

Synopsis of the PhD thesis titled

Magnitude and Determinants of Unpaid Care Work in A Local Setting: Implications on Human Wellbeing

INTRODUCTION

Traditional economic analysis conceptualized income earning activities as “work”. As a result, a wide range of unpaid activities like producing goods and services for subsistence consumption, cooking, cleaning, care for children, elderly and sick persons, voluntary community services etc were not considered as work, in economic terms, as it is difficult to impute values for them. As a matter of fact, since the sixties and seventies, economists give increased attention to women's work both at the theoretical and empirical level. Discourse on the invisibility of unpaid work and the appeal for reflecting it in national accounts has triggered the use of time use survey, the best way to measure unpaid work (Budlender, 2002).

Consequently, The United Nations Statistical Commission ,which is responsible for establishing and revising System of National Accounts (SNA) for the estimation of GDP, in its 1993 revision specifies a 'production boundary' which includes : goods and services produced for the market, subsistence production of goods, imputed rent and paid domestic work. But it excluded household production of 'services' on unpaid basis on the grounds that- it is difficult to impute monetary values, it has limited repercussions on the rest of the economy and the inclusion of this will have adverse impact on the effectiveness of the accounts for macro economic analysis and policy decisions (Razavi, 2007). Thus, most countries have excluded unpaid care work from their coverage of national income.

The Background

The Unpaid Care Work that nourishes and replenishes human life and reproduces and maintains human capabilities contributes not only to economic production but also to social development of a nation. However, the cost of reproducing and maintaining the labour force in a given society remains unrecognized and undervalued as long as the scope of economic activity does not include unpaid care work . In all societies, regardless of whether developed or developing,

women concentrate in unpaid care work more than men, and this leads to economic invisibility and statistical underestimation of women's work (Beneria, 1995). "This has an impact on the status of women in society, their opportunities in public life and the gender blindness of development policy"(United Nations, 1995 p:87).

We need to recognize the fact that, unpaid care work has a crucial dimension of wellbeing ,not only for those who benefit from the care received but also as a cost for those who provide care, mostly women (Esquivel, 2013) . Providing care has a major impact on care giver's life, the material cost in terms of time, energy, health and other resources, which can undermine their quality of life, their right to health and wellbeing. Unpaid care work also contributes to emotional and psychological cost, which have an effect on their right to education, paid employment and decision making. Thus, unpaid care work needs to be made visible(World Bank, 2001).

Unpaid work and care work, rather unrecognized productive activity in an economy, garnered increasing attention from the United Nations organizations and academic circles since the 1990s. As stated above, it led to inclusion of unpaid production of goods in national accounts, but not unpaid services. A series of United Nations intergovernmental resolutions and World Conferences namely, Fourth World Conference on Women (Beijing, September 1995) and The Social Summit (Copenhagen, March 1995) which call for the recognition and visibility of women's unpaid work and emphasise such a step for the formulation of socio- economic policies to recognize unpaid care work (World Summit for Social Development, 1995). The UNDP's Human Development Report of 1995 also has focused its special attention on women's contribution to the economic and social development of their own family, community and nation at large (United Nations HDR, 1995).Thus the analysis of unpaid care work by World Conferences on Women and several international organizations like United Nations, International Labour Organization(ILO), The United Nations International Research and Training Institute for the Advancement of Women (INSTRAW), Organization for Economic Co-operation and Development (OECD), feminist economist etc provide a state of affairs which make it impossible to disregard the issue of unpaid care work.

Despite the fact that , unpaid care work is receiving attention in high level development policy discussions of several international agencies, unpaid care continues to be overlooked and

invisible in development practices and policy advocacy of several advanced and most of the developing nations. The only difference is in its degree of neglect. The strategic neglect seems to be more pronounced in the case of India. For example, India is not counting fuel and water collection in its national statistics, despite the recommendations of the SNA document revision of 1993 (Eyben & Fontana, 2011). This seems to be the result of the reluctance and negligence on the part of the political leaders to revise SNA accordingly.

