GENDER ROLES AND THE CARE ECONOMY IN UGANDAN HOUSEHOLDS

The case of Kaabong, Kabale and Kampala Districts

Final report

OXFAM

ACKNOWLEDGEMENTS

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EXECUTIVE SUMMARY

This report contributes to the understanding of how unpaid care and domestic work (UCDW) is distributed in Uganda's households. It reviews the linkages between social norms and the gendered division of work, including patterns in time spent on paid work and unpaid care work in a day, taking into consideration the rural/urban divide and district-specific characteristics. Childcare is also closely examined, specifically the determinants of childcare for adult women and men, i.e. what household characteristics mean they are more or less likely to undertake childcare. Existing care-relevant support and infrastructure services in districts are analysed, with the hypothesis that existing, well-functioning and affordable services ease the care workload in households, especially for women and girls.

Unpaid care work as a development issue is embedded in the Global Agenda 2030, under Sustainable Development Goal (SDG) 5, target 5.4. The target specifically indicates the means by which women's unpaid care workload can be reduced, recognized and redistributed through the provision of public services and infrastructure, and the implementation and enforcement of social protection policies. In Uganda, care work is not addressed explicitly in policy or service provision. The passing of the Early Child Development Policy (March 2016) and the Social Protection Policy (November 2015) is a step in the right direction in reducing the care workload.

Evidence from quantitative and qualitative data gathered in 2017 in the districts of Kaabong, Kabale and Kampala reveal that unpaid care work is primarily carried out by women and girls. Quantitative data that is representative at district level, depicting a typical nuclear Ugandan household, shows that both men and women are highly illiterate (i.e. they have had no education), especially in Kaabong, or semi-illiterate (i.e. they have had some primary education). Polygamous marriages/relationships are still prevalent in Kaabong, partly due to the cultural norms that allow men to 'inherit' widows of deceased relatives. Women's income earnings are still low, at 50,000-200,000 Ugandan shillings (Ugx) on average per month, mostly from agriculture and petty trading. Such characteristics have implications for decision making on critical issues concerning UCDW – including the distribution of work within households and between men and women, and the time spent on conducting these activities.

Time use

Findings on time use show that more men than women spend a large proportion of their time in a typical 24-hour day on paid work (24% for men vs 13.8% for women), while the opposite is true with regard to UCDW. Only 3% of the men indicated having spent some of their time in a given day on unpaid care activities, compared to 18.2% of women. Education and community activities were the least engaged-in primary activities; almost no rural women in the study were engaged in education as a primary activity. For children, those in Kabale and Kaabong spent more time on unpaid work such as water and fuel collection, while those in Kampala spent more time caring for younger children, preparing meals and washing clothes.

Childcare

This is considered to be among the most problematic unpaid care activities in households, with strong cultural norms attached to the division of childcare responsibilities. As expected, women had spent more time on childcare the previous day, especially in households that had children (below 18 years). Comparing age groups, women and men aged 31-50 years spent more time on childcare than youth (18-30 years) and older persons (above 50 years). For children who looked after their younger siblings, the burden increased among older girls (13-17 years), while it reduced for boys as they grew older.

Division of work and social norms

With regard to social norms, women do not accept help and men do not help with performing activities related to UCDW, because it is seen as 'a woman's task'. Most people (men and women) were satisfied with the way UCDW was distributed in their households. The majority of women do not ask for help from their partners and, even when asked, very few men actually provide such help. The acceptability (among both men and women) of gender-based violence is significantly higher in Kaabong than in the other districts. Mocking and shaming of men who engage in UCDW is higher in Kabale than in the other districts. In general, both women and men were aware of such criticism and violence in their community, and considered it appropriate.

Care-relevant infrastructure and support services

Most households reported that the government has endeavoured to provide better services, including well-maintained roads, markets, water and sanitation services, education, health centres and mosquito nets; however, the effect on UCDW has been minimal. Qualitative findings suggest that the quality, quantity and affordability of some of the services in question varied greatly between the households/districts in the study. Women's disproportionate responsibility for care work has not been improved by the services provided, and the status quo is maintained by the strong social and cultural norms in this patriarchal society.

RECOMMENDATIONS

It is recommended that the government and relevant authorities adopt a 'Triple R'* approach to addressing the unpaid care and domestic workload which is shouldered primarily by women and girls. This would: 1) recognize care at policy, community and household levels; 2) reduce difficult care work, for example through time- and labour-saving technology and services; and 3) redistribute the responsibility, costs and work of care provision from women to men, and from poor households to employers, the state and civil society. Specific recommendations within this framework are as follows:

To recognize care work

At national policy level, streamline clear indicators for tracking SDG 5 target 5.4 in government structures, to show how key sectors such as education, health, water and sanitation, and infrastructure can contribute to reducing care work, and raise awareness among stakeholders in these sectors on how their work can contribute to the redistribution of unpaid care work.

At micro level, create awareness about care work by including men in training and advocacy campaigns. Involving men as agents of change in increasing recognition of care work presents an opportunity for promoting positive attitudes towards sharing care roles more equally between men and women. More advocacy work is essential, backed up by evidence to measure status and progress.

Raise awareness and increase availability of family planning services. As shown in this report, childcare is considered to be among the most problematic care activities. It is vital that women and men are enabled to make decisions over the number of children they have, since the fewer the children the smaller the care workload. As the results indicated, men in Kaabong in particular have more say than women on how many children the family should have, and when. Promoting family planning among men as well as women would assist with this. Some actors such as Marie Stopes are already providing this service, and therefore any intervention would either be scaling up or filling the gaps.

To reduce care workloads

Provide affordable childcare facilities. These have been proven to significantly reduce the number of hours spent on childcare, allowing women to participate more in paid work activities. While it is recognized that Uganda already has an Early Childhood Development policy, the government should do more to ensure an enabling environment that allows the setting up of childcare development centres in both rural and urban areas.

Invest in affordable technology. This might include the construction of water harvesting reservoirs/dams to improve access to water for family use, and irrigation systems to increase household food production. The provision of energy-efficient stoves could greatly reduce the amount of time women and girls spend on fuel collection, food preparation and cleaning (such stoves emit less smoke and soot, and therefore create less mess and pose fewer health risks than traditional cooking methods using firewood).

To redistribute care workloads

Change mindsets. This is one of the most important routes to redistributing unpaid care work between women and men within a household as well as between poor families and the private sector, the state and civil society, at community and at national level. For this to happen, change must occur at all levels, including shifts in mindsets and social norms. Messages aimed at changing social norms should not be cast in a negative light (e.g. in terms of women subsidizing the government by undertaking activities that could be state-provided) but in a positive way – highlighting the benefits to women and men, and whole communities, of sharing unpaid care and domestic work more equitably.

Empower women financially. This can be achieved through the formation of saving groups at community level, enabling women to start up small business or trading activities. As well as improving households' living standards, the additional income will enable families to pay for support with specific care tasks, further freeing up their time for livelihoods activities. Empowering women financially will not only benefit women but also their entire families, communities and society as a whole.

* Oxfam and other organisations in the sector also advocate for the inclusion of a fourth R, in reference to the representation of carers in decision-making spaces, so carers' interests and needs are reflected in policies that shape their lives.

PART A: INTRODUCTION AND APPROACH

1. INTRODUCTION

1. INTRODUCTION

Globally, unpaid care and domestic work (UCDW) is understood as work done in service of others and motivated by reasons other than financial compensation. It is often carried out almost entirely by women and girls. Box 1 provides a definition of UCDW as it is referred to throughout this report (the terms 'unpaid care', 'care work' or 'care' are also used as shorthand).

BOX 1: UNPAID CARE AND DOMESTIC WORK

'Unpaid care and domestic work' (UCDW) refers to care of persons and housework performed within households without pay, and unpaid community work. As a term, UCDW is used similarly to the older terms 'reproductive work' and 'unremunerated work', as used in the Beijing Platform for Action (UN Fourth World Conference on Women, 1995).

'Care of persons' is a component of UCDW devoted mostly, but not uniquely, to the direct care of persons with care needs, such as children or elderly/sick/frail adults. The time devoted to the care of persons overburdens women (and men) who engage in care relationships, limiting their opportunities to engage in gainful employment, education, politics or leisure.

The *'housework'* component of UCDW refers to household chores such as cleaning, cooking and doing laundry/ironing for family members, which can also be understood as 'indirect care'.

The *'unpaid community work'* component of UCDW refers to unpaid care activities provided to households beyond one's own. It includes work undertaken for friends, neighbours or next of kin, and work undertaken out of a sense of responsibility and duty to the community as a whole.

Source: Esquivel (2014)

Academic debates indicate that care work is essential for human wellbeing, economic development, women's empowerment and social equality (Oxfam, 2016). If not well distributed across women and men within and outside the household, heavy care work can negatively affect employment and earnings, education/training, mobility, health and wellbeing, participation in development initiatives, leisure time, personal care, sleep, and political and community participation (Ibid.), especially for women and girls. The 'Triple R' framework summarizes a transformative approach to addressing these imbalances (Box 2).

BOX 2: THE TRIPLE R FRAMEWORK

The Triple R framework expands the call made in the Beijing Platform for Action (UN Fourth World Conference on Women, 1995) for greater recognition and valuation of care work. It calls on policy makers to:

1. **Recognize** care at policy, community and household levels.
2. **Reduce** difficult care work, for example through time- and labour-saving technology and services.
3. **Redistribute** the responsibility, costs and work of care provision from women to men, employers, the state and civil society.

Oxfam and other organisations in the sector also advocate for the inclusion of a fourth R, in reference to the representation of carers in decision-making spaces, so carers' interests and needs are reflected in policies that shape their lives.

Source: The 'Triple R' concept was initiated by economist Diane Elson in: D. Elson (2008). A fourth R, 'Representation', came from the work of Oxfam, ActionAid and IDS (Institute of Development Studies), calling for better representation of carers in policy making.

International and regional efforts towards recognizing and valuing UCDW in policy and global targets have been underway for some years, including through the Beijing Platform for Action (UN Fourth World Conference on Women, 1995). The issue has been reemphasized in the Global Agenda 2030 SDG 5 to 'achieve gender equality and empower all women and girls'; target 5.4 specifically calls for countries to:

> **//**
>
> **Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate** (UN, 2015).
>
> **//**

Target 5.4 goes further than previous targets to state ways in which the redistribution of UCDW can be achieved – i.e. through provision of public services, infrastructure and social protection policies. Furthermore, to monitor target 5.4.1 ('percentage of time spent on unpaid care and domestic work, by sex, age group and location') requires an expansion in the coverage, complexity and regularity of time-use surveys. SDG 5 calls on governments to undertake all appropriate measures to recognize, reduce and redistribute unpaid care work by prioritizing social protection policies, including accessible and affordable quality social services, and care services for children, persons with disabilities, older persons, persons living with HIV and AIDS, and all others in need of care, and to promote the equal sharing of responsibilities between women and men.

At regional level, the 'Africa Agenda 2063' commits to the global agenda by fostering the development of joint programmes that promote debates on women's care (AU, 2014). While the African Charter on Human and Peoples' Rights (1981) seeks to ensure protection of the rights of women, it is quiet on the specifics on addressing unpaid care work – particularly on reducing the care workload or ensuring that unpaid care work is equitably shared within the home (African Charter, Art.18, Sec. 3).

Policies specifically designed to reduce women's UCDW are non-existent in Uganda. While the Constitution of Uganda (1995) attempts to ensure that women have the right to equal treatment with men in political, economic and social activities, it provides little detail on how women's care workload will be reduced, calling into question whether this issue is a priority. However, there are a number of sector policies which address some aspects of UCDW. For instance, the National Development Plan II recognizes women as key providers of UCDW. The National Gender Policy (2007) addresses gender inequalities by integrating gender in reform policies and programmes; while the National Social Protection Policy (2015) offers policy direction in decentralizing service delivery, especially in education, water and health (through heavy investment in infrastructure), which could potentially reduce unpaid care workloads. However, challenges remain, especially in terms of the implementation, quality and quantity of services provided; in the meantime, women and girls bear the negative consequences of inadequate care services and infrastructure (AfDB, 2015).

While women's participation in political and community spaces has improved, gender gaps persist in women and girls' access to and control over critical assets in economic, human and social spheres (UNDP, 2015). This hinders their full participation in and ability to benefit from ongoing growth and development-focused programmes. Other policies in Uganda that directly play a role in care include the Education Act (2002), National Health Policy (2010) (which recognizes women as carers of HIV patients at home) and the Early Childhood Development (ECD) policy (2016). However, provision of ECD facilities (ECD centres, nursery schools, kindergartens and daycare centres) is an area in which government has not adequately invested, and such services continue to be largely provided by the private sector and civil society organizations (CSOs). As a result, there is limited coverage of ECD centres in rural areas (where they are less profitable for private actors), suggesting that childcare is likely to be more problematic for rural households (though there are counter arguments that the childcare burden can be even worse in low-income families in urban areas).

The patriarchal society – in which women continue to be viewed by themselves and others as caregivers, and men as protectors – has continued to undermine and perpetuate inequalities in the provision of unpaid care work. Evidence shows that women tend to undertake the heavy care roles (child rearing/care of family members) as well as taking on additional family responsibility, such as food production on land they do not own (GoU-NPA, 2017). The persistent unbalanced division of UCDW in the Ugandan context needs to be further analysed with more empirical evidence. A strong evidence base for decision making and programme implementation by policy makers, development partners, CSOs and NGOs is vital for creating transformative change. Such change has the potential to ease women's heavy and unequal care workload – ensuring that care work is not viewed as a 'women's issue', but as a matter for all of society.

Against this background, this study report aims to:

- Explore how care work is distributed between men and women, girls and boys of different age groups, and why this is the case.
- Measure patterns in unpaid care while looking at enabling factors (e.g. household characteristics) in patterns of unpaid care work.
- Explore the perceptions and attitudes of women and men towards care work, and the associated gender norms.
- Analyse the available time- and labour-saving equipment/infrastructure, products and services that can ease participation in care work.
- Identify opportunities and priority actions to reduce the unequal division of care work in a household.

As Sevilla-Sanz *et al*. (2010) assert, despite the increase in women's labour-force participation, roles within the household have changed very little over the last decade. Women continue to do more than half of the unpaid housework, even in developed countries (Bittman and Wajcman, 2000), and between two and four times more unpaid childcare than men (Aguiar and Hurst, 2007). Using the results of a household-level survey (Household Care Survey) and a quantitative survey tool (Rapid Care Analysis) conducted in three districts of Uganda (Kaabong, Kabale and Kampala) in 2017, the report examines this phenomenon in the Ugandan context.

The remainder of this study report is organized as follows: section 2 describes the survey, including aspects of survey design and sample size. Section 3 presents the results and analysis of the descriptive statistics on individual characteristics, with a focus on household size, age, educational attainment and marital status. Section 4, which is the heart of the report, critically analyses patterns in time use for men and women, boys and girls. In addition, the section scrutinizes aspects of time spent on childcare and its determinants for adult men and women, i.e. the characteristics that make it more or less likely that they will spend time engaging in childcare. Section 5 then discusses issues surrounding gendered perceptions and norms, the gendered division of UCDW and decision making, and the existing services, equipment and infrastructure that can reduce the unpaid care workload. The section also explores issues surrounding the wellbeing of individuals undertaking unpaid care work. Section 6 concludes the report with recommendations. The tables referred to in the report can be found in section 7.

PART A: INTRODUCTION AND APPROACH

2. THE SURVEY

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2.1 Quantitative survey

The Oxfam Women's Economic Empowerment and Care (WE-Care) Household Care Survey (HCS) 2017 in Uganda was carried out in three districts: Kaabong (Karamoja sub-region), Kabale (Western Uganda) and Kampala (the capital city). Three distinct questionnaires – for women, men and children – were administered. The women's tool had ten sections, while the men's and children's questionnaires had two and one section(s) respectively. In particular, the women's questionnaire included a list of household members and their characteristics; personal information on the woman; household assets/income; daily time allocation to activities; norms and perceptions; decision making; time constraints and care work; access to time- and labour-saving equipment, products and services; external support and infrastructure; and wellbeing. The men's questionnaire covered: daily time allocation; and norms and perceptions, while the children's questionnaire only covered daily time allocation. The women's questionnaire was designed to capture more information than the men's questionnaire, in order to gain a better understanding of the impact of decision-making power in the household on patterns of time use and asset control, as well as the impact of access to infrastructure and external support on UCDW.

Note that while daily time allocation for the women and men was captured in a similar way, i.e. by taking a record of what an individual had done, in intervals of 1 hour, over 24 hours the day before the survey, time use of children was recorded differently in that it captured the exact reported number of hours spent on each coded activity in 24 hours. This is because it was thought to be easier for children to estimate time using beans and activity cards. Two children (8-17 years) per household were given 24 beans (representing 24 hours) and a chart of 12 care activities. They were asked to estimate hours spent on each activity by placing the beans on each activity on the chart. Children were also asked if they had looked after younger children the previous day. This method does not capture the exact reported amount of time spent doing the primary or secondary activity at a point in time. The survey was conducted during the first term school break to ensure that children were home for interviews as well.

2.1.1 Survey design

In determining the sample design for the HCS survey 2017, first the sampling error results in the Uganda National Household Survey (UNHS) were used. The primary sampling unit was the Enumeration Area (EA) that places households within a locality. To increase the sample size so that a sufficient level of precision was obtained, the following formula was adopted:

Standard error= (10 percent*r)   d= (9 percent*r)*1.96

$$n = \frac{Z_{a2} \times r \times (1-r)}{(d)^2 \times \dfrac{deff}{R}}$$

Where r=28 percent, deff=1.5 response rate =95 percent

In this regard, the HCS 2017 sample was designed to allow the reliable estimation of key indicators for the districts under study and rural-urban dimensions. A two-stage stratified sampling design was used. At the first stage, EAs were grouped by districts and rural-urban location; these were then drawn using Probability Proportional to Size (PPS). At the second stage, households, which are the Ultimate Sampling Units, were drawn using Systematic Sampling. About 20 households were selected from each sampling unit (EA). Each district had 20 EAs randomly selected for inclusion in the survey. A total of 60 EAs representing the general household population of the districts they belong to were selected using the Uganda Population and Housing Census Frame for 2014. These EAs were allocated to the central, west and north-eastern regions with consideration of the rural and urban areas, which constituted the main domains of the sample.

Given the survey design, post-stratification was undertaken. This was done to ensure that the population remains distributed within the age groups, because it was then possible to see which individuals were missing and which were not. Weights were then further adjusted to ensure that the number of persons who were eligible, but not interviewed in the household, were catered for. The rationale is that if adjustment for non-response is not accounted for, then possible respondents are left out as if they were not part of the household. Ugandan households are not typically nuclear families; however, the HCS survey had an ideal nuclear family quality embedded in it, and thus the new sampling weights give us the true representation of a typical nuclear family within these districts. This is because during sampling, mainly a son/daughter, mother or husband were eligible for interview, yet not all children in the

household falling in this age group (8-17 years) were necessarily interviewed, e.g. if they were related to the adults but not part of the nuclear family. Thus, the results analysed below have to be interpreted carefully. That is, interpretation should be around the behaviour in a nuclear family setting and not generally in terms of household (extended family) behaviour. The analysis is at household level unless otherwise stated, and weights were applied to ensure that the analysis is representative at district and rural/urban levels.

2.1.2 Sample size

When determining the required sample size, consideration was given to the degree of precision (reliability) desired for the survey estimates, the cost and operational limitations, and the efficiency of the design. According to the 2014 census, there are at least two adults per household (irrespective of whether they are a couple). The HCS 2017 covered a sample size of 1,198 households[1] and 3,108 individuals, after cleaning for duplicates and maintaining households (HH) with information (Table 1). Specifically, 1,077 women, 823 men and 1,208 children (632 girls and 576 boys) were interviewed. Regarding children, after applying the eligibility criteria of 8-17 years old for consideration, the final sample for analysis was 1,187 respondents. Hence, in total 1,310 respondents were covered in Kaabong, 1,035 in Kabale and 763 in Kampala.

The survey fieldwork process was facilitated by field data collectors from the Uganda Bureau of Statistics (UBoS) with extensive experience in data collection, especially at primary level. A team of Economic Policy Research Centre (EPRC) core researchers oversaw the entire survey, including during the training, pilot phase and data collection.

2.2 Qualitative survey

Besides a quantitative estimate of the gendered patterns of work within and outside the household over a range of indicators, qualitative methods were employed to provide contextual information for the quantitative data, and to explore factors that are not easily quantifiable (especially on satisfaction). A qualitative tool, the Rapid Care Analysis (RCA) was carried out to complement the quantitative data from the HCS. The RCA for Uganda followed a purposive sampling frame.

The RCA tool comprised eight exercises. The first exercise was to get the participants to reflect on who they care for/who cares for them, and how this care relationship builds on social roles in the family. The second exercise recognized the total volume of work, and the share done by men and women. The third exercise explored the distribution of care roles at household level, and the fourth identified and discussed key social norms and their impact on gendered patterns of care work. The fifth exercise was to understand fluctuations and changes in patterns of providing care. The sixth exercise identified the most problematic care activities for the community and for women in particular, while the seventh identified categories of infrastructure and services that support care work. The last exercise identified and ranked measures to address problems with current patterns of care work. The qualitative study was undertaken by the School of Gender and Women Studies, Makerere University, as part of the WE-Care project.

The objectives of the RCA were to:

• Improve the analysis and interpretation of the HCS findings by validating, complementing and explaining findings of the quantitative study.

• Collect information that could be used to explain the changes in paid work and unpaid care work, as measured by quantitative findings.

The RCA targeted the same districts as the HCS; however, only Loleria, Rwamucuucu and Kawempe Division sub-counties were covered in the districts of Kaabong, Kabale and Kampala respectively. This report refers to some of the findings of the RCA in the analysis to complement the quantitative findings. Note that RCA and HCS findings are not perfectly complementary, given the differences in the methodological processes, sampling approaches and timing of surveys. While the HCS results are fully representative at district level, those of the RCA are not; as such, care should be taken when making conclusive comparisons between the findings of the two surveys.

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[1] This HCS survey originally targeted a sample of 600 households in 60 EAs, on the assumption that 10 households were to be covered per EA. This was doubled during field work.

PART B: ANALYSIS AND DISCUSSION

3.DESCRIPTIVE STATISTICS

3. DESCRIPTIVE STATISTICS

3.1 Selected individual characteristics

As outlined above, the survey captured information on 3,108 individuals in 1,198 households. In this section, individual characteristics within households are explored. This provides us with a clear understanding of the nature of the population in the districts. Descriptive statistics are provided on age, household size, marital status and education of the household members whose information was recorded in the household roster embedded in the women's questionnaire. Individual characteristics of men who were single, widowed or divorced, plus men from households whose women members were not present on the day of interview, could not be included, as these are not representative given the survey design. This also applies to children that were interviewed and living in the respective households. However, this limitation applies only to the individual-specific characteristics in descriptive statistics. In the later analysis, they are included.

Household size and age

The average household size is 5.2 people (Table 2). Variations in household size were noted at district level, though these were marginal: for Kaabong, Kabale and Kampala it is 6.6, 5.4 and 4.7 persons respectively. As expected, household size is higher in rural than urban areas (6.0 people vs 4.7 people per household). This is in line with national statistics, where on average household size in Uganda is 5 people, with average household size higher in rural (5.2) compared to urban areas (4.1) (UBoS, 2014). Literature suggests that household size has varying effects on care work. For instance, Dong and An (2015) show that a smaller household size decreases the hours spent on unpaid care work for both women and men, but the effect is stronger for men. For men, household size increases hours spent on non-work activities (such as leisure), and this holds true for men in both urban and rural areas.

Marital status of respondents

The average age of adults in the survey was 37.2 years for women and 44.1 years for men, an age gap of 7 years. The mean age for children was 12.2 years, with no statistically significant differences between districts or between rural and urban areas. Overall, Kampala had younger respondents compared to other districts (Table 2). Regarding children, more girls than boys were selected, and Kabale had a slightly higher share of boys interviewed.

In terms of marital status of people aged 15 years and above, 60.9% of women and 74.2% of men reported being in monogamous relationships, compared to almost 16% of women and 18% of men who reported being in polygamous relationships (Table 3). The highest proportion of polygamous marriages reported was in the Kaabong district, by both women and men. According to national statistics, the Northern region has the highest share of polygamous marriages (22%) (UBoS, 2013). More women in urban areas reported being divorced/separated than women in rural areas, and the converse holds for those who reported to be widows (Table 3).

Educational attainment of respondents

Educational attainment refers to the highest level of education an individual has completed. The survey collected information on the highest level of education achieved for household members aged five and above. However, educational attainment was only analysed for persons aged eight and above, in line with the age of the youngest child interviewed.

Table 4 shows the highest level of education achieved (so far) by district and location. Overall, 20.1% of women and 18.7% of men had received no formal education. Similar trends are observed among boys (21%) and girls (26.4%) aged 8-17 years. Less than half of women and men (35% and 28.3% respectively) had received some or completed primary education. More than half of the children, irrespective of gender, were in primary school. The majority of men and women had primary education as their highest level of education. This was also the highest level reported by the majority of children interviewed. More men than women had received junior secondary education or had completed secondary education. One out of every five women and about two out of every five men had completed tertiary education.

As shown in Table 4, at district level the proportion of women with no formal education was very high in Kaabong (81.1%) compared to men (64.9%). Kampala had a good share of women who had attained secondary and tertiary education, with the gap between women and men not as wide as it was in Kabale and Kaabong districts. Du and Dong (2010) indicate that lack of or limited education leads to striking gender disparities in labour-market participation and an unbalanced division of care work within households, with women more disadvantaged as the unpaid care workload is likely to increase.

3.2 Selected women's personal characteristics

Beyond age and education, the survey specifically asked women for some personal information with regard to when they started living with their partners, the security of their current unions, their incomes, and their influence on decision making about how to spend income earned. The findings are discussed below.

Age when married

Women were specifically asked what age they were when they first started living with their husband/partner and whether a bride price had been paid for their current union. Table 5 reveals that most women (over 85%) started living with their partner when they were aged between 15 and 30 years. This is irrespective of district and rural/urban location. However, at least 14% of women started living with their partner when they were between 55 and 99 years old (Table 5). This is partly explained by the fact that Kaabong has social norms that allow men to 'inherit' widows or divorced women, and the practice is ongoing. More specifically, the median and mean age when women started living with their husband/partner is 20 years and 29 years respectively. It is interesting that there were some cases of child marriage – this was highest in Kabale, at 3.8%, where women had started living with their partner at the age of 14 or below. Child marriages mean that a woman may start bearing children very early in life and have more children overall – subsequently increasing the unpaid care workload.

Payment of bride price

With regard to bride price, at least 62% of women indicated that their husband/partner had paid a bride price to their families for their current unions, a norm mostly practised in Kabale and Kaabong districts. Given the rural nature of these districts, traditions are upheld more than they are in mostly urban Kampala, where only 48% of the unions had been legally bound by this tradition (Table 5). The incidence of bride price has a bearing on the care workload of women and men. As indicated in a prior study on Uganda (ActionAid 2013), a woman for whom a bride price has been paid is likely to have a higher care workload. This is due to the cultural sentiment that when a bride price is paid for a woman, she becomes the man's property and as such has to undertake all household chores, leading to inequality in the home (Mifumi and Anor Vs Attorney General and Anor, 2014). However, it should also be noted that the payment of bride price can provide a woman with security, as she feels confident in public that she officially 'belongs' to a man; as such, she is likely to take on all UCDW without complaint, as per traditional expectations.

