



UNRISD

UNITED NATIONS RESEARCH INSTITUTE FOR SOCIAL DEVELOPMENT

DRAFT

Time Use and Poverty

Debbie Budlender

prepared for the UNRISD project on
**UNRISD Flagship Report:
Combating Poverty and Inequality**

June 2008 • Geneva



UNRISD was established in 1963 as an autonomous space within the UN system for the conduct of policy-relevant, cutting-edge research on social development that is pertinent to the work of the United Nations Secretariat; regional commissions and specialized agencies; and national institutions.

Our mission is to generate knowledge and articulate policy alternatives on contemporary development issues, thereby contributing to the broader goals of the UN system of reducing poverty and inequality, advancing well-being and rights, and creating more democratic and just societies.

UNRISD, Palais des Nations
1211 Geneva 10, Switzerland

Tel: +41 (0)22 9173020
Fax: +41 (0)22 9170650
info@unrisd.org
www.unrisd.org

Copyright © United Nations Research Institute for Social Development

This is not a formal UNRISD publication. The responsibility for opinions expressed in signed studies rests solely with their author(s), and availability on the UNRISD Web site (www.unrisd.org) does not constitute an endorsement by UNRISD of the opinions expressed in them. No publication or distribution of these papers is permitted without the prior authorization of the author(s), except for personal use.

Contents

Defining Care	2
What Might We Expect?	3
Profile of the Six Countries	5
The instruments	6
Income profiles	8
Employment, Income and Care	11
Income	11
Employment	14
Tobit Estimations.....	15
The Macro Level	17
Conclusion	20
References	22

This paper has been prepared as an input to the United Nations Research Institute for Social Development (UNRISD) project on Poverty Reduction and Policy Regimes. The aim of the project is to explore the causes, dimensions and dynamics of poverty. This particular paper is intended to inform the chapter of the UNRISD report that will explore the relationship between care and poverty. The paper draws on the analysis of time use survey data done under UNRISD's The Political and Social Economy of Care project to examine links between time use and poverty and, in particular, between unpaid care work and poverty.

The UNRISD Social and Political Economy of Care project focuses on six developing countries spanning three continents. In each of the continents, the focus countries include one that has more developed care/welfare infrastructure and one that is less developed. Thus in Asia the two countries are the Republic of Korea and India, in Africa they are South Africa and Tanzania, and in Latin America they are Argentina and Nicaragua.

One of the criteria for country selection was that a time use survey had been conducted fairly recently in the country. (In the case of Argentina, this survey covered only the City of Buenos Aires, and thus much of the discussion below relates only to the City.) Time use surveys differ from standard labour force surveys in that they ask respondents to report on all activities done in a specified period, such as a day or a week. In contrast, labour force surveys focus only on the forms of work that classify a person as 'employed' and that are utilised in estimations of gross domestic product (GDP).

Labour force surveys can therefore tell us the likelihood of a person (male or female) of a particular age or group being employed or unemployed, the type of work they do in employment, their status in employment (whether they are an employee, self-employed or an employer) and the conditions under which they work. This is clearly directly relevant for any study of poverty, although some of those who are employed may not be paid for the work they do, and others may receive insufficient payment to lift them out of poverty. In particular, as discussed further below, in developing countries many people may be engaged in subsistence agriculture, while many women may work unpaid in family businesses.

In contrast to labour force surveys, time use surveys tell us how much time an average person from particular social groups (such as male or female, young or old, rich or poor) spend in an average day or week on sleeping, eating, doing employment-related work, socialising, and doing unpaid care work such as housework and caring for children, the disabled, elderly and ill, etc. These surveys thus provide a good basis for discussing unpaid care work, and in exploring how responsibility for unpaid care work interacts with performance of other activities such as income-earning, as well as how performance of unpaid work varies along a range of individual and social characteristics.

The interest in unpaid care work from a poverty perspective lies firstly in the interplay of paid work and unpaid care work, in that the burden and time and locational restrictions of unpaid care work might prevent particular groups from earning as much as they might otherwise. The combined burden of paid work and unpaid care work also limits the time that those providing care have for self-care, rest and leisure. Thus across all six countries covered by UNRISD's Care Project, the average time spent by women on paid and unpaid work combined is greater than the average time spent by men. This means that the average time spent by women on "non-productive activities" (learning,

social and cultural activities, mass media use, and personal care and self-maintenance) is less than the average time spent by men. The locational restrictions of unpaid care work meanwhile limit the extent to which caregivers can engage in public life and decision-making.