The Statement of the Problem

Care - a fundamental and inevitable component of human wellbeing, social development and economic growth - can be delivered by the state, families, markets and community sectors. Families in all their diverse forms remain the key institution in meeting care needs. But the cost of providing care are unequally borne across gender and class (UNRISD Research and Policy Brief 9, 2007). In most countries the provision of care in the family continues to lie unbalanced mainly with women on an unpaid basis, which is not economically or socially valued. Thus the burden of providing unpaid care falls heavily on those who are vulnerable, have less choice and less decision making power.

Although unpaid care work has considerable economic value, it is not reflected in the economic indicators like GDP, labour force surveys etc (Hirway, 2005). For this reason, the women who work full-time in their homes on unpaid basis are considered as economically unproductive. This institutional neglect of women's work in GDP calculations is an important issue that affects her daily life, with repercussions as low status in family, society and in the economy by their spouses, various institutions and governments. The failure to 'give visibility and value' to the essential work of care giving in economic measurement leads to underestimation of the care work of women and their contribution to national economy and provides inadequate information about the state of economy. Hence, GDP is unfit to reflect unpaid care work, as "men received the lion's share of income and recognition for their economic contribution -while most of women's work remains unpaid, unrecognized and undervalued" (UNDP 1995, P.88). This inequitable situation is allowed to continue and government continues to set economic and social policies using incomplete information.

The sustained neglect of unpaid care work is quite visible in various arenas of Indian economy too. The 2001 Census of India categorizes unpaid family worker as 'Non-workers' and classifies them in the same category of beggars, jail convicts, mental patients, disabled and students (Census of India, 2001). This is a grave injustice to over 367 million women – or 32% of the entire population and 65% of all females of India. Also among the total of those listed as non-workers in India, 74.3% are women. Such a categorization of the majority of women cannot fail to have consequences in policies and programs aimed at women.

To date, Government of India has conducted only a pilot time use survey in the year 1998, in six states namely Tamil Nadu, Meghalaya, Haryana, Madhya Pradesh, Orissa and Gujarat to collect data about time spent on non-market productive activities and on unpaid care works. In a country like India, with varied regional, spatial, occupational, economic and social differences, it is relatively insufficient to measure and understand the nature, patterns, magnitude, determinant etc of unpaid care work.

Kerala, the southernmost state of India stands apart from other states with a consistently high level of human development in par with that of several advanced nations, but with a much lower per capita income (Centre for Development Studies, 2001)(Kerala Human Development Report, 2005). As per 2011 census, Kerala has achieved the highest literacy rate (93.9%) in India, against the national literacy rate of 74% and its sex ratio is 1,064 females per 1,000 males; which is the only state in India with a sex ratio more than 1. When it comes to women's status, Kerala has been acclaimed for the achievements in the human development indicators like health status, sex ratio, education and life expectancy among the women.

Even as Kerala ranks high among the states in India in gender development index, it is facing a "gender paradox", as the much improved human development position does not necessarily mean that the socially-sanctioned responsibilities of women in the society and within the household have been lightened. A close scrutiny to these broad indicators brought up more questions. The State is well known for gender based violence, depression and suicide which can be attributed to lack of autonomy and powerlessness experienced by women in the State. These growing gender 'un-freedom' have been, and could continue to be, an impediment to the growth prospects of the state's economy. Human Development Report (Kerala Human Development Report, 2005) highlighted that one of the most serious form of capability failure in Kerala is the problem of

educated female unemployment. And one of the most noticeable trends in women's employment is that they tend to cluster in a few occupations like teaching, nursing, clerical and related jobs. All these jobs are largely related to their unpaid care work in the family, so society may fail to recognize her unpaid contribution to the economy. Yet another strand about Kerala women is their poor political participation and representation.

Looking at the care economy of Kerala, it appears that economic, demographic and environmental factors created an escalating demand for family unpaid care from the part of women in the economy. It can be attributed to a range of factors including a rapidly ageing population, a high morbidity rate, life style diseases, migration, environmental degradation, climate change, climate related depletion of essential water and fuel and food resources. All the above mentioned factors intensify the care needs of the Kerala society. As the government is gradually withdrawing from the health care and education sectors, the institutional health care has become affordable only for affluent people; the poor household's care needs are often met at the cost of emotional and physical wellbeing of the primary care givers-women (Esplen, 2009). This disproportionate responsibility that women bear and the time consuming nature of care work might constraint women from engaging in paid work, and other social, political and civil engagements .