Monthly income

Women were asked how much income they had earned from various sources in the month prior to the survey. Figure 1 shows that overall, about 24% of women had not earned in the previous month, while 35% had earned incomes of between Ugx50,000-200,000. While more women in urban areas (45%) earned within the range Ugx50,000-200,000, more rural women (42.5%) earned less than Ugx50,000. District-level variations are also observed in Figure 1. Activities from which the mean income was earned were mainly agricultural (in both urban and rural areas), unskilled labour and petty trading (especially for women in urban areas), for a monthly average of Ugx20,000 in the rural areas and Ugx50, 000 in the urban areas (Table 6).
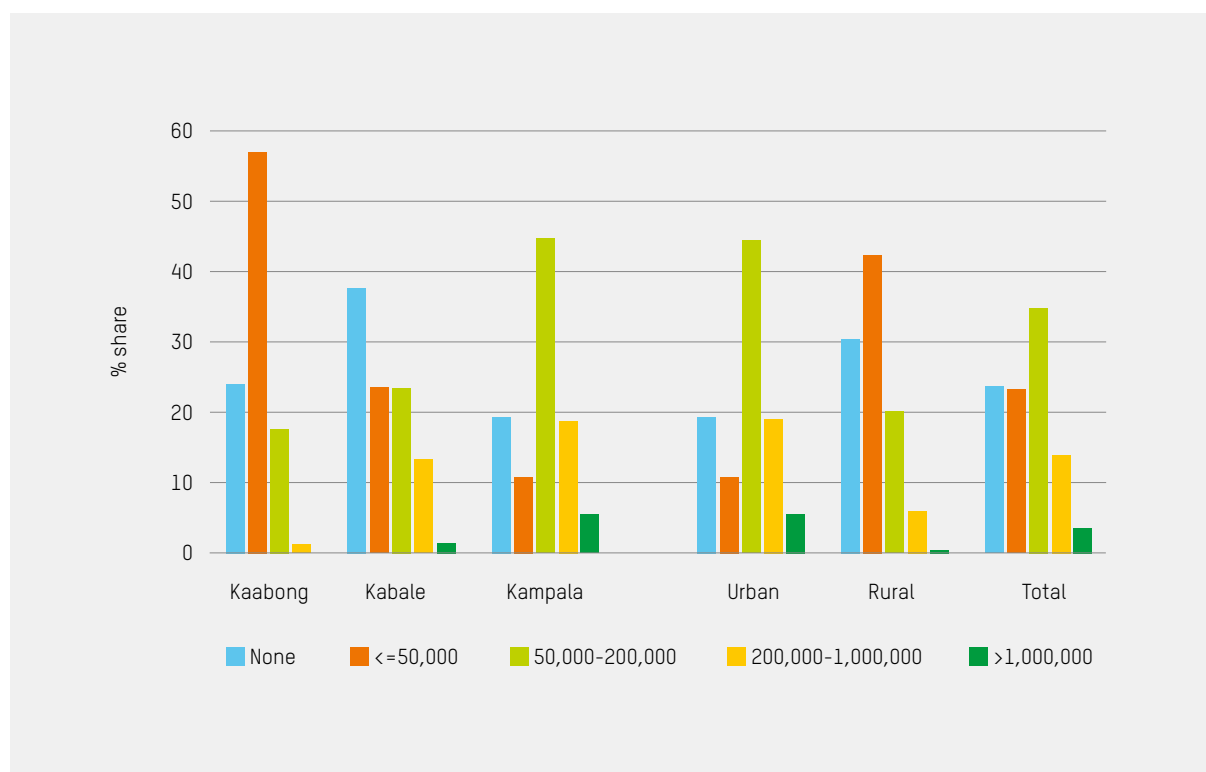
Source: EPRC/Oxfam survey dataset, 2017

Ownership and decision making over assets

Ownership of assets (Table 7) depicts the wealth of a household or an individual, and sometimes influences who makes decisions in the household. The majority of households have at least a mobile phone (81%) and some form of furniture (81%). Less than 5% of households reported owning large animals (such as cattle and oxen), beehives, ox-drawn ploughs and transport (car/truck/motorcycle). With the exception of items related to animals (big or small), households in Kaabong owned the lowest quantities of household items such as televisions (almost non-existent, probably due to low coverage and affordability of electricity) and transport. These are considered luxury items and are thus unaffordable for a population that is very poor. The ongoing government programme of livestock restocking in Karamoja sub-region and the supply of ox-drawn ploughs to households could explain the visibility of these assets in Kaabong.

Availability of assets in households in itself does not reveal gender disparities in terms of who owns the asset and who makes decisions with regard to selling or giving it away. Table 7 provides such a breakdown for the overall population of the surveyed districts.[2] Overall, 46% of women interviewed said they owned the assets jointly (wife and husband), and about 46% indicated that they make joint decisions about selling/giving away assets. However, evidence has shown that most women own assets mainly through marriage, and that those women who own assets solely have either inherited or purchased them independently (ownership of assets is most common in single-women households) (Deere and Doss, 2009). What is owned also matters! Assets such as large animals, radios, beehives, televisions and transport are more commonly owned by the partner/spouse of the wife, while small assets such as goats, sheep and poultry are owned by all without statistically significant differences in ownership between the wife and her partner/spouse. This trend is also seen in decision making over specific assets, where for highly valued assets the partner/spouse has the greatest influence in decision making. Oduro *et al*. (2011) found in their study in Ghana that women rarely have ownership rights over assets, i.e. women do not have documents of ownership for most household assets. Elsewhere, it is inferred that women with influence on decision making over assets are able to reduce vulnerabilities and risks, i.e. they are able to convert assets into cash in response to household emergencies such as children's illness, thereby reducing the care workload (Beneria and Floro, 2005).

[2] District- and urban/rural-level analysis can be provided on request.

4. TIME USE AND CHILDCARE

4. TIME USE AND CHILDCARE

This section explores in detail the distribution of care work among men and women, and examines the gendered patterns in paid work and UCDW, drawing special attention to patterns of childcare among men and women and the differences between them. Furthermore, it explores the perceptions and attitudes that men and women have towards care work, whether these are socially constructed or traditionally ingrained, and if these attitudes play a role in instigating criticism or violence in society.

4.1 Time use of women and men

This sub-section discusses how women and men had spent their time during the previous day – given in one-hour intervals over the 24 hours. The survey contained a coded list of 38 activities that were broadly grouped into the following six categories: leisure and resting (code 0); paid work (1); caring for people or domestic work (2); education (3); community activities (4); and other activities (5). Following the approach of Budlender (2010) and Dong and An (2015), the report focuses on primary activities and provides analysis for the six broad categories. Thus, activities that are included in calculations of GDP, i.e. the System of National Accounts (SNA), are classified as paid work, while activities that are excluded from SNA (i.e. caring for people or domestic work; community work or voluntary community activities) are classified as unpaid care work.

Table 8 highlights the proportion of men and women who indicated having performed a specific primary activity in the 24 hours. Both women and men spent a significant proportion of the day on leisure and resting (this includes doing nothing, sleeping/napping, personal care and eating, and leisure time). The statistics do not differ greatly between rural/urban locations. The RCA findings reveal that both men and women spent many hours on non-work activities (4.4 hours daily or 106 hours weekly for men, and 3.9 hours daily or 94 hours weekly for women). Education, community and other activities were less cited as a primary activity by both women and men. Qualitative findings show that, on average, women spent 0.18 hours daily or 4.3 hours weekly on these activities, while men spent 0.025 hours daily or 0.6 hours weekly on unpaid community work. However, distinct differences in men's/women's participation in paid work and unpaid care work are noted. Specifically, more women (about 18.2%) engaged in unpaid care work compared to a mere 3.1% of men, while more men than women engaged in paid work activities (24.1% vs 13.8% respectively). In addition, RCA findings indicate that while women and men gave a number of reasons as to why they spent time on leisure, men gave more reasons, including unemployment, poverty, women's emancipation, alcoholism and the high cost of living, among others. Furthermore, women spent about 12 hours a week on paid work, which has implications for community development, e.g. less time spent doing community work. It is argued in the qualitative analysis that women's emancipation has contributed to changes in gendered patterns in care work.

4.1.2 Gendered time-use patterns in paid work

While a gendered division of labour in both paid work and unpaid care work is almost universal, the extent of gender differences varies from country to country and within countries (between regions, districts and rural/urban areas), in accordance with each location's history, cultural norms, level of development and public policy.

As expected, Figure 2 indicates that more men than women spent a significant proportion of the day on paid work. Peak hours of work were 9am to 5pm, which depicts a typical working day in Uganda. Note that during lunch hour (1pm-2pm), paid work declined for both genders. RCA findings show that on average men spent slightly more hours (0.71 hours daily or 17 hours weekly) than women (0.5 hours daily or 12 hours weekly) on paid work.
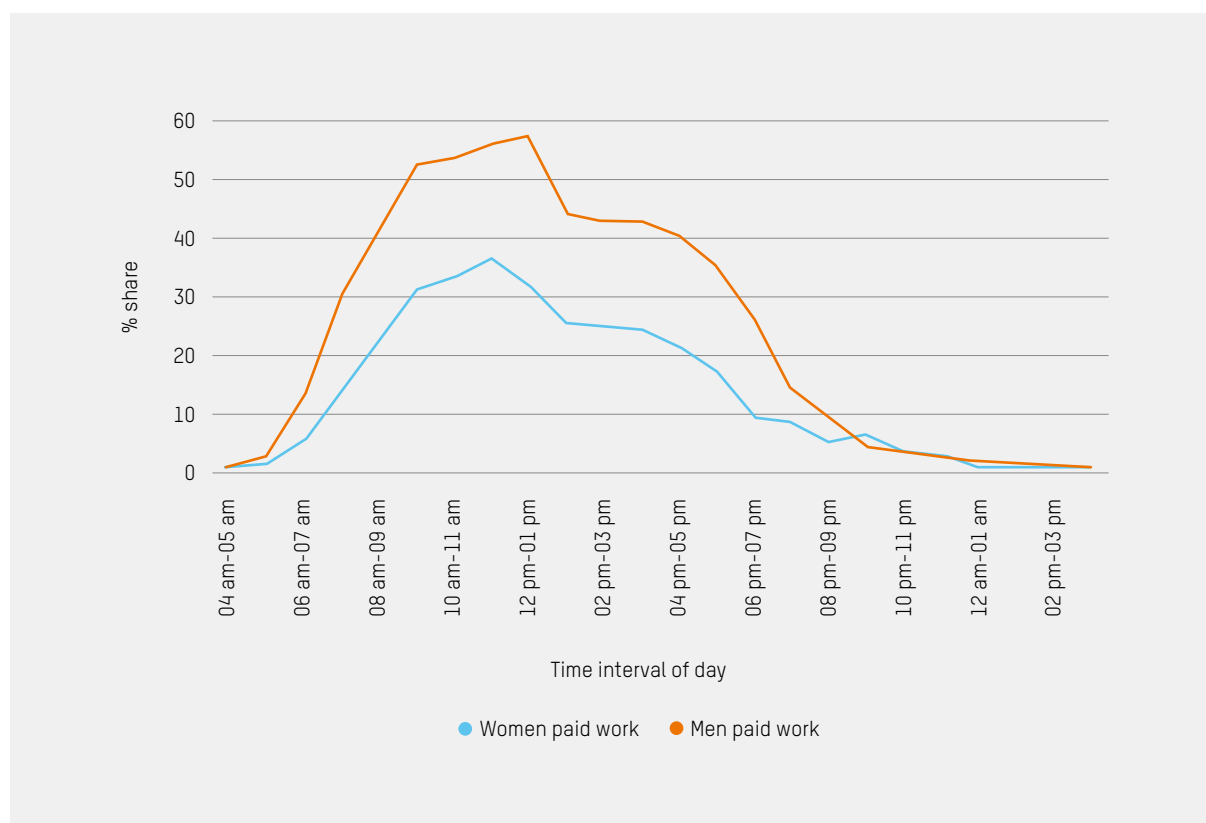
Source: EPRC/Oxfam survey dataset, 2017

Urban/rural distribution of paid work by sex

While men engaged more than women in paid work irrespective of location, there is a larger gap between time-use patterns on paid work between men and women in urban areas than in rural areas (Figures 3 and 4). Indeed, slightly more women (9.9%) than men (6.4%) in urban areas engaged in paid work between 9pm and 10pm (Figure 3), which was not the case in rural areas (Figure 4). This can be explained by the fact that a significant number of females engage in petty trading and paid farm work, which is more common in urban areas. Findings from the RCA help to explain rural patterns of paid work and the relatively smaller gap between rural men and women than is seen in urban areas. It is argued that due to a weakening of men's role as providers, women have decided to increase their engagement in paid work, albeit at late hours (e.g. in the informal sector, selling foodstuffs in the evening).

FIGURE 3: DISTRIBUTION OF PAID WORK AS A PRIMARY ACTIVITY IN 24 HOURS, BY SEX FOR URBAN AREAS (%)
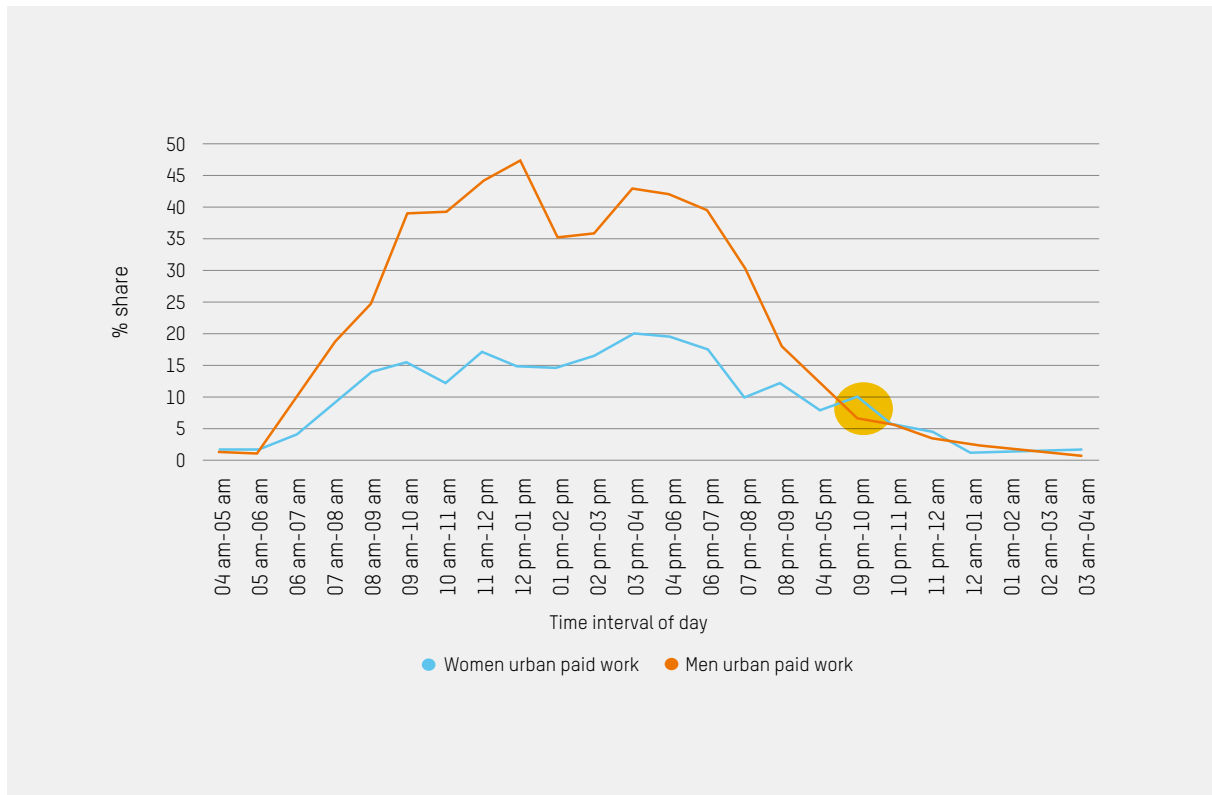
Source: EPRC/0xfam survey dataset, 2017

FIGURE 4: DISTRIBUTION OF PAID WORK AS A PRIMARY ACTIVITY IN 24 HOURS, BY SEX FOR RURAL AREAS (%)
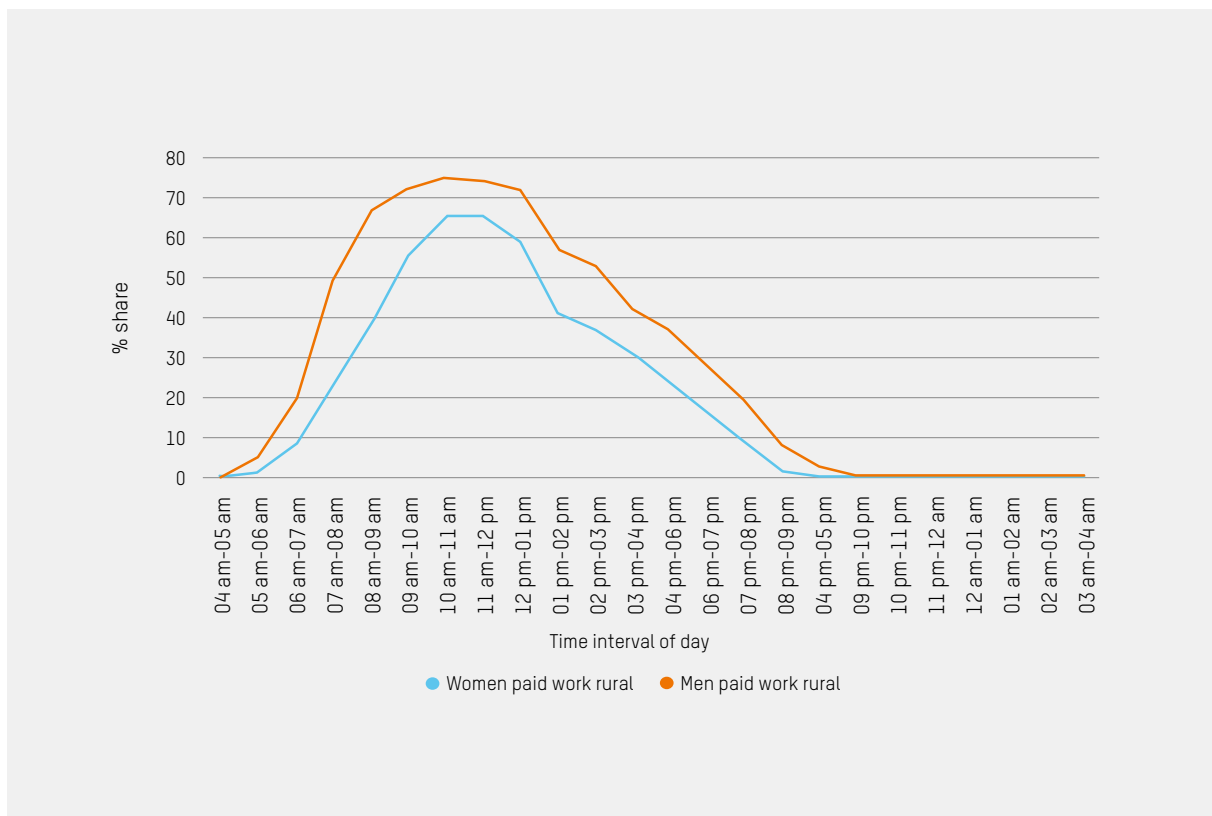
Source: EPRC/0xfam survey dataset, 2017

4.1.3 Gendered time-use patterns in unpaid care work

There is also a stark difference between the time spent by men and women on unpaid care work. RCA findings show that, on average, women spent 32 hours weekly on unpaid care work and 21 hours weekly on unpaid production of products for home consumption, while men spent 20 and 10 hours per week respectively. This finding further strengthens the notion that care work is still largely carried out by women. While the proportion of women to men spending time on unpaid care work stays almost the same throughout the day, there are peak periods for care work for women (Figure 5). These are associated with activities which are usually done in the morning (7am-10am), such as cleaning the house, washing clothes and collecting fuel/water, while meal preparation and childcare account for the peak hours around midday (11am-2pm).

FIGURE 5: PATTERNS IN TIME SPENT ON UNPAID CARE WORK AS A PRIMARY ACTIVITY, BY SEX (%)
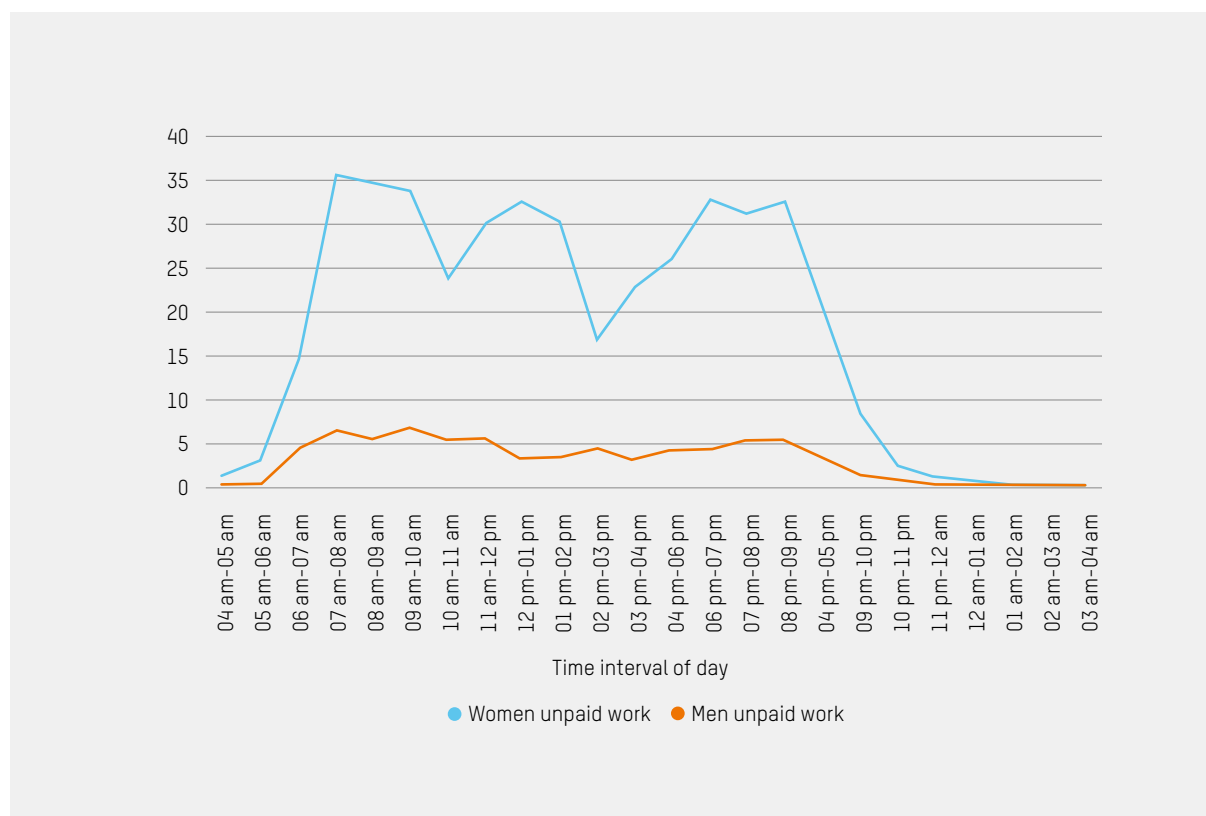
Source: EPRC/Oxfam survey dataset, 2017

Rural/urban distribution of unpaid care work

Women in urban areas engaged in more unpaid care work in the mid-morning than women in rural areas (Figures 6 and 7). This could be attributed to the size of the household: women in rural areas have larger households, and are therefore more likely to receive help from other members of the household such as their daughters, mothers/sisters-in-law, etc.

FIGURE 6: DISTRIBUTION OF UNPAID CARE WORK AS A PRIMARY ACTIVITY IN 24 HOURS FOR URBAN AREAS, BY SEX (%)
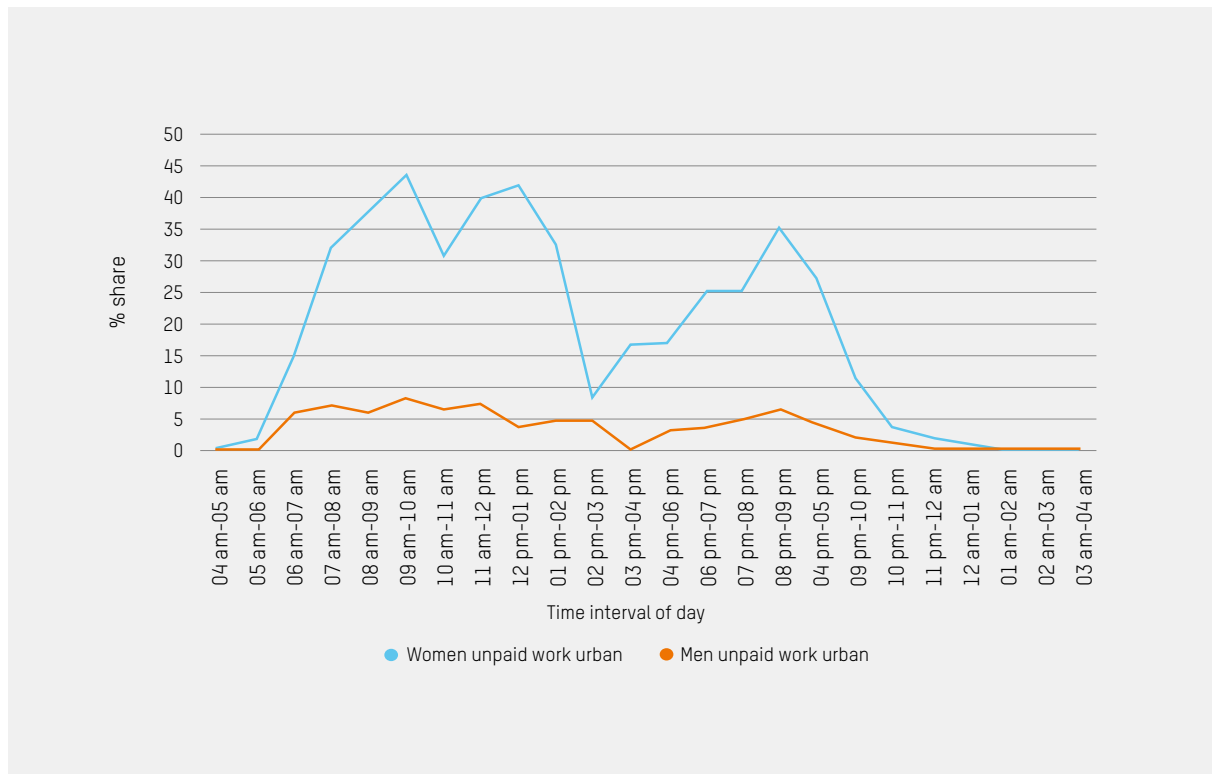
Source: EPRC/0xfam survey dataset, 2017

FIGURE 7: DISTRIBUTION OF UNPAID CARE WORK AS A PRIMARY ACTIVITY IN 24 HOURS FOR RURAL AREAS, BY SEX (%)
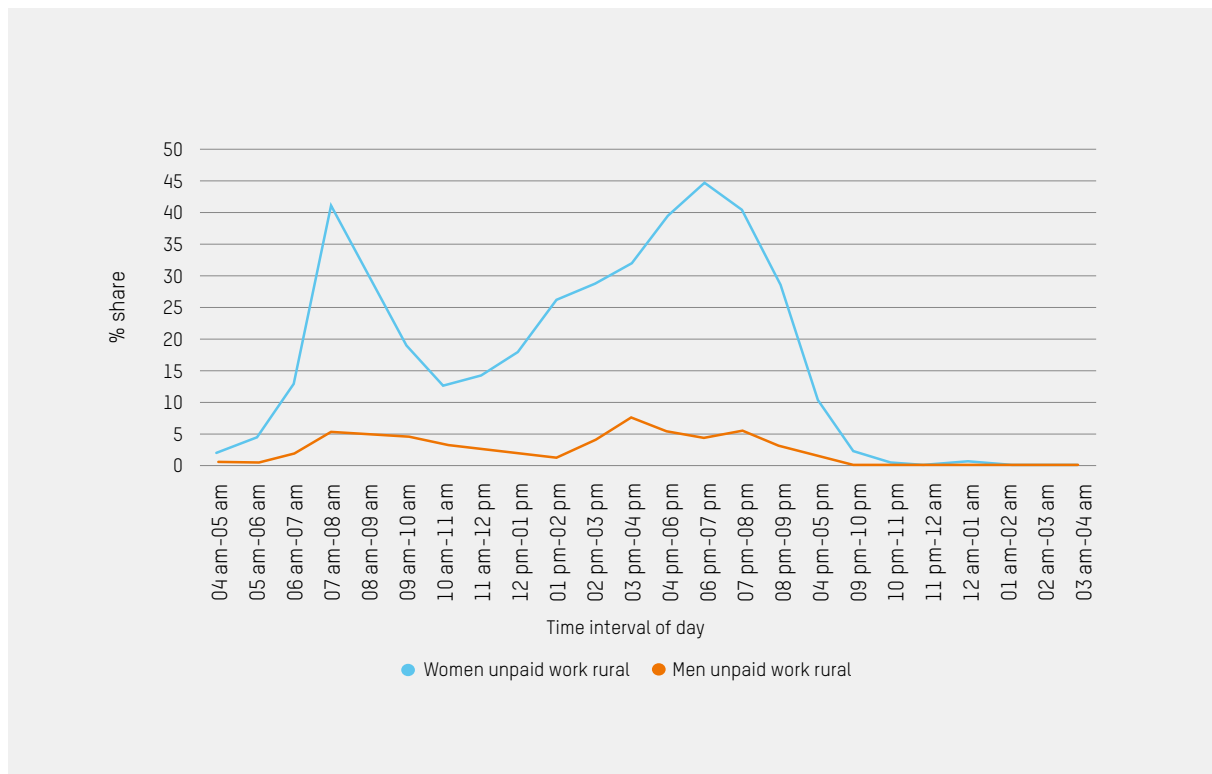
Source: EPRC/0xfam survey dataset, 2017

In conclusion, women continue to spend more of their time on UCDW than on paid work. Despite the increase in women's engagement in the labour market, their role in home/domestic activities has changed very little. Other evidence on changing patterns of time use shows that in 1992/93, 40% of men did not spend any of their time on unpaid care work compared to only 13% of women; by 2005/06, the gap is even wider – 60% of men compared to 23% of women did not spend any time on unpaid care work (UBoS, 2013).