In addition, the fact that unpaid care work contributes to well-being raises the question as to how it should be factored into measures of poverty if we understand poverty as extending beyond a simple monetary measure. For example, if we adopt a human development approach that factors health and educational access or achievement into the measure of poverty, do we not need to factor in the contributions that unpaid care work make to health and education (or cognitive development)? This raises the issue of what happens when insufficient care is available. It suggests that while on one hand the need to do unpaid care work may limit the possibilities of engaging in income-earning activities and thus increase poverty, on the other hand the need to engage in income-earning activity may restrict the amount of time available for unpaid care work, and thus diminish the well-being of household members unless enough is earned to afford paid alternatives (for example, domestic workers, crèche, take-out food, laundromats) to substitute for unpaid care work. There is thus a two-way interaction between unpaid care work and poverty.

Defining Care

There are many different definitions of care, and different definitions will be appropriate for different contexts and for different types of investigation. This paper focuses primarily on the types of care examined for the UNRISD Care Project when analysing the data from the time use surveys. In so doing, the paper focuses primarily on unpaid care, rather than – for example – the paid care done by nurses, employed workers in old-age homes, paid “volunteers” in home-based care projects, and paid domestic workers and “nannies”. As shown below in respect of domestic workers, however, the presence of a paid domestic worker in a household can reduce the need for household members to engage in unpaid care. More generally, a separate paper by Budig and Misra commissioned for UNRISD’s poverty report will explore the “care penalty” – the extent to which paid care work receives less remuneration than paid non-care work even when other characteristics of the job, such as level of qualifications and experience, are similar. Paid and unpaid care work thus impact on each other.

UNRISD’s Care Project utilises definitions that draw on the System of National Accounts (SNA) that defines the international rules for calculating gross domestic product (GDP). These rules distinguish between (a) production activities that fall within the SNA “production boundary” and that must be included in the calculation of GDP, (b) productive activities that fall outside the boundary and should therefore not be included in the GDP calculation, and (c) non-productive activities such as sleeping, eating, socialising and learning. It is the second of these categories that constitutes “unpaid care work”, and that encompasses unpaid production of services for one’s own household or the community (See Razavi, 2007).

Unpaid care work thus includes housework (“household maintenance”), cooking, shopping and gardening as well as caring for one’s child, aged parent, or a relative with AIDS. It also includes assisting neighbours, on an unpaid basis, through doing similar tasks.

This paper also follows the UNRISD Care Project in distinguishing between unpaid care work in general and “care of persons”. The latter excludes tasks such as general

housework so as to focus attention on activities that are done more specifically with or for individuals. Care of persons includes direct care, such as feeding a child or elderly person, or changing diapers, as well as indirect care, such as supervising the activities of vulnerable or dependent people.

It is generally acknowledged that care of persons – and particularly indirect care – is under-reported in time use surveys (Ironmonger, 2005). Under-reporting is exacerbated when, as in many surveys, simultaneous activities are not adequately captured as care is generally perceived to be a “secondary” activity when more than one activity is done at the same time. Among the six countries studied here, Argentina, South Africa and Tanzania paid more attention to capturing simultaneous activities, although all six countries made some provision for these activities. While acknowledging the problems, we use the available data to explore patterns across poorer and wealthier households and individuals.

What Might We Expect?

What relationships do we expect to find between unpaid care work and poverty? There are a range of hypotheses that one can advance in this respect.

Firstly, one might expect that where an individual does more care, they will have less time and opportunity for income-earning work, and would thus tend to be poorer. In contrast, however, one might argue that where a person has more dependants (and thus more people needing care), they will also feel more pressure to earn money. Expressed differently, dependants create a need for both more care work and more income-earning work from those who care for them i.e. care is needed in physical, emotional and financial terms. Where there is only one adult in a household with dependents, the adult will need to find a way to provide both financial and physical care. Because time is a finite resource (there are only 24 hours in a day, and different activities such as care and paid work often cannot be done simultaneous, among others because they take place in different locations), the increased time devoted to paid work may restrict the time available for unpaid care work, and thus diminish the well-being of household members.

Unfortunately, much of the analysis of data for developed countries restricts analysis to married, or even dual-earner, couples so as to reduce the number of possible confounding factors. Such analysis is not particularly helpful for countries such as South Africa, where only 40% of households contain one married man and one married woman (some of whom may not, in fact, be married to each other, and many of whom may not be earning), while 45% contain no married adults at all. Even in Tanzania, only 54% of households contain one married man and one married woman, with a further 35% with no married adults at all (own calculations on South Africa’s 2006 General Household Survey and Tanzania’s Integrated Labour Force Survey of 2006.)

There is, however, some evidence from more developed countries on the dual burden borne by single parents. Thus Bittman et al (2004: 133) find that single mothers in the USA spend more time with their children than mothers with a cohabiting partner, and suggest that they might do this to compensate for the absence of the second parent. Budig & Folbre (2004: 55) point to the juggling of paid work and unpaid care work that is required on the part of single parents, and note that they are often employed in low-wage work with non-traditional hours of work.

