WOMEN AND UNPAID CAREWORK
Rapid Care Work Analysis in Nairobi Informal Settlements
CONTENT

LIST OF TABLES 5
ACRONYMS 6
EXECUTIVE SUMMARY 7
1.0 STUDY INTRODUCTION: MEANING AND CONTEXT OF CARE WORK 11
   1.1 Study rationale 14
   1.2 Objectives of the Study 14
   1.3 Study Methodology 15
   1.4 Data Analysis 22
2.0 STUDY FINDINGS 26
   2.1 Profile of Study Respondents 26
   2.2 Types of Care work across the Five informal settlements of Nairobi City County 26
   2.3 Social norms that impact on Care Work 32
   2.4 Difference in Hours Spent Doing Care Work by Gender 34
   2.5 Impact of Care Work on Target Group’s Productivity 43
3.0 GOALS, COVENANTS, DECLARATIONS AND POLITICAL FRAMEWORKS, POLICIES AND STRATEGIES
   OF LOCAL, INTERNATIONAL AND REGIONAL INSTITUTIONS ON WOMEN’S CARE WORK 47
   3.1 Opportunities Offered by the Instruments and Legal Frameworks to Promote
       Recognition of Women’s Care work 50
   3.2 Barriers towards Achieving the Policies 51
4.0 LAWS, POLICIES, SERVICES AND INFRASTRUCTURES FOR REDUCING WOMEN’S CARE WORK IN
   KENYA 54
   4.1 Roles of Duty Bearers in Facilitating Reduction of Care work for Women Living in
       informal settlements 55
   4.2 Practical Strategies and Solutions for Reduction, Recognition and Redistribution of
       Care Work among the Target Women 56
   4.3 General Recommendations 58
   4.4 Recommendations for Reduction of women’s care work burden 59
5.0 REFERENCES 62
6.0 APPENDICES 65
7.0 RCA AID DIAGRAMMES 74
8.0 SELECTED RCA PHOTOGRAPHS 75

LIST OF TABLES

Table 1: Number, Categories and sex of Respondents in 5 studied areas
Table 2: Respondents’ marital status by occupation and sex
Table 3: Categories and examples of unpaid care work in the 5 slum areas
Table 4: Male domestic workers paid and unpaid weekly working hours by area
Table 5: Female domestic workers paid and unpaid weekly working hours by area
Table 6: Male Small Scale traders Paid and Unpaid weekly working hours by area
Table 7: Female Small Scale Traders Paid and Unpaid weekly working hours by area
Table 8: Summary of work allocation on average weekly hours by occupation and gender
Table 9: Ranking of problematic care work activities
The Care work study was part of a four year broad programme funded by the European Union and spearheaded by Oxfam in partnership with SITE Enterprise Promotion, National Organization of Peer Educators (NOPE) and Youth Alive! Kenya (YAK!). The study targeted 10,000 women domestic workers and 20,000 women small scale traders in the five informal settlements of Nairobi City County namely Mukuru, Kibera, Korogocho, Mathare and Kawangware. The focus for care work project was on promoting women’s economic empowerment by influencing recognition of the economic value of care work and influencing uptake of innovations and social services that can create more time for women to engage in economic activities.

The general objective of the study was to determine the type and amount of time women, girls, boys and men in the target areas spent on care work and how it affected or contributed to their achievement in political, social, and economic empowerment. Specific objectives guiding the study were: to provide evidence on the type and time spent on care work within households in the target areas; to encourage all household members to participate in collective livelihood planning and to fully share the improved benefits that result from working together and lastly to identify practical interventions that can support women and girls to reduce the time or labour required of them to engage in care work on daily basis, and thereby increase the amount of time that women and girls can allocate to other activities, including productive work.

The study utilized a qualitative and case analysis approaches and adopted the Oxfam’s Rapid Care Analysis (RCA) tool and Oxfam’s Gender Action Learning system (GALS) both of which utilise focus group discussions to gather information. Small scale traders and domestic working persons were studied to establish how care work affected the empowerment and participation of women in economic enterprises in the target areas. Data analysis was undertaken using qualitative and quantitative methods of analysis including sorting, and classifying, thematizing, interpreting and making inferences as well as comparisons across the five areas under study and the two categories of women. Data on type and time spent on care work within households was analysed using frequencies and percentages with the mean being used to analyse differences across areas, type of work, gender and occupation.

The study was conducted in the said five informal settlements in Nairobi City County. A total of 130 persons participated in the FGDs comprising 52% women and 48% men. Most (73%) of the participants from both groups of domestic workers and small scale traders were married and (21%) were single with a small number being widowed or divorced. Results indicate that care work is valued, necessary, mandatory and routine and is perceived as enhancing relationships but also burdensome for women and girls. The analysis of types of care work in the 5 informal settlements show that the more typical care work activities such as preparing children for school, ensuring general welfare of husbands, household/domestic chores, cooking and serving the family, care of the sick and elderly, service to communities especially at burials, weddings, collecting items for home use such as water and fuel, care of the neglected (orphaned and abandoned), moral and
emotional support were commonly carried out across the areas under study. However, there arose a few uncommon care work activities in these informal settlements such as re-uniting lost children to their parents/homes, offering first aid to injured persons, restoring broken social relationships between partners, counselling people living with HIV, circumcision of boys and young men, praying for needy neighbours and assisting mothers in delivery of babies.

With regard to time spent on care work, disaggregated data shows that male domestic workers spent an average of 35 hours a week in paid work, while female domestic workers spent an average of 15 hours. Male domestic workers spent 41 hours per week doing unpaid care work compared to females who spent 77.8 hours weekly on average. Further, male small-scale traders spent 1.5 times more a week in paid work compared to their female counterparts (average being 25.2 hours versus 13.4 hours respectively). A large difference was observed when hours spent doing unpaid care work by male small scale traders was compared to that of women small scale traders with women spending 2.3 times (29.2 versus 65.2 hours) more hours in unpaid care work compared to their male counterparts, implying that even when women are engaged in small scale trade, they still spend most of their time in care work which in this case far out ways that which men spend in paid labour/services (65 hours versus 21 hours). Notably, female domestic workers spent slightly more time (77.8 hours) on unpaid care work compared to female small scale traders who spent 65.2 hours on average.

By utilizing GALS and RCA-FGD 2, the glaring differences between genders and across the categories of work were further analysed and interrogated. Participants were perplexed after an analysis of number of hours spent in various work categories across the genders. They took note that women spent less time overall carrying out economically gainful activities and more time on care work (70 hours on average) and a few hours resting. On the contrary, it emerged that men spent more time on profitable small scale trade and very few hours on care work and a significant portion of their time resting. Going through the analysis of the one-day recall, women noted that they tended to have very little time left to engage in productive work and they gained insight that they carried a considerably heavier care work load. Male participants expressed disbelief and shock about the burden of care work shouldered by women and affirmed the need to address this imbalance.

In the analysis of the impact of care work on target group’s productivity, the study noted that women’s care work was perceived as contributing to lost opportunities not only in engaging in productive activities but also inability to fully exploit their potentials to improve their living standards. Women small scale traders spent less time operating their businesses or sourcing for goods and services, further compromising their business earnings. For domestic women workers, care work hampered involvement in productive/gainful activities and limited their networks as well as personal advancement. Both female traders and domestic female workers women were found to experience a ‘hectic life’, strain, stress and severe exhaustion due to the demands of care work. This also led to lack of time for self-care thus affecting their personal health and social and family relationships. The participants agreed that if care work was reduced, women would afford more time to engage in productive activities which was often linked to improvement on their livelihoods in both family and community, and which would eventually translate into household stability.

The study makes recommendations for the recognition, reduction and re-distribution of care work through the following interventions: provision of free maternal and child health services, access to safe, clean water for slum households, access to cooking energy (electric, charcoal, paraffin and fire wood), road networks to ease access to basic services that reduce burden of care work, provision of care and support of the special children/physically challenged, terminally and other ill persons and the elderly, support systems for care of infants and young children to reduce risk of disease infections especially communicable diseases, environmental safety to rid the areas of poor drainage and unchecked waste disposal. Equally important is the change of negative attitudes pertaining to care work and women empowerment. The study also observed that in order for sustainable efforts and programmes for recognition, reduction and re-distribution of care work, existing legislation and structures that support human rights, women empowerment, poverty reduction, provision of pro-poor services and effective participation of citizens for accountability is very important. This can be achieved by implementing Chapter 4 of the Constitution of Kenya 2010, the Kenya Vision 2030, domestication of the international instruments on women’s rights, the Kenya Slum Upgrading Project and the National Youth Service Programme. The study further noted that the success of recognition, reduction and re-distribution of care work will require the cooperation of duty bearers such as the National and County governments, development organizations and communities.
Care work is defined as the provision of unpaid services to people (in households and communities) and housework that facilitates this, such as cooking, washing clothes and shopping. It often involves direct care and ensuring the comfort of other people including attending to day to day physical and psychological needs. Care work and how it is allocated within households profoundly shapes people’s lives and opportunities, and especially those of women and girls, and plays a key role in determining the extent to which they can participate in income earning productive activities (Oxfam, 2014). Generally, care work differs across societies and developing societies experience more burden than developed the world. According to Oxfam’s evaluations, these imbalances have a number of causes, which includes prevailing gender norms across societies, limited access to public services, lack of adequate infrastructure and lack of resources to pay for care services or time-saving technology. Additionally, care work is disproportionately performed by women and girls in most societies due to prevailing cultural expectations. Its costs include forgone opportunities in education, employment and earnings, political participation, and leisure time.

Unpaid care work includes housework and care of persons, which occurs in homes and communities across human societies, however, intensive, without recognition and remuneration. Akintola, (2006) argued that care work which is mainly undertaken by women and girls is comprehensive and includes collecting water and firewood, cooking and cleaning for family and community welfare. Care work has been neglected by both economists and development actors because its benefit is not easily quantified. Yet as early as 1990, Tinker observed that the amount of unpaid care work done and the nature of its distribution across different actors has implications for individuals and households well-being as well as national economic growth.

Folbre, (2006) described the concept of unpaid work in the context of free time spent on personal care or care of others and leisure activities contrasted with paid work which is a contracted task that is recognized and receives remuneration. There are variations associated to care work especially the circumstances and conditions under, which it is performed. This is especially due to the agitation for the rights of women and better conditions of work inclusive of domestic work. These concerns have received attention by the international development agencies and stakeholders subsequently calling for structural interventions in order to achieve recognition, redistribution and reduction of women’s care work. Unpaid care work, in particular, though embedded in feelings of obligation and commitment to others’ well-being is also rooted in patriarchal structures that interact with the economy thus the need to gain more visibility (Beneria, 1992).

The need to improve women’s participation in the labour market demands addressing the persistent gender inequalities, which limit their employment opportunities.
and recognition of care work (Tinker 1990). Adoption of the prominent rights-based conventions, including the Beijing Declaration, the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW), and the Protocol to the African Charter on Human and People’s Rights on the rights of women in Africa, demonstrates a growing international consensus intervening against discrimination with a view to consider legal, social, and educational barriers restricting recognition of women’s unpaid care work (Burda, et al., 2007). In this regard; global development agencies have invested resources for poverty reduction strategies through gender equality initiatives and increased women’s participation in labour markets as investment to empower and reward extensive women’s unpaid care work.

According to ILO (2010), women are over-represented among the underpaid and unprotected care workers around the world. Despite their contributions to the economy, opportunities in education are lower for women; hence, a gender-based wage differential has persisted, market segmentation and occupational segregation further intensify these inequalities. Gender disparities in the division of labour between paid and unpaid work has aggravated, with men spending more of their work time in remunerative employment and women performing most of the unpaid work.

In South Asia women are often trapped in unpaid care work. They comprise 64% compared to men 54% representation in informal work (Acharya, 1995). In Asia agricultural sector being the main source of informal work employs 71% women and 47% men. Across South Asia, women are reported doing more unpaid care work compared to men, with a difference of 10 times as much in Pakistan; almost 7 times more in India; and about 3 times more in Bangladesh (Folbre, 2006). According to Esplen, (2009) in Pakistan, rural women do almost 5 hours of unpaid care work per day compared to 0.5 hours for men. The differences are linked to the nature of infrastructures in place to facilitate reduction and distribution of care work. This necessitates access to affordable social and structural infrastructures which would facilitate recognition of women’s unpaid care work by reduction of hours spent on it.

According to FAO, IFAD, and ILO (2010) across sub-Saharan Africa (SSA), governments’ insufficient social spending in addition to persistently high burden of diseases including HIV/AIDS and climate-related depletion of essential resources such as water, fuel, and food all combine to increase care work and related demands on women’s time. The challenge is to recognize the foundational value of care work and ensure that greater resources, such as government expenditure and natural resources are provided to reduce the care work and services by putting in place relevant infrastructures. This would reduce women’s time and strengthen human capacity, thus contributing substantially to poverty reduction and economic growth (Tinker, 1990). The series of factors, including insufficient spending on social services, present conflicts in the continent, and climate change, with associated impacts on resource scarcity have to a greater extent compromised the provision of policies to enhance distribution of infrastructures to recognise, distribute and reduce care work. These factors, have imposed an additional inequitably burden on women; who are compelled to provide between 70 and 90 per cent of the home-based care to ill family members (Blackden, 1996).

Although in South Africa, daily care work has created an opportunity cost that restricts women’s ability to allocate time to paid employment, the national infrastructures such as transport, electricity, water and education are fairly developed. This may be contrasted to Kenya where extensive hours that women spend on unpaid care work greatly limit their opportunities for paid work: their paid market activities account for only one third of their work, compared to three-quarters of men’s (Bibler and Zuckerman, 2013). This persistent and unequal gender division of labour has restricted opportunities for women to earn income and improve on their wellbeing. Comparing the state of infrastructure development in South Africa to that of Kenya; there are higher burden of women’s care work in Kenya in contrast to South Africa. The situation is worse in Ethiopia, where women care work for families affected by HIV/AIDS takes a greater proportion of their time, with serious impacts on household food security (Esplen, 2009).

Increasingly, the international and regional development partners continue to initiate a shift in how women’s livelihoods strategies and roles for sustainable development are perceived. The focus is now on the nature of those roles, recognition, redistribution and reduction with a goal of acquiring distributive justice. According to ILO (2007) the traditional gender roles for women though unremunerated are essential for society’s well-being. These roles referred to as universal care work and include cleaning, cooking, and caring for children and elderly members of the community. The key concern is that although these roles are critical, they have been largely ignored by economic and social public policy initiatives; hence, excluded from national planning and budgetary allocations. This has been accelerated by lack of data on unpaid care work, gender stereotypes and failure to recognize the economic value attached to women’s care work. Unless these roles are quantified and allocated value which they stand for, the inclusion of women in development and the sharing of the benefits of development by women will remain elusive. Though development agencies have through institutional frameworks attempted to provide structures for nations to implement policies with regards to the recognition, reduction and redistribution of women’s un-remunerated reproductive and care work, some structural barriers have compromised achievement of strategic policies.

