THE IMPACT OF UNEQUAL DISTRIBUTION OF UNPAID CARE WORK BETWEEN MEN AND WOMEN ON THE ECONOMIC EMPOWERMENT OF WOMEN IN SMALL SCALE BUSINESSES IN LILONGWE RURAL AND PERI-URBAN

MASTER OF ARTS (SOCIOLOGY) THESIS

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By

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DECLARATION

I, the undersigned, hereby declare that this is my original work and it has not been submitted to any other institution for similar purposes. Where other people's work has been used, acknowledgements have been duly given. I bear responsibility for the contents of this paper.

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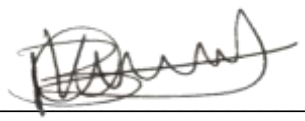
Full Legal Name



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Date

CERTIFICATE OF APPROVAL

The undersigned certify that this thesis represents the student's own work and effort and has been submitted with our approval.

Signature_____ Date_____

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Signature_____ Date_____

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Second Supervisor and Head of Sociology Department

DEDICATION

To mom, for the endless love and care, to my husband, for the continuous push and support, to my girls, Novah & Duwa, for the motivation to keep going.

ACKNOWLEDGEMENTS

I give thanks and glory to God Almighty for making this possible and for giving me the strength and courage to go on.

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ABSTRACT

Unpaid care work constitutes all services that are provided to nurture other people. These services are not paid for, provided as obligatory but costly in time and energy. Research has shown that care provision is mostly done by women because of the belief that women have a natural capacity and desire to care, hence disproportionately burdening women with unpaid care work. The study set out to investigate how the burden of unpaid care work at the household level affects women's businesses in terms of performance and economic outcomes. The specific objectives were to find the distribution of unpaid care work between men and women in the participants' households; to investigate how unpaid care work restricts women from carrying out their business activities, and to compare the business performance and outcomes between men and women. The research was guided by feminist theorizing and used the Harvard Analytical Framework (HAF), sometimes called the "Gender Roles Framework" in developing data collection tools. Both qualitative and quantitative techniques were used to emphasize objective measurement and enable the use of statistical analysis of data. Structured interviews were administered to 170 respondents and 4 focus group discussions were conducted. Key findings of the study indicated that women spent more hours (5 hours) on unpaid care work, unlike men who spent less. Consequently, on average, women spent fewer hours (4 hours) on their businesses while men spent more hours. The study also found that unpaid care work restricted women's business choices, location and mode of operation, and this affected the productivity of their businesses negatively as compared to those run by men. The study concluded that the unpaid care work burden on women restricted the gains from their businesses and created a barrier to their attainment of economic empowerment. The study recommends that the unpaid care work burden on women should be addressed and reduced, especially for those without alternatives in the provision of care work for their families, if they are to achieve economic empowerment through businesses. It further recommends the Provision of essential services that make care provision easier and faster like portable water, cooking energy, health services, and early childhood care centres.

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LIST OF ABBREVIATIONS AND ACRONYMS

ACTUS	Activity Classification for Time Use Statistics
CBCC	Community-Based Child Care Centre
DAC	Development Assistance Committee
ECD	Early Childhood Development
FAO	Food and Agriculture Organisation of the United Nations
FGD	Focus Group Discussion
GAD	Gender and Development
GDP	Gross Domestic Product
GNI	Gross National Income
HAF	Harvard Analytical Framework
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
IDS	Institute for Development Studies
MSCE	Malawi School Certificate of Education
NGO	Non-Governmental Organisation
NSO	National Statistical Office
SNA	System of National Accounts
SPSS	Statistical Package for Social Sciences
TA	Traditional Authority
UNDP	United Nations Development Programme
WID	Women In Development

CHAPTER ONE

INTRODUCTION AND BACKGROUND

1.1 Introduction

The paper outlines the findings of research which set out to find out the impact of unpaid care work burden on women in small-scale businesses in Lilongwe Malawi. The first chapter outlines the background information to the study, the problem statement, the study objectives and the theoretical framework that guided the study. The second chapter contains the literature review, which outlines other related works. The research design and methodology used are found in the third chapter. Chapter four presents the research findings and discussion. The final chapter provides a summary of the findings, conclusions, and recommendations.

1.2 Background to the study

Women's economic empowerment has been defined as the capacity of women to participate in, contribute to, and benefit from growth processes in ways which recognize the value of their contributions, respect their dignity and make it possible to negotiate a fairer distribution of the benefits of growth (DAC Network on Gender Equality, 2011). It also entails increased access to economic resources and opportunities including jobs, financial services, property, productive assets, skills development and market information (DAC Network on Gender Equality, 2011). Research has shown that women's economic dependence on men perpetuates the poverty and vulnerability of women in society (Coffey, 2017). Women's economic empowerment is an important aspect of gender equality as it enables women to have a voice in private and public domains and be able to access opportunities (ActionAid, 2013).

Statistics for Malawi indicate that women are still lagging behind in terms of economic development. According to the 2020 Malawi Gender Profile, about 57% of female-headed households are poor compared to 43% of their male-headed counterparts. The female labour force participation rate is lower (73%) compared to the male labour force participation rate (82%), which means that there are fewer women than men aged 15 – 64

years who are economically active in the total population (African Development Bank, 2020).

The 5th Integrated Household Survey report of 2020 indicated that 22% of female-headed households have insufficient income as compared to 17% of male-headed households. It also indicated that 72% of female-headed households are food insecure as compared to 58% of male-headed households (Malawi Government, 2020). The 2015-2016 Malawi Demographic and Health Survey showed that two-thirds of the population of Malawi lived in poverty, and women were particularly affected. Furthermore, individual ownership of land and property was found to be higher in men at 44%, and lower in women at 35% (NSO, 2016). The 2022 Malawi gender assessment report by the World Bank indicated that women entrepreneurs' firm sales are 45 per cent less than those of male entrepreneurs and that the conditional gender gap in agricultural productivity is 31 per cent (World Bank 2022).

All these disparities in human development between men and women are happening in the face of unequal distribution of the burden of unpaid care work between men and women. Unpaid care work constitutes all services that are provided to nurture other people, be it in a household or community, which are not paid for but costly in time and energy and provided as obligatory (Chopra et al., 2017). For instance, caring for sick household members and the elderly, caring for children, all activities involved in food preparation (fetching firewood, cooking, milling, cleaning dishes) cleaning around households, doing laundry, and fetching water are seen as women's work. Care provision is an essential but under-recognised and under-valued sector. According to Chopra et al. (2014), different actors have the capacity to play a role in care provision yet most of this work is done by women and is unpaid for. This is reinforced by the myth which says women have a natural capacity and desire to care (Mayer 2000). This myth reinforces gender inequalities by disproportionately burdening women with unpaid care work. A rapid care assessment done by Oxfam Malawi (2016) revealed that promoting livelihoods for women without addressing the care tasks, results in women having reduced time for rest and personal care. Other studies have also shown that the unequal distribution of unpaid care work restricts women's participation in activities for personal growth (Marphatia et al., 2013). Women and girls' participation in civil, economic, social and political spheres is restricted as sometimes they have to forego their basic rights to

education, healthcare, decent work and leisure time in order to balance all these activities (Rohwerder *et al*., 2017). In addition, low-income families are unable to pay for care services. They also have limited access to time and labour saving equipment that can facilitate care work. As such, it requires more of women's time and energy to do the care work like fetching water, preparing food, collecting firewood, or caring for an ill household member (Rohwerder *et al*., 2017).

1.3 Problem statement

Research has shown that although advancements have been made in development and gender equality in Malawi, women are still lagging behind as compared to men (African Development Bank, 2020). Other studies have shown that the heavy and unequal responsibility for unpaid care work poses a "glass wall" or an invisible barrier, limiting women's time, mobility and ambitions to participate in critical components of economic, political and social activities for their development (Coffey *et al*. 2020).

Much as studies have shown a relationship between unpaid care work and women's participation in critical components of economic development, little has been done to substantiate the impact of unpaid care work on some important factors that affect the socioeconomic status of households in rural and peri-urban households. More specifically, it is unclear how unpaid care work burden would affect the business acumen and operations of a woman-owned business. Meanwhile, different Development Partners and the Malawi Government continue to implement women's economic empowerment interventions that encourage them to go into entrepreneurship and Small, Medium Scale Enterprises, without addressing the issue of a woman's time usage with regard to unpaid care responsibilities. The problem is that, without addressing the burden of unpaid care work, women are at risk of not benefiting as expected, from their business ventures as compared to their male counterparts and this may lead to continued imbalances in the economic development between men and women.

1.4 The aim of the study

The purpose of the study was to investigate how the burden of unpaid care work on women, impacts their business decisions, operations and performance in rural and peri-urban areas of Lilongwe, Malawi.

1.5 Specific objectives

1. To find out how unpaid care work is distributed between men and women in the beneficiary households.
2. To investigate how unpaid care work affects women's time and effort to carry out business activities.
3. To compare how men and women economically benefit from their small-scale businesses, in the face of the unequal distribution of unpaid care work.

1.6 Significance of the Study

The body of literature around unpaid care work has established a link between unpaid care work and efforts aimed at economically empowering women in general. Little is known about the link between unpaid care work and the decision-making process in business, like what business to engage in and even the *modus operand* of the business. Yet, business is an area that most women go for when they think of being economically empowered. This study is thus significant because it narrows down the focus on the link between unpaid care work and economic empowerment through business, thus contributing to the body of knowledge from an angle of specificity, which is business as an income-generating activity to be exact. The study findings may also provide insight into how to level the playing ground and bridge the economic development gap between men and women through business generation.

1.7 Theoretical framework

Theorising helps us to explain the occurrence of phenomena in society. A framework is a system of ideas or conceptual structures that help us "see" the social world, understand it, explain it, and change it. It guides our thinking, research, and action and provides us with a systematic way of examining social issues (Parpart *et al.* 2000).

This research was guided by feminist theorizing, which challenges the dominant theories of development, saying they are biased towards male thinking. Feminist theory criticises

the modernisation theory for instance, which assumes that economic prosperity would trickle down to women through the multiplier effect and other indirect effects (Beetham & Demetriades, 2007), and this has not been the case as women are still behind. More specifically, the study was guided by the Women In Development (WID) feminist theory. The Women In Development approach emerged as a reaction to the dominant development theories that ignored women's roles and experiences in the process of development. WID argues that women's specific needs, contributions, and challenges should be acknowledged and addressed in development efforts for them to benefit fully (Parpart *et al*. 2000). To enhance women's access to development, WID calls for more accurate measurements of women's lived experiences (women-oriented statistics) and for improvements in women's access to education, training, property, and credit and more and better employment. To achieve these goals, it maintains that women must be integrated into development projects and plans and have a say in policy design and implementation. Failing which, development policies would continue to undermine women's status in the Third World (Parpart *et al*., 2000).

WID theory further recognizes women's productive roles in both the formal and informal sectors of the economy. It further highlights the significance of women's reproductive roles and their impact on development, and hence emphasizes the need to address issues such as maternal health, childcare, family planning, and the unequal burden of household responsibilities that hinder women's full participation in the development processes (Debnarayan 2006).

Another tenet of WID is the emphasis on gender analysis and the importance of understanding gender as a social construct that shapes power relations, roles, and responsibilities within societies. It calls for analysing the differential impacts of development policies and programs on women and men to further inform the next steps in development (Kangisher, 2007).

The study, therefore, was further guided by the Harvard Analytical Framework (HAF), sometimes called the "Gender Roles Framework", which was formulated from a WID perspective of collecting accurate measurements of women's lived experiences and women-oriented statistics.

The HAF aims at:

1. Demonstrating that there is an economic case for allocating resources to women as well as men.
2. Helping planners design more efficient projects and improve overall productivity.
3. Trying to get more women involved in development projects (March, Smyth & Mukhopadhyay, 1999).

The HAF was found to be suitable for the research because of its approach to data collection, as it collects micro-level data at the community and household level (March, Smyth & Mukhopadhyay,1999). Besides, the framework was suitable because of its practical toolset which identifies the type and amount of work that men and women do in a household or community, hence convenient for meeting the research objectives. The HAF uses three tools in its data collection, and these are the Activity Profile, the Access and Control Profile and the Influencing Factors Profile. The activity profile answers the question "Who does what?" in a household or community by age and gender differentiation. It classifies the activities into productive and reproductive. Reproductive activities are those carried out to produce and care for family members, which in this study are being referred to as unpaid care work which is said to be non-economic. The Activity profile also shows the amount of time for each task, the frequency with which it is performed and where the activity is performed is also documented.

The Access and Control Profile identifies the resources used in the tasks identified in the Activity Profile and defines who has access to these resources and who controls their use. It also identifies the benefits that are realized from each activity, and who has access to and control over these benefits. The final Influencing Factors section identifies factors that cause the differences in roles of each gender identified in the two profiles. These may indicate areas where there is an opportunity to change gender roles.

The Harvard Analytical Framework guided the formulation of questions and data collection tools for the research. The Activity profile was used to achieve objectives one and two which are: to find out how unpaid care work is distributed between men and women in the beneficiary households and to investigate how unpaid care work limits women's time and effort to do income-generating activities, respectively. The Influencing Factors profile helped in the formulation of an interview guide for the qualitative data

collection through FGDs in which the research went deep in finding out the factors influencing the distribution of unpaid care work. The research, however, did not make use of the Access and Control Profile as it was not in line with the study objectives.

CHAPTER TWO

LITERATURE REVIEW

2.1 Chapter overview

The second chapter presents a critical and comprehensive analysis of the existing body of knowledge, research, and scholarly literature related to the research topic. The chapter puts the research within a broader context and further explores the key concepts in the subject area.

2.2 Care work

Every human being has moments of dependency, moments when one relies on the kindness or generosity of others to provide for their most basic needs. Most often, these needs are met by one's family members. For instance, the mother who washes her baby's nappies, the woman who massages her sister's back during childbirth, the daughter who prepares food for the family when the mother is sick. While for those with enough resources, many moments of dependency are handled via market-based services. For instance, the day-care provider who changes a toddler's nappies, the midwife who massages the back of a labouring mother, and the housemaid who prepares meals for the family (Mayer, 2000). Care is the activity of attending to others and responding to their emotions and needs. Thus, it is not only the sick, the frail and children who need care, but everyone including able-bodied adults needs to be cared for in essential ways.

