

‘My Work Never Ends’: Women Balancing Paid Work and Unpaid Care Work in India

National report for Women’s Economic
Empowerment Policy and Programming



Woman carrying firewood to start her cooking stove, Udaipur

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Glossary

<i>adivasi</i>	A term for indigenous, tribal communities in India
<i>agarbatti</i>	An incense stick
<i>anganwadi</i>	A preschool, nutrition and immunisation centre for children under six years old, provided under the Indian government's Integrated Child Development Services (ICDS)
<i>beedi</i>	A local cigarette
<i>block</i>	An administrative sub-division at the intermediate level in <i>panchayat raj</i> institutions (PRI). It is a link between the village and the district council
<i>chulah</i>	A stove
<i>gram panchayat</i>	A three-tier institution of self-government constituted at village, block and district levels under article 243B of the 73rd Constitution Amendment Act, 1992, for rural areas
<i>mahua</i>	Name of a tree used in making liquor
<i>mohalla</i>	A geographical community
<i>roti</i>	Indian flatbread
<i>sasural</i>	Marital home
<i>tendu</i>	Leaf used in making <i>beedi</i>

Abbreviations

DFID	Department for International Development
GP	<i>gram panchayat</i>
GrOW	Growth and Equal Opportunities for Women
IC	interview with a key informant from the community
ICDS	Integrated Child Development Services
IDRC	International Development Research Centre
INR	Indian rupee
IP	interview participant
MGNREGA	Mahatma Gandhi National Rural Employment Guarantee Act
MP	Madhya Pradesh
SEWA MP	Self Employed Women's Association in Madhya Pradesh
WEE	women's economic empowerment

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Introduction

The ‘Balancing unpaid care work and paid work: successes, challenges and lessons for women’s economic empowerment programmes and policies’ research project within the Growth and Equal Opportunities for Women (GrOW) programme¹ was carried out in four countries: India, Nepal, Rwanda and Tanzania. This report presents the findings pertaining to India, where research was carried out in the districts of Udaipur and Dungarpur in the state of Rajasthan, and in Indore and Ujjain in Madhya Pradesh (MP).

The overall objective of the research was to contribute to creating knowledge on how women’s economic empowerment (WEE) policy and programming can generate a ‘double boon’ – paid work that empowers women and provides more support for their unpaid care work responsibilities. In India, the two WEE programmes selected for this research were: Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) and the Self Employed Women’s Association in Madhya Pradesh (SEWA MP), with two sites

identified for data collection for each of these programmes.

The programmes were chosen for the study due to their modes of delivery (one state, and one non-state) and their focus on women’s economic empowerment (viz. either through the provision of direct inputs – i.e. training, provision of an employment guarantee – or through the creation of an enabling environment, via mobilising on workers’ rights and improving conditions of work, provision of vocational and other training). In this context, MGNREGA was chosen as a state-delivered programme directly focused on WEE. SEWA Madhya Pradesh was chosen as an intervention that targets WEE through the creation of an enabling environment.

The research’s main findings are in relation to: (1) how care is socially organised within low-income households; (2) women’s experiences of paid work both within and outside the selected WEE programmes; and (3) the ways in which the two spheres of care and work interact with one another.

Care calendar, women only, Dungarpur. The care tasks of grinding flour, fetching water, cleaning and paid work are depicted by intensity based on the seasons of winter, summer and monsoon.





Care work is largely a familial and female responsibility determined by a dynamic interplay of gender norms; poverty conditions; and state, market and community support.

The availability of and access to public resources and services are strongly correlated to the intensity and drudgery of care tasks that women experience.

Women's paid work experiences were shaped by a number of factors, including social norms on women's work, the lack of availability of decent work options, the precarity and poor working conditions of the paid work available to them, their care responsibilities, as well as the support structures that were available to them at the levels of family, community, employer and the state.

Women tended to cluster in certain types of paid work such as self-employment and home-based work, as these provided them with flexibility in terms of both location and working hours, enabling them to perform both their paid work and unpaid care work responsibilities.

Women coped by stretching their time, energy and resources. Women's double burdens depleted their emotional and physical wellbeing, and impacted substitute carers, particularly children, who in turn suffered deficits of care with adverse impacts on their own emotional and physical wellbeing.

The state is a critical player in the provision of support for unpaid care work in terms of access to public services including crèches, water provision, roads and transport facilities; or in terms of shifting gender norms around care and paid work.

For WEE programmes to be more care-responsive an explicit recognition of unpaid care work is vital in the face of sticky gender norms on paid and unpaid care work.

WEE programmes should focus on generating a 'double boon', i.e. access to paid work that is empowering along with support for unpaid care work responsibilities.

KEY MESSAGES

Women's economic empowerment (WEE) programmes

Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA)

Started as a pilot in 200 of the poorest districts of India in February 2006, the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) is a demand-based public works programme which entitles every rural household in India to 100 days of waged employment. MGNREGA envisages women's inclusion and empowerment through a 33 per cent reservation for women in MGNREGA employment, equal wages on par with men, proximity of residences to worksites, and the provision of facilities such as crèches at worksites. Through its operational guidelines, it also expects categories of 'vulnerable' women, such as 'widowed', 'deserted' and 'destitute' women, to be specifically included in employment provision.

Similarly, pregnant and lactating women are to be provided with 'special works' that require 'less effort and [which] are close to their house' (Ministry of Rural Development 2013: 79–80). Further, MGNREGA requires that women participate in the monitoring and management of the programme, and through its operational guidelines it recommends that states consider reserving 50 per cent of 'mates' (site supervisors) posts for women (Sudarshan 2011; Murthy 2015).

Self Employed Women's Association in Madhya Pradesh (SEWA MP)

SEWA began its work in Madhya Pradesh (MP) in 1985, to procure better working conditions and social security benefits for women workers in the unorganised sector.

SEWA's vision for women's economic empowerment is the provision of an enabling environment to achieve the goals of 'full employment and self-reliance'.

SEWA's incorporation of the importance of the unpaid care work that women perform in their own work begins with the recognition that the provision of childcare directly by SEWA would be insufficient; SEWA's vision on care work lies in putting processes in place to make the state accountable for supporting women's unpaid care work. Therefore, a key component of SEWA's work in Madhya Pradesh is to advocate for and enable women's access to public services and social security benefits provided by the state; in this regard, it plays a watchdog function in monitoring the provision of state services.

