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Rapid Care Analysis as a Qualitative Research Tool to Explore Unpaid Care Work: Experience from Char Area in Bangladesh

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SOCIOECONOMICS SERIES

Contents

Acronyms

BIGD	BRAC Institute of Governance and Development
CGST	Centre for Gender and Social Transformation
FGD	Focus Group Discussion
GALS	Gender Action Learning System
GDP	Gross Domestic Product
HCS	Household Care Survey
LFPR	Labor Force Participation Rate
RCA	Rapid Care Analysis
UN	United Nations
WEL	Women's Economic Leadership

Abstract

Every day unpaid care work is carried out all over the world and it is necessary for a society's well-being. However, unpaid care work is largely ignored by economic and social public policy initiatives. Neither it is adequately valued in economic terms.

In developing countries like Bangladesh, most research on unpaid care work is dominated by quantitative research methodologies that generally cannot capture how people actually experience unpaid work on a daily basis. Moreover, they neglect the arena of perceptions of unpaid work. Qualitative participatory approaches allow people to identify the extent to which unpaid work related problems affect their communities, encourage people to assess the causes and consequences of inequitable distribution of care work and facilitate the identification of interventions from the perspectives of women and men, rather than policymakers or scholars.

This paper attempts to describe and analyze the Rapid Care Analysis (RCA) as a qualitative method to study unpaid care work and establish that compared to quantitative methods, RCA as a qualitative method can capture unequal distribution of care work in the community, measure time uses, create awareness and also find out available services, infrastructure and options to reduce and redistribute care work more comprehensively.

From different RCA exercises, it is observed that both male and female participants have understood the notion of heavy and unequal care work. Through the exercise, participants recognized care work as a work. Participants also came up with some solution to reduce care work. The quantitative methods cannot provide these insights. Therefore, RCA could be one of the best tools for conducting research on care work.

Introduction: Problem Statement

Unpaid Care work is carried out across the globe every day and is essential to a society's well-being. Majority of care work is performed by women and girls and is usually unpaid. Although unpaid care work is essential to the proper functioning of communities, it has been largely ignored by economic and social public policy initiatives. In fact, in various societies, particularly in developing countries like Bangladesh, unpaid care work activities are not adequately valued in economic terms and not taken into consideration in policymaking processes. This is because (i) unpaid care work is still generally seen as a domestic issue, (ii) the gendered division of labour is deeply rooted in society, (iii) there is no clear definition of unpaid care work, and (iv) there has not been any definite attempt to value unpaid care work.

Since the issue of unpaid care work was tabled at the Copenhagen World Summit for Social Development and the Beijing World Conference on Women in 1995, the debate on unpaid care work has slowly gained momentum. Political economists, sociologists and feminists have proposed theories, suggested different frameworks, explored linkages between market and non-market activities, and came up with definitions, tools and techniques of measuring unpaid care work.

A real breakthrough in this debate came in 2008 when British economist and sociologist, Diane Elson, suggested 'the 3 Rs' — recognize, reduce and redistribute — framework to address issues of unpaid care work. Another milestone has been the UN's Special Report on Extreme Poverty 2013, which positions care work as a major human rights issue and notes that failure of states to adequately provide, fund, support and regulate care contradicts their human rights obligations (Quoted in Carmona 2013b. p.6).

Most research on unpaid care work, especially in developing countries, is dominated by quantitative research methodologies. Such quantitative methodologies fail to capture how people actually experience unpaid work on a daily basis. Moreover, they neglect the arena of perceptions of unpaid work. Since perception affects citizen well-being, even when they are not borne by statistical evidence, these are particularly important. Qualitative participatory approaches at the micro or community-level provide insights into the experiences of people in a way that macro level analysis cannot. Recent studies on unpaid care work highlight the usefulness of participatory approaches in exploring the perceptions and meanings of unpaid care work among rural and urban women. Participatory approaches not only allow people to identify the extent to which unpaid work related problems affect their communities, but they also encourage people to assess the causes and consequences of inequitable distribution of care work. Furthermore, this approach can also facilitate the identification of interventions from the perspectives of women and men, rather than policymakers or scholars.

In order to facilitate exploration of care at a community level, Oxfam has already designed and implemented a Rapid Care Analysis (RCA): a series of focus group discussions (FGDs) designed to identify, quantify, reflect upon, and adjust patterns of care provision within communities, and highlight and resolve problematic aspects. Jointly with the local implementing partners (e.g. AKK-Ammra Kori; GUK-Gono Unnayan Kendra, SKS foundation and Pallisree), Oxfam in Bangladesh has rolled out the RCA exercise at the community level.

This RCA aims to show the extent and significance of unpaid care work in women's and men's daily lives to encourage development actors to address care work in the design of interventions and provide them with data to influence the decisions of policymakers. These data can be used to advocate for increased investments to lessen the practical load of care work and to shift responsibility for care from women to men, and from the family to the state.

Study Methodology

The Centre for Gender and Social Transformation (CGST) of BRAC Institute of Governance and Development (BIGD) carried out a study titled "Exploring Unpaid work of Women: Barriers and Implications, in the period between October 2014 and February 2015 by Using Rapid Care Analysis (RCA) to understand the status of unpaid care work, its gender dimensions and its impacts over women's life cycle.