Chopra *et al*., (2014) argue that the mental and physical labour entailed in caring for others may seem invisible to those who are its regular recipients, but care work is essential to "social reproduction". Human existence depends on the routine activities that feed, clothe, shelter, and care for both children and adults (Chopra *et al*., 2014). In addition, the type of care one gives and receives as individuals and family members tends to define the quality of one's life. According to Mayer (2000), the frequently used term for the one providing the care, "*caregiver"* takes for granted that families, particularly

women within families, willingly provide care regardless of the personal consequences. *Caregiver* implies that the care is given freely, either at no cost or at a cost that the giver is willing and able to shoulder.

2.3. Gendering unpaid care work

People are born male and female but learn to be feminine and masculine as they grow up. This learned behaviour is called gender roles (Centre for Social Research, 2002). These roles define the responsibilities and privileges assigned to men and women, basing on their sex. They prescribe certain behaviours for men and women without considering personal abilities and potential (Payne, 1991). These gender roles lead to gender stereotypes, which are accepted beliefs, attitudes and perceptions towards femininity and masculinity, and are not based on facts. A number of studies mention biology-based influences on some caring roles. In particular, pregnancy, childbirth and breastfeeding are identified as influencing the gender division of labour in the early months of a child's life (Fursman et al, 2009). However, because the gender division of labour goes beyond reproduction and childbirth, the biology-based influences are very minimal, rather it is the nurture or socialization aspect that plays a greater part in the gender division of labour. Unpaid care work, which entails all services provided to care for and nurture other people within the families, households and communities, which are costly in time and energy but are undertaken as obligations, is normatively linked to gender in so far as women have felt socially obligated to provide it, and men have felt entitled to receive it (ActionAid, 2013).

According to Mayer (2000), connecting care with women is a socially constructed phenomenon that has been reinforced by the myth which says women have a natural capacity and desire to care. Gendered ideologies about appropriate roles for men and women, plus gendered assumptions and expectations of men and women shape what constitutes appropriate behaviour, such as perceiving women as the 'nurturers' in families and men as peripheral to the nurturer role. This flows through to non-parental care. Research has shown that family members, especially those of older generations, act according to strong gender norms and thus discourage sons from performing traditionally female caring tasks. Despite some recent changes, studies show that family work continues to be allocated according to gender, with women spending at least twice as much time on these tasks as men (Mayer, 2000). Even when they pay for domestic

services or delegate tasks to other family members, women automatically take responsibility for monitoring and supervising the work. In the end, it appears that care work is defined and redefined across history and across continents as women's work, and particularly low-income women's work, at least in part because this arrangement is perceived as maximally beneficial to those with substantial resources (Mayer, 2000).

According to Marphatia (2013), even though women continue to enter the paid labour force in record numbers, men remain helpers in the domestic realm and seem to be able to avoid responsibility for the routine care work it takes to raise children and maintain families. Fatherhood continues to be defined in terms of physical presence, bread-winning, and moral leadership. Images of gender-neutral parenting and the idea that men should provide nurturing care tend to evoke very strong emotions from some conservative fatherhood proponents. They feel "fathers are not merely would-be mothers and that the two sexes are different to the core such that we should not embark on a mass re-education campaign just so that men can do half-heartedly what women can do better" (Mayer, 2000). This line of thinking however derails progress in the promotion of women's economic empowerment, as men somehow allow or let women to enter the labour force and to help with the bread-winning, while on the other hand, the men maintain their status by remaining in the outer circle when it comes to nurturance and care provision roles. Thus, women in the paid labour force have to brace for juggling between the caring role and the paid labour while men are able to put all their energy, time and commitment into their paid jobs. Already, this creates a divide on how men and women can perform and advance their careers and economic status.

In contrast to the fatherhood proponents' pronouncements, feminist scholars suggest that unpaid care work, though embedded in feelings of obligation and commitment to others' well-being, is also rooted in patriarchal structures. Feminist scholars remind us that patriarchy which is defined as "rule by fathers" is based on men's genetic ties, an ideology of gender difference, and the denigration of nurturance (Mayer, 2000). The male-breadwinner/female-caregiver polar representation perpetuates a 'gendering' ideology that distorts and limits human potential and narrows the range of experiences of 'being' and 'doing' for men and women (Antonopoulos & Hirway, 2010). The ideologies of gender difference portray men as emotionally distant breadwinners, incompetent parents and housekeepers, and deserving of women's domestic services. Men's ability to stay

aloof from routine family work has enabled them to dominate women and enjoy special masculine privileges (Fursman *et al.* 2009). However, the representation of men as being emotionally distant and incompetent parents and housekeepers is rather ironic as the same men are able to do these care roles competently as long as it is a paid job. There are men employed as housekeepers, some as cooks and even some as babysitters. This shows that men are capable of doing care work, but they are somehow limited by the gendered ideology of who does what.

2.4. Gendered unpaid HIV/AIDS care

The high prevalence rate of the HIV/AIDS pandemic necessitated the introduction of home-based care in order to cut some costs in the health sector. According to Hansen et al. (2000), the cost of medical care for people living with HIV/AIDS (PLWHA) was exorbitant and sometimes costed twice as much as that of other illnesses. Such being the case, home-based care policies were enacted, and these required that the home become the primary place of care for people living with HIV/AIDS, with family members serving as the main providers of care. Due to the gender division of labour, traditionally, women are known worldwide to be the main care providers for the sick. Like other forms of unpaid care work, the care of people living with HIV/AIDS was gendered, with women predominating among AIDS caregivers (Antonopoulos & Hirway 2010). The crucial need for active involvement of community volunteers and family members in providing home-based care to HIV/AIDS patients care led to an increase in women's "time poverty" as women had to spend time caring for the ill, which previously were being cared for in hospitals. Therefore, the home-based care policies, while reducing the burden on public health facilities and cost saving to the formal health care sector were costly to women caregivers in terms of time and effort, and thus being gender exploitative.

2.5. Unpaid care work during COVID-19 Pandemic

Pandemics have been common in the history of mankind, and with them comes varying socioeconomic impacts. Covid-19 is one of the pandemics whose socioeconomic impact on human societies has been very significant. On top of its catastrophic impact on human life and health systems, the pandemic exacerbated existing gender inequalities and caused significant setbacks to previously hard-gained advances. One of the key structural gender inequalities that the pandemic highlighted is the unequal organization and distribution of care (Stefanovic, 2023). Covid-19 came with restrictive measures which were

implemented throughout the globe with various degrees of stringency and duration to curb the spread of the disease. These included closures of educational establishments, day-care institutions and many other care services. This, just like the home-based care approach with HIV/AIDS, shifted care from the public and private spheres back into the home, thereby increasing the pressure of unpaid care work done by women. This additional strain on women brought consequences on their ability to generate an income as it acted as a barrier to their entry into the labour market, reduced their hours dedicated to paid work, and some women left the labour market altogether (Stefanovic, 2023). In a study done in the United States of America, it was found that the gender gap in working hours between men and women increased by 20–50 per cent as women had to respond to the school and nursery closures by decreasing their paid working hours four to five times more than their male counterparts (Collins et al. 2021). On the other hand, some women had to balance between bearing the brunt of the demand for education and recreation, the need to provide health care to persons who are ill, while also shifting paid work to be done from the home (Herten-Crabb & Wenham, 2022).

A review of studies on the gendered social and economic impacts of the Covid-19 crisis confirmed that women faced disproportionate job losses due to their preferred sector of employment and their increased care burdens. Most women were concentrated in informal employment, as such they could not work from home. The study also indicated that women's businesses faced higher revenue losses and were more likely to close (O'Donnell *et al.* 2021). Thus, in this context, new inequalities were created, and existing ones were reinforced within the social organization of care.

A Covid-19 rapid gender assessment for Malawi indicated that after the onset of the pandemic, the women reported increases in time spent on cleaning (18%) and cooking and meal preparation. However, the assessment also indicated that some men were able to help out with the care provision more than they did before the pandemic (UN Women, 2020). Thus, the pandemic showed that when circumstances dictate, men assist with unpaid domestic and care work hence more advocacy is required to make these contributions by men socially acceptable.

2.6. Unpaid care work and the economy

According to Antonopoulos & Hirway (2010), some unpaid care work activities are deemed 'economic work', much like paid work, while other unpaid work activities are classified as 'non-economic.' The United Nations System of National Accounts (SNA) of 1993 provides the conceptual framework that sets the international statistical standard for the measurement and classification of economic activities (Hirway, 2015). The SNA 1993 convention indicates that unpaid economic work activities be measured and included in annual estimates of gross domestic product (GDP). These pertain to (a) production of fixed assets for household use, such as building a house; (b) subsistence production work, such as crop cultivation, animal husbandry, forestry and fishery for own use; (c) collection of basic necessities, like water and fuelwood, from common lands or private lands; (d) collection of raw materials for income generating activities like crafts and other manufacturing; and (e) activities like unpaid family work for crop production that reaches the market, as well as animal grazing, agro-processing and food processing for sale. Accordingly, unpaid economic work consists of activities in procuring inputs and producing for own use, as well as for the market. Unpaid agricultural family work for the market is also included here (Hirway, 2015). Non-SNA unpaid work is often referred to as work that falls 'outside the SNA production boundary and it consists of household maintenance, cleaning, washing, cooking and shopping. It also consists of providing care to infants, children (active and passive care), the permanently ill or temporarily sick, older relatives and the disabled, as well as all volunteer work for community services. These are recognised as contributing to society, but not to the economy (Hirway, 2015). This category of work, on which 35–50 % of the total working time is spent by economies, is outside the national income accounts and is usually invisible in national statistical systems (Hirway, 2015)

However, Feminist Economists argue that the unpaid care work which is otherwise deemed as "uneconomic" plays a role at Macroeconomics level as it serves as a subsidy to the marketised part of the economy (Hirway, 2015). From the point of view of classical economics, this work lowers the cost of labour and at the macro-level, this allows for a smaller wage fund and thus a larger pool of profits, which facilitates the process of accumulation at any given time (Antonopoulos & Hirway, 2010). Unpaid time spent on these activities, then, can be thought of as a 'subsidy' to the business sector, as a transfer, or a 'gift' from one institution (the household/family) to the institution of the market. In

the absence of unpaid care work, a higher real wage would be necessary to maintain the same standard of living for employees and their families, with consequences on cost structures and wage-profit rates. Unpaid care work is also regarded as a subsidy to state/ government because caregivers spend time providing goods and services that the public sector should make available, for instance, health, education, transportation, water, sanitation and childcare as evidenced during the HIV/AIDS and COVID 19 pandemics. Thus, the provision of these services by the family and specifically by women can be referred to as 'subsidies' to public sector provisioning (Antonopoulos & Hirway, 2010).

On the other hand, the level of development of the economy also affects the extent of the burden of unpaid care work. Public sector infrastructure and state provisioning regimes determine service delivery and hence play a role in the specific allocation of time among a variety of unpaid tasks. In developing countries, people tend to spend relatively more time on unpaid subsistence work, for example, production for self consumption, unpaid work in family enterprises and care related work. In wealthier countries, larger segments of the population have access to paid jobs and access to child and elder care, health services and water delivery which reduce the amount of time needed in taking care of family/household members at home (Antonopoulos & Hirway, 2010).

Thus, the level of economic development of a country and a household determines the types of activities and nature of the tasks that create further inequalities among women and between households. For instance, the exact duration and distribution among tasks of 'household reproduction time' – that is, time spent to ensure the physical and emotional well-being of household members – is determined, to a large degree, by income levels and availability of household appliances (Hirway, 2015). Income levels allow for the purchase of intermediate goods and services like household appliances that allow the use of technologies, which reduce time spent on unpaid care tasks like food processing and preparation, cleaning up and performing daily maintenance work. Research has revealed that the distribution of time allocated to unpaid work across non-poor and poor households shows a lot of variation (Hirway, 2015). Equally important is the existence of social and physical public infrastructure and the ability to pay user fees that provide access to critical services such as water, sanitation, health care and energy resources. Existing time-use information reveals that more unpaid work is needed to fill in infrastructural gaps. This implies that longer household overhead (unpaid work)

production hours are necessary for poor households, which further exacerbates the burden of poor women (Hirway, 2015). In a study done in Zomba Malawi, it was found that the lack of farming technology leads to women spending more hours toiling in their fields, lack of fuel-efficient stoves leads to women spending long hours fetching firewood and preparing food and that lack of adequate water supply increases time spent fetching water and doing laundry (Kaufulu, 1992). Despite the above-mentioned variations, a most striking and well-known feature revealed by data collected through time-use surveys is that women, as compared to men, perform unpaid work disproportionately in both developing and developed countries (Antonopoulos & Hirway, 2010). Thus even in developed countries and in well to do households that can afford time-saving machinery and services, it is still women who are responsible for doing the care tasks, for example taking clothes to the laundry machine, supervising the house help, taking children to day-care and fetching them back, among others and this may still have a bearing on their economic productivity.

2.7. Unpaid care work and time poverty

Time is a finite resource to which men and women, rich and poor, have equal access. The allocation of time between different paid and unpaid, and market and nonmarket work is influenced by numerous factors, including social and cultural norms, and gender division of labour. Other factors like age, social class, the presence of children and type of household structure also play a role. The amount of time devoted to unpaid tasks is overall smaller for the very young, those that can purchase substitutes in the market, those with few or no children and non-single heads of households (Antonopoulos & Hirway, 2010).

People allocate their time to activities that can be classified as no work, paid work and unpaid work. Leaving aside sleep time, the concept of ‘no work’ is commonly understood as consisting of free time spent on personal care and leisure activities. Nowork time is important because: rest and leisure are necessary for the physical and mental health of human beings; and part of it which is used for, reading, studying, skill training, self-development activities contributes to improving human capabilities (Antonopoulos & Hirway, 2010).

The concept of time poverty or time stress refers to the burden of work on women that restricts the choice that is available to them in selecting activities to be done at a particular time. That is, time poverty is defined in the context of the time burden of competing claims on individuals' time that reduce their ability to make unconstrained choices on how they allocate their time (Antonopoulos & Hirway, 2010). This leads to work intensity on the one hand and trade-offs among various tasks on the other hand. In order to use the concept of time poverty, a time-poverty line is used. Using the International Labour Organization (ILO) norms of weekly working hours, anybody working more than 40 hours in a week can be considered as 'time poor. This has been calculated on the assumption that a person needs (1): eight hours of sleep; (2) eight hours of work (for five days a week); and (3) eight hours of personal time. Thus, the hidden subsijdies that unpaid care work provides to the rest of the economy imposes a systematic time-tax on women throughout their life cycle (Antonopoulos & Hirway, 2010).