Despite the relative success of social development , inequalities across social groups are evident from the high incidence of poverty found among the rural ST (44percent) and SC (22 percent) as compared to the state average of 15 percent (Human Development Report, 2011). Residential areas/colonies without the state provision for safe piped water, fuel, basic infrastructure, health care and other services amplifies the drudgery of unpaid care work on the part of women.

Government of Kerala has not conducted a full- scale time use survey to understand the magnitude of the internationally discussed issue of unpaid care work in our state. Hence, there is hardly any published research material available on Kerala directly and explicitly dealing with 'unpaid care work'. If we cannot measure the unpaid care sector of the economy ,we cannot manage it to minimize poverty, gender inequality etc and to boost sustained development of the economy. Proper understanding and measurement of unpaid care work is very much warranted. Relevant data on highly gendered issue like unpaid care work is the most important pre requisite for gender sensitive programmes, schemes and prioritising allocation of resources from a gender

perspective. It is also relevant to a good number of programmes ,including food security, women empowerment, access to credit, political and labour force participation, new enterprise, water, sanitation and hygiene.

Micro studies are essential for engendering macroeconomics; one cannot totally understand markets without being aware of how families and households function. To evolve local specific policies and programmes, one need to know the issues, challenges and needs of people residing in a particular locality/ panchayat. With this study the researcher seeks to explore various arena of the deep rooted issue of unpaid care work, particularly, its nature, characteristics, magnitude and determinants. This can be explored by seeking answers to the questions given below.

Research Questions

- How do men and women allocate their time for paid work , unpaid care work and personal care time?
- What are the activities that men and women engage in? What is the nature of those activities?
- What is the pattern of unpaid care work?
- To what relative extent are men and women engaged in unpaid care work?
- What are the factors that contribute to difference in unpaid care work?
- How can the determinants be explained?
- What is the nature of the relationship between unpaid care work and its determinants?
- Do the household size, number and age of children, income, age, level of education, paid employment, household assets affect the intra household distribution of unpaid care work ?
- Does the pattern of unpaid care work have any implications on human wellbeing?

Objectives of the study

1. To understand the nature and characteristics of unpaid care work.
2. To make a disaggregated analysis of the time allocation patterns and their relationship to various socio economic characteristics of unpaid care givers.
3. To identify magnitude and determinants of unpaid care work.

4. To examine the implications of unpaid care work on human wellbeing

Hypothesis of the study

1. Unpaid care work differs across gender and social groups.
2. Gender, employment and income are the key determinants of unpaid care work.
3. Unpaid care work has adverse effect on the wellbeing of women.

Theoretical Frame Work

The framework of analysis of magnitude and determinants of unpaid care work is based on the new home economics approach developed by Gary S Becker (1965) and extended by Reuben Gronau (1977). Becker's Time Allocation Theory states that households are producers as well as consumers and each household is seen as seeking to maximize its utility (a household utility function), which is based on consumption of "commodities" (Z_j) which are themselves produced by the household by combining inputs of market goods (X_j) and time (T_j). These "commodities" are not simply market goods, but are produced with inputs of market goods and also with inputs of time. $U=U(Z_1, \dots, Z_m)$ and $Z_j=f_j(X_j, T_j)$ where X_j and T_j are vectors of goods and time. Utility maximization is dependent on household production function and constraints on expenditure of market goods and expenditure of time.

$$\sum P_j X_j = I = V + T_w$$

$$\sum T_j = T_h = T - T_w$$

$$\sum P_j X_j + \sum T_j * W = V + T * W$$

Where I is the money income, T_h is total home production time, V is sum of non labour income, T_w is time spend on market work, T is the portion of the total time available.

Methodology

The research design is a small scale exploratory design utilizing cross-sectional face to face recall Interview Schedule and Focus Group Discussion (FGD). The purpose of the design is to assess the magnitude and determinants of intra -household distribution of unpaid care work of primary male and female care givers in a household.