Kantor (2001) observed that women and girls in developing countries often end up in unpaid and unskilled care work due to lack of education and relevant skills. The situation continues to worsen especially in developing countries where many girls still drop out of school due to the burden of care work they have had to take up as adolescents. Further, poor living standards with no basic amenities such as lack of piped water, electricity and adequate road networks within informal settlements have contributed in making care work more problematic to women and girls' and limits their prospects for higher profit margins in their extra entrepreneurial and productive duties. Hirway, (2005; 2006) and Grimshaw, (2007) indicated that reducing women’s share of unpaid care work impacts positively on their productivity. Hence, recognition and reduction of women’s unpaid care work could translate into increased
economic growth. Hence, development agencies are concerned about the costs and impacts of care work and the specific interventions that would be required to minimize effects of care work especially on the participation of women in various domains of society. It is against this backdrop that this study was carried out.

1.1 Study rationale

This study was part of a four year programme spearheaded by Oxfam, aimed at benefitting poor and vulnerable women domestic workers and small scale traders in Nairobi City’s informal settlements by equipping them with relevant skills, strategic linkages and advocacy. The project implementation adopted a partnership model with multi-stakeholder involvement including both state and non-state actors to address especially challenges that stand in the way of women’s empowerment including law and unreliable incomes, poor negotiation skills, overworking, lack of favorable policy environment, harassments by authorities, extortion, arbitrary arrests and sexual harassments, limited knowledge of their rights, limited access to markets and credits, inadequate skills and business skills. The Care work study targeted 10,000 women domestic workers and 20,000 women small scale traders in the five informal settlements in Nairobi City’s informal settlements occupancy is only 6% of the total Nairobi geographical area (AMREF, 2014, APHRC, 2014). Agarwal and Tanega (2011) found that in Nairobi the under-5 mortality rate in slums is 151 per 1000 live births, which is 2.5 times higher than the average of the city.

The following is a brief description of the 5 targeted informal settlements:

a) Kibera

Kibera is the largest slum in Kenya. The slum sits on about 250 hectares of land and rates as the largest slum in the continent of Africa. Housing in Kenya’s largest slum Kibera is composed of mainly mud walled 10ft x 12ft shacks roofed with corrugated iron and earth floors. The monthly rent for a single unit is about Kshs. 700-1000. Majority of the houses sit on government owned land, with house occupancy per unit being between 4-10 members. The slum has about 9 villages namely Kianda, Soweto East, Gatwekera, Kisumundogo, Lindi, LainiSaba, Siranga, Makina and Mashimoni. Administratively, Kibera is divided into 4 wards; Makina, Lindi, Sarangombe, Laini Saba and Mugumoni. Kibera was originally occupied by the Nubian people who migrated from the neighbouring Sudan but is now populated by other Kenyan ethnic groups. Most occupants [50%] work in the city’s Industrial area as unskilled workers while others are engaged in small scale business trading.

On amenities, Kibera like other slum settlements is largely un-serviced; electricity coverage is about 20%, access to clean water is very low while sewage facilities coverage are about 10% with most dwellers using temporary disposal of toilet waste. Health services are poor in the slum and outbreaks of communicable diseases such as cholera, diarrhoea, TB and common colds are very common infections with children being seriously at risk.

b) Mathare

Mathare slum is the second largest informal settlement in Nairobi with a population of over 500,000 people spread
across the 13 sub-areas and with a history of occupancy spanning nearly 100 years. The slum is only about 5 kms from the city and has about three administrative areas namely Mathare, Mabatini and Sambu locations. Mathare is further sub-divided into five areas: Area 1 (Kiamutisia), 2 (Kiardururul, 3C (Bondeni), 4A (Keria/ Mrdali), 4B (Githathuru) [APHRC 2014]. Mathare’s administrative regions are Mabatini, Kiamako, Hospital and Mlando Kubwa. Part of Mathare sits on an old quarry meaning that its terrain is uneven. Housing in the area is characterized by crowding with most structures being mud-walled and roofed with corrugated iron or tin iron. Poor infrastructure, narrow passages, poor sanitation, high prevalence of communicable diseases, and low coverage of water and electricity, as well as severe environmental hazards are real challenges. Most homes that boast of having electric power are poorly and dangerously connected through illegal wiring. Most dwellers are employed in low cadre jobs in Nairobi’s industrial area or as domestic workers in Nairobi’s affluent regions of Muthaiga and Parklands. Violence, vulnerability and crime are common features of life in Mathare slums. The settlement is also notorious with both ethnic and gang wars with most young men living in the slum engaging in violence and criminal activities to survive. Sex work, drug peddling and criminality make the slum one of the most dangerous place in the Nairobi City County.

c) Korogocho

Korogocho slum settlement started in the early 1890s and an estimated 150,000 people are believed to be living in its 7 villages. Comparatively, it is one of the smaller slums in Nairobi occupying less than 2 square kilometers [APHRC, 2014]. The 7 villages in Korogocho are, Highridge, Grogan, Ngunyumu, Ngomongo, Githathuru, Nyayo and Morogocho. The predominant ethnic groups living in the area include Luos, Luhya and Kikuyu. The land on which the slum sits is owned by the government. Though much of the housing is similar to that of other slums across the city, there are a number of semi and permanent housing though all of them are roofed with either corrugated or tin iron. Most houses are owned by landlords who live elsewhere and who charge about Kshs. 800-1000 as rent per month. Infrastructure is poor in the slum and with no sewerage system. Lack of clean water and access roads into the shanties are daily challenges for the inhabitants of Korogocho. Crime rates are high and young people are easily lured into a life of crime to make ends meet.

d) Mukuru

Mukuru slum in Nairobi Kenya acquired its name from a local dialect literary meaning a dumping site. The area was largely used as a dumping site for nearby factories. Its neighbourhood is the site of an old quarry where stones used for factory construction were excavated. The slum is estimated to be a habitat of more than 700,000 people. It stretches along three different constituencies in Nairobi City County namely Embakasi South, Makadara, and Starehe constituency. The slum stretches from the banks of Nairobi River to the industrial area of the city between the Outer Ring Road and the North Airport Road and Mombasa road. Mukuru has several villages Mukuru kwa Reuben, Mukuru kwa Nyanga, Sinai, Paradise, Jamaican, Kingstone, Mariguini, Fuata Nyayo and Kiyiaba. Mukuru has 5 administrative boundaries namely Reuben, Nyenga, Viwandani, Landi mawe and Nairobi South [AMREF, 2014]. Mukuru just like many other slums is a cosmopolitan area and very diverse. However the most dominant community is the Akamba followed by the Kisii. Its proximity to the industrial area means that most dwellers work as un-skilled manual laborers in the nearby factories. However, living conditions are extremely poor due to garbage dumping and waste affluent from the nearby factories and the polluted Nairobi River whose waters appear blackish at this point. Many of the houses are single-roomed roofed, mud-walled and roofed with rusty corrugated tin iron. The economical orientation in this slum is varied and aggressive. About 80% of the slum dwellers are either employed in the nearby industrial area or run small businesses. The most common businesses here are grocery stores, pubs and restaurant, charcoal vendors, tailors, barbershops, salons and food kiosks and small shops.

A study conducted in the area by APHRC in 2014 established that 18.6% of the sample size of 129 people make an average of Kshs. 150- 300 shillings daily. Provision of safe water is a challenge. Water in the area is sourced from three points: Imara Daima, the Cereal Board area (through Sinai) and Emba-Villa. The Nairobi Water Company (NAWASCO) has attempted to provide piped water along the main streets but the project was sabotaged by private water vendors who scrupulously sell illegally connected water at various points in the slum. Private vendors sell a 20 litre jerry can of water at between Kshs. 10-20 which is very expensive compared to only Kshs. 3 charged by NAWASCO for the same amount of water. Closely related to the safe water challenge is poor sanitation and poor drainage system. The environment is characterised by heaps of solid waste and flowing liquid waste posing a severe health hazard for residents.

e) Kawangware slum

The settlement is located about 15 km from the Nairobi city in between Lavington and Dagoretti areas. An estimated 800,000 people of diverse ethnic backgrounds live in Kawangware [CDC, 2014]. Kawangware is very diverse by nature of the settlement, housing and facilities. However, the larger part of the settlement experiences severe challenges related to lack of safe drinking water, poor sanitation and poor sewerage system. The slum is characterized by water borne diseases, respiratory pneumonia, aspiratory pneumonia, malaria as well as an increase in cases of airborne diseases due to the poor drainage system. Safe drinking water is expensive to get. The electricity supply in the slum is non-existence safe for common lighting supplied by the Kenya Power and Lighting Company. Open sewerage flow and poor drainage as well as poor access roads largely compromise safety and access to the slum.

1.3.2 Slum life and Care work

Some commonalities in the life experiences of residents and conditions of living exist in the 5 slum areas considered in this study. Firstly, widespread poverty affects all slum residents coupled with precarious living conditions and insecurity all of which have a bearing on care work. The following is a thematic analysis of the interface between slum living conditions and care work.
i) Poverty and care work

Most slum dwellers are not assured of a steady daily income and even when they earn, the earning is barely enough to support self and family. Most families cannot afford 2 meals a day while nutritional statuses are very poor. This reality has a number of implications for care work. One, for most families, technologies that make life easier in households is nearly non-existent. Non affordability of household items such as refrigeration facilities, gas or electric power cooking, electric lighting and other household items make care activities such as preparing/cooking, storing, washing and cleaning harder compared to better endowed households. Activities that would ordinarily take a shorter time with the assistance of such household items take even longer in addition to causing more fatigue. In addition, low nutritional status has implications for care work in that family members and especially children and the elderly are prone to frequent illnesses causing additional demand for care. Food insecurity within the slum environments impacts on care work in that women have to spend more time in search of food at the expense of other care work around the home.

ii) Poor amenities

Lack of basic amenities that support life in an urban environment such as clean water and sanitation imply that most families are vulnerable to diseases and other challenges of living in severely compromised environments. This means that with common diseases and illnesses the burden of care work increases. Further, illegal electric connections mean that most parents have to take extra care of their children rest they are hurt by the numerous hanging and exposed electric cables.

iii) Effects of crowding

Crowding and congestion is another feature of life in informal settlements with households having no open spaces including pathways to pass through between the dwellings. Furthermore, large families share the little space indoors severely compromising privacy. The lack of space to work, walk and perform household tasks complicates care work and compromises sharing for care activities within the family even where that would be a possibility.

iv) Lack of clean water and poor sanitation

Lack of safe drinking and domestic water as well as improper drainage and sanitation increases burden of care work for most women. Poor health and living conditions compound care work and frequent illnesses cause undue demand for care and provision of medical supplies to the sick. Furthermore, search and queuing for water in the few water points available imply that women and children bear the burden of locating clean water. Majority of households on average spend more than one hour in search of this commodity.

v) Tenure and Housing

Tenure insecurity is a serious problem in the informal settlements with most families especially those living on the fringes living in constant fear of eviction and demolition of their dwellings. In rainy seasons, impassable pathways, landslides, flooding in the houses as well as leaking roofs are a constant threat for most households. In such cases, caring for children indoors rather than allowing them to go out and play makes care work cumbersome. Further, due to poor housing often of temporal materials such as straw roofs, mud walls and earthen floors, respiratory diseases, especially in cold season are common. These conditions affect especially older people and children. The high population congested in small dwellings aggravates the problem.

vi) Insecure and looming behavioral risks

Life in the slums is such that danger is everywhere. The high levels of criminality and poor living conditions lead to the prevalence of insecurity. Mothers fear for their children especially girls who are more vulnerable to rape, unwanted pregnancies and early marriages. The constrained living arrangements and lack of privacy in slum environments imply that children and parents share rooms and children are not protected from the realities of sexual activities. Further, female commercial sex workers living in the slums and have children, have no option than to engage in the trade with the full knowledge and at times in the presence of their children. Children in the informal settlements therefore grow up conscious of sexual activities at a very tender age, and teenage girls are believed to become sexually active in their early teenage years although having little knowledge of the risks of early sexual debut. [Elliot et.al, 2005].

Young girls experience unplanned pregnancies forcing them to drop out of school so that they can raise their children. Young girls who are not ready to become parents opt for abortion which is illegal in Kenya. Majority of the girls who undergo abortion are at a high risk of infection, infertility and even death since the people carrying out the procedure lack the skills and knowledge needed. Girls who get children early are also likely to have large families further increasing their burden of care.

Young people are easily sucked up in a life of crime. Care work is thus complicated by
the need to keep track of one's children at all time. When young persons are lured to crime, they become a threat to their families and may not even help with care work at home.

Practices such as commercial sex work and early sexual activity among teenagers make STDs and HIV infections in the slums a real risk. Disease care-burden for most families affected by HIV/AIDS is heavy. Mortality rate for both the adults and babies is relatively high as a result of HIV related complications. The Center for Disease Control and Prevention (CDC) study in 2014 conducted among informal settlements in Kenya estimated that HIV infection rates in informal settlements is over 20% and one of the highest in the country. The APHRC (2014) established that girls between 15-20 years are at a higher risk than their counterparts in other countries. The APHRC (2014) established that girls between 15-20 years are at a higher risk than their counterparts in other countries. The APHRC (2014) established that girls between 15-20 years are at a higher risk than their counterparts in other countries. The APHRC (2014) established that girls between 15-20 years are at a higher risk than their counterparts in other countries. The APHRC (2014) established that girls between 15-20 years are at a higher risk than their counterparts in other countries. The APHRC (2014) established that girls between 15-20 years are at a higher risk than their counterparts in other countries. The APHRC (2014) established that girls between 15-20 years are at a higher risk than their counterparts in other countries.

vii) Poor health services

Access to basic and affordable health care in most urban slums is way below capacity. There are not only a few government clinics or hospitals but also a lack of drugs and trained personnel. Most of the healthcare facilities i.e. nursing home, health clinic, dispensary are private facilities run illegally with no operation healthcare license from the Ministry of Health. They therefore are illegal, ridden with malpractice and offer substandard services.

1.3.3 Data collection methods

The study approach was mainly qualitative and guided by the Rapid care analysis with target women domestic workers and small scale enterprise traders.

The study utilized a mix of methods for data collection as follows:

a) Focus Group Discussions – the principal method used in the data collection for the study was the FGD method. About 12-18 women and men were targeted in each of the 5 areas comprising 6-9 domestic male workers, 6-9 domestic male workers, 6-9 women in small scale trading and 6-9 men in small scale trading. The study was thus mainly conducted through 20 FGDs in the 5 study areas whereby five (5) were conducted with domestic male workers and (5) with female small scale traders. The FGDs were conducted during the weekdays in the off-peak hours of between 10.00am -3.00 pm in the afternoon to avoid interfering with women’s and men’s daily routines.