The above findings prove that the burden of Unpaid Care Work affects all women, but it has the worst effects on women in poverty. Girls and women in poverty spend long hours fetching water, collecting firewood, doing laundry, preparing food, caring for children and the elderly, and other household chores, as well as carrying out agricultural duties. Thus, the time tax imposed on them leaves them with very little or no "no work" time which is otherwise needed for personal and skills development to increase their productivity and better access markets for their economic empowerment.

2.8. Paid work versus unpaid care work

Historically, waged work has prevented many poor women from delivering care. During the late nineteenth and early twentieth centuries, some women with caregiving responsibilities found remunerative work they could do at home, such as taking in the laundry, and other piecework, so as to be able to provide care in their homes as well. But such work consumed the time and energy needed for care (Mayer, 2000). Women working outside the home sometimes left sick or disabled family members alone (Mayer, 2000). In a research done in Nepal by the Institute of Development Studies (IDS), the time use data revealed that women engaged in low-paying, small-scale, often multiple and seasonal forms of self-employment activities owing to lack of regular employment opportunities convenient with their care work needs and lack of skills together with their care work responsibilities (Ghosh *et al.*, 2017). Care work responsibilities, particularly

the care of small children, coupled with a lack of support for childcare, affected women's ability to participate in paid work. Thus, care work responsibilities limited women's options to engage in paid work. The study also found that women with a high care dependency ratio heightened the lack of options for them and this was more so in female-headed nuclear families. In most cases, women either withdrew from paid work after childbirth or took up work that was closer to home and less time-consuming in the absence of childcare provision and because of the intensive nature of their paid work. Further, it was found that for women with a medium care dependency ratio, their choice of employment was also determined by the flexibility that their work gave in terms of the number of hours spent at work. As such, an inverse relationship between women's care dependency ratio (coupled with the availability of familial support) and women's ability to take up paid work located further away from her home was observed (Ghosh *et al*., 2017).

A Malawi country profile on gender inequalities in rural employment compiled by the Food and Agricultural Organisation (FAO, 2011) states that in Malawi both men and women engage in a number of productive and domestic activities, however, women encounter difficulties in undertaking productive work due to time constraints. It also goes further to say men spend more hours on productive work than women do and that most women work in productive activities on a part-time basis, unlike men who have more possibilities and time to commit fully to productive activities.

In another study done in Malawi by Chikapa (2020), it was found that despite having sorted support for childcare and domestic work, some Malawian women still had challenges reconciling paid work and family responsibilities. Women's experiences were determined by cultural systems and spousal attitudes influenced by gender culture, which placed expectations on women with family responsibilities regarding an acceptable way of behaviour regardless of their participation in full-time employment (Chikapa 2020). As such, married women felt they still had to perform certain tasks themselves so as to meet their spouses' expectations over what tasks their wives should do rather than delegate to domestic workers.

This tells a story of women not really having the freedom to choose jobs of their liking because they are limited to choosing jobs that are convenient to their care work

responsibilities. Also, women not being fully committed to productive activities implies that the speed at which they can develop economically may be slower in comparison to men, thus given an intervention, men may have an upper hand to benefit from it more than women can do.

While women's care work has an impact on their paid work, both in terms of their ability to engage in paid work as well as the nature of paid work they engage in, women's participation in paid work also affects how the care work is managed, and which care tasks are prioritised or postponed (Rhowerder *et al.,* 2017). This also affects the social organisation of care, which results in a disproportionate care burden on older women and children in the absence of care provision by the government and the market. Despite children stepping in to assist with care work, women mostly cope with their dual burdens by 'stretching' their day, by waking up earlier in the morning and going to rest later at night (Rhowerder *et al*., 2017).

In summary, the reviewed literature has shown that every human being needs to be cared for by others, at one point or another. The primary responsibility for care provision falls on the family but due to the gender division of labour, care provision in families is more aligned to women who are believed to have the natural capacity to provide care. The women provide the care out of obligation regardless of the cost incurred in terms of time and energy. The literature also revealed that even when women join the paid labour force and provide for their families (a role that is associated with men) they still continue to be the care providers in the families unlike men who continue to be outsiders when it comes to caregiving. According to feminists unpaid care work activities should be regarded as contributing to the GDP as they have an impact on the economy at macroeconomic level, by providing a subsidy to the markets through provision of cheap labour which in turn leads to increased profits, unlike if the private sector was to provide the care itself for its labour force.

However, this gift of care provision that women provide to their families and the general economy has a cost implication on their part in terms of time and energy, which limits their options and participation in the paid labour-force and productive activities for their own development and this is even worse for women with more care responsibilities.

CHAPTER THREE
RESEARCH DESIGN AND METHODOLOGY

3.1. Chapter overview

This chapter contains the research methodology used in this study. The sections under this chapter are research design, study setting, data collection methods (tools used, sampling and data analysis), ethical considerations, and limitations of the study.

3.2. Research design

In order to achieve the objectives of the study, the research used both qualitative and quantitative approaches in order to triangulate the data. Quantitative methods were used to emphasize objective measurement and moderate use of statistical, and numerical analysis of data. The quantitative data was collected using questionnaires which contained structured questions. A time-use questionnaire was also used to collect quantitative data on the amount of time (hours) participants spent conducting different tasks in a 24-hour period of the day. Qualitative methods were used to further understand the distribution and allocation of unpaid care work between men and women and to understand the underlying attitudes and perceptions. Focus group discussions were used to collect qualitative data.

Three enumerators were used to collect the data under direct supervision of the researcher. The minimum qualification for the enumerators was MSCE and experience working with communities. As such, the researcher used extension workers in the field of community development, as they were well conversant with community dynamics and hence convenient for the one-to-one interview. The use of enumerators was necessitated to facilitate the timely completion of the data collection and to reduce bias on the part of the participants as they had not previously interacted with the enumerators as much as they did with the researcher. The focus group discussions were facilitated by the researcher herself.

3.3. Study setting

The study was conducted in the low-income peri-urban and rural areas of Lilongwe, specifically, those communities that received business loans from ActionAid Malawi. The households from these communities could not afford to hire helpers to do the care work in their homes and they did not have access to improved technologies and good services to make care work easier and less time-consuming, hence convenient for the study. The specific peri-urban areas targeted were Area 25, Chinsapo and Kauma while the rural areas were T/As, Chitukula, Chimutu and Mtema.

3.3.1 Social-economic profile for Lilongwe district

Lilongwe district is one of the 28 districts in Malawi found in the Central Region. It is the largest district in the Central Region of Malawi and hosts the country's capital city. The total land area is 6,159 square kilometres, representing 6.5 % of Malawi's total land area. According to the 2018 population and housing census, the total population for Lilongwe rural is 1,637,583 (795,428 M, 842,155F) and for Lilongwe Urban is 989,318 (497,201M, 492117F). The presence of the city presents both opportunities and challenges for the district populace. Opportunities include market opportunities for the district products, easy access to socio-economic services such as banks, hospitals, security and telecommunication amongst others. On the other hand, the related challenges include increased crime rates and unwanted cultural changes due to influence of the urban population, increased demand for district natural resources such as firewood resulting in environmental degradation, and increased conversion of agricultural land into urban infrastructural development. Chewa is the major ethnic group in the district. It accounts for over 90% of the total population in the rural areas. Other ethnic groups are found in the district either due to migration in search for employment or other economic gains in the urban areas of the district and through marriages. There are about four languages that are spoken in the district with Chichewa as the most spoken language. The others are Yao, Tumbuka and Nyanja. Over 93.5% of the people of Lilongwe speak Chichewa. English is the official language.

The most vulnerable segments of the population include smallholder farmers with less than one hectare of land, estate workers, estate tenants, urban poor and female/child headed households. The principal coping mechanism is "*ganyu"* or casual labour. The bulk of the population in the rural areas is occupied in subsistence farming. According to

the Social Economical profile (2017 to 2022) for Lilongwe, the district has the worst poverty incidence indicators compared to the other Central Region Districts. The high poverty incidences in Lilongwe district reflect high population conditions relative to the productive resource availability to support the growing population.

Figure 1 shows the location of Lilongwe District.

3.4. Population

The study targeted businessmen and women who had benefited from a revolving fund loan that ActionAid provided in Lilongwe peri-urban and rural. ActionAid provided a revolving fund to volunteers working in Community Based Childcare Centres (CBCCs), for them to boost their small-scale businesses. The objective of the fund was to boost the volunteers' economic status and livelihoods by investing in small-scale businesses, as an incentive for their continued commitment to volunteer in the CBCCs.

3.5. Sample Size

A total of 170 (85 males and 85 females) beneficiaries were sampled out of the population of 300 beneficiaries. The sample size of 170 beneficiaries was arrived at for the sample to be representative of the population with a 95% level of confidence with a margin of error at 5%. 43 participants from the same sample were also conveniently selected and participated in the 4 focus group discussions. Table 1 shows the number of participants sampled from each CBCC.

Figure 1: Map of Malawi showing location of Lilongwe District

Table 1: Number of participants sampled per CBCC

Area	CBCC Name	Male participants	Female participants	Total
Area 25	Ngomani	7	8	15
	Mgona	1	9	10
	Chimoka	1	6	7
	Kasengere	3	13	16
KAUMA	Nkhumbu	7	4	11
CHINSAPO	Khwidzi	6	8	14
	Maziro	4	0	4
Subtotal for peri-urban		**29**	**48**	**77**
T/A	**CBCC Name**	**Male participants**	**Female participants**	**Total**
T/A CHITUKULA	M'bwetu	10	11	21
	Robert	11	2	13
T/A CHIMUTU	Lipalama	8	9	17
	Majingo	11	8	19
	Masula	10	0	10
T/A MTEMA	Mutu	6	7	13
Subtotal for rural		**56**	**37**	**93**
GRAND TOTAL		**85**	**85**	**170**

Table 2: Number of participants sampled for focus group discussions per CBCC

CBCC	MALE PARTICIPANTS	FEMALE PARTICIPANTS	TOTAL
CHIMOKA	0	6	6
MUTU	6	6	12
M'BWETU	6	7	13
KHWIDZI	0	12	12
TOTAL	**12**	**31**	**43**

3.6. Sampling Technique

The study sample was selected through a stratified random sampling technique in which every member of the population had an equal chance of being selected in relation to their proportion within the total population. Stratified sampling adheres to the underlying principle of randomness, but it adds some boundaries to the process of selection and applies the principle of randomness within these boundaries. It is a mixture of random

selection on the basis of a specific identity or purpose (Denscombe, 2007). In this case, the sample was stratified by gender, then participants were randomly selected from the two categories of males and females. The sampling frame for the study was 300 people, which included all the beneficiaries of the revolving fund programme in the CBCCs within Lilongwe, who were doing small-scale businesses.

For the focus group discussions, convenience sampling was used to select the 4 CBCCs to participate. Convenience sampling was used because participants in each FGD needed to come from a particular community as it would be difficult to sample participants randomly from different communities which were far apart and for them to converge at one point for the FGD would have been a challenge. The FGD participants however, were randomly selected from among the initial sample of respondents who participated in the interviews for the selected CBCCS. The same participants were used for both the interviews and the FGDs because the questions and the information that was collected from interviews were different from that collected through the FGDs.

3.7. Data collection

Data collection was done by enumerators under the supervision of the researcher. Each enumerator was allocated a CBCC and participants surrounding a CBCC converged at the CBCC for the interviews. This was convenient as the research design did not require household observation. To prevent the participants from waiting for long periods of time before they could be interviewed, different time slots were allocated to the participants. Only in the 4 CBCCs where FGDs were conducted, participants were told to come at once and here, all three enumerators including the researcher were present. While the researcher and one enumerator were conducting the FGD, the other two enumerators conducted the one-to-one interview with the other participants to facilitate the process.

3.7.1. Data collection instruments and methods

To meet the study objectives, the following data collection instruments and methods were used:

3.7.1.1. Questionnaires

Questionnaires were used to collect the quantitative data using one-to-one questionnaire survey. The questionnaires contained structured questions and were used to collect

household socio-demographic data, the characteristics of paid and unpaid care work at each household; how unpaid care work was shared among household members. The extent to which the subjects' economic status had improved as a result of their businesses in the face of unpaid work was recorded by asking participants to compare their economic status before their business and how things had changed after accessing the fund and investing in their businesses.

3.7.1.2. Focus group discussion guide

An FGD guide was used to conduct focus group discussions. The FGD guide provided control and the direction of the discussion and the objectives of the study guided it. The FGD guide was used to collect qualitative data on the type of unpaid care work men and women did in their households, the reasons behind the distribution of the unpaid care work between men and women, the availability of public services that helped ease unpaid care work in their communities and how the allocated unpaid care work tasks affected respondents' businesses. On top of the FGD guide, a participatory tool called Care Diamond was used to map the available services or infrastructure that facilitate care work, which include public infrastructure for household use such as electricity, water, and milling facilities, and services for caring for people including childcare and health services for chronically ill people. Four FGDs were conducted at M'bwetu, Mutu, Khwidzi and Chimoka CBCCs. Two FGDs were conducted in two peri-urban CBCCs (Chimoka and Mutu), one consisting of females only and the other with both males and females. The other two were conducted in rural CBCCs (M'bwetu and Khwidzi), and similarly, one with all females and the other with mixed sexes. It was necessary to have some FGD with female participants alone to enable them to be open and talk freely as the presence of men could have stopped other women from opening up. This is so because culturally women are supposed to be submissive and not to compete with men such that some women having contrary views with men, could not have spoken up, unlike men who are able to voice their views freely even in the presence of women.