The study was carried out in four districts: Faridpur, Jamalpur, Gainbandha and Nilphamari. The research was done with rural women and men involved in the Oxfam support programme: "Resilience through Economic Empowerment, Climate Adaptation, Leadership and Learning" (REE-CALL) in the disaster prone Northern Char, Haor, and southern coastal communities of Bangladesh, where Women's Economic Leadership (WEL) and Gendered Enterprise and Market Programme (GEM) of OXFAM, focusing on developing of the livelihood of small holder dairy farmers, were also present.

The Household Care Survey (HCS) was also carried out in the same area with 24 women and 24 men, a total of 48 respondents for the HCS.

The purpose of the paper is to describe and analyze the RCA as a qualitative method to study unpaid care work and establish that, compared to quantitative methods, RCA as a qualitative method can capture unequal distribution of care work in the community, measure the time uses, create awareness and also find out the available services, infrastructure and options to reduce and redistribute care work more comprehensively. However, the main research question of this paper is 'can qualitative method capture unequal distribution of care work in the community?'. Moreover, the paper examined whether qualitative data can capture time use data.

The study uses both primary and secondary data. Primary data are used from the study on "Exploring Unpaid Work of Women: Barriers Implications."

The paper is organized as follow: following the introduction, the second section of the paper describes what care work is and why it matters; the third section describes the range of tools used for analysing and measuring unpaid care work to make care visible and accounted and provides strengths and weaknesses of various methods; and the fourth section analyses practice of the RCA, its strengths and weaknesses and illustrates this with the findings that were obtained following this method.

Assessment of Care Work Assessment Methodologies

i. Importance of Care Work

Care is a group of activities that serves people in their well-being, provided by households, communities, the market and governments through a combination of paid and unpaid activities. Unpaid care includes: (i) direct care of people, such as child care or care of dependent adults; (ii) housework – such as cooking, cleaning or collecting water or firewood; and (iii) unpaid community work undertaken for friends, neighbours or more distant family members, and work undertaken out of a sense of responsibility for the community, such as volunteer work.

Professor Danie Elson emphasize care work as work. According to her it is *work* because it has costs – both time and energy (Elson 2010). She also views unpaid care work as having three interconnected dimensions – 'Recognition', 'Reduction', and 'Redistribution' – sometimes referred to as 'the three 'Rs'**.** 'Core actions' are needed for each dimension. Examples of these actions include, under Recognition, measuring time use in households and integrating them into national statistical systems; under Reduction, expanding access to key infrastructure and investing in time and labor-saving technologies; and under Redistribution, implementing policies favorable to burden-sharing between women and men, such as maternity and paternity leave, quality public care services, and eliminating gender wage gaps – which make it more economically practical for women to stay at home to undertake child care rather than men.

Women perform majority of unpaid care work and work longer hours than men overall (Bullender 2010). The 2012 World Development Report found that globally women devote 1 to 3 hours more a day to housework than men; 2 to 10 times the amount of time a day to care (of children, elderly, and the sick), and 1 to 4 hours less a day to market activities (World Bank 2012). Other research had similar findings – on average, women spend twice as much time on household work as men and four times as much time on childcare (Duflo 2012).

Heavy and unequal care responsibilities contribute to time poverty, limited mobility and poor health and well-being. They undermine the rights of carers, limit their opportunities, capabilities and choices and often restrict them to low-skilled, irregular or informal employment (Chopra and Sweetman 2014; Kabeer, et al. 2011; Razavi 2007). Low incomes and irregular employment for women have knock-on effects for families, since women tend to use their income on health, food security, education and well-being of their children (Grassi et al. 2015). For the women themselves, it undermines progress towards gender equality and entrenches a disproportionate vulnerability to poverty (Carmona 2013b). As unpaid care can restrict women's involvement in the labour market, it also affects overall productivity, economic growth and poverty reduction. The UN Special Rapporteur on Extreme Poverty and Human Rights reported that 'heavy and unequal care responsibilities are a major barrier to gender equality and to women's equal enjoyment of human rights' (Quoted in Carmona 2013a"6).

In Bangladesh, research on unpaid care work is scanty. Most studies conducted in Bangladesh used replacement cost method[1] (e.g. Khatun 2016, Hami 1996) to determine the economic value of unpaid work using quantitative methods like time use survey data.

Hamid (1996) conducted one of the first comprehensive studies on the economic contribution made by women through unpaid work. The study used the replacement cost valuation method to assign monetary value to women's unpaid work in Bangladesh. Informal wage rates were used to evaluate time spent on non-market work. The study also recommends that that the opportunity cost of unpaid care be 64 percent of the formal wage rate and 80 percent of the informal wage rate. This suggested method is likely to undervalue non-market work.

The Bangladesh Bureau of Statistics (2012) undertook a pilot National Time Use Survey in 2012, using time diary to gather data on the time distribution of men and women in both the employed and unemployed categories. It was conducted only to improve the country's statistical database. It did not aim to estimate the costs of unpaid work performed by women or link the survey findings with the national accounting system.