Social organisation of care

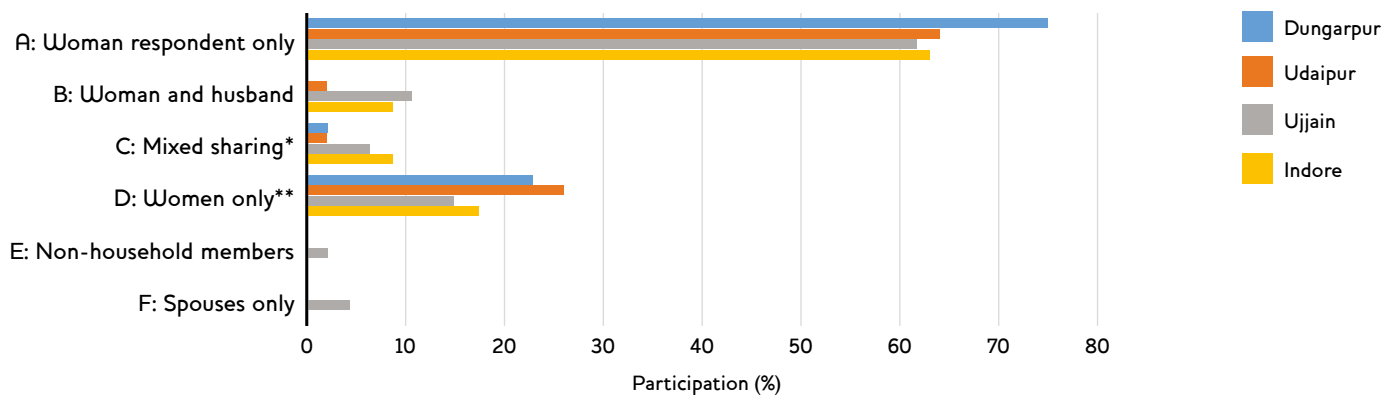
Care as a familial and female responsibility

The findings on the social organisation of care in low-income households bear out the picture of unpaid care work being a predominantly ‘familial and female’ activity. Norms around the gendered division of labour structure the work performed by men and women both inside and outside the house.

In both urban and rural contexts, it was largely women who performed most unpaid care tasks such as cooking; cleaning; collecting water, firewood and fodder; and looking after children. The large majority of women,

irrespective of their WEE participation, undertook household work inside the house, and water and fuel collection solely by themselves or with other women in the household. However, in relation to the care of children, the picture appears more varied, with the women’s responses indicating that the responsibility for childcare broadly rested with others in the family, including their husbands. Between the two kinds of tasks represented in Figures 1 and 2, husbands were more willing to watch over their children than do household chores such as fetching water or firewood.

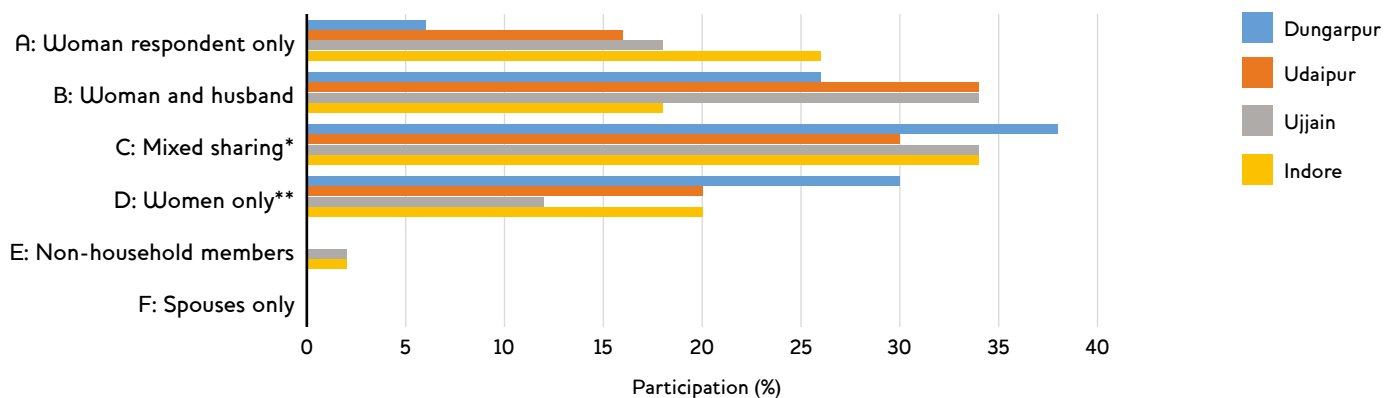
Figure 1: Person(s) responsible for water and fuel collection



Notes: * Both female and male household members carry out a specific task, irrespective of age; ** Irrespective of age, i.e. the task could be carried out by a daughter aged six or above, or another (older) woman in the household.

Source: Authors’ own, based on the project’s quantitative data.

Figure 2: Person(s) responsible for childcare



Notes: * Both female and male household members carry out a specific task, irrespective of age; ** Irrespective of age, i.e. the task could be carried out by a daughter aged six or above, or another (older) woman in the household.

Source: Authors’ own, based on the project’s quantitative data.

Structure of the family, size, and gender composition

The structure of the family played a role in the sharing of unpaid care work tasks. In extended families, it was more likely for other women in the household to share unpaid care work tasks. In nuclear families, women sought support for care activities from older children (particularly

daughters) or from relatives living close by (in-laws and other extended female kin). A higher percentage of husbands in nuclear families also contributed to care, particularly childcare. Where family support was not available (for instance, through the death of in-laws), women found it extremely difficult to cope with their dual responsibilities. Further, the size and gender composition of the family were also important for both the distribution and intensity of care tasks performed. As care work was mostly shared amongst women in the household, older women experienced a decrease in their burden of care when their household expanded to include daughters-in-law, as in the case of Indumati from Udaipur (case 1, January 2016). In contrast to Indumati, however, Seema Pargi (case 2), also from Udaipur, felt overly burdened by her unpaid care work responsibilities, while Teesta (case 3) was helped by her elder daughters in caring for the household. This reiterates the overly feminised practice of care responsibilities, irrespective of the type of household structure.

Case 1: Indumati lives in a large extended family. Since her daughter has grown up and now that she has a daughter-in-law, she has experienced a decrease in her burden of unpaid care work responsibilities, such that she can focus more on engaging in paid work.

Case 2: Seema Pargi lives in a nuclear family with her four sons and her husband. With no daughter to support her, she feels overburdened by all the care work she has to do by herself.

Case 3: Teesta Dabi lives in a large nuclear family with her five daughters and three sons. Even though the household is nuclear, her daughters contribute to and relieve her of her unpaid care work responsibilities.

Involvement of children and men in care work

If girls learn domestic work then it is good, because it will be better for when they go to their husband's house.

A boy participating in the boys only Care Basket exercise, Dungarpur, December 2015

Girls have to go to their *sasural* [marital homes] after marriage and cook *rotis*.

Participant in the Activity Mapping with Children exercise, Udaipur, December 2014

Children were involved in all unpaid care work tasks, with girls shouldering a disproportionate share compared to boys. Gendered norms infused the social organisation of care, with girls being trained to do household chores from the early age of five or six. The understanding amongst both boys and girls was that the early entry of girls into household work would ease their entry into their 'pre-determined' future roles as wives and mothers. The ascribed gendered roles of men and women were clearly expressed by our adult respondents as well, while only some women expressed unhappiness with these norms.

The nature of care work tasks performed by girls and boys was also gendered, with girls doing more of the 'household' tasks and boys doing more of the 'outside work'. Girls stepped in when women were at work, ill or away, by taking over their mothers' unpaid



care work tasks. As one of the girls puts it, 'who else is there to do all the work?' (girls-only role play exercise, Indore, May 2016). Sibling care was prevalent across our research sites, as mentioned above. In a fairly typical instance from our findings in Udaipur, Maya Daabi's eldest daughter, who is ten years old, looks after her younger siblings (aged five and three) when Maya is at work (Interview with Maya Daabi's husband, Ramu Daabi, January 2016). There were instances of both girls and boys dropping out of school to support their families with unpaid care work in both Udaipur and Dungarpur. This depicts the negative consequences for children as a result of the heavy responsibility of care shouldered by low-income households.