How would women spend their time if they had to spend less time on unpaid care work?

The survey also asked both women and men how they (women) or their wife/partner (men) would spend their time if they had to do less care work. Figure 8 shows that the majority of women said they would spend the time doing more income-generating work: Kampala (61.6%), Kaabong (46.6%) and Kabale (34%). More rural (than urban) women said they would spend the time on agriculture, especially in Kaabong (33.6%) and Kabale (30.8%), which is to be expected, while more urban (than rural) women said they would spend the time on education (2.6%) and religious activities (2.3%). Also, note how some women in Kabale (30.3%) and Kampala (23.5%) said they would spend the extra time on leisure/sleep/personal care, indicating the tiring nature of unpaid care work.

The same pattern can be seen from the man's perspective (Figure 9). Slightly more men said their wives/partners would spend extra time sleeping – again indicating that men recognized that their wives found unpaid care work tiring. In addition, more men in Kampala (52.7%) said their wives/partners would spend the extra time on additional income-generating activities.

FIGURE 8: WHAT WOMEN THINK THEY WOULD DO IF THEY HAD TO SPEND LESS TIME ON UCDW (%)
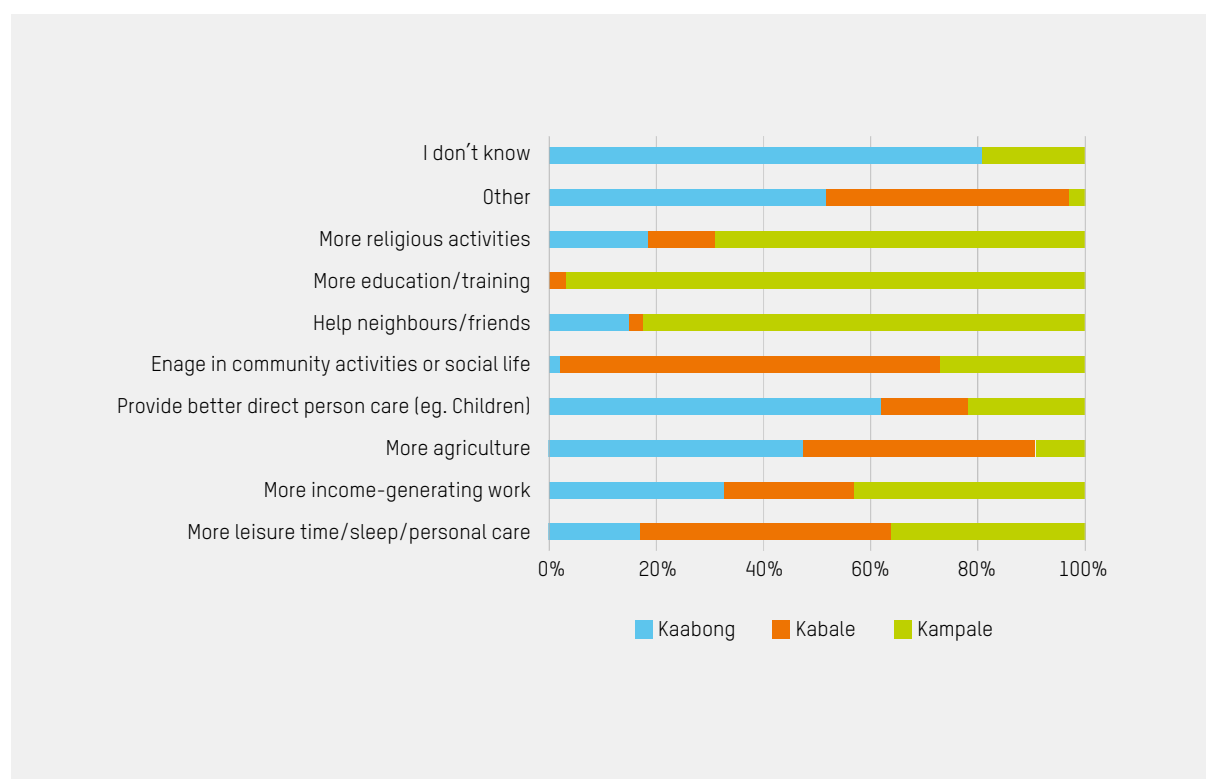
Source: EPRC/Oxfam survey dataset, 2017

FIGURE 9: WHAT MEN THINK THEIR WIFE/PARTNER WOULD DO IF SHE HAD TO SPEND LESS TIME ON UCDW (%)
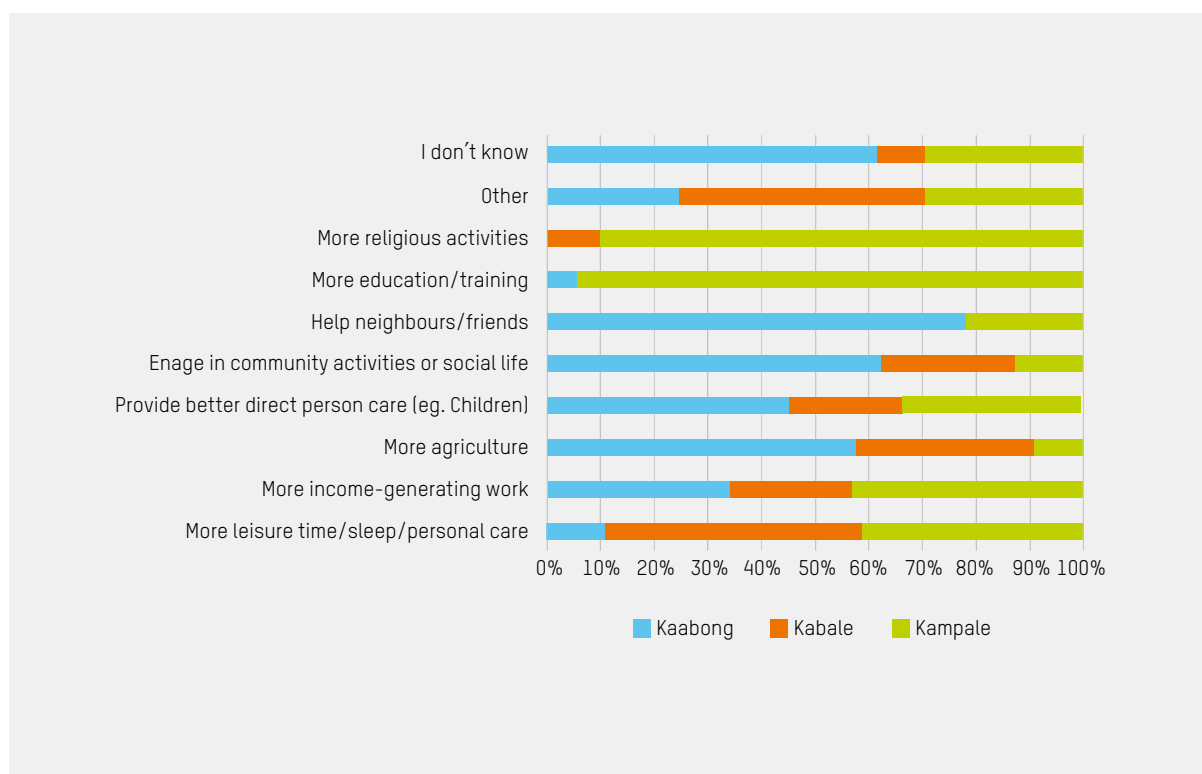
Source: EPRC/Oxfam survey dataset, 2017

Usual and unusual activities

Findings show that men and women reported that in the day prior to the survey they had not undertaken their usual activities, including paid and unpaid work (Table 9). Many women in Kabale (84.9%) said that they had not undertaken paid work the day before, even though they would usually do it. This paid work may have involved selling products, trading, or perhaps garden work. In Kampala, 64.2% of women said they did not do unpaid work activities that they would normally do. While the majority of men said paid work in response to this question, some also did not engage in 'other' activities they would normally do, especially in Kampala (44.8%). With regard to activities done the previous day but not usually done, women in Kaabong (48.5%) and Kampala (77.4%) said other activities, while those in Kabale said community work (55. 7%). For men, the most common response regarding work done but not usually done, was paid work and community work.

According to the women, they normally spend on average 4 hours on the activity that they usually do but did not undertake on the day prior to the survey; in Kaabong, Kabale and Kampala, the missing activity would usually take 4 hours, 6 hours and 4 hours respectively. The men indicated spending on average 6 hours on the usual activity that was not undertaken the day before the survey, with similar average hours across districts (Table 10).

4.2 Understanding childcare in households

Childcare is singled out from among all the UCDW activities as the activity that people (particularly women) spend most time on. Childcare is also a cause of contention between men and women in the household, and is much debated in research. Sevilla-Sanz *et al*. (2010) note that economists often include childcare as another form of housework. They assert, however, that the conceptualization of childcare is far from straightforward; some parents consider childcare as something to enjoy, and see it as a leisure activity that one indulges in when free (this is especially the case among working men). Others argue that the time spent on childcare rises as education and incomes rise (Hill and Stafford, 1974), as educated parents may be more aware of the value of spending quality time with their children, including doing educational activities with them, playing, going on excursions, etc. The impact of time spent on childcare on women's other opportunities (including opportunities to engage in education, income-generating activities, politics and leisure) means it is important to consider childcare as a UCDW activity or as directly caring for a child, rather than as a form of leisure; this view is upheld by the findings of this survey.

4.2.1 Descriptive analysis

The method used to collect data from children (aged 8-17 years) on childcare activities was different from that used in the adult (men's and women's) questionnaires. Specifically, women and men were asked if they were responsible for looking after a child (<18 years) in any given hour over a 24-hour time period. By contrast, children were asked to recall the exact amount of time in hours that they had spent in caring for children both as a primary and secondary activity.

This sub-section focuses on gendered patterns in childcare for adults. Figure 10 summarizes the proportion of women and men in urban/rural areas who reported having been responsible for a child the previous day.

FIGURE 10: PERSONS WHO LOOKED AFTER A CHILD <18 YEARS THE DAY BEFORE THE SURVEY, BY SEX AND URBAN/RURAL (%)
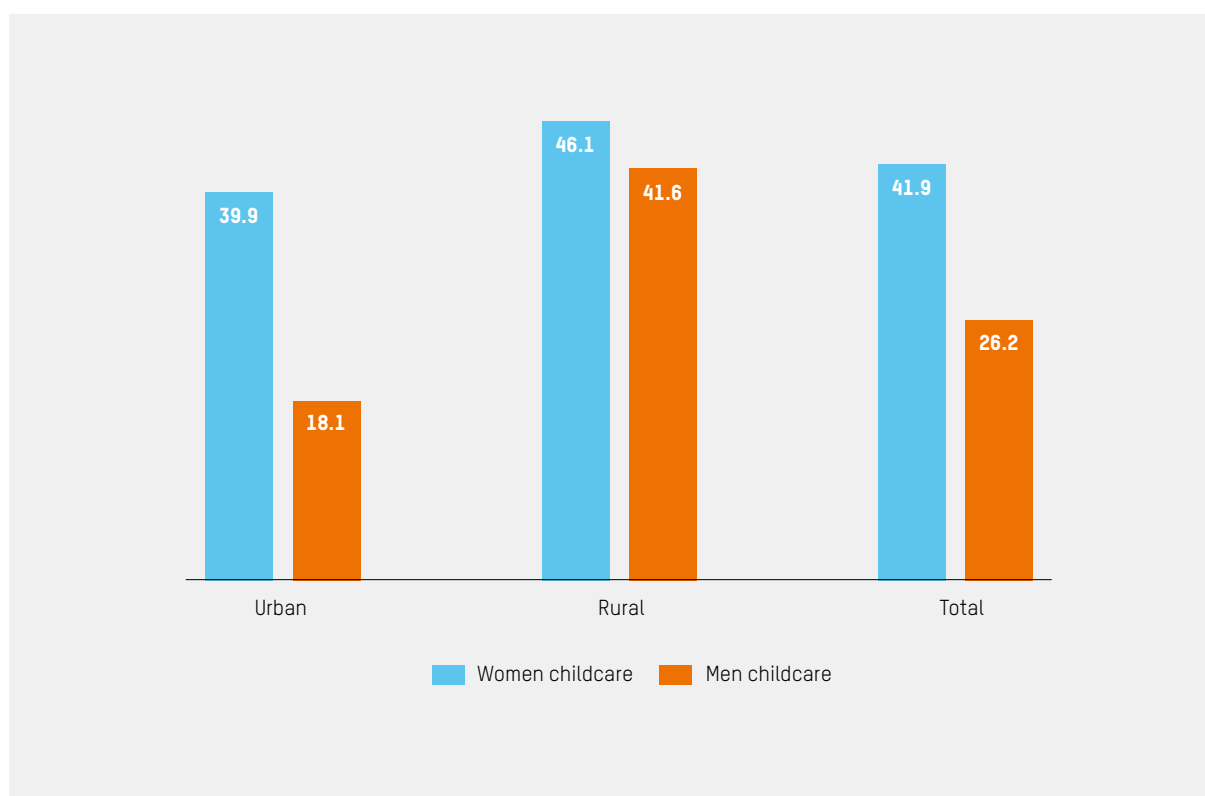
Source: EPRC/Oxfam survey dataset, 2017

Generally, the share of women responsible for children <18 years the day before the survey is almost double that of men, with a striking 15.7 percentage point (pp) gap. This means that out of every five women, at least two were responsible for looking after a child below 18, in comparison to one out of every five men. The margins are even wider between women and men in urban areas (21.1pp gap) compared to those in rural areas (4.5pp gap); rural men engage more in farming, and may therefore find it easier to combine work and childcare than urban men doing non-farm work. Overall, however, childcare is carried out more by women, irrespective of location.

Study findings from the RCA conducted in all three districts indicate the following commonly held perceptions by women and men:

> *'Caring for children is a motherly task. This entails ensuring that children eat, get healthcare, are escorted to school, are clean, learn good morals, and live in a hygienic environment. Participants particularly in Kabale and Kampala said that teaching children their culture and language is a mother's responsibility since they spend more time with them. There was an assumption that the women who bear children are naturally inclined to caring for them as one man said: "Women are naturally gifted to care for children and have more patience and love for them. They are better than fathers." All these tasks hidden under caring for children were expected to be performed by women.' Uganda RCA, 2017*

Looking at the patterns of childcare in the 24-hour time period, peak times for childcare were 7am-10am, 1pm-3pm and 7pm-10pm for both men and women (Figure 11). The first peak can be attributed to bathing and feeding children when they have woken up in the morning, especially given that the survey was conducted during school holidays. The trends in peak hours of care work may be slightly different during school days. More women also engage in childcare between 12pm-1pm due to meal preparation for children. The last major childcare peak hour (9pm-10pm) may be attributed to parent-child bonding, especially on the men's part. This is because a significant number of men, especially in urban areas, spend most of their daytime hours undertaking paid work. It is argued that when men come home, from about 7pm, they like to bond with their children through activities such as play and education.

FIGURE 11: SEX-DISAGGREGATED PATTERNS OF TIME SPENT ON CHILDCARE (<18 YEARS) THE DAY BEFORE THE SURVEY (%)
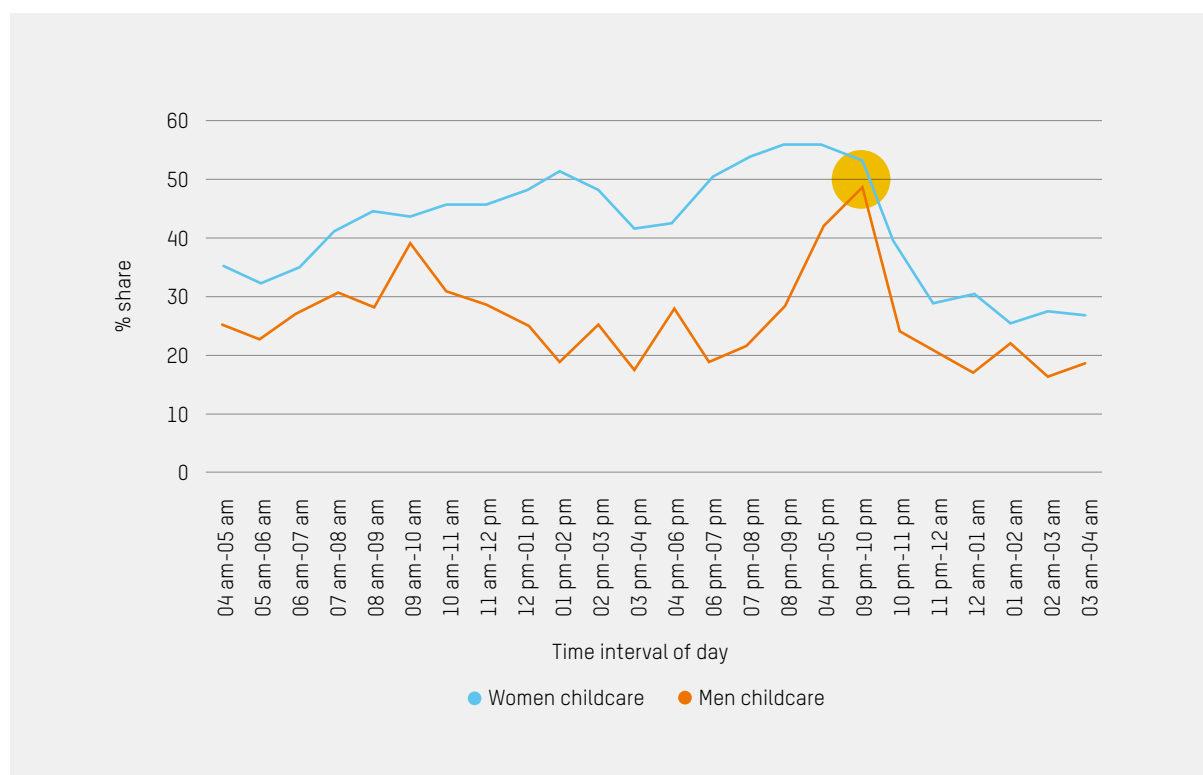
Source: EPRC/Oxfam survey dataset, 2017

As already noted, the gap between women's and men's time spent on childcare is bigger in urban areas; the more detailed data shows that this is especially the case between 10am and 10pm (Figures 12 and 13). This urban/rural difference in gendered patterns of childcare can be linked to urban men's greater involvement in paid work (and the fact that rural men may be better able to combine childcare with farm work, as noted above). While the gendered childcare gap is lower in rural areas, it is striking that more rural men than women are caring for children after 11pm. What could be responsible for such a pattern? While such a finding may be surprising, it could be an indication that rural men recognize the unpaid care work burden on women and as such are willing to help, especially late at night.

FIGURE 12: SEX-DISAGGREGATED PATTERNS OF TIME SPENT ON CHILDCARE (<18 YEARS) THE DAY BEFORE THE SURVEY IN URBAN AREAS (%)
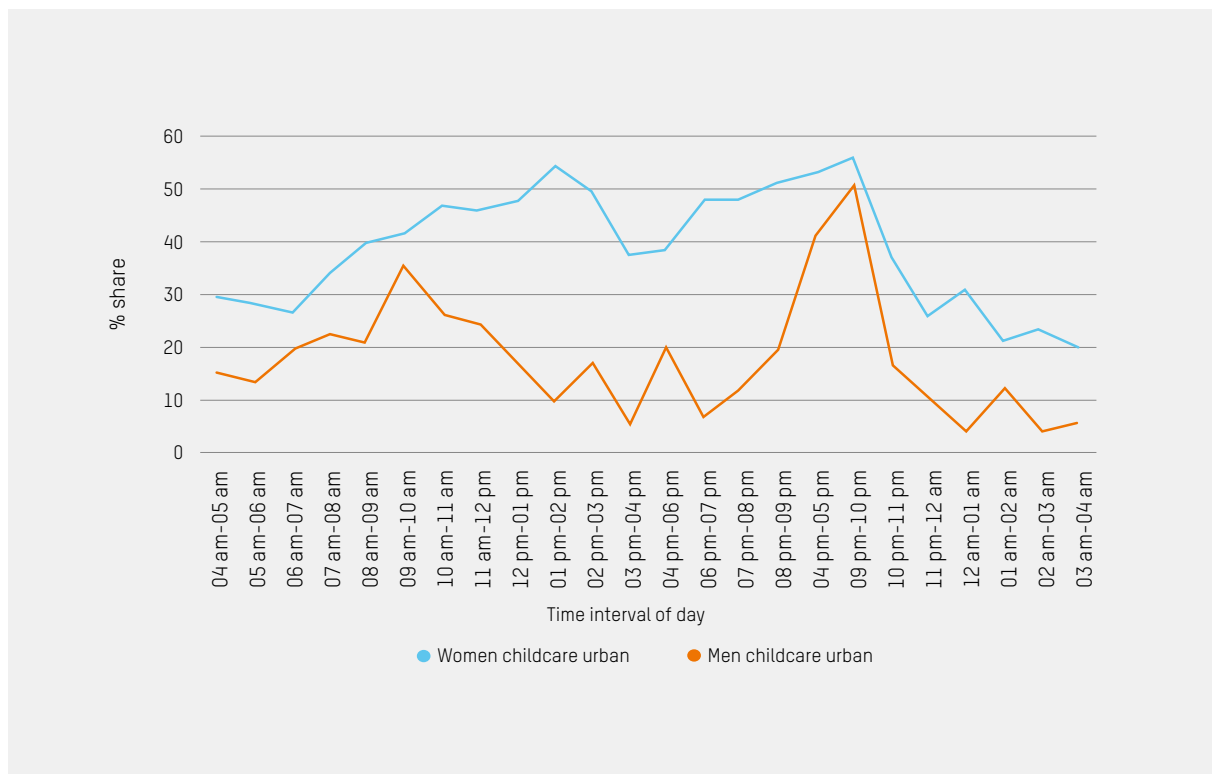
Source: EPRC/Oxfam survey dataset, 2017

FIGURE 13: SEX-DISAGGREGATED PATTERNS OF TIME SPENT ON CHILDCARE (<18 YEARS) THE DAY BEFORE THE SURVEY IN RURAL AREAS (%)
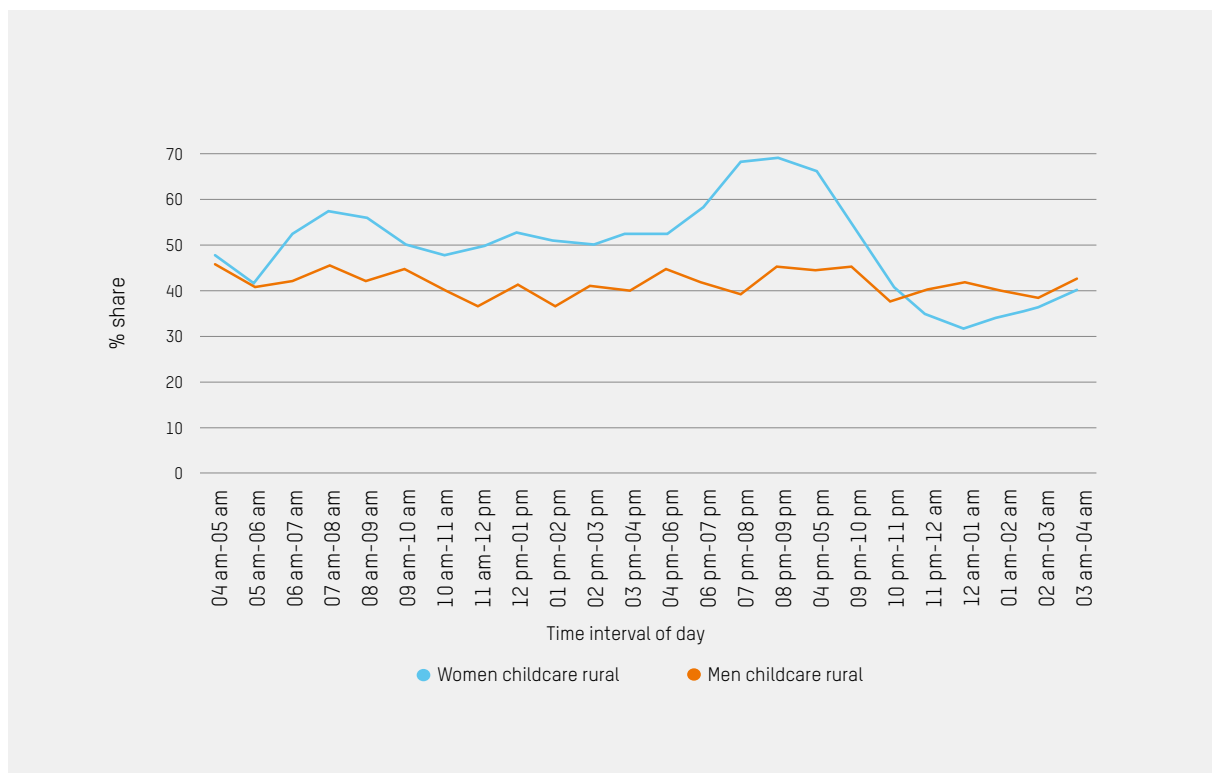
Source: EPRC/Oxfam survey dataset, 2017

Several studies have shown that while women provide the majority of unpaid care work, especially childcare, men are more likely to support adult care than childcare (Aguiar and Hurst, 2007). However, our findings show that while adult care seems to be shared more equitably than childcare between men and women in rural areas, in urban areas it is still women who look after adults.

4.2.2 Determinants of childcare

As already stated, in this study is childcare considered as a form of UCDW (not leisure) and, as a consequence of this assumption, models predict a specific pattern of childcare for different ages, education levels, marital status, household size, cultural norms (proxied by district-level fixed effects) and income. Theory predicts that if childcare is akin to home production, it decreases with wage income because of the greater opportunity cost of time. Therefore, if time spent with children follows a pattern similar to that of leisure, it is possible to conclude that parents treat childcare as an enjoyable activity and not work. Furthermore, evidence elsewhere shows that educated parents spend less time doing household work and childcare, if it is seen as akin to housework tasks, and are likely to have fewer children because the opportunity costs of leaving the workforce are greater for the more highly educated (Di Nallo, *undated*).

This sub-section analyses the socio-economic and demographic factors affecting childcare for women and men in households in the three districts. Given the dichotomous nature of whether or not the man or woman was responsible for looking after a child below 18 years in any given one-hour interval over a 24-hour day, a qualitative response model is appropriate. Qualitative response models relate the probability of an event to various independent variables. Such models are often useful when assessing individual characteristics that are associated with childcare decisions. In order to provide a detailed analysis of the factors determining the gendered patterns in childcare at the household level, we applied a discrete choice probit model for binary choice (yes, no) responses to the 'responsibility for looking after a child (<18 years) during a specific hour' question in the time-allocation module of the survey.

