019/LN2_2019.pdf
- 3 SDG Target 5.4: Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies, and the promotion of shared responsibility within the household and the family as nationally appropriate.
- 4 ILO Resolution I (2018) mandates that persons who are engaged in services for home consumption - such as UCDW - will be counted as working: https://www.ilo.org/wcmsp5/groups/public/---dgreports/--stat/documents/meetingdocument/wcms_648693.pdf
- 5 SDG Indicator 5.4.1: Proportion of time spent on unpaid domestic and care work, by sex, age and location.
- 6 Such as maternity cash benefit schemes for women in the informal economy through employer liability, social insurance or tax-financed cash transfer schemes.
- 7 The Rapid Care Analysis (RCA) is a participatory, qualitative methodology developed by Oxfam to understand patterns of UCDW in households and communities, to understand the social norms underpinning them, and to support communities to identify solutions. <https://policy-practice.oxfam.org.uk/publications/participatory-methodology-rapid-care-analysis-620147>
- 8 Model proposed by Professor Diane Elson, which proposes three interconnected dimensions to address and incorporate unpaid care work into the development agenda (the fourth 'R' being later added by INGOs such as Oxfam and others).
- 9 SDG Target 5.4: Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies, and the promotion of shared responsibility within the household and the family as nationally appropriate.
- 10 ILO Resolution I (2018) mandates that persons who are engaged in services for home consumption - such as UCDW - will be counted as working: https://www.ilo.org/wcmsp5/groups/public/---dgreports/--stat/documents/meetingdocument/wcms_648693.pdf
- 11 SDG Indicator 5.4.1: Proportion of time spent on unpaid domestic and care work, by sex, age and location.
- 12 Such as maternity cash benefit schemes for women in the informal economy through employer liability, social insurance or tax financed cash transfer schemes.
- 13 The Rapid Care Analysis (RCA) is a participatory, qualitative methodology developed by Oxfam to understand patterns of UCDW in households and communities, to understand the social norms underpinning them, and to support communities to identify solutions. <https://policy-practice.oxfam.org.uk/publications/participatory-methodology-rapid-care-analysis-620147>

Appendices

APPENDIX A: REFERENCE TABLES

TABLE A1: RESPONDENTS BY AREA

Area						
Respondents	Kibera	Mathare	Korogocho	Kawangware	Mukuru	Total
Women	101 (30.8%)	67 (20.4%)	25 (7.6%)	55 (16.8%)	80 (24.4%)	328 (70.8%)
Men	21 (50%)	9 (21.4%)	7 (16.7%)	4 (9.5%)	1 (2.4%)	42 (9.1%)
Children	30 (32.2%)	35 (37.63%)	1 (1.08%)	14 (15%)	13 (13.9%)	93 (20.1%)
Total	152 (32.8%)	111 (23.9%)	33 (7.1%)	73 (15.7%)	94 (20.3%)	463 (100%)

TABLE A2: SUMMARY STATISTICS FOR SOURCE OF INCOME (QUINTILES)

	1st quintile	Mean (Khs)	3rd quintile
income_source_domestic	0	1,229.116	1,800
income_source_services	0	17.03	0
income_source_community	0	184.993	0
income_source_rent	0	142.036	0
income_source_unskilled	0	305.184	0
income_source_skilled	0	732.634	0
income_source_employ	0	365.808	0
income_source_infobusiness	0	3,927.896	5,000
income_source_rem	0	137.777	0
income_source_agr	0	43.28	0
income_source_other	0	257.173	0

TABLE A3: CORRELATION BETWEEN TOTAL INCOME AND HOURS SPENT ON UNPAID CARE WORK AMONG WOMEN

	Total income	P-values
Total income	1	
Primary care work	-0.10	0.063
Any care work	-0.11	0.035*

* p<0.05

TABLE A4: HOUSEHOLD OWNERSHIP OF ASSETS BY AREA (%)

Asset	Area					
	Kibera	Mathare	Korogocho	Kawangware	Mukuru	Total
House	30.59 (26)	25.88 (22)	5.88 (5)	10.59 (9)	27.06 (23)	25.91 (85)
Land	29.81 (31)	27.88 (29)	4.81 (5)	14.42 (15)	23.08 (24)	31.71 (104)
Poultry	40.63 (26)	15.63 (10)	3.13 (2)	15.63 (10)	25.00 (16)	19.61 (64)
Mattress	30.86 (100)	20.37 (66)	7.41 (24)	16.67 (54)	24.96 (80)	98.78 (324)
Bed	31.25 (100)	20.00 (64)	7.19 (23)	17.19 (55)	24.38 (78)	97.56 (320)
Mobile	31.17 (101)	20.06 (65)	7.41 (24)	16.98 (55)	24.38 (79)	98.78 (324)
Radio	28.43 (58)	24.51 (50)	9.31 (19)	17.16 (35)	20.89 (42)	62.20 (204)
Laptop	47.37 (9)	10.53 (2)	5.26 (1)	26.32 (5)	10.53 (2)	5.79 (19)
Television	30.63 (68)	19.37 (43)	7.21 (16)	19.37 (43)	23.42 (52)	67.68 (222)
Bicycle	38.10 (8)	23.81 (5)	0.00 (0)	33.33 (7)	4.76 (1)	6.40 (21)
Motorcycle	0.00 (0)	30.00 (3)	20.00 (2)	10.00 (4)	10.00 (1)	3.05 (10)
Car/truck	100.00 (2)	0.00 (0)	0.00 (0)	0.00 (0)	0.00 (0)	0.61 (2)
Chair	30.97 (96)	20.65 (64)	8.06 (25)	16.45 (51)	23.87 (74)	94.51 (310)

