



Consolidation Report – May 2021

Gathering Action Against Hunger's knowledge and data

**Documenting the links between gender and economic inequalities**

*The vicious circle of unrecognized and unpaid care work and poverty and their links with lack of access to social protection services and income security for women*

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Woman cooking in Georgia. 2010. Photographer: Carmen Gayo Rodriguez.

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### Context

In January 2021, in line with Action Against Hunger – International's (AAH-I) International Strategic Plan 3, which identifies poverty and gender inequalities as a root causes of hunger, Action Contre la Faim – France (ACF – France) developed a new advocacy strategy around the topics of gender and social justice.

In that process, two unforeseen factors emerged, in substance and in form:

- In substance: clear links exist between poverty (i.e., economic inequality) and gender inequality – AAH's primary social group target in programming and research being poor women and their children – while social protection can have a transformative impact on both levels of inequalities.
- In form: existence of AAH produced evidence and knowledge on gender and economic inequalities, which has not yet been compiled and explicated in ways enabling its use for advocacy purposes.

### Objective of the report

This report aims at compiling and articulating AAH-International's existing data and knowledge on links between gender and economic inequalities in support to ACF-France's ask for gender transformative universal social protection:

By doing so, [this report wishes to highlighting the links between women's poverty and women's unrecognized and unpaid care work, and how these impact nutrition security and malnutrition](#), in an attempt to push for greater implementation of gender transformative universal social protection within France's international financial and feminist policies, and in domestic policies of countries where ACF is present.

### Methodology

The present consolidation report gathers information from 29 AAH publications, including 10 Link NCAs, 1 meta-analysis of Link NCAs, 13 gender analysis and 4 policy frameworks and/or positioning papers. These documents cover 15 countries in 7 different regions between 2012 and 2021, and are distributed as follows (for more detail see bibliography):

<u>South Asia:</u> - The Philippines (2019) - Bangladesh (2018, 2019) - Pakistan (2012, 2020)	<u>Central Africa:</u> - Chad (2012, 2021)
<u>Middle East:</u> - Yemen (2019, 2021) - Iraq (2021)	<u>Central America:</u> - Guatemala (2021)
<u>West Africa:</u> - Burkina Faso (2019, 2020, 2021) - Nigeria (2020) - Liberia (2020)	<u>Est Africa:</u> - Somalia (2012, 2020, 2021) - Zimbabwe (2011) - Uganda (2014) - Madagascar (2019, 2021)
<u>Caribbean:</u> - Haiti (2019)	

**Link NCA reports – nutrition causal analysis:** Link NCA is a participative, mixed method study used to identify the causes of under-nutrition in a given context and to promote the implementation of programmatic responses adapted to these causes by all organizations involved in the fight against malnutrition.

**Gender analysis reports:** gender analysis is a process used to identify and understand the different roles, activities, needs, vulnerabilities and capacities of women and men of all ages. Gender analysis are conducted in AAH’s country offices in order to understand these differences and subsequently design, implement and monitor interventions according to findings.

Relevant extracts for the topic at hand were selected from Link NCAs and gender analysis, in order to illustrate what is unrecognized and unpaid care work, how it impacts nutrition security and malnutrition, how it is linked to women’s poverty and lack of access to essential services, as well as how women’s and households’ increased wealth can have a transformative effect on gender inequalities.

Many other factors feeding gender and economic inequalities reported in AAH’s publications (such as toxic masculinities, gender-based violence, lack of access to land ownership or traditional beliefs) were left out of this consolidation report, because not directly connected to the subject at hand. Additionally, this consolidation report looked at areas of oppression, of lesser power for women, disregarding areas of life where women reportedly had more power than men.

This consolidation report does not intend to draw absolute nor universal conclusions on the ways gender and economic inequalities faced by women operate. Rather, [this consolidation report is meant to be the collection of a body of AAH produced evidence, in support to better understanding what is unrecognized and unpaid care work, how it impacts nutrition security and malnutrition, how it is linked to women’s poverty and lack of access to essential services, as well as how women’s and households’ increased wealth can have a transformative effect on gender inequalities.](#)

The chapters and sections of this consolidation report are composed of short paragraphs explicating the issue at hand, illustrated by examples and verbatims extracted from AAH’s publications.

The evidenced gathered is mainly qualitative, though some quantitative data is reported. Indeed, AAH's quantitative research has not yet been focusing on links between unrecognized and unpaid care work and economic and gender inequalities.

Finally, the consolidation report only looked at 15 different countries and can therefore only limit its observations to them. Additionally, even within the studied countries, men and women's roles, responsibilities and freedoms vary from a region, district or village to another. This consolidation report, does not intend to give an exhaustive picture of the similarities and differences between countries, regions, districts and villages; but rather select relevant examples illustrating the intersectionality of gender and economic inequalities.

It is important to stress that, though AAH's research has not yet fully tackled the topic of the intersectionality of gender and economic inequalities, extensive research has been done by other NGOs and research entities. Most of these pieces of work do come to the conclusion that gender inequalities, fueled by economic inequalities, is a worldwide phenomenon (obviously having geographical and cultural specificities), and that unrecognized and unpaid care work is a major factor further deepening those inequalities. Additionally, some of AAH's work used research done by NGOs such as Equipop, Médecins du Monde or Oxfam as secondary sources.<sup>1</sup>

Last but not least, this consolidation report does not provide global policy and political recommendations on how to fight intersectional inequalities through social protection floors, because AAH's publications mainly offered operational recommendations related to programming.

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<sup>1</sup> See for example: Action Contre la Faim (2020). *Analyse de genre Burkina Faso*. Burkina Faso



Women farmer, in the Eastern region of Cameroun. 2020. Photographer: Nicaise Rosie Ndjandji

## I. Rational: why universal social protection matters to women living in poverty

In our current world, the world's billionaires, only 2 153 people, have more wealth than 4.6 billion people. The world's richest 1% have more than twice as much wealth as 6.9 billion people, and the richest 22 men in the world own more wealth than all the women in Africa.<sup>2</sup>

These extremes of wealth exist alongside great poverty. Indeed, World Bank estimates show that almost half of the world's population lives on less than \$5.50 a day, and the rate of poverty reduction has halved since 2013.

AAH's work is devoted to this overwhelming half of the population, since poverty, nutrition insecurity and malnutrition sadly go hand in hand. This reality is outlined by a Link NCA study done in Somalia. The study shows that a dominant pathway to wasting finds its roots in a limited access to income sources, which translates into a limited access to food, triggering inadequate coping strategies having an effect on the dietary intake of women of reproductive age and children under 5.<sup>3</sup>

### A. Universal social protection: a powerful tool for transforming economic inequalities

#### 1. A brief definition of social protection

Social protection is a human right, enshrined in several binding international human rights instruments including the Universal Declaration of Human Rights (art. 22), the International Covenant on Economic, Social and Cultural Rights (art. 9), the Convention on the Elimination of all Forms of Discrimination Against Women (art. 11), and the International Convention on the Rights of Children (art. 26). These texts all explicitly proclaim the right to social security, as well as a series of other rights protected by social protection mechanisms (such as the right to food or to reach the highest attainable standard of physical and mental health).

Social protection is defined as a set of policies and programs (contributory and non-contributory) aimed at reducing and preventing poverty throughout the life cycle. While social protection often brings to mind cash transfers to guarantee basic income security (during key moments such as pregnancy or unemployment), it also includes all schemes put in place to ensure affordable access to essential services (such as universal health care and education, subsidized access to water and food or free psychosocial support for survivors of gender-based violence). By fighting against poverty, social protection has a direct positive impact on the underlying determinants of nutrition security.<sup>4</sup>

Within the broad framework of social protection, social protection floors<sup>5</sup> are identified as a set of non-contributory guarantees, including:

- access to essential health care (see Chapter V. *The vicious circle between women's poverty, lack of access to affordable essential services and increased unrecognized and unpaid care work*)

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<sup>2</sup> Clare Coffey, Patricia Espinoza Revollo, Rowan Harvey, Max Lawson, Anam Parvez Butt, Kim Piaget, Diana Sarosi, Julie Thekkudan, Oxfam International (2020). *Time to care - Unpaid and underpaid care work and the global inequality crisis*. United Kingdom. p.9

<sup>3</sup> Nahashon Kipruto, Action Against Hunger – UK (October 2019 – February 2020). *Link Nutrition Causal Analysis, Agro-pastoral livelihood zone SO 15-16 (Baidoa District), Riverine livelihood zone SO 13 (Beltweyne District), Pastoral livelihood zone SO 05 (Goldogob District), Settlement for Internally Displaced Population SO 19 (Kahda District)*, Somalia. p. 114

<sup>4</sup> Underlying determinants of nutrition security are food and health security, adequate education and caring practices and access to WASH. Julien Morel, Action Against Hunger – International (2014). *Politique sécurité nutritionnelle, Une compréhension et approche multisectorielle commune pour lutter contre la sous-nutrition*. France p.8, p.10

<sup>5</sup> Defined by the International Labor Organization's Social Protection Floors Recommendation n°202, unanimously adopted in 2012.

- and basic income security (see Chapter VI. *Access to basic income security: a way forward*)
  - o for children (providing access to nutrition, education, care and any other necessary goods and services),
  - o persons in active age (in particular in cases of sickness, unemployment, maternity and disability)
  - o and older persons.

Social protection floors are universal; they provide protection based on contingencies, ensuring that each person, in one of the aforementioned contingencies, and under a given State's jurisdiction, is protected regardless of his or her socioeconomic situation or legal status

## 2. Social protection to rebalance economic inequalities

Due to the redistributive nature of universal social protection floors (when financed through fair and redistributive fiscal and macro-economic policies<sup>6</sup>), social protection can be transformative to the social and economic inequalities poorest communities face. By rebalancing the economic power between the rich and the poor, social protection fights poverty, nutrition insecurity and malnutrition.

### B. Universal social protection: a powerful tool for transforming gender inequalities

#### 1. Care work: a woman's responsibility worldwide

The International Labor Organization (ILO) defines care work as “consisting of activities and relations involved in meeting the physical, psychological and emotional needs of [people]. (...) Care activities are comprised of two broad kinds. First, those that consist of direct, face to face, personal care activities (sometimes referred to as “nurturing” or “relational” care), such as feeding a baby, nursing a sick partner, helping an older person to take a bath, carrying out health check-ups or teaching young children. Second, those involving indirect care activities, which do not entail face-to-face personal care, such as cleaning, cooking, doing the laundry and other household maintenance tasks (sometimes referred to as “non-relational care” or “household work”), that provide the preconditions for personal caregiving. These two types of care activities cannot be separated from each other, and they frequently overlap in practice, both in households and in institutions.”<sup>7</sup>

Care work is overwhelmingly, across all AAH's research, a women's prerogative. This is true in the Philippines<sup>8</sup>, Bangladesh<sup>9</sup>, Nigeria<sup>10</sup>, Somalia<sup>11</sup>, Burkina Faso<sup>12</sup>, Pakistan<sup>13</sup> and all other countries where AAH is present.