The probit model is a statistical binary probability model. Probit analysis is based on the cumulative normal probability distribution. The binary dependent variable y takes on the values of 0 and 1 (Aldric and Nelson, 1984). The probit analysis provides statistically significant findings about which demographics increase or decrease the probability of childcare.

In the binary probit model, looking after a child was taken as 1 (yes), not looking after a child as 0 (no). It is assumed that the ith household obtains maximum utility, so it was picked for those looking after a child rather than those that did not.

The probability p_i of choosing any alternative over not choosing it can be expressed as in equation 1, where ϕ represents the cumulative distribution of a standard normal random variable (Green, 2011):

$$p_i = prob[Y_i = 1 \mid X] = \int_{-\infty}^{x_i^{'}\beta} (2\pi)^{-1/2} \exp\left(-\frac{t^2}{2}\right) dt$$
$$= \Phi\left(x_i^{'}\beta\right). \tag{1}$$

The relationship between a specific variable and the outcome of the probability is interpreted by means of the marginal effect (margins command in the econometric software STATA 14), which accounts for the partial change in the probability. The marginal effect associated with continuous explanatory variables Xk on the probability $P(Y_i = 1 \mid X)$, holding the other variables constant, can be derived as follows:

$$\frac{\partial p_i}{\partial x_{ik}} = \phi\left(x_i^{'}\beta\right)\beta_{k,} \tag{2}$$

Where ϕ represents the probability density function of a standard normal variable.

The marginal effect on dummy variables should be estimated differently from continuous variables. Discrete changes in the predicted probabilities constitute an alternative to the marginal effect when evaluating the influence of a dummy variable. Such an effect can be derived from the following:

$$\Delta = \Phi\left(\overline{x}\beta, d = 1\right) - \Phi\left(\overline{x}\beta, d = 0\right). \tag{3}$$

The marginal effects provide insights into how the explanatory variables shift the probability of frequency of childcare provision. Using STATA 14.2, marginal effects were calculated for each variable while holding other variables constant at their sample mean values.

Factors influencing childcare at household level may include children's age, and individual social demographic and community characteristics. In previous studies such as Di Nallo (*undated*), Sevial-Sanz *et al.* (2010) and Miller and Mulvey (2000), characteristics such as household size, gender, age, education, marital status, household income, location and profession were handled as explanatory variables.

In this report, we assume that socio-economic and demographic characteristics of the women and men affected the probability of having looked after a child or not the previous day. These characteristics (limited to our survey) are gender, age, education, marital status, household size (only women), income (only women) and district (to capture unobserved district-level heterogeneities, especially in cultural norms).

Therefore, the variables assumed statistically significant were included in the model. It is hypothesized that the determinants of childcare are as follows: (a) childcare is positively related to younger age groups, increases with lower levels of education and smaller households, and decreases with higher levels of income; and (b) being married increases the probability of women doing more childcare compared to men.

4.2.3 Determinants of gendered patterns in childcare

The analysis follows a stepwise regression approach while estimating determinants of childcare for men and women. Tables 11 and 12 illustrate results of various models (Linear Probability Model-LPM and the probit model) for women and men respectively. For all models, district-level fixed effects are controlled for. Only significant marginal effects after probit are analysed and discussed.

Age – model (2): The probability of engaging in childcare decreases for women in older age groups (31-54 years and 55-99 years) relative to women in the younger age group (15-30 years), as shown in Table 11. In other words, as women age, their involvement in childcare declines (Dong and An, 2015). This is partly because in Uganda most women's childbearing years are when they are in the age group 15-30 years, hence this group is most likely to have young children in the household. For men (Table 12 model 2), the findings reveal that the probability of a man engaging in childcare increases for men aged 31-54 years relative to those aged 15-30 years. This is because the majority of

men marry between 31 and 54 years and will have young children during this period. Men in Kabale and Kampala were less likely to engage in childcare than those in Kaabong. This could be partly driven by the economic activities in these districts.

Income – model (4): For women in income brackets Ugx50,000-200,000, Ugx200,000-1,000,000 and those earning more than Ugx1m per month, the probability of their undertaking childcare decreases in comparison to those who were not earning at all (Table 11). Simply put, as women get more involved in paid activities they get less involved in childcare activities; women in the Ugx200,000-1,000,000 income bracket are 17% less likely to spend time caring for children below 18 years than those who do not earn.

Education – model (6): For women, the probability of engaging in childcare increases with education levels (this is significant, at 10%). However, the statistics on district-level fixed effects indicate that the probability of spending time on childcare increases for women irrespective of education status, and becomes much higher as education levels rise. This finding nullifies the null hypothesis stated earlier for the districts in question. However, for men (Table 12, model 4), men with tertiary education and those who did not have any formal schooling were more likely to look after children.

Marital status – model (8): The probability of women in polygamous marriages being responsible for children <18 years decreases in comparison to those in monogamous marriages, by 17% (Table 11). Such findings correspond to arguments that polygamous relationships create extended families through which the care workload can be shared, e.g. another household can offer support in caring for another woman's children if they come to an understanding on how to share responsibilities. The UBoS (2013) report on gender inequality in Uganda affirms that women in monogamous marriages spend more time on unpaid care (including childcare) than any other group. Women spent 10 times longer (7 hours daily) doing unpaid care work than men (0.7 hours daily) with the same marital status, signalling that married women often have to forego participation in employment-related work (UBoS, 2013).

General: Model (6) for men and model (10) for women present the overall estimation of the social and demographic characteristics of men and women respectively. For the latter, given the availability of more data, more explanatory variables such as household size and presence of infants under two years were included in the model specification to further add robustness to the estimation. As far as possible, efforts were made to include all the explanatory variables in the model; however, some could not lead to good specifications and were therefore dropped (these included marital status for men, pre-primary education for men, and education dummy variables of 'I do not know' for both men and women).

In Table 11 (model 10), the probability of women being responsible for children <18 in a day decreases for: women living in Kampala; those earning an income ranging from Ugx50,000-200,000, Ugx200,000-1,000,000 or with an income above Ugx1,000,000 per month; those in polygamous marriages; and those with larger household sizes. This backs up the hypothesis that households with women earning a slightly higher income are less likely to spend time on childcare than those with women who are not working. However, the probability of childcare increases by 13.1% for women whose households have infants aged two and below. This age group requires constant care according to cultural norms, especially from the mother (breastfeeding, bathing, changing nappies, bonding etc.). There were no significant age differences in care work observed in the general model specification.

Table 12 (model 6, probit model) depicts findings similar to the education model, where for men with no education and those with tertiary education the probability of being responsible for children below 18 years increases by 28% and 39% respectively. In addition, it shows that men in Kampala and Kabale district were less likely to get involved in childcare compared to their counterparts in Kaabong.

4.3 Time use of boys and girls

Children's involvement in primary activities other than childcare

Boys and girls spent close to 10 hours on sleep and almost 4 hours on leisure, which is to be expected for children (Figure 14). However, children in Kabale slept more while those in Kampala played more. In addition, children in Kabale and Kaabong spent more time on unpaid work such as water and fuel collection, while those in Kampala spent more time caring for younger children, preparing meals and washing clothes (Figure 15).

By age group, younger children (8-12 years) spent more time on sleep and leisure, as expected, but also participated slightly more than older children (13-17 years) in unpaid care work – particularly looking after younger children, meal preparation, and water and fuel collection (Figure 16).

FIGURE 14: AVERAGE TIME (HOURS) CHILDREN SPENT ON EACH ACTIVITY, BY SEX
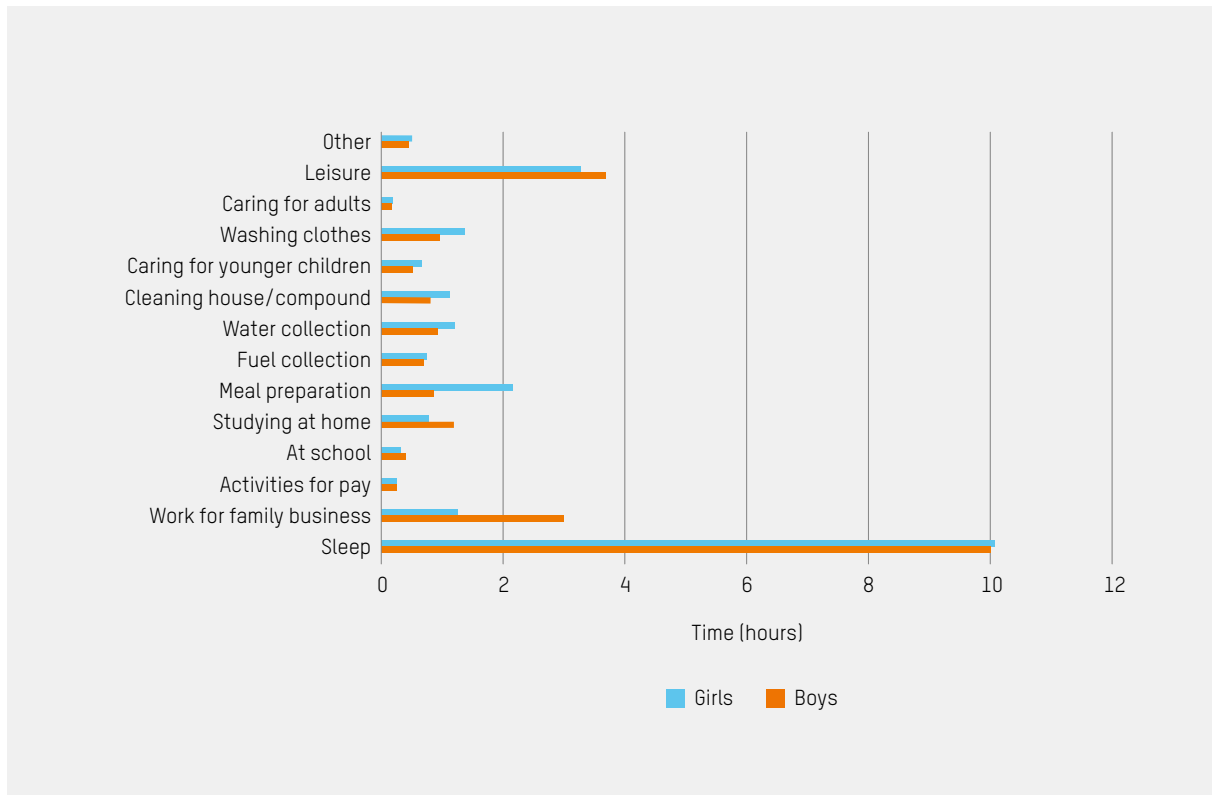
Source: EPRC/Oxfam survey dataset, 2017

FIGURE 15: AVERAGE TIME (HOURS) CHILDREN SPENT ON EACH ACTIVITY, BY SEX AND DISTRICT
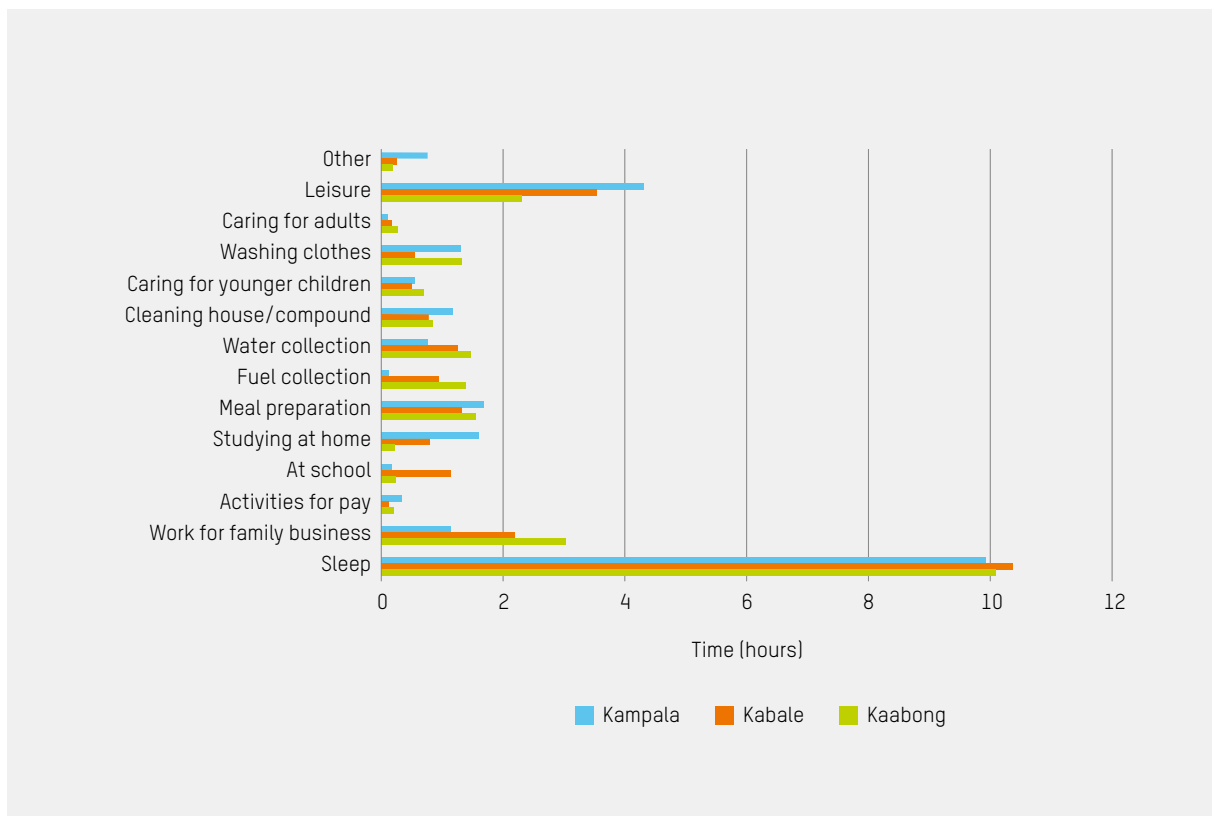
Source: EPRC/Oxfam survey dataset, 2017

FIGURE 16: AVERAGE TIME (HOURS) CHILDREN SPENT ON EACH ACTIVITY, BY AGE GROUP
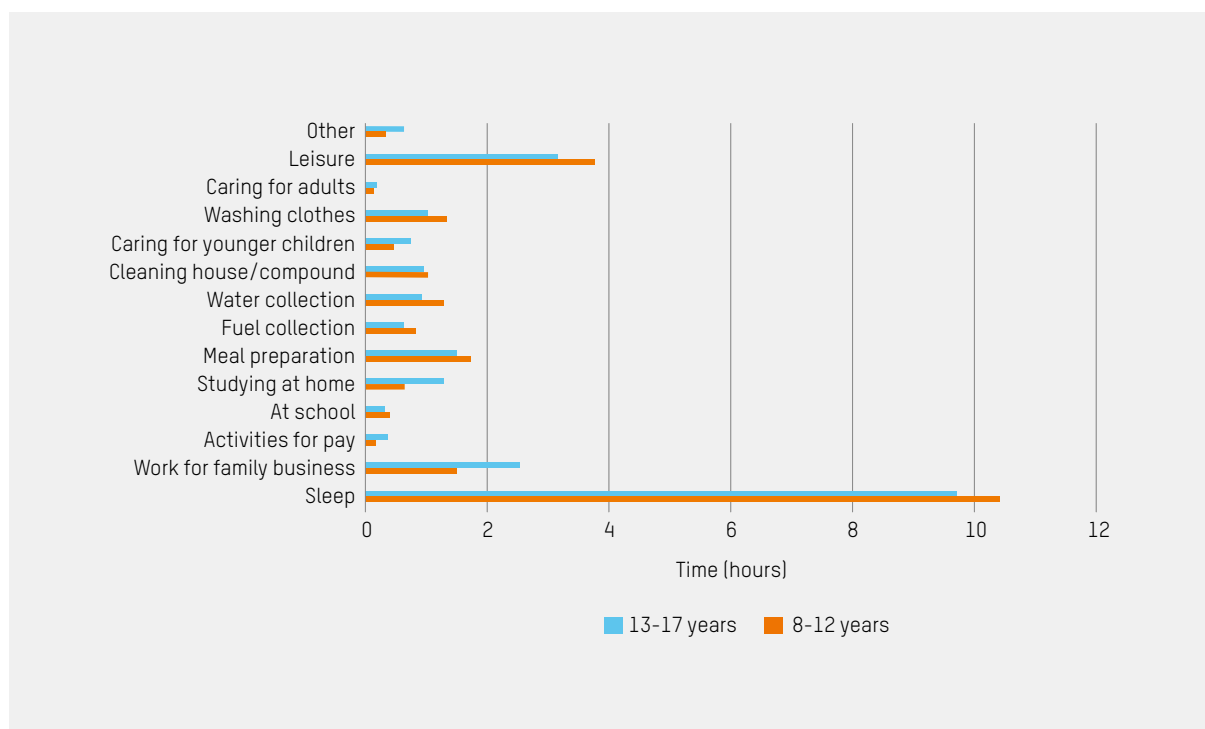
Source: EPRC/Oxfam survey dataset, 2017

Children's involvement in looking after younger children

Children were also asked if, in addition to undertaking the primary activities listed, they were involved looking after younger children as a secondary activity, and if so, how much time they spent on this. Figure 17 shows that both girls and boys aged 8-12 years looked after younger children, although more girls (43.5%) did so. The same pattern can be observed for girls and boys aged 13-17 years, though the percentage gap between girls and boys is not as big as it is for those aged 8-12 years.

FIGURE 17: CHILDREN WHO LOOKED AFTER YOUNGER CHILDREN, BY SEX AND AGE GROUP (%)
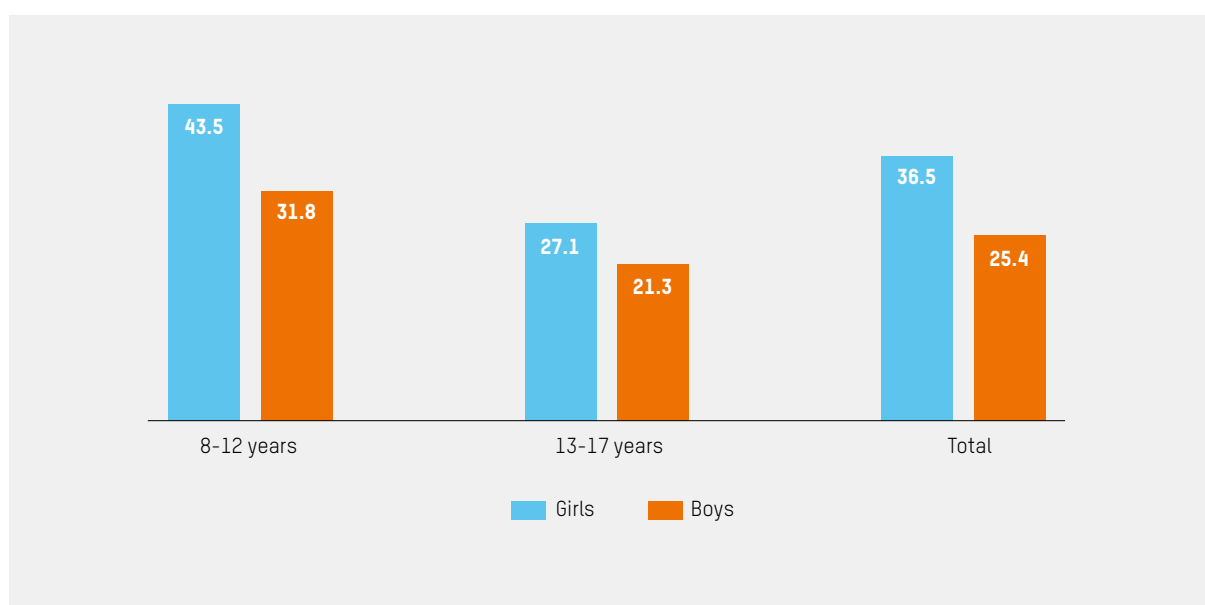
Source: EPRC/Oxfam survey dataset, 2017

Girls more than boys reported having looked after younger children while performing other household chores or playing, in both rural and urban areas. The care workload was higher for girls in Kaabong, with a distinct gap in percentage points (25pp) between boys and girls. By contrast, the gap between boys and girls in Kampala is very small (Figure 18). As findings show, this can be attributed to urban settings (Kampala) having less strong cultural norms around the role of boys compared to rural settings (Kabale and Kaabong). Findings also indicate that girls spent on average 4.8 hours, and boys 3.8 hours, looking after younger children (Figure 19).

FIGURE 18: CHILDREN WHO LOOKED AFTER YOUNGER CHILDREN, BY SEX, DISTRICT AND URBAN/RURAL (%)
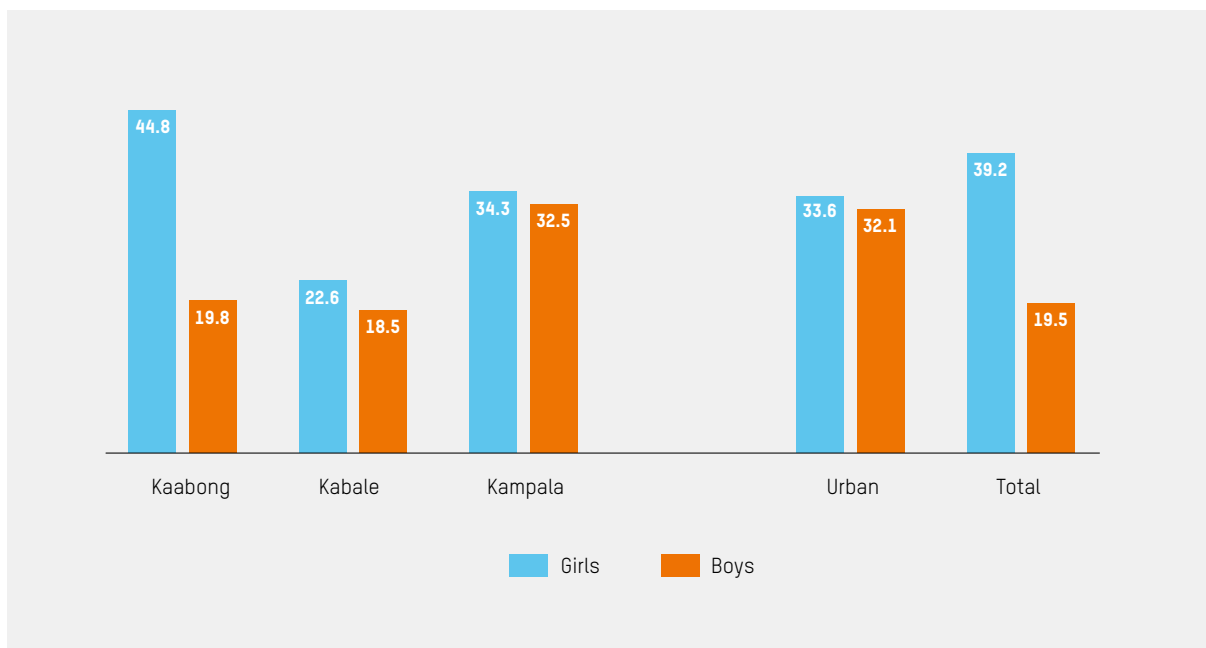
Source: EPRC/Oxfam survey dataset, 2017

FIGURE 19: AMOUNT OF TIME (HOURS) CHILDREN SPENT LOOKING AFTER YOUNGER CHILDREN, BY SELECT CHARACTERISTICS (%)
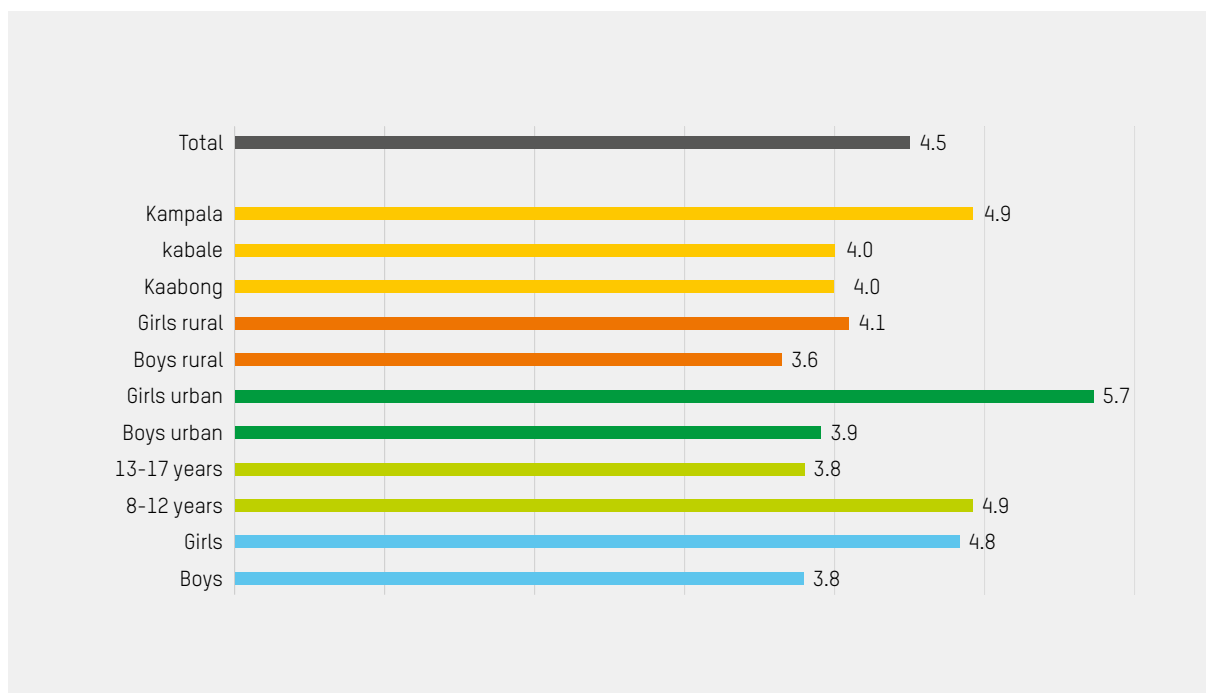
Source: EPRC/Oxfam survey dataset, 2017

PART B: ANALYSIS
AND DISCUSSION
5. SOCIAL NORMS AND UNPAID CARE WORK

5. SOCIAL NORMS AND UNPAID CARE WORK

5.1 Perceptions and division of care work

5.1.1 Perceptions on types of work

Out of 12 unpaid care and paid/productive tasks listed, respondents were asked to rank what they perceived to be the most valuable to them, with rank 1 being the most valuable and rank 12 being the least valuable activity. The activities were: meal preparation, planting/harvesting crops, cleaning the house or compound, drying/processing an agricultural product, caring for children, carpentry/making furniture, caring for the elderly, ill or disabled, house construction/repair, fuel or water collection, selling products/trading, taking care of farm animals, and washing, ironing and mending clothes. Findings are presented for each district by gender. Figures 20, 21 and 22 illustrate the ranking of the activities by women/men in each district, with the activity that has the highest share having a rank of 1.

Kaabong district

As shown in Figure 20, both men and women in Kaabong ranked planting and harvesting crops as the most valuable activity (more than 50% of both groups) while caring for children was ranked third and fourth by women and men respectively. Women ranked meal preparation as the second most valuable activity, while for men it was drying and processing an agricultural product. Washing, ironing, and mending clothes, and carpentry/making furniture were among the least valuable activities for women and men in Kaabong.

Given the absence or scarcity of electricity or charcoal, ironing cannot be undertaken in Kaabong. While men do appear to pay attention to personal care, women's heavy unpaid care workload means they have limited time for personal grooming. Indeed, moving around Karamoja region, one can observe men taking care of their hygiene, combing their hair, brushing their teeth. Overall, activities related to care work – with the exception of caring for children – are ranked low by both men and women in Kaabong.