3.7.1.3. Time use diaries

Time-use diaries were used to collect life histories regarding how the participants (both male and female) utilised their time to do the double engagement in unpaid care work and business activities. The respondents were given a questionnaire with 30-minute time slots

for them to record every activity or task they did for a 24-hour period. The time-use diary forms were distributed in advance for the participants to fill out the following day. The activities were classified and coded, following the New Zealand Activity Classification for Time-Use Statistics model (ACTUS) (2011). The ACTUS has 10 major activity classes namely: Labour force activities, activities to do with formal education, household work, child care, personal care, purchasing goods and services, free time, social entertainment, sports and hobbies, and time for other unpaid care work (caring for the sick and the elderly). However, this was modified to suit the setup of the lifestyles of the respondents such that free time, social entertainment and sports/hobbies were all classified as one category and a category for sleeping time at night was added as this also consumed some hours out of the 24-hour period. Participants filled in the time slots with their own activities in their own words, and these were later coded and classified into the pre-established categories.

3.8. Data analysis

The data analysis used a combination of descriptive statistics for the quantitative data and content thematic analysis for the qualitative data. The descriptive statistics were used to provide insights into the basic characteristics of the data and get an understanding of the patterns and trends present in the variables. To gain a deeper understanding of the underlying factors and causes, the descriptive analysis was complemented by the qualitative data analysis.

The quantitative data was analysed using the Statistical Package for the Social Sciences (SPSS) and Microsoft Excel. SPSS was used to compute descriptive statistics in which frequencies, averages and percentages were computed. Cross-tabulations and tables were done and transferred to Microsoft Excel to create graphs for a visual representation of the findings.

Qualitative data collected from the FGDs was firstly translated into English language as the questions were asked in Chichewa and so were the discussions. Content and thematic analysis was then used to systematically code and categorize textual information into themes. The themes were identified and generated from the objectives of the study. Responses from the participants were grouped according to the themes generated. This process was undertaken to make sure that the collected data was relevant to the study

objectives and to assist in discussion of findings. The context within which the text was provided was put into consideration in order to make sense out of it and to develop a wider understanding of what was going on. It was also done to avoid the danger of missing the context and so allow it to answer research questions. The content analysis makes sense of what is mediated between people including textual matter, symbols, messages, information, mass-media content, and technology supported social interactions (Vaismoradi et al. 2013). On the other hand, thematic analysis can offer the systematic element characteristic of content analysis and permits the researcher to combine analysis of their meaning within their particular context (Vaismoradi et al. 2013).

3.9 Ethical considerations

Permission was obtained from the District Social Welfare Office of Lilongwe, which oversees Community Based Child Care Centres (CBCCs) where the research was conducted. Permission was also sought from ActionAid Malawi, being the organisation implementing the revolving fund project in the CBCCs. The gate keepers of the communities also approved for the study to be conducted in their communities and assisted in mobilising the participants to come to the CBCCs for the interviews. Participation in the study was voluntary and was based on respondents' fully informed consent and the right to withdraw at any stage of the research was granted. Participants were assured on confidentiality and that the data would be strictly used for academic purposes only. Confidentiality of the quantitative and qualitative data was maintained throughout the research process and respondents were given codes to ensure their anonymity in the quantitative interviews. The researcher also made sure that the nature of the research was not exploitative by ensuring that participants do not spend whole day waiting to be interviewed by allocating different schedules for different respondents to be interviewed.

3.10. Study limitations

The study was conducted over a short period (one month) and the findings may reflect the type of season during which the study was conducted, especially on the time use as it was off-farming season. Lilongwe being an agricultural focused district, the tasks that men and women engage in may be different during the farming season as compared to the off-farming season during which the study was conducted. Another limitation was the

inability of some respondents to read and write. This affected the filling of the time-use diaries over the 24-hour period of the day such that they had to ask other people to help with filling the form. There is a chance some tasks done within the period could have been missed unlike if they could fill the forms themselves.

CHAPTER FOUR

RESEARCH FINDINGS AND DISCUSSION

4.1. Chapter overview

The chapter contains the research findings and discussion of results. The research focused on investigating the unequal distribution of unpaid care work between men and women and its impact on the economic empowerment of women in small scale businesses in Lilongwe peri urban and rural. The research took place from 15th July to 1st August 2019. The findings and discussion have been divided into three sections in line with the three study objectives. The first study objective was to find out how unpaid care work was distributed between men and women in the participants' households. The second objective was to investigate how unpaid care work limited women's time and efforts to carry out their business activities. And the last objective was to compare how men and women performed and economically benefited from their small-scale businesses, in the face of the unequal distribution of unpaid care work.

4.2. Distribution of unpaid care work between men and women

The unequal distribution of unpaid care work between men and women was evident in the study participants from both Lilongwe rural and peri urban. The participants consisted of men and women who were into small-scale businesses and accessed business loans from ActionAid Malawi. Information collected from the focus group discussions indicated that women did most of the unpaid care work tasks that participants listed. 15 unpaid care tasks were listed, and women indicated that they did 11 out of the 15, making 73% of listed tasks, while men reported doing the remaining 4, representing 27% of the listed tasks (refer to table 2 below). During a focus group discussion at M'bwetu CBCC, men explained that they help with the unpaid care tasks only under certain circumstances, for instance, when the woman was sick or when she was away. On the other hand, some women said even when they were sick, it was their female relatives or friends who came to prepare food and draw water for their husbands.

Most of the unpaid care work tasks that were listed for men were related to housing maintenance, like thatching roofs, building bathrooms, toilets, kitchens and dish racks, which are done occasionally. Still, in these tasks, women argued that they were involved especially where the task required water, it was women who draw the water for the men to use.

Some men expressed willingness to help with other unpaid care tasks but only in the absence of children and other siblings who should otherwise be the ones helping with the tasks.

> Sometimes we are free and have time, but we cannot help with some household chores in the presence of elder children for fear of being perceived as less of a man and it is regarded as disrespectful for the children to let their father do chores while they are around. Said the male participants at Mutu FGD.

On the other hand, women said they were still obliged to do care tasks even in the presence of children as the children are just helpers while the women are the ones responsible for the chores in the home. This is in agreement with what Mayer (2000) said that connecting care with women is a socially constructed phenomenon that has been reinforced by the belief that women have a natural capacity and desire to care and hence perceiving women as the 'nurturers' in families and men as being peripheral to the nurturing role.

4.2.1. Frequency of unpaid care tasks done by men and women

To further appreciate the significance of the burden of unpaid care tasks, the study examined the frequency with which the tasks are done. During the focus group discussions conducted at Mutu CBCC, men and women were asked to list the unpaid care tasks that are done in their households and indicate who does them between men and women and also indicate the frequency with which the tasks are done. From the discussions, men explained that most of the unpaid care tasks that they do are done occasionally unlike women who indicated that they do unpaid care tasks daily, with some tasks done more than once in a day. Table 2 outlines the list of unpaid care tasks that participants listed and the frequency with which they are done by women and men. Some tasks were listed

as being done more than once per day, others per week, per month and some were listed as being done per year.

Table 3: Frequency of unpaid care tasks done by men and women per day, week, month and year

NO	TASK	Freq/Day		Freq/Week		Freq/Month		Freq/Year	
		F	M	F	M	F	M	F	M
1	Cooking	3					1		
2	Cleaning dishes	3					1		
3	Drawing water	3							
4	Milling			1			1		
5	Childcare (feeding, bathing, cleaning)	2					1		
6	Fetching firewood			1					
7	Taking children to and from school	1				1			
8	Purchasing household necessities	1				1			
9	Laundry (clothes, beddings, etc)	1					1		
10	Cleaning and tidying the house	2							
11	Cleaning household surroundings (sweeping, slashing)	2	1	1					
12	Thatching roofs (house, kitchen, toilet)								2
13	Making dish racks								2
14	Digging rubbish pits								2
15	Fencing around household								2

As illustrated in Table 3, out of the 15 tasks that were listed, 9 were done daily, and women reported to do all these daily tasks with men only helping with cleaning the surroundings for those households that do not have elder children who could otherwise clean the surroundings. Unpaid care tasks that women indicated do daily made up 60% of

total unpaid care work tasks that participants listed which included cooking, fetching water, cleaning dishes, childcare, purchasing household necessities, house cleaning and washing clothes and any other laundry.

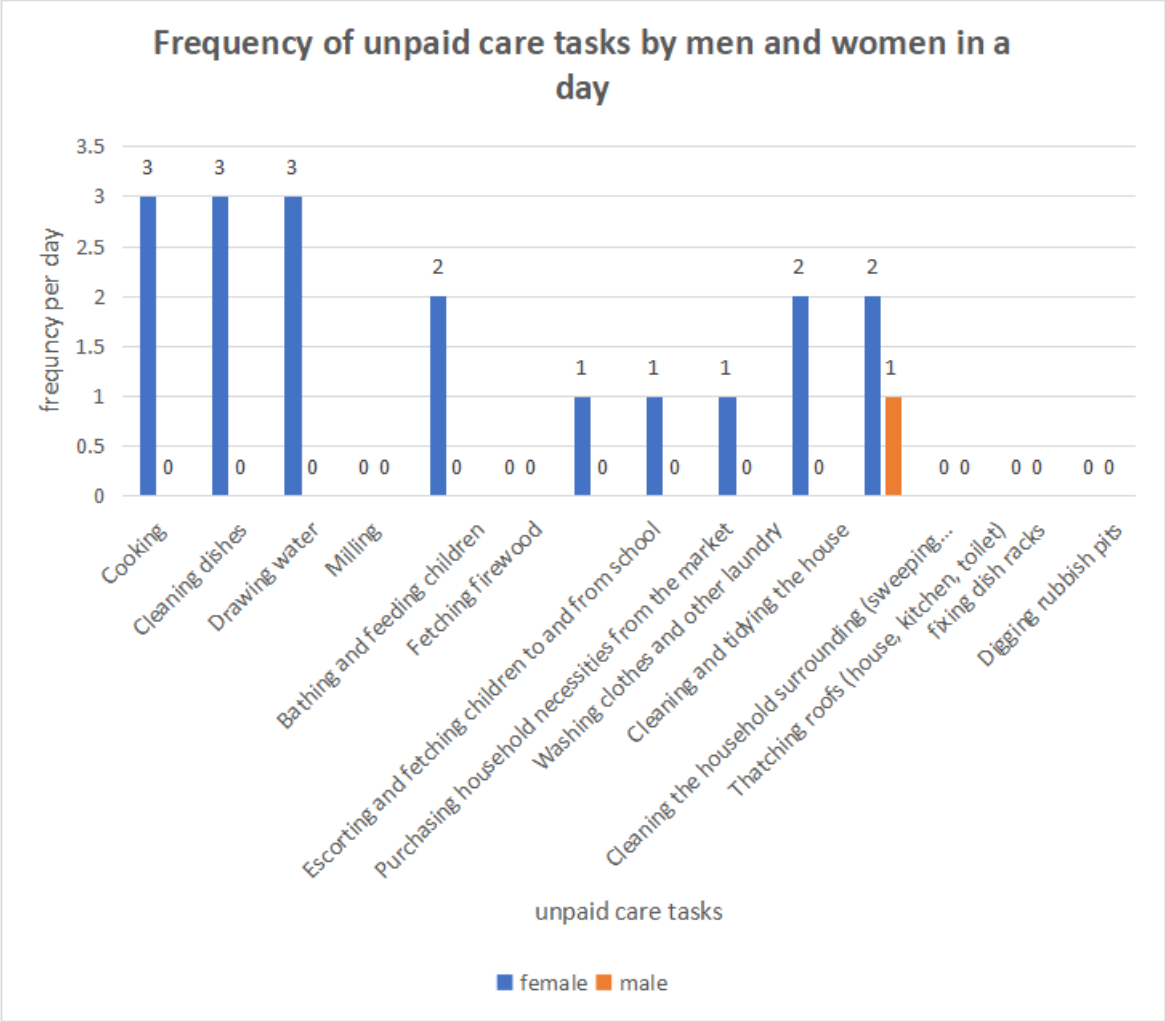

Figure 2: Frequency of daily care tasks done by men and women

Figure 2 illustrates the frequency of the daily tasks done by men and women (as indicated in the third column of table 2) and 6 of the daily tasks listed were done by women, more than once per day. These include cooking, drawing water, cleaning dishes, childcare and cleaning the house. Fetching firewood and milling was done at least once a week depending on the availability of the materials and size of families. During the lean period in which food is scarce, women reported going to the maize mills very frequently, sometimes weekly. This was so because, during the lean period, households could only afford small quantities of maize which could only last a few days after which they had to look for more maize and go for milling again. But in the months following the harvest

period, milling was done once a month or for more months. Fetching firewood depended on its availability in the communities and the family size. The bigger the family size the more firewood it would require, hence the high frequency of firewood collection for the women in that household.

> These days forests are no longer available for us to go and fetch firewood. Instead, we use maize stalks for cooking which we collect from the fields when people have finished harvesting their maize. Because the maize cobs do not stay long on the fire, we have to replenish every week since we cannot afford to buy firewood or charcoal from the market on a daily basis. Said Women at an FGD in M'bwetu).

This substantiates the WID point of view on the need to collect accurate measurements of women's lived experiences and women-oriented statistics to inform programmes if women are to fully benefit from the development process ((Parpart et al. 2000). In this case, it shows that the scarcity of firewood due to environmental degradation has negatively impacted more women than it has on men because it is women who are supposed to fetch firewood for cooking. As a result, women have to spend more time or walk long distances to frequently fetch maize stalks to replace with firewood.

> Cooking with maize stalks means we have to be in the kitchen throughout the cooking process as we have to constantly add more stalks on the fire until the food we are cooking is ready, otherwise the fire dies out. Unlike when using firewood or charcoal, where one can just light the fire and go-ahead to do other chores while the food is cooking in the kitchen. With maize stalks there is no possibility of multi-tasking while cooking. Explained the women at M'bwetu FGD).

For men, apart from the special circumstances when women are sick or away, reported to do other occasional unpaid care tasks once or twice in a year and these were to do with housing maintenance and other manual work. For instance, the actual construction of a house or kitchen and toilet and bathrooms could take some days or weeks but once the work was finished, the maintenance was done once or twice yearly. Other tasks done by

men included thatching roofs, building grass fences, and digging rubbish pits, which were said to be done once or twice a year.

