



THE CARE ECONOMY IN THE ARAB STATES:

TOWARDS RECOGNIZING, REDUCING AND REDISTRIBUTING UNPAID CARE WORK

In a nutshell:

- The distribution of unpaid care work in Arab States is highly unequal, with much of the responsibility falling on married women. This represents a major obstacle to raising women's labour force participation rates, which are among the lowest in the world.
- Paid care services can play a major role in redistributing unpaid care work, and be an important source of employment for women.
- While they have been expanding faster than other sectors, the further development of paid care services can be an important tool to shift the burden of care work and to empower women economically.
- Arab States should adopt coordinated national strategies for the care economy, which should strive to bring maternity leave policies in line with ILO recommendations and introduce paternity or parental leave policies.
- National care strategies should expand early childhood care and education and start to plan for a range of long-term care options.
- Such strategies must also address professionalization and job quality in particularly vulnerable care sectors, invest in national time-use surveys, and seek changes to gender norms.

Key questions:

- How can families be supported by services and public policies to have greater options in terms of who provides care work?
- How does the responsibility for care work vary by gender?
- How can investments in the paid care economy help alleviate and redistribute care responsibilities while contributing to women's economic empowerment and economic growth?

Care is an essential public good that is fundamental to our societies. Care for young children is a critical investment in the health, education and productivity of future generations and care for the elderly helps ensure dignity, longer-lasting health and well-being for those who have contributed to their families and societies. Although the value of care as a public good is widely acknowledged, the responsibility for care is largely confined to the private sphere of the household and falls primarily on women and girls. The recognition, reduction and redistribution of unpaid care work is a pressing issue for gender equality in the Arab World, which has the highest female-to-male ratio of time spent on unpaid care work and the lowest rate of female participation in the paid economy of any world region. Changing demographic trends, including declining fertility rates, population aging and the increasing nuclearization of families, are also challenging systems of care provision that rely on women's unpaid labour. Satisfying unmet needs for care for young children, the elderly, ill and disabled will require investments in developing paid care services.

This policy brief summarizes the findings of a recent study that examines the allocation of unpaid care and the state of the paid care sectors and care policies and makes recommendations to redistribute care and guide investments in the care economy (UN Women in partnership with Economic Research Forum, forthcoming). It relies primarily on four case studies conducted for Egypt, Jordan, Palestine and Tunisia, highlighting commonalities and differences and identifying promising policy approaches to meet care needs.

The typology of the care economy distinguishes between paid and unpaid care work and between direct and indirect care work.

The distribution of unpaid care work in Arab States is highly unequal

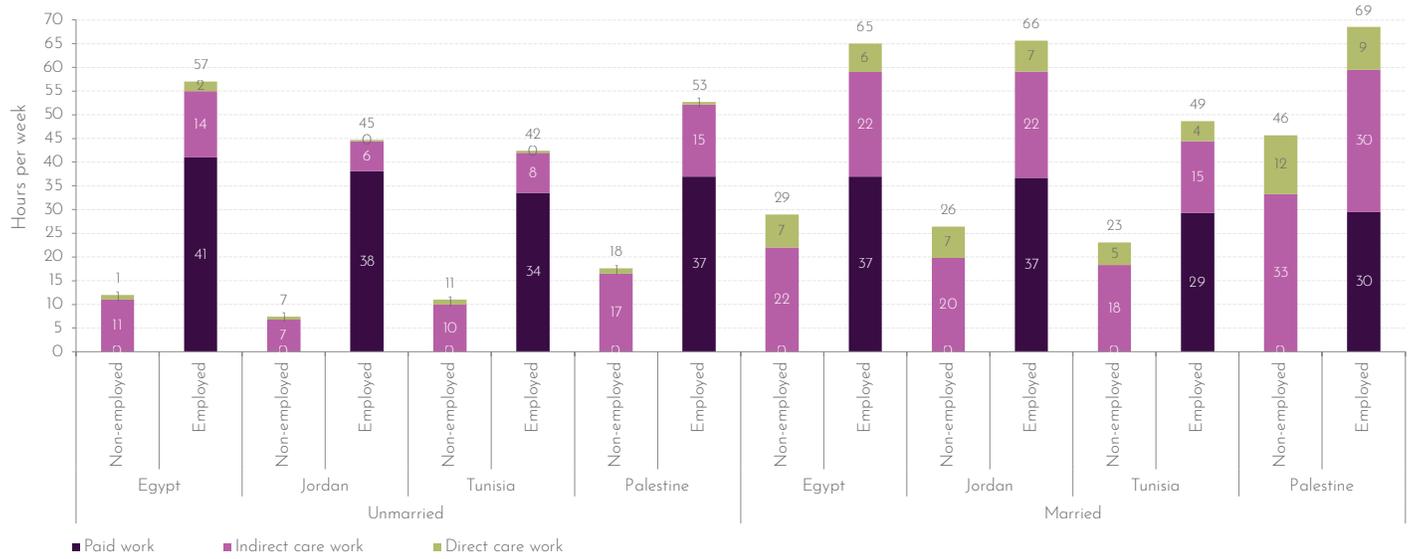
Women in the region spend, on average, between 17 and 34 hours per week on unpaid care work, whereas men spend no more than 1 to 5 hours, depending on the country. The ratio of women's to men's time is most unequal in Jordan at 19:1, followed by Egypt at 12:1, and then by Palestine and Tunisia at 7:1 and 6:1, respectively. From two-thirds to three quarters of the time spent by women on unpaid care work is on indirect care work (housework), underscoring the importance of access to services, household technologies and markets in reducing the burden of such work.