FIGURE 20: RANKING OF MOST VALUABLE ACTIVITIES IN KAABONG DISTRICT, BY SEX: WOMEN (%)

Source: EPRC/Oxfam survey dataset, 2017

Kabbong men

Activity	
Washing, ironing, mending clothes (12)	
Washing, ironing, mending clothes (11)	
Washing, ironing, mending clothes (10)	
Selling products/trading (9)	
Selling products/trading (8)	
Caring for elderly, ill or disabled (7)	
House construction/repair (6)	
Cleaning the house or compound (5)	
Caring for children (4)	
Drying/processing an agricultural product (3)	
Drying/processing an agricultural product (2)	
Planting/harvesting crops (1)	

% share

Kabale women

Activity	% share
Carpentry/making furniture (12)	~45
Caring for elderly, ill or disabled (11)	~19
Carpentry/making furniture (11)	~19
Washing, ironing, mending clothes (10)	~14
Drying/processing an agricultural product (9)	~14
Fuel or water collection (8)	~14
Washing, ironing, mending clothes (7)	~14
Fuel or water collection (6)	~17
Meal preparation (5)	~17
Cleaning the house or compound (4)	~13
Caring for children (3)	~17
Caring for children (2)	~22
Planting/harvesting crops (1)	~47

% share

Kabale men

Activity	% share
Carpentry/making furniture (12)	~37
Fuel or water collection (11)	~18
Washing, ironing, mending clothes (10)	~17
Cleaning the house or compound (9)	~21
Washing, ironing, mending clothes (8)	~21
Caring for elderly, ill or disabled (7)	~13
House construction/repair (6)	~12
Caring for elderly, ill or disabled (6)	~12
Selling product/trading (5)	~14
Drying/processing an agricultural product (4)	~14
Planting/harvesting crops (3)	~14
Planting/harvesting crops (2)	~28
Planting/harvesting crops (1)	~26

% share

Source: EPRC/Oxfam survey dataset, 2017

Kampala district

Ranking of activities according to their value was very different in Kampala than in Kaabong and Kabale. This partly is explained by the different levels of development and economic activity in the districts.

Figure 22 shows that while men ranked caring for children as the most valuable activity (28%), for women it was meal preparation (24%). Large numbers of men and women ranked meal preparation as the second most valuable activity. In addition, many men and women in Kampala households ranked washing, ironing, mending clothes as the third most valuable activity. This is attributed to the availability of amenities/equipment to help with performing such actions. Interestingly, only in Kampala are care work activities ranked highly by both men and women. Carpentry/furniture making is considered the least valuable activity by both sexes.

FIGURE 22: RANKING OF MOST VALUABLE ACTIVITIES IN KAMPALA DISTRICT, BY SEX (%)
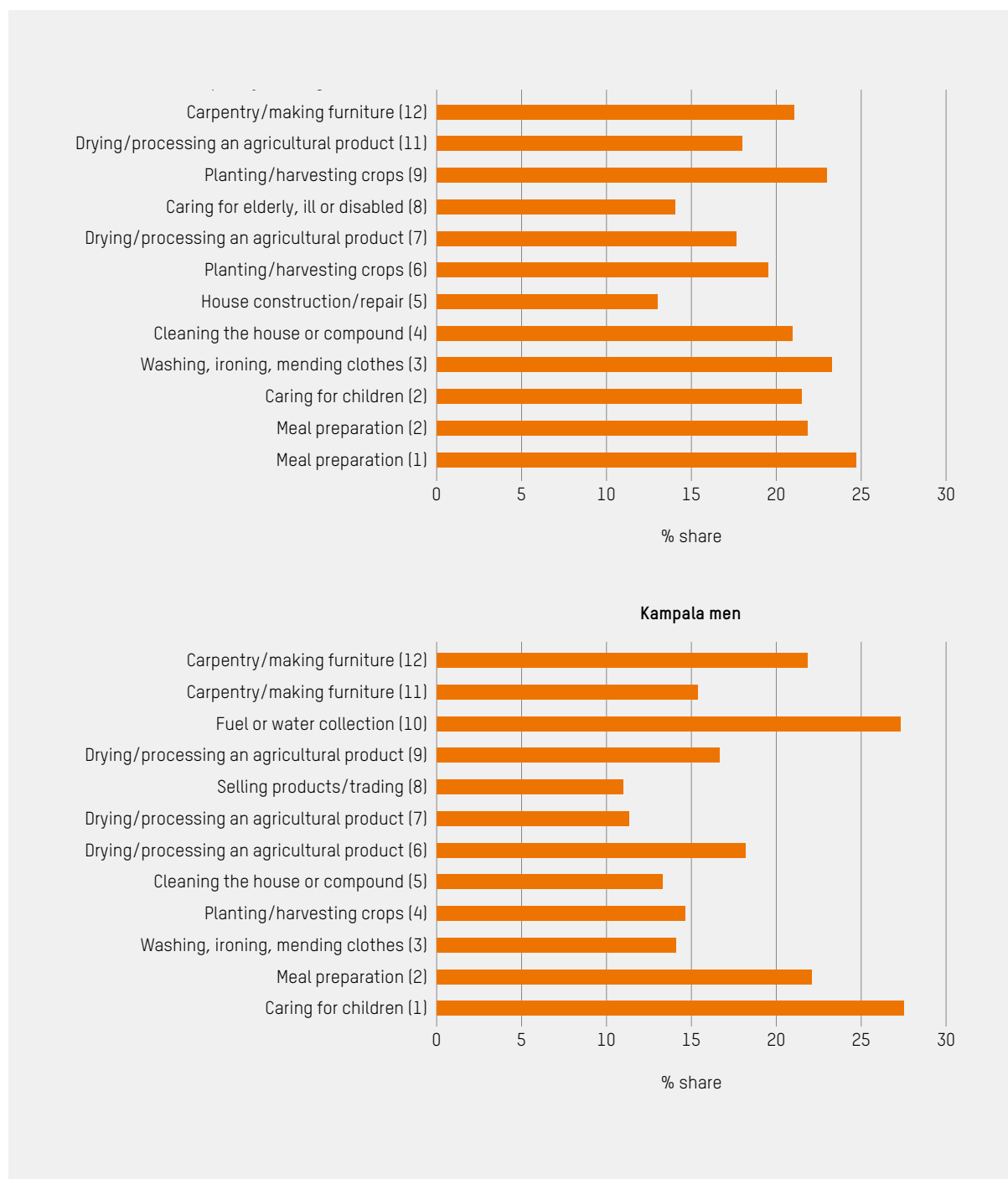
Source: EPRC/Oxfam survey dataset, 2017

In summary, the value placed on activities by women and men seems to be highly correlated to the economic activities within these districts. Notably, persons in Kampala ranked most agricultural-related activities as the least valuable to them, while those in Kaabong and Kabale tended to rank agriculture in their top four valuable activities. This can be attributed to the rural nature of Kabale and Kaabong compared to Kampala's city status.

Contribution to wellbeing

The HCS also explored the norms and perceptions about who women and men considered to be the most significant contributor to the household, by asking respondents '*who in the households do you think generally makes the most significant contribution to the wellbeing of the household'*. The majority of women (55%) replied that their partner was the main contributor to household wellbeing (Table 13). The same answer was common among men in response to the same question (76%). Some 40.9% of women see themselves as the main contributor to their household; however, the same is not indicated by the men's response, especially in Kampala (40.8%). This implies that men, especially in Kampala, do not appreciate women's contribution to the household or do not want to admit to a reality that contradicts socially accepted gender roles and relations, whereby men are expected to be the household's main provider and contributor.

Problematic domestic work or care activities for women and men

Of the 12 care activities presented to women and men, they were asked which one they considered to be the most problematic. Table 14 shows the share of women and men by district and rural/urban location that consider an activity to be the most problematic. Overall, women and men reported washing clothes as the most problematic activity. This could be attributed to the relatively big average household size and the large number of households with children below 13 years. Washing and drying clothes is a task often undertaken on a daily basis, especially if the above applies. This activity is time-consuming and becomes even more burdensome if water collection involves travelling long distances.

However, there are variations between districts. Women in Kaabong view water collection as the most problematic activity (this can be attributed to limited water access that is typical in the Karamoja region); in Kabale, women's top-ranked problematic activity is fuel collection (attributable to fuel scarcity and the very hilly nature of this district); and in Kampala, it is washing and drying clothes. Men in Kaabong and Kabale view caring for children as the most problematic activity, while for men in Kampala it is washing and drying clothes. In urban areas, both women and men viewed washing and drying clothes as the most problematic activity. In the rural areas, fuel collection was most prominent problematic activity for women, while for men it was caring for children.

The most problematic domestic or care activities by district according to the qualitative findings are presented in Box 3. These somewhat resonate with the quantitative findings shown in Table 14.

BOX 3: MOST PROBLEMATIC CARE WORK ACTIVITIES, BY SEX AND DISTRICT

Women
1. **Kaabong district:** Caring for children, cooking, caring for the sick and caring for the elderly.
2. **Kabale district:** Pregnancy, caring for children 0-5 years, cultivating for the whole family and collecting firewood for cooking.
3. **Kampala district:** Care for children (pre-and post-natal care), cooking, caring for the sick and caring for the elderly.

Men
1. **Kaabong district:** Building home, providing security for the home (all dismissed by women).
2. **Kabale district:** Construction of house, finding money for school fees and being supervised by a female employer (women objected to all of these responses).
3. **Kampala district:** Men refused to answer.

Source: Oxfam Rapid Care Analysis Survey Report, Uganda, 2017

Men's favourite care tasks

Men were asked were asked to rank their three favourite care tasks. Table 15 shows that most men's favourite task, irrespective of district, is caring for children. Some men in Kampala also indicated water collection (23.7%) as their number one task. In Kampala, men's next favourite tasks were caring for children (25.8%) and water collection (21.5%), while Kaabong men's second favourite task was cleaning the house or compound (27.8%). In third position was washing/drying/ironing/mending clothes for Kaabong, and cleaning the house or compound for Kampala.

5.1.2 Distribution of and men's assistance with unpaid care work

This sub-section looks at how men and women divide care work responsibilities in their households, regardless of help received from other household members. Such analysis sheds light on gendered behaviour/perceptions and traditional norms in the division of UCDW within households.

Women were asked if they would like more help from their partners with specific activities. Figure 23 shows that overall, more women in Kampala ask for help with all activities (except caring for the elderly, ill or disabled) than women in other districts. Kabale has the smallest share of women who said they would like help in meal preparation, washing/drying/ironing/mending clothes, and cleaning the house or compound. In Kampala, it may be that women more freely express themselves and feel more able to ask their partners for help with UCDW, because social norms are not as strong as in the rural districts of Kabale and Kaabong.

FIGURE 23: TASKS THAT WOMEN WOULD LIKE MORE HELP WITH FROM THEIR PARTNERS, BY DISTRICT (%)
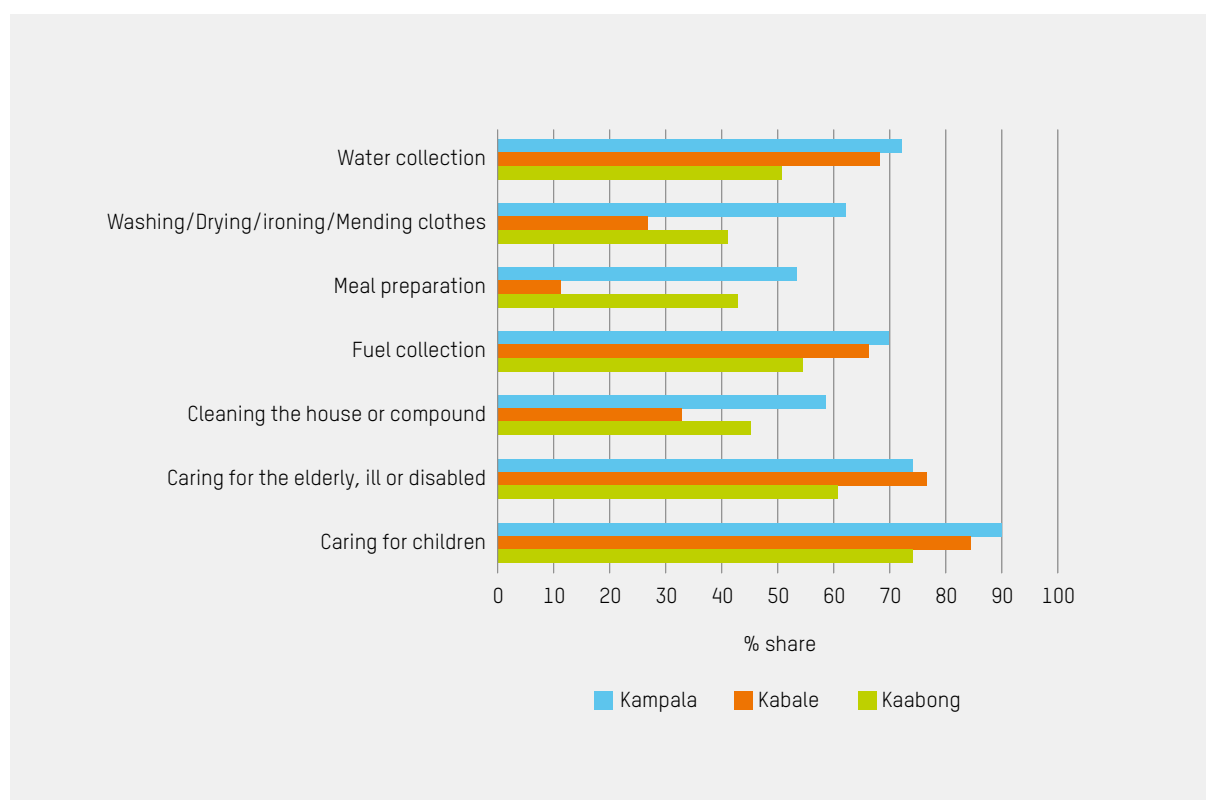
Source: EPRC/Oxfam survey dataset, 2017

The findings on women's desire for additional help with certain tasks resonates with what men indicate as the activities that their wives/partners would like them to participate in more (Figure 24). Surprisingly, all the tasks that feature in Figure 23, such as caring for children, caring for the elderly, ill or disabled, and water and fuel collection, also feature prominently among all men. It appears that more men in Kampala and Kabale are aware that their partners would like them to participate more in these tasks. Whether or not men actually help in undertaking a given task, it is clear that women have made them aware of their need for support in these activities (overwhelmingly so in Kabale district, where women are considered to be very assertive). As shown above, the most problematic activity for women in Kampala is washing, drying, ironing, and mending clothes; it is therefore not surprising that this is one of the activities that women would like more support with, and that men are aware of this.

Source: EPRC/Oxfam survey dataset, 2017

Reasons for household gendered division of unpaid care work

To improve understanding of the ingrained nature of household division of unpaid care work in Kaabong, Kabale and Kampala collectively, women were asked specifically why they did not want their partners/husbands to help, and men were asked why they did not want to participate in care work in their homes. As shown in Table 16, more than half of all women – 54.9% in Kaabong, 82.9% in Kabale and 46.3% in Kampala – indicated that '*it's a woman's task/not a man's task*' to undertake most of the activities. In Kampala, fewer women said 'it's a woman's task/not a man's task' in relation to caring for the elderly, ill or disabled, and water collection.

Table 17 reveals that, similarly to the findings for women, more than half of the men in Kaabong (71%) and Kabale (79%) do not participate in domestic or care work (other than elderly care) because '*it's a woman's task/not a man's task*'. In Kampala, the reasons men gave as to why they do not participate in unpaid care work show a greater spread, although a significant percentage (26.3%) said '*it's a woman's task/not a man's task*'.

Findings from the RCA support this analogy. Box 4 summarizes these by district.

Was help granted when requested?

When asked how *often women asked their partners for help in the last month,* the majority of women in Kaabong (55.3%) had asked at least once, whereas in Kabale 40.3% and in Kampala 64.7% of women had never asked (Table 18). On whether help was granted when asked for, the majority of women in Kaabong said *never* (46.0%) and *sometimes when asked* (47.8%). In Kabale, the majority said sometimes when asked (57.5%), although there were many women who said *always when asked* (39.1%). There were no major differences in responses in Kampala on whether help was granted. Note that there are not significant differences for individual tasks in terms of whether or not help was granted. The responses for each task are depicted for the three districts.

Men's childhood exposure to care

Table 19 (case 1) shows the responses given by men when asked whether as a child or teenager they had witnessed their father or another male performing domestic chores in the home. About three to four men on average in Kampala had exposure during their formative years to males performing care tasks. In Kabale, 52.1% of men had never seen their father/a male figure preparing meals, and 41% had never seen their father/a male figure cleaning their house or compound; however, some (40.7%) had sometimes experienced their father/a male figure washing clothes and taking care of them or their siblings (42.5%). In Kaabong, the majority of men had not in their own childhoods experienced a father or male figure undertaking meal preparation (58. 5%) or cleaning the house or compound (50.5%).

Table 19 (case 2) shows men's responses when asked if they had been taught how to perform various unpaid care work tasks as a child or teenager. The majority of men in Kampala said 'frequently' for most tasks, which reflects significant input from their mothers. Even in Kabale and Kaabong the majority of men said they had been taught to perform these tasks, which further highlights input from mothers or other females during their formative years.

5.1.3 Satisfaction with household division of work between men and women

Regarding satisfaction with the status quo in the division of UCDW tasks in the household, Figure 25 shows that 41% of women said they were satisfied, while another 34.4% of women said they were very satisfied. In urban areas (mainly Kampala), 49.9% of women report being 'very satisfied' with the status quo, while 53% of women in rural areas are 'satisfied' with the way tasks are divided. Although most women in Kaabong are satisfied with the division of tasks, this district had the highest proportion of women who are either unsatisfied or only fairly satisfied with the division of household tasks. This is reflected in the qualitative findings (Box 4), where women in Kaabong dismissed everything the men listed as the most problematic domestic and care activities, as they felt the care workload fell entirely on them.

FIGURE 25: WOMEN'S SATISFACTION WITH DIVISION OF UCDW IN THE HOUSEHOLD, BY DISTRICT AND URBAN/RURAL (%)
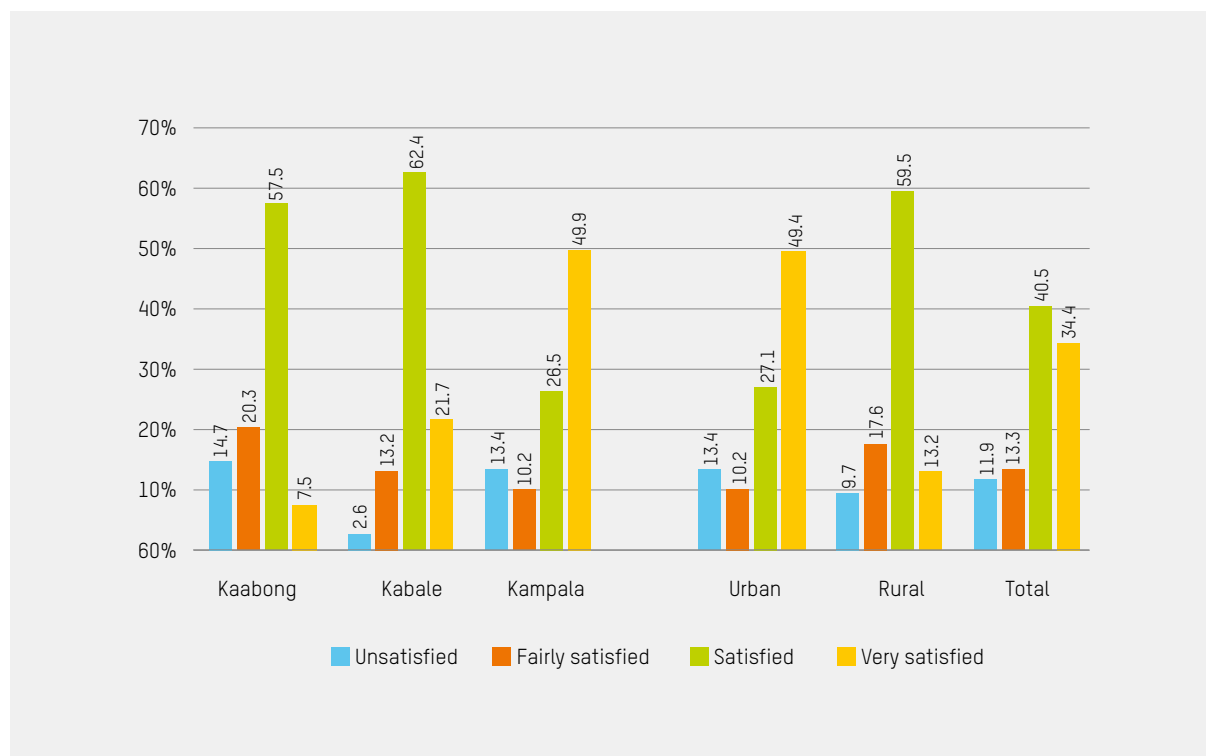
Source: EPRC/Oxfam survey dataset, 2017

Figure 26 shows that overall, men are satisfied (51%) or very satisfied (38%) with the division of UCDW in the household. In particular, more men in Kabale are very satisfied (45.1%) than just satisfied (42.7%) with the status quo, which helps to account for the significant proportion of men in rural areas who say they are satisfied with household task division (56.7%).
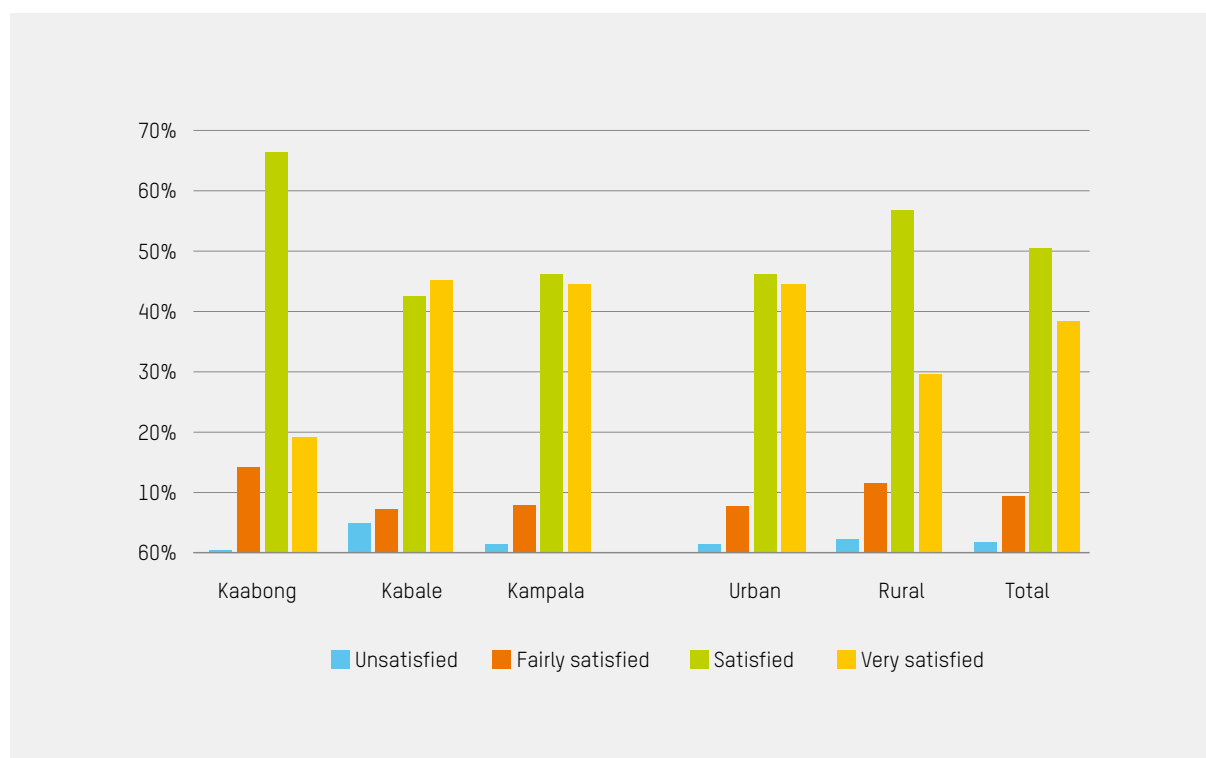
Source: EPRC/Oxfam survey dataset, 2017

5.2 Criticism and violence related to performing unpaid care work

This section seeks to understand how society perceives what is right or wrong, and how it justifies actions against women and men who do or don't participate in UCDW as expected. Understanding such norms in terms of the behaviours and practices which are acceptable or unacceptable to society/communities is important, as it allows such norms to be challenged and ultimately changed.

The survey asked women and men (in strict confidence, given the sensitivity of the topic) whether in their opinion it would be acceptable or unacceptable to harshly criticize/shout at a woman or beat her if she did not perform certain domestic or care activities at home, or left the house without asking. The analysis below shows the proportion of women and men who believe that it acceptable to beat a woman in such circumstances (sub-section 5.2.1), harshly criticize or shout at a woman (sub-section 5.2.2), or to mock/shame a man who undertakes specific unpaid care activities (sub-section 5.2.3).

5.2.1 Acceptability of violence against women for perceived care failings

Generally, as Table 20 (panel A) shows, about 17.2%, 15.4% and 14.1% of women said that it was acceptable to beat/commit violence against a woman if she failed to care well for the children, left the house without asking, or disobeyed her husband/uncle/father/brother (all males), respectively. Significant differences were found between districts on what is considered to justify violence against women. Kaabong had the highest share of women (over 45%) expressing the view that violence is acceptable in situations where a woman failed to care well for the children, left the house without asking, left a dependent/ill adult unattended or disobeyed male relations (uncle, father, brother, husband). In Kabale, women were most likely to say that violence was an acceptable response if a woman left the house without asking, failed to care well for children or spent money without asking. According to women in Kampala, violence was acceptable only if a woman had failed to care well for the children.

Table 20 (panel B) shows that men felt that it would be acceptable to beat a woman if she left the house without asking (17.2%), failed to care well for the children (17.8%) and disobeyed the males of the household (13.6%). As also shown in the responses of women in the district, men in Kaabong were more likely to be accepting of violence against women if a woman left the house without asking (35.5%) or failed to care well for children (27.8%). Generally,

acceptance of violence against women is higher in rural than urban areas, and is higher in Kaabong than in the other districts. High acceptance of violence in Kaabong may be an indication that Karamojong norms consider a woman to be the property of the community or homestead she lives in, such that she should be punished if she diverts from the norm.

5.2.2 Acceptability of criticism against women for perceived care failings

When asked about the acceptability of harshly criticizing or shouting at a woman for perceived failings in domestic or care-related activities, Table 21 (panel A) reveals that, especially in Kaabong and Kabale, women felt that it was acceptable to harshly criticize/shout at a woman in almost all situations. Over 60% said that it was okay to harshly criticize/shout at a woman if she disobeyed her husband/uncle/father/brother or failed to look after children well, and over 50% indicated that it was acceptable to do so if she left the house without asking or left a dependent/ill adult unattended. Similarly, in Kabale district, women thought that harshly criticizing or shouting at a woman was totally acceptable if she left the house without asking (40.6%), spent money without asking (41.7%) or failed to care well for the children (33.5%).

The same pattern is shown for men (Table 21 – panel B). Among Kabale households, the role of money is notable in relation to criticism and violence directed against women. Indeed, 41.7% of men in Kabale felt it was acceptable to harshly criticize a woman if she spent money without asking. This implies that domestic violence against women, especially in Kaabong and Kabale, is fully acceptable in society and fully expected (by both men and women) if a woman is seen to fail in providing care. Qualitative results reveal that in Kabale, it is also acceptable and considered normal for men to be rude, because it is 'in their nature' and is 'passed on from generation to generation'. In urban areas, failing to care well for children featured highly in acceptability of criticism/violence against women.

5.2.3 Acceptability of mocking/shaming a man for carrying out unpaid care tasks

To comprehend the norms surrounding men's participation in UCDW, women and men were asked if it is acceptable to mock/shame a man for participating in care work activities. Table 22 reveals that mocking or shaming a man who participates in care work was most accepted in Kabale district. This was especially the case in relation to domestic activities such as cooking, washing dishes and washing clothes, as these are not considered a 'man's job'; hence being shamed or mocked by women and fellow males for engaging in these tasks is considered fully acceptable (Table 22, panels A and B). Fewer men and women in Kaabong and Kampala feel it is acceptable to mock a man for participating in care work.