TABLE A5: OWNERSHIP OF MAJORITY OF HOUSEHOLD ASSETS

Asset	Who owns majority of household (hh) assets						
	Self (woman)	Partner/ spouse	Self and partner/ spouse	Partner/ spouse and other hh members	Self, partner and other hh members	Self and other hh members	Other hh members
House	10.59 (9)	7.06 (6)	78.82 (67)	0.00 (0)	0.00 (0)	1.18 (1)	2.35 (2)
Land	9 (8.65)	30 (28.85)	54.81 (57)	3.85 (4)	1.92 (2)	1.92 (2)	0.00 (0)
Poultry	37.50 (24)	0.00 (0)	53.13 (34)	0.00 (0)	1.56 (1)	1.56 (1)	3.13 (2)
Mattress	32.41 (105)	13.58 (44)	44.44 (144)	0.31 (1)	3.70 (12)	0.00 (0)	0.31 (1)
Bed	31.88 (102)	14.06 (45)	0.00 (0)	0.31 (1)	0.00 (0)	1.88 (6)	2.19 (7)
Mobile	24.69 (80)	7.10 (23)	43.21 (140)	1.85 (6)	5.86 (19)	15.43 (50)	1.85 (6)
Radio	25.49 (52)	21.08 (43)	49.02 (100)	0.49 (1)	0.00 (0)	0.98 (2)	2.94 (6)
Laptop	6.25 (1)	31.25 (5)	25.00 (4)	0.00 (0)	0.00 (0)	6.25 (1)	31.25 (5)
Television	25.68 (57)	16.67 (37)	51.80 (115)	0.45 (1)	0.00 (0)	1.80 (4)	2.70 (6)
Bicycle	23.81 (5)	38.10 (8)	14.29 (3)	4.76 (1)	0.00 (0)	0.00 (0)	19.05 (4)
Motorcycle	30.00 (3)	40.00 (4)	30.00 (3)	0.00 (0)	0.00 (0)	0.00 (0)	0.00 (0)
Car/truck	0.00 (0)	0.00 (0)	100.00 (2)	0.00 (0)	0.00 (0)	0.00 (0)	0.00 (0)
Chair	31.94 (99)	14.84 (46)	49.68 (154)	0.00 (0)	0.32 (1)	1.29 (4)	1.61 (5)

TABLE A6: DECISION MAKER ON ASSETS DISPOSAL

Asset	Who decides on household assets disposal (%)						
	Self (woman)	Partner/ spouse	Self and partner/ Spouse	Partner/ spouse and other hh members	Self, partner and other hh members	Self and other hh members	Other hh members
House	8.24 (7)	3.53 (3)	83.53 (71)	0.00 (0)	0.00 (0)	1.18 (1)	1.18 (1)
Land	8.65 (9)	17.31 (18)	66.35 (69)	2.88 (3)	0.96 (1)	2.88 (3)	0.96 (1)
Poultry	40.63 (26)	1.56 (1)	50.00 (32)	1.56 (0)	0.00 (0)	3.13 (2)	3.13 (2)
Mattress	32.41 (105)	5.56 (18)	57.10 (185)	0.31 (1)	0.31 (1)	2.47 (8)	1.85 (6)
Bed	30.63 (98)	7.19 (23)	57.19 (183)	0.31 (1)	0.31 (1)	2.19 (7)	2.19 (7)
Mobile	30.25 (98)	5.25 (17)	42.28 (137)	0.62 (2)	5.56 (18)	13.89 (45)	2.16 (7)
Radio	25.98 (53)	13.73 (28)	57.35 (117)	0.49 (1)	0.00 (0)	0.49 (1)	1.96 (4)
Laptop	12.50 (2)	31.25 (5)	25.00 (4)	0.00 (0)	0.00 (0)	0.00 (0)	31.25 (5)
Television	26.13 (58)	12.16 (27)	56.76 (126)	0.45 (1)	0.00 (0)	1.80 (4)	0.45 (1)
Bicycle	23.81 (5)	28.57 (6)	33.33 (7)	0.00 (0)	0.00 (0)	4.76 (1)	9.52 (2)
Motorcycle	30.00 (3)	20.00 (2)	50.00 (5)	0.00 (0)	0.00 (0)	0.00 (0)	0.00 (0)
Car/truck	0.00 (0)	100.00 (2)	0.00 (0)	0.00 (0)	0.00 (0)	0.00 (0)	0.00 (0)
Chair	31.29 (97)	7.42 (23)	57.74 (179)	0.00 (0)	0.32 (1)	1.29 (4)	1.94 (6)

