Women in paid work from low income families are engaged in poorly paid, precarious employment, even as they are overburdened with unpaid care work responsibilities. This double burden has depleting consequences for both their mental and physical wellbeing, as well as those of their children. For women in these contexts to move from a double burden to a “double boon”, women’s economic empowerment programmes have to both improve the options and conditions of women’s paid work and recognise, reduce and redistribute their unpaid care work burdens.

Despite being part of its high economic growth story, India’s women continue to be excluded in social, economic and political domains. According to the National Sample Survey Organisation, the work participation rate of women stands at 27.12%, which is one of the lowest in the world. Yet 9 out of 10 women work in the informal sector in precarious working conditions, on low wages and without any job security.

- Labour force participation of women in India fell from 34.1% in 1999–2000 to 27.2% in 2011–12.
- India ranks 125 out of 187 countries in UNDP’s Gender Inequality Index with a score of 0.530.
- The World Economic Forum ranked India 87 out of 144 countries in the Gender Gap with a score of 0.683.

Interestingly, access to education for Indian women has increased in the last few decades and various programmes and policies have been initiated by the state to enhance women’s empowerment, such as the Support to Training and Empowerment Programme (STEP), the Rashtriya Mahila Kosh (RMK), Swarnajayanti Gram Swarozgar Yojana (SGSY), Mahila Samakhya and the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA). In spite of this, we have seen a downward trend in women’s workforce participation rates. There are several reasons for this, including the lack of availability of decent work options, particularly in rural areas, and the undercounting and underreporting of women’s work. Another factor is that women’s unpaid care work has been overlooked in women’s economic empowerment (WEE) policies and programmes.

Unpaid care work includes household chores around the home such as cleaning, cooking, washing clothes and fetching water or fuel wood. It also includes providing care to children, the elderly and the sick in the family. Across cultures and societies the world over, care work is generally located within the domain of the family and is considered to be the responsibility of women and girls.

A recent study conducted by the Institute of Social Studies Trust (ISSST) and Institute of Development Studies (IDS) in India, part of a broader cross country comparative research project on care and economic empowerment, examined the causes and consequences of women’s double burden (paid work and unpaid care work) on the emotional and physical wellbeing of women and their children from low income households. The study was interested in understanding how WEE programmes could generate a “double boon”, i.e., paid work that empowers women and provides support for their unpaid care work responsibilities. Based on fieldwork conducted with low income households in Rajasthan (Udaipur and Dungarpur) and Madhya Pradesh (Ujjain and Indore) the study reiterated the fact that care work is predominantly a female and familial activity.

According to the study, an average 9 out of 10 women undertake household work by themselves or with other women (including girls) in the household. The study revealed that in urban areas women spend 15.2 hours a day on care tasks (allowing for simultaneity of tasks) which include care of children and dependent adults and 8.4 hours on household chores which include cleaning,
washing, food and drink preparation, cooking, fuel and water collection and care for livestock and land.

“...in urban areas women spend 15.2 hours a day on care tasks...”

In the rural areas women performed household chores over a much longer period of 14.5 hours (as they cover long distances for collecting fuel and water) and care tasks over a period of 12 hours on an average”.

<table>
<thead>
<tr>
<th>Care tasks</th>
<th>Household Chores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dungarpur (Rural)</td>
<td>12.5 13.9</td>
</tr>
<tr>
<td>Udaipur (Rural)</td>
<td>11.4 15</td>
</tr>
<tr>
<td>Ujjain (Urban)</td>
<td>16.8 8.4</td>
</tr>
<tr>
<td>Indore (Urban)</td>
<td>14.0 8.4</td>
</tr>
</tbody>
</table>

Table 1: Numbers of hours per day spent on care tasks and household chores

There are strong links between women’s economic empowerment and their unpaid care work. Since women are primarily responsible for unpaid care work in their household, this limits their choice of employment. Where they can find paid work, the double burden of doing this on top of managing their unpaid care work is having an adverse impact their physical and mental wellbeing”.

When it comes to labour force participation, existing literature on women and work has established that the participation of unmarried women or women from households without small children “is higher than that of married women, particularly those with young children or other intense care burdens in the family”. In fact, there is an inverse relation between the labour participation rates of women and men belonging to households with children under 3 years old: participation rates are high for men and low for women.

The ISST-IDS research study similarly established that the age of their children was a clear factor informing women’s choices about when they re-entered paid work. Often women did not take on full time work, whether through the government’s Mahatma Gandhi National Rural Employment Programme (MGNREGA) or otherwise, when their children were young and where there was no one else to take care of them in her absence.

**Precarious conditions for women in labour market**

Women, especially from socially and economically marginalized groups, work in low paid, irregular, unsafe jobs with little or no job security.

