

WOMEN'S ECONOMIC EMPOWERMENT
AND CARE (WE-CARE)

THE 2021 NATIONAL HOUSEHOLD CARE SURVEY

Carolyn I. Sobritchea, Ph.D.
Laniza R. Lacsamana
Paul Nyrray A. Antolino
Fernand Vincent M. Hermoso
Clarence Maranan

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WOMEN'S ECONOMIC EMPOWERMENT AND CARE (WE-CARE) aims to confront unpaid care work as a gender equality issue by addressing the 4Rs of care work—namely, recognition, reduction, redistribution and representation—and ensuring those who perform unpaid care are represented in policy decisions about the 4Rs framework.

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For inquiries, contact...

Leah Anadon-Payud

Resilience Portfolio Manager, Oxfam Pilipinas

lpayud@oxfam.org.uk

<https://philippines.oxfam.org>



Oxfam Pilipinas

Atty. Kristine E. Yuzon-Chaves

Executive Director, Philippine Commission on Women

oed@pcw.gov.ph

<https://pcw.gov.ph/>



Philippine Commission on Women

Ma. Rosalyn G. Mesina

**Country Program Manager - WeEmpowerAsia,
UN Women Philippines**

rosalyn.mesina@unwomen.org

<http://www.unwomen.org>

[https://asiapacific.unwomen.org/en/countries/
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Acknowledgement

This study had over 1,000 respondents from seven of the Philippines' 17 regions—as far as Cagayan Valley in the north and the Autonomous Region in Muslim Mindanao in the south. In each of the locations, our partner-organizations connected this study's researchers to focal persons in target barangays and/or helped identify the enumerators on the ground. We thus extend our gratitude to the following organizations for their respective contributions:



SIMM-CARRD, Inc.



Community Organizers Multiversity



Pambansang Kalipunan ng mga Manggagawang
Impormal sa Pilipinas (PATAMABA)



Communities Organized for
Resource Allocation (CORA)



Presidential Commission for the Urban Poor



Local government unit of Salcedo, Eastern Samar

We also acknowledge the major role in this project of Dr. Carolyn I. Sobritchea and her research team from the UP Center for Women's Studies Foundation, Inc.

Foreword

All over the world, for as long as we can remember, women have struggled to be treated fairly and equally. There have been some successes. However, we still have a long way to go. Today, we continue our struggle for equal pay and treatment. An equally important concern in our midst is the burden of unpaid care work.

Equality should start at home. Yet, we still see women juggling child care, domestic chores and a full-time career. While we are told that we can now be anything we want to be, we are constantly pulled back by cultural and gender norms that dictate house work as women's sole responsibility.

This disproportionate burden is exacerbated by the COVID-19 pandemic as people have been forced to spend more time at home, either to work remotely or to homeschool their children. The biggest impact is felt by solo parents and women who are poor and marginalized.

In line with our commitment to address the root causes of inequality, Oxfam Pilipinas has supported campaigns addressing unpaid care work, which has been recognized as one of the most persistent and systemic barriers to achieving gender equality and women's economic development. We have also succeeded in encouraging at least 28 local government units in Eastern Visayas and Mindanao to enact women economic empowerment and care work ordinances.

Recently, Oxfam Pilipinas commissioned Dr. Carolyn I. Sobritchea and her team from the UP Center for Women's Studies Foundation, Inc. to undertake the 2021 National Household Care Survey and look into the conditions of Filipino women at home, with the assistance of our partners: the Philippine Commission on Women, UN Women WeEmpower Asia as well as the SIM-CARRD Inc., Community Organizers Multiversity, Communities Organized for Resource Allocation, Pambansang Kalipunan ng mga Manggagawang Impormal sa Pilipinas, and the Presidential Commission for the Urban Poor.

The resulting 2021 National Household Care Survey reveals that in the midst of a pandemic, the time spent by women on care work—including supervision of children and elderly family members—increased to 13 hours a day compared to only eight hours for men. Findings also show how women dominate all types of care activities.

Although the 2021 survey's sample size is not exactly the same as that of the 2017 National Household Care Survey, the latest time use mentioned above is slightly higher than that of the 2017 survey results of 12 hours a day on care work for



women and five hours for men. While data gathered from urban and rural communities show that the share of men's work increased, there was no indication that this was due to a shift in perception. This means that there is no guarantee that this trend will be sustained post-pandemic.

The pandemic merely emphasized long-standing gender and economic inequalities at home and elsewhere. Thus, there is a continued need to educate Filipinos against social norms that put women on a pedestal and at the same time burden the latter with responsibilities that deprive them of so many opportunities.

We must continue to support and highlight studies that present in very clear terms the inequality we experience at home. The 2021 National Household Care Survey and those that will follow are useful tools in our campaign to convince Filipinos to challenge traditional thinking and recognize their equal share of responsibilities at home. We look forward to the day when we find evidence of changing social perceptions and gender norms, aided by government and private sector support in the form of policies, services, and infrastructure that address unpaid care work for all.

MARIA ROSARIO FELIZCO
Country Director
Oxfam Pilipinas



Johnny and Juanita Paz shares work such as tending their home garden in Datu Abdullah Sangki, Maguindanao. **Princess Tarroza/Oxfam**

Preface

This research would not have been completed without the perseverance and dedication of those who participated in the collection and validation of the data as well as in the preparation of the report.

Undertaking a study amidst the mobility restrictions due to COVID-19 was indeed challenging. The research team had to creatively and patiently use various digital and face-to-face communication methods in the conduct of the survey in various Philippine regions. Despite these challenges, the study managed to produce findings that can help the government as well as private organizations develop and/or improve current programs and services for families and households.

The study affirms the importance of using the gender lens when examining the impact of the pandemic on care work. For one, COVID-19 has increased the time spent by both sexes on care activities. However, it is the women who have the greater burden of balancing their time to perform household chores, child care, and paid work. The lack of or limited access to electricity, water source, child care facilities, and time- as well as labor-saving equipment greatly influences the quality of women's care work.

The Philippine government, through the Philippine Commission on Women, requires that we harness the various laws, programs, and guidelines that promote gender equality and women's human rights. These laws are there for a purpose. In the context of the current pandemic, care work-related gender issues such as domestic violence and gender role stereotyping

NHCS Research Team

Definition of Terms

Care work

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 (ILO, 2018).

Paid labor or paid work

Time spent on productive activities for which the individual receives payment in exchange for labor (Gross and Swirski, 2002).

Unpaid care work

Encompasses all the daily activities that sustain our lives and health such as housework (food preparation, cleaning, laundry) and personal care (especially of children, the elderly, people who are sick or have a disability). These activities are most commonly performed by women in the household for free (Mohammed, 2009).

Unpaid labor or unpaid work

Time spent on productive activities in which the individual does not receive payment. This category predominantly refers to household maintenance and care work, including care for children, persons with disabilities, and elderly individuals (Gross and Swirski, 2002).

Non-work/non-productive activities

Refer to personal and recreational activities such as learning, leisure, and personal hygiene. Activities falling in this category are not part of the economy (Gross and Swirski, 2002).

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Introduction

The COVID-19 global pandemic significantly added to the load of unpaid care work. As more were forced to stay home, the need for home care and chores multiplied globally. It has been found that women in the household shouldered the burden of disproportionate care work. Care work, in definition, is an occupation that gives opportunities to women to foster their competencies.

Globally, it has been found that the phenomenon of unpaid care work disproportionately involves women, too. If unpaid care and domestic work (UCDW) was assigned a monetary value, it would constitute between 10 percent and 39 percent of the gross domestic product (GDP).

According to Oxfam’s “Time to Care” report (2020), women and girls spend up to 11 hours a day on UCDW—three to four times what men do. This involves caring for household members, cooking, cleaning, doing laundry, and collecting water and fuel.

This heavy and unequal UCDW hampers the full attainment of gender equality and promotion of women’s human rights, especially among the poor and other marginalized groups, as this can lead to their concentration in low-paid, insecure, part-time, and informal work.

Other Recent Studies on Unpaid Care Work

In recent years, works of feminists have focused on the impact of unpaid care work, especially in the areas of social

citizenship and paid labor (Knijn and Kremer, 1997; Lister, 1997; Acker, 1988). Moreira da Silva (2019) reports that 75 percent of unpaid care and domestic work is heavily done by women. The activities mainly include cooking, cleaning, fetching water and firewood, raising children, caring for children, planning schedules (e.g., mental tasks), and performing emotional labor (e.g., attending to relational concerns of the family). Thus, although males have unpaid work both in homes and communities, these are not as heavy as the roles carried out by the female members of their households.

In the International Labour Organisation’s (ILO’s) estimate, women spend an average of four hours and 25 minutes of UCW on global work time every day, while men spend one hour and 23 minutes for the same activity (Pozzan and Cattaneo, 2020).