TABLE A7: CORRELATION BETWEEN TLSE AND HOURS SPENT ON UNPAID CARE WORK

Variables	Women any_care	Men any_care	Women primary_care	Men primary_care
TLSE for water	0.264 (0.336)	-0.596 (0.811)	0.016 (0.143)	00.235 (0.401)
TLSE for fuel	-1.826*** (0.289)	-0.221 (0.867)	-0.068 (0.130)	-0.767 (0.479)
TLSE for meal	0.422 (0.941)	-1.424 (3.522)	-0.107 (0.444)	1.802 (1.441)
TLSE for clean	-0.439 (0.735)	4.893 (3.490)	-0.048 (0.344)	0.519 (0.925)
TLSE for clothes	0.449 (0.488)	-0.111 (1.296)	-0.008 (0.215)	-0.864 (0.635)
TLSE for washing	-2.885* (1.735)	-	-1.374 (0.896)	-
1.education_adult_new	2.218 (2.488)	-	1.984*** (0.406)	-
2.education_adult_new	2.882 (2.463)	2.362 (2.692)	2.600*** (0.450)	-1.583 (1.169)
hh_nb_under_6	3.714*** (0.563)	2.147 (2.501)	0.952*** (0.274)	-0.205 (0.796)
hh_size	-0.367 (0.275)	0.564 (1.133)	-0.154 (0.115)	-0.662 (0.426)
hh_propfem	1.779 (1.775)	-4.037 (4.892)	-1.700* (0.893)	-3.260 (3.038)
hh_poorest_bin	0.508 (0.856)	1.933 (3.835)	0.651 (0.418)	-2.523* (1.214)
married	3.577*** (0.889)	-	0.418 (0.413)	-
agegroup_adult	-0.220 (0.213)	-0.010 (0.498)	-0.069 (0.088)	-0.305 (0.204)
residence	-0.119 (0.230)	0.729 (0.968)	-0.165 (0.103)	-0.262 (0.325)
o.hh_tlse_washing	-	-	-	-
o.married	-	-	-	-
Constant	10.848*** (3.714)	-0.535 (10.757)	5.524*** (1.490)	10.404** (4.756)
Observations	305	29	305	29
R-squared	0.307	0.445	0.131	0.530
-2LL	-977	-77.40	-738.3	-50.14
df	15	12	15	12

Robust standard errors in parentheses
 *** p<0.01, ** p<0.05, * p<0.10
 tlse_water includes: equipment_5ljerry can equipment_10ljerry can equipment_20ljerry can equipment_transport equipment_water_system equipment_water_compound equipment_shower equipment_toilet
 tlse_fuel includes: equipment_axe equipment_ker_lamp equipment_dry_cell equipment_electrical_lamp equipment_solar_system equipment_generator equipment_stove equipment_gasstove
 tlse_meal includes: equipment_flask equipment_mill
 tlse_clean includes: equipment_dustbin
 tlse_clothes includes: equipment_suitcase equipment_wardrobe equipment_iron
 tlse_washing includes: equipment_basins
 tlse_childcare includes: equip_infants_mosquito equip_infants_nappies
 tlse_elderycare includes: equip_crutches

TABLE A8: COMPARING MEAN HOURS SPENT ON UCDW BY CHILDREN

Group	Mean	std Err.	std. Dev.	95% conf.	Interval
1	2.54283	.2058791	.7703289	1.698082	2.587632
2	2.87130	.3468654	1.250641	1.936553	3.448062
	t= -1.3860				
	phi =1.993104 * Not significant				

TABLE A9: MEAN HOURS SPENT ON EACH ACTIVITY BY CHILDREN, BY SEX

Activity	Male	Female
Sleeping	8.02	8.89
Leisure	1.83	2.56
Working in family business	0.375	0.289
Activities for pay not in household	0.02	0.16
In school	8.94	7.82
Studying	1.04	0.87
Meal preparation	0.73	0.6
Fuel collection	0.21	0.16
Fetching water	0.48	0.67
Cleaning	0.44	0.44
Washing clothes	0.38	0.16
Caring for children	0.56	0.53
Caring for adults	0.00	0.00
Other (non-work)	0.97	0.87

TABLE A10a: NUMBER OF MEN WHO HAD EVER SEEN FATHER OR ANOTHER MAN PERFORMING UCDW DURING UPRISING

Prepare meals	Frequency	Percentage
Never	19	45.2
Hardly ever	3	7.1
Sometimes	12	28.6
Frequently	8	19.0
Clean the house or compound		
Never	26	61.9
Hardly ever	1	2.4
Sometimes	9	21.4
Frequently	6	14.3
Wash clothes		
Never	30	71.4
Sometimes	7	16.7
Frequently	5	11.9
Take care of you or your siblings		
Never	16	38.1
Hardly ever	1	2.4
Sometimes	11	26.2
Frequently	14	33.3

TABLE A10b: NUMBER OF MEN WHO HAD BEEN TAUGHT UCDW WHILE CHILDREN/TEENAGERS

Prepare meals	Frequency	Percentage
Never	10	23.8
Hardly ever	1	2.4
Sometimes	16	38.1
Frequently	15	35.7
Clean the house or compound		
Never	9	21.4
Sometimes	16	38.1
frequently	17	40.5
Wash clothes		
Never	11	26.2
Sometimes	12	28.6
Frequently	19	45.2
Take care of your siblings		
Never	11	26.2
Sometimes	3	7.1
Frequently	28	66.7

TABLE A11: ASSOCIATION BETWEEN SEEING AN ADULT MALE PERFORM CARE WORK DURING UPBRINGING AND MEAN HOURS SPENT IN CARE WORK BY MALES

Activity	Test statistic	Significance level
Prepare meals	1.828	0.609
Clean the house or compound	1.602	0.659
Wash clothes	1.292	0.524
Take care of siblings	1.615	0.656
Activity	Test statistic	Significance level
Prepare meals	0.224	0.974
Clean the house or compound	0.274	0.872
Wash clothes	0.190	0.909
Take care of siblings	0.294	0.863