The study went further to find out how men and women spent their time in a day, in order to appreciate the incidence of unpaid care tasks vis-a-vis economic tasks in their daily routines. To do this, the participants were asked to fill out a 24-hour time-use diary, where they recorded every task they did on that particular day. The tasks that participants recorded in the time use diary were grouped into 8 categories and these were; child care, self-care, household chores, working for pay, business for profit, purchasing household goods and services, free time and last but not least, sleeping at night. Figure 3 below illustrates the average number of hours that men and women reported spending on different tasks derived from the one-day time use diaries that participants recorded. The data collected indicated that in a 24-hour period, women spent an average of 2 hours on childcare while men spent 0 hours on average on the same task. These findings were again backed up in the focus group discussions, where women explained that childcare was usually done simultaneously with other tasks, especially when the children are babies (below 2 years), where women may carry the children on their back while doing other chores although this delayed their completion of the other task at hand. On household care work tasks, it was found that women spent an average of 5 hours while men spent an average of 1 hour. On work for pay which also included piece works, men were found to spend 1 hour on average and women spent 0 hours. Men were found to spend close to 3.5 hours on free time while women had about 2.2 hours for free time on average. On number of hours spent on business, men were found to spend 8 hours on average, with women spending an average of 4 hours.

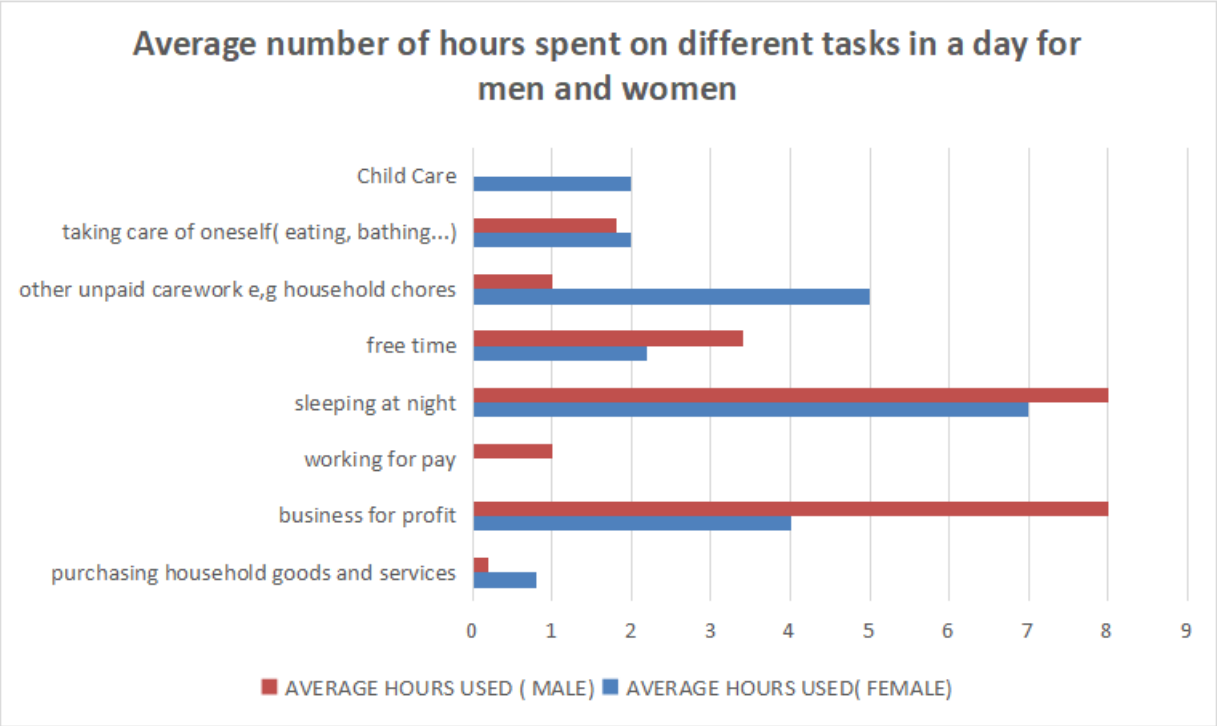

Figure 3: Average number of hours spent on daily tasks for men and women.

4.2.2. Availability of public services that ease unpaid care work

The Participants in the study were asked to map out available services that help to ease unpaid care work tasks in their communities and state who provides the said services. The care diamond below illustrates how the respondents perceived other actors in the provision of care in their communities.

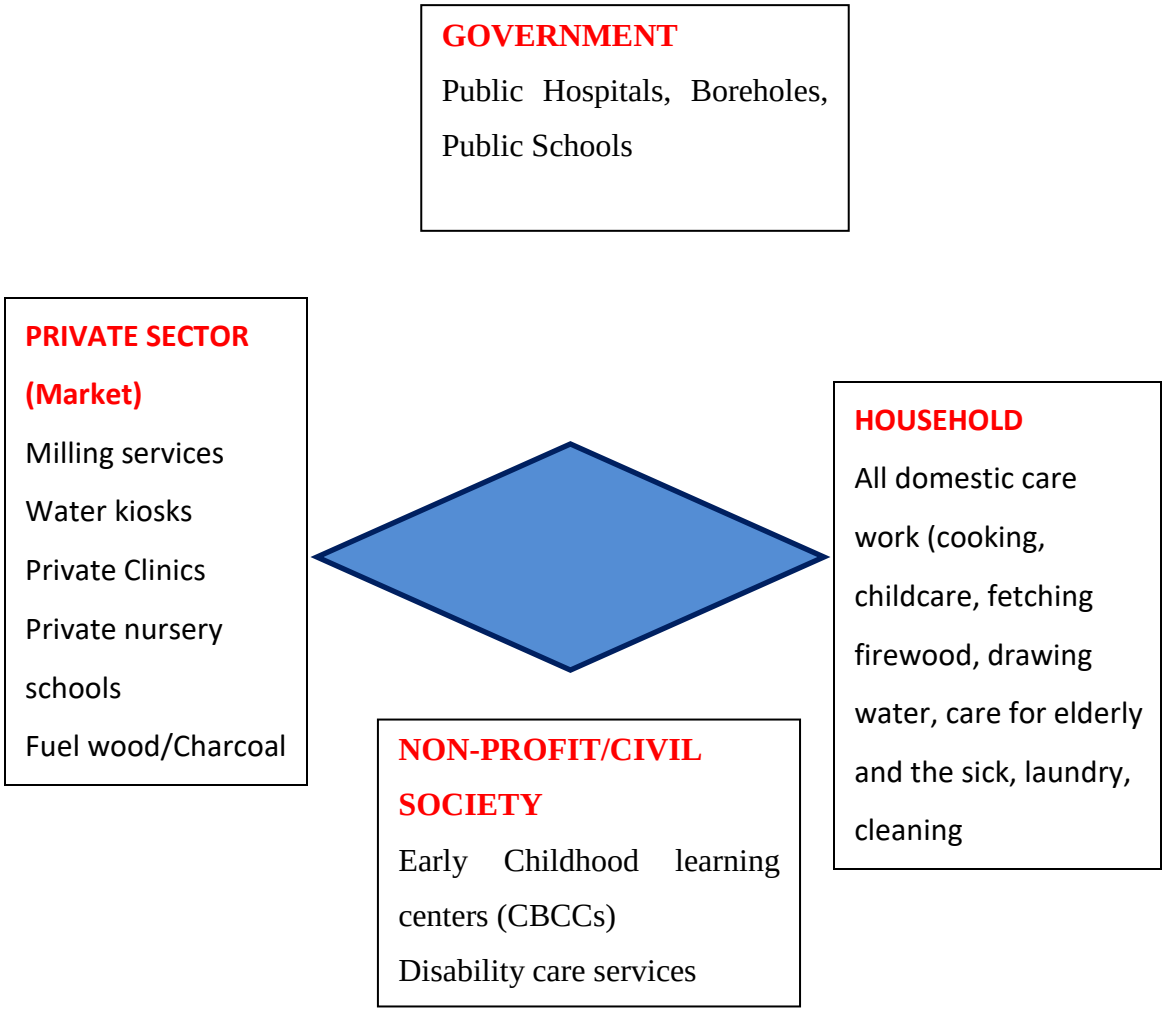

Figure 4: Care diamond showing key players in care provision

From the discussions, it was established that apart from the households, other sectors also play a role in care provision. As illustrated in Figure 4, the government was said to provide care-related services like health care through public hospitals, childcare was provided through public primary schools, some of which provided porridge to children. Water provision was also done in the rural areas through drilling boreholes though it was not enough as other communities still lacked boreholes and drunk water from streams and rivers. The inadequate number of boreholes increased the care work burden on women as some had to travel a considerable distance to the nearby borehole and spend more time waiting in long queues to have the chance to draw the water. As stipulated by Antonopoulos & Hirway (2010), indeed public sector infrastructure and state provisioning regimes determine service delivery and hence play a role in the specific allocation of time among a variety of unpaid tasks.

The Market was also listed to provide services that help in the provision of care work for instance maize mills for easier food processing (maize flour) unlike pounding manually which would be time-consuming. It was also said to provide childcare services through nursery schools, this was more evident in the peri-urban communities unlike in the rural. The market also provided access to fuelwood and charcoal which most households in the peri-urban used for cooking as they could not afford electricity. However, in the rural areas, participants reported less use of the services provided by the market as they could not afford them due to their low income levels. The income levels of households allow for the purchase of intermediate goods and services including household appliances that allow the use of technologies. The availability of these helps to reduce the time and effort spent on unpaid work needed to ensure the physical and emotional well-being of household members.

The non-profit (NGO) sector was also mentioned as helping in the provision of care services through Community Based Childcare Centres (CBCCs) in all communities studied. The CBCCs were said to reduce the childcare work burden for parents with children aged 3 to 5, as parents would leave their children with the caregivers in the CBCCs, while they went ahead to do other chores, hence saving time. Participants also said that the non-governmental organisations helped with school feeding programmes in some primary schools which reduced the care work burden as some women would just send their children to school without preparing breakfast with the hope that they would eat at school. NGOs also provided disability care through the provision of wheelchairs and other residential services for some children with disabilities.

The household was identified as the main care provider as it catered for all the domestic chores and all unpaid care work needed for the physical and emotional well-being of household members, such that when all the other sectors failed to provide the same, it all rested on household to find means of caring for its members.

The study further revealed that the distances that women covered to access care-related services were different for peri-urban communities and rural communities as shown in Figure 5 below. In the peri-urban, services like water, milling, ECD centres and markets were found relatively closer than in the rural areas. In the rural areas, women walked as far as 6 kilometres to access health care unlike in peri-urban where the furthest they reported going to access health care is 4 km and mostly used public transport while in the

rural areas, they walk by foot or by cycling hence more time-consuming. The participants in the rural communities cited the unavailability of the essential services nearby as contributing to their burden of providing care for their family members as they had to travel long distances to access them.

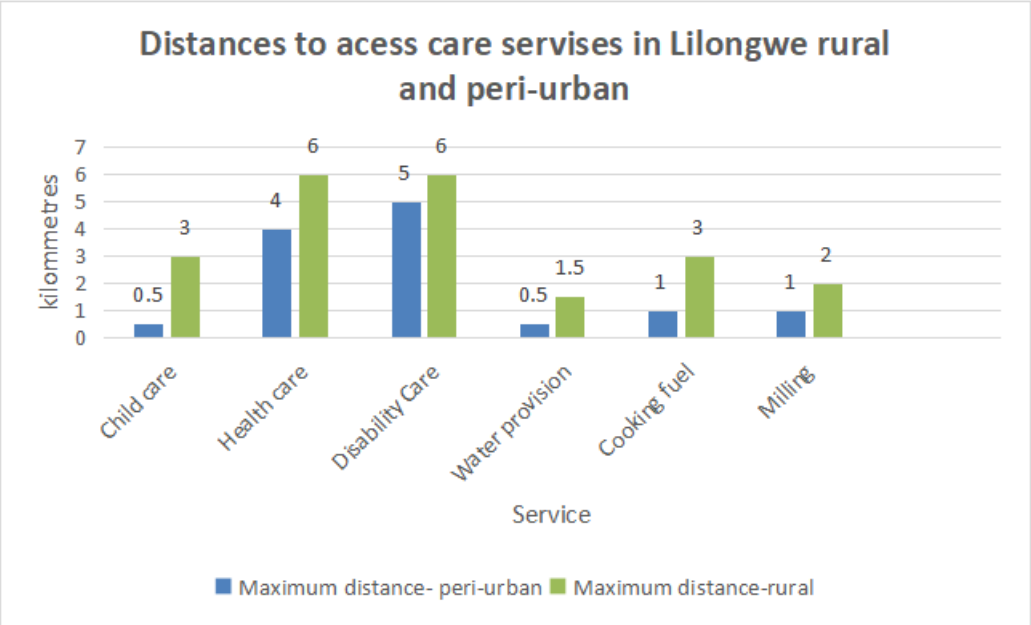

Figure 5: Distances women cover to access care services in peri-urban and rural

4.2.3. Factors contributing to the unequal distribution of unpaid care work between men and women.

In all 4 communities where FGDs were conducted, participants mentioned cultural beliefs and expectations as being the driving force behind the unequal distribution of unpaid care work between men and women. This concurs with what Mayor (2000) said, that connecting care with women is a socially constructed phenomenon that has been reinforced by the belief that women have a natural capacity and desire to care and portrays men as breadwinners.

> It is very demeaning for a man to be seen cooking or going to the community water source to draw water while the woman is around and in sound health. Even when the woman is sick it is very rare to find a man going to draw water by himself. Instead, other women will come in to help, either relatives or friends (one of the male participants during a focus group discussion at M'bwetu).

From the focus group discussion, it was discovered that this thinking of other women helping out men with some care tasks when their wife was sick or away was mutual for both men and women. The women would willingly offer to help as they felt it was expected of them naturally, and that if they did not help the condemnation would also come from fellow women. This just proves how deep the beliefs of women as care providers, have been so much internalised even by the women themselves.

It was again discovered that whether men had paid-up jobs or not, women supported the men in providing for their families on top of their care provision role. For instance, during the farming season in rural communities, women worked just as much as men in the fields, and in the peri-urban areas, women supported in paying rentals and other bills through their businesses and piece work. But just as Marphatia (2013) found out, even though women support men in the paid labour force, men remain outsiders in the domestic realm and are not responsible for the routine care work required to maintain families due to cultural beliefs and expectations.