Other studies have emphasized the important features involved with housework that relate to labor outcomes and human capital accumulation. Care work, being a non-market work, may interfere with market work, especially of women. For one, women are more likely to miss the opportunities in marketable training, which are best undertaken at the earlier stage of the life cycle (Gronau, 1977; Ben-Porath, 1967). Moreover, the time—i.e., a finite resource—that a woman spends on unpaid care work means that she loses potential opportunities in market-related activities or other desirable investments such as

education or vocation (Ferrant, Pesando and Nowacka, 2014). Rost and Koissy-Kpein’s study (2018) also notes that care work limits women’s opportunities to explore such areas as education, leisure, and political engagement. An ILO study, in particular, shows that due to the unpaid care responsibilities, 41 percent (or 606 million) of women are not involved in the labor market (Addati, Cattaneo, Esquivel and Valarino, 2018).

Unpaid care work can affect the well-being of individuals, their families, and societies (Stiglitz, Sen and Fitoussi, 2007). However, the issue has been overlooked in policy formulation despite its importance. This is because unpaid care work is perceived as, among others, difficult to quantify and of seemingly minor policy relevance than, say, standard market work measures. Ignoring the issue of unpaid care work can lead to incorrect inferences on its impact on individuals’ well-being as well as on the value of time. This thus limits the policy effectiveness



Women are more likely to miss the opportunities in marketable training, which are best undertaken at the earlier stage of the life cycle

on, for example, gender inequalities in employment and other related empowerment areas (Ferrant, Pesando and Nowacka, 2014).

Many concepts—such as reproductive economy, core economy, and care economy—have been used in the study of the nature of unpaid care work (Power, 2020). Unpaid care work has also been informally called a hypocrisy economy, particularly because individuals laud those empowering women who now work in the paid economy (i.e., outside the walls of their houses), aside from taking care of their children and their home, but do not attempt to persuade men to take more tasks and responsibilities. This has been described as the “second shift”—a term used in research studies on heterosexual couples by the famous sociologist Arlie Hochschild (Hochschild and Machung, 2012).

Feminist economists have now taken an interest in examining the phenomenon of the “third shift”—which pertains to the emotional labor that is undervalued and unpaid, and mostly performed by women. The third shift involves work that secures the mental well-being of household members such as the children, parents, and other relatives as well as non-relatives.

The report of the United Nations (2020) in April 2020—at the height of the pandemic and lockdowns—discloses that there was an upsurge in unpaid care work, especially with regard the care of children that are out of school. Unpaid care work also increased because of the rise in the care needs of older persons and of the already-inundated health care system.

Recognizing that individuals across the world have different experiences during the COVID-19 pandemic and community lockdowns, this study looked at the Philippines’ case in terms of the pandemic’s impact on local family life and on unpaid care work, especially among women and children.

The Third Shift

Emotional labor performed mostly by women are undervalued and unpaid. In matriarchal Asian societies, women in the form of mothers and eldest daughters often assume the role of the resident shrink, securing the mental well-being of family members.

Research Objectives

This study examined the different aspects of family/ household life, particularly the unpaid care work of both women and children in the Philippines and the impact of COVID-19 on the number of work hours of both men and women.

The following were the research objectives of the study:

- a. To gather information on UCDW, which is often underreported in standard time use measures, as UCDW may be aggregated or conflated with other time uses;
- b. To measure care activities that are done simultaneously with paid work or non-work (secondary care activities) and supervision of dependents during the day. This is very important as total care hours increase significantly when secondary and supervisory activities are measured and documented. Relatedly, this study also aims, as a subset, to determine what activities make up both female and male children's time.

c. To collect data on gender-based perceptions so as to understand the relationship between norms and UCDW division between genders;

d. To collect data on access to (or use of) public services and time- and labor-saving household equipment so as to evaluate the impact of these factors on time use (for paid work, unpaid care, and non-work time).

In the context of the COVID-19 pandemic, the **2021 National Household Care Survey** gathered information on the following:

- a. COVID-19 infection data, prevention and control measures at the household, community and local government levels, which may serve as a reference for subsequent capacity development programs at each of these levels;
- b. Data on how COVID-19 emergencies have affected care work roles and workloads of women, men, and children within households.



Methodology

3.1. Research Participants/Survey Respondents

For the 2021 National Household Care Survey, the research team conducted a cross-sectional analytical study from January–March 2021. It utilized the stratified purposive sampling method based on the proportion of household heads/households in the country’s major island groups. Data from the Philippine Statistics Authority (2015) show that there are 22,975,630 households in the Philippines, of which 58 percent are in Luzon; 19 percent, in the Visayas; and 23 percent, in Mindanao.

Regions included in the survey were selected based on the following criteria: (a) presence of an Oxfam partner-

organization; (b) number of beneficiaries in partner areas; (c) inclusion in the previous 2017 Household Care Survey; and (d) inclusion in the desired target population. Twelve of the 17 regions have a partner organization. Out of the 12 regions, seven were identified as having a sufficient number of desired respondents. These selected regions were the National Capital Region, Region 2 (Cagayan Valley), Region 5 (Bicol Region), Region 7 (Central Visayas), Region 8 (Eastern Visayas), Region 12 (SOCCSKSARGEN), and the Autonomous Region in Muslim Mindanao (ARMM).

Table 1 Regions included in the Survey

Island Group	Regions With Partner Organizations	Selected Regions
Luzon	NCR, R2, R3, CAR, R4A, R5	NCR, R2, R5
Visayas	R7, R8	R7, R8
Mindanao	R10, R11, R12, ARMM	R12, ARMM

Women's Economic Empowerment and Care (We-Care)

Next, the provinces, municipalities/cities and barangays, both in rural and urban areas with the desired target population (e.g., micro-entrepreneurs, indigenous people,

Muslim women) were identified and selected. Table 2 presents the barangays selected across eight provinces.

Table 2 Survey Respondents by Province, Municipality/City, Barangay and Other Selection Criteria

Region	Province	Municipality	Barangay	Sample (n=1000)	Remarks
2	Cagayan Valley	Alcala	Damurog	91	Rural Micro-entrepreneur/ GWP2-supported region
NCR	Metro Manila			355	
		Quezon City	Balingasa		Urban
			Ramon Magsaysay	200	Urban
			Sitio Militar		Urban
		Caloocan	Bagong Silang	108	Rural
		Paranaque		47	Urban Barangay
5	Masbate	Mobo	Umabay Exterior	138	Rural Barangay
7	Cebu	Cebu	Luz	119	
8	Eastern Samar	Salcedo	Tagbacan	69	Urban barangay
12	North Cotabato			92	
		Alamada	Bao	32	IP/Rural
		Pigcawayan	Anick	30	Muslim/Rural
		Pigcawayan	Libungan-Torreta	30	
	Sultan Kudarat			52	
		Bagumbayan	Bai Saripina	26	Urban
		Bagumbayan	Daguma	26	Rural
ARMM	Maguindanao			85	
		Ampatuan	Kauran	45	Urban
		Ampatuan	Saniag	40	Rural

3.2. Household Survey Participants/Respondents

A total of 1,000 respondents of various sexual and gender identities, age groups, marital status, economic/income categories and other relevant demographic characteristics were initially identified to participate in this study. They were purposively chosen from among the partner communities of Oxfam Philippines in Luzon, Visayas, and Mindanao; in urban and rural areas; and from the informal and formal sectors. However, the number of respondents who finally joined the study rose to 1,177 to enrich the findings of this research.

The respondents specifically included rural women and women in the informal and formal sectors (in urban areas), children 8–21 years old and young adolescents, persons with disability, single-headed households, micro-entrepreneurs, health workers or households with health frontliners, single women-headed households, indigenous peoples, and Muslim women. Some participants were chosen based on their households' socio-economic status (e.g., poorest of the poor and/or urban poor, Pantawid Pamilyang Pilipino Program member-beneficiaries, and

near poor to lower-middle class households or those who were above the poverty line but in danger of falling deeper into poverty).

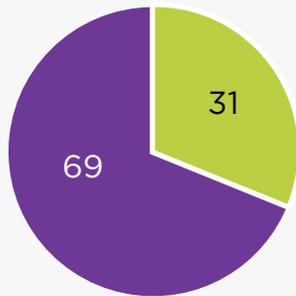
As shown in the table below, majority of the participants were females (69%, versus males 31%). The highest participation rate of females was in Northern Cotabato and the National Capital Region (79%) while lowest was in Sultan Kudarat (36%). Only 58 children were able to join the study and most of them (n=44) came from the National Capital Region. Eight were from the province of Masbate. organization; (b) number of beneficiaries in partner areas; (c) inclusion in the previous 2017 Household Care Survey; and (d) inclusion in the desired target population. Twelve of the 17 regions have a partner organization. Out of the 12 regions, seven were identified as having a sufficient number of desired respondents. These selected regions were the National Capital Region, Region 2 (Cagayan Valley), Region 5 (Bicol Region), Region 7 (Central Visayas), Region 8 (Eastern Visayas), Region 12 (SOCCSKSARGEN), and the Autonomous Region in Muslim Mindanao (ARMM).