For example, within the Rohingya refugee community in Bangladesh, the division of work within households is very segregated. When asked in a survey who was responsible for collecting water, cooking, cleaning, child supervision and the disposal of waste; the majority of respondents said that it

<sup>6</sup> International Labour Organization (2019). *Fiscal space for social protection - A Handbook for Assessing Financing Options*, Switzerland

<sup>7</sup> International Labour Organization, (2018). *Care work and care jobs - For the future of decent work*. Switzerland

<sup>8</sup> Clara Ituero Herrero, Action Against Hunger's International Gender Unit (2019). *Gender analysis report: The Philippines*. The Philippines. p. 13

<sup>9</sup> Action Against Hunger, Save the Children, Oxfam (2018). *Rohingya refugee response gender analysis. Recognizing and responding to gender inequalities*. Bangladesh. p. 45

<sup>10</sup> Action Against Hunger (2020). *Gender analysis report: Yunusari & Geidam LGAs Yobe State*. Nigeria. p. 15

<sup>11</sup> Action Against Hunger's office in Somalia (2021). *Gender analysis - Final report*. Somalia. p. 9

<sup>12</sup> Action Contre la Faim (2020). *Analyse de genre Burkina Faso*. Burkina Faso. p. 10

<sup>13</sup> Shahid Fazal, Action Against Hunger's office in Pakistan (May 2020). *Link Nutrition Causal Analysis, Tharparkar District, Sindh Province*, Pakistan. p. 44

was women. More precisely, 59% of respondents said it was women's responsibility to collect water, 78% to cook, 75% to clean and to supervise children, and 54% to dispose of waste. Older children, especially girls, are also expected to take care for their younger siblings.<sup>14</sup>

Similarly, a Link NCA study done in Pakistan in 2020 found that, in the district of Tharparkar, fetching water is primarily the responsibility of adult women for 76% of households, followed by adult men for 12.7% of households. Most of the mothers are responsible for all household chores, while husbands only take care of livelihoods and contribute nothing regarding household duties.<sup>15</sup>

Women and girls face an unequal distribution of home and children care responsibilities, in comparison to men. In a 2021 gender analysis done in Guatemala, women reported dedicating 12 hours a day to caring for the family, while men reported an average of two hours a day in maintenance of the home, including with repairs.<sup>16</sup>

Another example can be found in the gender analysis done in Mindanao, Philippines, which shows that women are primarily in charge of cleaning the house (followed by girls), of home care of family members; doing the laundry (followed by girls); washing, dressing and bringing children to school. Women dedicate more time to care work than men, around 36.81% of their time versus 6.60 % for men; while men dedicate more time to income generating activities than women, 33.68% of their time for men, versus 25% for women.<sup>17</sup>

Similarly, within households in Burkina Faso, the distribution of tasks is highly gender-based. According to a gender analysis done in 2020, the division of domestic labor is unbalanced: tasks are almost entirely carried out by women. Men are responsible for paid work (in the field, for example) and economic contribution to the household.<sup>18</sup>

A very illustrative example of this global situation is the testimony of a woman participating in a focus group in Douté, Haiti, where she reported: *"Fathers demand that everything be prepared for them before we leave the home. They don't want to cook, they don't want to clean and/or bathe the child - they only agree to look after him. So instead of helping us, they add to our workload"*.<sup>19</sup>

## **2. Recognizing, reducing and redistributing care work through social protection**

To understand how important care work is in assessing women's poverty, nutrition insecurity and malnutrition, one needs to understand the vicious circle women are stuck in. As this report will demonstrate, women's economic poverty affects their social status, while this same social status feeds their economic poverty.

Indeed, the core issue around the care work performed mainly by women, is that it is unrecognized, consequently unpaid nor compensated. Unpaid and unrecognized care work is often thought of in parallel to paid care work (also mainly performed by women, and often under-paid) done in a range of

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<sup>14</sup> Action Against Hunger, Save the Children, Oxfam (2018). *Rohingya refugee response gender analysis. Recognizing and responding to gender inequalities*. Bangladesh. p. 45

<sup>15</sup> Shahid Fazal, Action Against Hunger's office in Pakistan (May 2020). *Link Nutrition Causal Analysis, Tharparkar District, Sindh Province, Pakistan*. p. 51

<sup>16</sup> Accion Contre el Hambre (2021). *Gender and protection analysis*. Guatemala

<sup>17</sup> Clara Ituero Herrero, Action Against Hunger's International Gender Unit (2019). *Gender analysis report: The Philippines*. The Philippines. p. 14, 19

<sup>18</sup> Action Contre la Faim (2020). *Analyse de genre Burkina Faso*. Burkina Faso. p. 10

<sup>19</sup> Lenka Blanarova, Grace Heymsfield, Action Against Hunger's office in Haiti (February – September 2019). *Link Nutrition Causal Analysis, Arrondissement d'Anse d'Hainault, Département de Grand'Anse, Haïti*. p. 56

settings, such as private households (as in the case of domestic workers), public or private hospitals, clinics, nursing homes, schools and other care establishments.

In majority, women are seen as the sole responsible for an overwhelming amount of unrecognized and unpaid care work, needing no compensation nor redistribution (between genders nor between households and State institutions), leaving them with very little time, energy and opportunities to develop income generating activities (see Chapter IV. *The vicious circle of unrecognized and unpaid care work and women's poverty*).

It is ACF-France's opinion that this intersectionality<sup>20</sup> of inequalities is at the heart of the root causes of nutrition insecurity and malnutrition; keeping in mind the fact that these inequalities all affect the first 1,000 days nutrition window, centered around women's pregnancy and child care duties during the first 2 years of the child's life.<sup>21</sup>

It seems obvious, that a clear reassessment of distribution of unrecognized and unpaid care work between men and women needs to be done at community level. However, women's relief of the adverse effects of unrecognized and unpaid care work, cannot be tackled without addressing the global economic inequalities that affect poor communities (as mentioned above, the part of the population living with less than \$5.50 a day, while 1% of the population has as much wealth as 6.9 billion people). A gender analysis done in the Philippines clearly highlights the intersectionality of economic and gender inequalities by stating that women in the Philippines presumably enjoy equal rights, participate in decision making and are protected and supported by the law. While in practice, however, discrimination against women and girls is still very high, especially among the poor.<sup>22</sup>

In this context, States have a responsibility in unburdening women of the ways unrecognized and unpaid care work hinders their economic empowerment and their capacities to provide proper care to their children. The importance of this recognition, redistribution and reduction of care work is reflected in Sustainable Development Goal target n°5.4 which reads "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."

Some societies do support unpaid forms of care provision through social protection benefits, as in the case of a "cash-for-care" transfers aimed at offsetting earnings losses or at recognizing the contribution of unpaid carers to society. However, much more still needs to be done. [This is why, actual implementation of the human right to social protection, through the development of social protection floors, can have a transformative effect on the intersectional inequalities women face. Indeed, by redistributing wealth and recognizing the economic value of care work through basic income security, social protection counterbalances the economic inequality women face; and by reducing the burden of care work of women and redistributing it from poor households to institutions through public services, social protection counterbalances gender inequalities.](#)

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<sup>20</sup> Kimberle Crenshaw, (1989). *Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics*, University of Chicago Legal Forum, vol. 1989, p. 139

<sup>21</sup> Julien Morel, Action Against Hunger – International (2014). *Politique sécurité nutritionnelle, Une compréhension et approche multisectorielle commune pour lutter contre la sous-nutrition*. France

<sup>22</sup> Clara Ituero Herrero, Action Against Hunger's International Gender Unit (2019). *Gender analysis report: The Philippines*. The Philippines. p. 59

### 3. COVID19 and other crisis – A case for gender transformative social protection

The review of Link NCA studies and gender analysis alike, revealed that unrecognized and unpaid care work increases as a consequence of the growing economic, climatic and sanitary shocks and crisis.

In the Philippines, more than half of respondents to a household survey declared that their care role had significantly increased after Yolanda typhoon, since they were now not only attending to the daily needs of their family, but also helping their husbands in supporting the family's daily expenses. Women reported a dramatic change of roles and workloads because, before the typhoon, they were mainly in charge of care while their husbands were in charge of income generating activities. Since Yolanda, both husbands and wives are performing income generating activities, while women are still attending to their children and taking care of their family's need.<sup>23</sup>

Additionally, a 2019 gender analysis found that *ridos*<sup>24</sup>, natural disasters and the separatist conflict in the Philippines had affected women's care and income generating workload. Indeed, many women are ought to support their families due to the limited mobility of men who are victims of *ridos*, for fear of being forcibly enrolled in rebel armed groups, or taken as members of these groups. Women have assumed more responsibilities such as tending fields and livestock, bringing goods to market, escorting children to schools, seeking paid employment, and helping to identify and resolve community concerns. Women feel proud of these new roles, the analysis reports, however they also feel exhausted for their "double role" and the lack of men support in their day-to-day activities.<sup>25</sup>

Unsurprisingly, the COVID19 crisis also disproportionately impacted women. The movement restrictions measures taken by States to face the pandemic, have led to an increase in women's unrecognized and unpaid care workload. As documented in a gender analysis done by AAH in Iraq in January 2021, women now have to care for the sick in addition to their domestic tasks and other caregiving responsibilities.<sup>26</sup>

Similarly, in Burkina Faso, a 2020 gender analysis found that COVID19 had a prominent impact on women and girls because of the traditional roles assigned to them by society (being responsible for care and family health), their usual high work load increased due to their combined reproductive, productive and community roles and unequal power relations (...).

Additionally, the Covid-19 crisis particularly affected women in Burkina Faso because they often are healthcare workers, take care of the sick or vulnerable people at the domestic and community level, "do everything" at home and hold the majority of precarious jobs.<sup>27</sup>

In the eastern region, women report having more responsibilities, because the lack of work for men no longer enables them to fulfill their traditional role of providers. Thus, women now take care of small businesses, and other activities, to earn money, in addition to their unrecognized and unpaid care workload.

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<sup>23</sup> Action Against Hunger – Canada. *Gender equality analysis narrative report*. The Philippines. p. 3

<sup>24</sup> *Ridos* are a type of conflict characterized by retaliatory violence between families, kinship and communities.

<sup>25</sup> Clara Ituero Herrero, Action Against Hunger's International Gender Unit (2019). *Gender analysis report: The Philippines*. The Philippines. p. 15

<sup>26</sup> Sandrine Tonoukouin, Action Against Hunger's International Gender Unit (2021). *Gender analysis report*. Iraq. p. 14

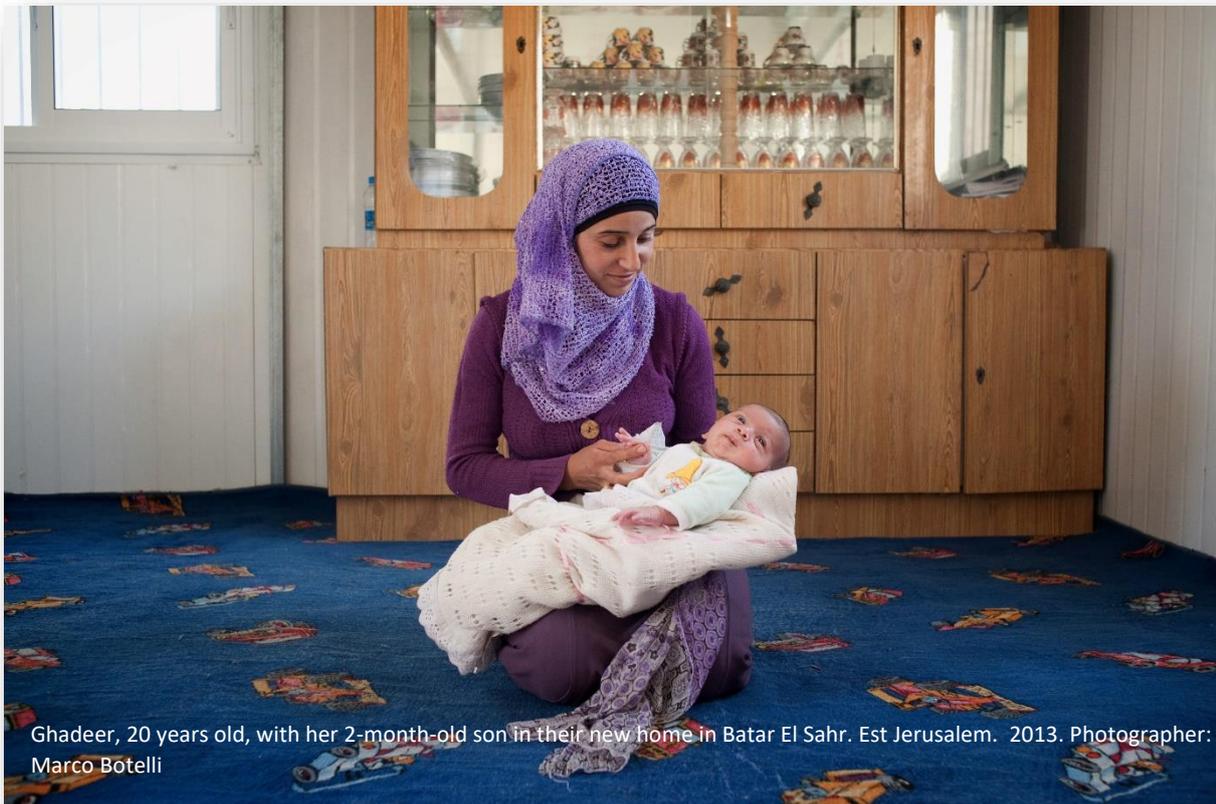
<sup>27</sup> Action Contre la Faim (2020). *Analyse de genre Burkina Faso*. Burkina Faso. p. 44

*“There has been an increase in our responsibilities. (...) Some women play the role of father and mother at the same time.”* Focus group participant - Fada<sup>28</sup>

Based on an Equipop study, AAH’s gender analysis also reports that women's health has been severely affected by the pandemic, particularly their sexual and reproductive health, due to a decrease in the supply of and demand for services, which then impacts their care workload (see Chapter V, Section C, sub-section 2. *On lack of access to health: no time for it, more work because of it*).

