

Gender Justice



Care Matters: The Value of Women's Unpaid Care Work in Jordan

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النهضة العربية للديمقراطية والتنمية
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**Care Matters:
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Acronyms and Abbreviations

| | |
|--------------|--|
| ARDD | Arab Renaissance for Democracy and Development |
| CSO | Civil society organization |
| DoS | Department of Statistics |
| ECCE | Early childhood care and education |
| GDP | Gross domestic product |
| HCS | Household Care Survey |
| ILO | International Labor Organization |
| JONAF | Jordan National NGO Forum |
| KG | Kindergarten |
| LTUD | Light time-use diary |
| MENA | Middle East and North Africa |
| RCA | Rapid Care Analysis |
| TUS | Time-use survey |
| UCDW | Unpaid care and domestic work |
| WPS | Women, Peace, and Security |

I. Introduction

Gendered Distributions of Unpaid Care Work

Care work, defined by the International Labor Organization as “consisting of activities and relations involved in meeting the physical, psychological and emotional needs of adults and children, old and young, frail and able-bodied,” has historically and overwhelmingly been undertaken by women worldwide in their roles as wives, mothers, and daughters.¹ Care work can either be paid—through education, health, social care, and domestic work sectors—or unpaid. Unpaid care work typically includes the direct care or supervision of persons (primarily children, persons with disabilities, the elderly, and persons with chronic illnesses), housework that facilitates the care of persons, and food shopping, among other activities. While these actions are not always viewed as “work,” the “third-person” criterion defines work as activities for which a third person could be compensated, and as such, these behaviors are considered as work.²

Globally, women spend more time on unpaid care work than men; on average, they spend 2 hours and 28 minutes more on unpaid work than men per 24-hour day.³ In the Arab States, researchers have estimated that women perform 4.7 times more unpaid care work than men, which is the highest women-to-men ratio in the world.⁴ Specifically in Jordan, it has been calculated that the ratio of women-to-men’s time spent on unpaid care work reaches 19:1 in Jordan, the highest within the Arab States.⁵

In economic terms, unpaid care work has been proven as a predictor in determining both whether women enter and stay in the labor force as well as the quality of jobs they accept.⁶ Moreover, research shows that there is a significant negative correlation between a country’s female employment rate and women’s average unpaid working time.⁷ In other words, women’s unpaid care work decreases as national rates of women’s employment increases, and vice versa. This phenomenon is reflected in Jordan, where the female labor participation rate is 14.9 percent, and it has been estimated that 51.3 percent of Jordanian women aged 15 years or above consider domestic household work (which is considered unpaid care work) as their primary activity.⁸

The phenomenon of the gendered distribution of time use (how people allocate the hours in a day) has been rationalized by two central theories: the economic/bargaining perspective and the gender perspective adopted by feminist economists. According to Liana C. Sayer, who has extensively researched determinants of time use, the economic/bargaining perspective “emphasizes rationality and relative resource levels and the reasons women’s and men’s time allocations should have changed in response to shifting economic, demographic, and normative conditions.”⁹ As women’s educational attainment and their opportunities for waged work grow globally, unpaid care work demands should decrease. However

1 ILO (2018) Care Work and Care Jobs for the Future of Decent Work, p. 6.

2 Miranda, V. (2011) Cooking, Caring and Volunteering: Unpaid Work Around the World, OECD Social, Employment and Migration Working Papers, no. 116, p. 7.

3 Ibid., 11; ILO (2020, p 17)

4 UN Women (2020) The Role of the Care Economy in Promoting Gender Equality: Progress of Women in the Arab States 2020, p. 30.

5 Ibid., p. 32.

6 ILO (2018) Care Work and Care Jobs for the Future of Decent Work, p. xxvii.

7 Miranda, V. (2011) Cooking, Caring and Volunteering: Unpaid Work Around the World, p. 13

8 UN Women (2020) The Role of the Care Economy in Promoting Gender Equality: Progress of Women in the Arab States 2020, p. 116.

9 Sayer, L. C. (2005) “Gender, Time and Inequality: Trends in Women’s and Men’s Paid Work, Unpaid Work and Free Time,” Oxford University Press, 84 (1), p. 286-287.

er, this is not the case, particularly in Jordan, where women continue to spend a disproportionate amount of time on unpaid care work, but have increasing educational attainment rates, earning the country a rank of 81 of 153 in the Global Gender Gap subindex for educational attainment.¹⁰ Therefore, it is necessary to adopt a different framework to analyze unpaid care work.

Feminist economists have long denounced the inequitable distribution of unpaid care work as a root cause of gender inequalities. They argue that the gendered distribution of unpaid care work has been shaped by economic systems which consider unpaid care work activities as free commodities. Moreover, the feminist perspective stresses the durability and longevity of gender norms and inequality as “elements that work against change in the gender division of labor.”¹¹ Sayer argues that “unpaid work is not a gender-neutral bundle of chores that women perform out of comparative advantage or lower resources but instead integral to the reproduction on unequal power relations between women and men.”¹²

COVID-19 has exacerbated the inequalities in unpaid care work worldwide. Despite descriptions of crashing productivity in the “real economy,” women have been busier than ever, as men who are staying home due to job losses and remote work requirements have not increased their contributions to housework. Moreover, during crises such as the COVID-19 pandemic, women “may face increased pressure to substitute unpaid work for lost income, for example, taking care of an ill relative at home rather than taking them to a clinic.”¹³ Indeed, UN Women estimated that in Jordan, married women with children may have spent 18 to 24 additional hours per week on unpaid care work during the pandemic, while men have only spent 1-3 hours additional hours per week on the same activities.¹⁴

Care Policies in Jordan

Gender inequalities in unpaid care work and the labor force are interconnected. In order to increase women’s participation in the workforce, inequalities in unpaid care work must be “tackled through the effective recognition, reduction and redistribution of unpaid care work between women and men, as well as between families and the State.”¹⁵ At the government level, the state can allocate resources to reduce and redistribute unpaid care services in the form of cash transfers, services, and time through care policies.¹⁶ Care policies include the direct provision of childcare and eldercare services, care-related social protection cash transfers and benefits distributed to workers who have care responsibilities, and labor regulations such as leave policies and “other family-friendly working arrangements, which enable a better balance between paid employment and unpaid care work.”¹⁷

According to senior economist Veerle Miranda at the Organization for Economic Co-operation and Development:

10 World Economic Forum (2020) Global Gender Gap Report 2020, p. 12.

11 Sayer, L. C. (2005) “Gender, Time and Inequality: Trends in Women’s and Men’s Paid Work, Unpaid Work and Free Time,” p. 287.

12 Ibid., p. 287.

13 Bahn, K., Cohen, J., and Rodgers, Y. (2020) “A feminist perspective on COVID-19 and the value of care work globally,” Gender Work Organ., 27, p. 696.

14 UN Women (2020) The Role of the Care Economy in Promoting Gender Equality: Progress of Women in the Arab States 2020, p. 126.

15 ILO (2018) Care Work and Care Jobs for the Future of Decent Work, p. xxxv.

16 Ibid.

17 Ibid.

Publicly subsidized formal childcare relieves mothers of some child-care responsibilities and encourages their labor force participation. On the other hand, long parental leave arrangements continue to be primarily used by women – mothers are often reluctant to give up leave to their partner’s benefit – reinforcing traditional gender roles and damaging mother’s labor attachment. Non-transferable paternal entitlement to paid leave increase[s] chances of more equal leave sharing between mothers and fathers, but so far there is no evidence of the longer-term effect on the division of housework.¹⁸

Jordan has enacted a number of care policies into legislation which address the expansion of early childhood care and education, the provision of a stronger care systems for the elderly, and the reform of care leave policies.

Paid Care Leaves

The legislation that governs the employment relationship and subsequently paid care leaves in Jordan is Labor Law No. 8 of 1996, which authorizes 10 weeks of maternity leave with full pay in the private sector and 90 days in the public sector.¹⁹ Additionally, if a mother is employed by an organization with more than 10 employees, she is entitled to one year of unpaid leave.²⁰ However, it is important to note that many women do not benefit from these legislations. From an analysis of the 2016 Labor Market Panel Survey, it was estimated that among women who worked in the private sector during their first pregnancy, 33 percent did not take any paid maternity leave and 35 percent reported taking six weeks off.²¹ In addition to those women working in small enterprises with less than 10 employees, women working in the informal sector do not benefit from these legislations.