In all countries, married women spend around twice as much time on unpaid indirect work as unmarried women and at least seven times as much time in direct care work (personal care of others), which is largely driven by caring for children. Yet, there were also differences across countries. Women's hours in unpaid care were lowest in Tunisia, which may be due in part to lower fertility rates and higher rates of early childhood care and education (ECCE) enrolment compared to Jordan and Egypt. The greater amount of time that Palestinian women spend on unpaid care, particularly direct care, may also reflect the higher fertility rate in Palestine compared to the other countries.

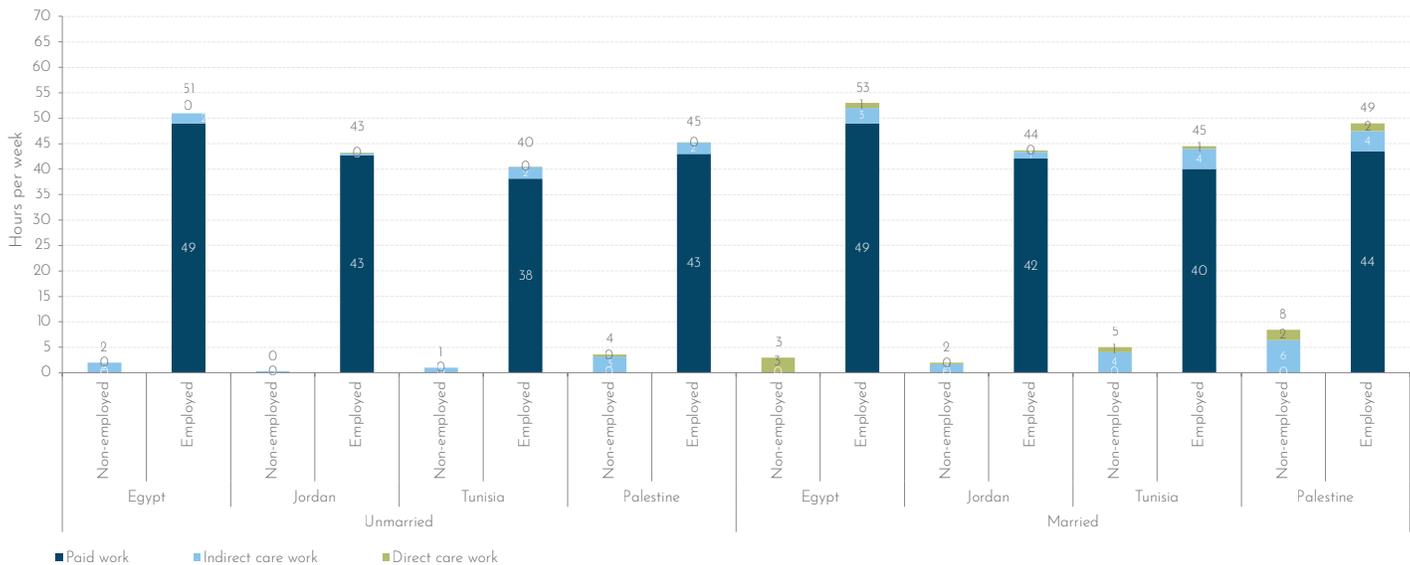
Married women employed outside the home have, by far, the highest work burden in all four countries, underscoring the "double shift" phenomenon that acts as a strong disincentive for women to engage in paid work outside the home. In fact, as shown in Figure 1, employed married women engage in almost the same number of hours of unpaid care work as their non-employed counterparts in Egypt and Jordan and only somewhat lower hours