Men's participation in unpaid care work was more sporadic than fixed, with cultural norms suffusing the ways in which men participated in care work tasks. Men helped mainly when a woman was pregnant and/or postpartum, during her period, or when she was ill or away, although this was usually in the absence of other female family members. There were instances of men taking on a fairer share of the burden of unpaid care work, particularly in

the cases of large families, and/or illness and disability in the family. However, one of the constraints for men's participation in unpaid care work was the poverty-stricken situation of their families – this meant that the men had long working hours, such that they had no time or energy to help.

The responsibility of a man is to run the family and to keep his family happy. The responsibility of a woman is to cook food, take care of the children and do whatever other little work she can.

Jagjeet Parmar, Ujjain, January 2016

It is his load that I cannot take... if anyone is ready to take his load I would willingly give it away.

A woman participant in the women only Care Basket exercise, Indore, May 2016

Use of public childcare provisioning

In the urban sites of Ujjain and Indore, the extent to which *anganwadis* (childcare centres provided under the Indian government's ICDS) were used varied based on locality, with diverse opinions held about the usefulness and quality of the services provided (What If exercise, women only, Ujjain, February 2016; Care Basket exercise, women only, Indore, May 2016; interview IP3, Indore, June 2016). Many women appreciated the nutritional component of the scheme and recognised the value of the respite care that *anganwadis* provided, which enabled them to complete their household chores, run errands, or roll incense sticks (Aradhna Parmar, Indore, June 2016). However, there were also women who bemoaned the quality of care provided in *anganwadis*: 'the attention provided is inadequate' (Amitabh Ajnave, Indore, June 2016). The limited opening times of the *anganwadi* centres also proved a hindrance in providing adequate respite care (Ruchika Pardhi, Indore, June 2016; participants in the Care Marbles exercise, women only, Indore, May 2016). Moreover, it was mainly children between three and six years of age who benefited from the *anganwadis*. For women with children younger than three, the lack of public childcare provision was felt acutely.

In the two rural settings, many families could not use the *anganwadis* because of

the distances involved in reaching them. The *anganwadi* was made available near the *gram panchayat* (GP), but families belonging to hamlets located further away from the GP were unable to access the service: 'It is near the *panchayat*. How will such young/small kids go there? Can they go so far? It is one and a half kilometre away,' says Sarita Pargi from Udaipur (January 2016). The community leader in Udaipur shares that:

Women do not leave their children at *anganwadi*, the *anganwadi* in-charge comes for some time, the food is prepared, but there is not much care given to the children.

IC1,² Udaipur, December 2015

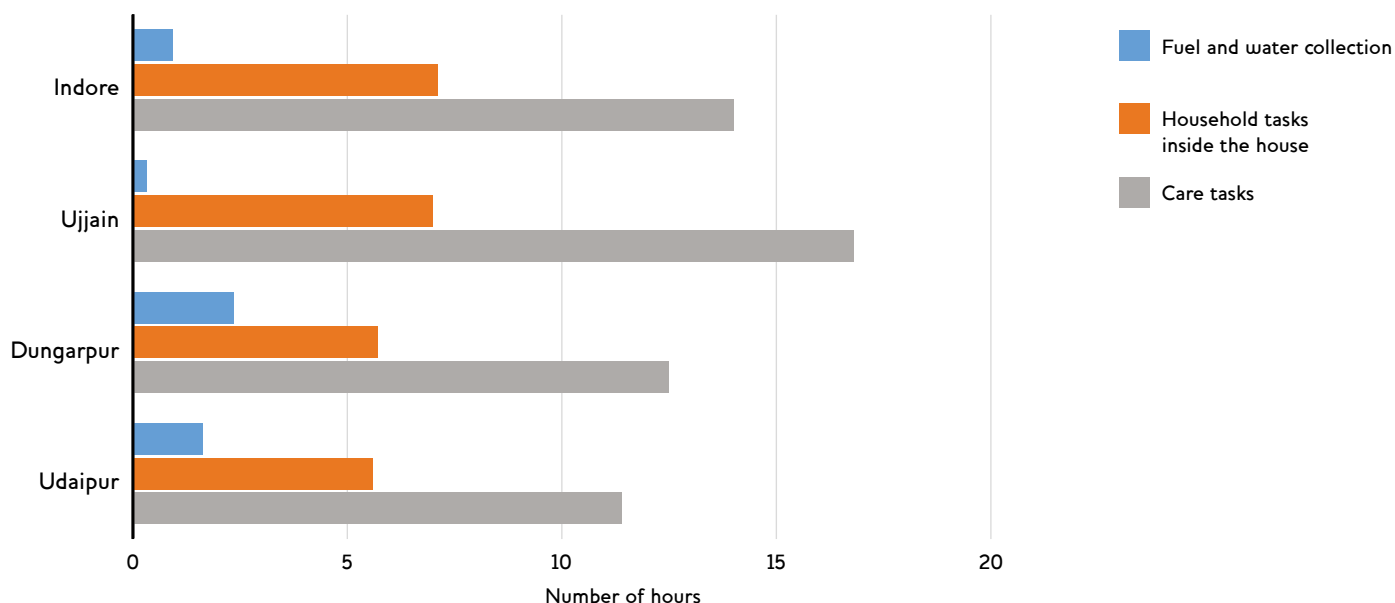
In both rural and urban areas, issues with accessibility and the quality of childcare provided at *anganwadis* limited the usage of the centres. Women were unwilling to use childcare services if they were not of the required quality or worthy of their trust. However, women were still desirous of a space that would provide quality care where they could leave their children for a few hours, allowing them some time to focus on their unpaid or paid work.

Characteristics of care tasks and links with public services

The amount of time consumed by unpaid care tasks and the drudgery associated with several of these tasks formed a recurring theme across all research sites. Women were engaged in care tasks (including care of children and dependent adults) over a period of 13.7 hours a day and in household tasks (including cleaning, washing, shopping, food and drink preparation, cooking, and serving food) over a period of 6.3 hours across districts. In Dungarpur and Udaipur, women spent about two hours a day on water and fuel collection whereas in the urban areas women spent close to 40 minutes a day on the same tasks – which is still significantly high (see Figure 3). The long hours

spent on water and fuel collection, especially in the two rural sites, are indicative of the great difficulties women face in accessing these public resources. In the urban settings of Indore and Ujjain, the availability and accessibility of state resources and services fared better. Even so, in the urban sites too, most of the women identified that the collection of water took the most amount of time, particularly in the summer. In Indore, some women said that it took them as long as two to three hours to collect water, with a one-hour wait in the queue (Care Work Matrix exercise, women only, Indore, May 2016).

Figure 3: Number of hours during which time was spent on care tasks and household chores by site



Source: Authors' own, based on the project's quantitative data.

Overall, there was a direct link found between access to public services and the social organisation of care – in the case of water and fuel collection, lack of public services meant increased time spent on these onerous tasks by both women and children, with significant negative consequences for their time and energy

levels. Another example of this crucial linkage comes from Dungarpur: in one of the hamlets, the construction of a dam has cut people off from public and private resources such as *anganwadis*, health centres, and access to water (including their own wells). This difficulty has increased the women's unpaid care work.

Value of care work

Women across the four research sites recognised the importance of the care work they performed. This is exemplified by the women in a slum community in Indore, who said that without their support,

All the work in the entire colony, in Indore itself would stop. The entire balance would get disrupted – both inside the house and outside.