In 2010, Jordan changed its maternity leave financing from “an employer–liability system, in which the cost of maternity leave falls entirely or primarily on the employer, to a social–insurance system.”²² This system requires employers to contribute 0.75 percent of their total payroll to the government, so the employer’s input is based on the total number of workers rather than each individual woman.²³ In theory, the reform would reduce financial disincentives to hiring women, therefore increasing the rate of female participation in the labor force. However, interviews with employers conducted by the World Bank in 2014 revealed that most employers believed that this reform in legislation would not affect their hiring decisions and they would continue to consider gender in their hiring processes; “reducing cost, finding a replacement and training of replacements during maternity leave continue to be the main reasons why employers do not feel that the introduction of maternity insurance is sufficient to encourage more employers to hire women.”²⁴

In 2019, the Labor Law was amended to include paid paternity leave, which was previously not enacted. The amendment provides fathers of newborns three days of paid leave after the birth of their children. The impact of this law has yet to be seen, due to the timing of the COVID-19 pandemic.

18 Miranda, V. (2011) *Cooking, Caring and Volunteering: Unpaid Work Around the World*, p. 15.

19 UN Women (2020) *The Role of the Care Economy in Promoting Gender Equality: Progress of Women in the Arab States 2020*, p. 123.

20 Ibid.

21 Ibid.

22 Ibid., p. 124.

23 Broddman, S. et. al. (2014) *Social Insurance Reform in Jordan Awareness and Perceptions of Employment Opportunities for Women*. World Bank., p. 42.

24 Ibid., p. 41.

Nurseries

There have been several reforms regarding the provision of nurseries. Until 2019, Article 72 of the Jordanian Labor Law mandated private employers to establish a nursery if they employed 20 or more women. To evade this obligation, employers employed 19 or fewer women. To remove this financial disincentive, the law was amended in 2019 and required all private companies whose employees collectively have 15 children aged 5 or under to provide a nursery in the workplace.²⁵

Additionally, a year prior to the reform, the government announced a JOD 3.5 million project to build 80 nurseries across all governorates by 2020. The nurseries were expected to create 700 new jobs.²⁶

Nurseries have remained inaccessible for the majority of families across Jordan, both geographically and financially. The distribution of nurseries skew towards urban areas, namely Amman and Irbid.²⁷ Most importantly, “the mean monthly cost of childcare in Jordan is equivalent to 88 per cent of the median monthly wage for women, and over 100 per cent of the median monthly wage for women with a secondary degree or less.”²⁸ Because the participation of nurseries is voluntary and costly, many families opt to supervise their young children through unpaid care work activities. Therefore, subsidization of nurseries is highly needed.

Early Childhood Care and Education (ECCE) Services

In 2019, the Ministry of Education announced that Kindergarten (KG) 2 for those aged 5-6 years would become compulsory beginning in the 2020-2021 year, thus universalizing KG2 access.²⁹ The current national economic stimulus plan for 2018–2022 has allocated almost JOD 1.25 billion to build 2,800 new KG2 classes and 600 basic and secondary schools.³⁰

Barriers to ECCE access and provisions remain prevalent in Jordan. Seventy-six per cent of KG2 classes and 100 per cent of KG1 classes were provided by the private sector in 2014-2015.³¹ UN Women estimates that “the least advantaged child in Jordan has a 5 per cent chance of attending ECCE, whereas the most advantaged child has a 44 per cent chance. In other words, the most advantaged child is almost nine times more likely than the least advantaged child to attend.”³²

Care for the Chronically Ill and Persons with Disabilities (Including Children and the Elderly)

While many women support elderly family members with disabilities and/or chronically ill, there are currently no provisions in place to permit specific leaves for the ill or disabled, unless the dependent is a newborn, and the time counts as maternity leave. There are a few social protection mechanisms in the form of cash transfers for families with dependents with disabilities. The National Aid Fund supports families with household incomes of 450 JOD a month or less who bear extra costs due to a child’s disability with unconditional cash transfers that increase with the number of household members; however,

25 Ibid., p. 120.

26 Ghazzal, M. “38 workplace nurseries to be built by end of year.” The Jordan Times. 10 April.

27 UN Women (2020) The Role of the Care Economy in Promoting Gender Equality: Progress of Women in the Arab States 2020, p. 120.

28 Ibid., p. 121.

29 Ibid., p. 118.

30 Ibid.

31 Ibid., p. 119.

32 Ibid.

the amount of benefits ranges from 20 to 80 JOD monthly, depending on the family's income.³³ A one-time payment of up to 600 JOD is available through the Ministry of Health to cover costs of rehabilitation equipment for families whose income is 250 JOD or less, do not receive other benefits, and the head of household or at least one child is disabled.³⁴

The cash transfers for families with dependents with disabilities do not cover elderly family members with disabilities because they are not children and typically not heads of households. However, in Jordan, 2.8 percent of the elderly are persons with disabilities and approximately 86 percent have chronic illnesses, including non-communicable diseases.³⁵

Elder Care

While many women support elderly family members, there are currently no provisions in place to permit specific leaves for adults. There has been increasing demand for elder care in recent years, however according to HelpAge International:

Care homes and private day centers for older men and women are licensed in accordance with the Residential Care Home Licensing Regulations for 2014, and the Older Persons' Day Centers Licensing Regulations for 2014, but there are no specific items on the development of these homes or the regular monitoring of their work. Regulations for these homes and day centers, however, remain inconsistent and do not clearly fulfil the United Nations principles for older persons that were adopted by the General Assembly of the United Nations in 1991.³⁶

Social protection mechanisms for the elderly are delivered primarily through the pension system, a "Pay As You Go" scheme that covers formally-employed private sector workers, self-employed, civil servants and military personnel.³⁷

A 2010 special legislation on retirement, which was amended in 2014, increased the required number of years of pension contributions.³⁸ Pension coverage in Jordan, however, remains below the regional average, with 42.2 percent of older people in Jordan covered by pensions compared to 49 percent of older people in the region.³⁹ Moreover, a substantial number of workers are not covered by the pension system, including the majority of women since their care work has not been recognized as work, and as such they are not entitled to pensions. In a survey conducted by HelpAge International, 80 percent of their sample of women aged 60 years old and above had never had formal jobs.⁴⁰

33 Röth, H., Nimeh, Z., and Hagen-Zanker, J. (2017) A mapping of social protection and humanitarian assistance programmes in Jordan, Overseas Development Institute (ODI), Annex I.

Machado, A. C., et. al. (2018) Overview of Non-contributory Social Protection Programmes in the Middle East and North Africa (MENA) Region Through a Child and Equity Lens, International Policy Centre for Inclusive Growth, p. pp. 178-180.

34 Ibid.

35 UN Women (2020) The Role of the Care Economy in Promoting Gender Equality: Progress of Women in the Arab States 2020, p. 122.

36 HelpAge International (2018) Importance of Care and Protection for Older People in Jordan, p. 10.

37 For more information, see HelpAge International (2019) Achieving Income Security for Older Jordanians and Refugees.

38 Ibid.

39 HelpAge International (2018) Importance of Care and Protection for Older People in Jordan, p. 8.

40 HelpAge International (2019) Achieving Income Security for Older Jordanians and Refugees, p. 6.

About the Report

As assessed by UN Women in 2020, unpaid care work has constituted a particular burden for women in Jordan despite social protection mechanisms. However, there is a lack of accurate and reliable data on care work activities undertaken by women, particularly considering the impact of COVID-19. Measuring the amount of unpaid direct and indirect care work that women perform on a daily basis is one of the strategies that feminist economists have highlighted as integral to bringing awareness to governmental institutions about the critical economic contributions of women.

To this end, this report aims to: 1) pilot a new data collection method through the implementation of small-scale time-use surveys; 2) sensitize wider audiences on the impact of unpaid care work from a feminist lens and from the perspectives of women in Jordan; and 3) explore a gender-responsive and bottom-up approach in deciding how care work can be reduced and redistributed in Jordan.

The report has been produced in the context of a longer project focused on action research undertaken by ARDD and the Jordan National NGO Forum (JONAF). As part of this experience, the introduction of this new data collection method has been implemented by JONAF members and ARDD, and findings have been validated by all partners through online structured meetings.

Box 1: JONAF

JONAF was established in 2016 as a group of CSOs, CBOs, experts, and media activists from different parts of the Kingdom. JONAF works in tandem with government officials and decision makers at local and national levels to coordinate and lead the national humanitarian response and development efforts in Jordan. Currently, JONAF includes 50 member organizations from across the Kingdom, including four CSOs with observer status.

II. Measuring Unpaid Care Work in Jordan

Time-Use Surveys

There is consensus among academics and practitioners that time-use surveys represent a “rich source of information on many aspects of life, including how gender roles shape the types of paid and unpaid work we do.”⁴¹ Indeed, time-use surveys (TUS) are the best source of reliable estimates on how much time is spent on child and adult care and the characteristics of the people who do that work.