Table 3 Profile of Survey Respondents

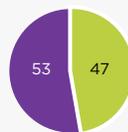
Adult Respondents	Cagayan	Cebu	East Samar	Maguindanao	Masbate	NCR	North Cotabato	Sultan Kudarat	Total
Female	71	60	67	62	111	285	83	36	775
% Female	53%	44%	72%	73%	77%	79%	79%	56%	69%
Male	62	75	26	23	34	74	22	28	344
% Male	47%	56%	28%	27%	23%	21%	21%	44%	31%
Total No. of Adults	133	135	93	85	145	359	105	64	1119
Total No. of Children	0	0	0	0	8	44	0	0	52

Figure 1 Profile of Survey Respondents Per Region

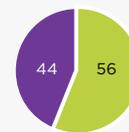
● % Female
● % Male



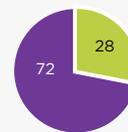
Total % of Adult Respondents



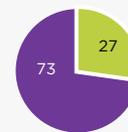
Cagayan



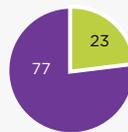
Cebu



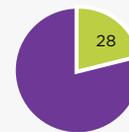
East Samar



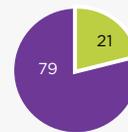
Maguindanao



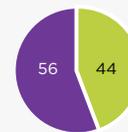
Masbate



NCR



North Cotabato



Sultan Kudarat

3.3. Research Indicators and Design

3.3.1 Research Indicators

The research used a quantitative survey instrument to gather the data needed to attain its objectives. As the study was done during a pandemic, the research team encountered challenges in reaching out to the intended respondents. In particular, health protocols in place limited physical mobility, and Internet connection was poor in certain areas. These difficulties were eventually resolved with the help of Oxfam’s partner-organizations.

The survey instrument included questions on the following indicators:

Infrastructure and Time- and Labor-Saving Equipment

- Access to improved water source;
- Electricity infrastructure;
- Access to child care facilities;
- Time- and labor-saving equipment.

Women’s Well-being

- Access to food and other resources that ensure physical and emotional health;
- Amount of workload, both within and outside the household;
- Experience of sexual, emotional and physical abuse as well as other forms of gender-based violence (e.g., sex and labor trafficking);
- Access to public services, enabling/transformational facilities, and capacity-building activities.

Household Characteristics

- Number of children and other household members;
- Number of household members engaged in paid work;
- Household head;
- Educational status (both women and partners).
- Sources of income/livelihood;
- Expenditure patterns;
- Religion;
- Region;
- Geographical area (Rural or urban);
- Ethnicity;
- Marital status;
- Woman’s age;
- Partner’s age.

In particular, the study probed into the following dimensions of care work:

- a. Number of hours per day that females and males of different ages spend on different activities, including UCDW;
- b. Social norms, attitudes or perceptions toward UCDW and expectations of females and males, and how these norms relate to time-use patterns;
- c. Understanding how infrastructure, equipment, and services (e.g., water, electricity, fuel-efficient stoves, child care, and health care facilities) relate to UCDW hours;
- d. Data on the influence of governmental programs and services on the division of UCDW.

3.3.2 Face-to-Face Interview and Remote Data Gathering

The survey employed the face-to-face method of data gathering, where applicable and allowed in the research areas. Enumerators used the SurveyCTO where the survey questionnaire was embedded (See Annex A).

The questionnaire consisted of 12 sections, namely:

- Section 1 Introduction and consent
- Section 2 Household and individual characteristics
- Section 3
 - a. Personal information
 - b. Assets and income
- Section 4 Awareness of Covid-19 prevention, identification and management
- Section 5 Adults' time use
- Section 6 Norms and perception
- Section 7 Acceptability of criticism and violence
- Section 8 Decision-making
- Section 9 Well-being and time constraints
- Section 10 Infrastructure and external support
- Section 11 Involvement in COVID-19-related actions, trainings, and groups
- Section 12 Children's time use
- Section 13 Experience during pandemic

Section 12 (Children's time use) and Section 13 (Experience during pandemic) were the subsections in the questionnaire intended for children-respondents.

In this house, we promote equality!

Promoting gender equality isn't just about equal pay in the work place. In matriarchal Asian societies such as Philippines, putting women on a pedestal but burdening them with household responsibilities at the same time deprives them of opportunities in the paid economy. It's high time we address social norms to redistribute care work equitably.

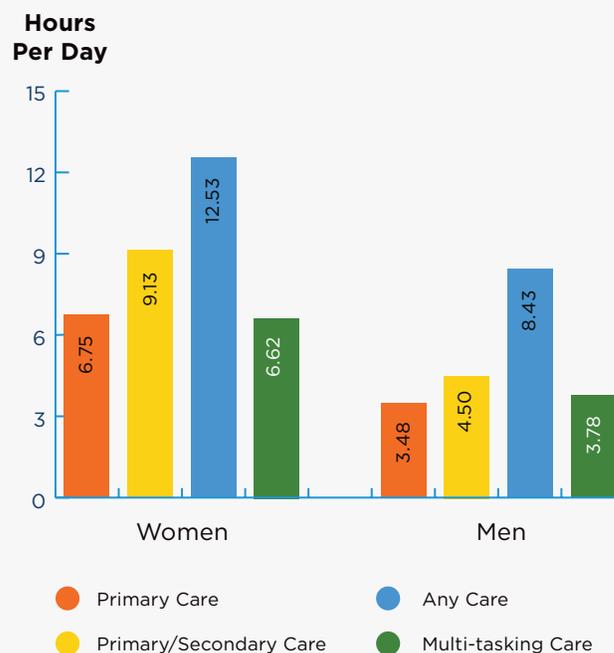
Results of the Survey

4.1. Time Spent on Care Work

Figure 1 shows the time spent by adult women and men on care activities per day. Women participants dominated all the care activities. They spent 6.75 hours of their total care work time on “primary care” compared to 3.48 hours by adult men. For “primary/secondary” care, women spent 9.13 hours of their total care time compared to 4.50 hours for men. For those classified here as “any care” activities, women used up 12.53 hours daily compared to the men’s 8.43 hours. For “multi-tasking care” activities, the number of hours for women was 6.62 hours while the men logged 3.78 hours daily.

Table 4 Profile of Survey Respondents			
Adult Respondents	Woman	Man	Ratio (W:M)
Primary Care	6.75	3.48	1.94
Primary/Secondary Care	9.13	4.50	2.03
Any Care	12.53	8.43	1.49
Multi-tasking Care	6.62	3.78	1.75

Figure 2. Time Spent On Care Work (in Hours) and Ratios



Notes: Primary care = the number of hours respondents spend on care work as primary activity; secondary care = the number of hours respondents spent on care work as a secondary activity. Any care defined as the number of hours respondents spent on care work as either a primary or a secondary or a supervision activity; and multi-tasking care = the number of hours respondents spent on doing at least two care activities at the same time (primary, secondary, or supervision).3.78 hours daily.

4.2 Hours Spent Per Care Activity

Results of the survey on time spent on the different care activities (Table 4) show that women took on most of the activities. Such undertakings included cleaning the house, washing and ironing clothes (i.e., preparing clothes), caring for children, caring for the community, and shopping. On the other hand, men spent most of their care time in collecting water and fuel as well as caring for adults.