What If exercise, women only, April 2016

Children, too, spoke of the value of the care work that women performed. They voiced the value of maternal care: 'Mothers are very important for the family, without them no one is able to do any work. Everything gets affected' (What If exercise, girls only, Ujjain,

February 2016). In a similar vein, many men expressed the value of women's care work; however, women's own accounts of men's recognition of their care work varied. While a few women felt that men valued the work that they did, many felt a lack of such recognition. Gayatri Khair from Udaipur says, 'they [men] think that it is the work of the women, and it is nothing great or significant' (January 2016).

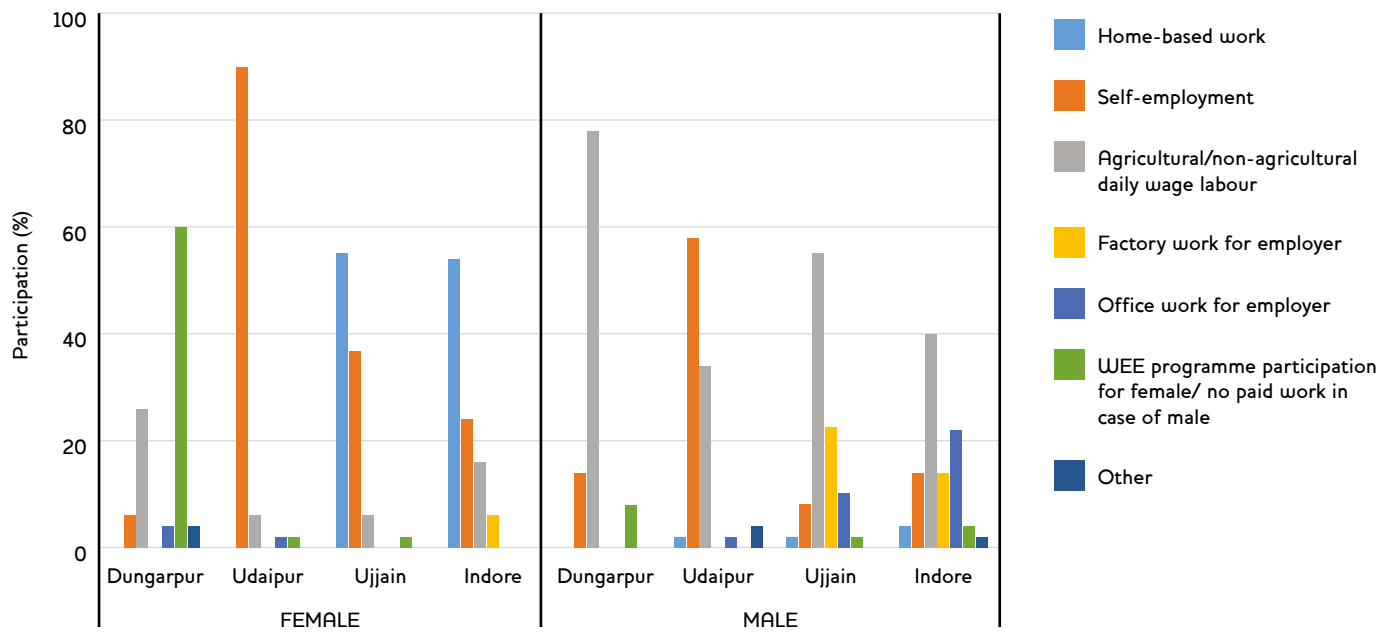
Things won't carry on without her... her work [of looking after the house] is very important

Ramu Daabi, talking about his wife, in Udaipur, January 2016.

Experiences of paid work: availability, characteristics, and conditions

Availability of paid work

Figure 4: Women and men’s main types of paid work by site



Source: Authors’ own, based on the project’s quantitative data.

In the *adivasi* (indigenous, tribal) communities of our research settings in Rajasthan, both men and women in the villages were engaged in hard, back-breaking, and low-paying agricultural work, both as daily wage agricultural labourers and in their own small landholdings. Families complained that in the absence of irrigation facilities, they were unable to grow enough even for their own consumption. Women took up MGNREGA employment when it was available during the lean agricultural period (November – May); they also prepared alcohol (from *mahua* trees). The better-educated women took up other employment where it was available, for instance, in *anganwadis* and schools. This picture is mirrored in our survey data: in Dungarpur, 60 per cent of women reported that WEE (MGNREGA) employment was their main type of paid work, indicating the importance of MGNREGA work for their livelihoods, whereas 26 per cent of women

considered agricultural daily wage labour to be their main type of paid work (see Figure 4). In Udaipur, however, self-employment was the main type of paid work for nine out of ten women in our sample. During our survey in Udaipur, no MGNREGA work was available as the people in the area were unhappy with the non-payment of previous wages by the scheme and had not demanded more work.

In contrast to the rural areas of our research settings in Rajasthan, paid work options for women living in the slum areas of our research settings in Ujjain and Indore included a range of occupations. Women were engaged in home-based work (rolling incense sticks, punching files, stitching bags, tailoring clothes, rolling *tendu* leaves to make *beedis*), construction, domestic, and brick kiln work, employment as street vendors (for vegetables and plastic goods) and at factories, or self-employment such as stitching or running a small shop. Half

of all women in the urban research sites of Indore and Ujjain performed home-based work (for contractors), with the other main form of paid work being self-employment (see Figure 4). The similarities found between the rural and urban sites were in terms of the low returns from work, and the precarity of people's livelihoods.

Men in Rajasthan's rural sites were mostly engaged in daily wage labour. In the urban communities too, men were engaged in a range of low-paying and irregular daily wage jobs such as manual labour, construction and allied work, and as porters. They were also engaged in self-employment such as carpentry, tailoring, welding and selling ice cream on contract. In addition, they worked in factories, brick kilns and, occasionally, offices.

The women research respondents who were SEWA participants benefitted from the enabling environment created by SEWA through skills-building for a range of livelihood options; SEWA enabled women to enrol on skills enhancement programmes run by the state and private organisations such as for tailoring, computers, hotel management and beautician courses.

These proved beneficial for women in providing livelihood options as well as enhancing their businesses as street vendors.

SEWA also connected women workers to the SEWA cooperative, where members were able to access loan facilities and other financial services.

Factors influencing the 'choice' of paid work

Across our research sites, women expressed a marked preference for paid work that enabled them to continue performing their unpaid care work. Women clustered in paid work that provided them with a combination of flexibility in terms of time spent on work, location, and distance from home. Their preferences thus included home-based work, self-employment, and agricultural daily wage labour. In Indore and Ujjain, women with young children or dependent adults preferred home-based work to the better-paying construction work, as this allowed them to balance their paid work with their unpaid care work responsibilities, while neatly tying in with gender norms, particularly those restricting women's mobility.

Similarly, in rural communities too, women expressed a preference for agricultural labour close to home as it enabled them to perform both unpaid care work and paid work. However, there were many women who carried on with their work at faraway sites despite having infants, as they had no other source of income and lived in situations of abject poverty. Thus in both Rajasthan and MP, irrespective of whether they were a part of the WEE programmes under study, women's preferences of types of paid work were dominated by their care work responsibilities; while their actual choices were mediated also by situations of economic necessity.

What I am doing is good. I cannot go out to work... and in our family, we prefer not to go. So, this work is good. I cannot go since the children are small.