FIGURE 1. TOTAL WEEKLY HOURS OF WORK PERFORMED BY WOMEN AND MEN

PANEL A: WOMEN



PANEL B: MEN



Sources: ELMPS 2012; JLMPS 2016; TLMPS 2014; PCBS Time-Use Survey 2012/2013 and Palestine Labour Force Survey (LFS) 2013.

in Tunisia and Palestine, suggesting the difficulty of shifting such responsibilities, even for women who work full-time outside the home. As such, employed married women have by far the highest total workload – performing 9, 22, 41 and 50 per cent more hours than their male counterparts in Tunisia, Egypt, Palestine and Jordan, respectively.

Care services can play an important role in redistributing women’s unpaid care work

Although married women consistently bear the heaviest responsibility for unpaid care work in the region, variations in household structure can influence the amount of time they spend. Across the four focus countries, having a child under the age of 3 was the strongest predictor of time spent on unpaid care work among married women, leading to 5–10 more hours per week of care work. In contrast, having a child aged 3–5 only increased women’s time in unpaid care work in Egypt (by 7 hours) and Palestine (by 3 hours). The greater time associated with having a very small child is likely due to the needs of this age group. Higher rates of early childhood care and education (ECCE) enrolment among 4–5-year-olds may also partly explain the lesser additional time associated with having a child in this age group, and points to the importance of encouraging the expansion of ECCE services. Having a child aged 6–17 significantly increased women’s time in unpaid care work in all countries except Jordan, but by fewer hours per week. This may be related in part to time spent helping children with schoolwork.

Having an elderly member of the household also increases married women’s unpaid care time in Egypt, but decreases it in Jordan, which suggests that in some contexts co-resident grandparents help with care work. The variation in results with

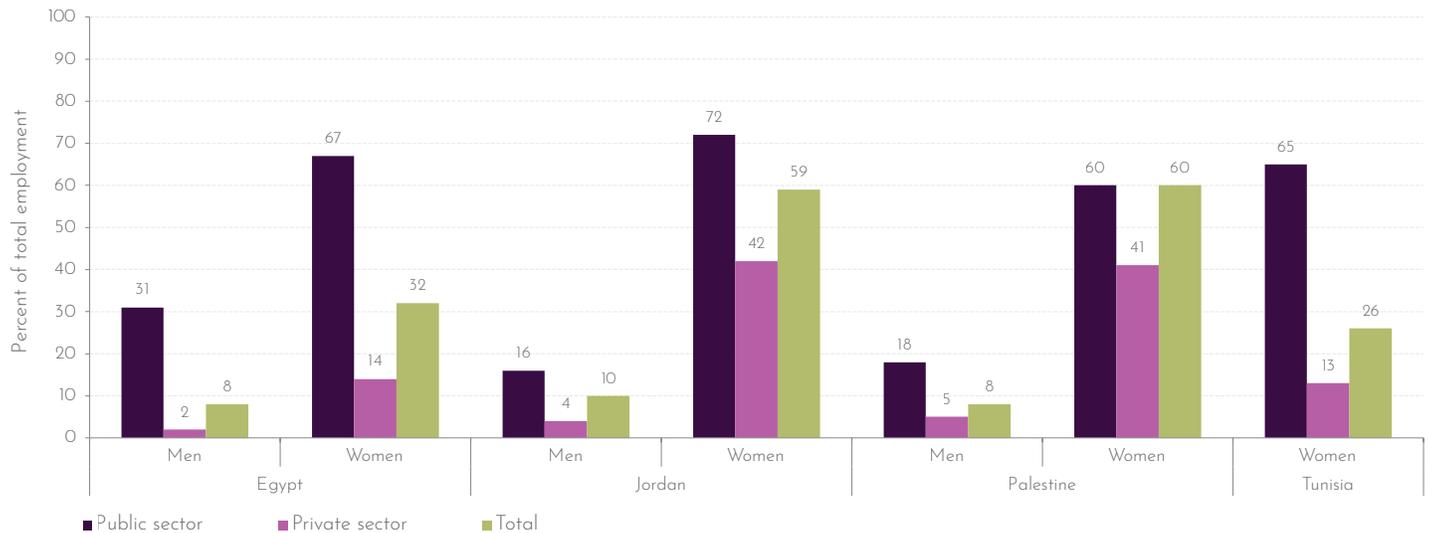
regards to elderly household members across countries points to the need for a diversity of residential and non-residential elder-care services that can meet the changing needs of the region’s growing elderly population and their families.