Non-recognition of women's economic activity not only leads to undervaluation of women's economic contribution but also contributes to their lower status in society relative to men. Mahmud and Tasneem's (2011) study explore why official statistics fail to enumerate the entirety of women's economic activity in Bangladesh. To do this, they used different definitions of economic activity used by the Bangladesh Bureau of Statistics (BBS) to estimate women's Labour Force Participation Rate (LFPR) for women aged 15 and above in 69 villages of eight districts of Bangladesh. The study finds that the female LFPR ranges between 4 and 16 percent in the eight districts when economic activity is defined in the narrowest sense i.e. outside work in last months. These rates become considerably higher (increases by 3-16 fold) if market work inside the home is considered along with the paid work. The paper argues that widely held beliefs regarding women's work contribute to the under reporting of women's economic activity in official statistics, in addition to data collection constraints in the field such as inadequate time and work burden of investigators.

A recent Centre for Policy Dialogue (CPD) study conducted in collaboration with Manusher Jonno Foundation attempted to capture all types of economic activities undertaken by women – market-oriented and non-market as well as personal activities – in order to capture the true estimation of women's contribution to the GDP. Using the time use survey technique, the study has assessed the time use patterns of both females and males in 5,670 households across 64 districts of Bangladesh. The study shows that time spent on non-SNA (System of National Accounts) activities by a female member of a household is about three times higher than that by a male household member. Second, the study estimates that value of women's unpaid household work (non-SNA activities) was equivalent to 76.8 percent of Bangladesh's GDP in FY2013-14, based on the replacement cost method, and 87.2 percent of GDP based on the willingness to accept method. These figures are 2.5 to 2.9 times higher than women's income from paid work estimated in this study.

Most of the studies described above are quantitative studies of time use in Bangladesh. They do not allow for gendered comparisons of how men and women spend their time and burden of care work. Moreover, they do not make the links between macro policies and their impact on the time use patterns

[1] This approach calculates what the value of unpaid care would be in the paid care sector if a person was employed to perform such work.

of women and men. According to Mark Blackden (1996:1), quantitative time use studies say little about the social and cultural conditions that determine why people do what they do, or why the gender division of labour is the way it is.[2] Patton (2002) lists a number of conditions that are suitable for a qualitative study, which include questions about peoples experiences, inquiry into the meanings people make of their experiences, studying a person in the context of her/his social/interpersonal environment and researching on where it is difficult to develop a standardised instrument due to the lack of knowledge on the phenomenon.

ii. Why measuring this is important?

The unequal distribution of unpaid care work also creates and entrenches inequality along class, race and ethnic lines. Often, minority and migrant women are most severely affected, forced to combine badly paid work with care for their own household, with very limited access to services and social protection (Williams 2014). This also has international ramifications; as growing numbers of women leave the Global South to take on jobs abroad as domestic workers in richer destination countries, family members that remain at home must reallocate care responsibilities in their absence – usually to older women or girls. The need to count, value and redistribute unpaid care work and ensure it is not an obstacle to women's rights and opportunities, was emphasized twenty years ago in the Beijing Declaration and Platform for Action. International human rights law also establishes several legally binding obligations that compel states to address the unequal distribution of unpaid care work, given its profound impact on women's rights. However, unpaid care work has still not been given the recognition (both in national policy and global development policy) that it needs and deserves.

Measuring unpaid care work is necessary to understand its economic contribution and the impact it has on the lives of those who both perform the work and benefit from it. Making unpaid care work visible and accounted for and turning it into a priority policy agend, can be facilitated through analysing, diagnosing and measuring using various methods. Broadly, tools and methods used for analysing and measuring unpaid care work can be categorized into two groups: quantitative and qualitative.

Quantitative methods include time use survey, household care survey etc. These methods involve the use of quantitative or numerical data. Qualitative methods involve the use of non-numerical data such as people's ideas, observations or opinions stated in their own words. While quantitative analysis is very useful in determining how many people have a specific opinion, qualitative research is very useful for uncovering how people think and why they think the way they do.

Qualitative approaches provide contextual, in-depth information on the "why" and "how." Qualitative information complements and provides greater insight into quantitative data. It is extremely useful for understanding community level norms and attitudes regarding unpaid care work and the barriers and challenges faced by women in accessing services and support.

[2] Cultural norms/constraints generally stem from negative attitudes towards women's work as well as societal perceptions of women's roles and responsibilities in the household, which also set women to be the ones to solely do that kind of work.

iii. What tools have been used so far

There are several qualitative methods using in analysing and measuring unpaid care work: Rapid Care Analysis, Gender Action Learning System (GALS), Care Diamond and Community Mapping of services, Focus Group Discussions (FGD), case studies and brainstorming sessions[3] (Thorpe 2016, UNDP 2005)(). Before describing widely and commonly used methods of data collection, it is important to understand the basic differences between quantitative and qualitative research methods. Quantitative and qualitative research methods differ primarily in their analytical objectives, the type of question they pose, the type of data collection instruments they use, the forms of data they produce and the degree of flexibility built into study design (see annex Table 1).

Some Quantitative Methods

The two most common quantitative methods used in unpaid care analysis are described below:

1. Household Care Survey (HCS)

The HCS is a rigorous quantitative methodology to measure and monitor time use by gender and age, access to infrastructure and services, attitudes and norms about care. It aims to generate statistical evidence to assess constraints, and support programme design and high-level advocacy with government, donors and market actors around unpaid care work as a development issue. It can also be used to monitor a range of outcomes and changes in patterns of care provision. It has some limitations: it requires a few months to be completed, it requires professional consultants and it is relatively expensive.