TABLE A12a: WOMEN'S DECISION MAKING AND DISTRIBUTION OF UCDW

Variables	Women any_care	Men any_care	Women primary_care	Men primary_care
hh_agency_influence_1	-0.230*** (0.071)	0.277 (0.180)	-0.003 (0.031)	0.126 (0.086)
1.education_adult_new	2.832 (2.364)	-	2.126*** (0.418)	-
2.education_adult_new	3.433 (2.369)	2.884 (2.692)	2.648*** (0.447)	-1.302 (1.024)
hh_nb_under_6	3.647*** (0.624)	5.031 (3.047)	0.911*** (0.271)	0.869* (0.463)
hh_size	-0.321 (0.307)	0.200 (0.593)	-0.149 (0.115)	-0.154 (0.218)
hh_propfem	0.911 (1.842)	-2.072 (5.223)	-1.952** (0.879)	-2.062 (2.486)
hh_poorest_bin	0.802 (0.808)	-0.872 (2.081)	0.726** (0.366)	-2.083 (1.251)
married	6.667*** (1.418)	-	0.434 (0.595)	-
agegroup_adult	-0.353* (0.213)	-0.200 (0.443)	-0.074 (0.089)	-0.352 (0.248)
residence	-0.114 (0.229)	0.788 (0.937)	-0.152 (0.099)	-0.163 (0.272)
o.married	-	-	-	-
Constant	6.460** (3.269)	-7.509 (9.533)	4.051*** (1.081)	4.144 (4.090)
Observations	305	29	305	29
R-squared	0.238	0.355	0.117	0.383
-2LL	-991.5	-79.58	-740.8	-54.09
df	10	8	10	8

Robust standard errors in parentheses
 *** p<0.01, ** p<0.05, * p<0.10
 *for each decision making area, we created a variable that takes the value 0 if the woman is not involved and cannot influence, 1 if the woman is involved but cannot influence, 2 if the woman is not involved but can influence and 3 if the woman is involved and can influence. "agency_influence_1" is the sum of these variables, which means that the higher the value the more decision making power women have.

TABLE A12b: WOMEN'S CONTROL OVER ASSETS AND DISTRIBUTION OF UCDW

Variables	Women any_care	Men any_care	Women primary_care	Men primary_care
hh_asset_own_woman	-0.646*** (0.212)	0.268 (0.386)	-0.262*** (0.100)	-0.039 (0.212)
1.education_adult_new	1.502 (3.004)	-	1.946*** (0.413)	-
2.education_adult_new	2.251 (2.991)	3.091 (2.639)	2.493*** (0.449)	-1.104 (0.986)
hh_nb_under_6	3.451*** (0.643)	3.883 (2.791)	0.839*** (0.273)	0.322 (0.416)
hh_size	-0.358 (0.299)	0.073 (0.529)	-0.168 (0.113)	-0.173 (0.227)
hh_propfem	1.079 (1.817)	-3.038 (5.479)	-1.716** (0.864)	-2.357 (2.671)
hh_poorest_bin	-0.073 (0.944)	-0.031 (2.467)	0.188 (0.423)	-1.978 (1.542)
married	3.500*** (0.977)		0.446 (0.412)	
agegroup_adult	-0.118 (0.227)	-0.136 (0.412)	-0.032 (0.093)	-0.305 (0.231)
residence	-0.180 (0.232)	0.812 (1.018)	-0.182* (0.103)	-0.206 (0.316)
o.married	-	-	-	-
Constant	10.466*** (3.968)	-3.165 (10.199)	5.723*** (1.267)	6.879 (5.476)
Observations	297	29	297	29
R-squared	0.226	0.313	0.138	0.324
-2LL	-963.9	-80.49	-720	-55.41
df	10	8	10	8

Robust standard errors in parentheses
*** p<0.01, ** p<0.05, * p<0.10

TABLE A13a: RANKING OF FAVOURITE TASKS BY MEN

Rank	Tasks
1	Fuel collection
2	Washing/ironing/mending clothes
3	Caring for elderly, ill or disabled persons
4	Cleaning the house/compound
5	Caring for children
6	Water collection

TABLE A13b: WOMEN'S REASONS FOR NOT WANTING MEN TO DO UCDW

Reason for not wanting men to do UCDW	Frequency	%
Because it would not be the right thing to do	1	1.8
It's a woman's task/it's not a man's task	48	84.2
Men don't know how to do it	1	1.8
The community would disapprove	2	3.5
Other, specify	5	8.8
Total	57	100.0

TABLE A14: HOW OFTEN WOMEN ASK THEIR HUSBAND/PARTNER FOR HELP

Task	Total %	Task	Total %
Water collection		Caring for children	
Never	8.11%	Never	1.03%
At least once	5.37%	At least once	1.37%
At least once in a week	4.45%	At least once in a week	1.94%
At least once in a day	0.00%	At least once in a day	0.00%
Fuel collection		Preparing children for school	
Never	0.11%	Never	11.53%
At least once	1.03%	At least once	4.57%
At least once in a week	3.20%	At least once in a week	1.60%
At least once in a day	0.00%	At least once in a day	0.00%
Meal preparation		Helping children with school work	
Never	0.34%	Never	0.23%
At least once	1.71%	At least once	1.37%
At least once in a week	2.51%	At least once in a week	2.28%
At least once in a day	0.00%	At least once in a day	0.00%
Washing, ironing, mending clothes		Caring for elderly, ill or disabled	
Never	0.46%	Never	6.62%
At least once	1.60%	At least once	6.74%
At least once in a week	2.40%	At least once in a week	7.42%
At least once in a day	0.00%	At least once in a day	0.00%
Cleaning the house or compound		Caring for spouse (when ill, following childbirth, etc.)	
Never	13.01%	Never	0.46%
At least once	3.77%	At least once	1.03%
At least once in a week	0.80%	At least once in a week	2.97%
At least once in a day	0.00%	At least once in a day	0.00%
		Total	100%

TABLE A15: WHETHER OR NOT WOMEN WOULD LIKE MEN TO HELP IN UCDW TASKS

Activity	Would like men to help		Would not like men to help	
	Frequency	%	Frequency	%
Water collection	141	67.1	69	32.9
Fuel collection	125	59.5	85	40.5
Meal preparation	140	66.7	70	33.3
Washing, ironing, mending, clothes	86	41.0	124	59.0
Cleaning the house or compound	98	46.7	112	53.3
Caring for children	154	73.3	56	26.7
Caring for elderly, ill or disabled persons	109	51.9	101	48.1