Paid care sectors are a substantial source of employment for women outside the home

Paid care employment (in education, health and social care) constitutes between 12 and 18 per cent of total employment in the four focus countries, but a much larger share of female employment. As shown in Figure 2, employment in care sectors ranges from 26 per cent of female employment in Tunisia to 59 or 60 per cent in Jordan and Palestine. While the contribution of paid care sectors to public sector employment is larger because of the role of public education and health care, care sectors make up a substantial portion of private female employment as well, reaching 41 and 42 per cent in Palestine and Jordan. The disproportionate representation of women in care versus non-care employment illustrates the importance of this sector as one of the few avenues of employment that is accessible to women, especially in the private sector. It is also important to note that employment growth in the paid care economy has outpaced other sectors of the economy in all four countries, especially in the private sector.

Although the paid care sector is a key area for women’s employment, it is also important to consider the potential downsides of women’s concentration in this sector. Women tend to make up a greater share of employment in education (particularly ECCE) and social-care sectors, as opposed to health.

FIGURE 2. EMPLOYMENT IN CARE SECTORS AS A PERCENTAGE OF TOTAL MALE AND FEMALE EMPLOYMENT



Sources: Egypt LFS 2015–2017; Jordan LFS 2015–2018; Palestine Population, Housing and Establishments Census 2017; Tunisia LFS 2019.

Notes: Share of employment is calculated at the sectoral level, except for Palestine, which is calculated at the occupation level. Figures for Jordan and Tunisia do not include domestic work.

Concentration of women in certain sectors may reflect occupational sex-segregation and barriers to women’s entry into the health-care sector (such as longer working hours) and non-care sectors.

Polices to recognize, reduce and redistribute unpaid care work in the Arab States

Based on the report’s analysis a number of cross-cutting priorities are identified to recognize, reduce and redistribute unpaid care work in the Arab States.

Adopt coordinated national strategies on the care economy

While countries in the region have policies and public services of varying comprehensiveness that implicitly address the recognition and

redistribution of unpaid care work, these policies and services are largely uncoordinated and fall under different ministries, leading to serious gaps in their legal and effective coverage. Adopting a national, coordinated strategy for the care economy is therefore a first step. Previous policy analyses by UN Women have highlighted that such national strategies should be based on the guiding principle of equality. This entails both equality in care provision – through co-responsibility of women and men, the State and families – and equality in the care received – through universal access to quality care services (UN Women 2018). Coordinated national care strategies should also adopt a life-course approach to meeting the care needs of individuals and families, and emphasize the interrelated issues of the quality of care services and the quality of employment in the care sector. Specific emphasis should be placed on the following goals:

Invest in national time-use surveys and other sources of data on the care economy

Developing an evidence-based national care strategy requires data. The report demonstrates the potential for data to reveal women's hidden economic contributions through the measurement of unpaid care work. Accurate estimation and valuation of the care economy requires regularly collected national time-use data. Such data are also essential for measuring the impact of changes in care policies or services on women's time in unpaid care work, and for assessing the need for investments in the sector as part of government spending. Time-use surveys remain very limited in the region, and some existing surveys are not publicly available. Investment in collecting and disseminating time-use surveys should therefore be a priority for national statistical offices and their partners throughout the region.