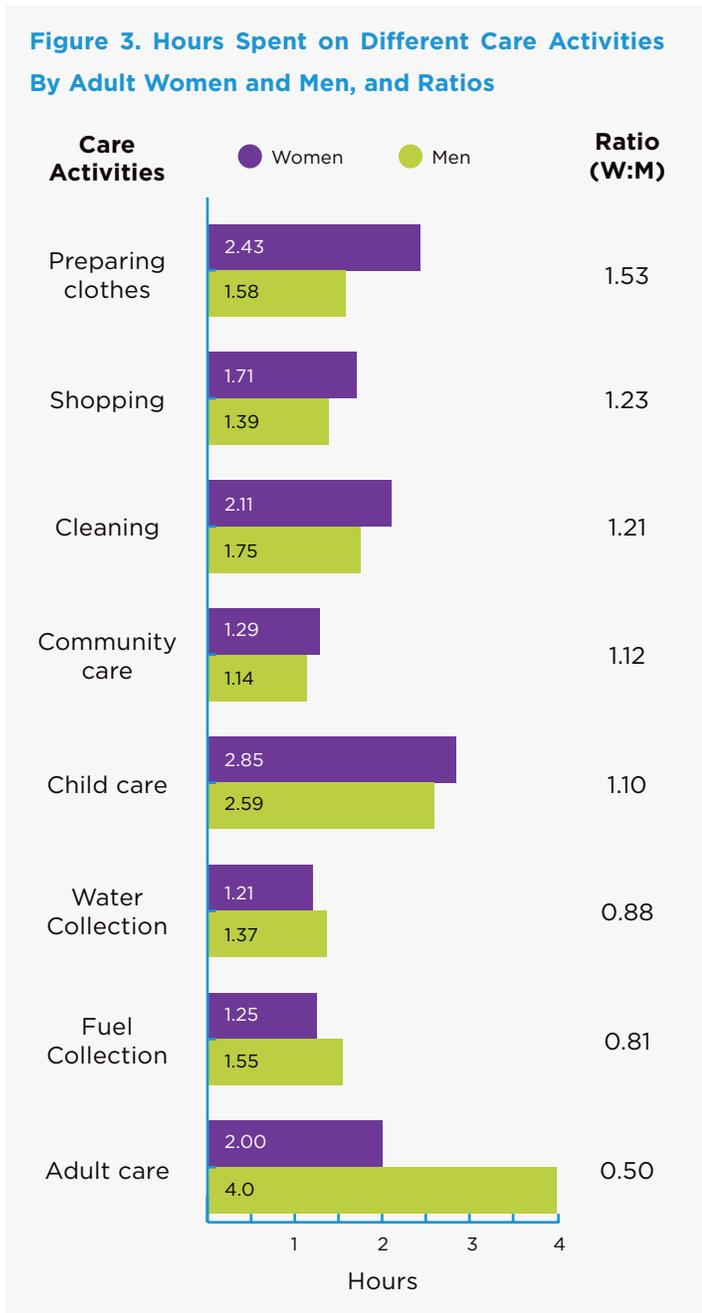
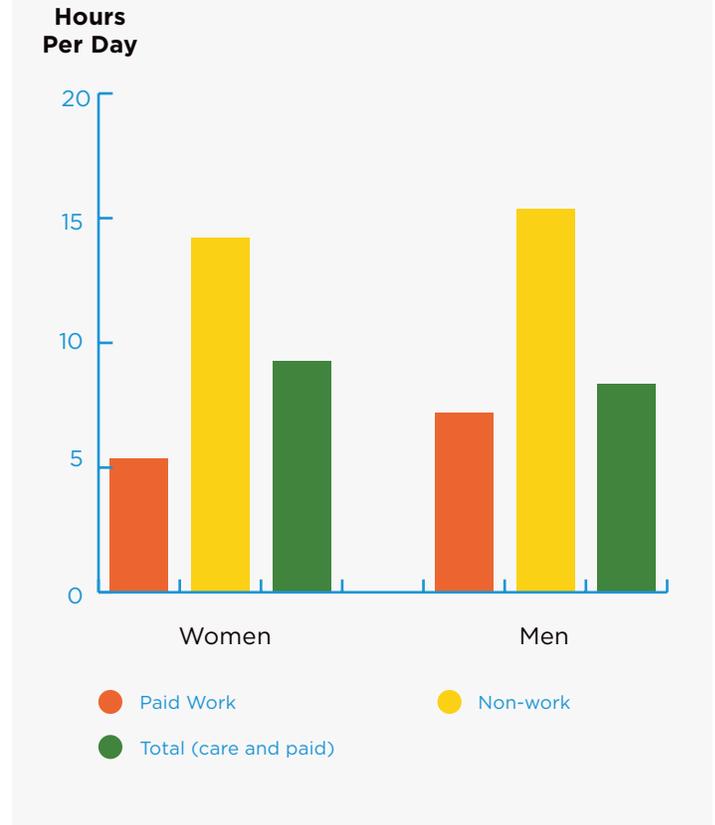


Figure 4. Mean Hours of Paid Work, Non-Work, and Total Work



4.3 Average Number of Hours Spent on Paid Work and Non-Work by Females and Males

Men spent longer hours on paid work while the females spent their time on both paid and unpaid work. 70% of the males and 57% of females indicated that the pandemic had negatively affected their paid work or income-generating activity.

Figure 2 indicates that adult women spent 5.36 mean hours in paid work compared to the 7.20 mean hours of adult males. On the other hand, women had 14.21 mean hours in non-work activities as compared to the 15.38 mean hours of men.

When taking both the paid work and unpaid work together, adult women were found to have spent 9.29 mean hours while adult men recorded 8.35 mean hours.

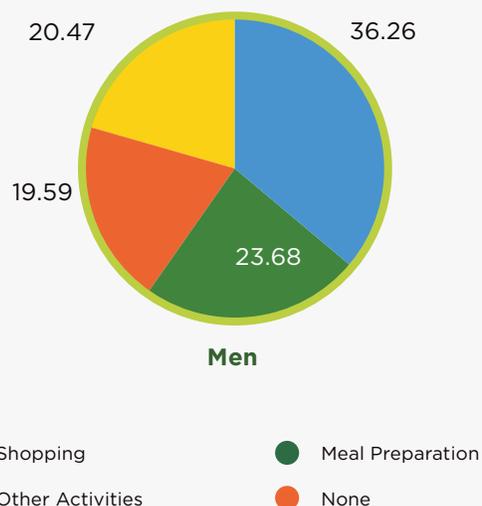
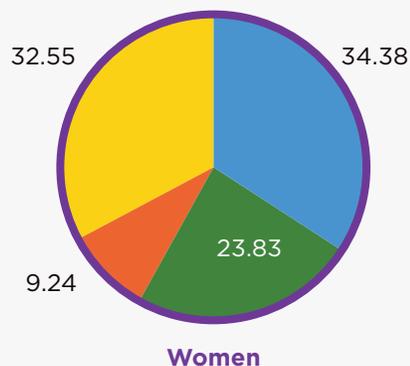
4.4 Hours Spent by Children-Respondents on Different Activities

Children were also surveyed on their time use during the pandemic. Table 5 below shows their number of hours spent on different activities. They spent the most number of hours in leisure and sleep (10.71). This was followed by education (5.36 hours), care work (5.32 hours), and paid/productive work (2.73 hours). Moreover, their total work time was 8.17 hours.

Figure 5. Hours Spent by Children-Respondents on Different Activities (Total Numbers and By Sex)



Figure 6. Care Activities Perceived As Most Problematic (In %)



4.5 Care Activities Perceived As Most Problematic (in %)

Respondents were asked which household activities in their view were problematic (Table 6). Procuring/shopping for household needs in the midst of a community quarantine was the top answer among adult women (34.38%) and men (36.26%). The next care activity perceived as most difficult was meal preparation (23.83% of women and 23.63% of men).

Meanwhile, there were more men (19.59%) than women (9.24%) who said that they did not find “any care activity” problematic.

Around one-third of the women (32.55%) and one-fourth of the men (20.47%) said that they found “other care activities” problematic. The research team surmised that the respondents were referring to the tasks that were normally assigned to people based on popular beliefs or stereotypes of males and females’ roles.

Perception is defined as “a mode of apprehending reality and experience through the senses, thus enabling discernment of figure, form, language, behavior and action” (Given, 2008). Responses of survey participants regarding their perception of care activities that are problematic must be interpreted as an expression of anticipated or feared difficulties in carrying out care activities.

For the other activities listed in the questionnaire, the following are the percentage of responses from women who deemed each as problematic: caring for children (9.11%), collecting water (7.55%), washing and ironing clothes (preparing clothes) (7.42%), cleaning the house (5.86%), collecting fuel (1.82%), and caring for adults (0.78%).

Meanwhile, the following activities show the percentage of responses from adult men: collecting water (6.43%), cleaning the house (6.43%), preparing clothes (3.51%), caring for children (2.63%), collecting fuel (0.88%), and caring for adults (0.58%).



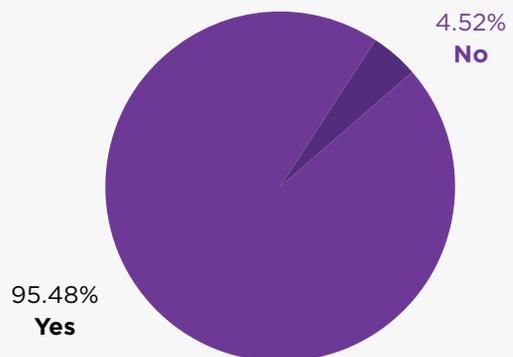
Melvin, a father of six and grocer in the Philippines, realised just how significant sharing care work can be after he saw its immediate changes in his own family. After he started doing care work such as fetching water and cooking, he saw their financial situation improve. Their children are now able to attend school regularly and most importantly, they now have time to bond as a family. **Jed Regala/Oxfam**

4.6 Level of Satisfaction with Household’s Division of Labor

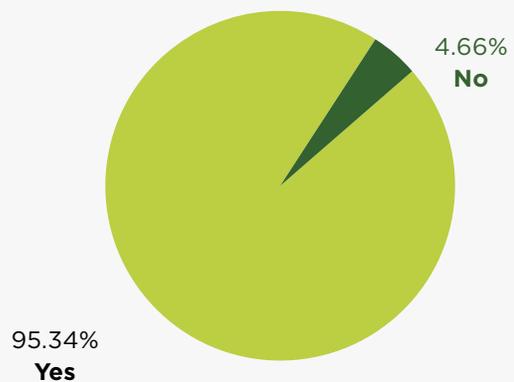
Table 7 shows that both men and women were highly satisfied with the division of tasks and responsibilities in their households. This finding suggests that the female respondents were able to multi-task. Future studies may be needed to delve deeper into this finding and uncover the reasons or factors that account for females’ high level of satisfaction despite the heavier pressure they bore, especially during the pandemic.

