



OXFAM

TIME TO CARE

SHARING CARE FOR SUSTAINABLE LIVING

EXECUTIVE
SUMMARY

OCTOBER, 2019

In Bolivia 4.5 million children, adolescents, older people, people who are ill or disabled need to be cared for. Almost 3 million are vulnerable and live in poverty. All of us at some point in our lives need to be cared for and we are all potential carers. Care is at the heart of sustainable living. It is a responsibility and it is also a right. Traditionally women take on the lion's share of care and household chores¹ and the time dedicated to care is unequally and unfairly distributed between men and women. Also, care is all too often unpaid and

not valued. This inequality, linked to the unequal division of labour, is underpinned by imaginaries and beliefs, and is a new social issue that must be addressed through public policy. And even more urgently, an integrated system of shared responsibility for care is needed. These concerns and concepts are covered by the Oxfam in Bolivia report: *Time to care. Sharing care for sustainable living.*

ACCORDING TO ILO, IN 2018 WOMEN DID 76.2% OF THE TOTAL AMOUNT OF UNPAID CARE WORK, 3.2 TIMES MORE TIME THAN MEN.

647 million persons of working age were outside the labour force due to family responsibilities. (90% female)



¹ Care work consists of two overlapping activities: direct, personal and relational care activities, such as feeding a baby or nursing an ill partner; and indirect care activities, such as cooking and cleaning, referred to in this document as "household chores".



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It is estimated that Bolivian women spend twice as much time as Bolivian men on care and household chores. Only 3 of every 10 adults living with small children use childcare services, mainly public services. Usually children are looked after in the home by the women of the family. A two-pronged approach is needed to tackle this unequal distribution of care and household chores: meet people's needs for care tailoring care to their specific needs, and ensure that the rights of carers, especially female carers, are guaranteed.

Why is it important to place care at the heart of national debate, public policy and a new step towards social inclusion? There are at least three reasons. The first has to do with the challenges to a sustainable reduction in poverty and inequality, and the direction and pace of the changes. One of the premises of national and regional assessments of social progress is that no more progress can be made to reduce gender gaps in the labour market, with a knock-on effect on inequality, if the gender gaps regarding time spent on care and household chores are not closed. The report estimates that in 2018, 80% of Bolivians in need of care (children and adolescents below the age of 14, adults older than 70 and people that are disabled or ill) lived in poor or vulnerable households.

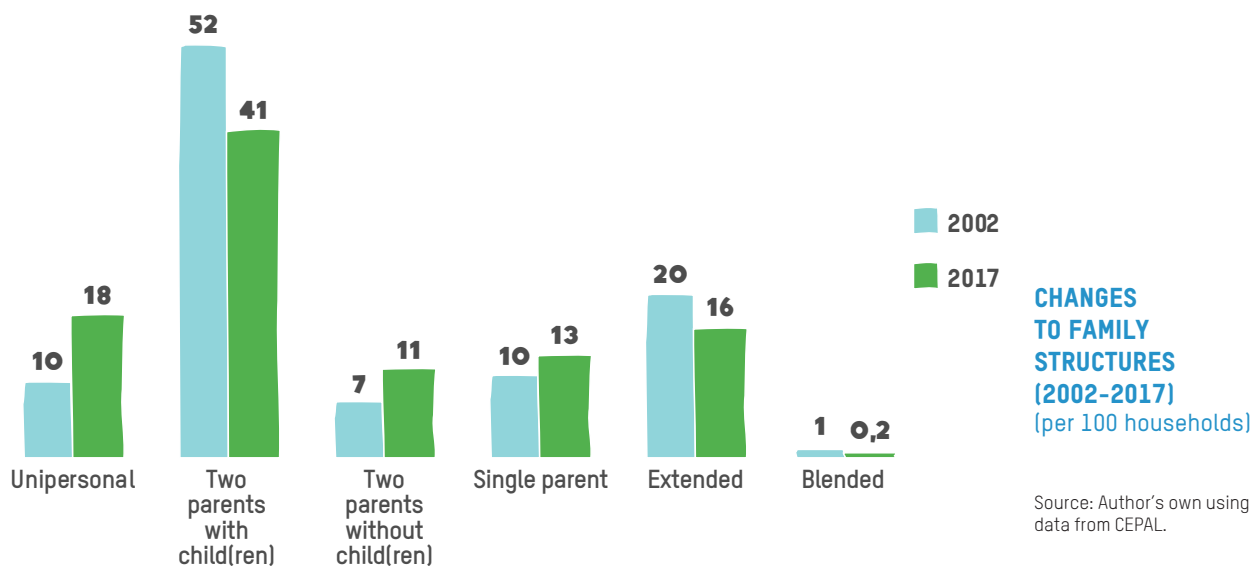
The second reason calls for recognising care as a necessity for sustainable living. In her book *The Real Wealth of Nations*, Riane Eisler posits that the greatest economic resources of a nation are its people and natural environment. Changing our understanding of what wealth is, from accumulating capital to wellbeing and happiness, means looking at how to start talking about "solidarity care". Solidarity care refers to recognising that at some point in our lives all of us will care for a loved one and be cared for ourselves, and that without this care we would not be alive; therefore, care is both a right and an obligation and as such should be made visible and protected both by families and the state, the community and the private sector.