Data from time-use surveys provide “quantitative summaries of how individuals ‘spend’ or allocate their time over a specified period – typically over the 24 hours of a day or over the 7 days of a week.”⁴² Time-use surveys have been implemented in many countries in recent years, but the harmonization of the methods of data collection is far from being achieved. Today, it has been determined by time-use experts that:

41 United Nations Economic Commission for Europe (2017) Have time-use surveys been used to guide unpaid care work policies and programmes? Case studies from Europe and Central Asia, p. 1

42 UN Statistics (2005) Guide to Producing Statistics on Time Use: Measuring Paid and Unpaid Care Work, p. 5.

The most reliable and robust data on time-use are based on diaries (that is, the complete enumeration of activities during a 24-hour lapse time) and international classifications of time-use activities rather than on methodologies based on a set of various stylized questions on a reference period of a week. Recently, many household surveys have added short sections or modules on time-use that follow synthetic methodologies (short task surveys, stylized diaries) that are not 24-hour diaries.⁴³

Two primary types of time-use surveys have been implemented to measure care work: retrospective diaries and leave behind diaries. Retrospective diaries ask the respondent to recall the amount of time spent on different activities during one or several 24-hour days for a designated period.⁴⁴ This method may lead to recall bias – the inability of an informant to recall accurately the allocation of their time – which can lead to measurement error.⁴⁵ Leave-behind diaries are more accurate, as the respondent self-records activities as the day proceeds. Moreover, time-use diaries can be pre-coded with a specific list of activities, which simplifies the design of the questionnaire and reduces costs for post-coding. This type of questionnaire, a light time-use diary (LTUD), can be implemented with leave-behind or retrospective diaries.

Piloting a Time-Use Survey in Jordan

In the MENA region, Morocco, Algeria, Tunisia, Palestine, Iraq, Oman, and Qatar have implemented time-use surveys to date, not including household surveys collecting time-use data through stylized questions.⁴⁶ In Jordan, time-use modules were incorporated into the Jordanian Labor Market Panel Surveys of 2016. In this context, the implementation of a time-use survey in Jordan constitutes a first stand-alone attempt to explore this methodology.

ARDD's implementation of a time-use survey was framed by desk research of time-use surveys, the capacities of participating partners, and COVID-19 limitations in terms of field work. It was determined that detailed time-use diaries with several short blocks of time would be too time-consuming for civil society partners, so existing surveys were adapted to provide pre-coded activities to the respondent (LTUD) in three-hour blocks. While partners preferred to implement the research through workshops, social distancing protocols due to COVID-19 influenced ARDD's decision to implement an online survey through KOBO with a mixture of stylized questions and a light time-use diary.

The survey included questions on demographics, time constraints, the impact of COVID-19, normative frameworks, and perceptions on the importance of the work, skills required for activities, gendered attitudes towards care work, the wellbeing of the respondent in relation to care work, and women's decision making with regards to care work as an economic field. These categories were drafted against some of the categories proposed by OXFAM's Household Care Survey vis-à-vis the Jordanian context.

43 Charmes, J. (2019) The Unpaid Care Work and the Labour Market. An analysis of time use data based on the latest World Compilation of Time-use Surveys. ILO, p. 13.

44 Ibid., p. 13-14.

45 Ibid., p. 14.

46 Charmes, J. (2019) The Unpaid Care Work and the Labour Market. An analysis of time use data based on the latest World Compilation of Time-use Surveys. ILO, p. 14.

Box 2: Oxfam's Household Care Survey

Comprehensive data and analysis has been published on OXFAM's HCS, which has been implemented in various countries, such as Colombia, Ethiopia, the Philippines, Malawi, Uganda, Zimbabwe, and Kenya.⁴⁷ The HCS is a quantitative survey that establishes baselines and evaluations on time use, norms, equipment, and services for care work.⁴⁸ The HCS provides outputs on the average hours that women and men of different ages (including boys and girls) spend on different activities, including unpaid care and domestic work (UCDW), perceptions on the underlying social norms and attitudes concerning UCDW, and "evidence on the influence of government interventions, schemes, or programs on the composition and distribution of UCDW."⁴⁹

The HCS is not designed to be a nationally representative time-use survey, as the sample is meant to be locally representative and nationally. It is also not designed to be a qualitative tool, even though there are some "why" questions. Because of this, OXFAM recommends that the HCS is implemented in conjunction with a qualitative research tool, the Rapid Care Analysis (RCA). The RCA is a set of exercises that qualitatively explore the same topics as the HCS, but in a participatory manner.

The HCS as well as a framework and guidelines for the RCA have been published by OXFAM so that other stakeholders may incorporate their methodology into their time-use surveys.

ARDD's light time-use survey measured the time spent on activities through time blocks of three hours, totaling eight blocks per day. The importance of measuring simultaneous activities in an LTUD was emphasized in desk research, as care is often performed at the same time as other activities, so this was included in ARDD's survey. Additionally, supervision responsibilities were included, as caregivers often have responsibilities to "supervise," "look after," or "be on call" for a dependent.

47 OXFAM (2020) Measuring and Understanding Unpaid Care and Domestic Work: Household Care Survey Part A: Guidance for planning, implementing, and using the Household Care Survey.

48 OXFAM. Household Care Survey Questionnaire.

49 OXFAM (2020) Measuring and Understanding Unpaid Care and Domestic Work: Household Care Survey Part A: Guidance for planning, implementing, and using the Household Care Survey.

Twenty-five categories of activities were offered as options in the LTUD, which are as follows:

Figure 1: Categories of the Pilot LTUD

| Direct care work | Indirect care work | Paid work | Unpaid work | Education | Non-work | Other |
|---|--|--|---|---|---|---|
| <ul style="list-style-type: none"> • for children • Teaching/tutoring children, helping them with homework • Caring for a person with disability; • Caring for a chronic ill person, • Caring for an elderly person • Caring for community member | <ul style="list-style-type: none"> • Meal preparation • Cleaning the house • Shopping for household supplies • Washing, drying, folding, and/or mending clothes • Cleaning dishes | <ul style="list-style-type: none"> • Waged work • Work in own business • Selling products at the market | <ul style="list-style-type: none"> • Tending livestock, caring for animals • Community work | <ul style="list-style-type: none"> • Attending school and/or training courses • Attending school-related events | <ul style="list-style-type: none"> • Attending school and/or training courses • Attending school-related events | <ul style="list-style-type: none"> • Activities related to health • Other |

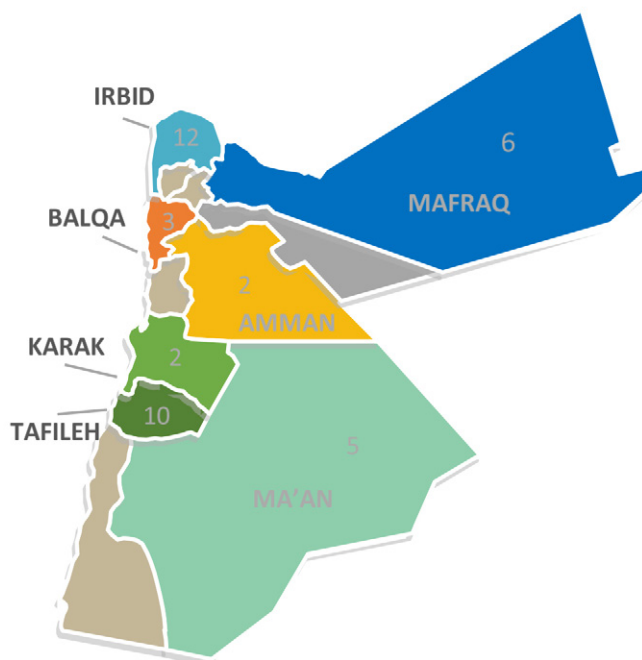
Implementation of Time-Use Survey

After formulating the survey using Excel and Kobo, the form was tested internally by the researchers and twelve members from JONAF. JONAF members were selected based on their engagement with women's economic empowerment and their experiences providing training and consultations to women who own home-based businesses; the sample was also chosen to cover the three main regions of the country (north, south, and central Jordan), as well as rural and urban areas. Among the twelve organizations, seven governorates were represented: Irbid and Mafrqa from the north, Amman and Balqa from the center, and Karak, Tafleeh, and Ma'an from the south.

Webinars with JONAF members allowed them to provide their feedback to the survey, and the survey was deployed on May 6, 2020 and sent to the participating JONAF members. These members were requested to distribute the survey among their beneficiaries and partners, specifically targeting women with well-defined care responsibilities, including young mothers, middle-aged women with elderly dependents, and women who care for persons with disabilities or chronic illnesses. ARDD researchers supplemented the efforts of partners and proceeded to conduct the survey over the telephone to some of the member organizations' beneficiaries. Conducting the survey over the phone allowed further discussions and details which provided deeper insights that contextualized the survey's findings.

As stated above, the sample of JONAF organizations was chosen to represent the different geographic demographics of Jordan. However, the sample was skewed towards the southern governorates, as JONAF organizations from these areas were more proactive in conducting the survey (see Figure 2).