2. Time Use Survey

Largely, as a response to the pressure by feminist economists as well as the United Nations Statistics Division (UNSD) revision of economic and non-economic activities in the late 1990s, there have been many attempts at the national level to capture unpaid work in the developing countries. One such attempt was the use of Time Use Survey (TUS).

Time use surveys, sometimes called time budget surveys, aim to provide information on the activities people perform over a given time period—generally a day or a week—as well as how much time they spend on each of the different specified activities. While the scope and purpose of such surveys differ enormously, the most common aim of these surveys in developing countries is to provide better information on work performed by different categories of people (male and female, in particular). More specifically, the intention of many of the surveys is to highlight the time spent on unpaid activities, which is generally either under-recorded in surveys or not recorded at all. Furthermore, many unpaid activities are also not reflected in key economic indicators such as Gross Domestic Product (GDP). Time use surveys, thus, can contribute to addressing what Elson (2000:21) has described as the problem of women's activities: they are often not "counted" in statistics, not "accounted for" in representations of the economy and not "taken into account" in policymaking.

Information collected through time use surveys has three components: (1) information collected through the background schedule, i.e. the socioeconomic information on the background of the

[3] Maestre and Thorpe 2016, UNDP 2005

respondent; (2) the time use pattern of the respondent, i.e. the details about how the respondent has spent his/her time; and (3) the context of the time use activities through contextual variables (Antonopoulos 2008).

The background schedule collects all the relevant information on the respondents depending on the objectives of the survey. It generally collects information about the socio-economic characteristics of the household as well as the individual and any other information, which can be related to their time use for better understanding. Contextual variables provide critical information about the activities in a manner to considerably enhance the utility of the information on the time use. The major contextual variables are about: (a) the location of time use activities (for example, whether the activity is performed inside or outside home); (b) for whom or for what purpose is the activity performed (for example, whether the activity is for self-consumption or for sale); (c) the activity is performed with whom or accompanied by whom (for example, whether the activity is performed with children or adult or others); and (d) any other characteristics of time use activities, such as whether the activity is paid (remunerated directly) or unpaid (Antonopoulos 2008).

In time use surveys the methods used in data collection are observation of participant or non-participant, stylized questionnaire, activity list/log, stylized activity list, matrix, full diary and activity matrix.

These methods are described below in tabular form:

Type	Description	Possible cost	advantages	disadvantages	Simultaneous activity
Participant or non participant	Researcher observes and records what happens	Can be expensive	Captures fragmented time and simultaneous activity well high in validity no literacy required or formal time concepts	May alter behavior Researcher intensive	Allows
Stylized questionnaire	General questions on TU	cheaper	Minimizes recall bias	Requires literacy May be too complicated and not add to 24 hours	Does not allow
Activity list/log	Usually focused on one activity	cheaper	Best for measuring one activity	Requires literacy, motivation and good memory	Does not usually allow
Stylized activity list	List of activities	medium	Prompts recall	Requires literacy, list too complex, hard to make sense and analyse May not fill out or lose interest	Does not allow
Matrix	As above with time slots	medium	Easier to use and analyse Once understood easy to fill	Assumes good memory and calculation skills May not fillout or lose interest	Does not usually allow
Full diary	Left and often followed up with interview	medium	Most accurate as description in vernacular Preferred method by INSTRAW	Harder to analyse as must be coded later	Usually allows
Activity matrix	??	cheaper	??	Assumes good memory and good calculation skills	Does not allow

Source: Patton 2002

Qualitative Methods

The three most common methods are described below (for details see Maestre and Thorpe 2016):

1. Rapid Care Analysis

It is a set of exercises for the rapid assessment of unpaid care work in households and communities. It assesses and shows how women's involvement in care work interacts with their participation in programmes – creating context-specific, practical proposals to address care, and leading to tangible changes in the short term. RCA generates awareness and recognition in the communities where they take place and build local ownership. It has some limitations: data is only qualitative – time-use estimates are not rigorous evidence for policy advocacy. Sample size is small. It is a static assessment, not an ongoing intervention for change.

2. Gender Action Learning System (GALS)

It is a community-led empowerment methodology to inspire women and men to take action. It gives women as well as men more control over their lives. Its advantages are: data is based on communities' priorities and visions and addresses social norms and gendered roles in care. The limitation is that it is a long-term approach that allows to work with only with a small group of people.

3. Care Diamond

It shows categories of actors that can provide care support, infrastructure and services. Its advantages are: broaden the scope of the discussion on care beyond the household anddiscuss available services and infrastructure and identify options to reduce and redistribute care work . Its limitation includes: Static map and not useful for intra-household dynamics.

iv. Rapid Care Analysis: What is it?