The third reason is to revindicate gender equality and recognise that care is a daily necessity that should be understood in its broadest sense –as a right and as a duty. Care is a duty that falls to all of us and being cared for is a right that each of us deserves. Dedicating time to caring for those we love is vital to our happiness, wellbeing and mental health. The reality is that when we cannot be where we should be to care for our loved ones our wellbeing suffers. And when caring for loved ones is demanding and not fairly shared, we suffer too. The data presented in the report on surveys show that Bolivians view family and work as the most important facets of their lives, which means that they expect to be able to work and care for their loved ones at the same time. Therefore, it is essential, under the principle of co-responsibility, to reconcile work and family life.

This report approaches the topic of care from four different angles:

1. THE NEED FOR CARE AND THE AVAILABILITY TO PROVIDE CARE

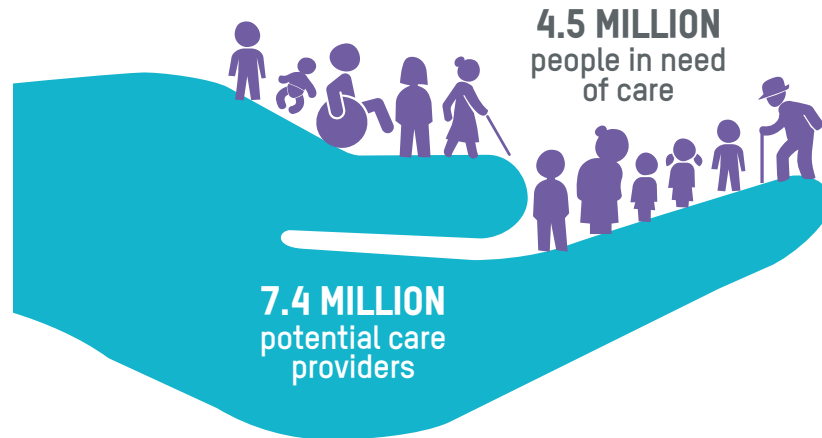
When we talk about care, we are actually talking about a new social issue. If on the one hand the number of people requiring care is rising, and on the other there are fewer people who are “potential care providers”, we are in the midst of a “care crisis”. Such crisis is mainly due to demographic changes and women’s entry into paid employment and public life in addition to significant changes to family structure as witnessed by the different family compositions seen today (e.g. a rise in single-parent families 80% of which are headed by women). These changes are important as, as already explained, most of the burden of care falls on relatives, mainly female relatives whose work is unpaid.



Who needs to be cared for? Who can care for others and who actually does? The first point to look at when addressing the topic of care is **the people**. Right now 4.5 million people in Bolivia, almost half of the population, need to be cared for. This is mainly because of the large population of young children in the country, which is set to change in the near future with a growing number of older adults that will need care. On the other hand there is a huge army of “potential care providers” – over 7 million men and women old enough to take care of their loved ones. However, this number can be cut in half as it is usually the women who do the care and the household chores.