“We go to sleep at 11 and then wake up at 4-5 in the morning”

“There are some days when we go to sleep without food since we’re too tired to eat”

Women respondents in Indore, ISST Study

In an effort to balance paid work with unpaid care work, they often have no choice but to work in the informal sector because this type of work is located close to or at their homes. As a result, they are often deprived of minimum wages and social security provisions. Working women frequently depend on their daughters to care for smaller children, compromising the girl’s education and consequently her future opportunities for getting decent work.

Policies which encourage women to participate in the labour force often do not consider the burden of unpaid care work on women, or the consequences on substitute carers; therefore ending up not realizing objectives of economic empowerment.

The ISST-IDS research study observes that paid work options are scarce in the villages, with widespread male seasonal migration to cities to supplement income with work such as daily wage agricultural laborers and construction labourers.

“There is so much work, so much load that my health goes for a toss, how can I work as a construction worker, if I go out who will do the [care] work?”

Simran Rakesh who cared for three dependent adults – her parents and her mentally challenged brother – besides her own three children, made incense sticks whenever she could find time from her care chores, ISST study.
While it is mainly men who were found to migrate for short periods during lean periods of agriculture or periods of drought, women too accompanied men along with their children if they were younger than 4 or 5. Women were seen to take up MGNREGA employment when it was available during the lean agricultural period. If better educated, they took up other employment such as in anganwadis and schools.

In contrast to the rural areas, paid work options for women living in the slum areas of the research settings took on a range of occupations (none qualifying as decent work) such as home-based work (rolling incense sticks, punching files, stitching bags, tailoring clothes, rolling tendu leaves to make beedis), working as vendors (vegetables, plastic goods), construction work, domestic work, brick kiln work, work in factories, or self-employment such stitching or running a small shop. In addition, while MGNREGA is available, this type of unskilled hard labour when compounded with the physically arduous unpaid care work that women perform at home, results in physical depletion, including tiredness and bodily aches and pains.

In all the research sites, the effects of poverty, overwhelming responsibility for hard, menial care tasks and arduous paid work was felt most acutely by children. In the wake of care and paid work deficits in the family, children stepped in as paid workers, unpaid family helpers and to carry out unpaid care tasks themselves, suffering a deficit of care in turn.

A shift from double burden to “double boon”: decent paid work with the recognition, reduction and redistribution of care work

One of the consequences for almost all women in precarious paid work is that they are not able to balance both paid work and their unpaid care work. This is exacerbated in situations where public resources and services are not available or accessible. A first step to address this situation is the need to recognize, reduce and redistribute care work to the state, other members of the family, the community and the market.

Realisation of “Double Boon”:
The state can enable a double boon by addressing paid work conditions and enabling a more equitable social organization of care through:

- Focus on Care Sensitive Policies: Social Security provisions on maternity entitlements, pensions, public health should be implemented with full political will. Social protection programmes such as MGNREGA should be monitored to enhance their care-sensitive components such as the provision of crèches on sites and gender responsive Schedule of Rates.
- Provision of, and easy access to, essential public resources such as water, fuel and food are crucial to reduce the immense drudgery being faced by women. Many of the infrastructural works such as construction of roads, canals, and ponds under MGNREGA were designed to ease such challenges faced by families. The quality of public services such as Public Health Centres and anganwadis should be monitored and enhanced.
- Ensuring the availability of decent work options for women with backward and forward linkages. Creation of decent work opportunities and regularisation of the huge informal sector is a gigantic challenge for the state in India, but a prerequisite for strengthening women workers and their families. Improved conditions of work, including access to minimum wages and the provision of social security through maternity entitlements, pensions, and quality crèches at worksites are important steps.

What can Parliamentarians do?

- Develop a perspective to look at care in a gender responsive manner, including a focus on men in policies for redistributing care. Open crèches in the Parliament and in all offices of the Government.
- Take a leadership role, influence and encourage fellow parliamentarians to advocate for the recognition, reduction and redistribution of women’s unpaid care work. Oversee and contribute towards redistribution by intervening in social organisation of care as a policymaker and a parliamentarian.

Figure 1: Realisation of “Double Boon”
What can Parliamentarians do? (cont.)

- Raise questions in Parliament to review and monitor implementation of laws related to minimum wages and decent work.
- Raise questions on implementation of labour laws mandating maternity entitlements and crèches.
- Develop, track and monitor relevant indicator/s for Sustainable Development Goal target 5.4 on the recognition and valuation of unpaid care and domestic work.
- Ensure all women have access to social security benefits like maternity entitlements and pensions. especially women in unorganized sector and adequate budget is allocated for it. Ensure adequate funding for schemes and programmes related to healthcare, care services for children, the elderly and persons with disability.
- Use MPLAD/MLA funds to implement schemes to provide access to piped water, Liquid Petroleum Gas (LPG) supply and fuel efficient stoves to ease and reduce time poverty of women. Many women, especially in remote and rural areas have to cover distances to collect fuel wood and water. Improving energy and water infrastructure by investing in piped water, fuel efficient stoves, LPG will reduce the time poverty of women.
- Advocate for conducting regular Time Use Surveys covering in all the states/UTs in the country to make care work more visible.

References


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