*“We find that the services that suffer the most are family planning services, in some places they are closed, because not considered as emergency services in comparison to intensive care.”* - participant to the gender study done by Equipop.<sup>29</sup>

This situation makes a strong case for the full development of universal social protection floors, in continuation to the unprecedented social protection measures taken by States since the beginning of the pandemic to alleviate its economic consequences.<sup>30</sup>



<sup>28</sup> Action Contre la Faim (2020). *Analyse de genre Burkina Faso*. Burkina Faso. p. 10

<sup>29</sup> Action Contre la Faim (2020). *Analyse de genre Burkina Faso*. Burkina Faso. p. 45

<sup>30</sup> More than 1,400 social protection measures in 113 countries were adopted between the onset of the health crisis and September 2020. According to the World Bank, a total of US \$589 billion has been committed for social protection, representing approximately 0.4% of world GDP. Ugo Gentilini, Mohamed Almenf, Ian Orton, Pamela Dale, World Bank, (2020). *Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures*. United-States of America

## II. Understanding the burden of unrecognized and unpaid care work for women living in poverty

### A. Grasping the amount of unrecognized and unpaid care work performed by women

To understand how unrecognized and unpaid care work is central in fighting the vicious circle of poverty, gender inequality, nutrition insecurity and malnutrition, [one needs to properly measure the tremendous amount of unrecognized and unpaid care work women our ought to perform](#). As this report will later on demonstrate, it annihilates women’s capacity to develop their economic power, as well as to ensure proper care practices, yet crucial to nutrition security and fighting malnutrition. Though the ways in which women perform unrecognized and unpaid care work varies from a country to another, or even a district to another, [in all situations observe by AAH, it amounts to a part-time or full-time income generating activity, when looking at the time and energy spent by women on care](#).

Indeed, according to the Iraq Household Socio-Economy Survey of 2012, on average, Iraqi women spend more than six hours of their day performing unrecognized and unpaid care work such as cooking and childcare. On a yearly average, Iraqi women give up 10.5 weeks more than men in unpaid and unrecognized care work.<sup>31</sup>

Similarly, in Burkina Faso, a 2020 gender analysis states that *“A Burkinabè woman or girl can have active days starting from 4 am until 11 pm. She will be responsible for the care of children, housework, and will also be devoted to the husband.”*<sup>32</sup>

Regarding the energy and efforts put into unpaid and unrecognized care work, the testimony of Liberian women in a focus group in Grand Bassa district is unequivocal. Indeed, women described how the most tedious chores in the home were the ones revolving around keeping the children and the home clean. *“We monitor the children and our family every day. It is hard, but it is our normal routine. It is not satisfactory for us, but we just have to do it.”*<sup>33</sup>

In some cases, the situation of women is so dire, that they need to uphold their unrecognized and unpaid care work duties on the very same day of their delivery. Though obviously not systematic, this situation has been reported in Rivercess district, Liberia, where women giving birth far from home and having little family support, have to walk back home to perform their care work duties on the very same day of their delivery.<sup>34</sup>

### B. Understanding the accumulation of income generating activities and unrecognized and unpaid care work

[To get a full picture of what unrecognized and unpaid care work actually represents in women’s lives, one needs to understand that the tremendous amount they perform is often carried out in addition to income generating activities](#).

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<sup>31</sup> Sandrine Tonoukouin, Action Against Hunger’s International Gender Unit (2021). *Gender analysis report*. Iraq. p. 14

<sup>32</sup> Action Contre la Faim (2020). *Analyse de genre Burkina Faso*. Burkina Faso. p. 11

<sup>33</sup> Grace Heymsfield, Action Against Hunger – UK (October 2019 – March 2020). *Link Nutrition Causal Analysis, Grand Bassa, Grand Cape Mount, Rural Montserrado, Rivercess and Sinoe Counties*, Liberia. p. 127

<sup>34</sup> Grace Heymsfield, Action Against Hunger – UK (October 2019 – March 2020). *Link Nutrition Causal Analysis, Grand Bassa, Grand Cape Mount, Rural Montserrado, Rivercess and Sinoe Counties*, Liberia. p. 60

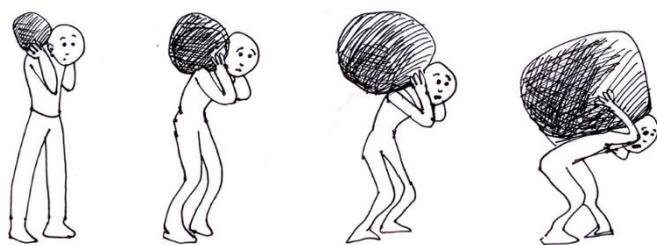
For instance, in Rivercess district, Liberia, women indicated feeling most busy and tired when balancing their routine household duties with a seasonal increase in income generating activities. Partnered women defined their primary work as maintaining the home, supplemented by a spike in income generating activities. The most strenuous tasks are physically tedious, such as weeding cassava and rice, and circle weeding palm.

A typical woman's day starts "before the sun" by sweeping the yard, starting a fire, fetching water, and washing her face. Then she cooks the family's breakfast while ensuring her children are washed and clothed. She serves her husband and children breakfast first (if the children attend school) and then eats the remains after they go to work or school. Once she sent everyone off, she starts household chores and/or seasonal income generating activities.

During planting and scratching times, the woman goes to the farm from 8 am to 5 or 6 pm. Post-harvest, a woman pounds the cassava and/or rice with large pestle and mortar in shifts. In the brushing time, when her husband is on the farm, she is responsible for helping deliver meals to men on the farm. Because pounding the mortar is exhausting, she supplements her down time with other household tasks such as stirring food on the fire, fetching water, gathering firewood, and childcare. If she is engaged in petty trade, she will attend the market on market day and/or set up her small shop near her home. Once a woman stops her income generating activities, she will serve dinner, wash her children, and put them to bed.<sup>35</sup>

In Kahda district, Somalia, women are in charge of family and income generating activities. After waking up at 4 am to pray and prepare breakfast for the family, traditional income generating activities begin. Depending on the workplace's proximity to home, women return to the homestead around 4 pm, where domestic work including cooking, washing utensils, homestead cleaning and fetching water begins. These activities continue until bedtime, around 10 pm. The typical workload is reportedly "hard and tiresome with often no break".<sup>36</sup>

Similarly, a 2020, gender analysis done in Burkina Faso reports "with regard to the organization of the household, the norm is that the woman takes care of domestic tasks in addition to certain fieldwork".<sup>37</sup>



In Risk Factor Surveys, conducted in Haiti and Liberia, women were asked to rank how their workload made them feel physically and emotionally, using this visual tool.<sup>38</sup>

The primary consequence of this situation regarding nutrition, is the very little time left for women to perform proper nutrition care for their children (see Chapter III. *The impact of women's heavy workload on nutrition security and malnutrition*).

<sup>35</sup> Grace Heymsfield, Action Against Hunger – UK (October 2019 – March 2020). *Link Nutrition Causal Analysis, Grand Bassa, Grand Cape Mount, Rural Montserrado, Rivercess and Sinoe Counties, Liberia*. p. 129-131

<sup>36</sup> Nahashon Kipruto, Action Against Hunger – UK (October 2019 – February 2020). *Link Nutrition Causal Analysis, Agro-pastoral livelihood zone SO 15-16 (Baidoa District), Riverine livelihood zone SO 13 (Beltweyne District), Pastoral livelihood zone SO 05 (Goldogob District), Settlement for Internally Displaced Population SO 19 (Kahda District), Somalia*. p. 102

<sup>37</sup> Action Contre la Faim (2020). *Analyse de genre Burkina Faso*. Burkina Faso. p. 17

<sup>38</sup> Grace Heymsfield, (2020). *Link NCA Pilots Visual Indicators on Mobile Devices*, methodological note.

As clearly put by a Link NCA study done in Kenedougou province, Burkina Faso, besides gender-specific tasks, women also share other family work with men, in particular fieldwork and animal care. Women participate in all works in their husband's field (weeding, sowing, spreading fertilizer, harvesting, etc.). In addition, in order to have time to cultivate their personal parcel, they are obliged to get up very early in the morning, at 3 am. They accomplish household chores (cooking, sweeping the house, drawing water, washing clothes etc.), then, as soon as the sun rises, they go to their parcel for a few hours, before going to their husband's field at 10 am at the latest. Whether for women who work in their husband's field, or in their own field, the workload remains high, and this has a negative effect on the time spent on feeding and caring for the children.<sup>39</sup>

In Anse d'Hainault district, Haiti, women accumulating income generating activities and unrecognized and unpaid care work face a cruel conundrum. A 2019 Link NCA study found that by going back to work after birth, women risk acute malnutrition for their baby, because their absence from home leads to early introduction of fluids and/or foods in the early stages of the baby's life. However, not going back to work jeopardizes their socio-economic status, putting their children at risk of chronic malnutrition.<sup>40</sup>

Additionally, in the event of financial difficulties, the woman is expected to help her spouse meet the family needs. Thus, she is "submerged" in activities in and outside the home - with a significant impact on her ability to care for her children during the day.<sup>41</sup>

In that respect, the testimony of a single women from Kahda district, Somalia, speaks volumes "*I feel most busy and tired when I return home from work, but I drag myself since I still have a family to look after. No help is available; everyone has his or her issue. When I feel most tired, we usually bathe, apply oil and sleep, we leave the kids in the morning and no one is there to take care of the children as they need looking after. It's like my children are orphans and don't have a mother or father, as I play both roles forced by circumstances, but to be honest it is not good.*"<sup>42</sup>

## C. The lack of recognition of care work

### 1. Care work is unrecognized and under-valued

The observations made above do not make the case for further gender segregation between care work and income generating activities, where the solution to poor care practices would be the withdrawal of women from income generating activities. Indeed, as this report demonstrates, women's economic impoverishment also has a negative effect on nutrition (see Chapter V. *The vicious circle of women's poverty, lack of access to affordable essential services and increased unrecognized and unpaid care work* and Chapter VI. *Access to basic income security: a way forward*). Additionally, when trying to understand how unrecognized and unpaid care work negatively impacts nutrition, one clearly identifies its lack of recognition as the hotspot from which all problems come from.

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<sup>39</sup> Dr. Firmin Kouassi, Action Contre la Faim – France (June 2019). *Link Nutrition Causal Analysis, Province du Kenedougou – Hauts Bassins, Burkina Faso*. p. 50-52

<sup>40</sup> Lenka Blarova, Grace Heymsfield, Action Against Hunger's office in Haiti (February – September 2019). *Link Nutrition Causal Analysis, Arrondissement d'Anse d'Hainault, Département de Grand'Anse, Haïti*. p. 58

<sup>41</sup> Lenka Blarova, Grace Heymsfield, Action Against Hunger's office in Haiti (February – September 2019). *Link Nutrition Causal Analysis, Arrondissement d'Anse d'Hainault, Département de Grand'Anse, Haïti*. p. 78

<sup>42</sup> Nahashon Kipruto, Action Against Hunger – UK (October 2019 – February 2020). *Link Nutrition Causal Analysis, Agro-pastoral livelihood zone SO 15-16 (Baidoa District), Riverine livelihood zone SO 13 (Beltweyne District), Pastoral livelihood zone SO 05 (Goldogob District), Settlement for Internally Displaced Population SO 19 (Kahda District), Somalia*. p. 103

To understand how unrecognized and under-valued care work is globally, one first has to look at what care work actually represents. Worldwide, women carry out 12.5 billion hours of unrecognized and unpaid care work every day, which is equivalent to 1.5 billion people working eight hours a day. It is estimated that women's unrecognized and unpaid care work alone is adding at least \$10.8 trillion a year of value to the economy, a figure three times larger than the tech industry.<sup>43</sup>

However, this tremendous amount of work is largely under-valued within our societies. Indeed, we tend to forget that both unpaid and paid care contribute to human development through supporting children to thrive and learn, adults to rest, be nourished and ready for paid work, and people with illness or disability to be healthy and contribute to society and the economy.

A flagrant example of how care work is under-valued can be found in Rivercess and Cinoe districts, Liberia. Indeed, women employed on a needs basis during agricultural peak activity times, have their schedule for work set by the company. Women report that they are not afforded childcare or breastfeeding breaks, so they depend on friends, a mother, or in-laws to lead routine household chores in the mornings and afternoons. Hours typically start early and end early evening. Hence women have to rely on female relatives, older children, or their partner to take care of children, so that they do not lose their formal employment.<sup>44</sup>

## 2. Care work is worth less than actual work

To understand why and how care work is under-valued, one has to place it in the context of the patriarchal society we live in. Patriarchy refers to a traditional form of organizing society, which often lies at the root of gender inequality. According to this kind of social system, men, or what is considered masculine, is accorded more importance than women, or what is considered feminine. Traditionally, societies have been organized in such a way that property, residence, and descent, as well as decision-making regarding most areas of life, have been the domain of men. This is often based on appeals to biological reasoning (women are more naturally suited to be caregivers, for example) and continues to underlie many kinds of gender discrimination.<sup>45</sup>

Hence, despite the value of care for human development, patriarchal social norms view it as less valuable than income generating activities. Care is considered as a woman's natural role, performed out of love and affection. It is therefore not perceived as a form of work needed for the functioning of societies<sup>46</sup>, and in many contexts States are oblivious to their responsibility in the matter, assigning this responsibility to women, and women only.