The above opinions/views on violence, criticism and shaming/mocking are all the product of strong cultural expectations that have been passed from generation to generation. Qualitative analysis shows that cultural norms dictate that women must cook, and that getting married means 'going to cook'. According to these norms, a man can only cook or wash dishes if he is single. Women in Kaabong report that the process of disarmament has left their husbands bitter because it has curbed their main activity, cattle rustling; this has left them with time on their hands, yet they are 'too lazy' to participate in UCDW. According to the women, some men have become violent at home as a result.

5.2.4 Knowledge of criticism, violence and mockery in society

Women were also asked to recall if they thought a woman or man close to them might have been beaten, harshly criticized or mocked in the last month due to their behaviour in relation to the indicators of interest (Figures 27-28). Knowledge of a woman close to the respondent having been beaten was high, at 44.5% and 45.9% in Kaabong and Kabale districts respectively, while harshly criticizing/shouting at a woman was at 50.3% and 56.5% in respective districts (Figure 27). Furthermore, at least 30.6% of women in Kaabong and 26.3% in Kabale districts were aware of men having being mocked for their participation in UCDW activities.

Source: EPRC/Oxfam survey dataset, 2017

From Figure 28, it clear that men were highly aware of ongoing violence and criticism against people close to them. Overall, at least 27.1% of men were aware of a man close to them having been mocked for participating in care work. This results from deeply embedded societal norms/notions on cultural acceptability, and has serious implications for fostering a more equal division of work between men and women within the household.

5.3 Household decision making

Women were asked about decision making in their household, specifically about the individual who normally makes the decisions on the 10 areas listed. This was to done to help shed light on power dynamics within the household. The 10 areas were further grouped according to what respondents considered to be 'critical' and 'basic' areas for decision making.

Critical household decisions

Six areas were considered critical in terms of decision making: 1) children's schooling and health; 2) one's own health and when to go to the doctor; 3) large purchases (e.g. of land, cattle, mobile phone); 4) whether to take out a loan; 5) which family members should do paid activities; and 6) how many children to have and spacing of children. Figure 29 shows women's responses on who in the household makes decisions on the critical areas, by district.

Decisions about children's schooling and health are made by the husband, especially in Kaabong (36.1%) and Kabale (36.4%) districts, while in Kampala 42.1% of women said it was a joint decision (by wife and husband). More than half of the women, irrespective of district, indicated that decisions about their own health and when to go to the doctor were made entirely by themselves, a share which is strikingly higher in Kampala (70.5%). This reflects the fact that women here are more emancipated and may have more information and knowledge about health issues than women in Kaabong and Kabale.
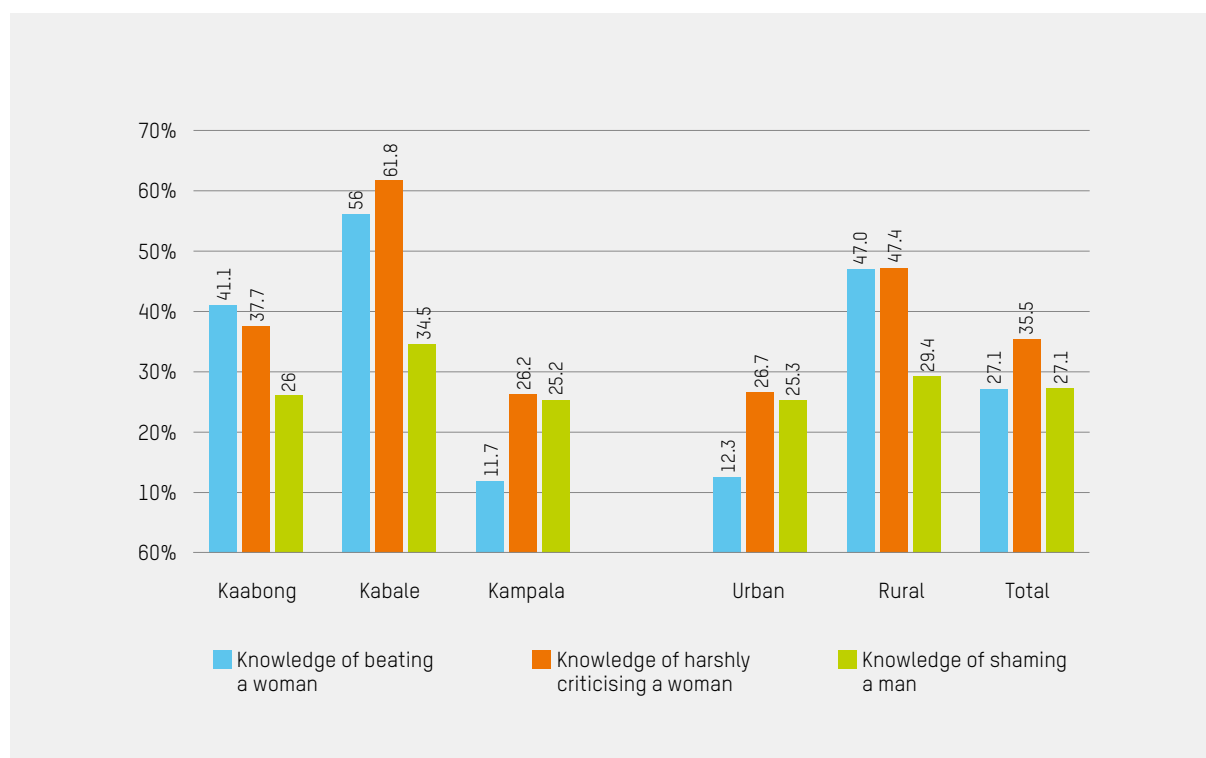
Source: EPRC/Oxfam survey dataset, 2017

Regarding large purchases, it is mostly the husband who makes such decisions in Kaabong (especially with regard to purchasing cattle) and Kabale, whereas in Kampala these decisions are made jointly (especially decisions on purchasing land). For decisions on whether to take out a loan, there were statistically no significant differences on whether this was done by the woman, her partner, or jointly. However, in Kampala, women seem to be making decisions independently about taking out loans, probably because of the increased trend of women starting up and running businesses. In terms of which family members do paid activities, for Kaabong and Kabale the majority of women said this was a joint decision; however, equally important is the fact that some women, especially in Kampala and Kabale, made these decisions themselves.

Regarding how many children to have or how to space their children, 41.3% of women in Kaabong revealed that decisions were largely made by a husband/partner, while more than 30% of women in Kabale and Kampala said it was a joint decision or was sometimes undertaken by themselves. While men in Kaabong have the biggest say on how many children a woman should have, they also participate least in childcare – meaning women take most responsibility for feeding, clothing and educating children they may not have chosen to have.

Source: EPRC/Oxfam survey dataset, 2017

Basic household decisions

Four areas were considered areas for basic decision making: 1) making small daily purchases (e.g. food, toiletries); 2) decisions about whether to visit relatives or travel; 3) decisions on how to spend one's own time; and 4) which family members should do domestic tasks. Interestingly, Figure 30 highlights that all basic decisions were mostly being made by women without consulting husbands/partners or someone else (over 50% were women's sole decisions). This suggests that husbands/partners do not take a keen interest in matters that do not cause a substantial change to the wealth of the household. In most cases, when a man is asked he might say that these are issues for the woman to handle, implying that they are a waste of his time or that the prevailing culture does not allow him to participate in such mundane issues.

FIGURE 30: WOMEN'S VIEWS ON WHO MAKES BASIC HOUSEHOLD DECISIONS, BY DISTRICT (%)
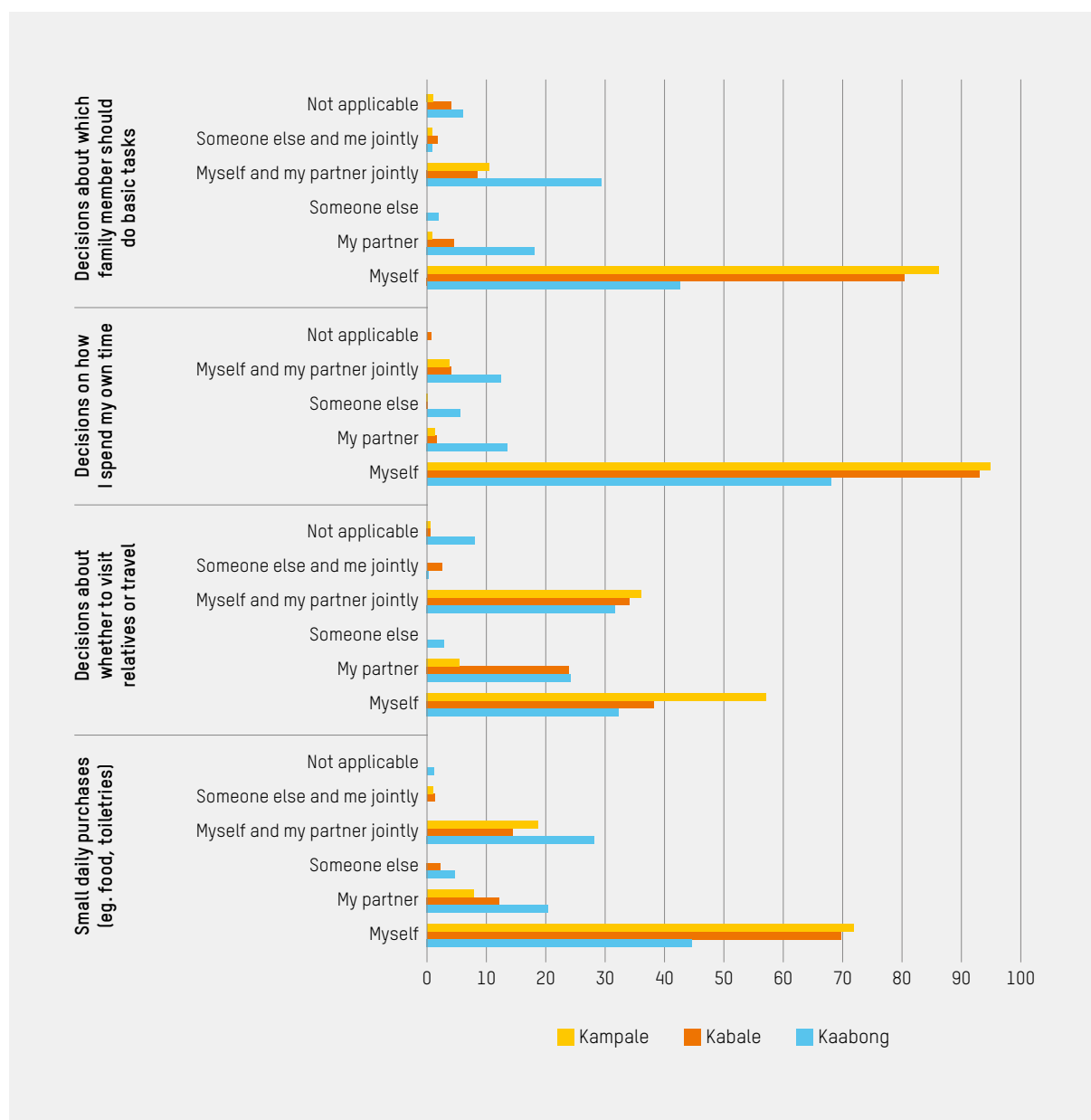
Source: EPRC/Oxfam survey dataset, 2017

Extent to which women could influence or change decisions

Women were also asked about the extent to which they thought they could influence or change decisions made by someone other than themselves. Findings show that for all the indicators for which women did not make their own decisions, they influenced the other party's decision making only 'to some extent', at an average of 65%. Specifically on the issue of large purchases, about 50% of women said they could influence decisions that were made; this was higher in Kampala district (53%) and urban areas. Overall, women 'to a large extent' influenced decisions on how they could spend their own time.

5.4 Other emerging issues

This section provides analysis on the use of paid services, household ownership of labour-saving equipment, and the time it took respondents to access select social amenities. An analysis of the available infrastructure/services perceived to ease UCDW was undertaken, and the study also explored the effects of unpaid care work on the wellbeing of individuals.

5.4.1 Care-relevant household equipment

Hired domestic labour in the household helps to reduce the unpaid care workload among women. The survey assessed if selected tasks were paid for through hired labour. The results in Table 23 indicate that more women paid for hair braiding and laundry activities in Kabale (42%) and Kampala (52%), while women in Kaabong paid primarily for grinding activities (21.5%). Fetching water (27.3%) and washing/drying clothes (34%) were also relatively commonly paid-for activities in Kampala. Overall, paid-for time-saving services were more prevalent in urban than rural areas. This can be attributed to more time being spent on paid work in urban areas.

Blackden and Wodon (2006:2) assert that availability of piped water, a gas stove, a refrigerator etc. have all proven to affect gendered time-use patterns, while according to Grassi *et al*. (2015), the presence of such equipment reduces a woman's care workload. Table 24 reveals that regarding time-saving equipment related to water, almost all households in Kabale and Kampala have jerry cans, while at least 80.1% of households in Kaabong own at least one jerry can of 5ltrs/10ltrs/20ltrs. Equipment for fetching water, such as bicycles, are more common in Kabale, with 23.2% of the households using them. Owning a tap/rain harvester on the compound and a shower are more common in Kampala, at 45.5% and 24.6% respectively. Ownership of a tap/rain harvester can be seen for some households in Kabale, probably those in urban centres. A significant number of households in Kaabong do not have toilets (30.9%). This implies a high incidence of sanitation-related diseases, such as dysentery and diarrhoea that potentially increase the time spent caring for children.

Table 24 also indicates that ownership of fuel/energy equipment varies across districts. Ownership of an axe is predominantly seen in rural areas (Kaabong and Kabale), where fuel collection (biomass) is more common. More households in Kabale own an axe (77.7%) than in Kaabong (66.7%). Kerosene lamps are common in Kabale (53.3%) and Kampala (49.6%), but not in Kaabong (2.8%). Energy-saving stoves are more common in Kampala, with 98.2% of households owning at least one. Slightly more than 50% of households in both Kaabong and Kabale own such stoves, implying an appreciation of their use in reducing time spent on cooking/meal preparation. Food flasks can also potentially reduce the time spent on meal preparation, especially for children under the age of five, who eat frequently. These are more commonly owned in Kampala (95.3%) and owned by about half of the households in Kabale (49.9%). However, items such as food flasks are considered a luxury by severely poverty-stricken households, who cannot even afford more than one meal a day and barely have enough income to spend on necessities (clothing, food and shelter).

Use of nappies is a novelty in Kaabong. It is important to note that in Uganda, nappies are reusable rather than disposable, so in fact the availability of nappies can increase household care work due to the time spent washing them. More than half of the households in Kabale (66.6%) and Kampala (68.9%) were using nappies. The overall proportion of disabled persons is low; Kaabong and Kabale have more persons who are disabled living in households compared to Kampala – a finding that is reflected in the rural/urban disaggregation (Table 25). This has implications for the unpaid care workload within the household.

5.4.2 Care-relevant support and infrastructure services

Infrastructure policies have a positive impact on reducing the unpaid care workload borne by women, as improved infrastructure – in particular, better access to drinking water – reduces time spent on fetching water and improves child health. However, it should be noted that in Uganda, policies on infrastructure development do not explicitly address UCDW as a key feature of gender inequality, even though external infrastructural support from the state and

community could help to reduce and redistribute the unpaid care workload. Respondents were asked if such external support was beneficial to them and their household, i.e. if they used such support. Results in Table 26 show that women were making use of improved water sources, health facilities and (in a few cases) electricity, which are mostly provided by the government. It is glaringly evident that very few households were utilizing childcare facilities, even when they asserted that these are provided by the state; this suggests that respondents do not appreciate the value of this service, even though it is likely to be inexpensive. Literature indicates that public sector infrastructure determines social service delivery, which may reduce time spent on unpaid care work if such infrastructure is easily accessible (Antonopoulos, 2008). However, even when infrastructure improvements are made, e.g. to water provision, the service can still be expensive, especially for the urban poor; thus access can still be blocked (Esquivel and Kaufmann, 2017).

Box 5 below shows findings from the qualitative analysis by district, shedding more light on the statistics in Table 26.

BOX 5: STATUS OF CARE SUPPORT AND INFRASTRUCTURE SERVICES

Kaabong
- While participants listed the available infrastructure and services, they felt that these were not functioning well and were inadequate to support unpaid care work. For example, schools were found to be too few (there were only two primary schools in the sub-county) and also to lack the necessary resources for effective teaching and learning, such as qualified teachers.

- The available health centres (two in Loleria sub-county) lacked adequate facilities and personnel. This had pushed community members, especially women, to seek alternative means of healthcare, such as consulting Traditional Birth Attendants (TBAs), resorting to self-medication and relying on traditional herbalists, which can pose health risks to the users.

Kabale
- Community members indicated that while the available infrastructure and services were contributing to reducing care work, they were still inadequate in terms of both quantity and quality to really reduce women's care workload; for instance, there was no health insurance for the sick. While a police post, health centre, roads, grinding mill, market and schools were visible and available, with the exception of the police post they were all considered to be functioning below expectations.

Kampala
- In Kampala, there seems to be a higher concentration of infrastructure and services than in the rural districts, although participants indicated that the services were relatively unaffordable. For instance, electricity, which would ease women's food preparation workload, is expensive for many families; the cost of food preparation at all levels of the process had caused some families to cut down to one meal a day.

Source: Oxfam Rapid Care Analysis Survey Report, Uganda, 2017

The findings in Table 26 and Box 5 show that, despite the increase in infrastructure and services, more needs to be done that has the potential to reduce UCDW borne by women, as existing infrastructure and services are still inadequate in terms of 1) quantity, 2) quality and 3) affordability. As a result, women and girls continue to shoulder a disproportionate share of unpaid care work with very limited support.

Similar observations can be made from findings about the time taken to access support services provided by the state. Figure 31 indicates that it takes women in Kabale almost 2 hours to reach an all-season road, almost 1.25 hours to reach a market place and 1 hour to travel to a health facility. This is attributed in part to Kabale's hilly nature, which means people require more energy and time to reach these destinations, but also to the few services available. Services seem to be located closer to the respondents in Kampala.

FIGURE 31: AVERAGE TIME TAKEN TO REACH THE SELECTED SERVICES, BY DISTRICT (MINUTES)
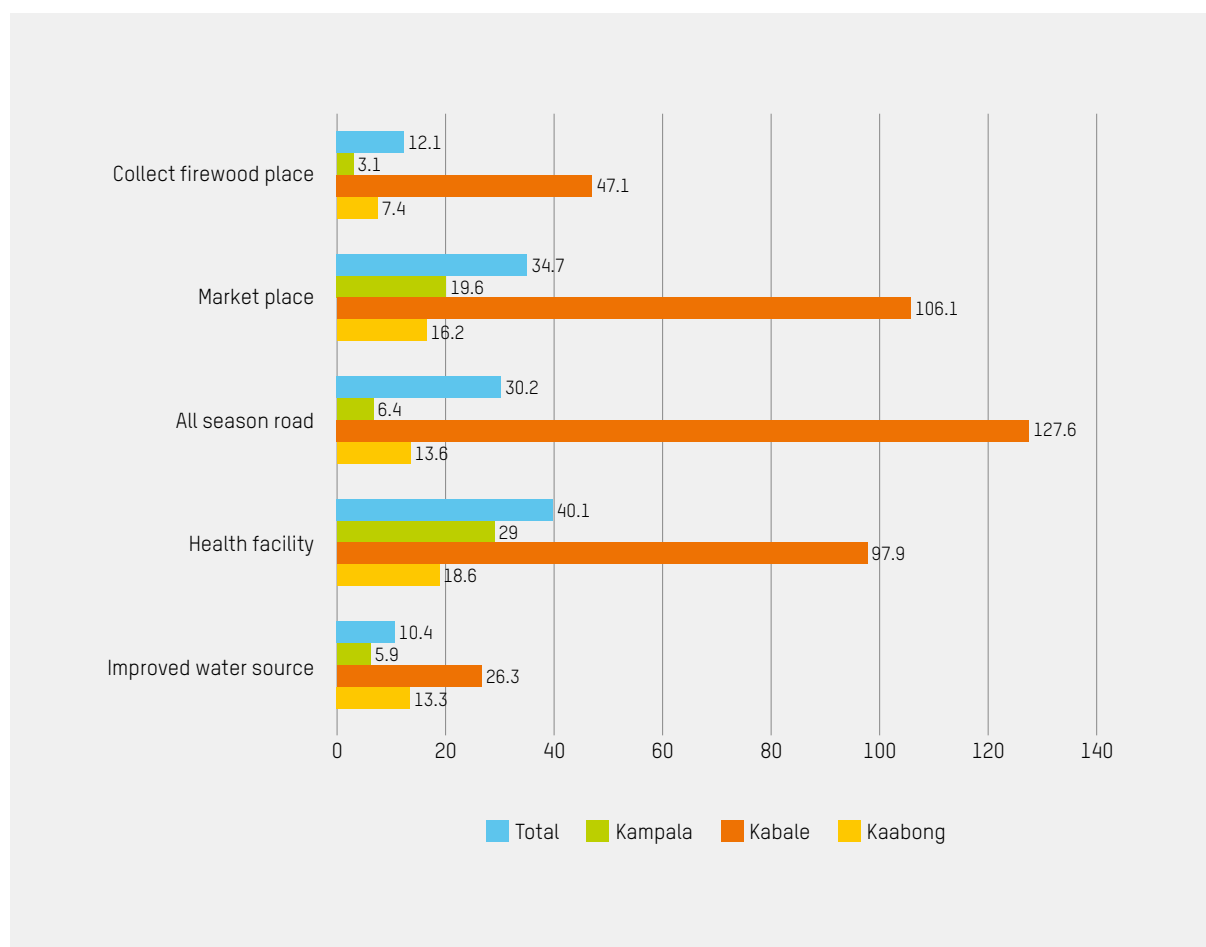
Source: EPRC/Oxfam survey dataset, 2017

Time constraints and care work

A seven-day recall period was used to identify if gaps existed in women's provision of care work in their households. Thus, questions were posed beginning, *'In the last seven days, how often have you...?'* The results are shown in Table 27 below. Note how 43% of Karamoja women indicated not having had enough time for personal care and hygiene. The data shows that 24.1% of rural women said that they had not had enough time for personal care and hygiene *'several times a day'*. Results from the RCA reveal the same finding for women in rural districts (Kaabong and Kabale). According to RCA analysis, women spend most of the day providing basic care needs for others, imposing such constraints on their time that they are forced to neglect their own personal care.

5.4.3 Women's wellbeing in relation to unpaid care work

The survey also set out to understand women's wellbeing in relation to their care workload. Women were asked if they had suffered an injury because of heavy care work, the effect of this on their wellbeing, any harm their care work caused, and about their general concerns related to unpaid care work for the future. The results in Table 28 reveal that while more women indicated not having suffered an injury, illness or disability from domestic work (63.1%, 68.6% and 68% in Kaabong, Kabale and Kampala respectively), others indicated that they had suffered. While the majority of those who suffered indicated that there had been no long-term effect from the activities being performed, there were a few outliers in Kaabong (32.1%) who indicated having experienced some long-term effects and who cannot continue performing the same task as a result. Some women remain very concerned that unpaid domestic work will cause them physical or mental harm in the future.

6. CONCLUSIONS AND RECOMMENDATIONS

6. CONCLUSIONS AND RECOMMENDATIONS

The ideas analysed in this report on unpaid care and domestic work (UCDW) present key challenges and opportunities that all stakeholders can leverage to reduce the care workload that currently falls mainly on the shoulders of women and girls. The issue of unpaid care work is now explicitly addressed by Global Agenda 2030 under SDG 5, target 5.4. The target specifically indicates the means by which the unpaid care workload can be reduced, recognized and redistributed through the provision of public services and infrastructure, and the implementation and enforcement of social protection policies. Thus, while unpaid care is not yet being tackled head-on in Uganda, it is indirectly embedded in the government's decision to decentralize service delivery, especially for education, health, and water and sanitation services. The passing of the Early Child Development Policy and the Social Protection Policy (through which the SAGE programme will support elderly persons through direct income transfers) have signalled that the government is acting. However, the gaps in implementation modalities and coverage, together with poor quality in existing service provision, leave many poor people – especially women – excluded, thus exacerbating their care workload.

Using primary data gathered through the Household Care Survey (HCS) (quantitative) and the Rapid Care Analysis (RCA) (qualitative) in the districts of Kaabong, Kabale and Kampala, the findings presented in this report show that care work largely falls to women and/or girls. Given that the quantitative survey typically surveyed nuclear households, the results depict the behaviour of nuclear families. The HCS survey was weighted to ensure that analysis is representative at district level but not at national level.

Household characteristics show that the average household size is 5.2 persons. The average age of women surveyed was 37 years, for men it was 44 years and children 12 years. More girls than boys were interviewed in the survey (56.7% and 43.3% respectively). Around a third of women (35%) had a monthly income average of between Ugx50,000-Ugx200,000 from petty trading, agriculture and unskilled wage sources. While monogamous relationships were the most common in Kabale and Kampala districts (according to both men and women), in Kaabong district at least 52.1% of men and 48.4% of women stated that they were in a polygamous relationship. Qualitative survey findings indicate that cultural norms that allow men to 'inherit' widows of deceased relatives, a practice still common in Kaabong, might be contributing to this. In terms of educational levels, over 80% of the women and about 65% of the men surveyed in Kaabong were illiterate (with zero education), while a relatively high share of respondents in Kabale and Kampala had received primary education (60.2% and 32.1% respectively). The majority of women had started living with their husband/partner when they were between 15 and 30 years old. Overall, 62% reported that a bride price was paid for their unions; this was much higher in Kaabong and Kabale districts (over 80%). Culturally, bride price plays a key role in increasing men's sense of ownership of and superiority to women (patriarchy) and influencing what they consider to be the given roles in the household.

Findings on time use show that more men than women spent most of their time the previous day on paid work (24% of men vs 13.8% of women), while the opposite is true with regard to unpaid care work. Only 3.1% of men indicated having spent some time the previous day on UCDW, compared to 18.2% of women. Neither women nor men in rural areas spent their time on education activities, while in the urban areas both sexes were found to have spent at least a portion of their time on education activities. Reflection on actual time-use patterns over the 24-hour period show distinct differences between the sexes in terms of the share of both paid work and UCDW, irrespective of whether the area is rural or urban. More women, especially those aged 31-50 years, were engaged in unpaid care work, and more women spent time on childcare. Notably, during the period between 7pm and 10pm a significant number of both men and women appear to have been preoccupied with childcare, especially in the urban areas. Such patterns are largely attributed to cultural norms.

Estimates from a probit model on what determines time spent on childcare among women show that the probability of looking after children <18 years decreases among older age groups (55-99 years) and among women with a higher income (i.e. the groups earning Ugx50,000-200,000, Ugx200,000-Ugx1m, or more than Ugx1m per month on average). The probability of spending time on childcare increases for women with higher educational levels, for those in monogamous marriages, for women with small household sizes and for those in households with infants aged two and below. With regard to men, the probability of spending time on childcare increases for those in the 31-54 years age group, those with no education and those with higher education levels.

With regard to social norms, most women do not accept help and most men do not give help with performing activities related to UCDW because it is seen as a 'woman's task'. The majority of women do not ask for help from their partners, and even when they are asked, very few men actually provide the help. Overall, women are satisfied with the division of work in the household. Acceptability of violence towards women for perceived failure to provide proper care is significantly higher in Kaabong (among both men and women) than in the other districts. Mocking and shaming a man

if he engages in UCDW is higher in Kabale than in other districts. Overall, both women and men have first-hand knowledge of such violence, criticism and mocking in their community. Social norms/culture play a strong role in influencing the acceptability of such violence, criticism and mocking in relation to unpaid care.

Care-relevant infrastructure and support services show that while the government has endeavoured to provide services and infrastructure, such as well-maintained roads, markets, water and sanitation services, education, health centres and mosquito nets among others, their effect on UCDW has been minimal. Qualitative findings argue that the quality, quantity and affordability of some of the services make them inaccessible to the poorest households. As a result, the gap between women and men in shouldering the unpaid care workload is still very wide, especially for rural households. Women are effectively subsidizing the government by providing these care services for free, while being denied their rights to quality and affordable services, education, healthcare, free time, political participation and livelihood opportunities. In essence, their care workload has not improved in recent years and is perpetuated by the social cultural norms of this patriarchal society.