Figure 7. Satisfaction with the Division of Labor (In %)

“Are you satisfied with the division of tasks and responsibilities in your households?”



Women

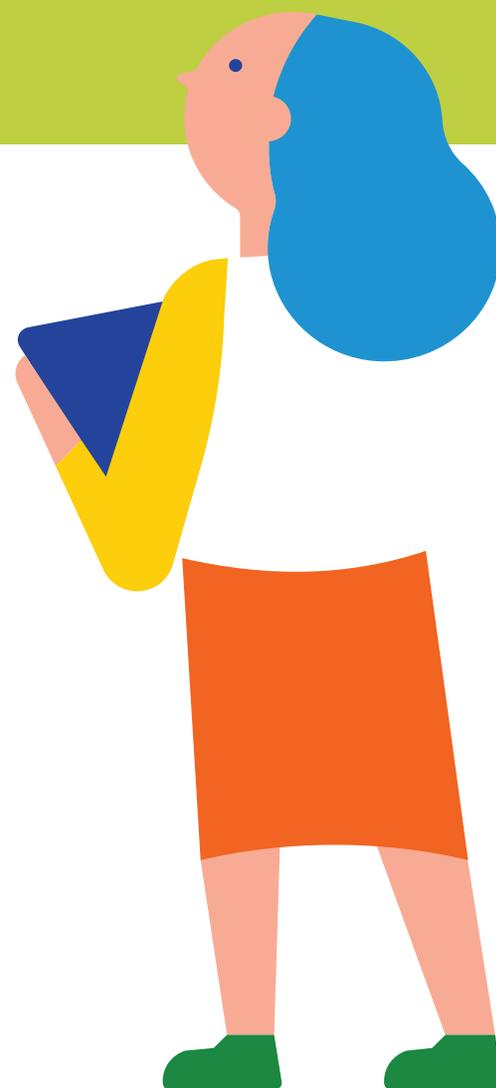


Men

According to Oxfam's
“Time to Care” report (2020),
women and girls spend up to
11 hours a day on unpaid
care and domestic work— three
to four times what men do.

This involves caring for household members, cooking, cleaning, doing laundry, and collecting water and fuel.

This heavy and unequal UCDW hampers the full attainment of gender equality and promotion of women's human rights, especially among the poor and other marginalized groups, as this can lead to their concentration in low-paid, insecure, part-time, and informal work.



4.7 Perception on Acceptability of Gender-based Violence

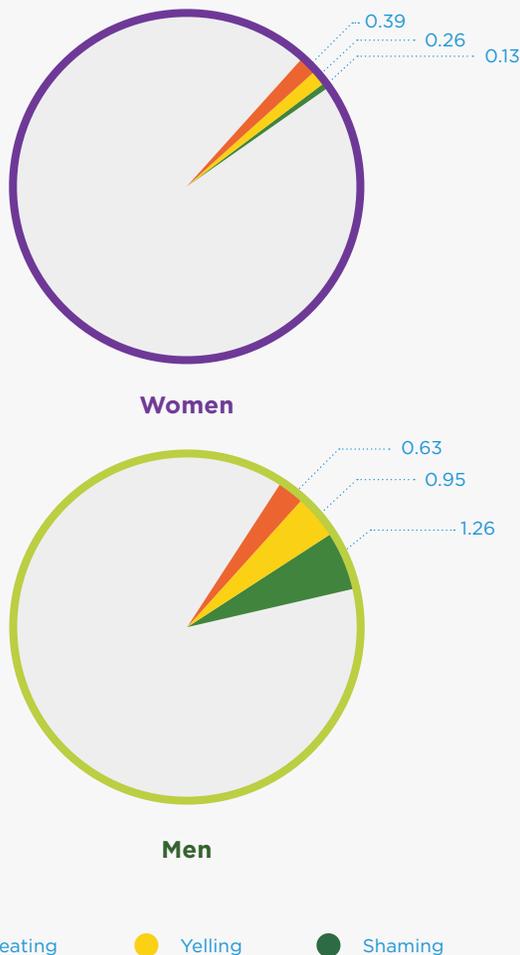
Very few respondents, both males and females, found the commission of gender-based violence/harsh criticism acceptable (Table 8). Nonetheless, there were slightly more males who found beating, yelling and shaming acceptable. This may be due to the persistent beliefs and norms that give males the prerogative to use physical force when dealing with what they perceive to be problematic situations such as disciplining children or resolving marital conflicts. Appropriate measures should be carried out to fix the current belief that physical and verbal abuse is acceptable.

4.8 Awareness of and Difficulty Complying with COVID-19 Preventive Measures

Majority of the adult men (98.6%) and women (92.77%) were aware of the need to wash their hands regularly with soap and water as well as use alcohol-based hand rub (86.92% of males and 89.16% of females) as COVID-19 preventive measures (Table 9). Around half of the respondents from both sexes were also aware of the need to cover their mouth/nose when coughing or sneezing and to observe physical distancing. There was, however, a low level of awareness among both sexes on the need to properly dispose tissues used to cover the mouth; to avoid touching the face; and to stay home and isolate oneself if unwell. Very few were also aware of the need to properly dispose tissues used to cover the mouth; to avoid touching the face; and to stay home and isolate oneself if unwell. Very few were also aware of the need to properly dispose tissues used to cover the mouth; to avoid touching the face; and to stay home and isolate oneself if unwell. Very few were also aware of the need to properly dispose tissues used to cover the mouth; to avoid touching the face; and to stay home and isolate oneself if unwell.

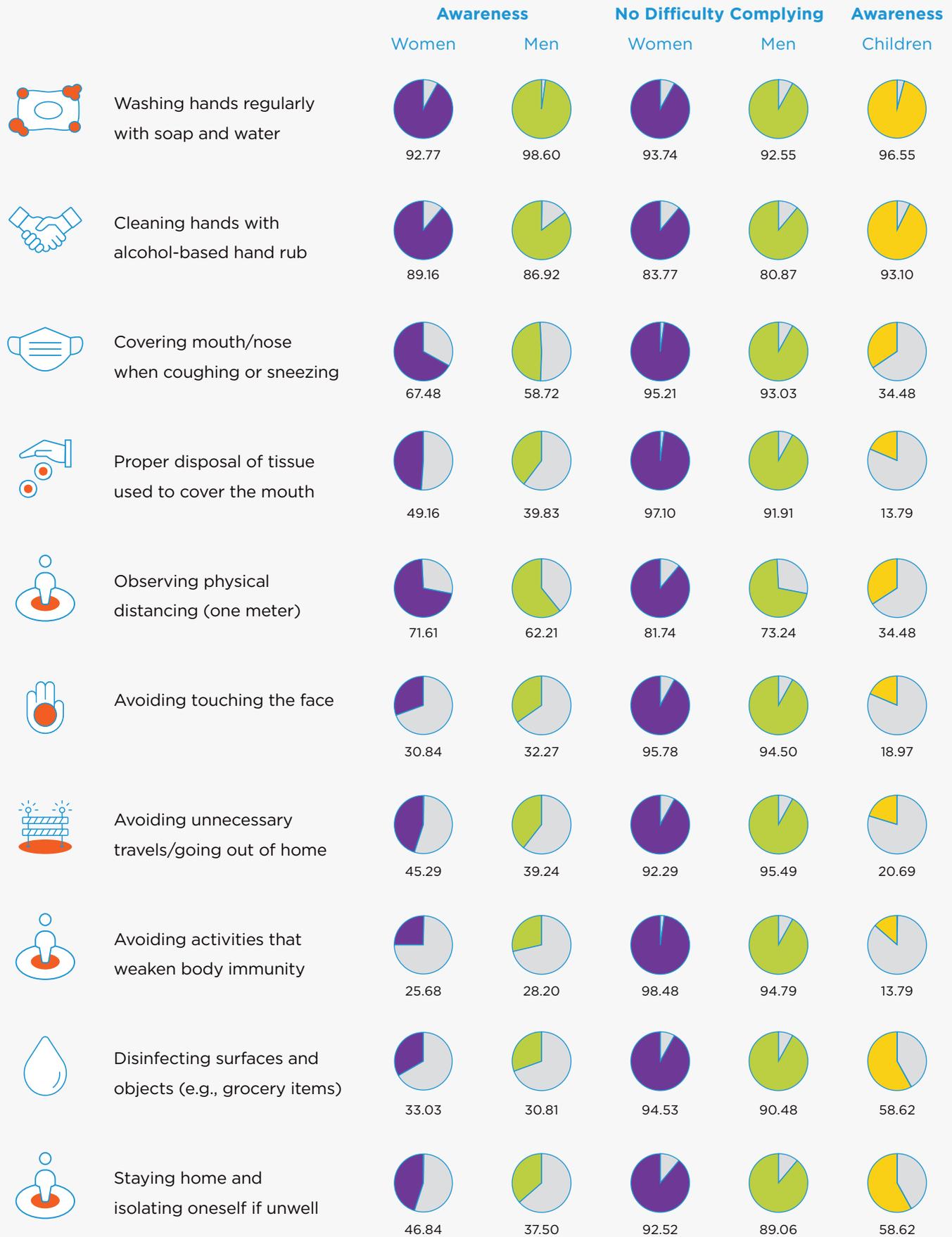
Children were also surveyed on their awareness of COVID-19 preventive measures. Most of the children were aware of the need to clean their hands regularly with soap and water (96.55%) or with alcohol-based hand rub (93.10%). However, fewer respondents were aware of the one-meter physical distancing protocol (77.59%); and the need to avoid unnecessary travels/going out of homes (58.62%) and disinfect surfaces and objects (e.g., grocery items) (58.62%). Pandemic-related preventive measures that the children were least aware of are the following: covering of one's mouth/nose when coughing or sneezing (34.48%); staying home and isolating oneself if unwell (20.69%); avoiding touching one's face (18.97%); observing proper disposal of tissues used to cover the mouth (13.79%); and avoiding activities that could weaken the body's immune system (13.79%). Such results indicate that there is still a need to emphasize these preventive measures in government agencies and private organizations' advocacy campaigns and education programs.