Figure 2: Geographic Demographics of Sample



III. Women's Unpaid Care Work Responsibilities in Jordan

In Jordan, as elsewhere in the world, unpaid care work goes unrecognized. As economists have noted, the way economies are measured ignores a large portion of work that affects everyone – unpaid care work.⁵⁰ Furthermore, many Jordanian men and women view domestic activities as the “normal duty” of women, without linking this activity to the overall well-being of their families and of society.

The TUS revealed that women spend much of their time performing unpaid care work when they have dependents, with young children and persons with disabilities more likely to demand full-time care work. The following sections describes the experiences of the TUS respondents in relation to direct and indirect care work disaggregated by types of dependent (children, dependents with disabilities, and dependents with chronic illnesses), as well as their perceptions of the care work that they undertake.

Respondent Demographics

Respondents were selected by JONAF members, with priority given to women who are heads of households, women who have dependents with disabilities and/or chronic illnesses, young and/or married women with children, and middle-aged women who care for family members. The pilot TUS was administered to 41 women, most of whom are married Jordanians (see Figures 3 and 4). The education backgrounds and the combined household monthly incomes of the respondents varied (see Figures 5 and 7), and over half of the sample were heads of their households (see Figure 6). The questionnaire received 11 responses from women with dependents with disabilities, 20 responses from women with dependents with chronic illnesses, and 17 responses from women with children.

⁵⁰ da Silva, J. (2019) “Why you should care about unpaid care work.” OECD Development Matters, 18 Mar.

Figure 3: What is your Nationality?

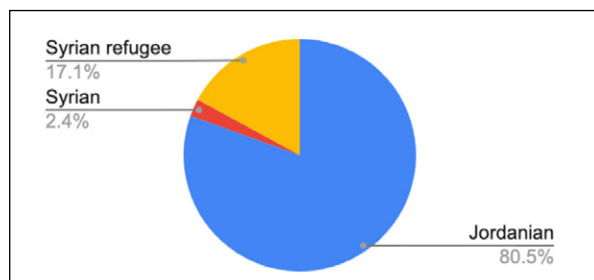


Figure 5: What is your Education Level?

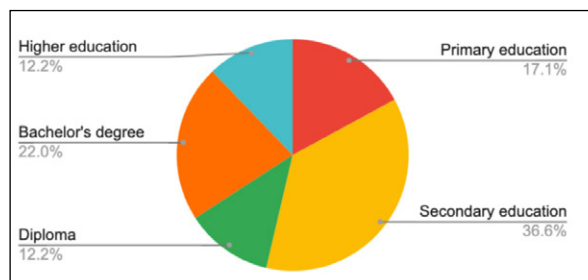


Figure 4: What is your Marital Status?

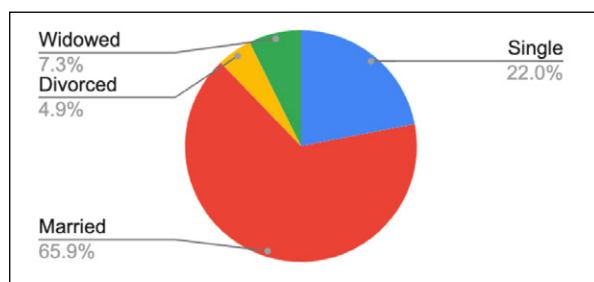


Figure 6: Are you the Head of your Household?

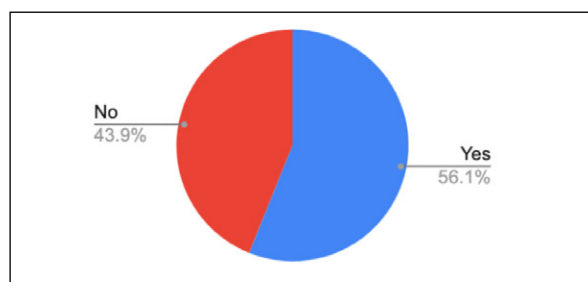
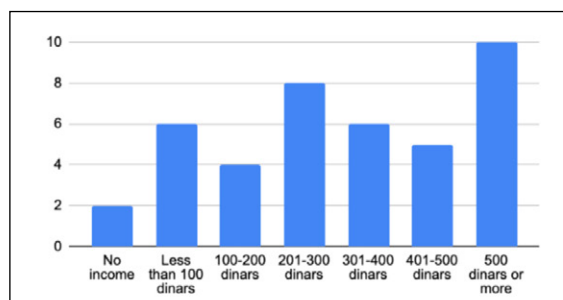


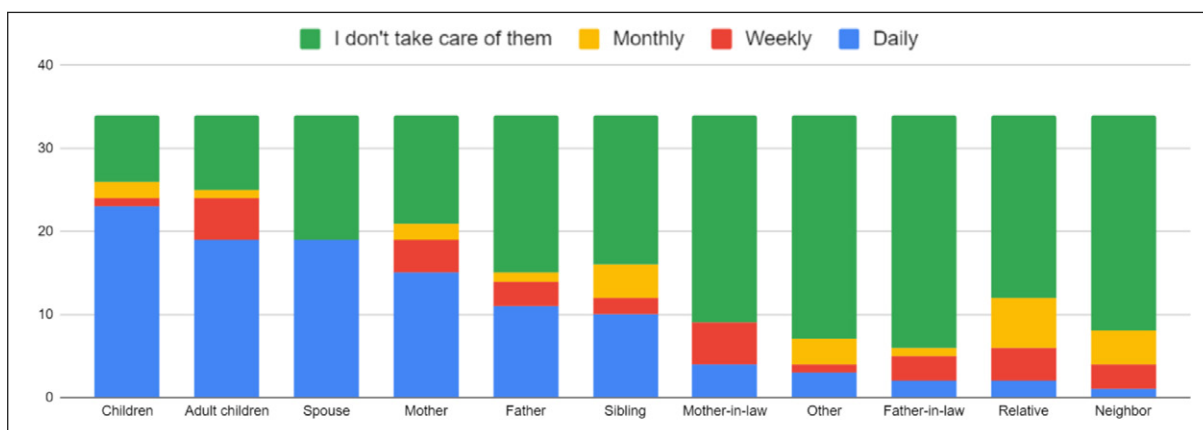
Figure 7: What is your combined monthly income?



Women's Experiences in Unpaid Direct and Indirect Care Work

For the purpose of this survey, according to international definitions explained earlier, unpaid care work consists of two types of activities that may overlap: direct and indirect care work (refer to Figure 1). Respondents were asked about the recipients of their direct care work and the frequency of that care; the most common receiver of care was revealed to be children (both young and adult) and other nuclear family members (see Figure 8).

Figure 8: How often do you care for...



Age and marital status are key categories of analysis to understand care duties in Jordan. Among married women, age is a predictor of care responsibilities, as responsibilities tend to change in terms of types of dependents and the amount of care required by their dependents. For women in their thirties, new categories of dependents emerged, namely spouses, children, and in-laws, and many of them care for their parents on a weekly or monthly basis. Women in their forties are more likely to care for children above four years old, which decreases the amount of direct care activities such as feeding, dressing, and washing children, but also increases the necessity of securing their education. Older women were also more likely to have kids of varying ages, and so their adolescent children relieve some of the care burden by looking after the younger children. Women in their fifties did not have as many dependents that required care, which indicates a reduction in direct care work at this age; however, a few indicated that they cared for adult children with disabilities.

Marital status also influences care work. Single women in Jordan, excluding divorced or widowed women, do not have to care for spouses nor children. However, they still have care responsibilities; seven of the nine single respondents provide direct care to a family member, specifically parents and siblings. Among the unmarried women in their twenties, they did not have children as dependents but several care for parents who are prone to chronic illnesses such as diabetes, heart disease, lung disease, and cancer.

A Day in the Life: Time Allocation of Direct and Indirect Care Work

An analysis of the LTUD revealed key trends regarding the courses of the participants' days. A typical day for a respondent involves indirect care work activities throughout the day, such as preparing breakfast, lunch, and dinner, cleaning the house, washing and drying clothes, and cleaning dishes. The questionnaire revealed that these activities are primarily undertaken during the daytime, particularly from 9am to 3pm.

The location of respondents also influenced the type of work that the women performed. For example, it was more common for women in rural areas such as Disi, Ma'an, to take care of animals such as goats or chickens every day, during which they feed the animals in the morning and check on them again in the afternoon. In Tafileh and Mafraq, it was also common for women to care for some domestic animals and tend to vegetable gardens.

A quantitative analysis of the LTUD illustrated which hours women were more likely to undertake direct care work, indirect care work, non-work, paid work, unpaid work, and education activities. Unpaid direct care work steadily remained at 10 to 20 percent of the activities that respondents engage in, while unpaid indirect care work varied depending on the time of day, peaking at 54.2 percent of primary activ-

ities and 40.5 percent of simultaneous activities from 9am-12pm (see Figures 9 and 10). There was a significant inverse relationship between indirect care work and non-work; in other words, when women do not have to perform indirect care work, they often rest or spend time by themselves.