Further, Mobilization of participants who took part in the FGDs in all the 5 target areas was undertaken with the help of Oxfam partners taking due cognizance of the need to:

i) Meet the criterion of representation where all categories of domestic workers were included (men and women) as well as small scale traders (men and women).

ii) In addition, for domestic workers, it was important to include married and unmarried participants, those with children and without, with schooling children and without, those with access to living close to water, electricity and those without as well as the young and old.

iii) Likewise, for small scale traders, it was important to include women in all existing informal trades, and all the other clusters named above.

The focus group discussions set to firstly explore relationships of care in the community, to identify unpaid and paid work activities performed by women and men and create estimations of number of hours spent on each category of work including care by women and men in an average week. Secondly, the FGDs aimed to document the care activities that women and men undertook at household and community levels and identify how changes in the context affected the activities. Thirdly, they set to discuss the support, services, and infrastructure related to care that were available in the community and to identify options for reducing and/or redistributing care work.

b) The specific RCA steps utilized were as follows:

Step 1: the first FGD with target groups aimed to explore relationships of care in the community (FGD 1).

Step 2: the second FGD identified unpaid and paid work activities performed by women and men and created an estimate of the number of hours spent on each category of work – including care – by women and men in an average week (FGD 2).

Step 3: the third FGD aimed at documenting the care activities that women and men undertook at household level and identified how changes in the context affected activities. The process also sought to identify which care activities were most problematic for the community and for women in particular using FGD 3, 4, 5.

Step 4: the fourth step which utilized FGD 6, 7 aimed at facilitating discussion around the support, services, and infrastructure related to care that were available in the community and identified options for reducing and/or redistributing care work.

In order to effectively facilitation the RCA, aid diagrammes were utilized to enable participants grasp the work categories and specifically enhance a deeper understanding of care work. The following symbols were utilized in the study to designate various kinds of care work as illustrated.

- Paid labour
- Work to produce products for sale
- Work to produce goods for home use
- Unpaid care work
- Unpaid community work
- Non-work

c) The Gender and Action Learning framework

GALS approach was integrated with the RCA where appropriate and included:

i) FGDs to facilitate the target groups in the target areas to participate in identifying the value of the care work but also the negative impact it had on their self-development and fulfillment- (integrated in RCA- FGD 2 task 3).

ii) FGDs to facilitate the target groups to pinpoint the existing opportunities and challenges that would affect their...
achievement of recognition, reduction and redistribution of care work (integrated in RCA-FGD 6 and 7).

iii) FGDs to facilitate target groups to locate realistic targets and goals towards achieving their recognition, reduction and redistribution of care work within defined timelines (integrated in RCA-FGD 6 and 7).

iv) FGDs to organize the target groups to draw the action plans for achieving their vision of recognition, reduction and redistribution of care work (integrated in RCA-FGD 7).

In the use of GALS, the specific steps for achieving 1 to 4 were as follows:

Step 1: Assisting the target groups envision a future where their care work would be recognized, reduced and redistributed to ensure their full participation in productive work.

Step 2: Facilitating the target groups in the target areas to participate in identifying the value of the care work but also the negative impact it has on their self-development and fulfillment at individual and community levels.

Step 3: Facilitating the target groups to pinpoint the existing opportunities and challenges that would affect their achievement of recognition, reduction and redistribution of care work at household and community levels.

Step 4: Facilitating target groups to locate realistic targets and goals towards achieving the recognition, reduction and redistribution of care work within defined timelines.

Step 5: Organizing the target groups to draw the action plans for achieving their vision of recognition, reduction and redistribution of care work.

The qualitative data was then analysed thematically following the specific themes drawn across the study objectives.

1.4 Data Analysis

Data analysis involved the collating of all information in a systematic manner ensuring that information collected using each instrument was clearly labelled in form of (source, day, time, venue of collection and other identifiers).

The qualitative data was then analysed following the specific steps as follows:

1. Sorting: this entailed arranging the information from all the 5 areas ensuring all

2. Thematizing: drawing themes to enable the classification of information to fit within specified TOR1-3

The specific themes drawn included the following:

a) Relationships of care: importance of care work to the family, communities under study

b) Types of care work (paid and unpaid) care activities performed by women and men in the selected 5 slum areas.

c) Difference in hours spent doing care work by gender

d) Difference in hours spent doing care work for houses with and without access to basic facilities such as water, electricity by gender.

e) Differences in hours spent doing care work by households that had access to food by gender

f) How care work affects domestic women workers in terms of time allocated to economic venture

g) How care work affects small scale trading women in terms of time allocated to economic venture

h) How care work affects small scale trading women in terms of business income

i) The most time consuming and limiting care work activities for women’s participation in productive work

j) What would be the average cost of care work per day in the different regions under study

3. Classifying: this entailed the organization of information into specific thematic areas while checking for any gaps

4. Interpreting: making deductions out of the information from the meanings

5. Drawing implications and conclusions: delving into the meaning and arising implications of the information

Similarly, the key informant interviews were analysed thematically following the thematic areas covered under the FGDs as well as other study focus areas such as:

• Their general view of care work and its effects on women’s productivity

• What elements of their jurisdiction connected with care work

• How the duty bearers saw themselves playing a role in reduction of care work

• What tools/limitations for achieving this role they perceived to have

• What role can they play in influencing provision of services that contribute to the reduction of care work?

The active voices of respondents were captured in their raw form to support and corroborate the FGDs and to give first hand views of their own lived experiences with regard to care work.

In both the FGDs and the personal interviews, tape recording was done with consent of the respondents.

1.4.1 Observations and Photographs

The research team made use of the observation method mainly of the environment of care work within
the 5 informal settlements and the households where the in-depth personal interviews were conducted. The general infrastructure around the study areas was also observed to confirm some of the information provided during the FGDs and Interviews.

1.4.2 Task execution

In the collection of data, the study took cognizance of the guidelines for managers and facilitators utilizing the RCA tool in terms of adapting the broad definition of care work and its nature as encompassing the following:

- that care work activities often happen simultaneously and hence the need to capture activities that adopt a multi-tasking formula bearing that this is one of the ways that women circumvent time limitations.
- that often, care work activities are performed alongside leisure activities e.g. serving food in a wedding planning meeting and are thus perceived to be leisure contributing to their obscurity; and
- that care work patterns change with both individual lifecycles (youth, young adults, adults and older persons) and societal calendars such as school attendance calendar, rainy and hot seasons, festivities and periodic rituals among others.

1.4.3 Planning of Fieldwork

The actual planning of the field work adhered to the principles of participatory methodology and essentially started by:

- Defining the scope as guided by the provided TORs
- Defining the roles of the team to include planning, facilitating, observing and documenting - in the documentation, the study required to capture exact words of why care is done, detail, hours allocated to tasks, use the “individual one day recall” of activities, attention to details of how target groups simultaneously managed time and the changes, noting any non-consensus among group members to follow through for more details.
- Checking through the analysis phase to ensure the exact evidence required for the defined TORs including documenting numerically the hours spent in care work and the evidence that would be relevant for advocacy and interventions as desired by the project.
- Developing and collecting facilitation guides and items such as RCA demonstration diagrammes, facilitation aid diagrammes and stationery.
2.0 STUDY FINDINGS

2.1 Profile of Study Respondents

The study targeted women and men in 5 informal neighborhoods drawn from one category of domestic workers and another of small scale traders. Domestic workers in this study included women who worked in their households and those who worked in their localities as domestic workers. Small scale trading enterprises under study were mainly shop-keeping/sale of groceries, second hand clothes selling, petty trade of small items such as cakes and sweets, hair dressing, vegetables vending, selling water, electrical items and charcoal trade.

Single with a small number being widowed or divorced as presented in table 2.

A common feature of spouse’s living arrangements in slum areas repeated itself in the study. In the Kawangware area, it was noted that amongst the married men only one man lived with his wife while others had their wives living in the rural homes. There were also cases of spouses living together in the slums while their children lived with relatives in their rural area upcountry. Household sizes from studied population ranged from 4 to 8 members per household.

Table 2 further shows that most (73%) of the respondents from both groups of informal neighborhoods drawn from one category of domestic workers and another of small scale traders were married and a minority (21%) were single with a small number being widowed or divorced as presented in table 2.

2.2 Types of Care work across the Five informal settlements of Nairobi City County

Discussions with participants began with articulation of the definition of care work. From the consensus reached by all the groups, care work was defined as the services that people provided in support or for the comfort of others and which was not remunerated and was undertaken without any expectation of benefits/rewards. The Kiswahili term accepted in all the groups was huduma kwa wengine meaning free service to others. From the different examples of care work emanating from the FGDs, the following are categories that emerge as shown in table 3.

From the analysis of the types of care work performed in the areas studied, it can be noted that the more typical care work activities such as preparing children for school, ensuring general welfare of husbands, household/domestic chores, cooking and serving the family, care of the sick and elderly, service to communities especially at burials, weddings and other entertainment functions, collecting items for home use such as water and fuel, care of the neglected (orphans and abandoned), moral and emotional support appear to be commonly done across the areas under study. Respondent’s voices widely supported these findings as follows:

Woman living in Kawangware: “These are the normal activities we have to do to make life liveable since we cannot neglect the husband or children. The activities form part of our daily work.”

However there arose a few uncommon care work activities in the slum areas such as re-uniting lost children to their parents/homes, offering first aid to injured persons, restoring broken relationships between partners, counselling HIV patients, circumcision of boys and young men, praying for needy neighbours and assisting mothers in delivery of babies. These care work types were repeated in most FGDs and appeared to carry great importance for the respondents.

2.3 Number and Categories of Respondents in 5 studied areas

From the 5 areas, a total of 130 persons participated in the FGDs. A slightly higher percentage of women i.e 52% compared to men 48% participated in the FGDs. Table 1 shows the actual number of study participants by gender, area and occupation.

Table 2 further shows that most (73%) of the respondents from both groups of domestic workers and small scale traders were married and a minority (21%) were single with a small number being widowed or divorced as presented in table 2.

Table 1-Number, Categories and sex of Respondents in 5 studied areas

<table>
<thead>
<tr>
<th>Area</th>
<th>Domestic workers</th>
<th>Domestic traders</th>
<th>TOTAL BY SEX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Female</td>
<td>Total</td>
<td>Male</td>
</tr>
<tr>
<td>Kawangware</td>
<td>6</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td>Mukuru</td>
<td>7</td>
<td>8</td>
<td>13</td>
</tr>
<tr>
<td>Mathare</td>
<td>4</td>
<td>5</td>
<td>13</td>
</tr>
<tr>
<td>Kibera</td>
<td>7</td>
<td>8</td>
<td>13</td>
</tr>
<tr>
<td>Korogocho</td>
<td>7</td>
<td>8</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td>31</td>
<td>32</td>
<td>63</td>
</tr>
</tbody>
</table>

Table 2-Respondents’ marital status by occupation and sex

<table>
<thead>
<tr>
<th>Slums within Nairobi</th>
<th>Married</th>
<th>Single</th>
<th>Widowed</th>
<th>Divorced</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Domestic</td>
<td>Small Scale Traders</td>
<td>Domestic</td>
<td>Small Scale Traders</td>
</tr>
<tr>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
<td>M</td>
</tr>
<tr>
<td>Kawangware</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Korogocho</td>
<td>3</td>
<td>5</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Mukuru</td>
<td>5</td>
<td>4</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Mathare</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Kibera</td>
<td>7</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>23</td>
<td>27</td>
<td>26</td>
</tr>
</tbody>
</table>

Table 2-Respondents’ marital status by occupation and sex

<table>
<thead>
<tr>
<th>Slums within Nairobi</th>
<th>Married</th>
<th>Single</th>
<th>Widowed</th>
<th>Divorced</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Domestic</td>
<td>Small Scale Traders</td>
<td>Domestic</td>
<td>Small Scale Traders</td>
</tr>
<tr>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
<td>M</td>
</tr>
<tr>
<td>Kawangware</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Korogocho</td>
<td>3</td>
<td>5</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Mukuru</td>
<td>5</td>
<td>4</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Mathare</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Kibera</td>
<td>7</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>23</td>
<td>27</td>
<td>26</td>
</tr>
</tbody>
</table>

Table 2-Respondents’ marital status by occupation and sex

<table>
<thead>
<tr>
<th>Slums within Nairobi</th>
<th>Married</th>
<th>Single</th>
<th>Widowed</th>
<th>Divorced</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Domestic</td>
<td>Small Scale Traders</td>
<td>Domestic</td>
<td>Small Scale Traders</td>
</tr>
<tr>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
<td>M</td>
</tr>
<tr>
<td>Kawangware</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Korogocho</td>
<td>3</td>
<td>5</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Mukuru</td>
<td>5</td>
<td>4</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Mathare</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Kibera</td>
<td>7</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>23</td>
<td>27</td>
<td>26</td>
</tr>
</tbody>
</table>
Table 3- Categories and examples of unpaid care work in the 5 slum areas

<table>
<thead>
<tr>
<th>DIRECT CARE OF PERSONS</th>
<th>DOMESTIC WORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparing children to go to school</td>
<td>Washing clothes for husband and children</td>
</tr>
<tr>
<td>Care for husbands</td>
<td>Cooking and serving food</td>
</tr>
<tr>
<td>Washing husband's feet</td>
<td>Remove clothes for him to wear</td>
</tr>
<tr>
<td>Attending to neighbours children/ or sick members in community</td>
<td>Ironing clothes for the family</td>
</tr>
<tr>
<td>Visiting elderly and mothers in laws, relatives and those within the community</td>
<td>Helping in burials and weddings</td>
</tr>
<tr>
<td>Taking care of the neglected, orphaned and abandoned children</td>
<td>Offering social support to those in need</td>
</tr>
<tr>
<td>Providing emotional moral and emotional support to family members and community</td>
<td>Giving water, fuel, food to neighbours</td>
</tr>
<tr>
<td>Peace building/providing counselling services to family and community members</td>
<td>Cleaning of compound</td>
</tr>
<tr>
<td>Guiding lost children either to their homes, chief's camp or police station/post</td>
<td>Garbage collection in the neighbourhood</td>
</tr>
<tr>
<td>Reconciling partners when there is strife</td>
<td>Cleaning toilets for the community</td>
</tr>
<tr>
<td>Assisting the sick to the hospital</td>
<td>Emergency fire extinguishing in the neighbourhood</td>
</tr>
<tr>
<td>Counselling HIV infected persons</td>
<td>Polishing shoes for children</td>
</tr>
<tr>
<td>Taking children to school</td>
<td>Taking water into the bath rooms for family members</td>
</tr>
<tr>
<td>Caring for newly circumcised boys</td>
<td>Running shopping errands</td>
</tr>
<tr>
<td>Assist children from school to cross the roads</td>
<td>Enhancing the welfare of the sick people by cleaning their environment</td>
</tr>
<tr>
<td>Child care</td>
<td>Fetching water, cleaning clothes and utensils</td>
</tr>
<tr>
<td>Assisting the sick to the hospital</td>
<td>Taking food stuff to the needy households and neighbours</td>
</tr>
</tbody>
</table>
| Constructing houses for those affected by fires | *
| Praying for those in need | *
| Settling dispute among community | *
| Cooking for friends and visitors | *
| Assisting mothers delivery of babies | *
| Vising the sick in hospital | *
| Creating awareness on drugs and rehabilitation | *
| Providing first aid to injured persons | *
| Restoring broken relationships between married partners | *
| Guiding lost children back home | *

For instance, re-uniting lost children or assisting in tracing them may be a unique care activity occasioned by the complexities of living in informal settlements where there is congestion, poor access pathways to homes as well as lack of designated areas for child play. Care work activities such as offering first aid to injured persons would be expected in a situation of poor access to health services and emergency care. Restoring broken relationships may involve a visit to a neighbour by one or more persons and a discussion implying a community-organized system of tackling social challenges where more formally organized systems are lacking. HIV infection rates in Kenyan slums are considerably higher than in the general population (AMREF 2014) occasioning the need for community-based care and counseling to restore lost balance for those affected. High HIV infection in the slums coupled with the poor sanitation and vulnerablity to communicable diseases in the settlements may explain why care of sick persons was continually arising as a main care activity among all respondents. There was notably an emphasis on care of those with opportunistic infections such as TB, pneumonia and those sick with cancer.