Bring maternity leave policies in line with ILO recommendations and introduce paternity or parental leave

Although maternity leave is the most widely implemented care leave policy in the region, in most countries it does not meet the standards of ILO Convention 183. In addition to increasing the length of maternity leave in some countries, there is a need to move towards international best practices and adopt the ILO recommendation to finance maternity leave through the social insurance system. Measures also need to be explored for expanding maternity leave coverage to women who are self-employed, working in the informal sector or working informally in the formal sector, building on the experiences of other countries that have taken steps in this direction.

The introduction of paternity leave in the region is a long-term goal to promote men's greater involvement in caregiving. It requires, first, that countries enact paternity leave of sufficient duration to allow men to establish a caregiving role for their child. Effectively implementing parental leave (which can be taken by either parent) or paternity leave also requires targeted communication and advocacy to encourage men to take the leave to which they are entitled and to actually use it to contribute to care activities at home. These efforts are part of a broader approach to addressing gender norms around care roles, discussed further below.

Expand early childhood care and education

Governments should invest in expanding ECCE, which can have multiple positive effects that are critical to achieving the Sustainable Development Goals (SDGs), including: improved early childhood development outcomes; redistribution of some of women's unpaid care responsibilities; and expansion of an economic sector that provides job opportunities for women in particular. ECCE expansion can be provided through public, private, non-governmental or civil society organizations. Evidence indicates that universal, free ECCE is more likely to achieve higher levels of enrolment, particularly among disadvantaged groups (UN Women 2019). Thus, if ECCE expansion takes the form of private sector provision, some form of public financing or subsidization is necessary in order to keep costs within reach of the majority of families. ECCE provision through the private or non-profit sectors also requires effective government regulation and oversight in order to maintain the quality of services for children and decent working environments for ECCE workers. Given the low quality of public primary education

in a number of countries of the region, quality is a cross-cutting concern for ECCE expansion that must be addressed through any provision model.

Plan for a range of long-term care options for the elderly

The elder-care sector remains highly underdeveloped in the Arab region. Although the share of the elderly population is currently small in many countries, and time spent on unpaid care for the elderly is low, this will change rapidly over the coming decades. Now is the time to plan for long-term care (LTC) systems that can meet the diverse needs of older persons and their families. In the absence of LTC options, the responsibility for elder care will likely add to women's unpaid care time. LTC systems should involve a range of residential and non-residential care options, including home-based nursing services and day centres for the elderly. They should also include supports for family members to care for the elderly when this is the best option for the family, including paid care leaves for elder care. As with ECCE, the cost of these services cannot fall exclusively on households, or they will remain inaccessible to the vulnerable elderly who need them most.

Address professionalization and job quality in vulnerable care sectors

The expansion of ECCE and elder-care coverage in the region also depends on the quality of services and employment in these sectors. Besides domestic workers (which were excluded from this study due to the lack of comprehensive data in all four countries), social care and ECCE have the most vulnerable employment, as measured by levels of informality and the education levels of workers. Professionalization and regulation of these sectors is thus important to ensure service quality, job

quality and to change social views that devalue these forms of paid care work. Professionalizing ECCE and elder-care services requires establishing corresponding areas of specialization as degree programmes in post-secondary education institutions. Professional certifications and on-the-job training opportunities also need to be made available.

Seek to change gender norms

The stark gender division in unpaid care work in the Arab States is driven by social norms as well as economic incentives. Until prevailing views that caregiving is 'a woman's role' change, redistribution will be an uphill battle and women will continue to shoulder the bulk of the double burden of paid and unpaid work. Changing trends in women's economic roles – such as increased women's labour force participation – may drive normative change, but it is likely a two-way street, where changing norms will also accelerate changes in behaviour. Efforts to address gender norms around caregiving roles are therefore needed to accompany policy initiatives.

There are a number of innovative approaches to addressing gender norm change. Several recent studies have found that both men and women in the region sometimes overestimate the rigidity of norms in their communities. For example, when presented with evidence about the level of support for women's employment in the community, individuals may be more willing to express similar support or change behaviours (World Bank 2020). Normative change is a slow and complex process, evidenced by the fact that nowhere in the world do men perform as much unpaid care work as women (Charmes 2019). Yet it is a prerequisite to achieving true gender equality that cannot be overlooked in a comprehensive approach to the care economy.

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About the research

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