4.3. How unpaid care work restricts women in business

All the female respondents that were interviewed in the study were doing some sort of business, as a way of empowering themselves economically. The women mentioned several reasons why they ventured into businesses against the cultural setting that they are supposed to be caregivers and men should be the providers. Figure 6 below shows how the women responded as regards the reasons why they started their business. 42% wanted to support their husbands in generating income for their families so that they should be able to solve some financial problems without asking their husbands and in so doing gain some sort of financial autonomy. 37% started businesses because they are single parents and hence the only breadwinner for their families and 21% started the business because their husbands did not prioritise their needs in the home, such that they were not able to provide the much-needed care to the family, especially children.

> For some of us, our husbands have multiple wives and we get minimal support from them as they have to take care of 2 families, as such we are left with no choice but to fend for ourselves for the children not to suffer. Said the women at Chimoka FGD.

Other women also felt their husbands were just not responsible enough as they preferred spending their money on beer leaving the women with no choice but to fend for themselves. Thus, women find themselves joining the breadwinning category despite the gender stereotyping that regards them as care providers. It can therefore be argued that it is because of their care provision roles and responsibilities that women are compelled to find means of providing for themselves financially for them to be able to provide the care if the so called breadwinners (Men) are not able to sufficiently provide for women's care needs.

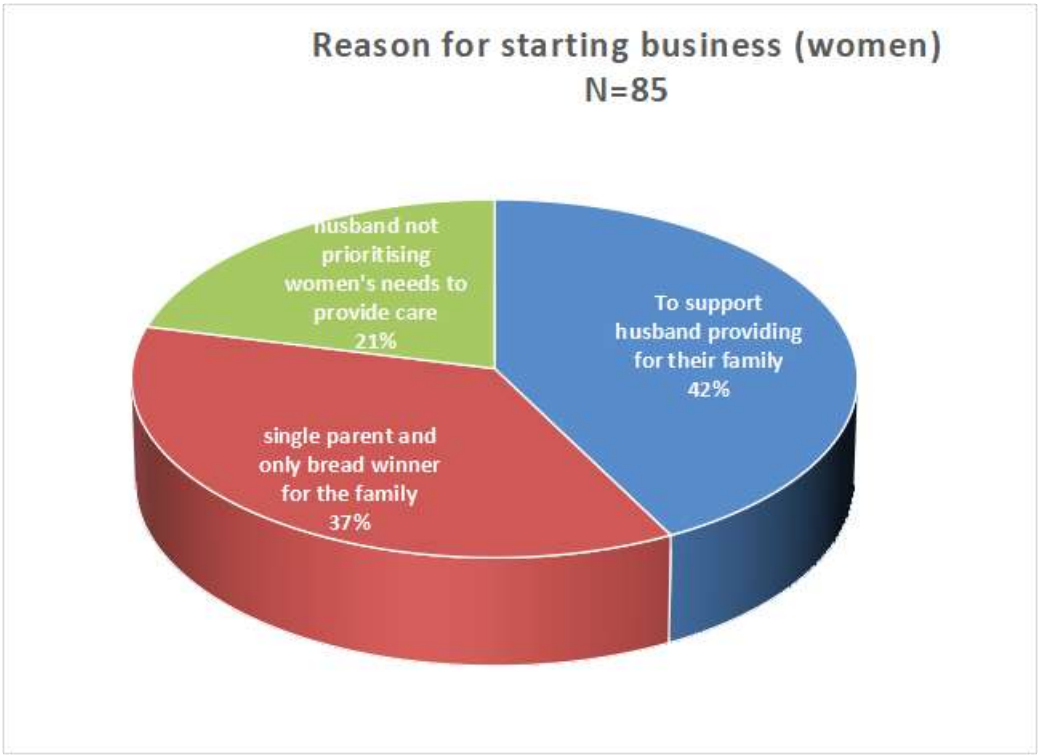

Figure 6: Reasons for starting a business by women.

By starting businesses, the women took on another responsibility on top of the caregiving role that society already bestowed upon them, such that they had to devise ways of managing the two roles. During the interview and the FGDs, women mentioned different coping strategies that they used, to make sure they manage their multiple roles. Some women reported to have adjusted their time for sleeping and waking up, some had reduced time for leisure and resting and some had allocated days to be doing business in a week and left out some days in which they could work on other roles to do with care provision at home.

Figure 7, shows the number of days that women reported to have been doing business per week. Only 12.9 % of female respondents reported doing business 7 days a week, and 20% reported doing business 6 days leaving out one day for church activities. 27% reported doing business 3 days per week, and 15.3% did business 2 days per week. The different responses were attributed to the different circumstances in the respondent's households. During the FGDs, it was established that women with older female children could spend more days doing business as the household chores and related care tasks were mostly done by the children with the women just providing supervision. Unlike women with younger children, who needed to provide the care themselves hence had reduced number of days for doing business.

> I have three children two of which are under five and the firstborn is 7 years old. As my children are still young, they cannot help with any chores and I have no one else to help me with chores at home and I cannot afford to pay a housemaid. As such I have to arrange my business in such a way that it does not prevent me from providing care to my family, said a 36-year-old female participant at Mutu FGD.

This implies that in a way, young mothers with children under the age of 12 have limited business ventures unlike older women with grown-up children who can look after themselves. Again, women who came from households with large family sizes had more unpaid care work to do hence reduced days of business. This concurs with what Antonopoulos & Hirway (2010) said that the amount of time devoted to unpaid tasks was overall smaller for the very young, those who can purchase substitutes in the market, those with few or no children and non-single heads of households. However, in the context of Malawian culture, where children help with care work, those with older children can also be added to the category of having less unpaid care work.

Another factor that was found to affect the number of days for doing business, was the location of the business. Women whose businesses were done at home could sell more days as they would do it simultaneously with other chores, though selling at home had its implications as it had limited customers. Those women who operated their businesses in the markets or moved door to door had reduced days because in cases of emergencies like nursing sick children or other family members, they would not go to do business. Funerals and other cultural ceremonies like weddings and tombstone unveilings *(ziliza)*

were also listed as contributing to women's time poverty to concentrate on business. During these ceremonies, women reported spending almost a week preparing, unlike men.

> *When there is a wedding or tombstone unveiling, we have to make time for* preparations like milling processes and flour preparations which takes up at least 3 days, then we have to allocate at least 2 days for preparation of Thobwa (a local beverage) and then on the actual day of the function women have *to* prepare the food. While men may just require 1 day to help with the slaughtering of livestock and sometimes cutting logs for firewood. After the ceremonies, we have also to remain behind for a day or 2 for cleaning up, unlike men who can just leave soon after the ceremony and go back to their business.
>
> Reported the women at Chimoka FGD.

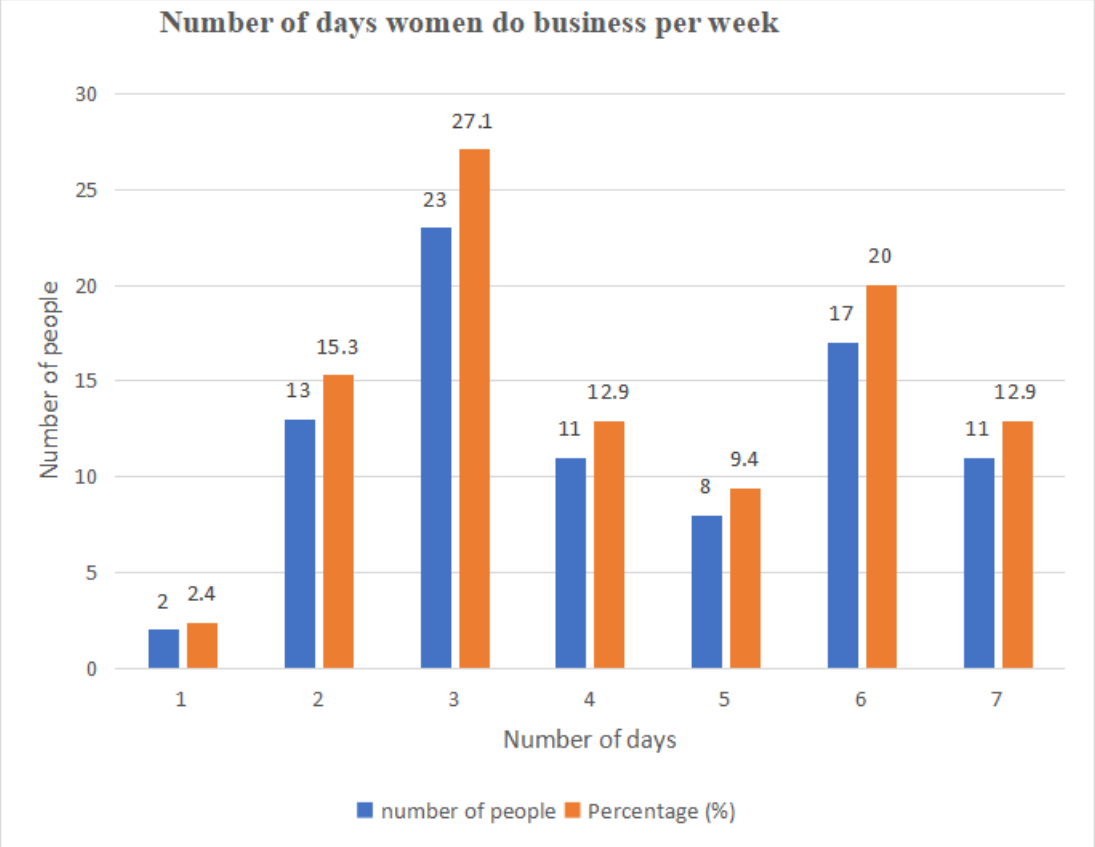

Figure 7: Number of business days per week for women

Male respondents, on the other hand, reported being at liberty to choose the number of days they do business and the factors that influenced their choice had nothing to do with

care provision responsibilities. Men who had specific days of doing business mostly were influenced by market availability in their community and surroundings. Some men chose to travel to do business on specific market days in different locations and trading centres, while those who had a fixed place of business, could do business daily. Figure 8 below compares the male and female responses on the number of days they spent doing business per week. 58 out of 85 male respondents (representing 68% of male respondents) reported that they did business at least 6 days per week, and 14% reported doing business 5 days a week, the remaining 18% were between 2 and 4 days. Thus, more men had more days in a week in which they did business while most women did business 4 days and below.

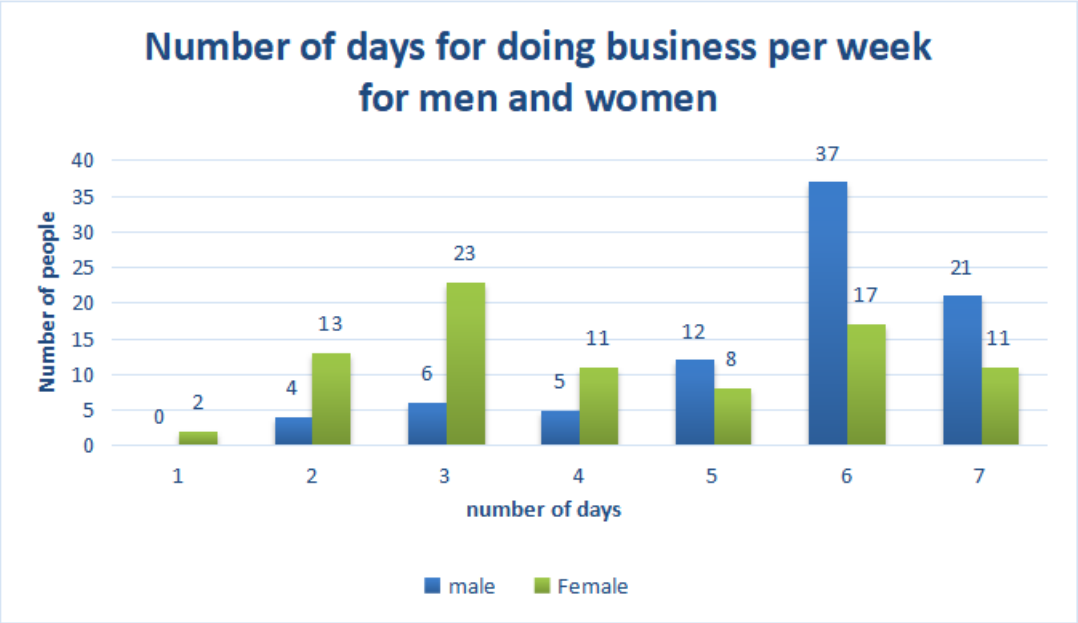

Figure 8: Comparison of business days per week between men and women

On top of having a reduced number of days per week, the women reported having a limited number of hours within a day for which they could do their business. A 37 year-old woman who sells tomatoes from M'bwetu CBCC and has 3 children aged 10, 7 and 4 had this to say.

> On a typical business day, assuming I ordered my tomatoes the previous day, I wake up around 4 in the morning to do household chores like drawing water, washing dishes, cleaning the house, preparing breakfast and getting children ready for school. After the children have gone to school, I go to Kauma market to sell tomatoes from 8 AM up to 11 AM. Then I buy relish for the day and travel back home to prepare lunch for my family. After we eat, I clean the dishes and around 2 PM I walk back to the

market with my 4-year-old son. I sell my tomatoes up to 4:00 PM at which I have to walk back home and start preparing supper.

For this woman, the total number of hours that she spent in the market selling her tomatoes is 3 hours in the morning and 2 hours in the afternoon making a total of 5 hours per day. Other women reported to only sell their business in the morning hours because in the afternoon the business is very slow and often it is just the same as staying home. Other women opted to sell their businesses at home so that they combine them with other care tasks to avoid wasting time travelling to and from the market twice a day. However, this too has its implications as operating a business at home means only customers from the surrounding community and few passers-by can buy, unlike at the market where there are more customers. So, doing business at home means a trade-off between being able to carry out other care tasks while at home and maximising the customer base at the market. Figure 9 compares the number of hours spent doing business for men and women. Only 15% of female respondents indicated that they did business more than 8 hours a day against 67% of male respondents. 34% of female respondents indicated they did business 5 to 6 hours a day against 5% of male respondents. 43% of female respondents reported spending 3 to 4 hours a day doing the business against 11% of male respondents.