Further, care work activities such as circumcision of boys and girls usually known to be commonly organized in rural areas during the school holiday months would be considered in high regard among such settlements where most people may not have the resources required to travel up-country and participate in such elaborately community-organized rituals. Similarly, assisting mothers to deliver babies within the slum environment is a common feature owing to the poor access to maternal and child care within the neighborhoods as well as influence by Traditional Birth Attendants (TBA). It is commonly held that TBAs actively reach out to mothers in such resource-poor localities persuading mothers to make use of their low-priced service. It may thus be concluded that the nature of care work also reflects the living conditions, physical and social environment and expectations of the immediate community. Further, among slum populations, it is reflective of vulnerabilities and the attempt for resource-poor households to utilize social network and cohesion in dealing with harsh realities as a strategy for living.

2.2.1 Slum by slum differences

Looking closely at the types of care work across the 5 slum areas, save for the more common types of care work, activities such as praying for the sick appeared to be prevalent among the Kibera residents implying a kind of spiritual devotion and cohesiveness in difficult circumstances. Circumcision of men was mainly reported in Korogocho and may be a pointer to ethnic settlement patterns in Kenya since the practice is closely aligned to selected ethnic groups. Community organized care work activities such as assisting to extinguish fires and home reconstruction was more rampant in Mathare slum implying frequent fire outbreaks occurred there while restoring lost children to their parents was only reported at Kawangware slum.

2.2.2 Relationships of care

In order to further understand the relationships of care work, the study further probed on the kinds of people cared for and the underlying determinants of the kind of care work identified. All target population acknowledged the importance of care work often connecting it to enhancing living and enabling other functions of the family and community to take place. By and large, most respondents affirmed that care work gives a sense of personal satisfaction, inspires happiness and fulfilment to all, inclusive of the one who does it. For others, it emerged as a Godly and personally fulfilling activity whereby human beings are obliged to provide care to others in order to enhance social relationships. For others, care work sustains life even when it is not seen as part of productive work.
As amplified in the voices, care work is an enabler for existence:

**Woman living in Mathare:** “Care work involves household and community at large. It enables people to live harmoniously”

For some, care work is what holds things in place:

**Man living in Kawangware:** “Care work is important as a foundation pillar of life. It no care work, no life”

For others, it enables people sustain harmony among them and communities.

**Woman living in Korogocho:** “Care work enhances communication and brings peace in households, community, and nation”

**Man living in Mukuru:** “Care work is an expression of love between a man and woman. I feel good when my wife serves me with tea [and] she also feels good”

The respondents largely agreed that communities may not value care work for what it is because it is invisible and at times difficult to quantify concluding that care work is important but not valued. Further probing brought to the fore the element of benefits of care work. It emerged that care work is important to the entire families and communities as it enables people’s needs in the family, the sick, the neighbours, community, elders, orphans to be met and makes it easier for the administration of households.

It also emerged that jurisdiction for care work is organized around the family and each individual experiences a sense of obligation to provide this service whenever it is required. Some members were of the view that children benefited most from care work followed by the sick and also husbands. An analysis of how/and who the study respondents cared for revealed that women largely cared for children, husbands, other family members, neighbours, relatives, sick persons, church members, orphaned and abandoned children and in laws. Men on the other hand mainly cared for neighborhoods (by providing mainly security), gatherings at meetings, friends and their wives as shown in the voices:

**Woman living in Mukuru:** “I wake up at Sam to give services to all members of my family specifically to ensure that children go to school prepared and having taken breakfast and that my husband is comfortable after waking up and that he goes to work on time.”

On the matter of men caring for wives, providing for the family as a form of care work was debated by all the various FGDs and largely seen by especially men as what enabled other forms of care work to go on e.g

**Man living in Korogocho:** “If I do not buy food, what will she be cooking?”

Implies that engagement in cooking by the women is enabled by the provisions husbands make and pushing the point that financial contribution should be regarded as care work.

**Man living in Kawangware:** “If she were to provide for the family, then I would be glad to just sit around the house and clean.”

This statement implied that men perceived provision of money to women as care work as well as what respondents called social exposure and economic factors. Participants elaborated that though it would be valuable for spouses to assist each other, this is not feasible as the social construction of gender among Kenya communities does not allow men to undertake some care work tasks. Some respondents affirmed that some tasks are best undertaken by women out of the perception that women are born with a nurturing pre-disposition and that it is only fair that each gender undertakes what they can be best at as elaborated by the following:

**Man living in Korogocho:** “If my relatives back home [meaning upcountry] hear that I am now the one cooking, I will be discreetly summoned to an elders gathering to go and explain what I am doing, I will then be cautioned about my behaviour and closely monitored”

**Man living in Mathare:** “Most care work is women’s duty. Men are not created that way. If I attempt to do that work, they will say nimekaliwa chapatti [meaning I have been bewitched] and that is why I am performing women’s chores”.

**Man living in Mukuru:** “I can go to the kitchen, the neighbours may not see me although it is a single room but my wife will tell it out and I will be a laughing stock of the village”.

An interesting finding was that the congestion in the slums and limited living area limited the participation of men in care work. It arose that some men would like to assist in reducing the burden of care work from women but they feared the reaction of the neighbours, given that their houses were very close to each other and word would quickly spread that they had been “fooled” into performing chores meant for their wives.

Respondents also observed that African culture and traditions has socialized men not to do aspects of care work meant for women as expounded by the following voices:

**Man living in Kibera:** “As a woman, I know everywhere is in the kitchen, if he comes to help, I have to keep on finding things for him to use, and then the kitchen is left in a mess”.

### 2.2.3 Why care work is organized the way it is

Findings from the study indicated that care work distribution in the five slum areas is determined by factors such as gender, culture, marital status, level of education, religion, duration in marriage as well as what respondents called social exposure and economic factors. Participants elaborated that though it would be valuable for spouses to assist each other, this is not feasible as the social construction of gender among Kenya communities does not allow men to undertake some care work tasks. Some respondents affirmed that some tasks are best undertaken by women out of the perception that women are born with a nurturing pre-disposition and that it is only fair that each gender undertakes...
would compromise their respect within the public domain”.

Though participants tended to view care work as articulated by the social division of labour and part of the societal expectations, men were quick to add that they provided the resources necessary for women to undertake care work. In a number of instances, notable exceptions were observed where a few men openly disagreed with the majority and affirmed that they took no issue with assisting in household related care work as this is an expression of love for their wives.

Though this departure with the norm was at times hotly debated, most male participants appeared to hold strongly the view that care work distribution at household level is based on upbringing and thus directed by the socialization process. At the same time, change in attitude though not completely ruled out would require time.

2.3 Social norms that impact on Care Work

The study sought to identify social norms that influence the distribution of care work among men and women. Specifically, the study focused on perceptions of care work among men and women, gender roles and care work.

2.3.1 Perceptions of care work

From the analysis of how participants perceive care work, women across the five slum areas viewed care activities as enjoyable and desirable. In comparison to paid work, they considered all these activities to be important except washing clothes, taking care of the sick and ironing. Unlike their male counterparts, women participants largely agreed that care activities required skills to perform. There was significant debate among women regarding the importance of care work in comparison to paid work with general consensus that both were equally important even though a few women participants in Korogocho and Mathare were of the opinion that domestic work is not work. Although a few men, particularly in Korogocho, considered care activities enjoyable and desirable, majority of men viewed such activities as requiring no skill and less important compared to paid work. Of note, women in Kawangware and Mathare considered fetching water as very important yet not enjoyable task at all due to difficulties they encountered in accessing it.

The study also focused on the expected roles of women and men in the community and why this was the case. Looking closely at activities that people do and why or why not, both women and men across the five settlements were of the opinion that care activities were women’s roles.

A woman living in Korogocho: “Unpaid care work is the responsibility of a woman. When I got married, it was given that house chores will be my responsibility”.

Whereas majority of the participants both women and men agreed that domestic work is work, there was consensus that every single person in the family has a predetermined role to play in both paid and unpaid care work evidenced by quotes below:

Man living in Mukuru: “Since I got married, I have never made tea. Traditionally it’s the responsibility of the woman to do the house chores. My children know that it is the responsibility of their mother to cook. If they find me in the kitchen it will shock them”.

Woman living in Korogocho: “When I married her, I removed her from her parents’ home and brought her to my house. That makes me slightly above her. So, as a man, I should provide food, shelter, education. We are just following what our forefathers did. Culture dictates that a man must be the head of the house. You can’t change culture”.

Woman living in Kawangware: “If you leave your husband at home, he will watch TV the whole day and do nothing else, the only heavy thing he will lift the whole day is TV remote control”.

Man living in Kawangware: “My boy comes back from school and can’t go to the kitchen to fetch food waiting for the sisters to come because of training that men are not supposed to go to the kitchen. It is not right for a man to queue among women to fetch water for household use. We need to change this for the future so that household chores are not just for women”.

But this view was also disputed:

Woman in Mathare: “men and women have different responsibilities. My parents brought me up teaching me how to wash, but if a man washes, will he lose his hands? These things emerge from where we come from”.

All the participants stressed that they were raised up knowing that unpaid care work is the responsibility of a woman. However, they recognized that times are changing and more men are helping out with house chores and other unpaid care work. The participants agreed that even if men are the heads of families, it does not mean that the women will do everything in the house. Notably, men asserted that they would only carry out most of the care work activities when their wives are not around, pregnant or sick. There was a general consensus that there is a change in the mindset especially among young couples who seem to be embracing shared roles more than the much older spouses.

However, a general understanding also emerged that men are more comfortable participating in care work but would take offence when instructed by their wives to carry out care activities.

Man living in Mathare: “I cannot wash because she will start demanding frequently that I wash”.

Man in Mathare: “I can only wash, cook if my wife is unwell or pregnant. But child care is a collective responsibility”.

2.3.2 Gender roles and care work

Further, looking at the existing gendered division of labour, both men and women agreed that natural predisposition, socialization, training, religion, culture and tradition determined what men and women do. The participants largely agreed that family/parents, churches/pastor, friends, teachers, chiefs schools and digital media were responsible for information and perpetuation/persistence of existing gender roles. It emerged that that once a woman is married, she is under the authority of the man and hence the responsibility to provide food, education to the children and shelter squarely falls on him unless he is unemployed. Participants opined that some aspects of culture cannot change especially those around care work, as attested by the quotes below:

Man living in Kibera: “The greater burden of providing for the family is a man’s responsibility as the bible says ‘Man will sweat’.”
Woman living in Mathare: “This (providing for a man) is like [a man] being married by a woman though the reverse should be the case. I cannot provide for him and still claim to be the head of the household”.

Woman living in Mathare: “I cannot feed a man and provide him his conjugal rights as well”.

Women largely blamed socialization for division of labour among women and men and this has led to inadequate recognition, redistribution and reduction of care work. Most men were also of the opinion that since women spent most of their time at home, it is automatic that they do domestic chores because men were engaged in paid work to support their households financially. In addition, men were emphatic that engaging in paid labour to meet family expenses and providing security for the family was the role of men because they are heads of the household as demanded by tradition. Although men seemed to be rigid with regard to the prevailing division of labour, they also acknowledged that both men and women had responsibility of engaging in paid work due to economic hardships thus need to share the economic burden. Both men and women were in agreement that they do domestic chores because men were weak and in the event of an attack, women are the first to respond.

**2.4 Difference in Hours Spent Doing Care Work by Gender**

The task of determining number of hours spent on care work and differences in unpaid work- including care work according to the international classification of work and based on an average week (RCA- FGD) as shown by table 4. The analysis was disaggregated by gender and across the five slum areas in the study. Further, the analysis was done on the basis of specific categories as follows:

From the summary tables 4 and 5, male domestic workers spent an average of 35 hours a week in paid work or service while female domestic workers spent an average of 15 hours. Men’s spending on paid work is thus 2.3 times more than that of women implying large differences in earnings across the genders. This may be interpreted as an indication of greater dependency on the part of women.

Male domestic workers who work to produce products for sale spent a mean of 18.2 hours as compared to female domestic workers who spent a mean of 5.6 hours. There is thus a wide gender difference in hours spent producing utility goods. This scenario may be attributed to the un-clear division of labour in terms of the activities under this work category which were identified in the study such as selling roast maize, groundnuts, baking chapatti or mandazi (home-made pastries) to sell. The mean for producing products for home consumption was very low in both case of men and women owing that this study is carried out in slum villages where the opportunities to keep animals or engage in farming are close to nil.

A large difference was observed when hours spent by male domestic workers doing unpaid care work are compared with those of their female counterparts with women found to be spending nearly twice more hours in care work compared to men. Further, care work for women appears to often combine with other activities as secondary activity with women spending an average of 21 hours on average in the week doing care work simultaneously with another activity including care activities. The implication is that women spend most of their lives attending to care work which is nearly equivalent to the hours that men spend in paid labour/services. Further, male domestic workers spent an average of 18.6 hours on community work which was slightly below the average of 20.4 hours spent by female domestic workers in the same category of work implying that women are a lot more engaged in community work.