As no significant Time Allocation Survey data was available in Kerala context, the researcher made use of secondary sources like Guide to Producing Statistics on Time Use : Measuring Paid and Unpaid Work (United Nations, 2005), Reference Manual on Developing Gender Statistics: A Practical Tool (United Nations, 2010), INSTRAW, World Bank, Human Development Report (United Nations HDR, 1995), UN Discussion papers, ILO, Back ground papers, United Nations Research Institute for Social Development (UNRISD) Working papers, In depth Case Studies, Overview papers of countries etc. It provided insights about conceptual, methodological and analytical frameworks to be followed for this study.

Normally time allocation surveys cannot be conducted in a large scale by a single researcher as it involves complex process, much time and money. Hence the researcher decided to conduct a micro level study in a local setting.

The Criteria for the selection of Kottayam District

Kottayam District had the second place among the 14 districts of the state with a value of 0.897 in the Human Development Index in 2001. This is one of the main reason for the selection of Kottayam District for the present study. Even though Kottayam district has successfully tried to deal with several first generation problems like education, health and poverty; several human development problems and issues still remain. Its economy and society has undergone a considerable change, especially in the last two decades. In spite of its relatively better achievements in the district level, there are several human development problems at the grass root level that require immediate attention, like alarmingly low rate of the female work force participation and high educated unemployment, which have a direct impact on the magnitude of the unpaid care (Kottayam HDR, 2009). It also observed that the variation in HDI across sub-regions were due to the substantially lower achievements of the scheduled castes and the scheduled tribe communities. Therefore the researcher decided to focus on Kottayam district.

The Criteria for Selection of Madapally Grama Panchayat

Among the 73 Grama Panchayats in the Kottayam district, Madapally Grama Panchayat was selected for this study because of the following two reasons. 1) Madapally stands one among the first ten panchayats of Kottayam district in the HDI ranking. So it has a better socio economic development. 2) The relatively higher proportion of SC/ST population which is higher than the

district average. As stated before, social deprivation is found to be more prominent among the SC/ST population and hence the researcher assumes that the unpaid care work burden might be more in the households in this panchayat.

Sample Design

Multi Stage Random Sampling Procedure was used to collect primary data from the selected wards of the Madapally Panchayat of the Kottayam district of Kerala. The 20 wards of the panchayat were grouped into four clusters to get geographical representation. The wards 1, 2, 3, 4 and 5, which belong to the northern area were grouped as Cluster A, wards 6,7,8,9 and 10 of the eastern area were grouped as Cluster B, wards 11,12,13,14 and 15 of southern area were grouped as Cluster C and wards 16,17,18,19 and 20 of the western area were grouped as Cluster D. By adopting Simple Random Sampling Procedure or Lottery Method, Palamattom (ward 3) and Vythirikunnu (ward 4) were selected from Cluster A; Kanichikulam (ward 6) and Mammod (ward 9) from Cluster B; Venkotta (ward 12) and Panpuzha (ward 15) from Cluster C; and Chirakuzhy (ward 17) and Thengana (ward 19) from the Cluster D.

Pilot Study

A pilot test was conducted to find out the validity and reliability of the interview schedule. The level of significance (α value) was found to be 0.876. Using the modified, tested and validated interview schedule, final study was conducted.

From these eight sample wards, 10% of households were identified by simple random sampling. Data was collected from 357 households. As the study concentrates on intra household distribution of unpaid care work, only those households with principal male and female caregivers were used for the data analysis, which were 315 households in total, 315 male and female respondents each, thus making the total number to be 630 respondents.

There were three components in the survey instrument. The first one was information collected through the background schedule, second one was a light time activity matrix to know the time use pattern of the respondent and the third, a stylized questionnaire.

Survey Method

The method of data collection was a face to face recall interview. Information on different dimensions of each episode of time use was collected: what the activity was, who it was being done for, when it began and ended, whether any simultaneous activity was being done, where it took place, and who else was present. During the completion of the Time Activity Matrix, in order to fill the logical gaps in the sequence of events, the researcher made use of context based probing questions. This helped to pick routine activities which were usually missed. The investigator collected data on single activity per time interval. When simultaneous activities were involved, the researcher made use of contextual variables in order to identify whether it is primary or secondary and to differentiate whether it is paid or unpaid, inside or outside the household etc..It was a single period survey, where all days of the week were equally represented. The response rate was almost hundred percent.

The researcher also made use of Focus Group Discussion method to understand the attitude, personal values, feelings and opinion of women belonging to scheduled caste community regarding their gender roles and unpaid care responsibilities.