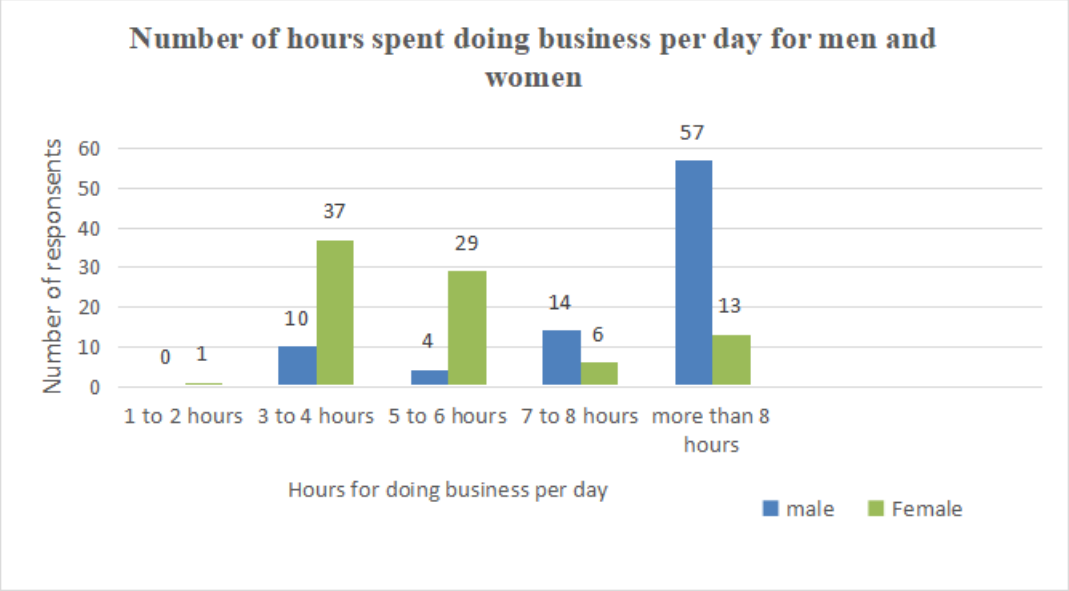

Figure 9: Comparison of business hours between men and women

From the focus group discussions, it was established that for the women, time for doing the business must at no cost prevent them from providing the expected care for their families because when it does, they risk being stopped from doing the business by their husbands. Some women from an FGD at Chimoka had this to say:

> If men feel we are neglecting our care roles for the sake of business, they tell us to stop the business altogether as they see it as being insubordinate. Because of this, we have to make sure that we are back home in time to start preparing supper while our male counterparts doing business can stay at the market up to 8 pm while we have to close at 5 pm. Even if men do not stop us from doing business if we knock off late, it means everything remains at a standstill at home. It means after getting home late we must start preparing food, and bathing the children because the men will not come in and help. To avoid making children suffer we have to make sure we are back home in good time.

4.4. Business performance between men and women

Having looked at the different circumstances and conditions in which men and women conducted their businesses, the study went further to compare the performance of the businesses run by men and those run by women. The assessment was mainly based on the type of businesses that men and women chose to do, the reasons behind the choice of business, and the economic outcome or impact the business brought on the participants' families.

4.4.1 Types of business run by men and women and the reason behind the choice of business

Both male and female participants were asked to mention the type of business they do and the reasons that influenced their choice of the business. As shown in Figure 10 below, the types of businesses done by the participants ranged from grocery shops, hawkers, selling farm products, selling tomatoes, selling snacks, small-scale irrigation farming (vegetables), and other petty businesses. The choices of businesses made by men and women did not divert very far from each other except for a few notable ones like grocery shops which were run by 44% of male respondents against 12% of female respondents, 20% of female respondents sold snacks against 7% male respondents, 20% female

respondents sold tomatoes against 12% male and 7% female respondents run tearooms/restaurants against 0% male respondents.

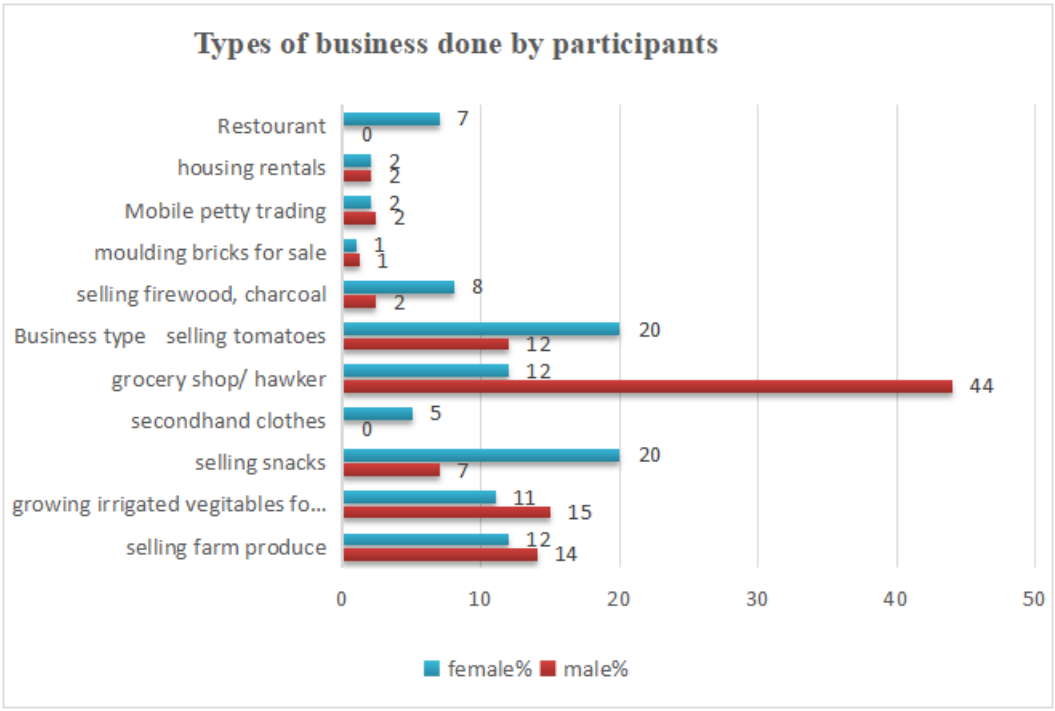

Figure 10: Types of business done by men and women

However, reasons for choosing the type of business differed between men and women as displayed in Figure 11 below. 29% of males and 24% of females were influenced by the amount of capital. 34% of female respondents chose businesses that could be operated at home against 27% of males. 19% of female respondents chose businesses that were less time-consuming against 6% of male respondents. Market availability influenced 21% of male respondents against 11% of female respondents. Availability of raw materials close by influenced 17 % of male respondents against 12% of female respondents.

> I have a big family of 8 members of which 3 are children under 12 and all my elder children are boys who cannot help much with the household chores. I made sure to choose a business that does not require more time. I sell washing powder on credit. I go in town to buy 25kg bags of washing powder which I then repark in 1 kg packets. Then I distribute to willing customers around the village and this takes just a day in a week, then I collect payment at the end of the month which also takes me a day per week. Because I distribute the soap on different dates, usually, I get some payment every week although sometimes I can make my rounds without getting any payment. I am sure if I had to stay in the market every day, I

would be making more sales, but I chose this way because it gives me room to stay at home and take care of my family. Shared one woman at Mutu CBCC FGD.

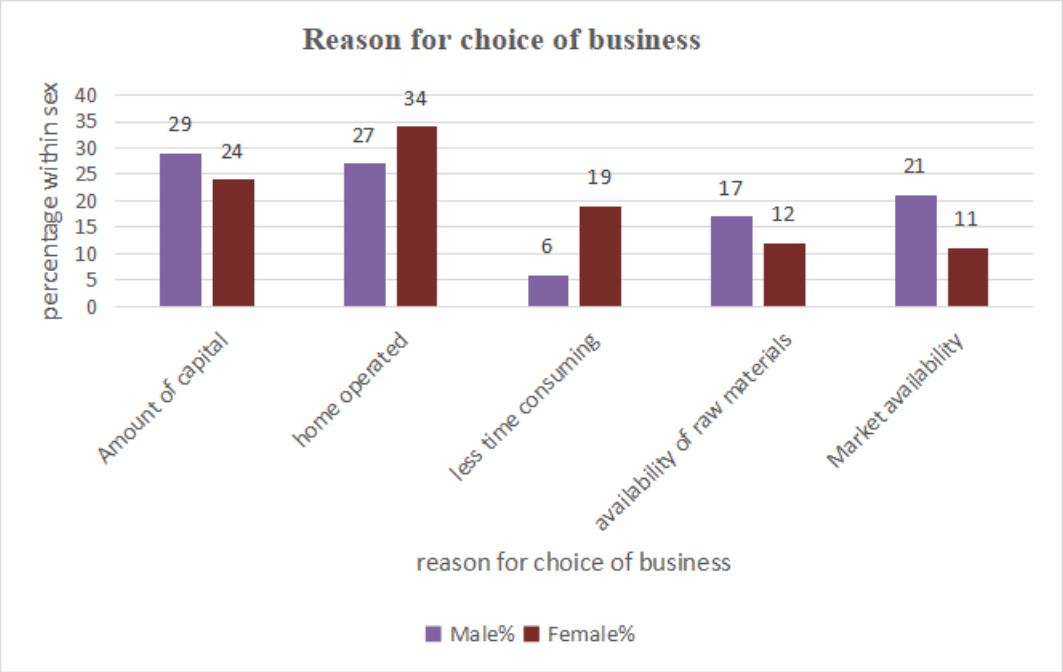

Figure 11: Reasons for choice of business between men and women

4.5. Economic outcome from businesses run by men and women

A comparative analysis of the economic outcome, from businesses run by men and women was done. To compare how men and women benefited from their businesses, the participants were asked to state what they managed to achieve, from the proceeds obtained from their businesses. The impact was classified into 3 main categories. Some participants reported that nothing came out of their businesses as they made losses. Others mentioned assets that they had managed to acquire with proceeds from the business, and this included housing improvements (iron sheets and cement), farm inputs, livestock, and other tangible household use items and appliances. Another category was for those who only managed to meet survival needs like food, clothing, school development funds for children, and other utilities. Figure 12 below depicts how the participants responded. 5% and 4% of male and female respondents respectively, reported having made losses hence no economic outcome was achieved. 59% of female and 29% of male respondents reported having only managed to meet their survival needs. 71% of

male and 38% of female respondents went beyond meeting survival needs and managed to attain some assets using the proceeds from their businesses. The data collected show that the majority of women participants could only manage to meet their survival needs using the proceeds from their businesses unlike the majority of men whose businesses were able to go beyond meeting survival needs and produced more tangible assets.

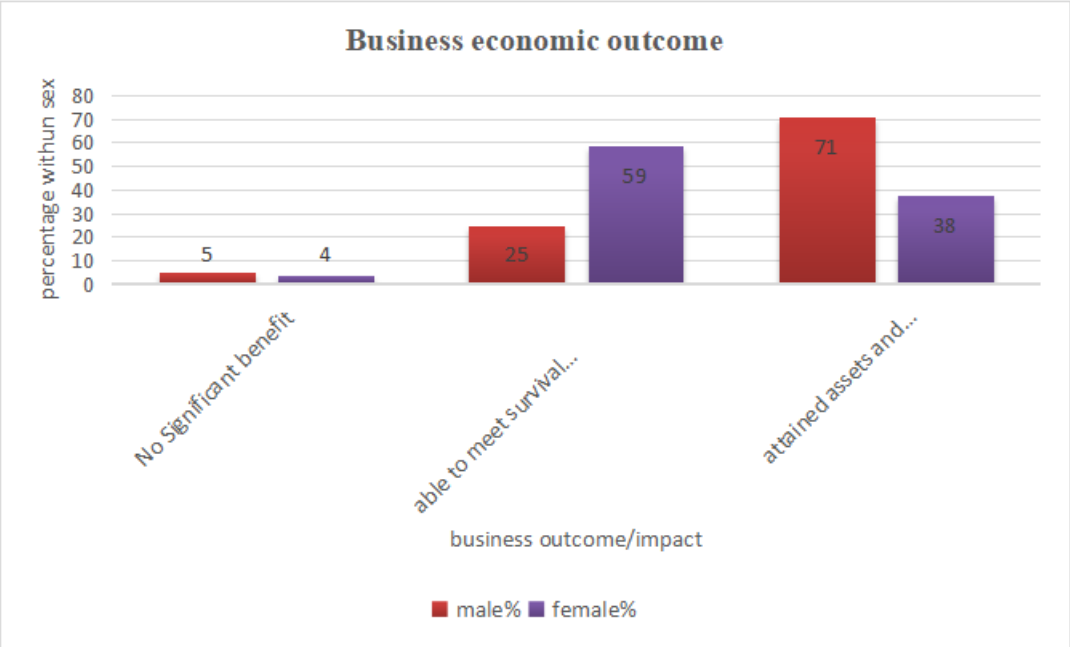

Figure 12: Economic impact of business for men and women

CHAPTER FIVE

SUMMARY, CONCLUSION AND IMPLICATIONS

5.1. Chapter overview

This chapter contains the summary of the study findings, the conclusion made from the findings, and the implications. The chapter also highlights some areas for further research**.**

5.2. Summary of findings

The research set out to find out the impact of unequal distribution of unpaid care work (between men and women) on the economic empowerment of women doing small-scale businesses in Lilongwe peri-urban and rural.

Under Objective one, on the unequal distribution of unpaid care work between men and women, the research reaffirmed that women do most of the unpaid care tasks, with men helping here and there, especially under certain circumstances. On average, women were found to spend 5 hours working on unpaid care work tasks while men spent an average of 1 hour per day. Other players in the provision of care were found to be the public sector, the market or private sector and the civil society. However, the household remains the main player in the provision of care to its members. The unavailability of social and public services nearby was found to increase the burden of care provision for women, especially in the rural areas where women must walk long distances and wait in long queues to access services like health care and water.

Cultural beliefs remained the reason behind the unbalanced distribution of unpaid care work between men and women. Despite the cultural expectations and beliefs that portray women as caregivers and men as breadwinners, women still find themselves joining income-generating activities by starting businesses. However, despite women joining the income generation through businesses, they remain providers of care for their families and men remain outsiders in care provision.