Rapid Care Analysis is a set of exercises for the rapid assessment of unpaid household work and the care of people in the communities. This tool has been used as an action research by Oxfam for assessing care work in rural and urban communities, and for discussing options to redistribute and reduce care responsibilities more equitably. The aims of the Rapid Care Analysis tool are:

- Provide women and men with a space to explore the issue of care together and to collaboratively develop practical solutions/ 'care strategies',
- Recognise care work, identify the most problematic care activities and develop interventions to reduce and redistribute care work,
- Identifying gendered patterns in care work, changes in care patterns, and 'most problematic' care activities, and,
- Discussing available services and infrastructure and options to reduce and redistribute care work.

The Rapid Care Analysis (RCA) methodology is based on the premise that 'we can make care work visible, show how it is significant, make it everyone's issue, and address it with simple steps. It sought to assess how time spent on care may affect women's participation in development projects, and to identify how programmes can better ensure care for vulnerable people.

Through focus group discussions (FGDs), the RCAs allowed communities to ask and answer important questions as such: who provides care? how much time does it take? what are the most difficult tasks? why are women primarily responsible for unpaid care work? what can be done to bring about positive change for women?

There are seven FGDs in the Oxfam's toolkit, spread across four steps of the RCA process (see Kidder and Pionetti (2013):

- Step one (FGD 1) explores relationships of care in the community, asking participants to identify who they care for, what form that care takes, and the frequency (daily, weekly, monthly) of the care delivered, before group reflection.

- Step two (FGD 2) identifies women's and men's activities, asking participants to estimate their average hours per week by recording in a diary and using symbols (examples provided) to denote types of work and differentiate between paid and unpaid activities.

- Step three identifies gender and age related patterns in care work (FDG 3), changes in care patterns, caused through external factors such as climate-change and economic shocks, and internal factors such as illness and old age (FDG 4); and locates the 'most problematic' care activities through discussions set by parameters agreed with participants (FDG 5).

- Step four consists of two focus group discussions: one concerning the infrastructure and services available to support care work in communities (FDG 6), and the other providing space to think through intervention options to address problematic aspects of care previous FDGs have uncovered (FDG 7).

Findings from the Oxfam's Rapid Care Analysis Exercise in Bangladesh

i) What care is provided, whom and why

Women mainly provide care like cooking and serving food, cleaning home, personal care to husband, children and parents-in-law. Care activities such as helping to cook, shopping, fetching firewood and water, washing clothes, bathing and looking after children and elderly people are provided by both men and women to children, wife, husband, father/mother, in-laws, elderly persons. Moreover, maintaining social contact with relatives, neighbours, friends, giving food to neighbours, settling disputes, etc. are provided by both male and females. Such care is provided to parents, brother, sister, niece, nephew, relatives, daughter in law, sister in law, relatives and neighbours. Lending money and helping during harvesting is also seen as a form of assistance or support and was sometimes mentioned as care although these are productive activities.

In the FGDs, women explained that they provided care to their husbands because they believe that by doing so, they will help their husbands to earn more as the breadwinner of the family. Moreover, they believe that heaven is under the feet of the husband. According to a respondent, "w*e take care of our husbands because they earn money and bear the costs of family expenses"* (Helena, 35, Faridpur).

They provide care to their children because they love them, and they are the future breadwinners. Fatema (45, Gaibandha) said *"If we do not take care of them, they will not be established in their life."* They also think that their parents-in-law have a right to care.

On the other hand, husbands provide care to their wives because they think that if they do not look after their wives, the family would not run properly. Bulbul (30) from Gaibandha said that "*wives are the backbone of family. If they stay well the family will also stay well."* These views are understandable in the context of socio-cultural norms and values which classify certain types of work men's and boys' work and other types as women's and girls'.

Women handle most housework and childcare not because they have more time at home than men, but because they feel it is their duty to do these, as the women in the FGD explained several times. As mothers, daughters, partners, friends, volunteers, women provide overwhelming majority of the unpaid care in the home. They are much more likely than men to provide personal care and offer emotional support. It is observed that men's contribution is more likely to be concentrated in care management, household maintenance, shopping and transportation.

ii) Who Does different types of work?

The purpose of this session (FGD 2) is to understand who does what activities in order to identify the total volume of work done by women and men and Accordingly, six types of work categories were shared to participants:

1. Work to produce products for sale: production of items for sale, agricultural cultivation on own land, agricultural cultivation on other's land, sale of milk, eggs, vegetables, making handicrafts for sale, enterprise, own business, livestock and poultry for sale

2. Paid work: waged work as agricultural labour, rickshaw puller, seasonal worker, working in other people's houses

3. Unpaid work producing products for own consumption: including subsistence agriculture, livestock and poultry for own consumption

4. Unpaid care work: including care of persons (children, spouse or elderly), housework, cooking, gathering of fuel and water for cooking and bathing. The sub-categories within unpaid care work were further detailed and explored and the findings are given in the following sections

5. Unpaid Community work: including attending social prayer meetings, weddings, attending community meetings, social work

6. Non-work/ Personal: including personal care (bathing, resting), sleep, individual prayer (*Namaaz*), entertainment and recreation

Participants were then asked to practice a one-day recall exercise, with help from the research team, to calculate the hours spent on each of the six work categories on a normal (non-festive) day. They were asked to do this exercise considering both main and simultaneous activities. Both main and simultaneous hours were counted and multiplied by seven to get the weekly number of hours spent on each activity. The totals were then captured on different tables for men and women.