When it comes to non-work, comparatively, female domestic workers spent an average 47.2 hours on non-
work compared to males 54.2 hours on average. Notably, in Korogocho area, the hours spent on non-work were higher for both men and women (68 and 56 hours respectively). However, the study noted that most women while reporting engagement in non-work, they were also simultaneously engaged in light care work such as resting while knitting/sewing supervising homework while sitting or plaiting children’s hair while sitting. However in these instances, resting or leisure was reported as the main activity of the hour.

From the summary tables 6 and 7, male small scale traders spent 1.5 times more in a week in paid work or service compared to their female counterparts (average 25.2 hours versus 13.6 hours respectively). Male small scale traders who worked to produce products for sale spent a mean of 53 hours a week compared to female small scale traders who spent a mean of 49.4 hours weekly on this activity. The findings imply small difference in hours spent on this activity by both genders.

The average hours spent producing products for home consumption was very low in both the case of small scale traders—men and women (2.2 hours among men and 0.6 hours on average among women respectively) owing that this study is carried out in slum villages where the opportunities to keep animals or engage in subsistence farming are close to nil.

A large difference was observed when hours spent doing unpaid care work by male small scale traders versus women small scale traders were quantified with women spending 2.3 times (29.2 versus 65.2 hours) more hours in unpaid care work compared to their male counterparts implying that even when women are engaged in small scale trade, they still spend most of their lives in care work which in this case far out ways that which men spend in paid labour/services (65 hours versus 21 hours).

The large difference observed in the number of hours trading women allocate to care work compared to trading men has great implications for their business engagement and competitiveness especially in regard to the low earnings expected from trading within resource-poor slum areas. Notably, female domestic workers spent slightly more time (77.8 hours) on unpaid care work compared to female small scale traders who spent 65.2 hours on average. The indication is that trading women spend more of their time in the business and try to manage time in such a way that they perform both care work and business work given that most families in the study context cannot afford to hire house helpers. From discussions in the FGDs, hiring of a house-help or domestic worker to assist in household chores for pay was perceived as increasing the spending burden of the household as such a worker would require food and a place to sleep and this would generally increase the cost of living for the households. In isolated cases, male participants implied that they would not mind their wives hiring of a house-helper but this often complicates relationships between husbands and wives as it increases suspicion and blame.

Further, when it comes to non-work, comparatively, men small scale traders spend slightly more hours (49) in non-

### Table 5: Female domestic workers paid and unpaid weekly working hours by area

<table>
<thead>
<tr>
<th>Work type</th>
<th>Hours of Primary Activities per Week</th>
<th>Hours of Secondary Activities per Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slum Areas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kawangware</td>
<td>13</td>
<td>18</td>
</tr>
<tr>
<td>Korogocho</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Mukuru</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Mathare</td>
<td>83</td>
<td>69</td>
</tr>
<tr>
<td>Kibera</td>
<td>22</td>
<td>17</td>
</tr>
<tr>
<td>TOTAL</td>
<td>168</td>
<td>168</td>
</tr>
</tbody>
</table>

Table 6: Male Small Scale traders Paid and Unpaid weekly working hours by area

<table>
<thead>
<tr>
<th>Work type</th>
<th>Hours of Primary Activities per Week</th>
<th>Hours of Secondary Activities per Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slum Areas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kawangware</td>
<td>12</td>
<td>22</td>
</tr>
<tr>
<td>Korogocho</td>
<td>60</td>
<td>62</td>
</tr>
<tr>
<td>Mukuru</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Mathare</td>
<td>29</td>
<td>24</td>
</tr>
<tr>
<td>Kibera</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>TOTAL</td>
<td>54</td>
<td>56</td>
</tr>
</tbody>
</table>

Table 5: Female domestic workers paid and unpaid weekly working hours by area
work compared to 35.6 hours on average spent by women in the same category. On further probing, it emerged that men often went outdoors for prolonged leisure activities such as to watch football, to watch TV or play video games and sports betting, politicking and at times drinking. In contrast, women’s leisure was largely spent in the home or neighbours/friend’s home.

The summary table 8 below shows the average distribution of weekly hours by various work activities within slum neighbourhoods across gender and the two kinds of engagement of target groups. From the table, female domestic workers appear to spend a substantial amount of their time on non-work but this may be because of the higher mean of hours spent by men who rest for much of the day after working as guards in the night. On the contrary, they noted that men spent time more on profitable small scale trade and very few hours on care work and a significant portion of their time resting. On further probing, it emerged that men often went outdoors for leisure such as to watch football matches at local stadia, to watch television or play video games at local pubs and sports betting and at times drinking, a privilege that women did not have. Leisure for women often took the form of visiting friends or talking with neighbours.

Further, leisure time for women comprised of some care work taking place as a secondary activity such as watching television while breastfeeding, or knitting, resting while knitting/sewing, talking/guiding children while resting.

From the FGDs, working through the individual day recall and facilitating the compilation of time spent in both paid and unpaid work provided a rich forum for further insights and contributions related to hourly spending on care work versus other work on the basis of gender. Going through the analysis of the one-day recall, women noted that they tended to have very little time left to engage in productive work. They realized that quantified, care work takes the most of their days’ time and they gained insight that they carried a considerably heavier care work load. Male participants expressed disbelief and were at times genuinely shocked about the burden of care work women do though on isolated cases, men also emerged as isolated cases, men also emerged as

The FGDs also analysed care work patterns in the context of changes and household composition. The problem of female-headed households in slums was perceived as increasing care work for women. However, there were disparities in the workload between women domestic workers and small scale traders who were across the categories of work were further analysed. Participants were perplexed after an analysis of hours spent in various work categories across the genders. They took note that women spent less time overall carrying out profitable activities and more time on care work (70 hours on average) and a few hours resting inclusive of the night sleep. On the contrary, they noted that men spent time more on profitable small scale trade and very few hours on care work and a significant portion of their time resting.

<table>
<thead>
<tr>
<th>WORK TYPE</th>
<th>HOURS OF PRIMARY ACTIVITIES PER WEEK</th>
<th>HOURS OF SECONDARY ACTIVITIES PER WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slum Areas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kawangware</td>
<td>12</td>
<td>53</td>
</tr>
<tr>
<td>Korogocho</td>
<td>15</td>
<td>0</td>
</tr>
<tr>
<td>Mukuru</td>
<td>11</td>
<td>39</td>
</tr>
<tr>
<td>Mathare</td>
<td>16</td>
<td>47</td>
</tr>
<tr>
<td>Kibera</td>
<td>67</td>
<td>247</td>
</tr>
<tr>
<td>Total</td>
<td>134</td>
<td>26</td>
</tr>
<tr>
<td>Mean</td>
<td>13.4</td>
<td>0.6</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>168</td>
<td>63</td>
</tr>
</tbody>
</table>

Table 7: Female Small Scale Traders Paid and Unpaid weekly working hours by area

By utilizing GALS and RCA-FGD 2, the glaring differences between genders and across the categories of work were further analysed. Participants were perplexed after an analysis of hours spent in various work categories across the genders. They took note that women spent less time overall carrying out profitable activities and more time on care work (70 hours on average) and a few hours resting inclusive of the night sleep. On the contrary, they noted that men spent time more on profitable small scale trade and very few hours on care work and a significant portion of their time resting.

The summary table 8 below shows the average distribution of weekly hours by various work activities within slum neighbourhoods across gender and the two kinds of engagement of target groups. From the table, female domestic workers appear to spend a substantial amount of their time on non-work but this may be because of the higher mean of hours spent by men who rest for much of the day after working as guards in the night.

By utilizing GALS and RCA-FGD 2, the glaring differences between genders and
vii.) A household with live-in relatives has less care work as relatives help in most of the care work though depending on the relationship, duration and purpose of staying. For instance, a sick relative or an in law living in the household may actually increase care work while a sister visiting for a short while may assist in care work.

viii.) Women with school going children have less care work during the day when children are in school. However, when a parent has to cook and take lunch over to school, the care work is increased.

ix.) Nature of husbands work determines the kind of care work in the household as some work in the night and spend the day indoors making demands and demanding attention on women thereby increasing care work.

x.) During school holiday seasons, care work increases as all the children are at home and one has to constantly watch over them.

xi.) When children or mothers are unwell, men may help in care work but only for a short period of time and only for specific care work activities while others are largely ignored.

xii.) During festive seasons and festivities like weddings and ceremonies and rites, care work goes up as women’s participation is demanded both at home and at the venues of the function.

xiii.) When other children (friends/relatives) visit households to play or to watch TV especially during holidays, this increases the care work for host families.

xiv.) When women give birth, care work increases both for the mother and assisting friends who often come to assist with the heavier tasks.

xv.) When children grow up, care work reduces compared to when the children are young.

xvi.) Widows act as both fathers and mothers so they have a lot of care work; they also take care of their own parents, those of the husband and relatives from both sides.

The participants observed that the hourly quantification is helpful though there are exceptions to the estimates when the context changes such as:

i.) When a family has a children with special needs care work increases mainly for women

ii.) When an elderly person lives in a household, care work for women increases

iii.) Married women with children have more care work than those without children

iv.) Single women with children have more care work because they play two roles of both father and mother

v.) Women’s care work in a household with a house-help is less compared with that without a house-help. However, dynamics in the slums are that it is difficult for a household to afford a live-in house-help as the cost and available living space is limiting.

vi.) A female domestic worker, a single mother 3 who was interviewed in the study begins her typical day at 5am with preparing breakfast and dressing the children for school. This is followed by serving breakfast while dressing up the children. Once 2 of her children have departed for school, the female worker takes breakfast while assisting her young son and then cleans the utensils and house while still watching over her young one. She then washes clothes until 9am and together with her baby leaves the house in search of paid domestic work from 10am. If she is lucky to get work or has a previous arrangement to work at a house, she engages in domestic work from 11am to 4pm all the while watching over her son. At 4pm, she sets back to her home and shops for dinner items along the way. Back home, she prepares refreshments for her 2 school going children and feeds her last born while preparing dinner ingredients. This is followed by cooking supper while helping the children take a bath. She then serves dinner and helps her school going children with homework. She then prepares them for bed and then goes for her bath. She herself retires at 10am after setting things in order for the following day.

vii.) A household with live-in relatives has less care work as relatives help in most of the care work though depending on the relationship, duration and purpose of staying. For instance, a sick relative or an in law living in the household may actually increase care work while a sister visiting for a short while may assist in care work.

Family factors such as age of children and marital status determine the amount of care work.

F.2.4.1 Most problematic care work

According to ranking by participants and as shown in table 9, among the tasks that provided substantial difficult in performing were cooking, fetching water and taking care of children. The table further shows the ranking across the five slum areas.

Notably, participant’s experience in terms of problematic care work varies from slum to slum mainly depending on the existing infrastructure and other realities as discussed in the next section.
2.4.1 Most problematic care work activities at Mukuru

Child care in this area was perceived as difficult mainly due to the poor sanitation and open drainage of sewer waste which exposed children to frequent illnesses. Fetching water was extremely difficult because the water sources had been monopolized by individual vendors who exploited the local people and the cost of water was very high. In addition, cooking was difficult due to high cost of paraffin and charcoal.

Most problematic care work activities at Kawangware

In Kawangware, fetching water was perceived as extremely difficult because the water was obtained from boreholes which were far from the homes and the alternative source (piped water) was rarely available. A lot of time was spent queuing at the water points. Further, cooking was substantially difficult due to lack of electric power occasioning the use of charcoal and paraffin which were deemed very expensive in the area. Child care was perceived as difficult due to high insecurity and poor sanitation and open drainage of sewer waste which exposed children to frequent illnesses.

Most problematic care work activities at Korogocho

Taking care of children was particularly difficult in Korogocho due to the need to protect children from electrocution as live electric wires run all over the ground and on low heights. At the same time, cooking using electricity was difficult due to risk of electrocution while using electric plates powered from illegal connections.

2.5 Impact of Care Work on Target Group’s Productivity

To be able to understand the impact of care work on the involvement of women in productive activities, it was important to deeply analyse the components of each care activity and what it entailed. This was demonstrated by probing more on the specific activities within one care activity. For instance, preparing children for school involved bathing them, dressing them up, preparing their breakfast, packing their snacks for school and making their beds. It also entailed walking them to school and at times assisting them to cross the busy roads and handing them over to their school. On the other hand, preparing the husband often entailed warming the dishes, attending to visitors and picking clothes from the drying lines. Sometimes preparing food started hours earlier with sorting of grains and soaking them in water to soften before boiling.

Cleaning the house involved many activities including making the beds, arranging clothes, cleaning dirty utensils, fetching water (which in some areas took 1-2 hours due to long queues), dump dusting, disposing of the garbage, wiping house or paper carpet/sweeping the earth floor, cleaning shoes and tidying up the house. Sometimes these activities were repeated 2-3 times in a day.

There were noted disparities in the frequency of washings family clothes where some women washed everyday while others washed on alternate days. Whichever way, the activity involved several trips to fetch water in areas where water source was far, sorting and soaking clothes, the actual washing, hanging or waiting to find free space on the drying lines, guarding the clothes as they dried while undertaking a simultaneous activity, picking them (sometimes many hours later), arranging/ironing them and packing them.

This study established that care work activities are not systematically undertaken as there are many disruptions of routines occasioned by happenings such as un-expected visitors, illness of a family member, a distress call to assist a neighbour in need, a trip to a neighbour or friend to ask for help, a community meeting at school or neighbourhood and many other common occurrences. Hence a typical day though involving all the
recorded activities may not proceed hour to hour as anticipated.

The participants agreed that if care work was reduced, women would find themselves with more time to engage in productive activities which was often linked to improvement on their livelihoods in both family and community, and which would eventually translate into household stability. This perception was embraced mainly by women affirming that their involvement in economic activities would benefit not only themselves but the entire household. A few male participants debated this point often indicating that women’s earnings from productive work did not automatically translate into improved household welfare as some women would withhold their earnings from their husbands. This appeared to reinforce the existing gender stereotypes and expectations.

From the RCA-FGD3 and GALS step 1, women’s care work was perceived as contributing to lost opportunities not only in engaging in productive activities, but also inability to exploit their potentials and talents. Even when women were engaged in small scale activities, the amount of time dedicated to business activities was way below that which was available for their male counterparts. This is because the care work often competes with the business hours. For example women open businesses later in the day, break off regularly to attend to household chores, leave early to pick children from school and prepare dinner. Women are also more likely to be absent for some days, when for instance they have to care for a young child, take a child to hospital or attend school functions. It emerged that women traders opted to leave other traders working in proximity to manage their business or delegated to older children when they had to attend to the household chores, leading to low sales or losses. It was also noted that due to the involvement in care work, women small scale traders were unable to source for goods from the cheap sources and especially those that are far or those that were selling very early in the mornings. As such, they mainly sourced for goods from intermediary suppliers or brokers”, which meant less profit margin. This was confirmed by one female small scale trader in Kibera as follows:

“If I want to get the lowest price of fish, I need to be at Marigiti [wholesale market in downtown Nairobi] at 5am but then who will prepare porridge for my two children who go to school and how will I carry the young one at that hour? I better wait and buy from those who already managed to go even though my profit margin will not as big”.