Rukmini, Indore, June 2016

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

Simran, Ujjain, April 2016

When the worksite is near then we go for work, but we do not go if the workplace is really far. Who would look after the children if I go [far]!

Durga Naikda, Dungarpur, January 2016

Conditions of work

Working conditions were harsh across the four research sites for the majority of participants – with women engaged in low-paid jobs, and without recourse to alternative employment opportunities. Across sites, irrespective of whether women were participating in the selected WEE programmes, the negative consequences of the poor conditions of paid work were often compounded by the intersection of poverty and care work – though in the case of SEWA participants, this was mitigated by the support that they received from SEWA to ensure correct payments from contractors, and to bargain for better wages.

Wages

In the rural settings of our research sites, low wages, non-payment of wages and delayed payments were a recurrent theme for both participants and non-participants of MGNREGA. For instance, Malati worked as a teacher in a school in Dungarpur, for which she was paid a monthly salary of INR 1,200; however, her daily travel expenses by bus amounted to INR 20. Moreover, her employer did not support her by either raising her salary or providing her with a bus pass (Interview, Dungarpur, January 2016).

While Malati is a ‘non-participant’ of MGNREGA, issues of delayed wages and non-payment of wages also plagued women participants of MGNREGA, especially in Udaipur. In Dungarpur, women spoke of payments being delayed by three to four months, whereas in Udaipur workers complained of not receiving their dues for close to a year; or of receiving low wages. While MGNREGA mandates equal wages for men and women, amounting to no less than minimum wage rates set in each state, the methods of calculation of wage rates disadvantage women.³ This is all the more acute for women with young children, pregnant women, and lactating mothers. Our findings corroborated that women were receiving wages which were far less than the minimum wage, because the workers were unable to finish their assigned task in the specified time. In Udaipur, workers received

wages between INR 80 and INR 100 for a day, which was far less than the minimum wage rate of INR 173. In the urban settings too, women faced issues pertaining to low wages. While home-based work offered women flexibility in terms of working hours and place of work, the conditions of work were poor in terms of low wages; and this was compounded by the drudgery of the work.

The findings showed that it was difficult for women to bargain for better wages, as they believed that other women workers were available to work for lesser wages. The collectivisation process engendered by SEWA has been enabling for some of its women members. There were some examples of improved wages, particularly for home-based workers engaged in *beedis*, *agarbattis* and garment work, owing to SEWA’s intervention through bargaining and strike action.

Working conditions

The conditions of work at several of the worksites were difficult and intense. This is exemplified by work at the brick kilns, where women managed only four to five hours of sleep a day, sometimes going to the kilns at 3am and returning at 11pm. Depleting conditions of work were also reported by other women in the urban areas, including home-based workers. In the rural contexts too, given the arduous nature of the manual labour offered under MGNREGA, women complained of tiredness and body aches: ‘When we need to carry the soil to throw at a far-off place... this is bit difficult’, says Devibai; ‘I feel tired when I go out to work’, emphasises Teesta (Udaipur, January 2016).

Worksites were also sites of discrimination, as exemplified by Shashikala Sailesh from Ujjain, who works as a domestic worker. Shashikala talked about the all too common discrimination she faced in not being allowed to use the toilet at her employer’s house, or eat and drink the same food and water or use the same dish as her employers (Shashikala Sailesh, Ujjain, April 2016).

Childcare facilities

There were no childcare facilities at most of the worksites in our research settings, with many instances of children shadowing their mothers at work in both urban and rural contexts. Pregnant women and those with young children faced particularly severe hardships, as exemplified by Manjari who worked at the kilns into her ninth month of pregnancy with no break in the intensity of her work:

One does, out of helplessness... what can one do? I take time off in between work and have to feed them milk.

Manjari, Indore, 2016

Construction workers, too, had no safe facility to keep their children in at the worksites. At her construction site, Roshni's child fell from a height of 12 feet and badly hurt himself. Roshni said there was no crèche at the worksite but she was allowed to bring her child (Roshni Mimroth, Ujjain, April 2016).

This situation was mirrored in rural areas, with no provision of childcare facilities at women's worksites. The majority of women said there were no crèches at the worksites, with some children being kept in 'pits' with no protection

from the elements. Women thus tended to leave their children at home with family members, including older children when this was possible. Women without support for childcare at home were shadowed by their children at work; in some instances, they would bring along an older child to watch over his/her younger sibling(s). However, this divided the women's attention at work and they experienced a lack of a supportive environment at worksites, including pressure to perform efficiently. Some women who did not have this help chose not to work at all. The block officers blamed the women workers for 'not using crèches', which they said was due to a superstitious fear that the children would be cursed by the women appointed to watch over them. Some women did share superstitions on entrusting their children to unknown caretakers appointed at the crèches on the worksites, but their main concerns were those of quality and continued availability. This points to the childcare options at worksites not engendering women's trust, as well as to the dismal quality of the crèches.

There was also no special provision of light work or frequent breaks for pregnant or breastfeeding women. Even during pregnancy, women continued to work for as long as they could.

Children shadowing their mother at MGNREGA work, Udaipur.



Valuation and recognition of paid work

In the rural settings of our research, despite the difficulties with payment of wages and the harsh conditions of work with limited facilities, the income generated from work carried out under MGNREGA was considered by women to be either 'very important' or 'important' (see Figure 5). Nearly all the women who were self-employed as their main type of paid work (which was the case in Udaipur in terms of farming on own land) also thought that the income they obtained was 'very important'.

The importance of the paid work performed by women (both MGNREGA and other paid work) is borne out by women expressing this explicitly, albeit with attendant expressions of the necessity of their work.

There was some recognition of women's paid work by their husbands. Some men appreciated the work done by women: 'it feels nice that some financial freedom comes to the family,' says Sohan Damra from Dungarpur, talking of his wife's MGNREGA work. However, women

also felt underappreciated for the work they performed: 'I feel sad because our work is not recognised – my husband says you have done such little work' (Care Body Map exercise, women only, Udaipur, December 2015).