Figure 9: Percentage of Primary Activity Responses in the LTUD

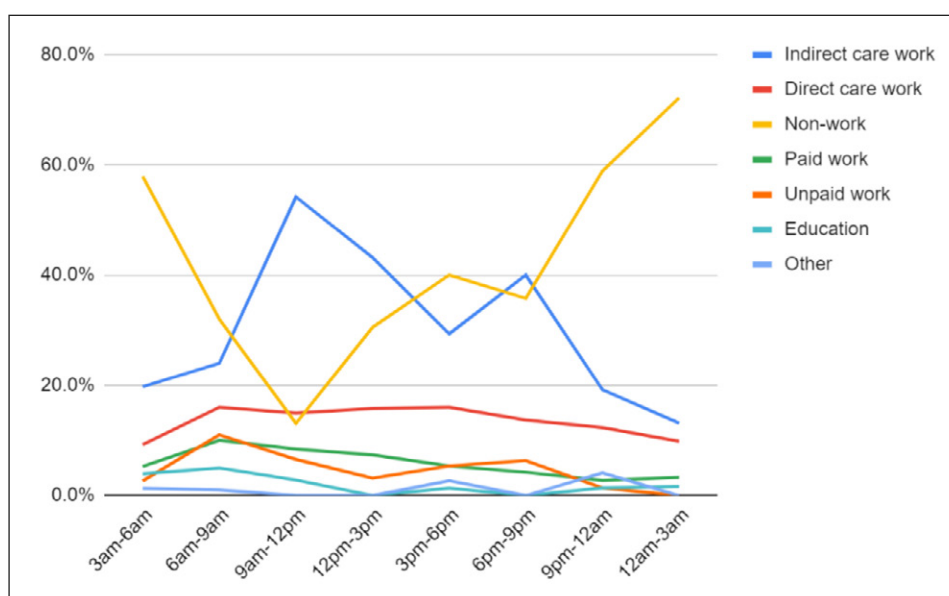
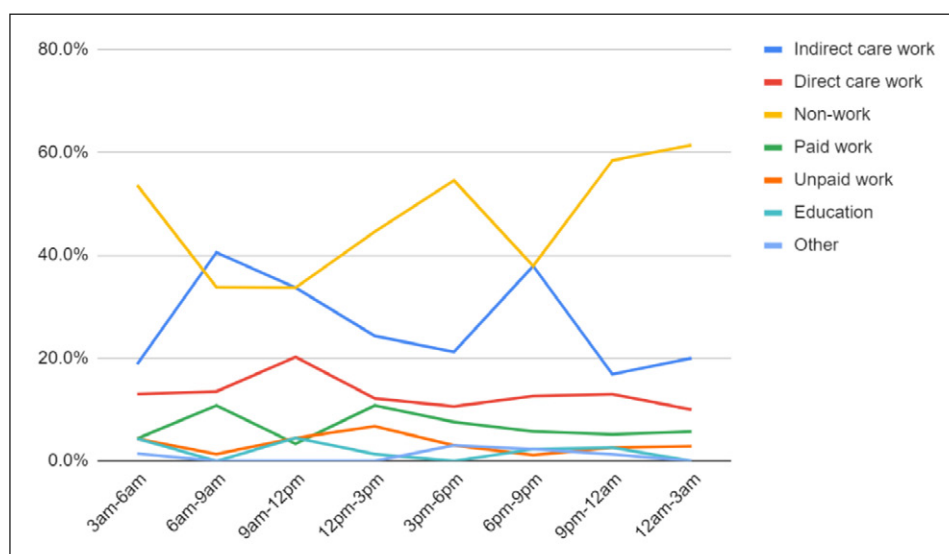


Figure 10: Percentage of Simultaneous Activity Responses in the LTUD

The respondents who perform unpaid direct care work typically have four or more children and nearly all respondents who reported caring for children have younger children. Younger children require more care, so it can be assumed that women are caring for the younger members of their family during this time. Moreover, many of the women who responded that they care for their children during the day are heads of household. Finally, many of the women who care for their children simultaneously teach/tutor them.



Box 3: Dua'a's Daily Routine*

Dua'a is a 34-year-old Syrian refugee who lives in Irbid. She is married and reported a combined monthly income between 100 and 200 JOD. Her highest education attainment was primary education. She has four children, all of whom are between 5 and 15 years of age. At least one of her children requires full-time care, which she provides. She supports her children's primary education with supplementary tutoring and finds it moderately difficult.

She starts her morning between 6 and 9 am, focusing on personal care and eating, cleaning the house, and supervising her children. In the late morning, she prepares lunch, cleans the house, and naps while supervising her children. After, she continues to clean the house, naps, and supervises her children. From 3 to 6 pm, she relaxes, and spends time on personal care and eating. In the evening, she prepares dinner, cleans the house, and supervises her children. Later, she devotes time to personal care and eating before going to sleep. She reported that COVID-19 increased her daily activities in domestic work, specifically cleaning, tidying, and dish washing. Nothing has changed in the amount of help she got before the pandemic and during. Dua'a noted that if she could spend less time on housework, she would spend it on cooking and preparing food.

In terms of meal preparation, cleaning the house, washing clothes, childcare, caring for the elderly, and caring for the disabled, she finds meal preparation very interesting and very important and associates it with happiness; cleaning the house interesting and very important and views it as a sense of duty; and washing clothes, childcare, and caring for the elderly as neutral in interest and neutral in importance. She attributes stress to washing clothes, anger to childcare, and a sense of duty to caring for the elderly. She reported that COVID-19 exacerbated some of these negative feelings. She indicated that she feels stress and thinks that more sleep could help reduce this stress.

She reported that she believes that meal preparation is a task that should only or predominantly be undertaken by women. She also said that men should provide more help in housework. She attributed these perceptions to cultural tradition.

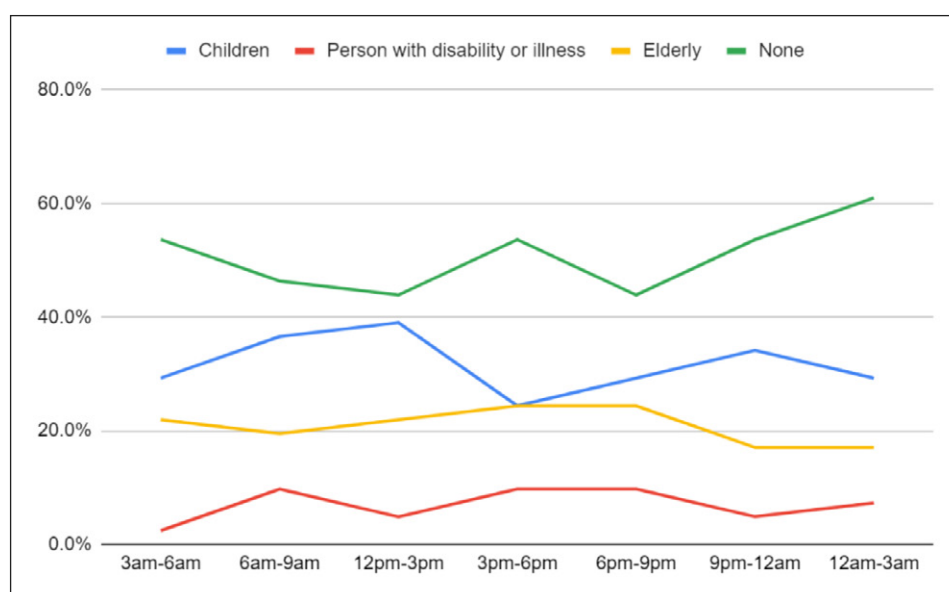
Although Dua'a does not care for a dependent with a disability or chronic illness, she thinks professional care givers should handle these cases. However, she said that she personally would not work in this field. When asked whether she would choose among getting paid for the care work she does, getting professional help (whether that's through institutions or live-at-home help) free of charge, or continuing the way things are, she indicated that she would prefer getting paid for the care work she was doing. She believes that regular paid checks at hospitals would reduce the difficulties and costs of care work, as well as subsidies. She said that NGOs should be called upon to make decisions to support or invest resources to reduce/redistribute care work.

*Name has been changed

Most women reported that they do not have much time for non-work/resting time. Respondents were asked to describe how much time they have to take a break from their care work, and averages were calculated across the 3-hour time blocks. Breaks in activities constituted 11 percent of the waking hours (6am to 9pm), mostly in the form of napping, according to the questionnaire. For the women interviewed on phone, some approximated that their naps last around 15-30 minutes, but a large proportion of women especially who take care of young children affirmed having no relaxation time or breaks during the day.