Figure 8. Share of Adult Women and Men Who Felt Gender-based Violence/Harsh Criticism Was an Acceptable Response (In %)



Women's Economic Empowerment and Care (We-Care)

Figure 9 Awareness and Perceived Difficulty Complying with COVID-19 Preventive Measures (In %)



4.9 Access to COVID-19 Information, Services, and Supplies

Table 10 presents the respondents' replies when asked about the change in their access to support services during the pandemic. There were more respondents who said that they had either "limited or no access" to medical and social services such as day care and medical/health facilities that can handle COVID-19 cases; time- and labor-saving equipment (e.g., carts for fetching water, more fuel-efficient

stoves, wheelchairs for persons with disabilities); sexual and reproductive health services; and Violence Against Women And Girls desks or hotlines.

Some improvements in the delivery of and access to support services were nonetheless noted by some respondents. Nearly half (45%) claimed that they had "better access" to COVID-19-related information at the time the survey was conducted.

Figure 10. Change in Access to Services During COVID-19 Time (In %)

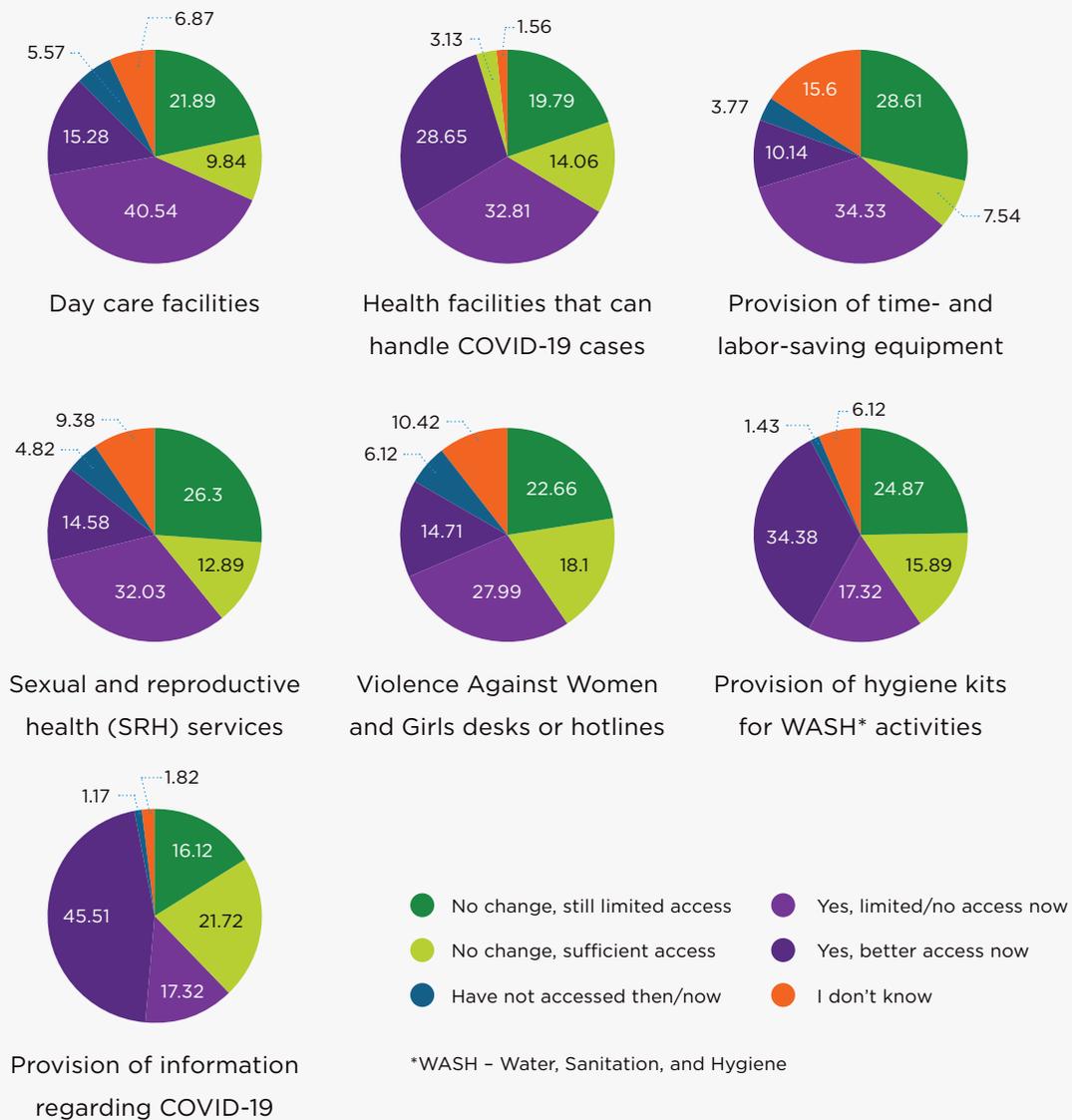
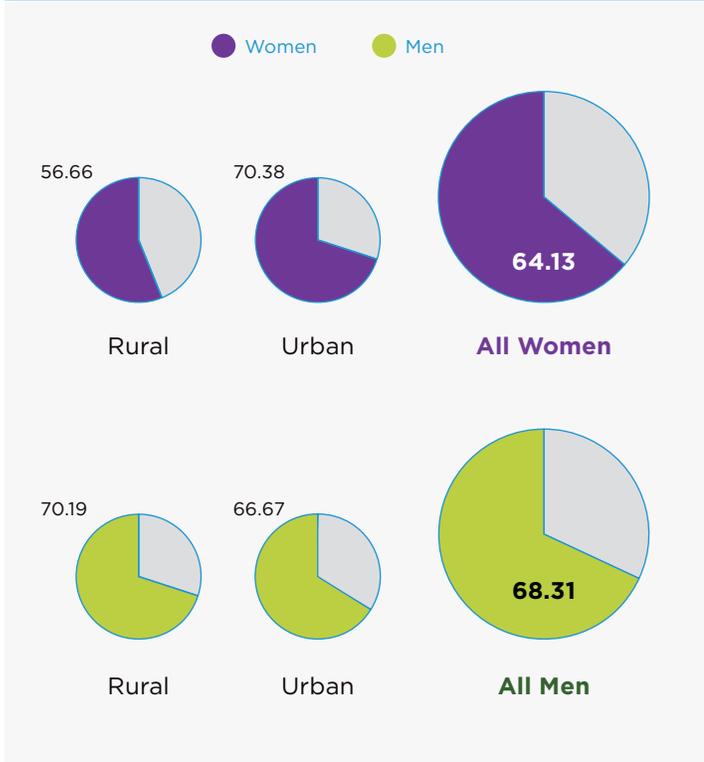