Under objective two, the research found that unpaid care work affected the choices of the business types that women get into, how they run the businesses and the time that they could dedicate to their businesses. Such being the case, most women who have no support with care provision at home, chose businesses that were less time-consuming or they chose businesses that could be run from home. The study found that on average women spent only 4 hours per day doing business and spent 5 hours in care provision, unlike men who spent an average of 8 hours doing business. Because of the time poverty that women have, they ended up choosing businesses that provided fewer returns, and in some cases, they gained fewer returns because they did not maximise their chances of making sales by choosing to operate the businesses at home so that they combine with care provision. Women who conducted their businesses at home and those who had to close their

businesses earlier because of their care work obligations missed out on making more sales at the market.

Under objective three, the study found that, because women missed out in maximising their business opportunities, in terms of choice of business, location and time spent on the businesses, the returns that were obtained from women's businesses were very minimal as compared to men. There was minimal growth in the business portfolio for businesses run by women with more caring roles at home. The study found that many of the businesses run by women were only able to produce gains that could only be used to meet survival needs like food, clothing and basic shelter and were not able to increase the business portfolios and attain more tangible assets and wealth accumulation. Men and some women who at least had help with care provision (mostly from elder daughters or other female relatives) were not restricted by time and location in the choice of their business, which gave them an opportunity to maximise sales and hence make more returns that enabled them to go beyond meeting survival needs.

5.3. Conclusion and Implications

The conclusion drawn from the study is that the unpaid care work responsibilities bestowed on women create time poverty which limits and restricts women's business ventures, in terms of choice of business, location of the business, and the when and how the business is run. Women who did not have help with care provision at home, gained little from their businesses as they only managed to meet survival needs like food, without any tangible growth or wealth accumulation. Thus, the unpaid care work burden creates a barrier to women's empowerment. The study further confirmed that the unavailability of social and public services related to care provision increases the burden of care provision for women, especially in rural areas where women have to walk long distances and wait in queues to access services like health care and water.

The study findings imply that if women's economic empowerment is to be attained through businesses, a lot must be done to ease their unpaid care work obligations, especially for those women in low-income households, who cannot afford to access paid domestic help and time-saving appliances in care provision. Providing access to loans or other forms of capacity building in business skills without addressing the underlying

burden of care provision, may not yield the best results in achieving economic empowerment for women in the low-income category.

As such, the study recommends that women's economic empowerment policymakers should approach women's economic empowerment initiatives holistically. Women's economic empowerment initiatives should among other things, prioritise the reduction of unpaid care work burden through the provision of care-related services whose presence may help women to save time and energy in their care provision roles. This will ensure that women have enough time to concentrate on business and other economic activities. The government should also consider making available and accessible, time and energy-saving technologies that aid in care provision to women in rural communities.

This is in line with the feminist theory around women's development which challenges the dominant development theories that would assume that just providing business loans men and women, would equally impact their businesses, which is not the case. Feminist theorising calls for taking into account women's lived experiences and women-oriented statistics to help improve women's access to education, training, property, credit, and in this case, access to meaningful business opportunities that would enhance their economic development.

5.4. Areas for further research

The study found some areas that may need further research. One of which is to find the time use allocation for women and men during the farming season as this might bring different results since this study was conducted during off farming season.

Again, there is a need to look deep into other factors that may influence women's poor performance in businesses like literacy and education levels, as these may also have a bearing and the research did not compare the same with men.

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APPENDICES

Appendix 1: INDEPTH QUESTIONAIRE (QUANTITATIVE)

SECTION A: Demographic Data

Name of

enumerator…….

Date…….

Respondent name/code……CBCC

name……GVH……

1. What is your sex? 1) Male
   2) Female
2. What is your age group
   1) Below 18
   2) 18-24
   3) 25-35
   4) 36-44
   5) 45-55
   6) 56 and above
3. Marriage status
   1) Never Married
   2) Married
   3) Divorced
   4) Separated
4. What is your highest qualification?
   1) Never attended school
   2) Primary School
   3) JCE
   4) MSCE
   5) Tertiary
5. How many are you in your family?
   1) 1 2) 2
   3) 3
   4) 4
   5) 5

6) More than 5

6. How many children under the age of 12 (who need to be cared for) are there in your family
    1) 1 2) 2
    3) 3
    4) 4
    5) 5
    6) More than 5
    7) None
7. Are there any chronically ill people that need support in the household?
    1) Yes
    2) No
8. If yes How many
    1) 1
    2) 2
    3) 3
    4) More than 3
9. Are there any elderly people who require care and support on a daily basis
    1) Yes
    2) No
10. If yes how many
    1) 1
    2) 2
    3) 3
    4) More than 3
11. What is your main source of income
    1) None
    2) Full-time employment
    3) Part-time employment
    4) Piece works
    5) Business
    6) Farming
    7) Other (name them)

SECTION B: BUSINESS QUESTIONS

1. What type of business do you do?
    1) Buying and selling farm products
    2) Irrigated farming
    3) Selling readymade food/snacks
    4) Second-hand clothes
    5) Grocery/Hawker
    6) Selling vegetables
    7) Other (Mention)
2. What influenced the choice of your business type?
    1) Amount of capital
    2) Convenience in terms of location
    3) Convenience in terms of time
    4) Availability of materials
    5) Availability of market
    6) Other (specify)
3. Why did you decide to start a business
    1) It is the only source of income to support my family
    2) I am a single mother hence need to provide for my family
    3) To support husband providing for the family
    4) Not getting enough financial support from husband
4. When did your business start 1) Less than 3 months
    2) 3-6 Months ago
    3) 6 Months-1yr 4) 1-2 Yrs. ago 5) More than 2 yrs. ago.
5. When did you access the loan from ActionAid (name month and year)

6. How much money in total did you access as a loan
    1) Less than 10,000
    2) Between 10,000-20,000
    3) between 21,000-30,000
    4) between 31,000-40,000
    5) between 41,000-50,000
    6) Above 50,000
7. Was the business already in existence before you accessed the loan?

1) Yes
2) No

8. If Yes, how much was your capital before accessing the loan
    1) Less than 10,000
    2) between10,000-20,000
    3) between21,000-30,000 4) between31,000-40,000
    5) between41,000-50,000
    6) Above 50,000
9. Is the business still operational after accessing the loan
    1) Yes
    2) No
10. If yes on Q8, how much is the current capital?
    1) Less than 10,000
    2) Between10,000-30,000
    3) 31,000-50,000
    4) Between 50,000 -60,000
    5) Above 60,000
11. If No on Q8, give reasons
    1) Used up the capital due to financial challenges
    2) Business did not do well due to the unavailability of a market
    3) Business did not do well due to lack of enough time
    4) Long distances to markets
    5) Business did not do well due to unavailability of raw materials
    6) Other reasons – Name them
12. Where do you get materials for the business in terms of distance? 1) Less than 500m
    2) Between 500m and 1Km
    3) 1-2 Km
    4) 2-3km 5) 3-4Km 6) 4-5km
    7) Above 5km
13. What is the mode of transport
    1) Walking on foot
    2) Cycling
    3) Bicycle taxi (*Kabaza)*
    4) By minibus or any vehicle

14. Where is the market for your business in terms of distance
    1) Less than 500m
    2) Between 500m and 1Km
    3) 1-2 Km
    4) 2-3km 5) 3-4Km 6) 4-5km
    7) Above 5km
15. How many days per week do you work on your business (selling, gathering materials or processing)?
    1) 1 day
    2) 2 days
    3) 3days
    4) 4 days
    5) 5 days
    6) 6 days 7) 7 days Give reasons for your answer……
    ……
16. How many hours per day do you work on your business (selling, gathering materials or processing)?
    1) Less than 1 hour
    2) 1-2 hrs
    3) 2-3 hrs
    4) 3-4hrs
    5) 4-5hrs
    6) 5-6hrs
    7) 6-7hrs
    8) 7-8 hour
    9) More than 8 hrs
17. What benefits have come out of the business (circle more than one where applicable)
    1) No tangible outcomes yet
    2) Acquired some household assets (name them)
    3) Improved Housing status (how)
    4) Able to pay school fees for children
    5) Food availability in the home
    6) Able to by clothing for oneself and dependents

7) Other…….

18. Have you been able to pay back the loan within the specified payment period?
    1) Yes
    2) No
    3) Still paying

19. If no, why?
    1) Did not use the loan for the intended purpose
    2) The business failed to produce profits
    3) Used up the capital and profits for other
    4)

SECTION C: UNPAID CARE WORK

1. At what time do you wake up on a typical day
    1) Earlier than 4 am
    2) 4 am
    3) Between 4-5am
    4) Between 5 and 6 am
    5) Later than 6 am

2. What time do you go to sleep on a typical day
    1) 6 pm
    2) Between 6-7Pm
    3) Between 7-8 pm
    4) Between 8-9 pm
    5) Between 9_10 PM
    6) After 10 PM

3. Which unpaid care work activities do you do in the household (multiple selections allowed)
    1) Cooking
    2) Washing clothes
    3) Washing dishes
    4) Cleaning the house

5) Taking care of children (feeding, bathing)
6) Fetching water
7) Fetching firewood
8) Milling
9) Looking after the sick
10) Looking after the elderly
11) House maintenance
12) Taking care of livestock
13) Other (List them)

……
…..

4. Which activities/tasks do you do for pay or profit

1) Employed job
2) Farming
3) Piece works
4) Business
5) Other (list them)

……..

5. Why do you do the work that you do in the household rather than other members of the household? (both unpaid and paid)

1) It is expected of me
2) It is what I can manage to do
3) It is convenient
4) Other members of the household cannot manage

Appendix 2: focus group discussion interview guide-(qualitative)

1. Which unpaid care work or activities do most women do in their households. (list them)……
   ……
   ……
   ……
   ……..
2. Which unpaid care work activities do most men do in their households (list them)……
   ……
   ……
   ……
   ……

3. What is the frequency of the different unpaid care work activities done by men or women? How many times per day or per week or per month.

ACTIVITY	FREQUENCY PER DAY	FREQ PER WEEK	FREQ PER MONTH	FREQ PER YEAR

4. Are there any public services in the area that help to ease unpaid care work? E.g. Hospitals, water sources, electricity, milling facilities, childcare centres, Markets. (use a participatory tool called Care Diamond to map the available services or infrastructure that facilitate care work and fill in the table below)

Service	**Available (yes or No)**	**Distance**	**Mode of transport to the service**
Hospitals			
Markets			
Maize mills			
Water source			
Childcare centres			

5. What are the reasons behind the difference in the type of unpaid care activities that men and women do?
6. How does the disproportionate allocation of unpaid care work between men and women affect women's economic empowerment- (link with the businesses that they do)
7. How does the disproportionate allocation of unpaid care work between men and women affect men's economic empowerment - (link with the businesses that they do)

Appendix 3: 24-hour time use diary

Fill in each and every activity/task you do from the time you wake up in the morning, to the time you go to sleep at the end of the day. The time diary has been put into 30-minute slots. If doing more than one tasks, just fill in the main or primary task being done.

TIME	**TASK DONE**	**WHERE THE TASK IS DONE (Location and distance)**
4-4:30 AM		
4:30-5 AM		
5-5:30 AM		
5:30-6 AM		
6-6:30 AM		
6:30-7 AM		
7-7:30 AM		
7:30-8AM		
8-8: 30 AM		
8:30-9 AM		
9-9:30 AM		
9:30-10AM		
10-10: 30 AM		
10:30-11AM		
11-11:30 AM		
11:30-12NOON		
12-12:30 PM		
12:30-01PM		
01-01:30 PM		
01:30-02 PM		
02-02:30 PM		

02:30-03Pm		
03-03:30 PM		
03:30-04 PM		
04-04:30 PM		
04:30-05 PM		
05-05: 30 PM		
05:30-06PM		
06-06:30 PM		
06:30-07 PM		
07-07: 30 PM		
07:30-08PM		
08-08:30 PM		
08:30-09 PM		
09-09:30 PM		
09:30-10PM		
10-10: 30 PM		
10:30-11PM		
11-11:30 PM		
11:30-12 Mid Night		
12-12:30 AM		
12:30-1AM		
1-1:30 AM		
1:30-2 AM		
2-2:30 AM		
2:30-3 AM		
3-3:30 AM		
3:30-4 AM		

CLASSIFICATION OF ACTIVITIES/TASKS

The classification of activities has been adapted from the New Zealand Activity Classification for Time-Use Statistics (ACTUS), (2011). However, participants will be allowed to fill the time slots with their own answers, and these will then be classified and coded as follows:

1. **LABOUR FORCE ACTIVITY**
   - Work for pay (employment, piece works)
   - Travel associated with labour force activity
   - Other labour force activity
   -
2. **HOUSEHOLD WORK**
   - Food or drink preparation and clean up
   - Indoor cleaning
   - Laundry, ironing and other clothes care
   - Pet and domestic animal care
   - Grounds maintenance
   - Production of household goods
   - Other home maintenance
   - Travel associated with household work
   - Caring for or accompanying adults (including the elderly, the sick)
   - Travel associated with other unpaid work
3. **CHILD CARE**
   - Physical care of children
   - Teaching/helping child
   - Playing/reading/talking with a child
   - Accompanying/supervising child
   - Travel associated with childcare activities
   - Other childcare activities
4. **PERSONAL CARE**
   - Personal hygiene and grooming
   - Sleeping
   - Sleeplessness
   - Eating and drinking
   - Private activities
   - Personal medical care
   - Travel associated with personal care
   - Other personal care
5. **PURCHASING GOODS AND SERVICES**
   - Purchasing goods for the home
   - Window shopping
   - Purchasing services
   - Travel associated with purchasing goods and services
   - Other purchasing goods and services
6. **WORK FOR PROFIT/BUSINESS**
   - Selling merchandise
   - Business related travel
7. **FREE TIME**
   - Other miscellaneous unpaid work

- Religious, cultural and civic participation
- Religious practice
- Filling in Time Use diary
- Travel associated with religious, cultural and civic participation

- Other religious, cultural and civic participation
- Watching television or video

- Listening to music or radio
- Reading or personal writing
- Thinking, reflecting, relaxing, resting and planning
- Travel associated with mass media and free-time activities

- Other mass media and free-time activities
- Hobbies

8. SLEEPING AT NIGHT

- Time spent sleeping at night.