In line with patriarchal social norms, properly performing unrecognized and unpaid care work is part of what makes an "ideal" woman. For instance, in Grand Bassa, Liberia, a woman's worth is largely

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<sup>43</sup> Clare Coffey, Patricia Espinoza Revollo, Rowan Harvey, Max Lawson, Anam Parvez Butt, Kim Piaget, Diana Sarosi, Julie Thekkudan, Oxfam International (2020). *Time to care - Unpaid and underpaid care work and the global inequality crisis*. United Kingdom. p. 27-31

<sup>44</sup> Grace Heymsfield, Action Against Hunger – UK (October 2019 – March 2020). *Link Nutrition Causal Analysis, Grand Bassa, Grand Cape Mount, Rural Montserrado, Rivercess and Sinoe Counties*, Liberia. p. 130

<sup>45</sup> Action Against Hunger – International (2021). *Gender equality and gender based violence risk mitigation policy*. Canada. p. 11

<sup>46</sup> Clara Ituero Herrero, Action Against Hunger's International Gender Unit (2019). *Gender analysis report: The Philippines*. The Philippines. p. 13, 14

defined by her ability to keep up with the daily activities centered around her home, as well as her respect of others - and much less so by her ability to fill income generating activities.<sup>47</sup>

Additionally, care work is seen as being unskilled, unproductive and much less demanding than income generating activities, despite the fact that it usually is exhausting for women, and that they often perform it in addition to “actual work”. AAH’s Link NCA study done in Anse d’Hainault district, Haiti, found that considering the importance of income generating activities to meet the family’s needs, men consider their workload to be more important than that of women. Although they recognize that caring for children can be tiring, they do not see it as physically demanding as working in the field or at sea.<sup>48</sup>

Similarly, in Madagascar’s Amboasary Sud district, men also do not perceive care work as important and tiresome as their income generating activities. Consequently, when they are tired, they ask for wives' help - who are thus forced to do all the household chores, and at the same time help their spouses in the field.<sup>49</sup>

As documented by a Link NCA study done in 2018 in Bangladesh, in some communities, lack of recognition of care is such that it impacts women’s access to food. Indeed, within the Rohingya refugee community, men, infants and boys are served food first, in better quantity and quality, because they are breadwinners, perceived to do heavier work, despite the huge burden of unrecognized and unpaid care work placed on women.<sup>50</sup>

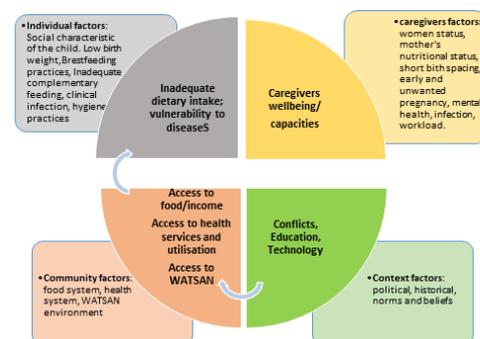
The direct consequence of lack of recognition of care, is that women’s care work is not paid, nor compensated in any way, perpetuating a vicious circle of gender and economic inequalities, undermining women’s health and wellbeing and fueling gender gaps in economic prosperity. It also leaves women and girls time-poor, unable to meet their basic needs for rest and care, thus negatively affecting the nutritional status of their entire families.

### 3. Unrecognized and unpaid care work is forgotten when addressing malnutrition

It is then not so surprising that international organizations and States, even when trying to fight malnutrition, miss to take in account the crucial dimension of unpaid and unrecognized care work.

As reported by a 2021 gender analysis of nutrition policies and plans of Madagascar, Burkina Faso and Chad, UNICEF’s malnutrition conceptual framework carries out a multifactorial analysis of malnutrition by identifying its immediate, underlying and fundamental causes, but only partially takes into account gender aspects. Indeed, UNICEF’s diagram does consider maternal health (especially access to health care for mothers) as an underlying cause of

New casual framework suggested by Link NCA team.



<sup>47</sup> Grace Heymsfield, Action Against Hunger – UK (October 2019 – March 2020). *Link Nutrition Causal Analysis, Grand Bassa, Grand Cape Mount, Rural Montserrado, Rivercess and Sinoe Counties, Liberia*. p. 127

<sup>48</sup> Lenka Blanarova, Grace Heymsfield, Action Against Hunger’s office in Haiti (February – September 2019). *Link Nutrition Causal Analysis, Arrondissement d’Anse d’Hainault, Département de Grand’Anse, Haïti*. p. 77

<sup>49</sup> Lenka Blanarova, Alexandra Humphreys, Action Against Hunger’s office in Madagascar (November 2018 - April 2019). *Link Nutrition Causal Analysis, District d’Amboasary Sud, Rédition Anosy, Madagascar*. p. 88

<sup>50</sup> Action Against Hunger, Save the Children, Oxfam (2018). *Rohingya refugee response gender analysis. Recognizing and responding to gender inequalities*. Bangladesh. p.27

underweight, but does not, in any way, address the workload of women. Yet it influences their status, their well-being, their socio-economic capacities and even their leadership capacities. Inequalities in access and control of financial, economic, natural, social and political resources, as well as gender roles, affect women's time and mobility and limit their capacities for action in terms of food security, nutrition and health.

This is why researchers' first recommendation is to update the conceptual framework of malnutrition in order to clearly take into account gender inequalities, by taking into account the problem of women's overload of work as a major barrier to nutrition.<sup>51</sup>



Achta, 35 years old, is living in Kanem District, Chad, and manufactures pasta noodles to generate income for her family. 2019. Photographer: Chrisophe Da Silva

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<sup>51</sup> Aminata Ba, Action Contre la Faim – ROWCA (2021). *Intégration du genre dans les politiques et plans de nutrition*. Tchad, Burkina Faso, Madagascar. p. 17, 54

### III. The impact of women's heavy workload on nutrition security and malnutrition

#### A. Lack of time and energy to perform proper care practices

The most direct impact of unrecognized and unpaid care work on nutrition security and malnutrition pertains to care practices of women to their children. Indeed, the overburdening amount of unrecognized and unpaid care work done by women, leaves them with too little time and energy to perform proper hygiene and nutrition care practices, preventing and curing malnutrition.

This observation is confirmed by the results of a quantitative survey done in Amboasary Sud district, Madagascar, between 2018 and 2019. Indeed, 82.5% of surveyed women declared feeling an overload of work and a lack of time to take care of their children. Subsequent analyzes taking into account anthropometric measurements of children in the household, revealed a statistically significant association between these indicators, which means that heavy work load is a risk factor leading to wasting of children in the study area.<sup>52</sup>

##### 1. Negative impact on hygiene care practices

Concerning hygiene care practices, Link NCA studies and gender analysis alike highlight the direct link between women's lack of time and energy to perform proper hygiene care practices, and an overburdening amount of unrecognized and unpaid care work, even when women know perfectly what to do or not.

An example can be found in Grand Bassa and Rural Montserrado districts, Liberia, where children are often left in their diapers for several hours at a time, the diaper being cleaned during the time of other clothes' cleaning - once two twice a day. Mothers said this was a tedious task due to their already heavy workload. While they understood its importance, they said it was challenging to set aside more time for this activity apart from the regular times when a child is changed into clean clothes.<sup>53</sup>

A similar situation was documented in Tharparkar district, Pakistan, where the heavy workload of women (and on some occasions the workload of children as well), fueled by their numerous household duties, impacted negatively on their capacity to practice hygiene practices accordingly to sensitization messages, as well as on the time available to them for proper breast-feeding practices.<sup>54</sup>

Additionally, a Link NCA analysis done in Chivi District, Zimbabwe, found that most of the people in the district were drinking directly the water from the borehole, well or river and were "tired" to boil it, due to, among other reasons, the lack of time (time being already needed to prepare food) and firewood to do so.<sup>55</sup>

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<sup>52</sup> Lenka Blanarova, Alexandra Humphreys, Action Against Hunger's office in Madagascar (November 2018 - April 2019). *Link Nutrition Causal Analysis, District d'Amboasary Sud, Rédition Anosy, Madagascar*. p. 86

<sup>53</sup> Grace Heymsfield, Action Against Hunger – UK (October 2019 – March 2020). *Link Nutrition Causal Analysis, Grand Bassa, Grand Cape Mount, Rural Montserrado, Rivercess and Sinoe Counties, Liberia*. p. 121

<sup>54</sup> Shahid Fazal, Action Against Hunger's office in Pakistan (May 2020). *Link Nutrition Causal Analysis, Tharparkar District, Sindh Province, Pakistan*. p. 68

<sup>55</sup> Action Against Hunger's office in Zimbabwe (February 2012). *Link Nutrition Causal Analysis, Chivi District, Masvingo Province, Zimbabwe*. p. 54

## 2. Negative impact on nutrition care practices

### i) Impact on breastfeeding

One of the most significant negative effect of women's heavy workload on care practices is related to breastfeeding. Indeed, depending on context, women are not able to breastfeed exclusively, forced to wean their children too early, or have inappropriate breastfeeding practices.

In Chivi district, Zimbabwe<sup>56</sup>, and in Goldogob district, Somalia<sup>57</sup>, female participants to surveys and focus groups done in the framework of Link NCA studies, identified the burden of daily activities as a major deterrent to adequate feeding, especially concerning exclusive breastfeeding.

A 2021 gender analysis done in Somalia found that, though some mothers understood perfectly the benefits of adequate breastfeeding, their long engagement in other activities and their absence from the homestead reduced their time with the young babies and opportunities to breastfeed.<sup>58</sup>

Similarly, in Anse d'Hainault district, Haiti, focus group participants mentioned lack of time, as well as maternal stress (see Chapter III, section B., sub-section 1. *Impact on mental health*) as factors contributing to the non-practice of exclusive breastfeeding.

*"We often don't have enough time to stay with our child. It is said that the child should not miss midday milk because it is richer in vitamins, and that he will lose weight if he does not drink it. But let's face it, we're not always home at that time - even if we try to get back home on time. Most importantly, it is the mother's stress that hinders breastfeeding. Stress not only decreases breast milk production, but it also discourages the mother from breastfeeding."*<sup>59</sup> - Focus group participant, Sicard

In Bangladesh, in a Rohingya refugee camp located in Cox Bazar's region, a gender analysis revealed that women knew about the importance of continuing breastfeeding up to two years of age. However, they reported limited time for childcare due to the high burden of responsibility for family care. Nutrition workers on the ground hence noticed a lack of prioritization for infant and young child feeding, putting children at risk of undernutrition.<sup>60</sup>

In that same logic, a risk factor survey conducted in Liberia found that children whose mothers had the heaviest workload were significantly less likely to be still breastfed at 12 months old.<sup>61</sup>

Finally, a Link NCA study done in Grand Kanem district, Chad, assessing gradually changing care practices regarding breastfeeding and weaning of children, found that progress in that matter were largely conditioned by the organization of women's day, and the arduousness of the tasks incumbent on them.<sup>62</sup>

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<sup>56</sup> Action Against Hunger's office in Zimbabwe (February 2012). *Link Nutrition Causal Analysis, Chivi District, Masvingo Province, Zimbabwe*. p. 37, 63

<sup>57</sup> Nahashon Kipruto, Action Against Hunger – UK (October 2019 – February 2020). *Link Nutrition Causal Analysis, Agro-pastoral livelihood zone SO 15-16 (Baidoa District), Riverine livelihood zone SO 13 (Beltweyne District), Pastoral livelihood zone SO 05 (Goldogob District), Settlement for Internally Displaced Population SO 19 (Kahda District), Somalia*. p. 102-103

<sup>58</sup> Action Against Hunger's office in Somalia (2021). *Gender analysis - Final report*. Somalia. p. 17

<sup>59</sup> Lenka Blanarova, Grace Heymsfield, Action Against Hunger's office in Haiti (February – September 2019). *Link Nutrition Causal Analysis, Arrondissement d'Anse d'Hainault, Département de Grand'Anse, Haïti*. p. 36-37

<sup>60</sup> Action Against Hunger, Save the Children, Oxfam (2018). *Rohingya refugee response gender analysis. Recognizing and responding to gender inequalities*. Bangladesh. p.28

<sup>61</sup> Grace Heymsfield, Action Against Hunger – UK (October 2019 – March 2020). *Link Nutrition Causal Analysis, Grand Bassa, Grand Cape Mount, Rural Montserrado, Rivercess and Sinoe Counties, Liberia*. p. 132

<sup>62</sup> Carine Magen, Action Contre la Faim – France (Mai 2012). *Link Nutrition Causal Analysis, Grand Kanem, Tchad*. p. 59-60

## ii) Impact on dietary diversification

Heavy amounts of work also negatively affect how women introduce solid foods to their infants' diet, despite once again, having good knowledge of proper practices. Indeed, a link NCA study done in Kenedougou district, Burkina Faso, revealed that infant and young child feeding practices were not optimal. Despite high awareness among mothers, practices remained inferior to knowledge. The study noted a reduction in the amount and frequency of food given to children in times of scarcity, and insufficient frequency of porridge feeding in addition to breast milk (2 to 3 times / day), due to heavy workload.<sup>63</sup>

Similarly, in Tharparkar, Pakistan, a Link NCA study found that mothers expressed not being able to rely on breast milk and other liquids only, due to their heavy workloads. Instead, they introduced solid and semi-solid foods as a way of “reducing the child’s hunger, which cannot be finished by breast milk alone and which makes the child cry constantly.” Another practice adopted by mothers was giving Tetrapak<sup>64</sup> milk to the young child, if the mother did not have enough money to purchase infant formula.<sup>65</sup>

### B. Lack of time and energy impacting women’s nutritional health

#### 1. Impact on mental health

Moreover, the impact of unrecognized and unpaid care work, and its interconnectedness with poverty (see Chapter IV. *The vicious circle of unrecognized and unpaid care work and women’s poverty*) has a direct consequence on women’s mental health, negatively impacting their care practices.