**POPULATION
REQUIRING CARE
AND POTENTIAL
CARE PROVIDERS
(2019)**

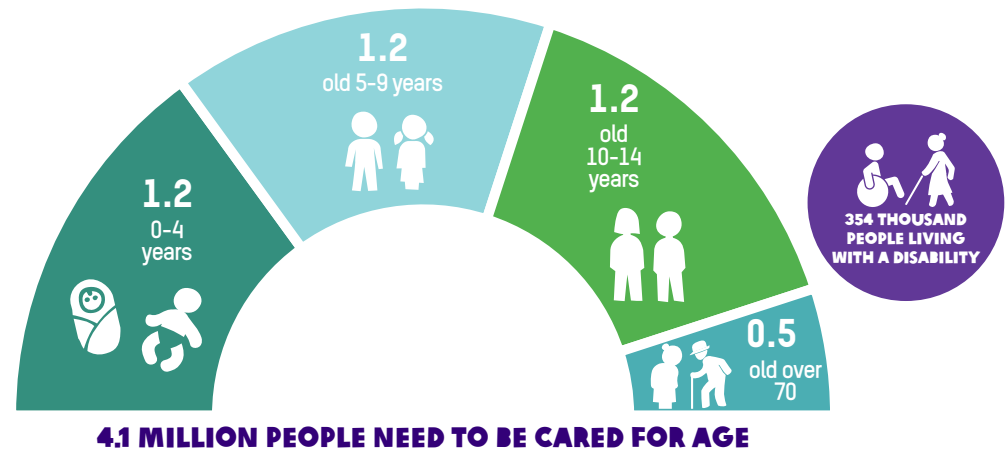
Source: Author's own
using data from Oxfam and
Ciudadanía, 2018



The democratic perspective also alerts us to a need for different types of care in Bolivia given the complex intersection between social vulnerability and the need for care. It is also essential to identify the groups most in need of care and use this information to prioritise actions to cover the almost 3 million Bolivians that live in poor vulnerable households. Care needs also vary from region to region, which means focusing on people in different territories, especially at the local level.

**POPULATION
REQUIRING CARE
BY AGE AND
REASON FOR BEING
RECIPIENTS (2019)**

Source: Author's own
using data from Oxfam and
Ciudadanía, 2018

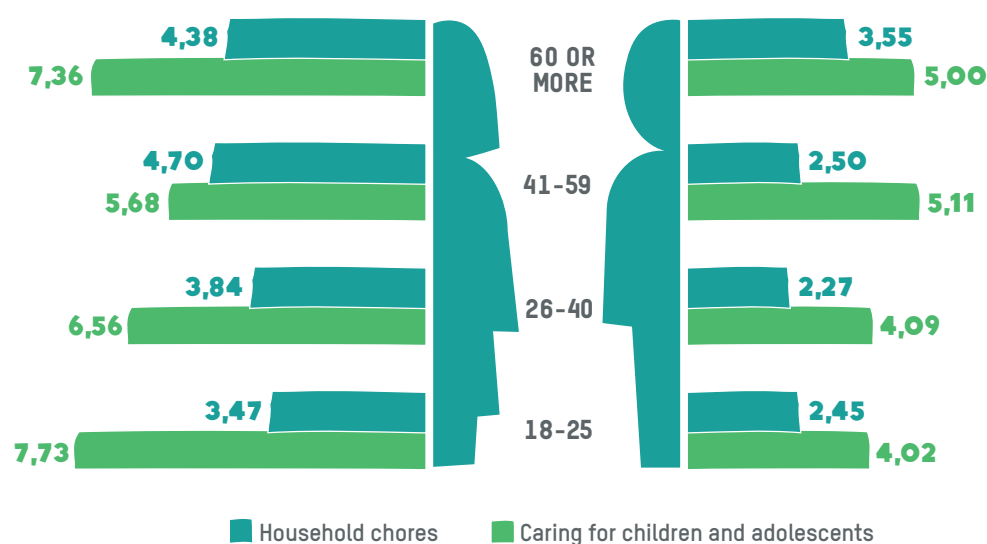
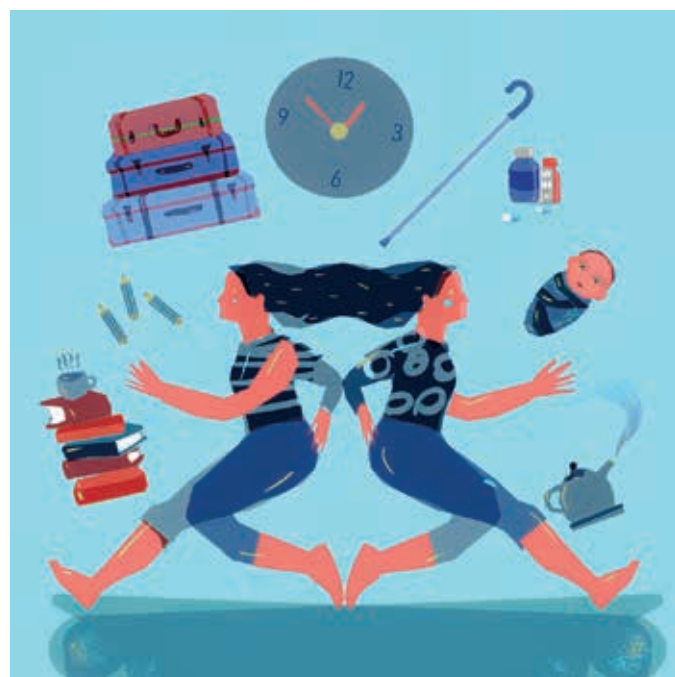