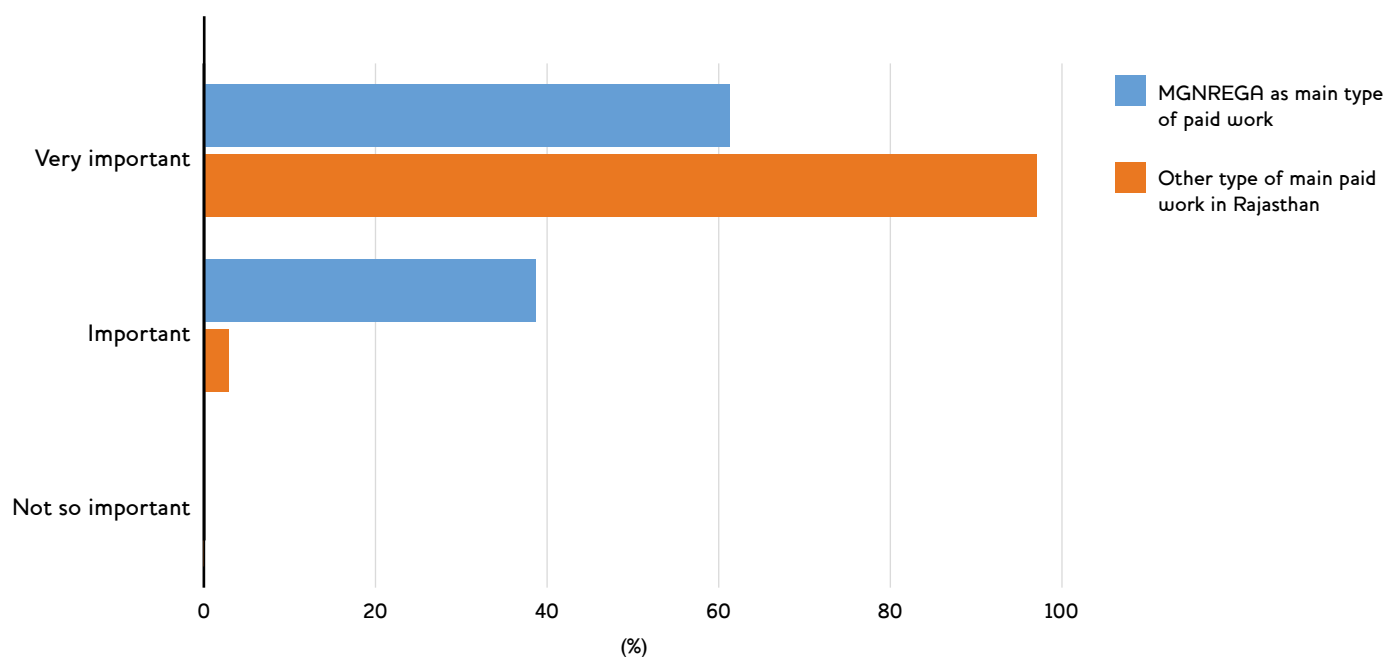
Things won't carry on if I don't go for paid work.

**Sangeetha Sohan, Dungarpur,
January 2016**

I earn to provide food to the family. What other work can I do, I have to do I have no choice.

Indumati, Udaipur, January 2016

Figure 5: Women's perceptions of the importance of income from their paid work, Udaipur and Dungarpur



Source: Authors' own, based on the project's quantitative data.



In the urban settings too, women (both SEWA participants and non-participants) recognised the importance of the paid work they performed. Some women recognised the value of their contribution despite lack of family support. The combination of gendered norms in a context of poverty and necessity is brought out clearly by Animesh Sailesh, whose wife Shashikala works as a domestic worker in Ujjain; he says,

Well, I don't like it. Many times, I tell her not to go out for work, but even she cannot help it. It is a necessity at least to pay the house rent, to meet other expenses.

Ujjain, April 2016

The work of SEWA has made a difference in terms of engendering a recognition of the value of the paid work that women perform. This was particularly the case for the more long-standing members of SEWA. Lalita bai speaks to both her involvement with SEWA and the pride she takes in her work when she says, 'yes, my family has benefitted. Do you see this house? I have constructed it with my own hands!' (Indore, June 2016). Similarly, Roshni bai, another long-standing member of SEWA who works as a tailor says, 'yes, it has definitely helped me to support my husband

financially' (Indore, June 2016). There were also women who spoke of more intangible benefits received from being associated with SEWA in terms of a supportive environment and having readily available information. Women spoke of gaining a better understanding of their entitlements, in addition to accessible information on and access to identity cards, ration cards and state welfare schemes designed for these workers: 'we get information and meeting other women is a good experience' (Parvati, Ujjain, April 2016).

I have got a big family the money that my husband earns is not enough. It is difficult to manage things in a single income. Both of us need to earn to run the house... so I believe if I can work for at least for four days in a week I would be able to lend some support to him. [My family] tell me not to go, but I believe if I will earn then I can save some money and help my children to start their own work.

Malavika Gaur, a construction worker in Indore who does not participate in SEWA, June 2016

Balancing paid work and unpaid care work: interactions and depletion

One of the recurring themes that came up was that irrespective of whether they were participants of WEE programmes, women were not able to balance their double burden of paid work and unpaid care work. Some women had the option of relying on support from family members, particularly female kin and children, somewhat alleviating their burdens. Where public services were available, particularly in the urban areas, women were able to alleviate or receive temporary respite from their double burdens. But in the main, women's care work tasks in fact did not shift at all when they were in paid work. Women talked of being in a rush all the time, multitasking, and continuously switching their roles. To manage their double burdens, rather than reduce or redistribute their unpaid care work, women stretched their time and energy to meet their responsibilities. When asked how they managed their unpaid care work when they had to take up MGNREGA employment for instance, women responded, 'even in this case, we do the work'; 'we get up early in the morning'; and, 'we come back from MGNREGA work and then we do the work at home and then we go back to doing MGNREGA work' (What If exercise, mixed adults, Dungarpur, December 2015). This was the case in urban settings too, as explained by a woman from the Care Work Matrix exercise in Indore:

Whole day we work and return at six in the evening. When we return in the evening, we have to cook, feed our children, we have to do the dishes, wipe the floor and look after our children... if we are given an hour's break from work we come and feed our children and have our lunch as well... we go to sleep at 11 and then wake up at 4–5 in the morning... there are some days when we go to sleep without food since we're too tired to eat.

Women's only group, Indore, May 2016

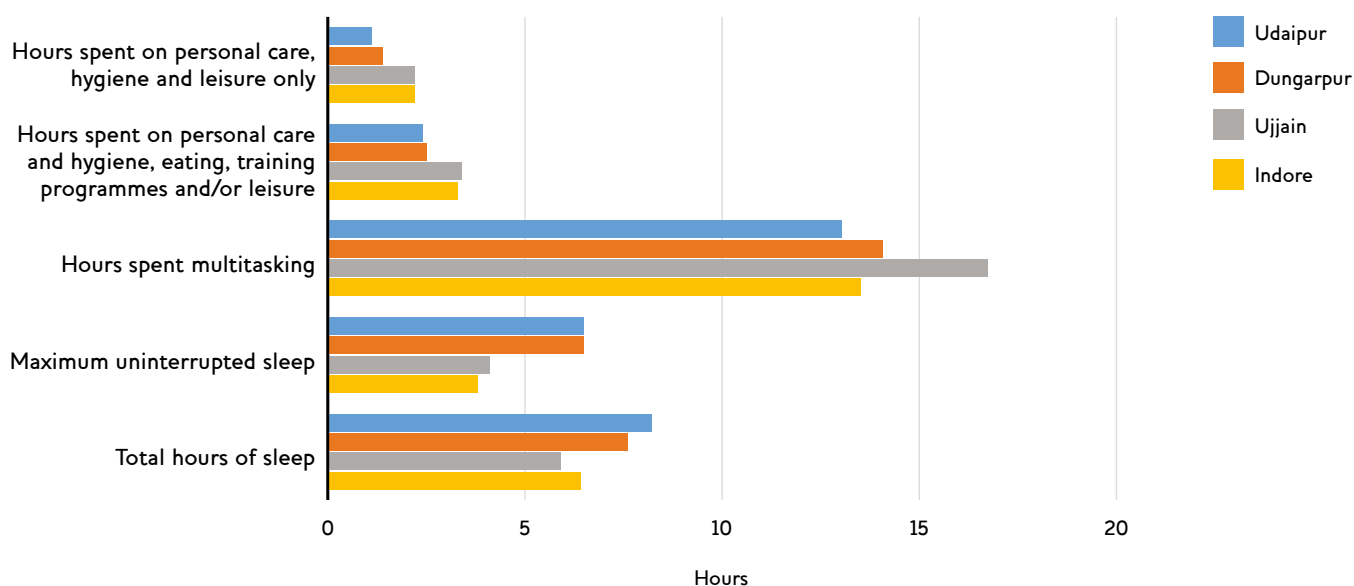
The acuity of the imbalance was particularly felt by women when support structures such as those provided by the family and the state failed. Another factor that exacerbated the acuity of the imbalance was the seasonality of paid work and unpaid care work; for instance, with increased drudgery in water collection due to scarcity of water in the summer season, or peak agricultural seasons. The nature of the paid work undertaken also has an effect on the degree of the imbalance that women experience in juggling their work responsibilities. When women were not self-employed or doing home-based work, they did not have the flexibility in either location or time spent on work to effectively juggle their responsibilities. Further, women's unpaid care work responsibilities impacted their ability to manage their paid work responsibilities. Women spoke of taking leave from MGNREGA work to perform unpaid care work because many times they remained responsible for some chores (such as cutting grass). Women shared instances of being reprimanded at work or being marked absent on reaching the worksite late due to care work demands at home. Women sometimes went late to the MGNREGA worksite or left early to attend to care tasks. Even the MGNREGA staff recognised this challenge:

Women have to work at home and it is natural that a person cannot do work beyond human capacity... they do as much as they can but still coming late, there is weakness here due to lack in food and water, so they are not able to [complete the task in time].

IP4, Dungarpur, December 2015

Depletion amongst women

Figure 6: Women's perceptions of the importance of income from their paid work, Udaipur and Dungarpur



Source: Authors' own, based on the project's quantitative data.

Across the four sites, in a context of high levels of poverty and deprivation, the combinations of long hours of paid work, hard labour and poor facilities at the worksites on the one hand, and the time-consuming, intensive and onerous nature of care work on the other hand, proved to be sources of depletion for women's wellbeing. Women complained of a lack of time, lack of rest, pain in various parts of the body, physical weakness and mental stress related to multitasking and managing their work responsibilities.

Sangeetha also feels the physical effects of her overburden of work. She gets fatigued, experiences leg pain, and falls ill but she cannot give up either her paid work or her unpaid care work. Women sometimes localised the physical pain to particular activities. For instance, women said that grinding flour made their 'waists hurt', the collection of water made their feet and hands ache and their 'necks start hurting', or sitting in front of the *chulah* (stove) burnt their eyes. Many of these effects were the result of the lack of easy access to public resources, including water. Other factors, such as lack of roads and transport, exacerbated

by the hilly terrains of the fieldwork sites in Rajasthan, meant that women had to walk long distances for unpaid care work and paid work, which had a physical impact on them.

The entire week I have to work, how do I explain my tension to you, should I wake up at 4 o'clock or 5 o'clock, should I do this work or that, my brain just doesn't function!

Sangeetha, Dungarpur, January 2016

Women experienced a chronic deficit of rest, as is demonstrated by Figure 6. This figure shows that women suffered from a lack of uninterrupted sleep, and spent most of their waking hours multitasking. This was especially the situation in urban areas, resulting from the high combined pressure of unpaid and paid work. While women in rural areas had more hours of uninterrupted sleep, they spent less time on personal care, hygiene and leisure than women in urban areas.

Effects of the imbalance on children as care recipients, carers, and child labourers

In all our research sites, children acutely felt the effects on their mothers of poverty; overwhelming responsibility of hard, onerous care tasks; and arduous paid work. In the wake of care and paid work deficits in the family, children stepped in as paid workers, unpaid family helpers, and to perform unpaid care tasks, suffering a deficit of care in turn. In Ujjain, Aradhna's 14-year-old daughter, Namita Parmar, helped her mother with tailoring work and in the performance of household tasks such as cleaning, washing and cooking for the family. Namita says, 'I rarely get the time to rest. I have too much work to do and that is the reason I don't go out and play' (April 2016).

Preetam Pargi, a young boy aged 12 from Udaipur, dropped out of school after his first grade as there was no one else in the family to take their cow for grazing since his mother was unable to take time out of paid work, farming and household chores. Preetam now regrets that he could not pursue his education like his siblings. In Udaipur and Dungarpur, where migration was high during lean agricultural periods, children as young as ten stepped in as substitute carers when both parents migrated. Lata Khair (13 years old) looked after her younger siblings whenever her mother migrated for paid work or went for paid work nearby (Indumati and Lata Khair, Udaipur, January 2016). In such situations, 'children stop going to school and it has a negative effect on their education' (IC1, Udaipur, January 2016). Just as with women, children also talked of the effects of the performance of onerous work. Collecting water made 'feet hurt', 'hands hurt', and 'forehead ache', and we were told, 'when we sweep, then our hands hurt', and 'when we sweep then our waist/lower back hurts' (Care Body Map exercise, girls only, Dungarpur, December 2015). Boys too expressed the pain of performing unpaid care tasks. However, children (particularly girls) also appreciated

contributing to care work responsibilities: 'I feel good when I cook' (*ibid.*).

While children who substituted as carers and family helpers in paid work experienced deficits of care, children who were not substitute carers also experienced deficits of care. For instance, in a migratory occupation such as brick kiln work, families migrate with their children, sometimes with children also working as child labourers. In most of these situations, children are not sent to school (Anuja, Indore, June 2016). Swati, a brick kiln worker who started working in kilns as a child herself, sees educating her own children as an impossible choice: 'there can be only one thing,' she says, 'either I go to my work or they go to school' (Interview, Indore, June 2016).

Apart from the physical and educational effects, children also talked of the effects on their emotional wellbeing. One boy talks about feeling angry 'when [he] has to cook *roti*', and another says, 'we are unable to study when mother goes away' (Care Body Map exercise, boys only, Dungarpur, December 2015). This was the case in Indore too, where boys talked about the 'tension' they experienced and the difficulties they faced in their studies (Care Body Map exercise, boys only, Indore, May 2016). In Ujjain, boys were unhappy that their mothers did not have time for them: 'we feel sad when mother works... because she doesn't have time, no time to even talk to us. Sometimes we have to work at home, because she is doing other work' (Care Body Map exercise, all boys group, Ujjain). However, children often valued their mother's paid work, particularly in terms of the direct attention she was able to bestow on them: 'we feel happy in our hearts when we get money from her' (Care Body Map, girls only, Dungarpur, December 2015).

Conclusions

As the findings have clearly shown, care work is largely a familial and female responsibility determined by a dynamic interplay of gender norms; poverty conditions; and state, market and community support. Women performed the majority of care work tasks such as household work inside the house, water and fuel collection, and childcare. Children, particularly girls, played a key role as substitute care providers in all household chores, including sibling care. There was a strong correlation between the availability of and access to public resources and services and the intensity and drudgery of care tasks. Difficulty in accessing essential resources such as water and firewood substantially increased the work burden of women across our sites; however, this was all the more acute in Udaipur and Dungarpur.

Women's paid work experiences were shaped by a number of factors, including social norms on women's work, the lack of availability of decent work options, the precarity and poor working conditions of the paid work available to them, their care responsibilities, as well as the support structures that were available to them at the levels of family, community, employer and the state. Women tended to cluster in certain types of paid work such as self-employment and home-based work, as this provided them with flexibility in terms

of both location and working hours, enabling them to perform both their paid work and unpaid care work responsibilities. MGNREGA provided a crucial paid work option for women, particularly in Dungarpur. In terms of working conditions, organisations such as SEWA enabled women to collectivise and bargain for better wages and social security benefits with both employers and the state.