Table 1: Average time spent on different categories of work by sex and by main work in hours (RCA)

Categories of time use	Averages			
	fem. av. Week	**fem. av. day (hrs)**	**male av. week**	**male av. day**
Work to produce products for sale	**25.23**	3.6	**46.2**	6.61
Paid Labour, Paid service	3.37	0.5	**21.0**	**3.00**
Unpaid care work	**62.04**	8.8	6.9	0.99
Production for own consumption	4.08	0.6	0.2	0.04
Unpaid Community Work	0.66	0.1	2.8	0.41
Non-work/ Personal	**19.19**	2.7	**41.6**	5.95
sleep	**53.74**	7.6	**49.2**	7.04
total	168.31	24.0	168.3	24.0

through this exercise (FGD 2), we tried to find out the pattern of time use of the community. As this is conducted following qualitative process, there is a chance of being biased by facilitator or other factors. Therefore, to find out the data authenticity/reliability, we compare the time use with data of HCS, which was carried out at the same time in the same area. One of the limitations of the RCA process is that, unlike HSC, it cannot capture the subsidiary work. The subsidiary work counted is with main work.

Table 2: Average time spent on different categories of work by sex and by main and subsidiary work in hours (HCS data)[4]

Type of Activity	Female			Male		
	Main	Subsidiary	Total	Main	Subsidiary	Total
Unpaid Care Work	6.79	1.90	8.69	0.58	0.07	0.65
Production for own Consumption	2.23	0.78	3.01	1.23	0.06	1.29
Production for sale	0.92	0.11	1.02	4.69	0.17	4.86
Paid Work	0.46	0.00	0.46	2.08	0.00	2.08
Non-work/Personal	11.63	0.77	12.41	13.06	1.10	14.16
Unpaid community work	0.64	0.06	0.70	0.43	0.00	0.43
Total Work (Hr.)	22.70	3.60	26.30	22.10	1.40	23.50

The one-day recall showed that women spend more time on unpaid care work and work to produce products for sale while men were more engaged in non-work and work to produce products for sale. Women are also engaged in simultaneous activities, particularly when it comes to care work, where they spend 28 hours per week on average.

The above tables show that more men than women participate in community activities, particularly community meetings. Also, men have more rest time (79.8 hours per week on average) compared to women (49 hours per week on average).

It is visible from the exercise that women are primarily engaged in domestic care work, direct care for persons, and community support activities while men are mainly engaged in performing childcare and community support activities. As women are assumed to take full responsibilities for household level care, they are often blamed for not executing the responsibilities. Male participants informed that they realise women perform more care work, which should be extended to recognizing and sharing of the roles. However, men claimed that they engage in more farming activities, which means that they perceive that there is a reasonable division of roles where domestic work is for women and farming activities are for men.

In general, both men and women give value to care work except for some misunderstanding on who should do what work. Participants informed that there are some improvements in sharing care roles due to increased awareness of the community. For example, some men fetch water and help in preparing food in the house.

iii) Who Does What Care Work - Gender and Age Distribution of Care Roles

This session (FGD 3) focuses on the distribution of unpaid care work across different age and sex groups: women, men, girls, boys, elderly women and elderly men. The purpose is to identify care workload on each group and to see who undertakes more care work and who undertakes less. The following table

[4] A HCS was carried out during the RCA.

shows the distribution of unpaid work categories across different sex and age groups – three asterisk representing 10 hours weekly and no asterisk representing no weekly work.

As the table indicates, most of the unpaid care activities are undertaken by women followed by girls. Boys and elderly women come next to the girls in assuming responsibilities while adult and elderly men are less likely to perform care activities. This shows that girls are taking the footsteps of their mothers and are being developed to take mothers' responsibilities. The data also shows that adult women have much greater responsibilities than girls, who, in turn, have much greater responsibilities than elderly women. However, when it comes to males, boys have much greater responsibilities than adult men and adult men have much greater responsibilities than elderly men.

However, a more detailed discussion with RCA participants has shown that boys are not expected to do more unpaid paid care work than the adult men when they reach adulthood and get married. Participants usually agreed that women and girls performed much of the care work, but there were debates about the involvement in care work of boys, girls, men and, to a lesser extent, elderly women. Men usually wanted to assign more dots to men, boys and women often passionately and loudly disagreed.

Sometimes the discussions got very heated and men complained that they were "not heard" because they were "outnumbered. Similarly, there was some disagreement about old women's care work; women said that they did more work and the men disagreed. Disagreements about girls' involvement in care work did not seem to be linked to gender differences. The difference between male and female involvement in care work is highest for middle-aged adults and lowest for children.