2. UNEQUAL SHARE OF CARE WORK

In no country in the world do men and women do an equal share of care and household chores. Women do almost 80% of the unpaid care work globally. This gap is greater in middle-income countries, for poorly educated women and in rural areas. The time dedicated to caring for others is a valuable commodity but it is distributed unequally. How much care is provided? How much time is spent providing care? How should it be shared? The second perspective to be taken into account is the use of time – **how many hours?**

The evidence is irrefutable. Women do more unpaid work than men, as proved in statistics and perceptions. Bolivian women spend an average of 23.5 hours a week on care work – twice as much as men; 6 of every 10 women over the age of 60 spend up to 5 hours each day to providing care, and 7 of every 10 women say that they spend more time on housework with only 1 stating that “both” or “their partner” should share the responsibility. The gender differences relating to caring for loved ones, independent of age, are reproduced throughout the lifecycle. This inequality is unsustainable.

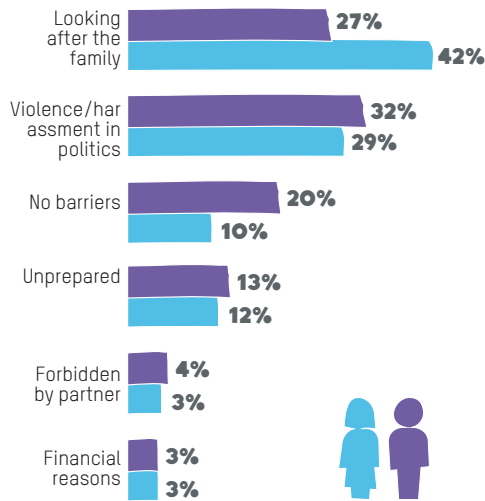
When care and household chores are unfairly divided, women’s economic independence is curtailed and they are less likely to be able to participate in other activities, especially paid employment. This situation also has a knock-on effect on women’s chances and expectations to participate in different spheres, including politics: 4 of every 10 women and 3 of every 10 men believe that the main reason that women do not have enough time to be involved in politics is because they have small children; 6 of every 10 women say that if they did not have to do care and household chores, they would have enough time to get a paid job.



AVERAGES PER SEX AND AGE-GROUP ANSWERING THE QUESTION “HOW MANY HOURS A DAY DO YOU SPEND ON CARE AND HOUSEHOLD CHORES?”

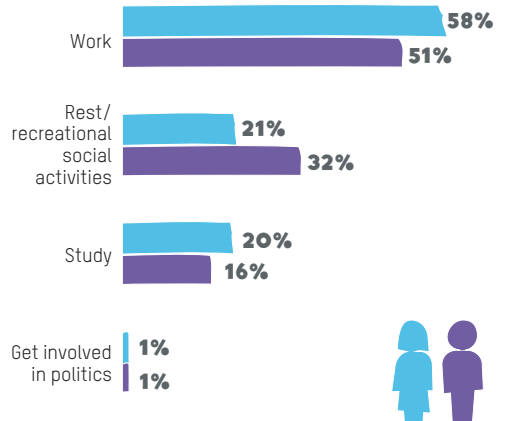
Source: Author’s own using data from Oxfam and Ciudadanía, 2018

BARRIERS FOR WOMEN'S PARTICIPATION IN POLITICS (2018)



Source: Author's own using data from Oxfam and Ciudadanía, 2018. Answers to the question "What's the main barrier preventing women from participating in politics?"