In order to cope with the disproportionate burden of care work coupled with the poor conditions of paid work, women stretched their time, energy and resources. Moreover, their double burdens had roll-on effects for substitute carers, particularly children, who in turn suffered deficits of care with adverse impacts on their own emotional and physical wellbeing. Further, women's burden of care work limited their ability to manage paid work responsibilities. The finding that women spent almost the entire working day multitasking while managing only a few hours of uninterrupted sleep lays bare the chronic deficit of rest that these women experienced. It is clear that women who participated in this study were under severe stress, and experienced high levels of depletion on their physical and emotional wellbeing arising as a consequence of the imbalance between paid work and unpaid care work.



It is also clear that the existing WEE programmes have a lot to accomplish in order to create a 'double boon' for women workers. There are many positive gender- and care-responsive features of both WEE programmes.

MGNREGA mandates the provision of paid work in proximity to the homes of the workers, and also the provision of crèches where five or more children below six years of age accompany women to worksites. In addition, it expects lighter work to be provided to pregnant and lactating women, and it requires gender-responsive wage calculation.

However, in spite of these provisions, as we have seen, the women's experiences of MGNREGA have clearly been mixed. In order to move towards a 'double boon' for women, the programme should pay closer attention to several concerns:

- a. delayed and non-payments in Udaipur, which in turn has affected demand for MGNREGA work;
- b. gender-responsive calculation of wage rates to ensure that equal wages for men and women are truly achieved;
- c. the provision of flexible timings for women to reduce the impact of the drudgery of paid work;
- d. the revision of operational guidelines to spell out the component of quality childcare at worksites, along with the use of civil society organisations to engender trust amongst women workers about the quality of childcare provisioning under MGNREGA; and
- e. convergence with the Integrated Child Development Services (ICDS) machinery to ensure that all children of MGNREGA workers have options for public provisioning at either the worksites or at ICDS centres.

The enabling environment that SEWA provides also has several positive gender- and care-responsive components. Training and financial security (through the provision of loans) have provided some women with better paid work options. The organisation of women for collective bargaining has empowering effects in terms of changing gendered norms on the value of paid work, enabling better wages and working conditions, and in engendering solidarity amongst women. SEWA's advocacy with the state and employers for social security benefits and better access to and quality of public services is a key feature of its programming that reduces women's care work burdens. Even so, SEWA could do more to engender a 'double boon' for women.

Firstly, an explicit focus on unpaid care work (akin to the work they do on the recognition of paid work) in SEWA's leadership trainings, in *mohalla* meetings, as well as in their dialogues with men could lead to a deeper understanding and recognition of women's unpaid care work burdens, as well as the constraints faced by the community in seeking a fairer redistribution of care work – both in the family, and with the employer and the state. These efforts could over time achieve some shifts in perceptions that the wider community holds about working women, the distribution of care work within the household, and could open better opportunities for women.

Secondly, to enable wider paid work options, SEWA could also consider the intergenerational changes in aspirations for paid work, using this as an opportunity to provide skills training to break the mould of the gendered division of labour.

Thirdly, SEWA could be more responsive to the care needs of women members while conducting trainings and meetings, for instance by arranging an in-house childcare facility.

In conclusion, this research sets out the 'double boon' as access to paid work that is 'empowering' and which provides support for unpaid care work responsibilities. The findings presented in this report add several nuances to our original conceptualisation of a 'double boon'.

Firstly, the state or government came out as a major player in terms of who needs to provide support for unpaid care work. This, as has been highlighted above, could be in terms of access to public services including crèches, water provision, roads and transport facilities; or in terms of shifting gender norms around care and paid work.

Secondly, the findings show that poverty and precarious jobs with poor working conditions are critical factors in restricting women's (and men's) access to, or negotiation towards, decent paid work.

Thirdly, the findings demonstrate the pathways for WEE programmes to take to be more care-responsive; while design is a critical component, design alone is insufficient in the face of sticky gender norms on paid and unpaid care work. Including men in the dialogues about the intrinsic value of care work would go a long way in shifting the predominant normative discourse of seeing care work as women's work.

Woman carrying water in Ujjain



Recommendations

Recommendations for gender-responsive WEE programming: generating a 'double boon' state

- Carry out macroeconomic reforms: it is essential to increase the availability of decent work and better income opportunities for women and men in a range of localities, especially closer to home and with flexible working hours for women with young children.
- Ensure WEE programming is care-responsive through a dual focus on decent work and the 4 Rs: recognise care (including for pregnant and lactating women); reduce drudgery in care work; redistribute care work to the state, community, employer and household; and ensure the representation of women in policy and decision-making on care.
- The state should collect relevant disaggregated data on the various components of unpaid care work and incorporate them into relevant national statistics.
- Address the challenge of children's (particularly girls') involvement in unpaid care work by incentivising their continuation in education.
- Promote positive attitudes towards women's leadership and concerns, such that unpaid care and household work becomes a legitimate and vital issue for public debate at community, local and national levels.
- Increase public investment in infrastructure and services that are accessible and affordable for poor women and girls and which reduce the time and energy they spend on unpaid care and household work. Two things are critical: (1) the provision of accessible public resources and services such as roads, irrigation canals, water, fuel, electricity, flour mills, health centres and schools; and (2) recognising the public provisioning of childcare for children under six as an entitlement and integrating provisioning of childcare (through ICDS, MGNREGA, Maternity Benefits Act, etc.) such that no child is without the option of statutorily supervised/publicly provisioned childcare. When actualising the provision of crèches at worksites, elaborate the parameters that constitute quality childcare.

Recommendations for non-state actors

- Design programmes with an explicit care-responsive lens that take into account the diversity and lifecycle patterns of women, and which make the state accountable for public resources and services that reduce and redistribute women's unpaid care work burdens.
- Build on existing campaigns for maternity entitlements and childcare provisioning in order to make the state accountable for recognising care, reducing drudgery and redistributing care.
- Build on existing consciousness raising and collectivisation programmes with communities to promote collective consciousness on the value of care. Actively campaign with men and boys to change gender norms and practices, including the normative and practical constraints on men and boys, with the aim to enable the redistribution of care within the family.
- Stimulate greater community involvement in envisioning and implementing practices and provisions that recognise care and reduce the drudgery of women's unpaid work, for instance collective farming, community childcare centres, flour mills, schools, etc.

Notes

1. The programme is funded by the International Development Research Centre (IDRC), Department for International Development (DFID) and the Hewlett Foundation.
2. IC = interview with a key informant from the community.
3. See Pankaj and Tankha (2010), Sudarshan (2011), Khera and Nayak (2009), Chauhan, Rehman and Tomar (nd), and Sivakumar (2010).

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'My Work Never Ends':

Women Balancing Paid Work and Unpaid Care Work in India

National report for Women's Economic Empowerment Policy and Programming

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INDIA



Research was undertaken in 2016 in four sites in the Rajasthan and Madhya Pradesh regions of India

Udaipur

Ujjain

Dungarpur

Indore

PROJECT LEAD:



Institute of Development Studies

RESEARCH PARTNERS:



Institute of Social Studies Trust

UPTAKE PARTNER:



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