For domestic women, care work hampers their involvement in productive/gainful activities and even when opportunities arise, they forfeit them due to clashing with their care activities. There were incidences of a few who forfeited formal employment due to demand for care work in their households. Domestic female workers also expressed concern that they were unable to participate in skills development workshops such as group activities where women are taught how to make home products such as soap, candles, juices and detergents whose sale could improve their financial status. This finding was not surprising as a number of women were attending the RCA sessions with infants as shown in Plates 3 and 4.

Both female traders and domestic female workers reported experiencing a ‘hectic’ life, strain and stress and severe exhaustion due to the demands of care work most of which are routine and mandatory. This often led to physical deterioration due to lack of time for self-care affecting their social relations in the family. The import of these effects are captured in the following voices of participants:

Man from Korogocho: “Women who spend all their time in the house tend to neglect themselves and look older forcing us to go look for younger women”.

Woman from Kawangware: “It is unfortunate that this work has to be done leaving us no time for self-care and a man can lose interest in you since in the evening you still look the way he left you in the morning (meaning unkempt)”.

The findings are consistent with those derived from interviewing local leaders who included chiefs, assistant chiefs and ward representatives who reported various limitations to participation of women in income generating activities. For instance, they reported that women are daily bogged down by care work activities and are therefore most likely to not attend community meetings, seminars and training forums that are at times offered for free by non-state and state actors. In addition, the government officials reported that women are inconsistent in their pursuit of business ventures since they at times go a few days without opening premises for work and their concentration in business activities is at times lacking. The government officials however regarded women as hardworking and good savers in their small trading ventures.
3.0 GOALS, COVENANTS, DECLARATIONS AND POLITICAL FRAMEWORKS, POLICIES AND STRATEGIES OF LOCAL, INTERNATIONAL AND REGIONAL INSTITUTIONS ON WOMEN’S CARE WORK

In order to front a more equitable division of labour and equal sharing of these responsibilities in the household between women and men, boys and girls, Oxfam attempts to challenge the existing traditional development models that place little value on care work by identifying alternative strategies, to recognize and support men, women, stakeholders and the state as actors to provide infrastructures where marginalized groups, especially women and girls would enjoy reduced workload in care work. In this respect Oxfam internationally has promoted and supported the formulation of economic policies for reducing the burden of women’s care work, in addition to the existing international, regional and local covenants, declarations and legal frameworks, policies and strategies. Consequently; the international development frameworks and strategies have recognized the need to improve women’s participation in labour market by addressing the persistent gender inequalities as well as increased recognition, redistribution and reduction of care work.

i) International Instruments on Women’s Care work

a) Universal Declaration of Human Rights (1948)

The first global instrument pointing to the need to integrate women’s care work into the mainstream economic development was the article 16 of the 1948 Universal Declaration of Human Rights (Akintola, 2006). This declaration is a comprehensive document that addressed all aspects of human rights. Although there is no explicit focus on the value attributed to the differential productive and reproductive roles by men and women; the document focuses on the need for equal rights for men and women. The instrument perceived gendered division of unpaid care work as a human rights issue, where legally binding international human rights conventions required nations to provide policy framework to address women’s economic, social and cultural rights.

b) The United Nation’s Convention for Elimination of All Forms of Discrimination Against Women (CEDAW 1979)

CEDAW was rather explicit in recognising that there was unequal distribution of productive and reproductive work by women and men. Hence, CEDAW (1979) advocated for the need to reduce unpaid care work as an important factor for gender equality, sustainable development and economic growth. The emphasis was laid on elimination of discrimination of economic and social benefits that disadvantaged women
due to disproportionate participation in unpaid care activities.

c) The Beijing Declaration and Platform For Action (1995)

The Beijing Declaration referred to the unequal distribution of unpaid care work by women and men as a barrier to gender equality. It called on states to establish and increase data collection of unpaid care work and design policies that recognize the importance of unpaid care work and provide equal rights to those who perform unpaid care work. Urging the States to address gender inequalities, the Beijing Platform for Action makes reference to other legally binding international human rights instruments on advancement and empowerment of women, elimination of discrimination against women and achievement of equality in distribution of resources. These include the International Convention and Economic and Cultural Rights (1966), the Convention on the Elimination of All Forms of Discrimination against Women (1979), the International Covenant on Civil and Political Rights (1966), the Convention on the Rights of the Child (1979), and the Convention on the Rights of Persons with Disabilities (2006).

d) The Commission on The Status of Women (1948)

The Commission was the principal global instrument in promoting women’s rights, documenting the reality of women’s lives across the world, and shaping global standards on gender equality and the empowerment of women. The Commission was mandated to take a leading role in monitoring and reviewing progress and problems in the implementation of the Beijing Declaration and Platform for Action, and in mainstreaming a gender perspective in UN activities. Accordingly all the state parties’ nations were required to develop and implement policies towards promotion of equality of men and women.

The International Labour Organization (1948)


The Conference urged governments and civil societies to undertake an audit of the structural barriers that prevent gender equality and women’s advancement in all spheres of socio-economic development. This was a global interest in pursuit of women’s empowerment through an audit of implementation of the Beijing Declaration and Platform for Action adopted in 1995. The implementation process enhanced support of women in education, small scale trade and interaction with micro credit facility. The aim was to transform women’s activities to economic growth.

g) Declaration on Enhancement of Welfare and Development of ASEAN Women and Children (2014)

The Declaration commits to promote regional cooperation for the enhancement of welfare and development of women and children in the region as an integral efforts to improve the lives of peoples in the region and cope with the challenges and seize the opportunities created by globalisation and regional integration; through promotion of protection of the rights of women and children especially those living under disadvantaged and vulnerable conditions and adoption of measures to enhance capacity to promote participation of women in decision-making and leadership in all fields of development.

ii) Regional Instruments on Women’s Care work

a) African Union Gender Policy (2009)

The policy established a clear vision and made commitments to guide the process of gender mainstreaming and women empowerment to influence policies, procedures and practices which would accelerate the achievement of gender equality, gender justice, non-discrimination and fundamental human rights in all aspects of economic development in Africa. This would lead to achievement of an African society founded on democracy, gender equality, human rights and dignity and recognition of equal status for all.


The Protocol reaffirmed the principle of promoting gender equality as enshrined in the constitutive act of the African Union and the New Partnership for Africa’s Development, relevant declarations, covenants and decisions, which underline the commitment of the African States to ensure the full participation of African women as equal partners in Africa’s development. The protocol affirms that inadequate treatment through exploitation, cruel, inhuman or degrading punishment and treatment shall be prohibited. Nations adopted and enforced legislative and other measures to guarantee women’s equal opportunities in work and career advancement and other economic opportunities.

b) Solemn Declaration on Gender Equality in Africa (2004)


The Protocol on gender and development constitutes a comprehensive fundamental document relevant for women’s economic empowerment and to combat all forms of Gender-Based Violence including discrimination and denial of the right to development.

iii) Local Legal and Policy Frameworks on Women’s Care work

Kenya has demonstrated some degree of commitment to addressing gender
inequality and women’s advancement. In addition to being a signatory to international and regional gender responsive regulatory frameworks, Kenya has enacted several laws and policies that address gender inequalities in support of women’s socio-economic and political empowerment.

a) The Constitution of Kenya (2010) in article 27 (3) and (4) upholds the rights of all citizens, recognises gender equality and prohibits discrimination of any body on the basis of gender.

b) The Kenya is the National Gender and Equality Commission (NGEC) was set up in Kenya by an Act of Parliament as an important institution in overseeing and guiding the realisation of gender equity. Its mandate as drawn from Article 27, 43 and Chapter 15 of the Constitution of Kenya (2010), as well as section 8 of NCEC Act (Cap. 15) of 2011 is not only an oversight for legal reforms on issues affecting women and girls but also to lobby, advocate and monitor on the implementation of gender equity policies and frameworks.


d) Sessional Paper No. 2 of 2006 on Gender Equality and Development was developed to ensure the mainstreaming of the needs and concerns of both women and men in all sectors of development and at all levels. To achieve this, the Sessional paper emphasises on the need for gender disaggregated data to guide on making women more visible.

e) National Policy on Gender and Development (2000) provides policy direction, to implement and coordinate gender mainstreaming process. The overall goal of the policy is to ensure gender equality and women’s empowerment through recognition of women’s roles, including care work in the national economic growth. The policy focuses on addressing existing imbalances through planning, policy formulation and implementation taking into account different needs, concerns and skills of men and women. The policy considers some critical areas of action for women’s empowerment as elaborated in the Dakar and Beijing Platforms of Actions. Critical areas of concern include enhancing equality in education, socio-economic opportunities and infrastructures to reduce care work by women.

3.1 Opportunities Offered by the Instruments and Legal Frameworks to Promote Recognition of Women’s Care work

International development agencies have effectively employed policy frameworks, mandates, covenants and declarations as a means of lobbying and sensitizing the societies to recognize the need to the persistent gender inequalities, which limit women’s rights to employment opportunities and recognition of their care work. For instance, the ILO report, (2010), recognises that women are over-represented among the underpaid, unprotected and unrecognized care workers around the world. In this regard, global development partners have invested resources in promoting recognition of care work. They have taken a center stage in the adoption of the prominent rights-based conventions, including the Beijing Declaration, the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW), and the Protocol to the African Charter on Human and People’s Rights on the rights of women in Africa. This in itself demonstrates a growing international consensus intervening against discrimination with view to considering legal, social, and educational barriers restricting recognition of women’s unpaid care work (Burda, et al., 2007).

The goal of the international policies and frameworks has been to promote an environment to recognize the value of care work and ensure that greater resources, such as government expenditure and resource are provided to reduce women’s care work by putting in place relevant infrastructures. The aim is to reduce women’s time and strengthen human capacity, thus contributing substantially to poverty reduction and economic growth (Tinker, 1990).

At the regional and local levels, the leading agencies in development and policy making through institutional frameworks have owned the mandate of providing structures for nations to implement policies with regards to the recognition, reduction and redistribution of women’s un-remunerated reproductive and care work. However some structural barriers have compromised achievement of strategic policies as discussed in the following section.

3.2 Barriers towards Achieving the Policies

A series of factors, including lack of political good will, insufficient spending on social services, and climate change, with associated impacts on resource scarcity and increased poverty have to a greater extent compromised the policy provision to enhance distribution of infrastructures to recognise, distribute and reduce care work by women. These factors impose an additional inequitably burden on women; who are compelled to provide between 70 and 90 per cent of the home-based care to children and other family members, including the sick, elderly and those living with disabilities. Unfortunately, availability of adequate resources to reduce women’s care work through infrastructure development has never been a national priority especially in development countries.

In Kenya there are competing infrastructural demands in many sectors and especially in the informal settlements in urban areas, including Nairobi. Although the government in collaborations with the Nairobi City County government have significantly invested in infrastructural development, very little seems to trickle down to the urban slums. The county government seems to be more focused on providing infrastructures within the city environment to facilitate economic opportunities for higher revenue collection. On the other hand, the political influence appears to determine the extent to which relevant infrastructures are accessed by urban informal settlements. Such infrastructures include adequate water supply, electricity, access roads, security, affordable and quality education and health facilities, all of which are meant to reduce the time spent by women in care work.

The transformations of cultural norms and attitudes, which define gender identity and gender division of labour, are structurally part of the socialization. This implies that the process ofundoing
them and adoption to the new trends of conceptualizing knowledge, attitudes and practice especially in developing nations is complex. Traditions and customs for many communities in Kenya negate the role of women in mainstream development. The traditions have mainly defined and ascribed separate roles to males and females based on gender stereotypes. Women are regarded as home makers, whose fundamental roles are care work. Cultural factors are therefore strong barriers to implementation of policies with regards to women’s empowerment. However, if adequate resources were provided for training, change of attitude and community awareness, it would only be a matter of time before such stereotypes are eroded. Most challenges are linked to myths and beliefs about women’s position in the community and patriarchal ideology which provides the context within which women are subordinate to men. These perceptions based on the culture do not encourage recognition and redistribution of care work. The roles assigned to men and women are therefore societal expectations firmly grounded on the cultural beliefs and practices.
4.0 LAWS, POLICIES, SERVICES AND INFRASTRUCTURES FOR REDUCING WOMEN’S CARE WORK IN KENYA

Care work is essential for households, community and society. The time spent on these roles can be reduced with less labour through improved services and infrastructures by the state, community, local and International NGOs as well as Donor Agencies. This would provide women time to improve their economic opportunities, capabilities and the quality of care work provided, as a result of which members of the household and community would benefit. The following are some of the policies, services and infrastructures that can reduce the time, physical and emotional energy in care work.

a) Constitution of Kenya 2010

The constitution of Kenya 2010 under the Bill of Rights article 27 and 43 stipulates that all the people of Kenya should enjoy equal rights where all basic provisions such as water, health, education and food are provided to all. This provisions form a strong basis for advocacy in that the state is duty bound to ensure that all have access to the basic facilities and services that make decent life for all possible.

b) Kenya Vision 2030

The social and economic pillar of the Kenya Vision 2030 pledge and underscore the need for Kenya to transform all infrastructures to a middle level country standard by year 2030 regardless of the current status. The social pillar in particular emphasizes equal participation in economic, political and social development including empowerment of the marginalized and vulnerability and provision of capacity, skill development and training all of which are necessary for the reduction, redistribution and recognition of care work.

c) Free Primary Education

In Kenya Free Primary Education was introduced in 2003 and although it has enabled many children to access education, there is still need to improve the quality and number of public schools and to remove the hidden costs in order to increase the participation of children in school. In this study, it was noted that despite the FPE and removal of some hidden costs, there were many children of school going age who were not in school posing an extra burden for care work by their mothers.

d) Provision of Free Maternal and Child Health Services

It is currently the government policy under article 43 of the Constitution to provide accessible and affordable and quality health services to all. This provision is not actualized in many slum settlements and even where clinics are provided, they are barely enough for all and are congested, far and lack the necessary facilities, medicine and qualified personnel. This situation has frustrated the Kenya government’s endeavour and pledge to provide free maternal and child health services. Access and affordability of health care services would reduce time taken by women to seek medical care for themselves and their children as well as improve health status of the entire family thus reducing time taken in care of the sick. Further, access to maternal health care services would free women from conducting home deliveries and the intensive care for new mothers and children which is normally undertaken by communities in slum environment.

e) Kenya Slum Upgrading Project

Since the mid-1990s, the government has had a programme on upgrading slum areas and the provision of decent housing, quality services and infrastructures. However, lack of political goodwill and inadequate budgeting have posed a challenge hence slowing the process as demonstrated by poor housing, lack of safe water and electricity which continue to affect the majority of slum dwellers.

f) Power Coverage for every Household by 2017

The Jubilee government in Kenya in its manifesto of 2013 promised to provide electricity to all households by 2017 including informal settlements. This study established that although there is electric power in most of the slum sites, most of it is illegally connected and dangerous to use. The same Jubilee government manifesto promises improved police/citizen ratio coverage by 2017 to 1:400 citizens. This if achieved would go a long way in improving the security and thereby encourage women to move freely around the communities so as to perform care work with ease.

g) The National Youth Service Programme

The role of the Ministry of Devolution through the National Youth Service Programme engages in improving sanitation, access roads, garbage collection, construction of sewerage system in slum settlements. The study established that the programme had been very helpful in Kibera particularly in improvement of the environment and security thereby easing care work. However, the programme is not sustainably implemented and political goodwill to keep it running is lacking.