PREFERRED USE OF FREE TIME (2018)

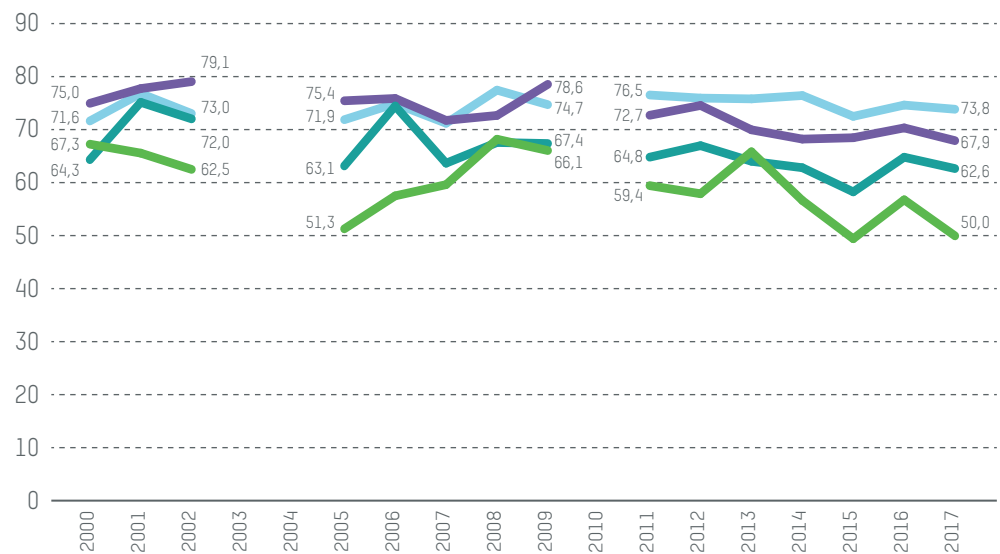


Source: Author's own using data from Oxfam and Ciudadanía, 2018. Answers to the question "If you didn't have to do care and household chores, what would you do with this free time?"

Bolivian women have the highest labour force participation rate (66.6%) in the region and one of the lowest rates of staying at home (19.5%). Also, Bolivian women work fewer paid hours per week than men do, and are more likely to work part time. And, in a similar vein, Bolivian women work and care meaning that they hold down two jobs at a time ("double-shift"). Beyond how time is used, perceptions and preferences, the data show that the more children a woman has, the less paid work she can do, which decreases with the age of her children.

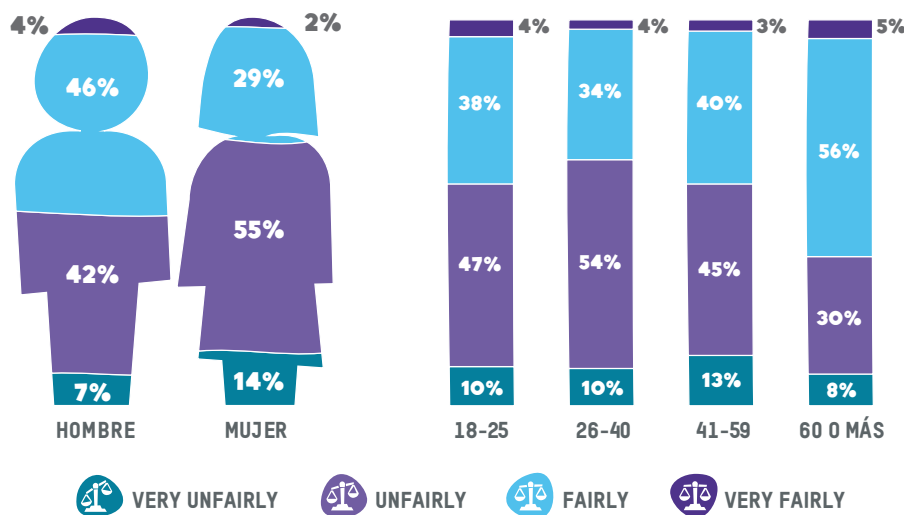
In actual fact both men and women feel that the way that care and household chores is shared in households is unfair: 7 of every 10 women and 5 of every 10

RATE OF WOMEN'S PARTICIPATION (%) IN THE WORKFORCE (24-54 YEARS OLD) BY NUMBER OF CHILDREN UNDER THE AGE OF 13 (2000-2017)



Source: Author's own using data from Oxfam and Ciudadanía, 2018.