Figure 11. Adult Men and Women Who Said Their Paid Work Was Negatively Affected by the Current Pandemic, by Urban and Rural Areas (In %)



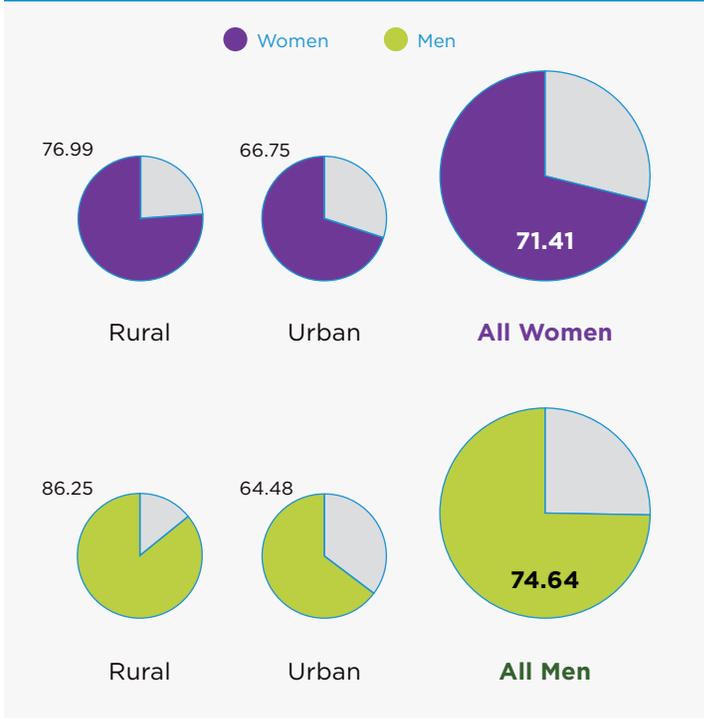
4.10 The Pandemic’s Impact on Female and Male Paid Workers in Urban and Rural Areas

The survey also looked into the impact of the rise in COVID-19 cases on female and male paid workers. Results show that paid male workers in rural areas (70.19%) and paid female workers in urban areas (70.38%) were most negatively affected by the pandemic (Table 11). This may be because farming and other agriculture-related labor in rural areas are commonly held by male workers. On the other hand, many females in urban centers are employed in the manufacturing and service-related industries (e.g., marketing, media, entertainment). It is noted that many business and commercial industries had either temporarily or permanently ceased their operations following the enforcement of community quarantine protocols.

4.11 Urban and Rural Females and Males Who Agree That Men Should Do Care Work

Finally, the study asked respondents in both urban and rural areas whether they approve of men doing care work. Higher

Figure 12. Adult Men and Women Who Agree That Men Should Do Care Work (By Urban and Rural Areas, in %)



approval rates were noted among the males (86.25%) and females (76.99%) in rural areas, compared to their urban counterparts. This finding is relevant given that the country is aiming to promote gender equality across social classes and geographic areas, as demonstrated by the passage of various gender-related laws and enabling policies.

The survey asked Filipinos in both rural urban areas whether they approve of men assuming more care work and it revealed higher approval rates among males than females in rural areas compared to their urban counterparts. This is a huge step in redistributing care work and freeing up more time for women to take on opportunities outside the four walls of their houses.

The time spent by women on care work increased to **13 hours a day** compared to 8 hours for men.



Conclusions



This study examined the different aspects of unpaid care work of both adult women and (to a lesser degree, of children) and how COVID-19 had affected the amount of time for work of both males and females. Findings show that the women participants dominated all care activities. Adult females also spent more time performing care activities compared to adult males. They accumulated a higher mean hour of work (for paid and unpaid work combined) compared to adult men. The children, on the other hand, spent most of their time sleeping or engaging in leisure activities.

Both adult women and men considered procuring household needs in the midst of a community quarantine as the most problematic domestic work or care activity.

Meanwhile, results on the perceptions on gender-based violence reveal that only a few of the respondents found gender-based violence and harsh criticisms as acceptable, although there were slightly more males (compared to females) who condoned the acts of beating, yelling, and shaming. This result underscores the need for the government as well as advocacy groups, CSOs and private organizations to sustain ongoing educational programs and information-dissemination campaigns against gender-based violence.

With regard their awareness of COVID-19 preventive measures, both adult men and women participants were most aware of the need to wash their hands regularly with soap and water. Adult women had the most difficulty in avoiding activities that would weaken their body's immune system. The men, meanwhile, had the most difficulty in avoiding unnecessary travels/going out of homes.

Respondents were also asked about the level of difficulty encountered in accessing service facilities and other support programs during the pandemic. Some reported “no or limited access” to day care facilities, health services that can handle COVID-19 cases, time- and labor-saving equipment, sexual and reproductive health services, and Violence Against Women and Girls desks or hotlines.

However, they observed an improvement in the access to water, sanitation, and hygiene (WASH) kits and COVID-19-related information.

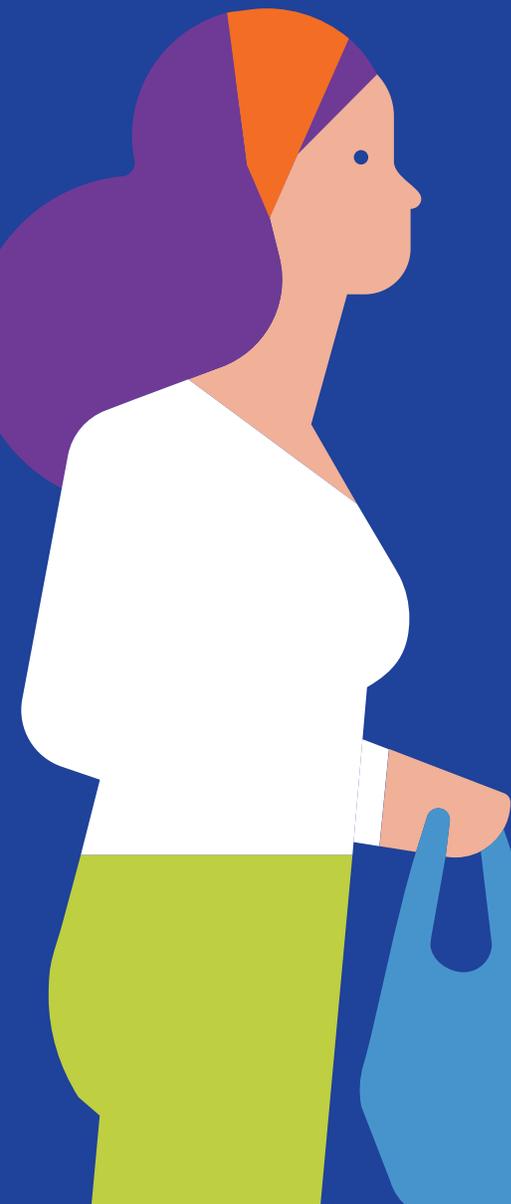
Finally, more adult men, mostly living in rural areas, reported that their paid work was negatively affected by the pandemic. More women working and residing in urban areas, on the other hand, suffered work-wise from the community lockdown.

Findings show
that the women
participants
dominated all
care activities

On Recognition and Investment

Recognizing the value of care work is one thing, investing in partnerships and infrastructures to reduce care work and time spent on arduous tasks of household care is another.

Off-loading chores from women by means of labor-saving infrastructure further underscores the missing link in gender pay gaps.



Recommendations

The research validated then and again that unpaid care and domestic work (UCDW) is one of the most persistent and systemic barriers to achieving gender equality and women's economic empowerment. It has affected women's participation and ability to learn, to earn and to participate in political life and formal economy.

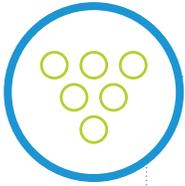
The Covid-19 pandemic has only made the load heavier. Addressing women's unequal load of care work in a single continuum of paid-unpaid care work-women's work is critical for addressing gender inequality in a meaningful way. Recognizing the role that women play and burden that women had to bear to tackle care work is not enough.

We at Oxfam Pilipinas, Philippine Commission on Women, UN Women WeEmpower Asia and our partners, call for 5Rs: Recognition, Reduction, Redistribution, Representation, and Reward.



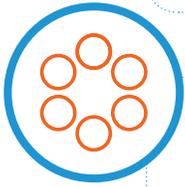
Recognition

Recognize that unpaid care work is still work, make its contribution be visible to society and the economy. This includes government policies, budget allocations; collection of quantitative and qualitative data that recognise the care economy as a fundamental element of the total economy, and secure investments in the care economy. Strengthening public-private partnerships is key when attempting to address problems related to household care, particularly in the time of a pandemic. This public-private partnership could pave the way for a cost-effective implementation of programs. Capacity-building programs have to be regularly monitored and evaluated so as to identify weaknesses in their implementation and to provide measures to address such.