Data Analysis and Statistical Tools used for the study

The data collected from the respondents were scored and tabulated using Microsoft Excel and analysed using Statistical Package for Social Sciences (SPSS). To analyse data, simple descriptive statistics like mean, standard deviation etc and advanced tools like independent sample test (t- test), Chi-square test, one way ANOVA, factor analysis and regression methods were employed.

Tobit Model, an econometric regression model is also fitted to examine the responsiveness of unpaid care work to its various determinants.

Limitations and Delimitations of the Study

As it was a single period survey, the study does not cover every day of the year. The researcher delimits the study by taking only primary male and female care givers and not all the members of the household. Female headed households were excluded from the analysis.

Scheme of study

The study is delineated in seven chapters as follows.

The introductory chapter discusses the back ground of the study, rationale for the study, statement of the problem, research questions, objectives of the study, methodology, limitations of the study and the scheme of study

The second chapter discourses the theoretical and empirical antecedents of unpaid care work. This chapter makes an exposition of various theories especially the neoclassical new home economics approach and also international, national, regional level studies on measurement and valuation time allocated for unpaid care work.

The third chapter examines the issue of unpaid care work, importance of time use statistics to measure and value unpaid care work, and the need for integrating unpaid care work in to development policy.

The fourth chapter analyses the demographic, cultural and socio-economic background of the primary care givers. The fifth chapter discloses the magnitude and determinants of unpaid care work.

In the sixth chapter implications on human wellbeing is illustrated. And a brief summary of the study, and major findings and policy implications are included in the concluding seventh chapter.

Major Findings

- 30-50 age group is predominating (67.7% of women and 58.4% of men) in delivering unpaid care work to family members, indicating that care responsibilities of women are high at middle age than in the later ages.
- 65.4% of households have between 4 to 5 members in their families.15.9 % of families had only two members, which belongs to above 60 age group-symptomatic of ageing of population.
- The presence of socially marginalized community is evident in this study area. 14.9% of households belong to SC, 1.6% - ST,32.7- OBC and 50.8% belong to general category.
- Women outnumbers men in secondary, higher secondary and university level educational achievements.

- Higher educational achievement of women is not reflected in the paid employment. Only 34% of women are engaged in part time /full time paid employment and 66% of women are unpaid care workers. In the case of men 80.85% are employed and only 19.15% are unemployed.
- The income of 55.9% households is less than ₹ 5,000/- per month, which was reflected in their consumption expenditure and household assets and nature of unpaid care work. The income of 15.6% ranges between ₹ 5,000 - ₹ 10,000 and that of 28.6% ranges above ₹ 10,000
- The study has found that there is a wide disparity in the nature and characteristics of the allocation of time by men and women for paid work (SNA), unpaid care work (Extended SNA) and unproductive work.
- The male-female difference was large in respect of time spend on paid work and unpaid care work. Women spend 13.94% of their time for paid work, 39.90% for unpaid care work and 46.16% for non productive work, while men tend to spend 42.28% of time for paid work, 2.18% for non productive work and 55.49% for non productive work.
- Irrespective of men and women, the amount of non market work is higher than market work. The findings prove Becker's Theory of allocation of time.
- For personal care, both men and women allocate more or less same mean time - 2.80
- Compared to men, women spend more time for work(paid and unpaid) which is 53.84%, while that of men is 44.46% of total time.
- The proportion of indirect care work is significantly higher than direct care work. Among different subcategories of unpaid care work, women tend to spend 14.38% for collection of water and fuel, 66.34% for house work, 16.41% for care of children and 2.85% for the care of adults, implying that the state provision of necessary infrastructure and time saving technologies are very much essential for reducing care work burdens of women.
- Percentage of time devoted for child care is found to be low, which might be due to the perception of women that it is not a 'work' and it is performed simultaneously with other domestic work and women regard this as a labour of love.
- Chi-square test shows that there is a significant relation between social group and the time spend for unpaid care work.