MOST PEOPLE BELIEVE THAT CARE WORK IN THEIR HOME IS UNFAIRLY DISTRIBUTED (2018)

Source: Author's own using data from Oxfam and Ciudadanía, 2018. Answers to the question "How fairly do you think care work is shared in your home?"


men say that work is not fairly shared in their home. Therefore gender equality (by redistributing unpaid care work) in the home must be pushed for, which requires two premises to be fulfilled: flexible work arrangements and women entering the workforce.

3. PERCEPTIONS AND BELIEFS ABOUT CARE AND THE DIVISION OF LABOUR

Regarding the gender division of labour, throughout history women have always shouldered the burden of care. Today social norms continue to reinforce the idea that women are "born" to care and do household chores, whereas "men should" go out to work (for pay). These stereotypes are produced and reproduced in society, in the media and in daily relations, and then become imaginaries. This is the third perspective to be addressed: **imaginaries**.

Imaginaries and beliefs about care work and gender roles are constructed by society and so the gender roles that determine the traditional responsibilities and tasks assigned to women mean that they are not visible, not valued and unpaid. Care and household chores allocated to "housewives" are still not recognised as work, whereas men's work in the labour force is seen as productive, has economic value, and therefore deserves to be paid.





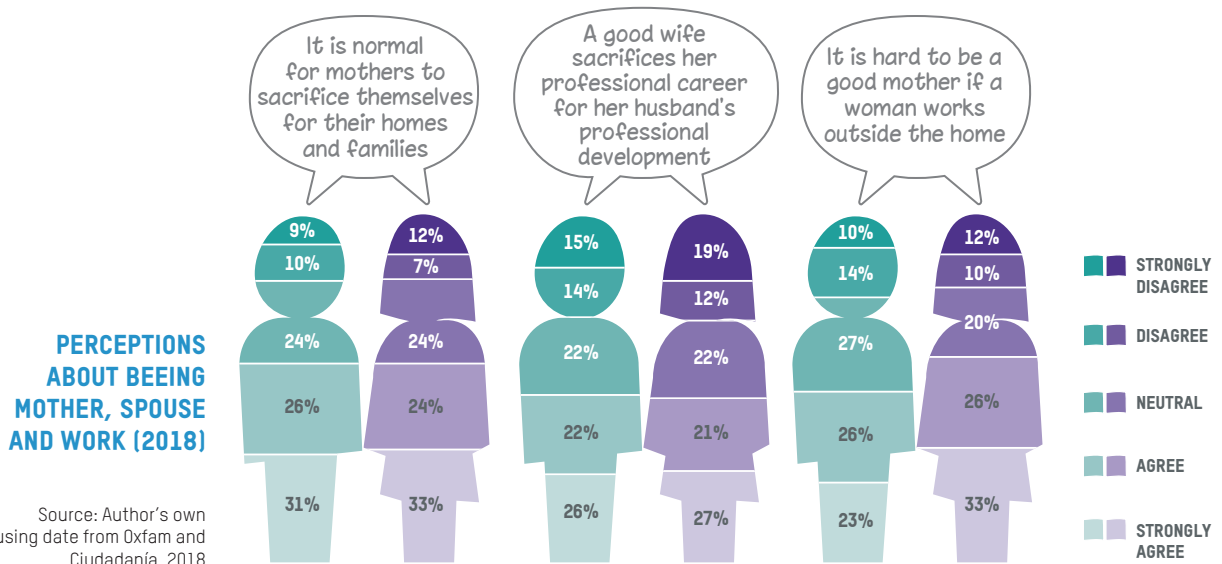
AT LEAST HALF of those surveyed believe “mothers making a sacrifice for their home and family is normal”, “that if you want to be a good wife, you should put your husband’s career ahead of your own” and that “it’s difficult to be a good mother if you work outside the home”.