Reduction

The drudgery of time and labour-intensive unpaid care tasks (such as collecting water and firewood) to free up women’s and girls’ time to participate in social, political and economic life even more increases in this time of pandemic. The government, private sector, and development/ cause-oriented organizations should continue to prioritize poor households’ access to affordable services and facilities and promote the need to address gender inequality through investment in infrastructure and time- and labor-saving equipment. Infrastructure is necessary if one is to reduce women’s long hours of care work and address their other issues as caregivers.



Redistribution

Unpaid Care Work responsibilities must be shared more equitably between women and men, and between governments, businesses, communities and households. Male “care champions”, especially among the young, should initiate dialogues that challenge social norms and women breadwinning in the household and in the community. The contributions of male household members in care work should be highlighted as well gender inequality through investment in infrastructure and time- and labor-saving equipment. Infrastructure is necessary if one is to reduce women’s long hours of care work and address their other issues as caregivers.



Representation

Meaningful inclusion of unpaid and paid care givers and care receivers in budgets, planning, decision-making and social dialogue, ensuring their rights, needs and contributions are reflected in these processes. Although the country—through the Philippine Commission on Women and the Gender and Development units in various government and private organizations—continues to advocate for the meaningful participation of women in decision making processes at all levels but this should be consistently practiced in both public and private platforms.



Reward

Making sure paid care workers are adequately rewarded and remunerated for their work by employers and the state, for example, through stable, living wage incomes for reasonable hours, employment benefits, pensions and carers’ benefits. In the formal sector, the reward will come in the form of supportive workplace policies such as subsidizing care work of their employee, more flexible work hours and extended paternity leave.

Practical strategies in the application of the 5Rs

Government (both national and local)

- Accounting for UCW hours and how to situate such contribution in our statistics.
- Sustain public investment in accessible infrastructure, especially water and sanitation, and provide basic guarantees where there is private provision, as a priority for low-income countries.
- Revisit policies that directly or indirectly impacts UCW and find ways to address them through laws, such as the Day Care Center, Telecommuting, Flexible Work arrangements and the setting up of child-minding centers in government and other public offices where (with strict and clear protocols in place given the COVID-19 situation).
- Support infrastructures that would address this concern, and reiterate this among implementing partners and agencies.
- Increase investment on care related services through gender budgeting especially for water system improvement, health and ECCD services.
- Ensure innovative and adaptive programming that responds to the key need of communities that would lessen hours in doing UCW such as setting up accessible water stations, shared facilities for day care in communities, shared services for communities doing community livelihood projects and programs, public-private partnership could pave the way for a cost-effective implementation of programs. Capacity-building programs have to be regularly monitored and evaluated so as to identify weaknesses in their implementation and to provide measures to address such.

Private Sector

- Care service expansion by Multinational Organizations is instrumental in reducing UCW. Organizations can consider providing subsidies for employees for providing on-demand services from care enterprises.
- In a COVID-19 situation, employers to have a more flexible but well-put workplace policies that take into consideration multiple and heavier burden roles of women, working from home, needing to look after children, and other responsibilities, while also working on key tasks in the office or attending meetings (flexible working hours);
- For media to promote messages on positive deviance in unpaid care work and women bread winning, thus changing the narratives of advertising.

Small Medium Enterprises (SMEs)

- Find ways how specific groups and industries can come together to offer support to workers tackling most of the UCW such as looking into shared services facility, adapting common policies and agreeing on practices and adapting a more responsive culture that takes into account the UCW issues;
- Look into setting up care enterprises to fill the current need / gap.

Civil Society Organization (CSOs)

- Articulate the importance of ensuring women participation and voice in all levels of engagement and consultations, incorporate support and expenses for UCW needs to ease burden of women.

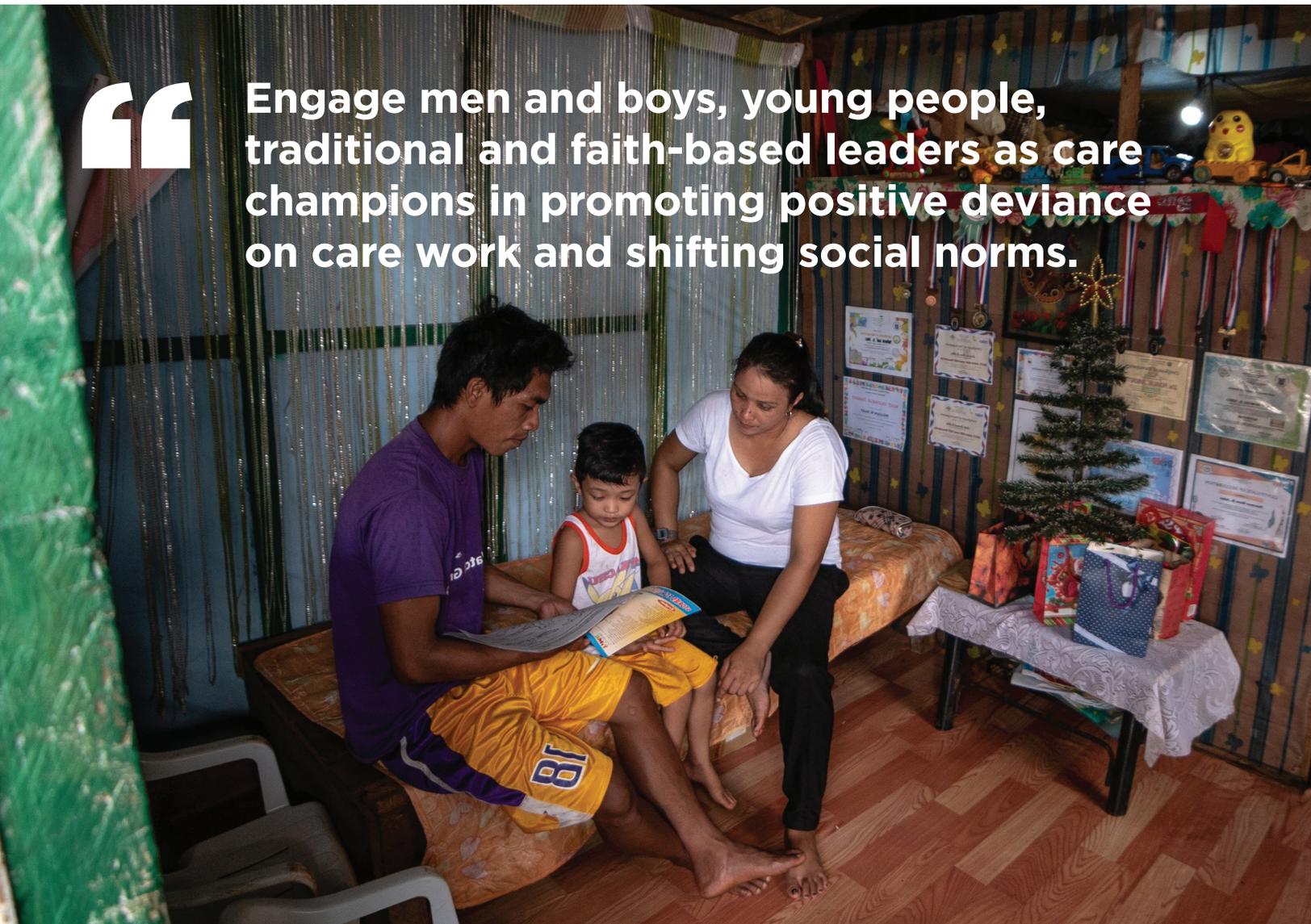
- Engage men and boys, young people, traditional and faith-based leaders as care champions in promoting positive deviance on care work and shifting social norms.
- Women's Rights Organizations (WROs) and Women Economic Organizations (WEOs) to actively engage in unpaid care work awareness raising initiatives to recognize that unpaid care work is real work.

Donors and Bilateral Organizations

- Incorporate costs for UCW in programming and funding considerations
- Echo support and provide guidance to partners and agencies to work and 'listen' intently to the needs of women and men in the community burdened with UCW to understand how this can be addressed
- Invest in innovative ways to address women's unpaid care work, such as care entrepreneurship. Support current care infrastructure programs by the government and civil society organizations. Reiterate to implementing partners and agencies the need to include UCW in its priorities. implementing partners and agencies to include UCW programming in its priorities.



Engage men and boys, young people, traditional and faith-based leaders as care champions in promoting positive deviance on care work and shifting social norms.



Rowena is a daycare teacher in the Philippines – a job she loves, where she can focus on her students and helps them grow. But she wasn't always this happy to go to work. The long hours and extensive care work at home drove Rowena to exhaustion and took a toll on her health. Now, Rowena's husband cooks, cleans, and looks after their young child while she's at work. She says "Our relationship as a family became better. We're happier. I am now closer to my children." Rowena is now able to take care of herself and spend time having fun. **Jed Regala/Oxfam**