TABLE A16: ACCEPTABILITY OF SHAMING AND MOCKING A MAN FOR UCDW ACTIVITY

UCDW activity	Women		Men	
	No.	%	No.	%
If he is bathing a dependent/ill adult				
Unacceptable	312	97%	41	100%
Acceptable	11	3%	0	0%
If he is bathing a child				
Unacceptable	311	96%	40	98%
Acceptable	12	4%	1	2%
If he is taking care of a dependent/ill adult				
Unacceptable	310	96%	41	100%
Acceptable	13	4%	0	0%
If he is taking care of children				
Unacceptable	311	96%	41	100%
Acceptable	12	4%	0	0%
If he is cleaning the house/compound				
Unacceptable	310	96%	41	100%
Acceptable	13	4%	0	0%
If he is cooking				
Unacceptable	310	96%	41	100%
Acceptable	13	4%	0	0%
If he is washing dishes				
Unacceptable	311	96%	40	98%
Acceptable	12	4%	1	2%
If he is fetching wood/fuel				
Unacceptable	312	97%	41	100%
Acceptable	11	3%	0	0%
If he is washing clothes for other household members				
Unacceptable	310	96%	40	98%
Acceptable	13	4%	1	2%
If he is fetching water				
Unacceptable	312	96.59	41	100%
Acceptable	11	3.41	0	0%

TABLE A17: ACCEPTABILITY OF VIOLENCE AGAINST WOMEN FOR FAILURE TO UNDERTAKE UCDW TASKS

UCDW tasks	Women		Men	
	No.	%	No.	%
If she failed to fetch water/firewood				
Unacceptable	308	95%	41	100%
Acceptable	15	5%	0	0%
If she spent money without asking				
Unacceptable	296	92%	41	100%
Acceptable	27	8%	0	0%
If she left a dependent/ill adult unattended				
Unacceptable	298	92%	41	100%
Acceptable	25	8%	0	0%
If she left the house without asking				
Unacceptable	289	89%	37	90.2%
Acceptable	34	11%	4	9.8%
If she disobeyed her husband/uncle/father/brother				
Unacceptable	288	89%	39	95.1%
Acceptable	35	11%	2	4.9%
If she spoiled/burnt/failed to cook a meal				
Unacceptable	311	96%	41	100%
Acceptable	12	4%	0	0%
If she did not prepare her husband/uncle/father/brother's bath				
Unacceptable	302	93%	41	100%
Acceptable	21	7%	0	0%
If she failed to care well for the children				
Unacceptable	290	89.78%	37	90.24%
Acceptable	33	10.22%	4	9.76%

TABLE A18: ACCEPTABILITY OF CRITICISM OF WOMEN FOR FAILURE TO UNDERTAKE UCDW TASKS

UCDW tasks	Women		Men	
	No.	%	No.	%
If she failed to fetch water/firewood				
Unacceptable	289	89%	38	92.7%
Acceptable	34	11%	3	7.3%
If she spent money without asking				
Unacceptable	277	86%	36	87.8%
Acceptable	46	14%	5	12.2%
If she left a dependent/ill adult unattended				
Unacceptable	288	89%	37	90.2%
Acceptable	35	11%	4	9.8%
If she left the house without asking				
Unacceptable	274	85%	35	85.4%
Acceptable	49	15%	6	14.6%
If she disobeys her husband/uncle/father/brother				
Unacceptable	290	90%	36	87.8%
Acceptable	33	10%	5	12.2%
If she spoiled/burnt/failed to cook a meal				
Unacceptable	288	89%	37	90.2%
Acceptable	35	11%	4	9.8%
If she did not prepare her husband/uncle/father/brother's bath				
Unacceptable	288	89%	38	92.7%
Acceptable	35	11%	3	7.3%
If she failed to care well for the children				
Unacceptable	280	86.69%	36	88%
Acceptable	43	13.31%	5	12%

TABLE A19: DOMESTIC WORK THAT IS CONSIDERED PROBLEMATIC BY SEX (%)

Type of work	Women %	Men %	Total %
None	5.77	9.52	6.21
Water collection	27.56	9.52	25.42
Fuel collection	2.24	0.00	1.98
Meal preparation	5.13	21.43	7.06
Cleaning the house or compound	4.17	2.38	3.95
Washing, mending, ironing clothes	40.71	47.62	41.53
Caring for children	9.94	9.52	9.89
Caring for elderly	1.60	0.00	1.41
Caring for community members	0.64	0.00	0.56
Caring for ill or disabled persons	2.24	0.00	1.98

TABLE A20: FORMS OF HARM EXPERIENCED BY WOMEN DUE TO UCDW

Form of harm	Frequency	%
Headaches/dizziness	19	8.2
Backache, muscle or joint ache	91	39.4
Injury/wound/burn	78	33.8
Respiratory/breathing problem	21	9.1
Stress/irritability	5	2.2
Extreme fatigue	9	3.9
Digestive/stomach problems	3	1.3
Other	5	2.2
Caring for community members	0.64	0.00
Caring for ill or disabled persons	2.24	0.00

TABLE A21: WOMEN'S EXPRESSED CONCERNS OVER THE PHYSICAL AND MENTAL HARM THAT UCDW WOULD CAUSE THEM IN FUTURE

Level of concern	Frequency	%
Not concerned at all	160	49.8
Not very concerned	30	9.3
Somewhat concerned	103	32.1
Very concerned	28	8.7
Total	321	100