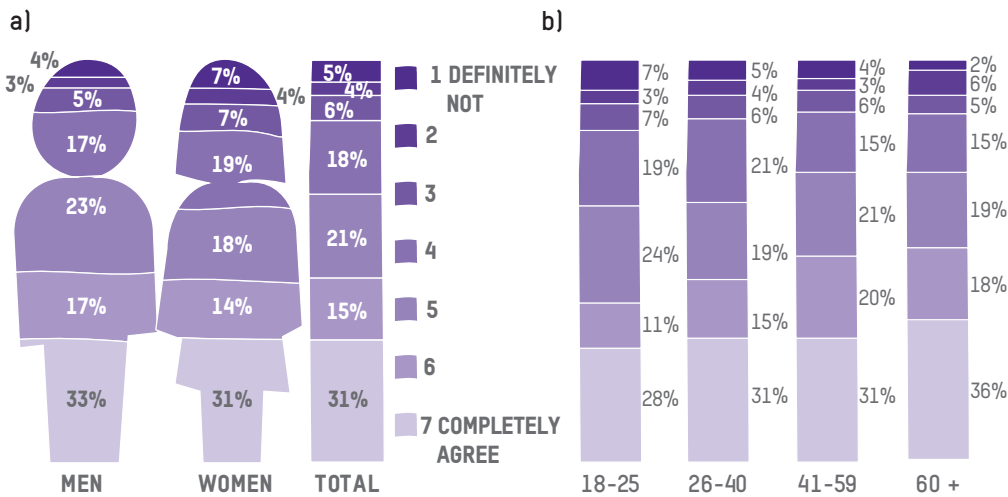
6 OF EVERY 10 WOMEN and 7 OF EVERY 10 MEN believe that “men should provide for their family”. However, young women are less likely to agree with this statement.



Happiness, suffering and guilt underpin and maintain the imaginaries about care work leading to beliefs such as the following: “women are happier staying at home to look after their children than pursuing a career” or “when mothers go out to work, their children suffer”, and even worse most people still believe that “men should provide for their family because they earn more than women”. This type of imaginary dictates what a woman “should be” and the gender roles she should be dealt. And what happens if she does not abide by these dictates? Then she is punished by society, reviled and punishes herself. So when women reject the happiness that comes with being “boss in her home” they are subject to suffering and guilt and it becomes “normal” then that women/mothers should sacrifice themselves for their home and family.

Only 2 of every 10 men believe that both men and women are responsible for household chores, whereas 6 of every 10 said that women were primarily responsible for family care, and 7 of every 10 said that women were responsible for household chores. There is little difference between men and women or place of residence but there is a generational shift in attitudes with older generations





more likely to be supportive of traditional gender roles. In any event, even if it is an accepted fact that entering into the paid workforce is crucial for women if they are to be financially independent, they are still not released from their principal role of carer. 7 of every 10 people interviewed said that when both work, the men should “help out”. Sharing responsibilities for family care is still not fixed in the imaginaries.

It is not enough to change policies and laws to have men and women share responsibility for care; strategies need to be developed to transform social beliefs and norms about who provides care. A novel inroad into the pillars that promote sustainable living is to encourage men to be carers.

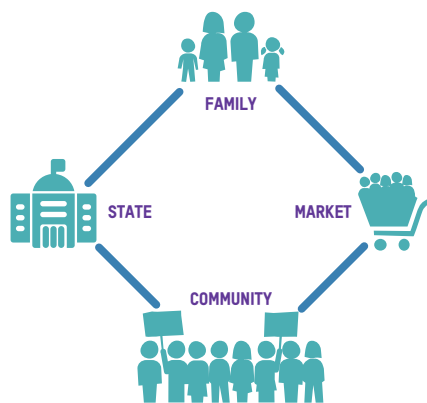
4. THE REGULATIONS, PROGRAMMES AND INSTITUTIONS IMPLICATED IN SHARED RESPONSIBILITY FOR CARE

Bolivia’s constitution recognises the economic value of housework and even goes so far as to consider it a source of wealth, which should be included in the national accounts; however, this constitutional principle is not necessarily reflected in the institutions, public policies or budgets. Some progress has been made in some regulations, especially at the municipal level, and some public resources have been allocated to care, but these are fragmented or spread too thinly among different areas and subjects. This is the fourth perspective that needs to be analysed: **policies.**



THE CARE DIAMOND

Source: Razavi, 2007
quoted in Oxfam, 2018



Different studies show that “family-centred”, “maternalist” and “patriarchal” focusses reign in policies. This supports the predominant belief that families, especially women, exist to provide care. Analysing the current challenges in this field reveals that there is a pressing need to find fairer ways to distribute the costs and benefits of care and household chores. This implies moving towards men and women taking shared responsibility for care, focusing on the