It should be noted that caring, particularly for children, is “one of the most difficult tasks on which to collect information. Unlike most other activities, care is often passive and combined with other activities.”⁵¹ To offset this tendency to underreport care activities, participants were requested to record their supervision responsibilities throughout the day. The results showed that supervision responsibilities varied throughout the day, depending on the profile of dependents (see Figure 11).

Figure 11: Percentage of Supervision Responsibility Responses in the LTUD



Caring for Children Dependents

Seventeen respondents reported that they have children dependents (41.5 percent of the sample). Thirteen of seventeen respondents with children dependents (76.5 percent) reported that they require full-time care. Of these thirteen respondents, eleven said that they provide full time care (84.6 percent), and five said female family members do (38.5 percent). Only one respondent said a male family member provides full time care (7.7 percent). These results correspond with the general perception in the region that women typically engage in childcare more than men.

⁵¹ Miranda, V. (2011) *Cooking, Caring and Volunteering: Unpaid Work Around the World*, p. 16.

Five of seventeen respondents with children dependents (29 percent) said that they provide their school-age children with full homeschooling, whereas four provide their children with paid private education such as tutoring in addition to school (23.5 percent), and five provide them with supplementary education (29 percent). Only three reported that they do not provide them with education outside their schooling (17.6 percent). Out of the ten respondents who provide their children with homeschooling and supplementary education, all of them reported that teaching their children was hard or moderately hard.

When asked about institutions that could mitigate burdens of teaching, fourteen respondents said they would prefer support through the provision of teaching centers (82.4 percent), while nine said they would like educational equipment or tools for online learning (53 percent). One divorced Syrian refugee whose income is less than 100 JOD and has two school-age children confirmed the decline in quality of her children's education through the online mode. She said that she tried to enroll her children in private education centers, but she could not afford them. As a result, her older son dropped out of school and began to work in the vegetable market; he earns 2-4 JOD a day for the family. This account illustrates the child labor concerns that many have expressed due to, among other reasons, the inadequacies of the online learning platform established during the COVID-19 pandemic.

Eleven respondents with children dependents (64.7 percent) indicated that they would like material basic needs to support their overall childcare burden, while seven responded that they would like medical assistance (41.2 percent), and six said they would like training (35.3 percent). Two replied that they do not need support or help (11.8 percent).

Caring for Dependents with Disabilities

Of the eleven respondents who reported that they have dependents with disabilities, nine respondents indicated that their dependents with disabilities require full-time care (81.9 percent). These nine respondents provide the full-time care themselves. None of the women mentioned support from men as caregivers for this category.

Box 4: Hala's Daily Routine*

Hala is a 59-year-old woman who lives in Tafileh. She is highly educated and earns at least 500 JOD a month at her job. She is unmarried but has two dependents – her mother and her brother. Hala is the head of her household. Hala's adult brother has an intellectual disability, which requires her to provide full-time care. She reported that there is no special equipment required for his care, and he does not require special doctor visits. Hala also provides full-time care to her elderly mother who has Alzheimer's disease. Similarly, she noted that, at this point, she does not need any special equipment to care for her mother, besides medication, which Hala can afford. Her mother's doctor visits are covered by insurance.

She spends much of her day supervising and taking care of her mother and her brother. In the morning (6am-9am), she mainly manages personal care and eating while she supervises her mother. In the late morning, she begins to actively care for her mother and her brother, prepares meals, cleans, and shops for household products. She also does community work at the same time. In the early afternoon, she remains at home and eats, takes care of herself, and naps while supervising her mother and brother. From 3pm-6pm, she primarily naps and cares for her mother and brother, while also shopping for household products and cleaning the dishes. In the evening, she dedicates this time for relaxation and leisure, but also cleans the house, shops for the household, and washes clothes, all while supervising her dependents. At night, she eats and takes care of her hygiene, cares for her mother and brother, and sleeps. While she sleeps, she also has her supervision responsibility. If she could spend less time on housework, she remarked that she would establish her own business. She says that her responsibilities in care work affect her capacity/desire to work and the amount of time she can spend working.

COVID-19 has increased her responsibilities in unpaid direct care work, particular in caring for her brother and her mother. Before the pandemic, someone was helping them, but that person is not currently helping.

She feels "neutral" towards meal preparation, washing clothes, cleaning the house, and caring for the elderly and the disabled. She finds caring for the elderly and disabled very valuable, and preparing meals, washing clothes, and cleaning the house valuable. She believes that it is a skill to know how to deal with persons with intellectual disabilities. She feels a sense of duty towards these activities and an additional sense of happiness and joy in caring for persons with disabilities (i.e., her brother).

She believes that some tasks related to care work should be undertaken by women, specifically cleaning the house. She also believes that men should provide more help with care work. She attributed the reasons for these perceptions to cultural traditions, family norms, and economic reasons (the unequal distribution of work).

As she provides care for her brother with an intellectual disability, she believes professional care givers should provide care for him. But she would not consider working as a professional caregiver for the elderly, disabled, or chronically ill persons herself. When asked whether she would choose among getting paid for the care work she does, getting professional help (whether through institutions or live-at-home help) free of charge, or continuing the way things are, she indicated that she would choose to get professional help free of charge. She believes nursing services, medical centers for people with disabilities, medical centers for people with chronic diseases, and homes for the elderly would reduce care difficulties and costs. Medications and required medical equipment would also reduce these, according to her. She said that governments, the private sector, trade associations, and NGOs should be called upon to make decisions to support or invest resources to reduce/redistribute care work.

*Name has been changed

A majority of respondents with dependents with disabilities said that special equipment is needed to care for them (72.7 percent), mainly self-help devices for daily living. Most respondents whose dependents need equipment said that they or their family bought the equipment (62.5 percent), while a quarter said that a health institution bought the equipment. Three of eight respondents said they do not have the necessary equipment (37.5 percent). Moreover, 73.6 percent of respondents with dependents with disabilities say that they require special doctors' visits, and nearly all these respondents said they pay for these visits themselves, without insurance (85.7 percent). The one respondent whose dependent with a disability has family doctor visits covered by insurance is the house of her household, and the dependent is her child. Her monthly income is 301-400 JOD.

From this data, it is clear that full-time care is often needed for dependents with a disability, and the care provided by women comes at the expense of their own time and work, with very little institutional support (cash, services, insurance, etc.). When asked what support they need to better care for their dependents with disabilities, four of eleven responded that they would like cash assistance (36.4 percent), three said they would like external services (27.3 percent), and four said they would like further skill training (36.4 percent). Syrian respondents with dependents with disabilities were more likely to ask for cash assistance as a method of support than their Jordanian counterparts.

Nearly all respondents who have dependents with disabilities said that they believe professional caregivers should care for the dependent in question (91 percent), and only five respondents indicated that they would consider working in the formal care sector (45 percent). These findings suggest that caring for a person with disability requires considerable skill and are highly burdensome for caregivers.

Caring for Dependents with Chronic Illnesses

Twenty respondents reported that one or more persons in their family has a chronic illness (48.8 percent). The most common chronic illnesses reported in this study were diabetes and heart diseases, and most of the dependents were elderly (parents of the respondents).

Unlike children dependents or dependents with disabilities, the majority of dependents with chronic illnesses do not require full-time care (60 percent), according to the participants. Out of the eight respondents who provide full-time care to a chronically ill family member, six said they provide full-time care (75 percent), three said that a female family member does (37.5 percent), and one said that a male family member does (12.5 percent). JONAF members consulted for the study clarified that this subset mostly needs support in managing their medications, so they primarily require less care than people with disabilities; however, the type of chronic disease and the physical condition of the dependent shape the load of burden to a large degree.

Seven respondents said that special equipment is required to care for their chronically ill family members (35 percent). Four of these seven reported that they do not have this equipment (57 percent), and three said they or their family has bought them out of pocket (43 percent). Half of the sample of caregivers for dependents with chronic illnesses said that their dependents need medications to manage their illnesses, but the majority of the caregivers for these dependents said they cannot or only sometimes can afford the medications (65 percent). Of the ten who said they always cannot afford the medication, eight said it was too expensive (80 percent), and two said it is not readily available (20 percent).

While nearly all respondents with dependents with disabilities pay out of pocket for special family doctor's visits, only a third of the respondents with chronically ill dependents pay out of pocket for such visits, and two thirds reported that they are covered by some insurance. This reveals a prioritization in social protection mechanisms of chronically ill people over people with disabilities. One potential reason for this lies in the age of the dependents; there could be more opportunities for chronically ill people as they tend to be older.

When prompted about the types of assistance they would like to more effectively care for their dependents with chronic illnesses, eight respondents said they would like cash assistance (40 percent), six said they would like external services (30 percent), and six said they would like further skills training (30 percent).

IV. COVID-19 and its Impact on Unpaid Care Work Responsibilities

Most respondents reported that during the COVID-19 pandemic, their daily activities in domestic work in particular increased (see Figure 12). Of these respondents, 93 percent indicated that their activities in cleaning, tidying, and dish washing increased, followed by cooking, shopping, and mending clothes (see Figure 13). The increase in mending clothes could be attributed to the deterioration of steady income flow, resulting in families not being able to afford new clothes, and/or the closure of shops.