Secondly, one might expect that those who live in poorer neighbourhoods, or in rural areas, will tend to have less money (and thus be poorer), but also have fewer facilities

and less infrastructure and tools, resulting in unpaid care tasks – and particularly those that most involve drudge work rather than care of persons – taking longer than it would otherwise. In addition, as discussed further below, poor households are likely to be larger in terms of number of members and, in particular, in terms of number of children. This might increase the amount of unpaid care work that needs to be done per household except to the extent that older children can care for younger ones in a way that is not possible in single-child situations. Again here, the financial pressure and care pressure intersect, as the children will create the need for care but have less ability than adults to provide either financial or other care. Where the children do provide unpaid care, this could affect their ability to attend school and do schoolwork, resulting in lower education, lesser earning ability, and poverty in future years.

Thirdly, one might expect that wealthier, cash-earning woman, would be more able to pay for a domestic worker or buy care in other forms, such as creches. Again here we might expect that those who are wealthier thus bear a lesser unpaid care burden. In this area, however, there is some conflicting evidence from more developed countries. Thus Bittman (2004:231) notes that in Australia, increasing use of childcare centres has gone hand-in hand with an increase in the time that mothers and fathers spend in direct care of, or activities with, their children. This study and others (Bittman et al, 2004) suggest that more educated people (who are often also wealthier) tend to spend more time on “quality” care but less time on the drudge work. The care work of wealthier employed women thus might increasingly resemble the care work of men, “cherry-picking” the more enjoyable direct interaction and leaving the drudge work for others.

In relation to less developed countries, Franzoni (2005: 10) investigates the relationship between social status and the amount of unpaid care work done by women. She uses level of education as the indicator of social status for Mexico, poverty for Nicaragua, and socio-economic status for Uruguay. All her findings suggest that less well-off women tend to do more unpaid care work than those who are better off, but the pattern is reversed in respect of care of children. Thus:

- For preparation of meals, Mexican women with no education do 16.2 hours per week while those with one or more years of secondary education do 8.2 hours. In Nicaragua, where the analysis is only for female heads of household, those in extreme poverty record 2.5 hours while the non-poor record 2.2 hours.
- For care of children, Mexican women with no education do 9.5 hours, while those with secondary education do 14.5 hours. In Nicaragua, the survey records 15.4 hours and 17.5 hours respectively for those in extreme poverty and the non-poor.

Fourth, and focusing in on individual earnings, one might expect that countries with a relatively small earnings gap between men and women would have a more equal gender division of paid and unpaid work. However, a four-country comparison by Pacholok & Gauthier (2004: 215-6) does not find support for this hypothesis. In particular, they find that Canada has the largest gender earnings gap of the four countries and Sweden the smallest, but the division of labour in dual-earner families is more unequal in Sweden than in Canada.

The last hypothesis raises the question as to whether we should be measuring poverty at the individual or household level. It is individuals who do care, rather than households. And across countries and cultures, it is predominantly female individuals rather than male individuals who do care. Yet poverty is generally, and more easily, measured at a household level as most surveys define a household as the entity that brings together people who pool resources and “share the same pot”.

The problem with a household-level measure is that the available resources in the “pot” are not necessarily shared equitably between household members. In particular, it is likely that those who bring money into the household have a greater ability to claim more than their fair share. This has a gender bias to the extent that men are more likely than women to be doing paid work and, when they do paid work, tend to earn more than women.

An alternative approach is to use personal income, which is usually mainly earned income. The problem here is that it is unlikely that there is no sharing at all in a household. Thus those who are classified as very poor because they report zero personal income, will not necessarily be poor in real terms. For children, in particular, personal earned income is clearly not a good indicator of well-being or access to resources. Indeed, it is likely to be children from poorer households who are forced to seek work, and higher personal income of children would here be an indicator of poverty rather than well-being. In the analysis which follows, household income is used more often than personal income, but there are some instances where the latter is used.

The paragraphs above have suggested a range of possible links between unpaid care work and poverty. The links relate primarily to the supply side of care i.e. whether poorer and richer people do more or less care. There are also questions on the demand side. For example, as a person becomes older, they become less able to earn money (and thus poorer), but also tend to need more care. Similarly, those who are ill – and especially those with chronic illnesses – will be less able to earn money (and thus poorer) and need more care than the average person. Time use surveys are not ideal instruments for exploring the demand side, and the paper thus focuses on supply.

Profile of the Six Countries

Before exploring time use and poverty in more detail, it is useful to have some idea of the context in the six countries covered by UNRISD’s Care Project.

Of these six countries, Argentina and Korea are classified by the United Nations Development Programme as “high” human development, India, Nicaragua and South Africa as “medium” human development, and Tanzania as “low” human development. Table 1 gives basic indicators of development and poverty for each of the six countries (United Nations Development Programme, 2007: 229-240). The table reveals that all countries except South Africa saw noticeable improvements in their human development index (HDI) between 1995 and 2005. South Africa’s poor performance is explained by the HIV&AIDS epidemic and its impact on longevity, as life expectancy is one of the components of the HDI. Nevertheless, Tanzania showed an improvement over the period.

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_21162