RECOMMENDATIONS

It is recommended that the government and relevant authorities adopt a 'Triple R' approach to addressing the unpaid care and domestic workload, which is shouldered primarily by women and girls. This would: 1) recognize care at policy, community and household levels; 2) reduce difficult care work, for example through time- and labour-saving technology and services; and 3) redistribute the responsibility, costs and work of care provision from women to men, and from poor households to employers, the state and civil society. Specific recommendations within this framework are as follows:

To recognize care work

At national policy level, streamline clear indicators for tracking SDG 5, target 5.4 in government structures, to show how key sectors such as education, health, water and sanitation, and infrastructure can contribute to reducing care work, and raise awareness among stakeholders in these sectors on how their work can contribute to the redistribution of unpaid care work.

At micro level, create awareness about care work by including men in training and advocacy campaigns. Involving men as agents of change in increasing recognition of care work presents an opportunity for promoting positive attitudes towards sharing care roles more equally between men and women. More advocacy work is essential, backed up by evidence to measure status and progress.

Raise awareness and increase availability of family planning services. As shown in this report, childcare is considered to be among the most problematic care activities. It is vital that women and men are enabled to make decisions over the number of children they have, since the fewer the children the smaller the care workload. As the results indicated, men in Kaabong in particular have more say than women on how many children the family should have, and when. Promoting family planning among men as well as women would assist with this. Some actors such as Marie Stopes are already providing this service, and therefore any intervention would either be scaling up or filling the gaps.

To reduce care workloads

Provide affordable childcare facilities. These have been proven to significantly reduce the number of hours spent on childcare, allowing women to participate more in paid work activities. While it is recognized that Uganda already has an Early Childhood Development policy, the government should do more to ensure an enabling environment that allows the setting up of childcare development centres in both rural and urban areas.

Invest in affordable technology. This might include the construction of water harvesting reservoirs/dams to improve access to water for family use, and irrigation systems to increase household food production. The provision of energy-efficient stoves could greatly reduce the amount of time women and girls spend on fuel collection, food preparation and cleaning (such stoves emit less smoke and soot and therefore also create less mess and pose fewer health risks than traditional cooking methods using firewood).

To redistribute the care burden

Change mindsets. This is one of the most important routes to redistributing UCDW between women and men within a household as well as between poor families and the private sector, the state and civil society, at community and at national level. For this to happen, change must occur at all levels, including shifts in mindsets and social norms. Messages aimed at changing social norms should not be cast in a negative light (e.g. in terms of women subsidizing

the government by undertaking activities that could be state-provided) but in a positive way – highlighting the benefits to women and men, and whole communities, of sharing unpaid care and domestic work more equitably.

Empower women financially. This can be achieved through formation of saving groups at community level, enabling women to start up small business or trading activities. As well as improving households' living standards, the additional income will enable families to pay for support with specific UCDW tasks, further freeing up their time for livelihoods activities. Existing interventions by the Adventist Development Relief Agency (ADRA) Uganda and Mercy Corps may be willing to support such efforts. Empowering women financially will not only benefit women but also their entire families, communities and society as a whole.

Oxfam and other organisations in the sector also advocate for the inclusion of a fourth R, in reference to the **representation** of carers in decision-making spaces, so carers' interests and needs are reflected in policies that shape their lives.

7. TABLES

7. TABLES

TABLE 1 SAMPLE SIZE BY DISTRICT

District	Targeted HH sample	Actual HH sample	Women	Men	Children	
					Girls	Boys
Kaabong	420	413	395	306	317	292
Kabale	400	399	373	299	185	178
Kampala	400	386	309	218	130	106
Total	1,220	1,198	1,077	823	632	576

Source: EPRC/Oxfam Survey Dataset, 2017

TABLE 2 AVERAGE HOUSEHOLD SIZE, MEAN AGE AND CHILDREN'S SEX, BY DISTRICT AND URBAN/RURAL (%)

	District			Residence		
	Kaabong	Kabale	Kampala	Urban	Rural	Total
Household size	6.6	5.4	4.7	4.7	6.0	5.2
Average age						
Age_women	36.8	42.8	35.5	35.6	40.0	37.2
Age_men	44.9	45.7	43.2	43.3	45.2	44.1
Age_child	12.1	12.3	12.3	12.3	12.2	12.2
Sex of children (%)						
Boys	43.3	47.8	41.8	42.3	44.3	43.3
Girls	56.7	52.2	58.2	57.7	55.7	56.7

Source: EPRC/Oxfam Survey Dataset, 2017

TABLE 3 MARITAL STATUS OF RESPONDENT, BY DISTRICT AND URBAN/RURAL (%)

	District			Residence		
	Kaabong	Kabale	Kampala	Urban	Rural	Total
Panel A: Women						
Married/living with partner (monogamous)	39.1	73.0	65.2	65.3	54.0	60.9
Married/living with partner (polygamous)	48.4	0.5	9.7	9.6	27.3	16.5
Divorced/separated	0.3	4.4	15.6	15.4	2.1	10.2
Widow/widower	12.2	19.2	7.3	7.3	15.5	10.5
Never married/living without partner	0.0	2.8	2.3	2.3	1.2	1.9
Panel A: Men						
Married/living with partner (monogamous)	43.9	90.9	80.9	81.0	63.2	74.2
Married/living with partner (polygamous)	52.1	1.1	9.9	9.8	31.3	18.0
Divorced/separated	0.0	1.8	2.5	2.5	0.8	1.9
Widow/widower	3.2	3.6	0.0	0.1	3.3	1.3
Never married/living without partner	0.7	2.6	6.6	6.6	1.5	4.6

Source: EPRC/Oxfam Survey Dataset, 2017

TABLE 4 HIGHEST LEVEL OF EDUCATION FOR WOMEN, MEN AND CHILDREN, BY DISTRICT AND URBAN/RURAL (%)

	District			Residence		
	Kaabong	Kabale	Kampala	Urban	Rural	Total
Panel A: Women						
None	81.1	24.2	1.1	1.3	52.0	20.1
Pre-primary	0.1	0.0	1.7	1.7	0.1	1.1
Primary	16.3	60.2	32.1	32.3	39.5	35.0
Junior secondary	0.1	10.6	26.0	25.8	5.4	18.2
Secondary	2.0	1.5	27.3	26.9	1.6	17.5
Tertiary	0.1	3.5	11.8	12.0	1.3	8.1
I don't know	0.2	0.0	0.0	0.0	0.1	0.0
Not applicable	0.2	0.0	0.0	0.0	0.1	0.0
Panel B: Men						
None	64.9	7.3	0.5	0.6	41.3	18.7
Pre-primary	0.4	0.0	0.3	0.3	0.2	0.3
Primary	26.3	56.9	19.3	19.5	39.3	28.3
Junior secondary	2.9	11.9	8.1	8.2	6.5	7.5
Secondary	1.0	6.4	37.9	37.6	3.1	22.3
Tertiary	3.7	17.0	32.1	32.1	8.8	21.8
I don't know	0.7	0.5	1.7	1.7	0.7	1.2
Not applicable	0.1	0.0	0.0	0.0	0.1	0.0
Panel C: Children						
Boys						
None	56.8	0.7	0.0	0.0	38.4	21.0
Pre-primary	0.9	2.8	0.2	0.3	1.5	1.0
Primary	39.8	80.9	52.8	53.4	53.3	53.4
Junior secondary	1.4	12.3	16.7	16.4	5.1	10.3
Secondary	1.1	3.3	30.2	29.9	1.7	14.4
Girls						
None	67.3	0.0	0.0	0.0	47.9	26.2
Pre-primary	0.1	3.1	0.0	0.0	0.9	0.5
Primary	32.4	75.3	65.2	65.6	44.4	54.0
Junior secondary	0.0	14.0	18.7	18.2	4.4	10.7
Secondary	0.3	7.6	16.1	16.2	2.3	8.6
Total	*100*	*100*	*100*	*100*	*100*	*100*

Source: EPRC/Oxfam Survey Dataset, 2017

TABLE 5 CURRENT UNIONS WHERE BRIDE PRICE WAS PAID BY HUSBAND, BY DISTRICT AND URBAN/RURAL (%)

	District			Residence		
	Kaabong	Kabale	Kampala	Urban	Rural	Total
Age at living with partner						
<=14 yrs	1.5	3.8	1.1	1.2	2.5	1.7
15-30 yrs	83.1	85.0	85.4	85.4	84.0	84.8
31-54 yrs	0.2	0.4	4.3	4.3	0.3	2.7
55-99 yrs	15.2	10.7	9.1	9.1	13.3	10.8
Age at living with partner						
Median	20	20	21	21	20	21
Mean	31	28	28	28	30	29
Bride price paid: 1 if yes	82.8	85.6	47.5	48.0	84.2	61.8
Total	*100*	*100*	*100*	*100*	*100*	*100*

Source: EPRC/Oxfam Survey Dataset, 2017

TABLE 6 WOMEN'S MEAN MONTHLY INCOMES BY ACTIVITY, PER DISTRICT AND URBAN/RURAL (UGX)

	District			Residence		
Activity	Kaabong	Kabale	Kampala	Urban	Rural	Total
Agriculture	10,166	82,585	50,440	51,055	41,913	47,457
Unskilled labour	5,812	9,451	53,459	52,840	7,248	34,895
Skilled labour	256	2,058	9,624	9,577	928	6,173
Formal employment	617	5,036	27,919	28,564	1,018	17,568
Petty trading	14,291	8,041	53,126	53,070	10,478	36,306
Remittances/gifts/assistance	671	8,027	20,979	20,901	3,699	14,130
Others	172	1,743	6,795	46,200	634	28,265

Source: EPRC/Oxfam Survey Dataset, 2017

TABLE 7 OWNERSHIP OF AND DECISION MAKING OVER ASSETS (%)

Asset	Does your household own this asset? *1 if yes*	Who owns most of the asset?					Who often decides to sell/give away the asset?				
		Self (woman)	Partner/ spouse	Joint	Joint/ other	Others	Self (woman)	Partner/ spouse	Joint	Joint/ other	Others
Poultry	25.0	34.7	17.8	36.4	4.2	7.0	34.7	17.8	36.4	4.2	7.0
Sheep, goat, pigs	26.7	19.3	31.4	35.4	2.9	10.9	19.3	31.4	35.4	2.9	10.9
Beehive	1.2	16.1	67.3	15.7	0.0	0.9	16.1	67.3	15.7	0.0	0.9
Mobile phone	77.6	20.9	10.7	38.0	26.8	3.6	20.9	10.7	38.0	26.8	3.6
Radio)/CD player	55.0	19.7	29.1	44.6	4.5	2.1	19.7	29.1	44.6	4.5	2.1
Television	53.2	20.2	16.8	56.7	5.9	0.4	20.2	16.8	56.7	5.9	0.4
Ox-drawn plough	4.3	6.2	57.0	32.7	0.0	4.2	6.2	57.0	32.7	0.0	4.2
Large animals	8.7	10.4	44.0	42.7	1.1	1.9	10.4	44.0	42.7	1.1	1.9
Furniture	76.9	23.7	15.7	50.7	9.4	0.5	23.7	15.7	50.7	9.4	0.5
Transport	5.6	1.3	63.8	30.4	1.9	2.6	1.3	63.8	30.4	1.9	2.6
Total	*35.9*	*21.7*	*20.0*	*46.2*	*10.0*	*2.2*	*22.0*	*20.4*	*45.6*	*10.0*	*2.0*

Note: i) Large animals = cattle + oxen; ii) HH furniture = mattresses + beds + chairs/tables; iii) Transport = motorcycles + car/trucks
Source: EPRC/Oxfam survey dataset, 2017

TABLE 8 SUMMARY OF PRIMARY ACTIVITIES PERFORMED IN 24 HOURS, BY SEX AND URBAN/RURAL (%)

	Rural		Urban		Total	
Activity	Women	Men	Women	Men	Women	Men
Leisure	59.9	65.2	63.2	63.2	61.9	64.0
Paid work	20.1	28.8	9.7	20.9	13.8	24.1
Unpaid care work	17.1	2.5	18.8	3.5	18.2	3.1
Education	-	0.0	0.2	0.2	0.1	0.1
Community	1.3	1.9	1.6	5.4	1.5	4.0
Others	1.6	1.5	6.5	6.8	4.6	4.7

Source: EPRC/Oxfam Survey Dataset, 2017

TABLE 9 USUAL AND UNUSUAL ACTIVITIES PERFORMED ON DAY BEFORE SURVEY, BY SEX, DISTRICT AND URBAN/RURAL (%)

	District			Residence		
	Kaabong	Kabale	Kampala	Kaabong	Kabale	Kampala
Panel A: Women						
Activity NOT done yesterday but usually done: 1 if yes	6.6	26.1	26.7	26.4	15.6	22.1
What was the usual activity NOT done?						
Leisure	8.5	0.1	2.2	2.3	2.0	2.2
Paid work	33.4	84.9	17.5	17.8	73.2	33.1
Unpaid work	30.3	6.8	64.2	63.9	12.1	49.6
Education						
Community	23.0	0.0	0.0	0.0	5.4	1.5
Other activities	4.8	8.2	16.1	16.1	7.2	13.6
Activity done yesterday but usually NOT done: 1 if yes	2.7	14.5	23.8	23.6	7.9	17.4
What was the unusual activity done?						
Leisure	10.8	11.4	0.5	0.5	11.8	2.5
Paid work	22.5	12.2	1.0	1.0	14.6	3.5
Unpaid work	0.0	0.6	4.8	4.9	0.0	4.0
Community	18.1	55.7	16.2	16.5	48.8	22.3
Other activities	48.5	20.1	77.4	77.0	24.9	67.7
Occurrence of unusual events yesterday (e.g. visit, illness, festivity): 1 if yes	8.3	12.4	20.1	20.0	10.1	16.1
Panel B: Men						
Activity NOT done yesterday but usually done: 1 if yes	4.9	20.9	27.2	27.0	11.6	20.9
What was the usual activity NOT done?						
Leisure	0.0	0.0	3.0	3.0	0.0	2.3
Paid work	48.8	89.8	41.6	41.5	80.7	50.2
Unpaid work	9.5	3.5	9.7	9.7	4.8	8.6
Education	0.0	0.0	0.3	0.3	0.0	0.3
Community	32.0	0.0	0.5	0.5	7.8	2.2
Other activities	9.8	6.8	44.8	44.9	6.6	36.4
Activity done yesterday but usually NOT done: 1 if yes	1.9	15.9	27.3	27.1	7.7	19.3
What was the unusual activity done?						
Leisure	0.0	12.5	1.9	1.9	11.1	3.3
Paid work	41.1	13.4	1.0	1.1	17.5	3.7
Unpaid work	0.0	1.4	10.7	10.8	0.8	9.2
Community	24.5	42.1	48.6	48.5	40.0	47.2
Other activities	34.4	30.6	37.7	37.8	30.7	36.7
Occurrence of unusual events yesterday (e.g. visit, illness, festivity): 1 if yes	8.4	5.6	23.8	23.5	7.3	17.1
Total	*100*	*100*	*100*	*100*	*100*	*100*

Source: EPRC/Oxfam Survey Dataset, 2017

TABLE 10 HOURS SPENT ON USUAL ACTIVITY NOT DONE ON DAY BEFORE THE SURVEY, BY SEX, DISTRICT AND URBAN/RURAL

	District			Residence		
Hours	Kaabong	Kabale	Kampala	Urban	Rural	Total
Women						
Mean	4.2	5.7	4.0	4.0	5.3	4.4
Median	4.0	6.0	4.0	4.0	5.0	4.0
Men						
Mean	3.9	6.9	6.1	6.1	6.2	6.1
Median	3.0	7.0	5.0	4.0	6.0	6.0

Source: EPRC/Oxfam Survey Dataset, 2017

TABLE 11 ESTIMATES OF MODELS OF CHILDCARE – WOMEN)

Childcare	(1) LPM	(2) Probit	(3) LPM	(4) Probit	(5) LPM	(6) Probit	(7) LPM	(8) Probit	(9) LPM	(10) Probit
Age group										
Base=15-30yrs										
31-54yrs	-0.175***	-0.175***							-0.0552	-0.0524
	(0.0436)	(0.0437)							(0.0409)	(0.0423)
55-99yrs	-0.183***	-0.183***							-0.0292	-0.0311
	(0.0511)	(0.0510)							(0.0676)	(0.0705)
District										
Base=Kaabong										
Kabale	-0.0308	-0.0320	-0.00592	-0.00676	-0.0741	-0.0763	-0.126*	-0.131+	-0.0935	-0.103
	(0.0434)	(0.0432)	(0.0460)	(0.0447)	(0.0559)	(0.0580)	(0.0632)	(0.0671)	(0.0625)	(0.0652)
	-0.0300	-0.0312	0.0232	0.0212	-0.142*	-0.145*	-0.109+	-0.117+	-0.120+	-0.132+
	(0.0445)	(0.0444)	(0.0448)	(0.0438)	(0.0700)	(0.0720)	(0.0613)	(0.0681)	(0.0624)	(0.0683)
Income group										
Base=None(0)										
<=50,000			-0.0448	-0.0450					-0.0285	-0.0272
			(0.0493)	(0.0494)					(0.0431)	(0.0427)
50,000-200,000			-0.157**	-0.156**					-0.0784+	-0.0807+
			(0.0590)	(0.0588)					(0.0448)	(0.0440)
200,000-1,000,000			-0.171*	-0.170*					-0.137*	-0.132*
			(0.0692)	(0.0687)					(0.0560)	(0.0542)
>1,000,000			-0.151*	-0.151*					-0.149*	-0.139*
			(0.0595)	(0.0596)					(0.0642)	(0.0629)
Education level										
None					0.262*	0.314+			0.161*	0.218
					(0.113)	(0.189)			(0.0757)	(0.147)
Pre-primary					0.256	0.303			0.0964	0.150
					(0.160)	(0.228)			(0.134)	(0.193)
Primary					0.292*	0.345+			0.159+	0.213
					(0.123)	(0.196)			(0.0847)	(0.153)
Junior secondary					0.404**	0.459*			0.158	0.218
					(0.143)	(0.208)			(0.0993)	(0.161)
Secondary					0.455***	0.509*			0.314***	0.370*
					(0.138)	(0.204)			(0.0938)	(0.157)
Tertiary					0.463***	0.515*			0.322**	0.376*
					(0.134)	(0.201)			(0.0990)	(0.159)
Marital status										
Base=monogamous										
Polygamous							-0.174*	-0.172*	-0.118*	-0.124*
							(0.0795)	(0.0787)	(0.0565)	(0.0619)
Separated							0.0809	0.0817	0.0700	0.0721
							(0.0542)	(0.0543)	(0.0627)	(0.0656)
Widowed							-0.0875	-0.0888	-0.0660	-0.0619
							(0.0582)	(0.0586)	(0.0726)	(0.0718)
Never married							0.168	0.168	0.195	0.200
							(0.186)	(0.184)	(0.154)	(0.151)
Household size									-0.0173*	-0.0172*
									(0.00784)	(0.00857)
Infants<=2									0.135***	0.131***
									(0.0320)	(0.0319)
N	501,744	501,744	501,744	501,744	501,744	501,744	501,744	501,744	501,744	501,744
R^2	0.031		0.020		0.018		0.020		0.080	
adj. R^2	0.031		0.020		0.018		0.020		0.080	
F	5.490		2.328		2.207		1.930		6.103	

Note: Linear Probability Model (LPM). In the case of the probit equations, marginal effects are presented; Huber-White's (1981) heteroscedastic standard errors clustered at household level are presented in parentheses (d) for discrete change of dummy variable from 0 to 1

+ $p< 0.10$, * $p< 0.05$, ** $p< 0.01$, *** $p< 0.001$

TABLE 12 ESTIMATES OF MODELS OF CHILDCARE – MEN

Childcare	(1) LPM	(2) Probit	(3) LPM	(4) Probit	(5) LPM	(6) Probit
Age group						
Base=15-30yrs						
31-54yrs	0.0841+	0.0786+			0.0632	0.0559
	(0.0466)	(0.0440)			(0.0459)	(0.0444)
55-99yrs	0.0514	0.0493			0.0000457	-0.00242
	(0.0942)	(0.0900)			(0.0627)	(0.0595)
District	.	.	.	.	.	.
Base=Kaabong	.	.	.	.	.	.
Kabale	-0.346***	-0.344***	-0.319***	-0.336***	-0.320***	-0.335***
	(0.0754)	(0.0747)	(0.0819)	(0.0825)	(0.0811)	(0.0820)
Kampala	-0.275***	-0.273***	-0.309**	-0.324***	-0.304**	-0.316***
	(0.0744)	(0.0737)	(0.0955)	(0.0968)	(0.0945)	(0.0955)
Education level						
None			0.315*	0.285+	0.314*	0.280*
			(0.143)	(0.148)	(0.130)	(0.137)
Primary			0.185	0.173	0.180	0.164
			(0.142)	(0.151)	(0.128)	(0.140)
Junior secondary			0.233	0.226	0.210	0.200
			(0.150)	(0.159)	(0.138)	(0.148)
Secondary			0.210	0.203	0.209	0.196
			(0.146)	(0.158)	(0.132)	(0.146)
Tertiary			0.408**	0.396*	0.406**	0.389**
			(0.153)	(0.161)	(0.143)	(0.151)
_cons	0.424***		0.226+		0.191	
	(0.0701)		(0.131)		(0.124)	
N	152,760	152,760	152,760	152,760	152,760	152,760
R^2	0.093		0.130		0.135	
adj. R^2	0.093		0.130		0.135	
F	6.287		6.658		5.183	

Note: Linear Probability Models (LPM). In the case of the probit equations, marginal effects are presented; Huber-White's (1981) heteroscedastic standard errors clustered at household level are presented in parentheses (d) for discrete change of dummy variable from 0 to 1

+ p< 0.10, * p< 0.05, ** p< 0.01, *** p< 0.001

TABLE 13 WHO IN YOUR HOUSEHOLD MAKES THE MOST SIGNIFICANT CONTRIBUTION TO HOUSEHOLD WELLBEING, BY DISTRICT AND URBAN/RURAL? (%)

	District			Residence		
Panel A: Women	Kaabong	Kabale	Kampala	Urban	Rural	Total
Me	31.8	36.2	40.8	40.7	33.7	38.0
My partner	60.4	60.6	51.3	51.5	60.4	55.0
Another woman in the household	0.4	2.0	0.9	0.9	1.1	1.0
Another man in the household	1.0	0.2	0.7	0.7	0.6	0.7
Other	6.4	0.9	5.9	5.8	4.0	5.1
I don't know	0.0	0.1	0.4	0.4	0.0	0.2
Panel B: Men						
Me	63.0	82.5	80.9	81.0	70.8	76.9
My partner	28.5	17.3	9.0	9.0	24.1	15.0
Another woman in the household	0.4	0.0	0.0	0.0	0.2	0.1
Another man in the household	0.5	0.0	0.0	0.0	0.3	0.1
Other	7.6	0.2	10.0	9.8	4.6	7.7
I don't know	0.0	0.0	0.2	0.2	0.0	0.1
Total	*100*	*100*	*100*	*100*	*100*	*100*

Source: EPRC/Oxfam Survey Dataset, 2017

TABLE 14 DOMESTIC WORK OR CARE ACTIVITY CONSIDERED MOST PROBLEMATIC FOR THE FAMILY, BY SEX, DISTRICT AND URBAN/RURAL (%)

	District			Residence		
Panel A: Women	Kaabong	Kabale	Kampala	Urban	Rural	Total
None	4.8	7.3	8.3	8.2	6.0	7.3
Water collection	31.1	15.2	14.1	14.1	24.1	18.0
Fuel collection	16.7	33.1	1.7	2.0	24.3	10.8
Meal preparation	11.6	3.8	12.8	12.7	8.1	10.9
Cleaning the house or compound	2.7	1.2	4.0	4.0	2.0	3.2
Washing and drying clothes	3.3	9.0	35.0	34.8	5.5	23.2
Caring for children	24.5	20.0	17.8	17.8	22.6	19.7
Caring for elderly, ill or disabled	4.4	4.9	3.8	3.9	4.6	4.1
Caring for community members	0.9	5.5	2.6	2.6	3.0	2.8
Panel B: Men						
None	2.6	5.7	7.8	7.8	3.9	6.2
Water collection	28.3	11.0	1.4	1.5	21.3	9.4
Fuel collection	10.6	14.3	0.2	0.4	12.1	5.0
Meal preparation	11.2	21.3	22.2	22.2	15.2	19.4
Cleaning the house or compound	3.6	2.3	1.8	1.8	3.1	2.3
Washing and drying clothes	3.6	11.3	34.5	34.4	6.5	23.3
Caring for children	33.9	28.6	26.0	25.8	32.2	28.3
Caring for elderly, ill or disabled	3.7	4.9	0.8	0.9	4.1	2.2
Caring for community members	2.3	0.7	5.3	5.2	1.7	3.8
Total	*100*	*100*	*100*	*100*	*100*	*100*

Source: EPRC/Oxfam Survey Dataset, 2017

TABLE 15 MEN'S FAVOURITE DOMESTIC WORK OR CARE TASKS, BY DISTRICT AND URBAN/RURAL (%)

	District			Residence		
	Kaabong	Kabale	Kampala	Urban	Rural	Total
First favourite						
Water collection	2.4	18.2	23.7	23.8	8.6	17.7
Fuel collection	12.6	19.9	3.6	3.6	15.8	8.5
Meal preparation	10.6	1.1	15.0	14.8	6.7	11.6
Washing/drying/ironing/mending clothes	3.3	5.0	14.0	14.0	3.9	10.0
Cleaning the house or compound	17.1	9.1	13.9	13.9	13.8	13.8
Caring for children	50.4	40.3	25.1	25.2	46.4	33.7
Caring for elderly, ill or disabled	3.6	6.4	4.7	4.7	4.8	4.8
Second favourite						
Water collection	3.5	34.1	21.5	21.3	16.5	19.4
Fuel collection	11.9	17.6	7.1	7.3	14.1	10.0
Meal preparation	9.4	6.0	13.2	13.1	8.1	11.1
Washing/drying/ironing/mending clothes	16.5	5.8	5.3	5.5	11.8	8.0
Cleaning the house or compound	27.8	12.3	18.6	18.5	21.5	19.7
Caring for children	12.2	10.3	25.8	25.7	11.3	19.9
Caring for elderly, ill or disabled	18.7	13.9	8.5	8.6	16.7	11.8
Third favourite						
Water collection	5.6	12.2	7.3	7.3	8.3	7.7
Fuel collection	8.8	26.6	14.5	14.5	16.3	15.2
Meal preparation	9.9	1.8	4.6	4.6	6.5	5.3
Washing/drying/ironing/mending clothes	26.8	15.0	26.2	26.1	22.0	24.5
Cleaning the house or compound	22.0	20.6	29.8	29.6	21.5	26.4
Caring for children	12.4	14.7	13.5	13.7	13.1	13.5
Caring for elderly, ill or disabled	14.6	9.1	4.1	4.2	12.2	7.4
Total	*100*	*100*	*100*	*100*	*100*	*100*

Source: EPRC/Oxfam Survey Dataset, 2017

TABLE 16 REASONS WHY WOMEN WOULD NOT LIKE THEIR PARTNERS TO HELP WITH UNPAID CARE ACTIVITIES, BY DISTRICT (%)

Reasons/activity	Caring for children	Caring for elderly, ill or disabled	Cleaning the house or compound	Fuel collection	Meal preparation	Washing/drying/ ironing/mending clothes	Water collection	Total
Kaabong								
He will refuse	17.4	15.2	14.8	22.0	17.7	24.6	26.5	20.0
It's a woman's task/It's not a man's task	61.6	49.7	55.3	53.1	66.8	49.7	48.5	54.8
He will think I am lazy	5.5	7.3	19.1	8.7	1.1	14.1	8.8	9.7
He will not know how to do it	3.2	12.7	0.0	2.7	7.0	3.4	2.9	4.4
Community would disapprove	0.0	4.2	4.5	2.7	2.0	4.1	2.8	3.1
Other, specify	12.3	11.0	6.4	10.8	5.3	4.2	10.4	8.0
Kabale								
He will refuse	0.2	3.7	6.7	3.5	1.5	6.3	3.7	4.1
It's a woman's task/It's not a man's task	53.7	40.0	86.6	79.1	95.2	89.9	73.5	82.9
He will think I am lazy	0.0	0.5	0.0	0.0	0.2	0.5	1.0	0.3
He will not know how to do it	4.0	5.0	1.0	0.0	1.6	0.8	0.0	1.3
Community would disapprove	0.0	0.2	0.3	0.5	0.4	0.3	4.2	0.7
Other, specify	42.0	50.8	5.3	16.9	1.1	2.2	17.6	10.7
Kampala								
He will refuse	0.7	4.7	16.0	4.6	11.9	15.6	2.0	9.7
It's a woman's task/It's not a man's task	45.1	5.2	47.8	40.2	65.0	64.3	34.2	46.3
He will think I am lazy	2.5	1.0	13.1	14.0	4.0	2.1	19.3	8.2
He will not know how to do it	3.2	18.3	2.9	2.8	16.8	10.0	0.5	8.6
Community would disapprove	0.0	0.5	13.6	2.6	0.0	0.6	0.4	3.1
Other, specify	48.5	70.3	6.6	35.8	2.4	7.5	43.6	24.0
Total	*100*	*100*	*100*	*100*	*100*	*100*	*100*	*100*