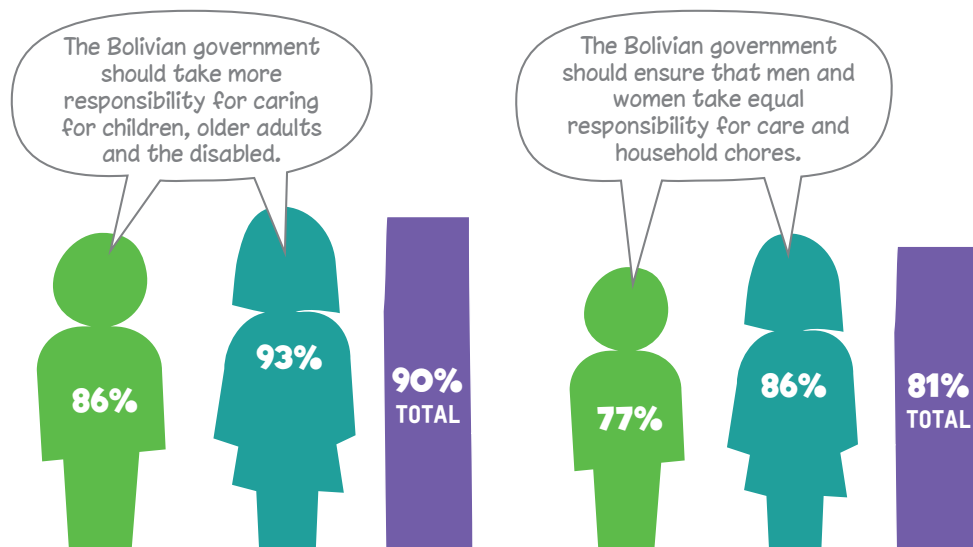
“care diamond”, which looks at four sites of care provision: families, the state, the private sector and the community. This can only be achieved through an integrated policy.

Bolivians are pretty much in agreement that the government should take more responsibility for caring for children, older adults and the disabled. People also expect more justice –in stark contrast with the imaginaries– in the distribution of family care and household chores between women and men. This longing for greater gender, social and public equity regarding care is a bonus when we speak of changing public policies.

One area where long-term changes in attitudes can be made is the sphere of public policy and laws to guarantee that the value of care is recognised by promoting it as a pillar of social policy and moving onto a national care system based on co-responsibility. This will require drawing up specific laws and concrete policies and programmes in the short term. One perfect ambit for these changes is the local-municipal sphere, which has all the competencies in place to do the task.

Recognise the value of care, which is almost always invisible; reduce the burden of care, especially within the family; *redistribute* care equally between women

PERCEPTIONS ABOUT THE STATE'S RESPONSIBILITY RELATED TO CARE (2018)



Source: Author's own
using data from Oxfam and
Ciudadanía, 2018

and men on the one hand, and on the other, among families, the government, the private sector and the community. These are the 3 Rs that are the basis of a gender, social and public care model that will contribute to public policy, programs and institutionality.

TOWARDS A NATIONAL CARE SYSTEM

Time to Care: Sharing care for sustainable living proposes social transformation: moving from a society where care is provided within the family, mainly by the female members, to a society where gender, social and public co-responsibility for care is the norm. Four concrete actions geared to constructing a national care system are proposed:

1. Recognise to redistribute and democratise care.
2. Provide public services and public investment for care, and oversee private services.
3. Steer employment policies to promote co-responsibility for the care of those that care by freeing up their time so that they can care.
4. Guide policies and actions to promote changes in the beliefs that reproduce gender roles and contribute to the unfair distribution of paid and unpaid work between women and men.



We at Oxfam believe that this transformation is necessary and feasible. To be able to achieve this change we need new social and political agreements developed through public debate that consolidates the roadmap for constructing a national care system. The race is on to contribute to a fairer society, one where there is more wellbeing, fewer inequalities and more gender equity. This is the only way that the inequalities in Bolivia can be overcome.



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This paper is the executive summary of the report “Tiempo para cuidar. Compartir el cuidado para la sostenibilidad de la vida.”, coordinated by Verónica Paz Arauco.

The full report and other resources related to it can be downloaded from the following link: <http://actions.oxfam.org/Bolivia/CUIDAD02019/PETITION>

For further information on the issues raised in this paper please email veronica.paz@oxfam.org