Table 3: Distribution of Care work by Gender and age

Care Work	Categories of Care work	Female (Symbol)	Male (Symbol)	Girls (Symbol)	Boy (Symbol)	Elderly women (Symbol)	Elderly Men (Symbol)
Child Care	Washing face and hand	**	*	*		*	*
	Feeding	***	*	*		**	*
	Send to School	***	*	*	*	*	*
	Bathing	*	*	*			
	Taking care	***	*	*	*	*	*
	To help lesson	**	*	*	*		
Cooking	Collecting Fire wood	***	*	*			
	Fetching Water	**	*	*			
	Chopping Vegetables	***		**		*	
	Grinding Spices	**		*			
	Washing Rice	*		*			
	Cleanig Plates and coocking pots	**		**			
cleaning of house and compound	Cleaning House and compound	***		*			
	Waashing Clothes	**	*	*			
	Cleaning Toilet	*					
	Tiding Bed	*		**			
Elderly Care	Washing face and hand	*		*		*	
	Bathing	*		*			
	Feeding	**		*			
	Going to Doctor		*		*		
	Tiding Bed	*		*			
Caring Sick people	Going to Doctor	*	*		*		
	Bring Medicine		*		*		
	give Medicine	*	*	*			
	Timely feeding	*		*			

Three star = weekly 10 hours; Two star = weekly 5-10 hours; one star = weekly less that 5 hours and No star means no work|
Source: Sultan (2015)

iv) Seasonal changes in care work

The purpose of this FGD is to bring to light the factors affecting care work that is understanding the factors that lead to fluctuations in care patterns. A seasonal calendar was used to map how the four care activities are affected by the time of the season and seasonal phenomena like drought, storms, floods etc. It is observed that care roles change because of seasonal phenomena and time of the season. The months in which care work was considered most difficult fell in the summer and rainy season: *poush, magh* and *boishak* to *aswhin*.[5]

RCA participants reported that meal preparation becomes difficult in the months from boishak to ashar because it is the rainy season and thus, it is difficult to find firewood. In addition, women have to prepare food in large volume during rainy seasons to feed agricultural labour – there are traditional communal groups formed in order to mobilize labour and women are expected to serve food to all participants.
Fetching water becomes difficult between choitra, boishakh and joistha which is the dry season when water sources nearby residential areas dry out and women have to travel long distances to fetch water.
Child care is challenging from October to December as this is the major harvesting season and both men and women need to work in fields for collecting harvests. Activities related to washing and drying become hard during the winter and moonsoon. There are some changes in care patterns during drought when men participate in some of the care activities such as fetching water.

The following were some of the factors identified as leading to changes in patterns of care work: crop planting and harvesting, storms, floods, river erosion, winter, drought, Ramadan and religious festivals.

[5] These are the names of Bengali months.

Table 4: Seasonal variation of care work

Months	**Boishak**	**Joishto**	**Ashar**	**Sravan**	**Bhadro**	**Aishin**	**Kartik**	**Agrahayon**	**Poush**	**Magh**	**Falgun**	**Chaitra**
	Summer (Grisma)		Monsoon (Barsha)		Autumn (Sharat)		Late Autumn (Hemanta)		Winter (Sheet)		Spring (Boshonto)	
crop planting and harvesting	*****	*****	**	**	**	*	****	*****	*****	****	**	**
storms	*******	*******	*	*								*
floods			********	********	********	*******	*					
river erosion			***	****	****	*						
winter								****	*******	*******		
drought	********	****									****	********
Ramzan			***	****	*							
religious festivals								*	*			

Source: Sultan 2015.

v) Most Difficult Care Activities

The purpose of the exercise (FGD 5) is to identify the most difficult care activities for the community as well as women. The activities are identified by male and female participants separately and then together. The following are the most problematic care activities identified by male and female participants.

Women	Men
• cooking	• caring for the sick people
• caring for the sick people	• child care
• child care	• cooking
• washing clothes	• shopping/doing groceries
• cleaning of house and compound	• washing clothes
• elderly care	• cleaning of house and compound
• doing the mud floor	• doing the mud floor
• fuel making/collection/drying	• collecting water
• collecting water	• elderly care
• shopping/doing groceries	• fuel making/collection/drying
• washing pots and pans	

From the table, one can conclude that care of the cooking was most often selected as one of the most problematic activities, followed by caring for the sick people), child care, washing clothes and cleaning of house and compound. To further identify most problematic activities, a ranking matrix is used with four key criteria: time burden, difficulties in access, health related problems, seasonal/hard work. Numbers were used to rank the extent to which each particular activity is problematic based on sets of criteria.

Men and women disagreed about the amount of work involved in child care; men think it was less arduous. Women said that men did not realize the extent of the work as they did less child care. Women also felt that cooking should be considered very difficult, but the men did not think so. Men felt that women were exaggerating the extent of their work and suffering and that, in fact, their care work was not as difficult as they were saying.

Another debate was among male and female groups on how difficult it was to do the groceries and go to the markets. Women felt that men meet their friends, gossip with them, have a cup of tea, etc. all while doing the groceries. However, men explained that going to the market was also a means of finding employment, trading and other kinds of networking. In general, more men than women mentioned the external factors affecting care such as difficulties in taking sick people to doctors and hospitals, children going to school and family members going to the markets for groceries.

Beliefs, conventions and norms make participants consider care tasks or responsibilities difficult. Though men bathe the ailing patients, yet most men believe washing clothes for the patients is the duty of women. The conventions state that when a man is seen washing clothes or performing duties, it appears feminine; most men dread undertaking these care tasks because of stigmatisation and labelling.

vi) Identify available services, infrastructure and options to reduce and redistribute care work

This stage consists of two FGDs: FGD 6 and FGD 7. In FGD 6, participants were introduced to care diamonds which represents the four main categories of actor (household, market, civil society and state) that can play a role in rebalancing the distribution of unpaid care work in the society. The major thrust for the care diamond was to help participants identify different categories of infrastructure and services that support care work. The participants were divided into two groups. The exercise demanded the two groups to draw a map of their community stating everything that is comprised in their community. After the exercise they presented their work showing the services and infrastructure that is found in their community.