Indeed, several studies have demonstrated that children with depressed mothers face a greater risk of malnutrition and delayed growth; and that the risk of infant mortality also increases. Approximately 30% of women in developing countries suffer from depression during pregnancy, or following childbirth; and these rates increase in emergency situations.

Additionally, lack of access to economic resources; understood as access to management of family income and property, as well as workload and time available, are recognized as factors hampering women’s mental health, hence impacting care practices.<sup>66</sup>

A focus group of experts in a Link NCA study done in Chad in 2012, highlights the spiral of poverty, unrecognized and unpaid care work and discouragement women face: mothers do not have the time to properly care for children due to the arduous nature of tasks at hand. Many of them mostly live alone with their children, the husbands having migrated to work. They then have the whole life of the household under their responsibility, going through particularly long days. Discouragement and the feeling of being overwhelmed are part of their exhaustion.<sup>67</sup>

In Amboasary Sud district, Madagascar, focus group participants admitted having a heavy workload burden causing them stress - which manifests itself in fatigue and weight loss. This results in the decrease in breast milk production, especially during the lean season when women cannot eat enough. According to the participants, heavy workload burden, as well as stress, increases when the household

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<sup>63</sup> Dr. Firmin Kouassi, Action Contre la Faim – France (June 2019). *Link Nutrition Causal Analysis, Province du Kenedougou – Hauts Bassins, Burkina Faso*. p. 31

<sup>64</sup> Ultra-heat-treated milk, sold by Tetrapak company

<sup>65</sup> Shahid Fazal, Action Against Hunger’s office in Pakistan (May 2020). *Link Nutrition Causal Analysis, Tharparkar District, Sindh Province, Pakistan*. p. 34

<sup>66</sup> Action Against Hunger – International, (2009). *Policy on mental health and child care practices*. France. p. 5, 7

<sup>67</sup> Carine Magen, Action Contre la Faim – France (Mai 2012). *Link Nutrition Causal Analysis, Grand Kanem, Tchad*. p. 20

is experiencing financial difficulties. Indeed, those difficulties lead to additional responsibilities women must take on, in order to be able to feed their children. They are then forced to leave their younger children under the supervision of their older children, in order to seek income generating opportunities that take them away from their homes throughout the day.<sup>68</sup>

In that same logic, in Rivercess district, Liberia, women included their mental burden due to numerous responsibilities, including care work, as detrimental to their mental health. Indeed, women often described the *“plenty plenty things to do in the day, and all the thinking business with it”* as part of their responsibilities of being a good woman. Therefore, conversations in group discussions about the burden of daily workload often deflected to a woman’s sense of inevitable responsibility - i.e., the workload, between children, husband, and home, is often too much, *“but what is there to do about it, as it’s part of my responsibility as a mother and wife”*. This was often described as a *“bundle”*- meaning all the literal and figurative things a woman carries with her on a daily basis.<sup>69</sup>

Finally, in Anse d’Hainault district, Haiti, participants to a focus groups noted that the heavy work load, due to financial insecurity and/or intrinsically linked to it, represents a real source of stress felt on a daily basis. Among other means, this stress is manifested by a decrease in the production of breast milk, which leads to infant inadequate nutritional intake during postpartum period.<sup>70</sup>

## 2. Impact on physiological health

Last but not least, the little time and energy left to women also negatively impacts their ability to take care of themselves, and is detrimental to their nutritional status. Indeed, a 2021 gender analysis of nutrition plans and policies in Madagascar, Burkina Faso and Chad points out to the heavy workload that occupies women all day long, as a central element in the causes of malnutrition among women and the deterioration of their general state of health. Between housework, work in the fields, caring for sick children and the elderly; women effectively have little time to devote to their own well-being, to reproductive and sexual health services, to literacy, education and to participation in community representation activities. *“She forgets to eat because of her job”* and *“She doesn’t have time to eat”* are expressions that came up frequently in the qualitative data collected.<sup>71</sup>

Similarly, a 2018-2019 link NCA study done in Madagascar noted that the nutritional status of women is affected by their heavy workload burden, and shortened rest period after childbirth.<sup>72</sup>

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<sup>68</sup> Lenka Blanarova, Alexandra Humphreys, Action Against Hunger’s office in Madagascar (November 2018 - April 2019). *Link Nutrition Causal Analysis, District d’Amboasary Sud, Rédion Anosy, Madagascar*. p. 86

<sup>69</sup> Grace Heymsfield, Action Against Hunger – UK (October 2019 – March 2020). *Link Nutrition Causal Analysis, Grand Bassa, Grand Cape Mount, Rural Montserrado, Rivercess and Sinoe Counties, Liberia*. p. 131

<sup>70</sup> Lenka Blanarova, Grace Heymsfield, Action Against Hunger’s office in Haiti (February – September 2019). *Link Nutrition Causal Analysis, Arrondissement d’Anse d’Hainault, Département de Grand’Anse, Haïti*. p. 79

<sup>71</sup> Aminata Ba, Action Contre la Faim – ROWCA (2021). *Intégration du genre dans les politiques et plans de nutrition*. Tchad, Burkina Faso, Madagascar. p.41

<sup>72</sup> Lenka Blanarova, Alexandra Humphreys, Action Against Hunger’s office in Madagascar (November 2018 - April 2019). *Link Nutrition Causal Analysis, District d’Amboasary Sud, Rédion Anosy, Madagascar*. p. 44



Woman knitting, Mali. 2006. Photographer: Susana Vera

#### IV. The vicious circle of unrecognized and unpaid care work and women's poverty

As previously outlined (See Chapter II, Section C. *The lack of recognition of care work*), care work is globally under-evaluated and perceived as less worthy than income generating activities. By robbing women of their time and energy, unrecognized, unpaid nor compensated care work, prevents women from generating income, and is as such a direct cause for women's impoverishment.

##### A. Lack of time and energy to perform income generating activities

A 2021 gender analysis of nutrition plans and policies in Madagascar, Chad and Burkina Faso clearly explains the negative paradigm women are facing. Indeed, the number of hours that women devote daily to care, leaves little room for them to gather information and seize economic and educational opportunities. These barriers hamper their ability to engage in income generating activities, which would allow them to have some financial autonomy and consequently negotiate their participation in decision-making at family and community level. In addition, care work is tiring (for instance water chores and fetching wood), and uses both women's health and nutritional reserves."<sup>73</sup>

Looking at the specific situation of Burkina Faso, a 2020 gender analysis found that a majority of focus group respondents from Hauts Bassins, Diapaga and Fada districts, thought women had difficulties in choosing a source of income, due, amongst other things, to their domestic responsibilities, their lack of decision-making power and a lack of support and resources.

Thus, when asked about the services and activities that could help them live better as women, they mentioned the need for income generating activities, material and financial support and to address the issue of fetching water, taking too much time.<sup>74</sup>

To understand how unrecognized and unpaid care lies at the heart of women's poverty, one needs to understand that care responsibilities start from a very young age. This annihilates any opportunity for self-economic development. In Montserrado district, Liberia, a woman recalls her adolescence "*When I was living with my uncle, my workload increased, I was responsible for cooking, washing, pressing, selling. All of these made me go to school late, I never had time to play, and all I had to do was to look after my uncle's children. I worked from Monday to Sunday, morning to night.*"<sup>75</sup>

This situation is also clearly highlighted in a 2012 Link NCA analysis done in Chad. Indeed, researchers found limited positive results to the introduction of income generating activities for women, due to their lack of energy and availability to combine a new activity with those already existing. This last factor was particularly stressed by the mothers whom, when questioned when gathering qualitative data, answered "*Don't you find us tired and sick enough? How do you want us to work more?*"<sup>76</sup>

Hence unrecognized and unpaid care work affects women's capacities to generate income, while increasing the overall amount of work women have, negatively impacting their care practices (see Chapter III. *The impact of women's heavy workload on nutrition security and malnutrition*).

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<sup>73</sup> Aminata Ba, Action Contre la Faim – ROWCA (2021). *Intégration du genre dans les politiques et plans de nutrition*. Tchad, Burkina Faso, Madagascar. p.15

<sup>74</sup> Action Contre la Faim (2020). *Analyse de genre Burkina Faso*. Burkina Faso. p. 32

<sup>75</sup> Grace Heymsfield, Action Against Hunger – UK (October 2019 – March 2020). *Link Nutrition Causal Analysis, Grand Bassa, Grand Cape Mount, Rural Montserrado, Rivercess and Sinoe Counties, Liberia*. p. 80

<sup>76</sup> Carine Magen, Action Contre la Faim – France (Mai 2012). *Link Nutrition Causal Analysis, Grand Kanem, Tchad*. p. 53

## B. Negative social perception of income generating activities for women

Alongside the little time remaining to women for income generating activities, [patriarchal perception of gender roles hinders women's access to income generation](#). Indeed, in certain communities, it is not socially accepted for women to work. A 2021 gender analysis done in Iraq reveals that the second most prominent normative barrier for women's employment is motherhood. Motherhood is understood as women's duties in the household, including child-rearing. It is commonly understood that women should not prioritize anything over these duties. Hence, bearing most of the burden of these domestic activities inhibits Iraqi women from participating in income generating activities. In turn, this causes a gender gaps in employment outcomes, wages and pensions.<sup>77</sup>

This situation is also true in Bangladesh, among Rohingya refugees and host community. Indeed, when asked about the possibility of women engaging in income generating activities, participants to three male focus groups were very much against the idea. Strong social and religious norms hold women to be responsible for the household, children and domestic work. A male refugee in Unchirang district said, for example: *"Women should spend their time on looking after their family, nothing else. If there is no male member of the family, those women can work to earn money."* Additionally, participants in 5 out of 7 male focus groups said that women should focus solely on household matters and care work, and not take part in income generating activities.<sup>78</sup>

Similarly, a 2021 gender analysis in Somalia, found that women's domestic responsibilities were also identified as a barrier to enter income generating activities.<sup>79</sup>

In that same logic, a 2019 gender analysis carried out in Butig, Philippines, revealed that the 70.83% of participants to focus group discussions considered that women have less opportunities than men in choosing their sources of revenues or income generating activities. When asked about why and how, some respondents answered that women support men or stay at home, whereas men work for the family. Some respondents also pointed at women having less capacity than men, or capacity for less heavy works; hence devaluating the weight of care work in comparison to income generating activities. *"Men and women are different in terms of work, women are for house work only."* – women focus group discussion, Butig.