4.1 Roles of Duty Bearers in Facilitating Reduction of Care work for Women Living in informal settlements

i) The National and County Governments are primarily the providers of national infrastructural development and policy framework based on both national and county economic planning. Through planned and focused policy frameworks, viable strategies for the recognition and reduction of care work can be provided. Governments hold constitutional and institutional mandate to protect and uphold women’s human rights. The state is thus the main stakeholder in the facilitation of infrastructures through allocation of resources and developing appropriate regulatory frameworks and policies to support care work. The Kenya constitution (2010) provides for participation of the public in budgeting and allocation of national resources for public needs including those related to care work.

ii) Other stakeholders may include non-state actors, such as foundations,
international and inter-governmental organizations that command large resources. These stakeholders influence global norms and standard-setting in support of human rights which incorporate women rights. In addition, the stake holders have achieved a lot in promoting gender equality in development as a priority; providing policy advisory functions, on infrastructure development to facilitate women’s access to resources as a measure of economic development. International and regional development organizations are also best suited to influence governments through lobbying and indirect pressure to support care work and empowerment of women.

iii) Local development organizations and communities

Local institutions such as NGOs and CBOs have a role to bring local matters to the attention of national and county governments. They are best suited to articulate the realities of communities and particularly women who often bear the greatest burden of care work in especially resource-poor households. They are usually involved in lobbying and putting pressure on government to provide essential services to the public and especially facilities for the sick, education facilities, community facilities for child play, youth centres for productive engagement as well as community based care for older persons and persons living with disabilities. Local organizations also advocate for women’s rights including challenging the existing gender relations and inequalities perpetuated by retrogressive cultural beliefs. Such belief play a role in increasing care work burden on women.

4.2 Practical Strategies and Solutions for Reduction, Recognition and Redistribution of Care Work among the Target Women

From the FGDs, the following were some of the practical solutions suggested as avenues for reducing care work burden on women across the 5 slums included:

a) Infrastructure

i) Water

The priority infrastructural service was improvement of water supply. Respondents shared their experiences of difficulties in timely acquisition of safe and clean water given the distance to the water points and long hours of queuing for up to about 3 hours. Thus provision of clean and safe piped water closer to households should help in reducing care work for women.

ii) Electricity

Across all the areas studied, there was a serious problem with regard to availability of legally connected, safe and secured electricity. Most households had illegal connection of electricity which posed a major risk of safety to residents especially fires. The national government is currently supporting installation of affordable and subsidized electricity in households for lighting and cooking which is expected to reduce time spent on most care work activities. However, increasing electricity connectivity alone may not reduce care work unless it is coupled with improving affordability for especially the most vulnerable households.

b) Essential Services

i) Education

It was noted during the FGDs that across the 5 slums, there was scarcity of affordable education services closer to the households; a factor which had a bearing on increased care work distribution as many children of school-going age stayed at home. Therefore, establishment of more public primary and secondary schools within the slums can go a long way in reducing care work. It must be noted that schooling support in the slums will require more allocation in the budget to support free meals, learning materials and sanitary towels for girls. More so, there is need to provide affordable public day cares and early childhood child centres also targeting children with special needs living in the slums.

ii) Health facilities

Health was a major concern across the 5 slums. It was noted that across the 5 slums, there was scarcity of public health facilities which had a bearing on care work as much time was spent taking sick to hospital sometimes for regular dosage of medicine. Hence, providing affordable and reliable health facility closer to the households would reduce time spent walking to the health facility and reduce care work.

iii) Road Networks

Transport was a major challenge across the 5 slums which made access to the households in the interior cumbersome especially in rainy seasons, the situation made care work difficult in addition to interventions related to sickness and emergencies. It was suggested that good road network will reduce time spent in care work as it would make movement faster and easier.

iv) Sanitation

Sewerage, sanitation and drainage posed a major challenge across the 5 slums compromising good health and wellbeing. Provision of enough public toilets, unblocking water drainages, proper garbage disposal mechanisms and improving sanitary and sewerage systems would positively impact on the health status and wellbeing and also reduce the time allocated by women to care for sick children and neighbours. The Nairobi City County Government should provide dust bins and dumping bins, adopt cheap technology and user friendly models for toilets and support youth groups to complement garbage collection.

v) Manmade and natural disasters

The most common disasters in informal settlements are fire outbreaks and political unrest during the electioneering period. Response to fire disaster is very poor and in most cases not timely. There is need for the county government to establish a fire fighting station within informal settlements to ensure timely response in the event of a fire disaster.
providing more operational police posts, chief camps and routine patrols. It was noted that the youth were mostly involved in criminal activities that promoted insecurity. Thus, engaging youths in public service through the National Youth Service and other entities, promoting youth sports, enhancing income generating activities and community work would combat idleness and crime, thus making the youth more productive.

v) Change of Attitude

It was noted that culture, socialization and attitude played a role in increasing care work for women while compromising distribution of household care work. It was therefore suggested that by demystifying culture and socialization patterns through education and training of men, women, boys and girls on importance of sharing care work would encourage reduction of care work.

vi) Women economic empowerment

Encouragement of women to participate in empowerment programs such as table banking, women groups and provision of soft loans with low interest rates and suitable repayment terms would promote women’s economic and social status which would spill down to their households, hence reducing care work. More so, non-economic empowerment projects such as enhancing their capacity for organizing at community level would encourage home-grown solutions among them paying one mother to take care of several children while other mothers engage in business and trading.

4.3 General Recommendations

The study draws these recommendations from the policy frameworks as well as the practical solutions provided by respondents. They are also aligned to the findings on the most problematic care work activities that arose from the study which are listed in order of priority as perceived by the participants in the FGDs. From the foregoing therefore, it is recommended that duty bearers ought to focus their efforts to improve:

- Access to safe, clean water from the Nairobi City County connections which was both a problem for especially Kawangware and Mukuru.
- Access to cooking energy (charcoal, paraffin and fire wood)
- Road networks to ease access to living areas
- Efforts for supporting care of the special children/physically challenged
- Efforts supporting care of terminally and other ill persons
- Efforts to support care for the elderly
- Support systems for care of the mentally ill and disabled
- Support systems for care of infants and young children to reduce risk of catching disease
- Support systems for care of all children to avoid dangers posed by illegal electric connections, poor drainage and waste disposal outdoors.

4.4 Recommendations for Reduction of women’s care work burden

i) Provision of clean and safe water near homes:

Most residents of Nairobi’s slum settlements do not have access to public water supplies, which are available to other residents of the city. The longstanding view that informal settlements were illegal meant that local authorities were not held responsible for providing access to water and other essential services. While over 50% of the population live within informal settlements, only 12% of the households have water connections. In the slums, women spend a lot of time fetching water for domestic consumption. In other cases the water is not safe for cooking and drinking since it is from a dirty source due to poor sanitation. The provision of clean and safe water near the homes would save a lot of time for women to engage in other care work, small scale income generating activities as well as personal development, for example attending trainings and social events. Additionally access to safe and clean water for domestic consumption would result with reduced incidents of illnesses among the women themselves and vulnerable members of the family and especially children and the elderly. This would then means that the time spent caring for sick persons is also reduced.

ii) Provision of affordable and safe electricity for home consumption and lighting

Within the informal settlement there were few structures to indicate legal connection to electricity supply, while in many cases, electricity was mainly used for lighting only. Charcoal, kerosene and firewood were the commonly used cooking fuel in the slums. Candles, tin lamps and kerosene glass lamps (lanterns) were also used for lighting. These modes of energy while making women’s care work difficult exposed households to high levels of risks, accidents related to fire, carbon monoxide and other pollutants, because the houses are very small, poorly ventilated and overcrowded. Moreover, the illegal connection of electricity provided an option for cooking with high vulnerability to fires all of which complicate care work for women.

Safe electricity would encourage investment on affordable domestic technologies such as grain grinders, fuel-efficient stoves and cookers which have a major impact on freeing women’s time and enabling them to be more efficient in care work. Additionally, it would allow women to function more efficiently in care work around homes and especially early in the morning and late in the evenings.

iii) Improvement of Sanitation

Nairobi’s sewerage system is generally poor, with the waste and disposal systems being dysfunctional, most of the times. In addition this system is not available to residents of slum settlements as they have limited or no access to the public sewer lines and waste disposal systems. Rudimentary hand-constructed earthen channels acting as open sewers are common in all the informal settlements. In these channels, the sewage often comes into contact with drinking water pipes and many times passes right in front of houses. The smell of human waste is always present in many parts of
the slums especially where the sewage pools and stagnates.

Hence, the demand for state the County governments to partner with CBOs and private operators to develop community managed pay ablution blocks, including bio-latrines to ensure safe disposal of waste. This would also reduce incidences of sickness, while at the same time providing a safe environment for the performance of care work by women.

iv) Provision of Transportation facilities

Urban services in informal settlements are non-existent or minimal. Roads, pathways and drainage channels are made of earth and flooding is common. In some informal settlements, there are no proper roads and vehicles cannot access households. In cases of sickness, residents have to carry patients out of the settlement to nearby access roads in order to get transport to a health facility. The failure to generate employment within access of the poor has left most of them with no alternative but to walk long distances every day to and from the sources of employment.

v) Social safety nets for extremely poor households

This can be in the form of cash-transfer schemes that target women care givers as a social assistance instrument to provide household basics so that women can be more efficient in engaging in care work especially in poverty stricken areas including the slums. The cash transfer is meant to reduce poverty and enhance household’s capabilities. These transfers are often meant to provide household basics and as a poverty reduction strategy.

vi) Education and training

This would be beneficial for women themselves in that ability to read and write increases performance in care work and also the chances of being more informed about available choices on day to day basis. On the other hand, training opportunities offer new skills and especially the use of simple technologies in the performance of care work. It is true that education and training for girls protect them from getting trapped into unpaid care work at an early age that results in cycles of poverty.

4.4.1 Strategies for Redistribution and Recognition of care work

a) Awareness raising on the need to change social norms to favour redistribution of care work

The gender stereotype perceives men as breadwinners and women as carers and nurturers whose place is within unpaid care work. Changing social norms would reduce the burden of discriminatory gender stereotypes that leave women as the sole bearers of care work. This calls for time and resources to raise awareness on the need to demystifying social norms as a basis for redistribution of care work within households and society. Women and girls be given opportunities as leaders and decision-makers within their communities to channel their voices through open dialogues; for better understanding of women’s and girls’ concerns.

b) Provision of gender disaggregated data to quantify care work for recognition of care work

This calls for systematic and continuous surveys by all stakeholders to consolidate sex disaggregated data that shows time spent on care work and roles performed. This data should provide a basis for formulating policies and strategies on recognising unpaid care work with strategic services and infrastructures for reducing care work. The data would be useful to quantify the value of women’s work into discussions on economic and sustainable development. This would then change the perception of the government planners, county and local service providers on care work as a multi sector issue deserving support and interventional priorities.
5.0 REFERENCES


—. 2010a. Asia-Pacific labour market update [Bangkok, IL0 Regional Office].

—. 2010b. Labour and social trends in ASEAN 2010: Sustaining recovery and development through decent work [Bangkok].


Oxford University Press.


6.0 APPENDICES

1) STUDY TOOLS FOR DOMESTIC WORKERS/SMALL SCALE TRADERS

FOCUS GROUP DISCUSSION 1

Understanding Relationships of Care work

Objective: Facilitate participants to reflect on meaning of care, who they care for, who cares for them, how care is a reflection of social roles in family/community

Introduction and ice breaker

- All Participants introducing the next person in 5 words
- Icebreaker (1 or 2 questions)- Imagine a world without women what would it be like?
- Imagine a world without men, what would it be like?
- Imagine a world where none of us needed the other, what would it be like?
- Focus on wall aid pictures: what do you see on the walls? (Care work pictorial)
- What does it mean?
- What is care work- facilitator explains e.g - Is slaughtering a chicken/mbuzi during a function care work?
- Is serving/cooking tea in a women’s meeting care work?
- Is care work important? How important is care work? To who and Why?

Purpose of the workshop: to understand how care work is carried out in their family/community and who does it, also what limitations it raises and how that can be addressed.

Outcome: if addressed either through reduction, redistribution, then it becomes possible for those most involved to take part in other productive activities. Give examples-

Expounding on Care work: To note: English- Care work Kiswahili- Kutunza, kuhudumia wengine

- Who do you care for on a daily basis
- Who do you care for on weekly basis
- Who do you care for on monthly basis?
- Who in your household cares for you?
- Who do you cook for?
- Do you ever take food to your neighbours?
- Who takes care of your children when you are unwell/busy?
- Do you ever help ill people on other households?
- To whom do you give moral support?

Ex:- Individual care cycle diagram: daily, weekly, monthly using the concentric circles

Ex:- Collective diagram: who men care for/who women care for

Ex:- Discuss by Disaggregate findings by gender and age, family status

Requirements: A3 Pictures of care work, White Flip charts rolls and marker pens

FOCUS GROUP DISCUSSION 2

Step 2: the second FGD will identify unpaid and paid work activities performed by women and men and create an estimate of the number of hours spent on each category of work – including care – by women and men in an average week [FGD 2].

Objective: Quantify volume of care work performed by men and women in a visible and clear manner

Introduction to the FGD

What are the different categories of work that women and men perform in this community?

• Probe for: business activities such as kiosk, selling food, fish,
• waged labour such as cleaning, repairing, building, washing, or transporting
• We have housework that facilitates the care of persons (in one’s own household or for other households), and the collection of water or fuelwood
• Unpaid work producing products for home consumption eg. Chicken rearing
• Participation in community committees, and community work related to health,
• education, natural resources, and religious or cultural events
• Personal care (bathing, resting), sleep, entertainment and recreation

a) Mixed group

- Of all the work that people do in this community, estimate how much time care work represents, on daily and weekly basis, for women and for men.

Process: Put the work categories on a flip chart on the wall for everyone to see, and attribute a symbol for each category.