Figure 12: Did COVID increase any of your daily activities from the following?

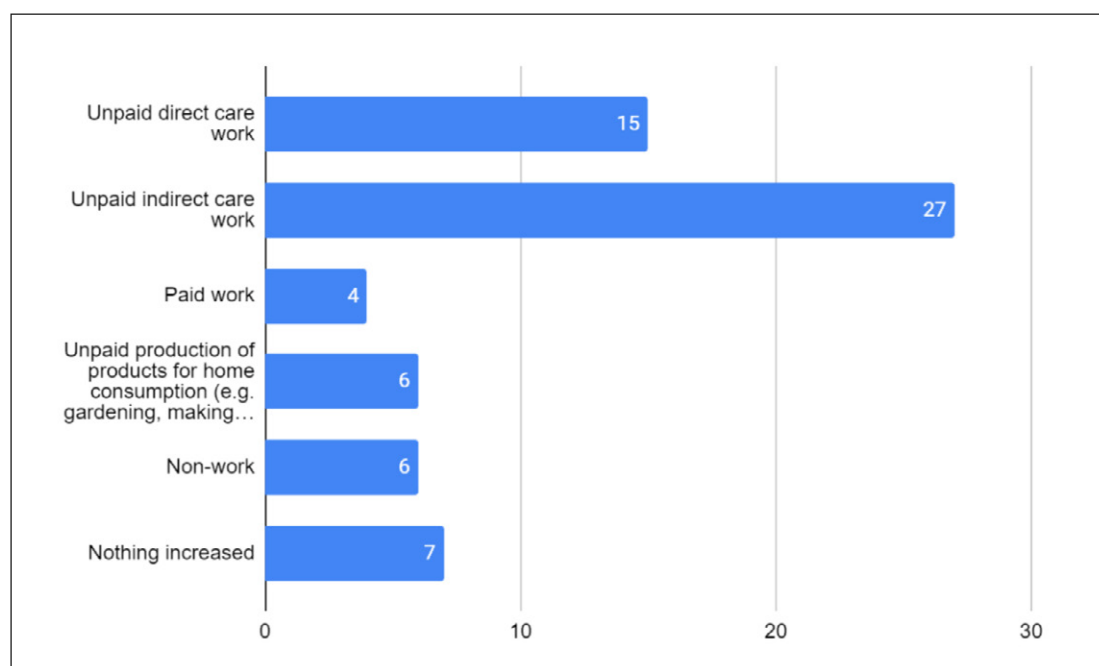
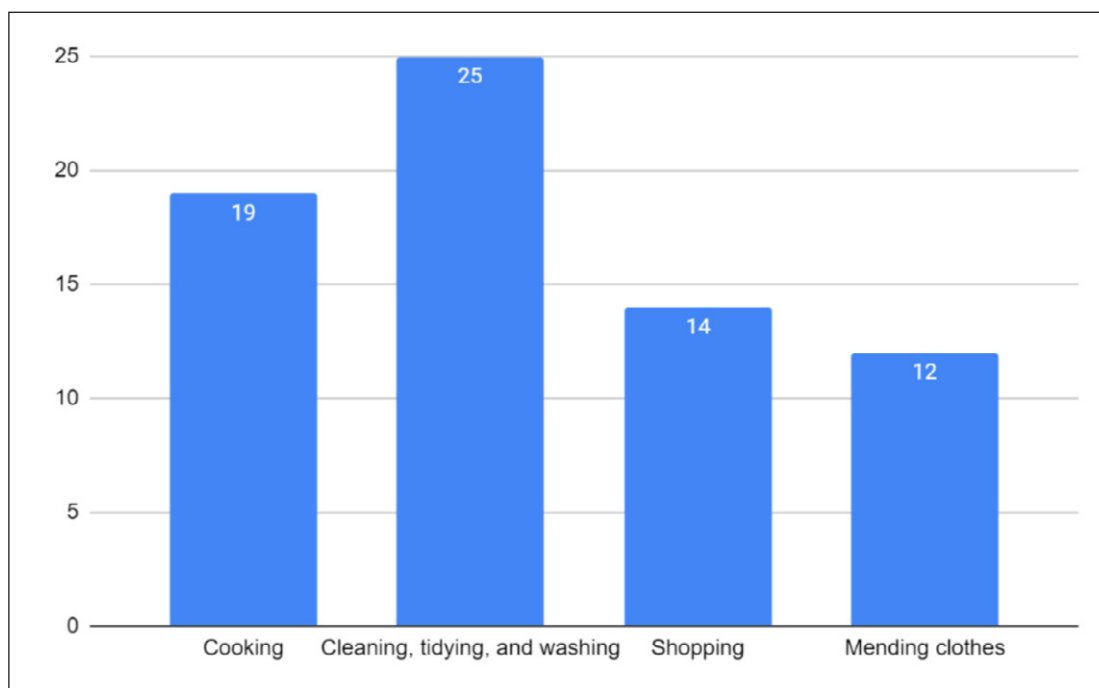


Figure 13: If you chose unpaid indirect care work, please specify which activities.



Half of the respondents say that there have been no changes in the help they receive due to COVID-19 (51.2 percent). A quarter of respondents reported that someone who was helping before the crisis was not helping at the time of the survey response; specific profiles were more likely to lose assistance, such as people with children dependents (41.2 percent of that segment), people with dependents with disabilities (45.5 percent), and people with dependents with chronic illnesses (40 percent). However, 29.2 percent reported that someone who was not helping before the crisis was helping at the time of the survey response. Indeed, 35 percent of respondents with dependents with chronic illnesses reported that someone who was not helping before the crisis **was helping** at the time of the survey response.

Women with children and dependents with disabilities faced an increase in responsibilities as well. Of the eleven respondents who reported having dependents with disabilities, three (27 percent) said that COVID-19 has increased their daily activities in caring for their dependent with disability. In interviews conducted by ARDD, the majority of respondents with children expressed their dissatisfaction with the online educational platforms that were implemented during the COVID-19 pandemic, and had to supplement teaching with their own tutoring.

Only four respondents out of the 41 total respondents received COVID-19 specific assistance (9.8 percent), all of whom were Jordanian. They were all from different areas – Amman, Irbid, Karak, and Tafileh. One had no income, whereas two had incomes of 301-400 JOD and one had an income of 401-500 JOD. Two were heads of their households. One has a dependent with a disability – her brother who has mental health conditions and requires full time care from the respondent. Three have dependents with chronic illnesses – one has 4 members of the household with chronic illnesses. One has seven children dependents.

The increased duties due to COVID-19 have had an impact on the participants' wellbeing. The majority of women (68 percent) reported that the primary emotions that they associate with indirect work (see Figure 16) were altered in some way during the pandemic, with over half of the women who associated washing clothes, cleaning the house, and preparing meals with negative emotions (boredom, stress, depression, and/or anger) reporting that these negative emotions were exacerbated due to COVID-19. The sense of duty also increased, with 64 percent of those who associated it with these tasks reporting that it was exacerbated due to COVID-19. These results demonstrate that women have been deeply affected by the pandemic through the increase in the amount of care work they provide and a heightening of emotions.

V. Recognizing and Redistributing Unpaid Care Work

The time-use survey included questions to explore answers related to the resources, institutions, and mechanisms that should be required in order to promote the reduction and/or redistribution of unpaid care work in Jordan. Most importantly, the survey directly asked women about their availability/willingness to perform this work if there were professional options. While economists, private sector, and government institutions consider the field of care work as a new horizon for job creation in the MENA region, women providing unpaid care work are typically not a part of the conversation. These questions aimed to explore this gap.

When asked whether they would be willing to work in paid care work sector for the elderly, disabled, or chronically ill as a profession, around of the sample said that they would (48.8 percent). Respondents with chronically ill dependents were more likely to consider it (65 percent of them), whereas respondents with a dependent with a disability were slightly less willing to consider it (45.5 percent of them). While some members from JONAF considered these numbers as a good indication for establish pathways towards paid care work, other members showed their concerns regarding the reasons for those who accept this profession, as more questions should be asked to ensure their willingness and readiness to work in this field.

Ten of eleven people with a dependent with a disability believed that professional caregivers should provide care (91 percent), in comparison to fourteen of twenty people with chronically ill dependents (70 percent). This difference can be attributed to the amount of care needed for people with disabilities.