Source: EPRC/Oxfam Survey Dataset, 2017

TABLE 17 REASONS WHY MEN WOULD NOT LIKE TO PARTICIPATE MORE IN UNPAID CARE ACTIVITIES, BY DISTRICT (%)

Reasons/activity	Caring for children	Caring for elderly, ill or disabled	Cleaning the house or compound	Fuel collection	Meal preparation	Washing/drying/ironing/mending clothes	Water collection	Total
Kaabong								
My wife won't let me	4.8	7.0	8.0	14.9	13.5	18.0	15.7	12.1
It's a woman's task/It's not a man's task	77.9	72.9	75.7	67.4	71.8	70.6	65.1	71.4
I don't know how to do it	9.9	8.9	7.4	8.8	7.8	4.8	13.4	8.7
Community would disapprove	3.5	0.0	5.2	1.5	4.6	1.2	1.2	2.6
Other, specify	3.9	11.2	3.7	7.4	2.3	5.5	4.6	5.2
Kabale								
My wife won't let me	1.3	0.3	1.8	3.3	6.3	3.8	2.7	3.7
It's a woman's task/It's not a man's task	82.7	48.6	90.9	62.5	82.4	87.0	62.8	79.1
I don't know how to do it	1.0	19.6	1.0	0.2	8.2	3.6	0.2	4.8
Community would disapprove	0.0	0.0	0.0	1.8	0.0	0.3	0.6	0.3
Other, specify	15.0	31.5	6.3	32.1	3.1	5.3	33.7	12.2
Kampala								
My wife won't let me	5.0	0.0	38.2	17.9	17.7	8.2	10.8	16.7
It's a woman's task/It's not a man's task	25.9	0.2	35.3	14.3	38.6	31.2	19.7	26.3
I don't know how to do it	6.6	14.8	19.8	2.3	40.3	36.9	2.2	21.6
Community would disapprove	0.0	0.0	1.3	0.0	0.6	7.4	27.4	4.4
Other, specify	62.5	85.0	5.5	65.4	2.8	16.3	39.9	31.0
Total	*100*	*100*	*100*	*100*	*100*	*100*	*100*	*100*

Source: EPRC/Oxfam Survey Dataset, 2017

TABLE 18 HOW OFTEN WOMEN ASKED THEIR HUSBAND/PARTNER FOR HELP, AND IF IT WAS GRANTED (%)

Reasons/activity	Caring for children	Caring for elderly, ill or disabled	Cleaning the house or compound	Fuel collection	Meal preparation	Washing/drying/ironing/mending clothes	Water collection	Total
Kaabong								
In the last month, how often have you asked your partner to help with [task]?								
Never	28.0	38.7	33.0	34.9	38.9	43.9	38.3	35.9
At least once	50.6	55.4	63.1	49.9	58.7	53.2	59.5	55.3
At least once a week	16.4	5.2	2.8	13.7	1.3	2.9	1.4	7.2
At least once a day	5.0	0.7	1.1	1.5	1.1	0.0	0.8	1.7
In the last month, how often have you asked your partner to help with [task]?								
Never	24.0	45.0	42.8	47.5	57.2	55.9	52.7	46.0
Sometimes when I asked	64.8	46.0	50.1	48.5	40.2	37.7	44.7	47.8
Always when I asked	11.2	9.0	7.1	4.0	2.6	6.4	2.5	6.2
Kabale								
In the last month, how often have you asked your partner to help with [task]?								
Never	37.4	59.2	42.8	31.5	48.4	33.6	32.4	40.5
At least once	28.7	17.0	49.7	36.2	46.0	57.5	38.4	33.9
At least once a week	15.5	7.8	5.7	19.9	4.1	7.6	18.8	13.5
At least once a day	18.5	15.9	1.8	12.5	1.6	1.3	10.4	12.1
When you asked, how often has your partner helped you with [task]?								
Never	0.9	2.2	7.9	1.8	19.8	4.4	4.1	3.4
Sometimes when I asked	42.7	53.0	77.3	58.6	59.9	72.4	61.8	57.5
Always when I asked	56.5	44.8	14.7	39.6	20.3	23.2	34.1	39.1
Kampala								
In the last month, how often have you asked your partner to help with [task]?								
Never	47.5	79.7	68.4	74.1	61.1	60.0	65.2	64.7
At least once	20.1	16.2	25.9	18.2	36.0	16.8	23.8	21.8
At least once a week	16.3	2.0	5.2	5.2	2.0	22.6	8.3	9.2
At least once a day	16.1	2.1	0.6	2.5	0.8	0.5	2.7	4.3
When you asked, how often has your partner helped you with [task]?								
Never	17.8	47.6	42.2	54.2	40.6	34.4	32.2	35.9
Sometimes when I asked	27.8	11.6	35.1	31.3	46.8	37.9	28.4	31.4
Always when I asked	54.4	40.8	22.6	14.5	12.6	27.7	39.4	32.8
Total	*100*	*100*	*100*	*100*	*100*	*100*	*100*	*100*

Source: EPRC/Oxfam Survey Dataset, 2017

TABLE 19 MEN'S CHILDHOOD EXPOSURE TO MALE CARE WORK, AND TUITION IN CARE WORK, BY DISTRICT AND URBAN/RURAL (%)

	District			Residence		
	Kaabong	Kabale	Kampala	Urban	Rural	Total
Case 1: When you were a child or teenager, did your father or another man in the home						
Prepare meals						
Never	58.5	52.1	31.5	31.8	55.8	41.4
Hardly ever	5.5	17.8	17.9	17.8	10.7	15.0
Sometimes	23.9	26.4	38.1	37.9	25.0	32.8
Frequently	12.1	3.7	12.5	12.5	8.5	10.9
Clean the house or compound						
Never	50.5	41.0	11.4	11.7	46.6	25.6
Hardly ever	8.9	16.4	14.7	14.6	12.1	13.6
Sometimes	26.8	34.7	35.5	35.4	30.0	33.3
Frequently	13.9	8.0	38.4	38.2	11.3	27.5
Wash clothes						
Never	42.5	39.7	16.1	16.4	41.4	26.4
Hardly ever	7.2	15.0	22.6	22.5	10.5	17.7
Sometimes	37.4	40.7	30.9	31.0	38.9	34.1
Frequently	12.8	4.6	30.3	30.1	9.3	21.8
Take care of self or siblings						
Never	36.3	18.1	4.9	5.1	28.8	14.5
Hardly ever	2.5	11.3	4.2	4.3	6.1	5.0
Sometimes	38.0	42.5	41.3	41.3	40.0	40.7
Frequently	23.2	28.0	49.6	49.3	25.1	39.7
Case 2: When you were a child or teenager, were you taught how to:						
Prepare meals						
Never	41.2	18.2	17.6	17.7	31.7	23.3
Hardly ever	5.6	13.9	15.8	15.7	9.1	13.1
Sometimes	40.3	55.8	45.5	45.5	46.8	46.0
Frequently	12.8	12.2	21.0	21.1	12.3	17.6
Clean the house or compound						
Never	34.4	13.1	12.7	12.7	25.7	17.9
Hardly ever	6.5	9.6	6.2	6.1	7.9	6.8
Sometimes	44.0	51.3	28.1	28.4	47.0	35.8
Frequently	15.1	26.0	53.1	52.8	19.4	39.5
Wash clothes						
Never	33.7	14.0	18.9	18.9	25.6	21.5
Hardly ever	4.5	12.0	5.2	5.2	7.7	6.2
Sometimes	48.5	53.9	32.7	32.9	50.8	40.0
Frequently	13.3	20.1	43.3	43.1	16.0	32.3
Take care of self or siblings						
Never	29.3	13.2	12.6	12.8	22.5	16.6
Hardly ever	6.8	3.5	2.4	2.5	5.5	3.7
Sometimes	43.5	47.0	20.5	20.6	45.2	30.4
Frequently	20.5	36.3	64.4	64.1	26.8	49.3
Total	*100*	*100*	*100*	*100*	*100*	*100*

Source: EPRC/Oxfam Survey Dataset, 2017

TABLE 20 HOW OFTEN WOMEN ASKED THEIR HUSBAND/PARTNER FOR HELP, AND IF IT WAS GRANTED (%)

	District			Residence		
	Kaabong	Kabale	Kampala	Urban	Rural	Total
Panel A: Women						
If she spoiled/burnt/failed to cook a meal: *1 if Acceptable*	12.4	5.8	4.5	4.4	9.7	6.6
If she disobeyed her husband/uncle/father/brother: *1 if Acceptable*	32.1	10.7	8.0	8.1	23.0	14.1
If she spent money without asking: *1 if Acceptable*	25.3	14.0	5.7	5.8	20.6	11.7
If she failed to care well for the children: *1 if Acceptable*	33.2	15.3	11.5	11.5	25.7	17.2
If she left a dependent/ill adult unattended: *1 if Acceptable*	32.7	7.7	6.2	6.1	22.2	12.6
If she did not prepare her husband/uncle/father's bath: *1 if Acceptable*	21.4	6.2	1.6	1.7	15.0	7.0
If she failed to fetch water/firewood: *1 if Acceptable*	19.4	4.4	1.7	1.6	13.2	6.2
If she left the house without asking: *1 if Acceptable*	34.5	18.9	6.9	7.1	28.0	15.4
Panel B: Men						
If she spoiled/burnt/failed to cook a meal: *1 if Acceptable*	13.0	4.2	1.1	1.2	9.4	4.7
If she disobeyed her husband/uncle/father/brother: *1 if Acceptable*	23.7	16.0	8.2	8.4	20.6	13.6
If she spent money without asking: *1 if Acceptable*	21.9	12.7	6.2	6.3	18.2	11.4
If she failed to care well for the children: *1 if Acceptable*	27.8	13.4	14.6	14.6	22.0	17.8
If she left a dependent/ill adult unattended: *1 if Acceptable*	24.6	5.7	2.4	2.5	17.1	8.7
If she did not prepare her husband/uncle/father's bath: *1 if Acceptable*	14.9	3.9	5.3	5.3	10.5	7.5
If she failed to fetch water/firewood: *1 if Acceptable*	15.7	2.4	1.2	1.2	10.4	5.1
If she left the house without asking: *1 if Acceptable*	35.5	16.8	9.1	9.3	27.9	17.2
Total	*100*	*100*	*100*	*100*	*100*	*100*

Source: EPRC/Oxfam Survey Dataset, 2017

TABLE 21 ACCEPTABILITY OF HARSHLY CRITICIZING OR SHOUTING AT A WOMAN, BY SEX, DISTRICT AND URBAN/RURAL (%)

	District			Residence		
	Kaabong	Kabale	Kampala	Urban	Rural	Total
Panel A: Women						
If she spoiled/burnt/failed to cook a meal: *1 if Acceptable*	32.1	22.5	16.4	16.4	28.2	21.1
If she disobeys her husband/uncle/father/brother: *1 if Acceptable*	48.1	32.5	20.6	20.6	41.8	29.1
If she spent money without asking: *1 if Acceptable*	37.4	41.7	17.8	18.0	39.5	26.6
If she failed to care well for the children: *1 if Acceptable*	47.8	33.5	24.4	24.4	42.0	31.4
If she left a dependent/ill adult unattended: *1 if Acceptable*	40.6	25.7	12.7	12.9	34.3	21.5
If she did not prepare her husband/uncle/father's bath: *1 if Acceptable*	25.7	27.3	6.8	7.1	26.5	14.8
If she failed to fetch water/firewood: *1 if Acceptable*	28.7	21.5	6.5	6.9	25.6	14.3
If she left the house without asking: *1 if Acceptable*	44.4	40.6	23.5	23.6	43.0	31.4
Panel B: Men						
If she spoiled/burnt/failed to cook a meal: *1 if Acceptable*	30.8	23.6	19.4	19.4	28.0	23.1
If she disobeys her husband/uncle/father/brother: *1 if Acceptable*	43.3	35.7	21.4	21.6	40.3	29.6
If she spent money without asking: *1 if Acceptable*	42.9	41.7	19.0	19.4	42.3	29.1
If she failed to care well for the children: *1 if Acceptable*	48.0	35.2	26.3	26.3	43.0	33.4
If she left a dependent/ill adult unattended: *1 if Acceptable*	39.9	33.2	18.6	18.9	37.2	26.7
If she did not prepare her husband/uncle/father's bath: *1 if Acceptable*	27.0	30.1	13.4	13.6	28.2	19.8
If she failed to fetch water/firewood: *1 if Acceptable*	29.9	29.4	11.6	11.8	29.7	19.4
If she left the house without asking: *1 if Acceptable*	47.2	41.1	23.6	23.9	44.7	32.7
Total	*100*	*100*	*100*	*100*	*100*	*100*

Source: EPRC/Oxfam Survey Dataset, 2017

TABLE 22 ACCEPTABILITY OF SHAMING OR MOCKING A MAN FOR PARTICIPATING IN CARE WORK, BY SEX, DISTRICT AND URBAN/RURAL (%)

	District			Residence		
	Kaabong	Kabale	Kampala	Urban	Rural	Total
Panel A: Women – it is acceptable to mock/shame a man:						
If he is cooking: *1 if Acceptable*	13.7	29.3	11.5	11.7	20.4	15.2
If he is cleaning the house/compound: *1 if Acceptable*	8.5	17.5	9.9	10.0	12.4	10.9
If he is washing clothes for other household members: *1 if Acceptable*	10.0	21.5	5.8	5.9	15.1	9.6
If he is taking care of children: *1 if Acceptable*	5.9	9.7	6.5	6.6	7.6	7.0
If he is bathing a child: *1 if Acceptable*	8.6	15.7	6.7	6.9	11.6	8.8
If he is taking care of a dependent/ill adult: *1 if Acceptable*	6.8	7.0	2.4	2.4	6.9	4.2
If he is bathing a dependent/ill adult: *1 if Acceptable*	5.3	7.2	2.9	3.0	6.1	4.2
If he is washing dishes: *1 if Acceptable*	12.5	28.1	8.4	8.7	19.2	12.9
If he is fetching wood/fuel: *1 if Acceptable*	8.3	9.6	6.9	6.9	8.8	7.7
If he is fetching water: *1 if Acceptable*	7.3	9.5	7.8	7.8	8.2	8.0
Panel B: Men – it is acceptable to mock/shame a man:						
If he is cooking: *1 if Acceptable*	15.3	23.0	8.2	8.4	18.4	12.7
If he is cleaning the house/compound: *1 if Acceptable*	13.1	16.0	5.9	6.1	14.3	9.6
If he is washing clothes for other household members: *1 if Acceptable*	18.4	20.1	9.6	9.7	19.1	13.7
If he is taking care of children: *1 if Acceptable*	11.7	9.0	8.7	8.7	10.6	9.5
If he is bathing a child: *1 if Acceptable*	12.2	8.8	7.7	7.8	10.7	9.0
If he is taking care of a dependent/ill adult: *1 if Acceptable*	9.8	7.7	4.8	5.0	8.9	6.6
If he is bathing a dependent/ill adult: *1 if Acceptable*	12.7	7.8	5.0	5.1	10.7	7.5
If he is washing dishes: *1 if Acceptable*	17.5	26.6	10.6	10.9	21.1	15.2
If he is fetching wood/fuel: *1 if Acceptable*	13.9	8.4	7.0	7.1	11.5	9.0
If he is fetching water: *1 if Acceptable*	12.6	8.6	8.3	8.4	10.8	9.5
Total	*100*	*100*	*100*	*100*	*100*	*100*

Source: EPRC/Oxfam Survey Dataset, 2017

TABLE 23 PAID-FOR TIME-SAVING SERVICES/ACTIVITIES, BY DISTRICT AND URBAN/RURAL (%)

Activity	District			Residence		
	Kaabong	Kabale	Kampala	Urban	Rural	Total
Cleaning house or compound: *1 if yes*	1.2	5.8	25.6	25.5	2.9	16.6
Transporting food: *1 if yes*	2.5	15.8	26.5	26.6	7.9	19.2
Cooking, serving food: *1 if yes*	0.1	4.0	27.7	27.5	1.5	17.3
Grinding: *1 if yes*	21.5	15.3	11.5	11.7	18.7	14.4
Washing and drying clothes: *1 if yes*	2.1	12.9	34.0	33.8	6.5	23.1
Fetching water: *1 if yes*	6.0	11.9	27.3	27.2	8.3	19.8
Fetching firewood: *1 if yes*	4.9	13.0	15.9	16.2	7.9	12.9
Childcare (including daycare): *1 if yes*	1.1	10.6	26.0	25.8	5.2	17.7
Hair braiding/cutting children's hair: *1 if yes*	1.7	42.0	52.0	52.3	18.6	39.1
Care of dependent adults: *1 if yes*	0.0	2.7	7.8	7.9	0.9	5.1
Total	*100*	*100*	*100*	*100*	*100*	*100*

Source: EPRC/Oxfam Survey Dataset, 2017

TABLE 24 AVAILABILITY OF SELECT ITEMS IN THE HOUSEHOLD, BY DISTRICT AND URBAN/RURAL (%)

Items	District			Residence		
	Kaabong	Kabale	Kampala	Urban	Rural	Total
Jerry can (5ltr/10ltr/20ltr)	80.1	99.9	99.5	99.5	88.8	95.3
Modes for fetching water (e.g. bicycle, cart, wheelbarrow)	0.5	23.2	3.8	4.2	10.3	6.6
Tap/rain harvester	0.4	14.8	45.5	45.7	5.6	29.9
Shower	0.2	0.6	24.6	24.3	0.3	14.9
Toilet	30.9	98.4	93.3	93.4	60.7	80.5
Axe	66.7	77.7	11.6	12.3	72.2	35.9
Kerosene lamp/dry cell	2.8	53.3	49.6	49.6	25.2	40.0
Dry cell	13.9	58.6	30.8	31.1	33.9	32.2
Solar lamp	1.3	12.5	10.1	10.2	6.2	8.6
Electrical lamp	0.0	7.0	63.5	63.1	2.3	39.2
Solar system/biogas system	0.4	8.6	3.5	3.5	4.0	3.7
Generator	0.1	0.1	0.1	0.1	0.1	0.1
Firewood or charcoal-efficient stove	48.9	44.6	98.2	97.8	46.3	77.5
Gas stove	0.2	0.7	10.7	10.7	0.3	6.6
Flask for liquids/food	2.0	49.9	95.3	95.3	22.0	66.4
Refrigerator	0.0	0.6	30.4	30.1	0.0	18.3
Dustbin/compost pit	13.8	54.2	53.1	53.4	31.1	44.7
Suitcase	2.4	58.7	90.6	90.5	26.4	65.3
Chest of drawers/wardrobe for clothes	0.0	3.2	33.0	32.8	0.9	20.3
Flat iron/charcoal iron	0.7	32.7	89.6	89.1	14.1	59.6
At least 3 dishes	13.3	62.2	94.8	94.8	34.0	70.9

Source: EPRC/Oxfam Survey Dataset, 2017

TABLE 25 AVAILABILITY OF SELECT EQUIPMENT IN THE HOUSEHOLD, BY DISTRICT AND URBAN/RURAL (%)

	District			Residence		
Indicator	Kaabong	Kabale	Kampala	Urban	Rural	Total
Are there children aged 2 or under living in the household? *1 if yes*	36.5	29.6	34.9	34.7	33.7	34.3
Do you have a mosquito net (for children) in your household? *1 if yes*	98.9	84.8	96.0	96.0	93.1	94.9
Do you have nappies in your household? *1 if yes*	3.8	66.6	68.9	69.0	28.4	53.3
Are there any adults who are blind or cannot walk living in the household? *1 if yes*	5.0	3.4	0.3	0.4	4.2	1.9
Do you have walking sticks/crutches/a wheelchair in your household? *1 if yes*	70.5	70.1	0.0	22.6	69.7	63.8
Total	*100*	*100*	*100*	*100*	*100*	*100*

Source: EPRC/Oxfam Survey Dataset, 2017

TABLE 26 EXTERNAL SUPPORT AVAILABLE FROM THE STATE, CSOS AND COMMUNITY, BY DISTRICT AND URBAN/RURAL (%)

	District			Residence		
Infrastructure support	Kaabong	Kabale	Kampala	Urban	Rural	Total
Do you use an improved water source? *1 if yes*	74.9	71.3	94.6	94.3	73.2	86.0
Is it usually government provided?	88.6	58.1	73.3	73.5	75.0	74.0
Does your family usually use health facilities when household members are ill? *1 if yes*	91.5	97.7	91.9	92.0	94.3	92.9
Is it usually government provided?	100.0	95.0	45.1	45.4	98.5	66.6
Do you use electricity in your house?| *1 if yes*	1.4	8.7	95.2	94.6	3.3	58.7
Is it usually government provided?	93.8	65.8	75.8	75.8	63.6	75.6
Does your family usually use childcare facilities? *1 if yes*	22.5	5.3	18.8	18.7	14.7	17.1
Is it usually government provided?	98.1	30.8	23.5	23.7	88.2	45.5
Total	*100*	*100*	*100*	*100*	*100*	*100*

Source: EPRC/Oxfam Survey Dataset, 2017

TABLE 27 GAPS IN WOMEN'S ABILITY TO PROVIDE CARE IN HOUSEHOLD FOR 7-DAY RECALL PERIOD, BY DISTRICT AND URBAN/RURAL (%)

Indicator	District			Residence		
	Kaabong	Kabale	Kampala	Urban	Rural	Total
Left a dependent adult alone, knowing that there was no one else looking after her or him						
Never	75.1	80.8	66.7	66.9	77.7	71.1
At least once	9.7	2.8	1.6	1.6	6.7	3.6
At least once a day	1.7	0.1	1.1	1.1	1.0	1.0
Several times a day	0.5	1.1	0.4	0.4	0.8	0.6
Not applicable	13.0	15.2	30.2	30.0	13.9	23.7
Left a child (under 6 years old) alone, knowing that there was no one else looking after her or him						
Never	83.1	89.6	70.9	71.2	86.0	77.0
At least once	9.5	7.0	4.1	4.1	8.5	5.8
At least once a day	0.8	0.2	3.5	3.4	0.5	2.3
Several times a day	1.9	0.3	0.4	0.4	1.2	0.7
Not applicable	4.8	2.8	21.1	20.9	3.8	14.2
Children/dependent adults in your household have injured themselves in an accident (e.g. falling down, cuts, burns)						
Never	81.8	77.3	75.4	75.7	79.5	77.4
At least once	14.2	20.6	23.9	23.5	17.4	20.7
At least once a day	0.6	1.9	0.0	0.1	1.1	0.6
Several times a day	2.9	0.1	0.3	0.3	1.7	0.9
Not applicable	0.4	0.1	0.5	0.4	0.3	0.4
Children/dependent adults in your household have broken or damaged anything						
Never	82.9	79.9	82.2	82.4	81.4	81.9
At least once	13.9	18.5	15.3	15.2	16.0	15.6
At least once a day	0.6	1.6	0.3	0.3	1.1	0.7
Several times a day	0.7	0.0	0.4	0.4	0.4	0.4
Not applicable	1.9	0.1	1.7	1.7	1.1	1.4
Not had enough time to cook food						
Never	41.8	68.0	68.4	68.2	53.6	62.4
At least once	23.2	28.1	19.4	19.6	25.3	21.8
At least once a day	7.9	2.5	6.0	6.0	5.5	5.8
Several times a day	23.6	0.5	2.9	2.9	13.3	7.0
Not applicable	3.4	0.9	3.3	3.3	2.3	2.9
Not had enough time to wash, iron or mend family members' clothes						
Never	42.2	52.2	69.3	69.0	46.6	60.2
At least once	17.8	30.1	23.3	23.4	23.3	23.3
At least once a day	4.2	13.2	3.1	3.2	8.3	5.2
Several times a day	29.3	4.5	3.6	3.7	18.3	9.5
Not applicable	6.4	0.0	0.7	0.7	3.6	1.9
Not had enough time for personal care and hygiene						
Never	34.6	74.5	91.2	90.9	52.2	75.7
At least once	14.8	24.4	8.3	8.5	19.1	12.7
At least once a day	5.3	0.8	0.3	0.3	3.3	1.5
Several times a day	43.0	0.1	0.0	0.1	24.1	9.5
Not applicable	2.2	0.3	0.2	0.3	1.2	0.7
Total	*100*	*100*	*100*	*100*	*100*	*100*

Source: EPRC/Oxfam Survey Dataset, 2017

TABLE 28 SELECTED INDICATORS OF WOMEN'S WELLBEING RELATED TO UCDW, BY DISTRICT AND URBAN/RURAL (%)

Indicator	District			Residence		
	Kaabong	Kabale	Kampala	Urban	Rural	Total
In the last 12 months, have you suffered any injury, illness, disability or other physical or mental harm from your unpaid domestic work or caring for people?						
No	63.1	68.6	68.0	68.2	65.3	67.0
Yes	34.7	31.3	31.5	31.3	33.5	32.1
Refuses to say	2.2	0.1	0.5	0.6	1.2	0.8
What effect did this injury, illness or other harm have on you?						
No long-term effect	26.0	40.9	60.6	60.1	32.7	48.8
A LTE that prevents me from working at all	3.4	1.2	2.8	3.0	2.2	2.7
A LTE so I can't continue to perform the same work	32.1	12.1	13.0	13.0	23.7	17.4
A LTE but can still do same work as before	13.7	24.9	7.6	8.0	18.1	12.2
A LTE but can still do same work, but not as before	20.0	16.7	14.0	14.0	18.7	16.0
Refuses to say	4.8	4.1	1.9	1.9	4.6	3.0
Are you concerned that your unpaid domestic work or caring for people will cause you physical or mental harm in the future?						
Not concerned at all	19.3	3.8	33.0	32.8	12.7	24.5
Not very concerned	20.5	17.8	14.7	14.6	19.6	16.6
Somewhat concerned	19.4	26.4	21.3	21.3	22.4	21.8
Very concerned	40.9	52.0	30.9	31.4	45.3	37.1
Total	*100*	*100*	*100*	*100*	*100*	*100*

Note: LTE (Long-term effect). Source: EPRC/Oxfam Survey Dataset, 2017

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PHOTOS

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Front cover: Florence Alur fetches water to do the dishes. Since taking part in WE-Care training, Florence's husband, Zakayo David Opwonya, has farmed and done chores alongside his wife, increasing their yields and boosting the family's income.

Page 6: Florence and Zakayo share a joke as they wash the dishes together.

Page 8: Grace Aloyo and Mark Olara relax with their twin girls. Following their participation in WE-Care activities, the couple have shared childcare and other domestic tasks.

Page 10: Aciro Evelyn from Lamwo district says WE-Care training on care work has benefitted her and her family, who now share care roles.

Page 13: Alex Otema and his son wash the dishes outside their home. Alex says that WE-Care training opened his eyes to the benefits of sharing domestic responsibilities.

Page 14: Grace Aloyo prepares a meal for the family.

Page 17: Zakayo David Opwonya helps Florence unload the water she has fetched for washing up.

Page 21: Christine from Lamwo district prepares food for her family. Her household has also benefitted from training calling for more equal sharing of labour at home.

Page 33: Zakayo David Opwonya enjoys a game with one of this three daughters.

Page 38: Aciro Evelyn stacks up the firewood she has just collected.

Page 57: Alex Otema and his son clean the washing-up bowl after doing the dishes.

Page 61: Grace Aciro carrying firewood.

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WOMEN'S
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