Discuss extensively the work categories above to deepen their understanding of them

Explain that some activities are done simultaneously and it is important to record them as taking place at the same time

Collective diagram: agree on symbols to use for each work category

Ex: Task 1 – each individual to list on the flip chart care activities they undertake on a typical day-hour by hour

Ex: Task 2 - Inserting symbol on recorded activities and count how much time is allocated to which activity, and each simultaneous activity

b) Women Group and Men Group

Estimating the number of hours worked on daily and weekly basis and time spent on unpaid care work.

Task 1 – Group examines the time they spend for each category of work, either as a primary or secondary excluding personal care activities.

Task 2 – Each individual multiplies her/his own daily totals by seven, and write her/his answers in the second column.

The group will then see a range of how much time women and men in the community typically spend on each category of work.

Documentation will include arising patterns of what is the typical activity schedule for older women/men, younger men/women, married/unmarried, with/without children etc.

Task 3:

a) The group should reach an estimate of how much time is spent, on a weekly basis, for each category of work by women and men.
• Establish typical-ness of the recorded day
• All groups will include unpaid care work
• Group records as an average estimate across households

b) Draw up a table summarizing the estimates for each category and putting it up on the wall for everyone to see and agree on. Be keen on whether the typical estimates reflect differences in sub-categories of women/men.

c) Drawing petal diagram to make a visual representation of care work relative to other types of work.

- Using the averages obtained from the exercise above, participants draw large circles in the shape of a petal diagram
- Black circles for paid activities and red for unpaid activities

Disaggregate findings by gender, age, and family status.

Rapid analysis for Step 2

• What striking differences stand out between what men do and what women do?
• If women are found to be doing more care work than men: Were you aware that this was the case? To what extent? What are the consequences in terms of women’s time?
• Could you imagine a scenario where women would do less care work, or more paid work? More community work? More political work at community level? [GALS 1]
• Can you think of cases or families where this happens? Is that beneficial to the family? and to the community?
• Are women doing more simultaneous activities than men? Which ones?
FOCUS GROUP DISCUSSION 3

Step 3: The third FGD will aim to document the care activities that women and men undertake at household level and identify how changes in the context affect activities. It will also identify which care activities are most problematic for the community and for women in particular (FGD 3, 4, 5).

Objective: Identify gendered patterns in care work, changes in care work patterns, and the most problematic care activities.

Introduction to the FGD

Explore the distribution of care roles at household level

FGD 3 explores care work in more detail, and seeks to uncover patterns and responsibilities in care work, by gender and age; underscoring who is responsible for what aspects of care work?

Question line:

What care activities are performed at household level in your community?
What categories of people are involved in doing care work in your community?

Process – collective exercise

1. Present the universal categories of care, referring to activities discussed in FGD 2 i.e. meals, clean clothes, personal care (bathing, dressing, feeding), clean living space, moral support (talking and listening), nursing ill people.
   Ask what other forms of care takes place in this community (special care for disabled persons etc.)?

2) Once this list is complete, ask participants to look at their one-day recall, and to put detailed activities under the universal categories. Facilitate this process by asking prompting questions such as:
   • What does ‘preparing meals’ involve?
   • What does ‘caring for children’ entail?
   • What about ‘cleaning the house’?
   This should generate a more detailed list of activities.
   One facilitator should start organizing the categories, and placing them in an orderly manner in the matrix.

3) Ask participants to reflect on who does what care work. Steer the discussion towards at least six social categories (there may be more): girls, boys, women, men, older women, and older men.
   • Do girls help with cooking?
   • Washing the clothes? Do boys ever go to collect water?
   • Who takes care of family members who are ill?
   • Who provides moral support in crisis situations?

Then create one column for each social group on the ranking matrix.

d) Ask participants to fill the matrix by estimating the time spent on each task, on a daily and weekly basis, e.g.
   3 dots = more than 10 hours per week;
   2 dots = 5-10 hours per week;
   1 dot = less than 5 hours per week;
   No dots = Never.
   Or
   3 dots = Daily;
   2 dots = Sometimes/once a week;
   1 dot = Rarely/once a month;
   No dots = Never.

FOCUS GROUP DISCUSSION 4

Step 3: The third FGD will aim to document the care activities that women and men undertake at household level and identify how changes in the context affect activities. It will also identify which care activities are most problematic for the community and for women in particular (FGD 3, 4, 5).

FGD 4 is a discussion around factors that affect care work (external factors like seasons, economic or environmental shocks, but also internal factors like pregnancy, old age, illnesses.

Objective: Understand fluctuations and changes in patterns of providing care.

Introduction to the FGD

Explore the distribution of care roles at household level

FGD 4 explores care work in more detail, and seeks to uncover patterns and responsibilities in care work, by gender and age; underscoring who is responsible for what aspects of care work?

Question line:

What factors lead to fluctuations in patterns of care?
How have care activities changed in this area?

Probing

Can you identify seasonal patterns of care?
Are there times of the year when meeting care responsibilities are more difficult?
Why is this?
Can you identify a particular policy (national or local) that has had significant repercussions in terms of how care roles are distributed?
Cue-e.g Changes in food prices, new health care services, or the closure of a school will impact care responsibilities.

You may want to look at what element of care would most critically need to be re-considered?
How does a woman’s lifecycle affect her care responsibilities?
How do young women cope with additional care work linked to taking care of infants?
If your enterprise development programme is targeting young women, you would need to understand care responsibilities linked to this particular age group.

Ask participants to draw a ‘seasonal calendar of care’,
either as a large circle, or using a month-by-month representation of the changing volume of care for different care categories (see Figure 2).

Design an exercise on ‘changing care responsibilities in a woman’s lifecycle’ to explore fluctuations in care responsibilities associated with pregnancies, being a young mother, illnesses, old age, and so on. Requirements: Figure 2, Modified table 5, 4 White Flip charts rolls, 12 marker pens of red, black and green.

Requirements: Figure 2, Modified table 5, 4 White Flip charts rolls, 12 marker pens of red, black and green

FOCUS GROUP DISCUSSION 5

Step 3: The third FGD will aim to document the care activities that men and women undertake at household level and identify how changes in the context affect activities. It will also identify which care activities are most problematic for the community and for women in particular (FGD 3, 4, 5).

FGD 5 will also identify which care activities are most problematic for the community and for women in particular

Objective: Identify the care activities that are most problematic for the community and for women

Introduction to the FGD

Question line- Single sex groups

• What issues about care in this community are you most concerned about?
• Of all the care responsibilities that women face in this community, which are the most challenging, and why?

Probing cues

• What takes too much time?
• Which tasks in your day do you not feel good about, put off, or resent (in contrast with tasks you enjoy more)?
• What element of care is most difficult to manage on a daily basis?
• What are the main issues and problems?
• How much time is spent doing care work?
• What are the restrictions on mobility associated with specific tasks (like caring for children, sick people, or the elderly)?
• What are elements of physical or mental discomfort?
• What causes the inability to attend community meetings? Are these held when you are busy with care work?

Process

The men’s group could discuss ‘What’s problematic for the whole community?’ including the problems that arise because certain groups receive inadequate care (e.g. elderly people). Then ask the men, ‘What’s most problematic for women?’, and why they think certain activities are problematic for women. (GALS 1 & 2)

With the women, start a discussion on the difficulties women face as a result of the care work they do, either in general terms, or with reference to a particular Oxfam project they are involved in. (GALS 3)

Ranking Matrix 1 -prepared under FGD 3 above, and define a quick way of identifying the most challenging tasks, (You could allocate three dots for the most challenging, two dots for manageable, and one dot for ‘simple’ care work. Or you could number all care work, going from the most challenging to the least challenging). 

Ranking exercise

(See Ranking Matrix 2 below)

Go back to the three or four most challenging care activities.

Draw up a matrix with these on the vertical axis, and the issues associated with care work on the horizontal axis.

You may want to begin with issues such as time, mobility, or impact on health, and ask participants to identify other issues causing difficulties or making care roles complex to manage (e.g. not enough time to care for elderly people, smoke coming from fire creating problems for children, etc.).

Then ask participants to do the ranking as shown in the example below. This will give a detailed picture of what women see as problematic in their care roles.

Try to bear in mind that issues with particular care activities may arise not from the primary activity, but from the simultaneous or secondary activity.

For instance, doing meal preparation and ironing for a neighbour may not truly limit a woman’s movement, but it is the secondary or simultaneous activity, such as taking care of a very young child, that makes cooking and ironing hazardous or difficult, restricts mobility, and makes doing paid work very burdensome.

Rapid analysis for Step 3

• Discuss the key findings from this step:
• Who in the family is responsible (or has become responsible) for care work?
• Is there an equitable sharing of responsibilities between women and men?
• In what ways has housework allocation become less or more equitable between men and women, and between girls and boys?
• If it has not, why not? What are the consequences girls have to face for spending more time than their brothers helping their mothers around the house?
• What are activities most problematic for women and why?
• What main concerns are emerging?
• What external factor stands out as most critical in the particular context you are in?
• Has anything been done to remedy this?
• Has Oxfam tried to tackle the issue? How?

Requirements: Figure 2, Modified table 5, Ranking Matrix 2, 4 White Flip charts rolls, 12 marker pens of red, green and black

FOCUS GROUP DISCUSSION 6 (OBJECTIVE 3)

Objective: Identify different categories of infrastructure and services that support care work

Introduction to the FGD

What support, what infrastructure, and what services help your work in caring for people or your household? (GALS 3)

Probing cues

• Where do you access water for cooking and washing?
• Where do you leave your young children when you do paid work, family enterprise, or farm work?
• Are there any local organizations providing services for women? Does anyone pay for childcare services in your community? Do local enterprises provide paid sick leave, or maternity leave?
• Are there government workers who provide support or equipment for caring for elderly, disabled, or ill family members?

Process

Community mapping (Figure 4). First, present the care ‘diamond’ (Figure 3). This should be prepared by facilitators in advance.

The care diamond shows the four categories of actors which can provide care support, infrastructure, and services: 1. Households/family; 2. Markets/employers; 3. State/municipality; 4. NGOs/religious organizations/ community groups. (GALS 4)

This tool will serve to broaden the scope of the discussion on care beyond the actors.
Then proceed with the following exercise.

a) Ask participants to draw a few important landmarks from the places where they live and work. The landmarks should cover a large circle. Then ask them to represent all the places that people go to in order to do the caring they need to do: water sources, the clinic or hospital, the school or nursery, sources of fuel, transport to reach state services, the grain grinding machine, the oil press, grandparents’ house, the counselor for HIV positive people, shops to buy food or cleaning supplies, paid services to wash/iron clothes. You can use a different colour for each care category.

b) Draw a second outer circle, larger than the first, and ask participants to represent the services that are not visible in the community, but do exist (in green colour). This may include services provided by the community (for example by religious organizations, NGOs, or the elders’ council); by the municipality or state (e.g. subsidies/social protection, old age pensions) or by the market (e.g. small businesses selling prepared food or laundering clothes; employers that pay for childcare, health or maternity benefits).

c) Draw a third outer circle (larger than the previous one) and ask participants to reflect on what they ‘wish to have’ to complement or improve what already exists (these should be written out in red). This may include new services or infrastructure, but also more efficient equipment, social innovations systems, more user-friendly services, and so on. (GALS S)

Requirements: Figure 3 and 4, Ranking Matrix 2, 4 White Flip charts rolls, 12 marker pens 3 colours

FOCUS GROUP DISCUSSION 7- (OBJECTIVE 3)

Objective: Identify and rank options to address problems with the current patterns of care work, and especially to reduce difficulties for women around care work.

Introduction to the FGD

Question line
What options exist for reducing difficulties and redistributing care work? How can care work be redistributed within households or redistributed from families to state or other providers? (GALS S)

Probing questions
What forms of social innovations (labour-sharing, support for childcare) and technological innovations (pounding mills, washing machines) could be developed or strengthened in order to reduce the time or labour that care work requires of individual women?

Try to make a list.
• How can care work be re-distributed within the household, between men and women, between boys and girls, or between different generations?

Process
a) Use the outputs from FGDs 4, 5, and 6 to generate a discussion on options for reducing and redistributing care work.
• What additional resources, institutions, services, or subsidies can be mobilized to reduce the difficulties and costs of care work done at household level? Use the community map or the care diamond to inquire about the appropriateness and efficiency of existing services and infrastructure.
• Which officials and institutions (governments, companies, trade associations, NGOs, religious organizations) could be called on to make decisions to support or invest resources to reduce/re-distribute care work?

b) Rank these options according to the perceived benefits attached to each option. Start discussing criteria for ranking the options identified above. What constitutes a ‘good option’ for different participants? Discuss possible criteria (see the first column in Ranking Matrix 3 below for ideas to start off the discussion). Allow participants to come up with additional criteria.

Once criteria have been established, prepare a ranking matrix and ask participants to fill it in.

Ask participants to rank the change options identified by only two general criteria: the positive impact this change would generate, and the feasibility of implementing the change. Be sure to agree what the scores mean, for example, that high feasibility means the proposed change requires low investment and has high social acceptability. A simple graph, or stones placed on option names, will identify the options that combine high feasibility with high impact.

In Figure 5, the option ranked 4 for impact and 4 for feasibility would be the highest priority. The options ranking 5 and 6 for impact could offer ideas for a longer-term project.

Rapid analysis for Step 4

What is emerging from this step? Are men willing to reconsider their own role in providing care? Are gender norms fixed, or do we observe some flexibility?

What levers can women use to provoke change in their own households? What categories of women (such as older or educated women) might be most influential? What sort of demands could be formulated at community level and by whom? Would men in this community support a clearly articulated demand for more public investment in care-related infrastructure (such as electric mills or daycare centres)? Where are the main blocks, and where do we see substantial scope for change in redistributing care work?

Requirements: Figure 5, Modified table 5, Ranking Matrix 3, 4 White Flip charts rolls, 12 marker pens of red and black

FGD PROGRAMME – 2 DAYS

<table>
<thead>
<tr>
<th>Time Activity</th>
<th>Day 1</th>
<th>Day 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1</td>
<td>0:30 Introductions, clarifying objectives, clarifying ‘care’ in language and context</td>
<td>1:00 Step 3 (continued): FGD 5</td>
</tr>
<tr>
<td></td>
<td>1:00 Step 1: FGD 1</td>
<td>1:30 Step 4: FGD 6</td>
</tr>
<tr>
<td></td>
<td>2:00 Step 2: FGD 2</td>
<td>1:30 Step 4 (continued): FGD 7</td>
</tr>
<tr>
<td></td>
<td>2:00 Step 3: FGD 3 and FGD 4</td>
<td>0:30 Conclusion, feedback, thanks</td>
</tr>
</tbody>
</table>
7.0 RCA AID DIAGRAMMES

Plate 1

8.0 SELECTED RCA PHOTOGRAPHS

Plate 3

Plate 2

Plate 4