Additionally, all women participating in focus group discussions, and 83.33% of men, agreed that it is challenging for women to improve their sources of income because they are women, pointing again at traditional gender norms that state how women should stay at home and take care of the family. Women additionally pointed out at lack of time for other tasks, while some also said that their husbands did not allow them to work.<sup>80</sup>

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<sup>77</sup> Sandrine Tonoukouin, Action Against Hunger's International Gender Unit (2021). *Gender analysis report*. Iraq. p. 38

<sup>78</sup> Action Against Hunger, Save the Children, Oxfam (2018). *Rohingya refugee response gender analysis. Recognizing and responding to gender inequalities*. Bangladesh. p. 26, 38

<sup>79</sup> Action Against Hunger's office in Somalia (2021). *Gender analysis - Final report*. Somalia. p. 10

<sup>80</sup> Clara Ituero Herrero, Action Against Hunger's International Gender Unit (2019). *Gender analysis report: The Philippines*. The Philippines. p. 41 - 43



Child eating, Liberia 2008. Photographer: Veronique Burger-Phanie

## V. The vicious circle of women's poverty, lack of access to affordable essential services and increased unrecognized and unpaid care work

For essential services to be universal and ensure equitable access - preventing financial risks or discrimination - they need to be of quality, financially affordable, geographically accessible<sup>81</sup>. Due to time and resource limitations, and because this report primarily aims at highlighting links between unrecognized and unpaid care work, poverty and lack of access to universal social protection, the present section will solely focus on the affordability aspect of essential services, as reported in gender analysis and Link NCAs.

However, this report does acknowledge that quality, geographical accessibility and cultural acceptability, all need to be fulfilled in order to ensure full access to services for women. Affordability alone is not key to success.

Indeed, as mentioned by a 2021 nutrition plans and policies gender analysis done in Madagascar, Burkina Faso and Chad, despite its relevance to the most vulnerable, free access to health services does not favor quality of care because of the challenges health services face, related to the sustainability and functioning of local public structures, particularly regarding their lack of technical and material resources.<sup>82</sup> The Link NCA studies also massively reported the poor quality of service in health centers and lack of social and cultural appropriateness, as major deterrents for households (and specifically women) to attend health services even when free.

Moreover, Link NCAs and gender analysis alike, stress how lack of decision-making power is strongly rooted in a patriarchal concept of gender roles where women owe obedience to men, beyond any economic consideration (see "decision making power" chapters of all Link NCAs and gender analysis).

In other words, this report recognizes that in many contexts, essential services do not offer quality, geographically accessible and culturally acceptable services, rendering their affordability moot; and that economic poverty of women does not solely explain their lack of decision-making power. However, lack of affordability of services, and lack of decision-making power due to women's poverty, do play a role in their lack of access to services; and this is what this chapter aims at illustrating.

### A. Understanding how poverty hinders access to water

The way lack of affordability limits access to suitable water for women and communities, is clearly outlined by a key informant of Beletweyne district, Somalia. Indeed, during a qualitative survey he reported: *"Due to cost implication of trucked water, some community households resort to drinking salty water from the river which causes the children to suffer from diarrhea and other water borne illnesses"*.<sup>83</sup>

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<sup>81</sup> Action Contre la Faim – France, Action Santé Mondiale, Coalition Eau, Coalition Education, ONE, Oxfam France, Solidarité Sida (2020). *Aide au Développement : Et si on commençait par la base ?* France. p. 6

<sup>82</sup> Aminata Ba, Action Contre la Faim – ROWCA (2021). *Intégration du genre dans les politiques et plans de nutrition*. Tchad, Burkina Faso, Madagascar. p.47

<sup>83</sup> Nahashon Kipruto, Action Against Hunger – UK (October 2019 – February 2020). *Link Nutrition Causal Analysis, Agro-pastoral livelihood zone SO 15-16 (Baidoa District), Riverine livelihood zone SO 13 (Beletweyne District), Pastoral livelihood zone SO 05 (Goldogob District), Settlement for Internally Displaced Population SO 19 (Kahda District), Somalia*. p. 41

In the districts of Liqiqato and Omar Fiyasko, residents are served by private boreholes, where water is sold for 1,000 Sh.so for 20 liters. Public boreholes are also available, and water from these sources is free of charge. However, since many households cannot afford to get water from private boreholes, the use of these free water sources comes with its challenges, such as long queues and rationing of maximum 40 liters per day, which is considered insufficient to meet household's daily needs. Following that same logic, in Abadir, if the water from privately managed boreholes cannot be purchased daily due to lack of funds, borehole managers allow households to collect water up to two days, after which they need to clear the debt or their access to water is denied.<sup>84</sup>

Similarly, a gender analysis done in 2020 in Burkina Faso revealed difficulties in accessing water in the Diapaga sector, because a fee is charged, in addition to long waiting lines.<sup>85</sup>

We here clearly see how poverty hinders access to suitable water, though desperately needed to perform proper care practices and fight nutrition insecurity and malnutrition, while simultaneously increasing women's unrecognized and unpaid care work (see Chapter V, Section C. *Understanding how lack of access to affordable essential services increases unrecognized and unpaid care work*).

## **B. Understanding how poverty hinders access to health**

Women's lack of access to health services (specifically regarding treatment of malnutrition) is the result of a myriad of different factors. Link NCAs and gender analysis alike report the interconnectedness of these different factors. In Madagascar, Burkina Faso and Chad traditional roles of men and women, women's unpaid work, decision-making power and control over household income and expenditure, are all connected factors hindering women's access to health services.<sup>86</sup>

Similarly in Bangladesh, low female decision-making power and restrictions on female movement, compounded by a heavy workload, translates into a low use of health services<sup>87</sup>. All these factors (financial barrier, lack of time due to workload and cost incurred by transportation) have also been identified in a 2021 gender analysis done in Somalia as hindering access to health.<sup>88</sup>

### **1. Lack of money to access health services**

#### **i) Direct costs**

Link NCA studies and gender analysis clearly pointed out the lack of financial means as causing poor access to health services for poor households. The cost of seeking medical help lies in the price of services and medication, as well as in transportation costs to health centers; long distances often separating poor communities and health services.

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<sup>84</sup> Nahashon Kipruto, Action Against Hunger – UK (October 2019 – February 2020). *Link Nutrition Causal Analysis, Agro-pastoral livelihood zone SO 15-16 (Baidoa District), Riverine livelihood zone SO 13 (Beltweyne District), Pastoral livelihood zone SO 05 (Goldogob District), Settlement for Internally Displaced Population SO 19 (Kahda District), Somalia*. p. 87

<sup>85</sup> Action Contre la Faim (2020). *Analyse de genre Burkina Faso*. Burkina Faso. p. 36

<sup>86</sup> Aminata Ba, Action Contre la Faim – ROWCA (2021). *Intégration du genre dans les politiques et plans de nutrition*. Tchad, Burkina Faso, Madagascar. p.16

<sup>87</sup> Charles Maughan, Action Against Hunger – UK (August – December 2019). *Link Nutrition Causal Analysis, Kutupalong Makeshift Settlements, Cox's Bazar, Bangladesh*. p.10, 77

<sup>88</sup> Action Against Hunger's office in Somalia (2021). *Gender analysis - Final report*. Somalia. p. 18

In a Link NCA study done in Chivi District, Zimbabwe, 34,1% of participants to a focus groups declared that the main reason for not going to a health center when a child was sick, was that they are too expensive.<sup>89</sup>

In 4 different districts surveyed in a Link NCA done in Somalia, lack of affordability was identified as an important barrier to access health services. This barrier materialized in various forms, including the price of treatment (in public or private facilities) and the cost of transport, in terms of use of transportation and/or the lost time in revenue generating. A key informant from Kahda district reported walking for an hour to the facility, *"we have no choice as this is the only free service provider in the area."*<sup>90</sup>

Similar findings came out of a Link NCA analysis done in Anse d'Hainault district, Haiti<sup>91</sup>, where neither distance nor other geographic barriers are considered as a primary obstacles to accessing health services. Rather, people's access to health services is restricted by a lack of financial means to pay for transport costs, consultation fees as well as drugs. Some participants mentioned regretting that free health care was abolished in year 2000, causing a certain decrease in attendance at health centers. *"Our incomes are low and we often cannot afford the travel costs which triple or quintuple during the rainy season or during emergency night trips"*, reports a participant in a focus group.

The Link NCA study further points out that these testimonies seem to be confirmed by the results of a survey carried out by the Ministry of Health in Grande Anse region, where almost 60% of households mentioned high cost as the main barrier to access to health services.

And indeed, 57.6% of households in Grande Anse region live more than 30 minutes away from a health facility, while 29.2% of them live more than 120 minutes away. *"It is difficult for us to access the necessary care services because the health center is at a 4 hours walking distance, or 2 hours by motorbike."*

Similarly, a gender analysis done in Burkina Faso, based on a Médecins du Monde study, found that an important factor in accessing health is households' standard of living; the poorest households often living further away from health centers. Hence, vaccination coverage reflects inequalities according to standard of living and region of residence. Among the richest, 84% have received all vaccines, among the poorest, numbers go down to 75%.<sup>92</sup>

[This precarious access to health services is also true for child and maternal health services, though crucial to fight malnutrition.](#) In Haiti, obstacles to accessing antenatal consultations align with general obstacles to accessing health services. Among many obstacles, lack of financial means to cover the costs of consultations, transport and drugs, hinder access to child and maternal health services. Focus group participants admitted to only having about two antenatal visits and then abandoning the follow-up *"because it is very difficult for us to travel and the medical exams are extremely expensive."*

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<sup>89</sup> Action Against Hunger's office in Zimbabwe (February 2012). *Link Nutrition Causal Analysis, Chivi District, Masvingo Province, Zimbabwe*. p. 46

<sup>90</sup> Nahashon Kipruto, Action Against Hunger – UK (October 2019 – February 2020). *Link Nutrition Causal Analysis, Agro-pastoral livelihood zone SO 15-16 (Baidoa District), Riverine livelihood zone SO 13 (Beltweyne District), Pastoral livelihood zone SO 05 (Goldogob District), Settlement for Internally Displaced Population SO 19 (Kahda District), Somalia*. p. 41

<sup>91</sup> Lenka Blarova, Grace Heymsfield, Action Against Hunger's office in Haiti (February – September 2019). *Link Nutrition Causal Analysis, Arrondissement d'Anse d'Hainault, Département de Grand'Anse, Haïti*. p. 27-28

<sup>92</sup> Action Contre la Faim (2020). *Analyse de genre Burkina Faso*. Burkina Faso. p. 39

A focus group participant testified: *“It would be easy for me to go to the health center if I had enough resources to pay for the consultation fees and transportation costs. I consider it important, but I cannot walk that far.”*

These testimonies are coherent with the results of the quantitative survey according to which 74.5% of the women surveyed had a maximum of three antenatal consultations. Subsequent analysis taking into account anthropometric measurements of children in the household revealed that the more antenatal visits a mother completed, the less likely her child was to be stunted or underweight, thus showing us the importance of affordability of health care to fight malnutrition.<sup>93</sup>

Similarly, in the Philippines, 68% of women respondents to a survey during a gender analysis declared that when women deliver at home, they are supported by unskilled traditional birth attendants, partly due to financial limitations. *“(…) Women in my community prefer to hire an unskilled traditional attendant because they are more comfortable with it and it will be less expense for them, instead of hiring a professional or skilled nurse from the hospital”* testified a young woman from Piagapo.

In Fada district, Burkina Faso, 25% of deliveries take place outside health centers, due, in addition to the lack of health posts in the village, to the lack of financial means.<sup>94</sup>

A similar situation was found in 2020 Tharparkar region, Pakistan. A quantitative assessment collected information on different indicators of the health system. The surveyed households cited challenges such as long distances to healthcare providers, high cost of services and poor infrastructure, as obstacles hindering their access to health. About 68% of the surveyed households reported travelling for more than 1 hour to access healthcare, with an average cost of 300 Pakistani Rupee per single round trip to the nearest hospital. Longer distances to health facilities increased the monetary and non-monetary costs for the households, and also induced residents to delay/not seek health care at all.<sup>95</sup>

It is also interesting to note that a 2020 Link NCA study done in Liberia points out how access to public health services minimizes the financial barrier in accessing health care. Indeed, in context health expenses are reflective of the household’s number of children, pregnant women (prioritized for medical expenditures), and proximity to a government clinic with medicine, reducing health costs.<sup>96</sup>

## ii) Indirect costs

Moreover, and very significantly, women’s workload is identified as a barrier to access health services by creating opportunity costs incurred when seeking medical care. Indeed, a 2020 Link NCA study done in Liberia found that because of the long distance walked, and potentially long waiting time, women must be prepared to set aside their workload for the day to take a child to the clinic. This typically means missing one day of income generating activities, as well as ensuring care is provided for the remaining children and husband at home.<sup>97</sup>

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<sup>93</sup> Lenka Blanarova, Grace Heymsfield, Action Against Hunger’s office in Haiti (February – September 2019). *Link Nutrition Causal Analysis, Arrondissement d’Anse d’Hainault, Département de Grand’Anse, Haïti*. p. 36-37

<sup>94</sup> Action Contre la Faim (2020). *Analyse de genre Burkina Faso*. Burkina Faso. p. 42

<sup>95</sup> Shahid Fazal, Action Against Hunger’s office in Pakistan (May 2020). *Link Nutrition Causal Analysis, Tharparkar District, Sindh Province, Pakistan*. p. 26

<sup>96</sup> Grace Heymsfield, Action Against Hunger – UK (October 2019 – March 2020). *Link Nutrition Causal Analysis, Grand Bassa, Grand Cape Mount, Rural Montserrado, Rivercess and Sinoe Counties, Liberia*. p. 97

<sup>97</sup> Grace Heymsfield, Action Against Hunger – UK (October 2019 – March 2020). *Link Nutrition Causal Analysis, Grand Bassa, Grand Cape Mount, Rural Montserrado, Rivercess and Sinoe Counties, Liberia*. p. 38 - 41

Similarly in Grand Kanem district, Chad, a Link NCA study found that means of transportation, aside from donkeys, are almost non-existent for the women and children who go to the health center; which sometimes involves several hours of walking, and then several hours of waiting. In these conditions the visit must imperatively be "*worth it*" in the eyes of the patient and his family<sup>98</sup>.