TABLE A22: WOMEN WHO PAID FOR TIME-SAVING SERVICES

Service paid for	%
Cleaning the house or compound	9.15
Transporting food	5.18
Cooking, serving food	4.27
Preparing foodstuffs for domestic use	1.83
Washing, ironing, mending clothes	28.05
Fetching water	19.82
Fetching firewood	3.96
Childcare (incl. day care)	12.50
Hair braiding/cutting children's hair	59.45
Care of dependent adults	1.52

TABLE A23: INDICATED ALTERNATIVE ACTIVITY WOMEN WOULD DO IF THEY COULD SPEND LESS TIME ON UCDW

Activity	Frequency	%
More leisure time/sleep/personal care	32	9.8
More income-generating work	252	76.8
More agriculture	1	0.3
Provide better direct person care (e.g. for children)	19	5.8
Engage in community activities or social life	8	2.4
Help neighbours/friends	8	2.4
More education/training	7	2.1
Don't know	1	0.3
Total	328	100.0

TABLE A24: ASSOCIATION BETWEEN LEARNING HOW TO PERFORM UCDW AND MEAN HOURS SPENT ON UCDW BY MALES

Variables	Men any_care	Men primary_care
Taught how to cook meals	0.995 (0.618)	0.706** (0.288)
Taught how to clean	-3.343* (1.911)	-0.939 (1.016)
Taught how to wash	1.647 (1.392)	-0.378 (0.590)
Taught how to do childcare	3.207** (1.239)	0.314 (0.352)
2.education_adult_new	6.538* (3.633)	-1.544 (1.232)
hh_nb_under_6	6.583* (3.182)	0.145 (0.454)
hh_size	-0.096 (0.681)	-0.088 (0.256)
hh_propfem	-2.962 (5.869)	-2.110 (2.721)
hh_poorest_bin	0.516 (2.470)	-1.782 (1.541)
o.married	-	-
agegroup_adult	0.898 (0.875)	-0.433 (0.339)
residence	0.563 (0.628)	-0.022 (0.246)
Constant	-16.303 (13.974)	7.345 (6.242)
Observations	29	29
R-squared	0.545	0.429
-2LL	-74.51	-52.96
Df	11	11
Robust standard errors in parentheses *** p<0.01, ** p<0.05, * p<0.10		

TABLE A25: ASSOCIATION BETWEEN SEEING AN ADULT MALE PERFORM UCDW AND MEAN HOURS SPENT ON UCDW BY MALES

Variables	Men any_care	Men primary_care
Saw father/adult male cook meals	1.825 (1.212)	0.852* (0.413)
Saw father/adult male clean	1.597 (1.588)	1.232 (0.876)
Saw father/adult male wash	-0.947 (1.498)	-1.055 (0.847)
Saw father/adult male childcare	-1.597 (1.480)	-0.625 (0.430)
2.education_adult_new	4.521 (2.748)	-0.242 (1.086)
hh_nb_under_6	4.719 (2.972)	0.694 (0.478)
hh_size	0.119 (0.590)	-0.085 (0.228)
hh_propfem	2.131 (6.399)	-0.141 (2.171)
hh_poorest_bin	1.791 (2.084)	-0.230 (0.931)
o.married	-	-
agegroup_adult	0.220 (0.410)	-0.093 (0.179)
Residence	0.266 (0.934)	-0.357 (0.241)
Constant	-8.303 (8.236)	2.044 (3.154)
Observations	29	29
R-squared	0.400	0.542
-2LL	-78.52	-49.76
Df	11	11
Robust standard errors in parentheses *** p<0.01, ** p<0.05, * p<0.10		

TABLE A26: ASSOCIATION BETWEEN PRIMARY CARE WORK/ANY CARE WORK AND HOUSEHOLD/INDIVIDUAL CHARACTERISTICS

	Model 1 (women)	Model 2 (men)	Model 3 (women)	Model 2 (men)
Variables	Primary care work	Primary care work	Any care	Any care
Marital status	-0.549*** (0.148)	-0.592*** (0.155)	-1.182*** (0.352)	-1.430*** (0.374)
Women's age	-0.030 (0.018)		-0.067 (0.043)	
Women's education level	-0.098 (0.147)		0.971*** (0.349)	
Household members	0.033 (0.092)	-0.016 (0.097)	0.464** (0.218)	0.276 (0.234)
Men's age		-0.010 (0.015)		-0.027 (0.037)
Men's education level		0.240 (0.147)		0.582 (0.355)
Constant	7.108*** (0.933)	5.535*** (0.749)	10.663*** (2.220)	11.319*** (1.806)
Observations	312	306	312	306
R-squared	0.058	0.055	0.095	0.059
-2LL	-773.8	-760.6	-1044	-1030
Df	4	4	4	4
Standard errors in parentheses *** p<0.01, ** p<0.05, * p<0.10				

TABLE A27: ASSOCIATION BETWEEN HOUSEHOLD SIZE/NUMBER OF CHILDREN AGED UNDER 6 AND PRIMARY CARE/ANY CARE

Variables	Women any_care	Men any_care	Women primary_care	Men primary_care
1.education_adult_new	1.909 (2.727)		2.113*** (0.388)	
2.education_adult_new	2.680 (2.722)	3.262 (2.722)	2.637*** (0.419)	-1.129 (1.051)
hh_nb_under_6	3.645*** (0.638)	3.844 (2.771)	0.911*** (0.270)	0.327 (0.402)
hh_size	-0.307 (0.310)	0.137 (0.563)	-0.149 (0.114)	-0.182 (0.253)
hh_propfem	0.546 (1.845)	-2.796 (5.637)	-1.957** (0.872)	-2.393 (2.691)
hh_poorest_bin	1.145 (0.831)	-0.493 (1.995)	0.731* (0.372)	-1.910 (1.246)
Married	3.489*** (0.961)		0.387 (0.406)	
agegroup_adult	-0.216 (0.222)	-0.106 (0.419)	-0.072 (0.088)	-0.310 (0.235)
Residence	-0.066 (0.235)	0.722 (0.920)	-0.152 (0.099)	-0.193 (0.273)
o.married		-		-
Constant	6.195* (3.606)	-1.917 (8.755)	4.047*** (1.082)	6.697 (4.625)
Observations	305	29	305	29
R-squared	0.210	0.302	0.117	0.323
-2LL	-997	-80.70	-740.8	-55.44
Df	9	7	9	7
Robust standard errors in parentheses *** p<0.01, ** p<0.05, * p<0.10				