- There is significant relation between employment status and the time allocated for unpaid care work. Although they devote less time to unpaid work than the others the total working hours is higher in the case of employed women.
- Domestic work, followed by lack of resources like water and firewood are the most important reasons that restrict women from paid work. Also the presence of children under the age six in the household seems to impede women from paid work.
- Household income levels are positively correlated with unpaid care work. Low income group tends to perform more unpaid care work than middle income and high income group. ANOVA results confirm this.
- There is no correlation between unpaid care work and number of children. It might be due to women's perception about work.
- Among the sub categories of unpaid care work, women belonging to the SC communities tend to spend 25.85% of their time for collection of water. It is due to the lack of access to adequate water facilities in the colonies they settle in. It increases the drudgery of the women and has a negative impact on their physical health and wellbeing.
- Focus group discussions identify that the prevailing social and cultural norms encourage women to take responsibility for family care work. Women's attitude and perception about the task division, the occupational and family roles are determinants of intra household distribution of care work.
- The unpaid care work is influential in different dimensions of human wellbeing. Factor analysis indicates that unpaid care work has a negative impact on physical and psychological wellbeing of women, affects their power to make decisions, limits their entitlements with different 'un-freedoms' and restrains their employment and social activities.

Determinants identified using the Tobit Model

The major findings of the estimated model have been listed below.

- Gender is the most influential factor ($p = 0.00001$) in determining the time allocated for unpaid care work. And women do more unpaid care work than men.

- The model indicates that age is a very significant determinant ($p=0.00006$) of unpaid care work. As the age of care giver increases, the time devoted to unpaid care work will decrease.
- Employment is a highly significant determinant ($p= 0.00001$) of unpaid care work at significant level of 1% .Compared to women having paid employment, the unemployed women allocate more time for unpaid care work
- Yet another highly significant determinant of unpaid care work is the level of income of the households. The model demonstrates that it is significant ($p=0.0004$) at 1% level. As level of income increases unpaid care work time decreases. It might be due to purchase of home technology or paid domestic worker.
- Number of elderly is a significant ($p= 0.029$) determinant of the time spend on unpaid care work. As the number of elderly increases time spend on unpaid care work also increases.
- But, the number and age of children is not a significant determinant of unpaid care work. Women's perception about work may be the reason.
- Educational attainment is not a significant determinant of unpaid care work.
- Availability of home technology like water pump could also affect unpaid care work. Model findings show that it has a significance at 10% level ($p= 0.081$)
- Availability of water at residence also determines unpaid care work. People with water at residence are found to do less unpaid care work than those without water at residence. The model shows that availability of water has significance at 1% level ($p=0.003$) on unpaid care work.
- Household size is not a significant factor ($p= 0.105$) in determining unpaid care work.
- Fuel supply is yet another determinant of unpaid care work. The model shows that compared to the households with adequate fuel supply, the one with less adequate fuel supply allocates more time for unpaid care work. This has significance at 5 % level($p=0.023$).

Policy Implications

The findings of the study disclose that the magnitude of unpaid care work from the part of women is significantly high ($p = 0.00001$). It also reflects that women allocate relatively higher percent 66.34% of time for household maintenance. The drudgery of unpaid care work is still higher in the case of socially marginalized (SC/ST) women residing in colonies, which lack adequate water facility and other infrastructure facilities. It adversely affects their wellbeing. So governmental bodies at different levels should bring out policies for the state provision of basic infrastructure facilities and labour saving technologies that benefit women by reducing their burden of domestic activities.

The study found that child care is an important reason for women being unemployed, State should ensure necessary public services including child care centres, adult care facilities, and health care facilities to support family care provision.

Conclusion

Unfolding the issue of unpaid care work disclose that it has implications on multiple dimensions of human wellbeing; of both who provide and who receive such services. An accurate idea of wellbeing can be obtained only if these activities are recognized and quantified. Recognizing and measuring unpaid care work is a question of justice for those who are engaged in such works. It is indispensable for policy makers and the development practitioners to maintain a keen eye on this highly gendered issue. Gender-responsive public financial management reforms (gender budgets), legal reforms that recognize the rights of unpaid care workers, quantifying time use within national statistical surveys and incorporating it in satellite accounts are needed to recognize, reduce and redistribute unpaid care work. Thus development policies should recognize the centrality of care for human wellbeing and the budgetary policies need to keep in to considerations the gender dynamics operating in the economy." Development: if not engendered, is endangered"(United Nations HDR, 1995).