## 2. Lack of economic and decision-making powers to access health services

The interconnectedness between economic inequality and lack of decision-making power of women has an important impact on access to health. Indeed, women's ability to make the right choices regarding their families' health and nutrition is often hampered by their lack of decision-making power, itself often tied to their economic power.<sup>99</sup>

A 2019-2020 Link NCA done in Liberia found that the female caregiver is also primarily responsible to nurse a child during illness. However, the decision for treatment depends on costs involved for transportation and/or a likely prescription. Where a free government clinic is available within walking distance, the female caregiver can make a unilateral decision to take the child for treatment. However, visiting a private clinic, utilizing a motorcycle, and/or bringing money to purchase a prescription usually requires permission and cash from the male caregiver.<sup>100</sup>

In that same logic a 2020 gender analysis done in Burkina Faso notes that the inequalities women and girls face in access to education, economic dependence, high workload and lack of participation in decision-making are factors that relegate their health as secondary. Husbands, or other people, decide about women's health, in addition to deciding on the use of money, which adds to the various barriers in accessing health care for women.<sup>101</sup>

Similarly, in Burkina Faso, women in Kalarla cannot take the decision to bring a child to the health center. As it is not completely free, and women have no money "*they are forced to watch their child suffer with tears in their eyes.*" A woman testified, in this regard that: "*You have to really cry for the man to decide to bring the child to the health center. You can ask an influential person to beg him to agree. This is the suffering of the women of this village. Hence, very often, consultations at the health center are done very late. When [the man] takes the decision to take a sick child to the center, he is no longer able to stand alone on the motorcycle. It takes someone to support him.*"<sup>102</sup>

A logical corollary situation was observed in Anse d'Hainault district, Haiti, in 2019, where in some cases when a woman is not financially independent, a man has decision-making power even in matters relating to maternal and/or child health, such as the place of delivery and/or access to care in the event of illness. Decision-making power is linked to economic power. Thus, conversely, women with an income-generating activity have greater decision-making power than women without a source of

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<sup>98</sup> Carine Magen, Action Contre la Faim – France (Mai 2012). *Link Nutrition Causal Analysis, Grand Kanem, Tchad*. p. 55

<sup>99</sup> For the sake of clarification, it is important to note that lack of decision-making power of women in general, and in particular in terms of health, is not a universal phenomenon. Link NCA studies and gender analysis alike, report that lack of decision making power of women is highly dependent on context and cultural norms, ranking from women have absolutely no decision making power to having equal decision making power to their male counterparts.

<sup>100</sup> Grace Heymsfield, Action Against Hunger – UK (October 2019 – March 2020). *Link Nutrition Causal Analysis, Grand Bassa, Grand Cape Mount, Rural Montserrado, Rivercess and Sinoe Counties*, Liberia. p. 44

<sup>101</sup> Action Contre la Faim (2020). *Analyse de genre Burkina Faso*. Burkina Faso. p. 39

<sup>102</sup> Dr. Firmin Kouassi, Action Contre la Faim – France (June 2019). *Link Nutrition Causal Analysis, Province du Kenedougou – Hauts Bassins, Burkina Faso*. p. 48-49

income, and may even have decision-making autonomy if the man is not able to meet the financial needs of the household.

As clearly put by a respondent to a focus group: *“When it comes to decision-making power, a woman has as much power as a man if she has the money in her hands. However, if it is the man who brings the money home, he can have more decision-making power.”*<sup>103</sup>

Obviously, this reality is contextual and culturally bound. Some Link NCAs and gender analysis report that women do have decision making power concerning their children’s health, despite their lack of economic power. *That being said, in contexts where health decision and economic powers are linked, the above examples highlight the high-power imbalance, fueled by the vicious circle between women’s unrecognized and unpaid care work and poverty (see Chapter IV. “The vicious circle of unrecognized and unpaid care work and women’s poverty”).*

### **C. Understanding how lack of access to affordable essential services increases unrecognized and unpaid care work**

As previously described, care work is primarily a women’s role (see Chapter I, Section B, sub-section 1. *Care work: a woman’s responsibility worldwide*) and its overwhelming amount has a detrimental impact on nutrition (see Chapter III. *The impact of women’s heavy workload on nutrition security and malnutrition*). *Additionally, and importantly, unrecognized and unpaid care work also has a correlation with lack of access to essential services. Indeed, due to lack of access to services that could relieve women from their workload, women have to perform tasks that are much more tedious than they should be.* This is particularly the case with long waiting lines when fetching water and carrying heavy jerry canes back home, solely because households are not connected to running water systems. Another example is the amount of time and energy spent in bringing a sick relative to seek medical help and ensure proper care afterwards, because health centers are too far away and overburdened.

*Sadly, it is this same unrecognized and unpaid care work induced by a lack of access to services that renders services even less accessible to women. Indeed, because of unrecognized and unpaid care work, women do not have the time and energy to move freely and benefit from services. Spending a whole day at a health center often means not being able to attend to other children left back home, nor fetch enough water for the day. Women are therefore trapped in a vicious circle where lack of services increases their unrecognized and unpaid care work, and where their amount of unrecognized and unpaid care work reduces their access to services.*

#### **1. On lack of access to water: hours spent waiting, walking and carrying**

*In most countries where AAH operates, fetching water is primarily a women’s task*<sup>104</sup>. Therefore, when water is not accessible for poor households, the immediate consequence is an increase in women’s unrecognized and unpaid care work in terms of time and efforts invested in fetching water.

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<sup>103</sup> Lenka Blanarova, Grace Heymsfield, Action Against Hunger’s office in Haiti (February – September 2019). *Link Nutrition Causal Analysis, Arrondissement d’Anse d’Hainault, Département de Grand’Anse, Haïti.* p. 75

<sup>104</sup> In the framework of this report, only one gender analysis found that “Water collection, management and storage appears to be a shared responsibility of women and men, involving also girls and boys. There are no main differences among the groups”. Clara Ituero Herrero, Action Against Hunger’s International Gender Unit (2019). *Gender analysis report: The Philippines.* The Philippines. p. 14

A 2020 Link NCA study in Somalia, found that the poorer a woman is (hence the more likely she is to seek for a free or cheap source of water), the more likely her time spent collecting water is to increase. Indeed, according to the qualitative inquiry, time taken to collect water ranges from no time at all (host community with piped connections) to between 15 – 90 minutes for households collecting water from piped connections or boreholes. For residents accessing water from free-of-charge public water points, water collection time can extend beyond 150 minutes, given long queues at the facility.<sup>105</sup>

According to the qualitative data collected by a Link NCA study done in Zimbabwe in 2012, women usually went to the water source around 2 to 5 times a day, which took between 15 minutes and 1 hour and a half. Each time, they carried around 1 or 2 buckets of 20 liters, or brought a wheelbarrow to carry 60 liters. Water shortages had an impact on the daily life of women (they had to wake up around 2-4 am to get water), as the first women coming to the source takes water first. If water shortage persisted, bucket restriction per household may be decided, leading to long queues and an increase in time spent to take water.<sup>106</sup>

The tremendous amount of time taken to fetch water is also very significant in a gender analysis and in a Link NCA study done in Cox Bazar's refugee camp in Bangladesh. Indeed, the quantitative and qualitative data collected, revealed that collecting water is usually done twice a day for most of the year. However, during summer this can go up to four times a day, and also increase during fasting periods such as Ramadan. The assessment found that 69% of households reported collecting at least 15 liters of water for all domestic uses per person, per day; while 88% of households reported collecting at least three liters of drinking water per person, per day.<sup>107</sup>

Similarly, a Link NCA study done in Tharparkar district, Pakistan, found that the scarce availability of drinking water meant that fetching it became one of the main chores for households. This task meant women and girls could not use their time for other purposes such as spending time with family, preparing more nutritious food, taking care of young children, getting ample rest, socializing, etc.<sup>108</sup> Additionally, 4 out of 6 women in focus groups said that care work had either increased or had become more difficult since displacement; difficulties being caused by a number of factors, such as supply of and access to water, risks in accessing WASH facilities, their quality and design as well as their quantity.<sup>109</sup>

Likewise, a 2021 multi-country gender analysis of nutrition plans in Chad, Burkina Faso and Madagascar found that the underlying reasons for the heavy workload of women are to be found in the lack of access to hydraulic infrastructures and modern energy, which lengthen the days of women and girls.<sup>110</sup>

## **2. On lack of access to health: no time for it, more work because of it**

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<sup>105</sup> Nahashon Kipruto, Action Against Hunger – UK (October 2019 – February 2020). *Link Nutrition Causal Analysis, Agro-pastoral livelihood zone SO 15-16 (Baidoa District), Riverine livelihood zone SO 13 (Beltweyne District), Pastoral livelihood zone SO 05 (Goldogob District), Settlement for Internally Displaced Population SO 19 (Kahda District), Somalia*. p. 87

<sup>106</sup> Action Against Hunger's office in Zimbabwe (February 2012). *Link Nutrition Causal Analysis, Chivi District, Masvingo Province, Zimbabwe*. p. 37, 59

<sup>107</sup> Charles Maughan, Action Against Hunger – UK (August – December 2019). *Link Nutrition Causal Analysis, Kutupalong Makeshift Settlements, Cox's Bazar, Bangladesh*. p. 54 - 55

<sup>108</sup> Shahid Fazal, Action Against Hunger's office in Pakistan (May 2020). *Link Nutrition Causal Analysis, Tharparkar District, Sindh Province, Pakistan*. p. 51

<sup>109</sup> Action Against Hunger, Save the Children, Oxfam (2018). *Rohingya refugee response gender analysis. Recognizing and responding to gender inequalities*. Bangladesh. p. 38

<sup>110</sup> Aminata Ba, Action Contre la Faim – ROWCA (2021). *Intégration du genre dans les politiques et plans de nutrition*. Tchad, Burkina Faso, Madagascar. p.41

The increased unrecognized and unpaid care work due to lack of access to affordable water, has an impact on women's access to health services. Indeed, a Link NCA study done in Amboasary Sud district, Madagascar, showed that mothers' heavy workload, coupled with poor access to water, can result in poor personal and child hygiene care practices. Additionally, it can also lead to poor access to health services for curative and preventive care (especially regarding deworming and/or vitamin A supplementation), potentially leading to a gradual deterioration of the child's nutritional status.<sup>111</sup>

Indeed, women's workload leaves them with very little time and energy to take care of their children's and own health. A 2020 Link NCA study done in Beltweyne district, Somalia, found that care workload led to delayed treatment and delayed access to health facilities, leading late health care seeking.<sup>112</sup>

A similar situation was observed in Haiti where a participant to a Link NCA study focus group declared: "We know how important vaccination is (...). However, some of us do not have enough time to go vaccination appointments, although we are almost always notified two days in advance."<sup>113</sup>

In Pakistan about two thirds of the women responding to a Link NCA qualitative study, declared that they visited a doctor during pregnancy at least once, but they were less likely to continue ante-natal care visits due to their heavy workload.<sup>114</sup>

This vicious circle outlined between unrecognized and unpaid care work and lack of access to health services, is particularly acute concerning access to sexual and reproductive health. Indeed, heavy workload of women potentially leads to a lower exposure to relevant sensitization messages, which then translates into poor birth-spacing and further increases mother's workload, with every new child welcomed into the household.