TABLE A28: ASSOCIATION BETWEEN ACCESS TO CARE SERVICES (ELECTRICITY, WATER, CHILDCARE AND HEALTHCARE FACILITIES) AND PRIMARY CARE/ANY CARE

Variables	Women any_care	Men any_care	Women primary_care	Men primary_care
hh_health	-4.993** (2.148)		1.223 (1.027)	
hh_improved_water	-4.293*** (1.318)	-4.993** (2.148)	-0.491 (0.544)	0.797 (1.227)
hh_electric	-1.619 (1.328)	-4.293*** (1.318)	-0.673 (0.672)	0.047 (0.933)
hh_day_care_yes	-1.293 (1.290)	-1.619 (1.328)	0.196 (0.557)	-0.219 (1.251)
1.education_adult_new	1.172 (2.559)	-1.293 (1.290)	1.999*** (0.398)	
2.education_adult_new	1.941 (2.562)	1.172 (2.559)	2.517*** (0.424)	-1.226 (1.441)
hh_nb_under_6	3.799*** (0.649)	1.941 (2.562)	0.899*** (0.286)	0.375 (0.511)
hh_size	-0.298 (0.310)	3.799*** (0.649)	-0.162 (0.113)	-0.128 (0.298)
hh_propfem	0.482 (1.848)	-0.298 (0.310)	-2.086** (0.872)	-1.764 (3.650)
hh_poorest_bin	1.485* (0.829)	0.482 (1.848)	0.706* (0.385)	-1.999 (1.480)
Married	3.151*** (0.955)	1.485* (0.829)	0.392 (0.398)	
agegroup_adult	-0.307 (0.202)	3.151*** (0.955)	-0.080 (0.087)	-0.354 (0.300)
residence	-0.264 (0.237)	-0.307 (0.202)	-0.156 (0.100)	-0.145 (0.319)
o.hh_health		-0.264 (0.237)		-
o.married				-
Constant	18.147*** (4.413)		4.204*** (1.525)	5.570 (6.127)
Observations	305	18.147*** (4.413)	305	29
R-squared	0.270		0.125	0.332
-2LL	-984.9	305	-739.4	-55.24
Df	13	0.270	13	10
Robust standard errors in parentheses *** p<0.01, ** p<0.05, * p<0.10				

TABLE A29: ASSOCIATION BETWEEN DISTANCE (TO ROAD, MARKET) AND PRIMARY CARE/ANY CARE

Variables	Women any_care	Men any_care	Women primary_care	Men primary_care
ln_hh_road_time	-0.141 (0.383)	1.073 (0.932)	0.122 (0.162)	0.814* (0.435)
ln_hh_market_time	2.089*** (0.328)	0.139 (0.779)	0.036 (0.144)	-0.222 (0.306)
1.education_adult_new	2.805 (3.706)		1.982*** (0.409)	
2.education_adult_new	3.493 (3.695)	3.174 (2.720)	2.494*** (0.437)	-1.265 (0.988)
hh_nb_under_6	3.336*** (0.607)	4.708 (2.953)	0.920*** (0.271)	1.158** (0.542)
hh_size	-0.324 (0.273)	0.157 (0.552)	-0.151 (0.115)	-0.197 (0.247)
hh_propfem	2.105 (1.731)	0.634 (5.769)	-1.841** (0.890)	-0.097 (2.362)
hh_poorest_bin	0.669 (0.773)	-0.250 (2.036)	0.700* (0.375)	-1.635 (1.208)
married	3.377*** (0.876)		0.383 (0.407)	
agegroup_adult	-0.275 (0.212)	-0.167 (0.394)	-0.067 (0.090)	-0.316 (0.261)
residence	-0.200 (0.233)	0.197 (0.933)	-0.175* (0.100)	-0.527 (0.443)
o.married		-		-
Constant	1.059 (4.280)	-5.155 (9.019)	3.877*** (1.138)	4.808 (3.636)
Observations	305	29	305	29
R-squared	0.315	0.340	0.120	0.415
-2LL	-975.2	-79.90	-740.4	-53.32
df	11	9	11	9
Robust standard errors in parentheses *** p<0.01, ** p<0.05, * p<0.10				

APPENDIX B: SAMPLING SELECTION PROTOCOL

The sampling protocol followed these steps:

1. The sampling frame (*list of beneficiaries in the Wezesha Jamii project*) was obtained from the Oxfam office: one for the domestic women workers and the other for the women small-scale traders.
2. Proportionate random sampling was applied to pick the desired sample of 100 women from the **9,752** domestic women workers and 200 women from the **18,795** small-scale traders. To allow for non-response, a further 30 women were added to the sample, making a total of 330 women.
3. The aim was to select a proportionate number of beneficiaries in each of the two clusters (strata) under study and across the five settlements.
4. Specifically, proportionate stratified random sampling strategy was used, where the sample size of each strata (informal settlement area) was proportionate to the population size of the strata viewed against the entire population.
5. After the determination of the sample size for each strata (area) in the two sample frames, who in the list of beneficiaries would be studied was determined. This was done using systematic random sampling defined as a type of probability *sampling* method in which sample members from a larger population are selected according to a *random* starting point and a fixed, periodic interval.
6. Since the list of beneficiaries was serially numbered, dividing the pre-determined sample number of each area by the total population of listed beneficiaries in the area yielded the sampling interval number, which is also the *Kth* number determining the next number to be picked systematically after the first on the list.
7. 200 women small-scale traders and 100 women domestic workers and their households participated in the study. The male heads of households also constituted part of the study. Owing to the high number of female-headed households in the settlements, at least half of the women would be expected to live with partners and thus at least 150 men were targeted for study. In addition, 100 children drawn from the women's households participated in the study, which was about one-third of the households under study. *See table A1 in Appendix A for sample distribution.*
8. The children were picked from every third household under study as long as the household had a child aged between 7-17 years, and as long as the parent or guardian gave consent for the child to be interviewed. If consent was not given or the household did not have a child in the age range, the next house in the sample was targeted for the child interview.
9. Only one child from one household was studied. Where the household had both male and female children in the relevant age group, the female child was studied first and in the next household in line with both a female and a male child, the male child would be studied.
10. When a child of the relevant age range existed in the household but was not available at the time of interview, the enumerators upon visiting the sampled households would conduct interviews with the target women and men in the households and then list the children aged 7-17. Before leaving each household, the enumerators (having established the presence of such children from the household listing) would endeavour to obtain informed consent to interview the oldest child (female or male, following step 9 above) and later return for the interview with the child.
11. Substitution of sampled respondents was applied only up to 1% of the study sample and only in cases of:
 - a. Total absence of members in a household during the study period.
 - b. Sampled member (beneficiary) being indisposed or not consenting to the study.
 - c. Sampled member having dropped out of the Oxfam project.





OXFAM REPORTS

Oxfam reports are written to share results, to contribute to public debate and to invite feedback on development and humanitarian policy and practice. They do not necessarily reflect Oxfam policy positions. The views expressed are those of the author and not necessarily those of Oxfam.

© Oxfam International November 2019

This publication is copyright but the text may be used free of charge for the purposes of advocacy, campaigning, education and research, provided that the source is acknowledged in full. The copyright holder requests that all such use be registered with them for impact assessment purposes. For copying in any other circumstances, or for re-use in other publications or for translation or adaptation, permission must be secured and a fee may be charged.

Email policyandpractice@oxfam.org.uk

The information in this publication is correct at the time of going to press. Published by Oxfam GB for Oxfam International under ISBN: 978-1-78748-506-8 in November 2019.
DOI: 10.21201/2019.5068

Oxfam GB, Oxfam House, John Smith Drive, Cowley, Oxford OX4 2JY, UK

PHOTOS

Front cover: Tabitha Mwikali hangs out clothes for her employer in Eastleigh, Nairobi. Photo: Allan Gichigi/Oxfam

Page 7: Elizabeth Wayua, a domestic worker from Mukuru, arrives at her employer's house to start her chores in Pipeline, Embakasi district, where she is employed as a domestic worker and nanny. Photo: Allan Gichigi/Oxfam

Page 16: Lydia Nthoki Ngunga outside the home where she lives with her parents in Mukuru informal settlement. Photo: Katie G. Nelson/Oxfam

Page 22: Rose Wasiaya outside her home in Korogocho, Nairobi. Rose, a single mother, is working hard to provide for her three daughters. Photo: Katie G. Nelson/Oxfam

Page 44: Clarice Akinyi does her laundry in Mathare informal settlement, Nairobi. She is a domestic worker by trade. When she joined Oxfam's *Wezesha Jamii* project in early 2016, she learnt many skills to help her fight for her rights and provide more for her two children. Photo: Katie G. Nelson/Oxfam

Page 51: Agnes Adhiambo washes clothes in Mathare, Nairobi. She is a domestic worker and member of *Wezesha Jamii*. She says of the project: 'It brought us this unity that made us form groups. Our unity is strength... together we can make things better.' Photo: Katie G. Nelson/Oxfam

OXFAM

Oxfam is an international confederation of 19 organizations networked together in more than 90 countries as part of a global movement for change to build a future free from the injustice of poverty. Please write to any of the agencies for further information, or visit www.oxfam.org

Oxfam America (www.oxfamamerica.org)

Oxfam Australia (www.oxfam.org.au)

Oxfam-in-Belgium (www.oxfamsol.be)

Oxfam Brasil (www.oxfam.org.br)

Oxfam Canada (www.oxfam.ca)

Oxfam France (www.oxfamfrance.org)

Oxfam Germany (www.oxfam.de)

Oxfam GB (www.oxfam.org.uk)

Oxfam Hong Kong (www.oxfam.org.hk)

Oxfam IBIS (Denmark) (<http://oxfamibis.dk>)

Oxfam India (www.oxfamindia.org)

Oxfam Intermón (Spain) (www.oxfamintermon.org)

Oxfam Ireland (www.oxfamireland.org)

Oxfam Italy (www.oxfamitalia.org)

Oxfam Mexico (www.oxfammexico.org)

Oxfam New Zealand (www.oxfam.org.nz)

Oxfam Novib (Netherlands) (www.oxfamnovib.nl)

Oxfam Québec (www.oxfam.qc.ca)

Oxfam South Africa (www.oxfam.org.za)

**WE-CARE
WOMEN'S
ECONOMIC
EMPOWERMENT
AND CARE**