If they had choices between receiving cash assistance for the care work they do, getting professional help free of charge, or continuing the way things are, 46.3 percent said they would prefer getting paid, 22 percent said they would prefer getting professional help, and 31.7 percent said they would prefer to continue the way things are. Respondents with children dependents and respondents with dependents with disabilities were more likely to prefer getting professional help, with 65 percent of respondents with children and 64 percent respondents with dependents with disabilities selecting this option. Of the thirteen women who would prefer to continue the way things are, only one woman has a child, who is between 5 and 10 years old. She is able to pay for paid private education besides formal online education, as her monthly income is 500 JOD or more. This suggests that those who would prefer to continue the way things are not those with heavy care burdens.

Moreover, half of the surveyed women reported that they would consider working in the formal paid care sector. While this finding suggests that the care sector could be further professionalized and more jobs could be created for women, more research needs to be conducted in order to understand the motivations behind this acceptance of professional care work.

As for services that could reduce the difficulties and cost of care work at the household level, over half said this could be achieved through family doctors visits (51.2 percent), regular paid checks at the hospital (53.7 percent), or nursing services (51.2 percent). Respondents were also asked to suggest facilities that could reduce their care burden; 34 percent proposed nurseries, 31.7 percent said kindergartens, 41.5 percent said medical centers for people with disabilities, 44 percent said medical centers for people with chronic illnesses, and 26.8 percent said homes for the elderly, and 68.3 percent called for educational centers.

A majority of respondents would like cash assistance to reduce the difficulties and costs of care work done at the household level (83 percent). Respondents with children were more likely to report that they would like cash assistance, at 94 percent of respondents with children. Other resources that respondents mentioned that would reduce the burden of care work include basic needs assistance (46.3 percent), medications and medical equipment (53.7 percent), and educational equipment (46.3 percent).

If unpaid care work were reduced and redistributed, women could engage in activities that they otherwise would not have the time to do, including paid work. When respondents of the time-use survey were asked what they would do with the extra time if they could spend less time on housework, many had similar answers. Eight women replied that they would like to work in some capacity either outside or inside the house (20 percent), which indicates that unpaid care work inhibits women in Jordan from working. Eight said they would spend more time socializing, drinking coffee, and/or sitting with friends, family, and neighbors (20 percent). Six women said they would use the time to read (15 percent), and four women said they would undertake small projects at home (10 percent). Other common answers include reading the Quran (10 percent), resting or relaxing (7 percent), physical activity/exercise (5 percent), teaching or playing with children, and volunteering, among others.

VI. Recommendations and Ways Forward

While the commodification of care work is presented as a potential solution by international experts, a women's rights approach to unpaid care work must investigate the drivers that initially placed women in the position of the primary unpaid caregivers and the solutions that can provide women with a choice.

To this end, transformation of social norms and legislative changes are among the two most pressing recommendations. Further research looking into the realities of women's lives as unpaid caregivers provides the necessary foundation to enact the necessary policies towards that transformation.

Transform Social and Gender Norms: Individual Change for Societal Change

In order to recognize, reduce, and redistribute unpaid care work in Jordan, reforms at the social level must be at the core of any program. Changing policies towards reduction and/or redistribution of care work will not effectively bring about the positive change sought without changing the social narratives that reinforce the idea that caring for others is a woman's duty first and foremost. Recognizing the inherent social value (along with its market value) of unpaid care work means a profound social transformation that requires coordinated efforts on multiple fronts.

As mentioned throughout the report, women and men in Jordan do not view unpaid care work as “work,” primarily due to the fact that it is deemed a familial duty that should be performed by women, not as work with market value that involves special skills. Moreover, women and men globally tend to believe that women are better and more natural caregivers.⁵²

Changing this narrative must occur at the individual level and the familial level in which male family members share more care responsibilities, because “when men are more involved in care work, they see its value and its importance, and this new perspective can spread in communities and society. In turn, sharing the care not only benefits every family member, but also fosters gender equality, and a more caring and peaceful society.”⁵³

Programming and messages must be promoted throughout Jordan to change the attitudes of women and men on the gendered distribution of unpaid care work, according to Promundo's MenCare initiatives and reports. Recommendations for transforming social and gender norms are influenced primarily by Promundo's robust material on the topic and are categorized by actors:

Government

- Reform the Ministry of Education curriculum to teach boys and girls to value care from an early age through lesson plans and textbooks.
- Initiate Ministry of Health campaigns in hospitals to include fathers in discussions about maternal, newborn, and child health.

Private sector

- Train “human resources staff and carry out workplace-based campaigns and employee outreach programs that create a workplace environment that fully supports the caregiving duties of women and men.”⁵⁴

52 van der Gaag, N. (2019) State of the World's Fathers: Unlocking the Power of Men's Care. Promundo, p. 43.

53 Make Mothers Matter (2021) Concept Note for a Side-Event: Changing narratives about Unpaid Care work and the Economy, p. 2.

54 van der Gaag, N. (2019) State of the World's Fathers: Unlocking the Power of Men's Care. Promundo, p. 57.

Media

- Produce campaigns that “inspire men, their families, and their communities to support men’s caregiving.”⁵⁵ These can be through TV advertisements, posters, short films, radio advertisements, etc.

Reform Laws and Policies: Altering the Framework for Equal Care

Jordan’s current social protection laws, particularly on parental leave, do not sufficiently support caregivers nor do they encourage an equal distribution of unpaid care work between men and women. Findings from the TUS as well as global case studies suggest that the following efforts be made in regards to laws and policies:

Government

- Offer cash transfers or subsidies to caregivers who have dependents to offset some of the burden associated with caring for them. Cash transfers can not only support caregivers so they can afford the necessary materials that accompany their care and provide a source of income in lieu of their ability to do waged work, but can also provide opportunities for unpaid caregivers, typically women, to hire professional help so that they can engage in paid work. One third of respondents in the TUS indicated that they would like cash transfers/subsidies. Promundo notes that “most social protection programs are in fact gender-reinforcing, with only three documented examples trying to engage men in doing a greater share of unpaid care work,” so these policies should target families and men in particular.⁵⁶
- Provide publicly subsidized ECCE services (such as childcare) for children dependents, and nursing services for dependents with disabilities, dependents with severe chronic illnesses, and elderly dependents. A third of respondents in the TUS indicated that they preferred professional help free of charge to help them with their care responsibilities; in particular, respondents who care for a dependent with a disability were more likely to prefer professional help as their dependents often require full-time and intensive care.
- Reform the current leave policies to include “equal, fully paid, non-transferrable parental leave for all parents, as well as embed paternity leave in national policies as a supplement to maternity leave, not an alternative. Extend this leave beyond the first months of a child’s life.”⁵⁷ The European Union recommends at least 4 months of paid leave for each parent, which can be taken at any time until the child is 8 years old.⁵⁸
- Include systematic measurements of women’s unpaid care work (direct and indirect) into national statistics and quantify their work in terms of contributions to the gross domestic product (GDP). While ARDD does not advocate for the commodification of unpaid care work, it understands that this is a necessary step towards sensitizing policy makers to the market value that this unpaid work brings to the country.

⁵⁵ Ibid., p. 10.

⁵⁶ Ibid., p. 29.

⁵⁷ Ibid., p. 39.

⁵⁸ European Union Council Directive 2010/18/EU (2010).

Conduct Further Research Among Those Who Care: Care Work Surveys

The time-use survey designed and implemented by ARDD served as a pilot that will impart best practices to researchers who will conduct large-scale national care work surveys in the future. Large-scale national TUS will further the knowledge documented in this study and will offer new insights into the unpaid care work that women undertake. The following recommendations have been informed by ARDD's experience implementing the time-use surveys:

Researchers

- Require in-person attendance at workshops to implement the TUS. Due to safety measures and crowd restrictions put in place during the COVID-19 crisis, this was not possible for the pilot survey; however, the length and complexity of the survey as well as the lack of experience completing online surveys contributed to a lower response rate than desired. OXFAM's Household Care Survey encourages researchers to hold workshops that thoroughly explain the categories of care work, the importance of the work, and aid participants in completing the time-use diary; ARDD agrees with this approach, as the experience with the online survey mechanism in Jordan yielded less satisfactory results.
- Limit the time-use diary blocks of time limited to half-hour periods or hour periods with only one response allowed for the primary activity and simultaneous activity. This will ensure that researchers can calculate on average how many hours the sample spends on direct work, indirect work, waged work, etc.
- Include men and adolescents in the sample of the survey. It is clear from the responses of the women participating that men in Jordan typically do not perform care work, but this should be corroborated with a comparison to men's understanding of their duties. Additionally, the decision-makers in Jordan are overwhelmingly men and it is necessary to gauge their perspectives on the unequal distribution of care work and the burden of these activities on women. Adolescents should participate as well because many older children adopt care-giving responsibilities.
- Consider performing a secondary analysis and review of the application "of time-use surveys and other data sources in order to track data uptake and provide feedback to statisticians on the utility of their work."⁵⁹

⁵⁹ United Nations Economic Commission for Europe (2017) Have time-use surveys been used to guide unpaid care work policies and programmes? Case studies from Europe and Central Asia, p. 9.

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