79% of all Link NCAs identify low birth spacing and unwanted pregnancies as a risk factor for malnutrition.<sup>115</sup> This situation is clearly identified in a gender analysis done in Somalia, a country with an average of 6.1 children per women. Child spacing was then seen by Somali women participating in a focus group, as a very relevant measure to alleviate workload.<sup>116</sup>

Similarly, a Link NCA study done in Bangladesh in 2019 identifies poor birth-spacing as a high-risk factor for malnutrition, likely to increase mothers' workload, which, in turns, lowers their capacities to fully attend to their children, particularly when the number of children under five years of age in the household increases.<sup>117</sup>

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<sup>111</sup> Lenka Blarova, Alexandra Humphreys, Action Against Hunger's office in Madagascar (November 2018 - April 2019). *Link Nutrition Causal Analysis, District d'Amboasary Sud, R dion Anosy, Madagascar*. p. 8, 78, 97

<sup>112</sup> Nahashon Kipruto, Action Against Hunger – UK (October 2019 – February 2020). *Link Nutrition Causal Analysis, Agro-pastoral livelihood zone SO 15-16 (Baidoa District), Riverine livelihood zone SO 13 (Beltweyne District), Pastoral livelihood zone SO 05 (Goldogob District), Settlement for Internally Displaced Population SO 19 (Kahda District), Somalia*. p. 40-41

<sup>113</sup> Lenka Blarova, Grace Heymsfield, Action Against Hunger's office in Haiti (February – September 2019). *Link Nutrition Causal Analysis, Arrondissement d'Anse d'Hainault, D partement de Grand'Anse, Ha ti*. p. 29, 31

<sup>114</sup> Shahid Fazal, Action Against Hunger's office in Pakistan (May 2020). *Link Nutrition Causal Analysis, Tharparkar District, Sindh Province, Pakistan*. p. 28

<sup>115</sup> Margot Annequin, Action Contre la Faim – France, (2021). *Analyse des recommandations Link-NCA – Propositions de r vision*. France. p.11

<sup>116</sup> Action Against Hunger's office in Somalia (2021). *Gender analysis - Final report*. Somalia. p. 10

<sup>117</sup> Charles Maughan, Action Against Hunger – UK (August – December 2019). *Link Nutrition Causal Analysis, Kutupalong Makeshift Settlements, Cox's Bazar, Bangladesh*. p. 9, 74-78



Women filling some drums with the water they extract from the well. Mali. 2009. Photographer: Laurent Theeten

## VI. Access to basic income security: a way forward

The previous chapters of this report pointed out how lack of access to affordable essential services, understood as a form of social protection, increases the economic and gender inequalities women face. Now, as previously mentioned (see Chapter I, Section A, sub-section 1. *A brief definition of social protection*), social protection also entails basic income security, which can have a strong economic and gender transformative effect when properly designed.

Indeed, the observations made in this report all come to highlight how gender inequalities are strongly linked to women's poverty. It is therefore interesting to look at how basic income security, which may take the form of "cash transfers" in humanitarian settings, can be transformative to women's economic status and gender boundaries.

As explained by an AAH and Care study done in Yemen on the gendered dimension of multi-purpose cash transfers<sup>118</sup>, cash-based interventions can serve preventive, protective, promotive, and transformative functions, and can be designed and implemented for equitable impacts. This chapter will hence demonstrate how basic income security (or cash-based interventions in humanitarian settings) have a transformative effect on gender inequalities.

That being said, for the sake of transparency, two preliminary points need to be made:

- Firstly, in the process of writing this report, only 3 AAH gender analysis (Somalia 2012, Uganda 2014 and Yemen 2019) were found to be actually questioning the impacts of cash-based interventions on gender inequalities. That is not to say that more do not exist, but simply that research did not permit to identify them (see section on methodology).
- Secondly, all studies found specify very clearly that for transformative impacts, cash alone is insufficient, and requires a combination of a cash transfer and program activities.<sup>119</sup> Additionally, the design of a program is very important, and needs to be thought in context specificity, while keeping in mind the numerous adverse impacts it could have (such as reinforcing gender roles<sup>120</sup>, gender-based violence<sup>121</sup>, increasing women's workload<sup>122</sup> etc). As stated in a gender analysis done in Guatemala concerning cash interventions, one cannot assume that simply selecting women as beneficiaries will improve their power situation or promote gender equality. Providing money to women, by itself, is not empowering and is not always a positive factor in gender relations.<sup>123</sup>

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<sup>118</sup> Sarah Ward, Adnan Qatinah, Action Contre la Faim, Care (2019). *The Gendered Dimension of Multi-Purpose Cash Supporting Disaster Resilience - Early learning on the impacts of Multi-Purpose Cash Transfers and Community Support Projects on household and community resilience building, Amran and Abyan Governorates, Yemen.*

<sup>119</sup> Sarah Ward, Adnan Qatinah, Action Contre la Faim, Care (2019). *The Gendered Dimension of Multi-Purpose Cash Supporting Disaster Resilience - Early learning on the impacts of Multi-Purpose Cash Transfers and Community Support Projects on household and community resilience building, Amran and Abyan Governorates, Yemen.* p. 9

<sup>120</sup> Kamila Wasilikowska, Somalia Cash Consortium (Action Contre la Faim, Adeso, Danish Refugee Council, Save The Children) (2012). *Gender Impact Analysis, Unconditional Cash Transfers in South Central Somalia.* Somalia. p. 14

<sup>121</sup> Anasuya Sengupta, Action Against Hunger - International, Development Pathways (2014). *Understanding the interaction between women's economic empowerment and gender based violence: Study on ACF's cash transfer programme in northern Uganda.* Uganda. p. 24

<sup>122</sup> Anasuya Sengupta, Action Against Hunger - International, Development Pathways (2014). *Understanding the interaction between women's economic empowerment and gender based violence: Study on ACF's cash transfer programme in northern Uganda.* Uganda. p. 24

<sup>123</sup> Accion Contre el Hambre (2021). *Gender and protection analysis.* Guatemala. p.4

That being said, it transpires from the aforementioned gender analysis that cash-based interventions, when properly designed and implemented, can serve several gender transformative functions.

First and foremost, cash-based interventions have the primary effect of increasing women's wealth. As previously seen, women's poverty is one of the core causes of gender and economic inequality. Hence, by increasing women's wealth, cash-based interventions can have an effect on a myriad of aspects favoring gender equality.<sup>124</sup>

Additionally, several Link NCAs and gender analysis report how community social support systems could be a game changer factor in reducing the amount of care work women face and its impact on malnutrition and nutrition insecurity. For instance, in Beletweyne district, Somalia, a Link NCA study observed that, regarding external support, children of mothers who perceived little external support were more likely to be wasted, while children in female-headed households receiving sufficient level of external support were less likely to be wasted<sup>125</sup>. Additionally, in d'Anse d'Hainault district, Haiti, one of the priority solutions recommended by communities to respond to the lack of support women face, is to facilitate women's access to micro-credit, especially through local offices of credit managed by women<sup>126</sup>. These elements show us the importance of reducing and redistributing care work, as well as additional income for women, in order to alleviate gender inequalities; and how women around the world have often organized to confront the inequalities they face.

#### A. Increased decision-making power

The first noteworthy aspect is that, in Somalia, cash increased women's decision-making power, as women gave a small amount of the money to men, for their personal use, gaining then more "freedom" on how to handle money. Women's financial decision-making power is crucial since lack of such power may limit women's access to health services which further increases gender and social inequalities. In that same logic, the program saw a 23% gain in decision making power for women who said they previously did not control the spending of cash.<sup>127</sup>

Similarly, in Uganda, a study conducted by AAH and Development Pathways found that an intervention comprising of a single cash disbursement of 170 USD, the formation of Village Savings and Loan Associations, livelihoods training and gender-based violence prevention activities, created pathways of economic empowerment for some of the most vulnerable women in these areas. The cash transfer held transformational value especially for widows, who became independent of their male relatives and gained the ability to engage in agriculture on their own terms as well as to diversify income. In other words, they became less vulnerable to socio - economic gender-based violence to which they are the most prone to.<sup>128</sup>

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<sup>124</sup> Kamila Wasilikowska, Somalia Cash Consortium (Action Contre la Faim, Adeso, Danish Refugee Council, Save The Children) (2012). *Gender Impact Analysis, Unconditional Cash Transfers in South Central Somalia*. Somalia. p. 5

<sup>125</sup> Nahashon Kipruto, Action Against Hunger – UK (October 2019 – February 2020). *Link Nutrition Causal Analysis, Agro-pastoral livelihood zone SO 15-16 (Baidoa District), Riverine livelihood zone SO 13 (Beltweyne District), Pastoral livelihood zone SO 05 (Goldogob District), Settlement for Internally Displaced Population SO 19 (Kahda District), Somalia*. p. 12

<sup>126</sup> Lenka Blanarova, Grace Heymsfield, Action Against Hunger's office in Haiti (February – September 2019). *Link Nutrition Causal Analysis, Arrondissement d'Anse d'Hainault, Département de Grand'Anse, Haïti*. p. 143

<sup>127</sup> Kamila Wasilikowska, Somalia Cash Consortium (Action Contre la Faim, Adeso, Danish Refugee Council, Save The Children) (2012). *Gender Impact Analysis, Unconditional Cash Transfers in South Central Somalia*. Somalia. p. 22

<sup>128</sup> Anasuya Sengupta, Action Against Hunger - International, Development Pathways (2014). *Understanding the interaction between women's economic empowerment and gender based violence: Study on ACF's cash transfer programme in northern Uganda*. Uganda. p. 21

## B. Recognition, reduction and redistribution of care work and other unpaid activities

The second noteworthy aspect is [cash's potential impact on recognition, redistribution and reduction of care work](#). Indeed, in Somalia households gained wealth, which reduced job seeking migration for men. In turn, men had more time to spend with their children. *"It reduced migration of men from one place to another in search of jobs and men had more time to spend at home with their children"* - Focus Group Discussion in Gedo.

Cash also allowed for long term investments which had a positive impact on high burden of unrecognized and unpaid care work: *"I renovated my house, my kids no longer live in the cold, and the tin roof is now waterproof. (...) Before the cash distribution we used to collect water on our back or on our head, but now we are able to store water in our house"* - Ali, Hiran, Somalia, father of 7

Additionally, in Uganda, the cash transfer enabled women to hire labor for strenuous agricultural jobs, therefore reducing their health risks linked such physical activity<sup>129</sup>, and overall reducing their amount of workload.

## C. Access to education

Last but not least, according to researchers in Somalia, there is solid evidence from a number of countries that cash transfers have created sizable gains in school enrolment, particularly for girls. In Gedo and Hiran districts, women benefiting from cash transfers were two times more likely to spend the cash on their children's education than their male counterparts.<sup>130</sup>

In that same logic, in Uganda, respondents to a survey reported that school attendance had improved, as they were able to pay the school fees on time, and in advance for following terms, as well as cover school related costs (uniforms, books, stationery etc). However, these changes were limited to children attending primary school, which have lower fees and are in proximity to the villages.<sup>131</sup>

[The role of cash transfers in girls' access to education is a crucial part of its gender transformative aspect, since access to education is a very important tool in fighting economic and gender inequalities](#) (for an example of how lack of education impacts unrecognized and unpaid care work, Chapter IV, Section A. *Lack of time and energy to perform income generating activities*).

Finally, a study conducted in Yemen, showed how multi-purpose cash transfer can limit women's recourse to negative livelihood strategy when facing lack of income. Indeed, the data revealed that in Amran district, the livelihood coping strategy index declined by over 70% after cash intervention, showing that the project did have significant positive effects on households' livelihood protection. Even more interestingly, there was greater improvement for women of female headed households, with levels dropping by 80% compared to 61% for men, knowing that women's coping strategy scores were higher than men's at baseline.<sup>132</sup> This is particularly significant taking in account the fact that

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<sup>129</sup> Anasuya Sengupta, Action Against Hunger - International, Development Pathways (2014). *Understanding the interaction between women's economic empowerment and gender based violence: Study on ACF's cash transfer programme in northern Uganda*. Uganda. p. 21 - 22

<sup>130</sup> Kamila Wasilikowska, Somalia Cash Consortium (Action Contre la Faim, Adeso, Danish Refugee Council, Save The Children) (2012). *Gender Impact Analysis, Unconditional Cash Transfers in South Central Somalia*. Somalia. p. 21

<sup>131</sup> Anasuya Sengupta, Action Against Hunger - International, Development Pathways (2014). *Understanding the interaction between women's economic empowerment and gender based violence: Study on ACF's cash transfer programme in northern Uganda*. Uganda. p. 21

<sup>132</sup> Sarah Ward, Adnan Qatinah, Action Contre la Faim, Care (2019). *The Gendered Dimension of Multi-Purpose Cash Supporting Disaster Resilience - Early learning on the impacts of Multi-Purpose Cash Transfers and Community Support Projects on household and community resilience building, Amran and Abyan Governorates, Yemen*. Yemen. p. 20 - 21

coping strategies include reducing health spending (see Chapter V, section A. *Understanding how poverty hinders access to affordable health*) and withdrawing children from school.



Girl in School. Mongolia. 2012. Photographer: Christina Lionnet

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