In the community map exercise, participants listed the following types of available infrastructure, equipment and services (from the community and outside of the community) that helped them with care work.

Community level	**Outside community**
Family, Samaj/para/mohallah, tubewell, non government organization (NGO) latrines, madrasa, masjid, primary school, cluster village, graveyard, eidgah,wooden bridge, kcncha road, bazaar, widow allowance, Vulnerable Group Development (VGD), village doctors, community clinic	Hat, union parishad, government hospitals, upazila parishad, rice mills, courts

Moreover, participants wished that the following services should be available or needed so that their diamond of care is strengthened: tube-wells for all, roads, pucca bridge, specialist doctors, adequate medicine in clinics and hospitals, electricity, sanitary latrines, dam, high school and girls school, boats for the society.

Participants ranked the household and civil society level solutions higher than the solutions at state and market level. Men usually engaged more in discussions on infrastructure and cultivation and women more in those about types of care work.

vii) Developing solutions to reduce and redistribute care work

The solutions or strategies of addressing most difficult tasks were identified after the ranking and identification of most difficult tasks. Both men and women participants proposed options (at the household, state, civil society and market level) to address the difficult tasks identified in the previous exercise. The proposed solutions were similar across communities in different RCA exercises. Men and women also proposed similar solutions. Solutions proposed by the participants are the following:

i. Improving communications: boat; big boats; bridge /culvert; paved roads/raising earth roads
ii. Disaster/flood preparedness: plinth raising; embankments
iii. Improving health care through establishing: child care centre; community hospital; hospital and ensuring presence of doctors
iv. Improving education through ensuring attendance and presence of good teachers; setting up primary school and high school
v. Ensuring water and sanitation through installing sanitary latrines and tube wells and if possible Deep Tube-Well (DTW)
vi. Improving power and lighting through electricity, solar energy and fuel-efficient stoves
vii. Saving labour through setting up rice mills
viii. Building/allocating land for graveyards

To further identify most appropriate solutions, key criteria are set which include financial feasibility, social acceptability, achievability, saving time for women, improved quality of life for women (health, mobility, and safety), improved quality of life for family, and possibility of dealing with unintended negative consequences. The most important strategies/solutions identified by participants according to priority are:

i. Improvements in infrastructure
ii. Providing boats
iii. Establishing health clinics, providing doctors
iv. Better education for the children
v. Awareness raising on care responsibilities

From the solution ranking exercise, it is observed that the solutions suggested in different RCAs are almost similar. The most commonly identified solutions are educating men to share care roles/redistribution of care for and by men, improved infrastructure, boats. There are a number of proposals which the respondents themselves realized are unrealistic such as wanting electricity and deep tube wells.

Key Findings and Recommendations

From session 1 of the analysis, it is seen that women handle most housework and childcare not because they have more time at home than men, but because the women feel it is their duty, but same is not felt by the men. Moreover, women derive more of their identity from housework and child care than men do.

From session 2, it is observed that women are doing more care work than men. From the debate in this session, men became more aware of women's burden of care work. So, this session created recognition of women's care work. By comparing the data in this session with HCS data, it is clear that this qualitative tool can capture the time use data properly.

From session 3, it is observed that men are also involve in some care work which they never claim when the time was counted, may be because they thought care work was not honourable for men. But after session 2, when they became aware of the value of care work, they started talking about their involvement in care work.

From session 4, it is observed that the seasonal variation effected the pattern of care work. From the finings it seems that women's care burden effected by season and on the other side how men got involve with care work for seasonal variation. In session 5 participants pointed out the difficult care work and started to think about the reduction of care work. In session 6 after doing care diamond exercise participants started to think about the redistribution of care work and finally by the exercise of FGD 7 the participants started to think about the infrastructure they needed for the redistribution of care work. So, the process of RCA not only capture the care work of community but also involve participant to 3R process.

As unpaid care work is essential for family survival and affects all dimensions of development, it is important for policymakers and development practitioners to prioritize this topic. It is important to focus on why unpaid care work matters for development (recognition), what development interventions can be prioritized to lessen overall unpaid care work burdens (reduction) and how the burdens of unpaid care work can be more equitably shared between men and women and among public and private sectors (redistribution).

In Bangladesh context, where women are generally considered to have a lower social position compared to men, non-recognition of their work and their contributions has serious consequences for women, especially poor women, in terms of their self-esteem, the value given to them by their families and community, and as citizens. Recognition of their role in the family and community can have transformative implications in women's lives. Thus, valuing women's unpaid care work is essential.

From the facilitation of different RCA exercises, it is observed that both male and female participants have understood the notion of heavy and unequal care work. RCA exercises have therefore potentially contributed to enhancing community awareness on care. RCA exercises are also vital in creating a platform for community members, both men and women, to participate equally. The methodology is participatory and can be effectively applied among rural communities. Though RCA exercise method cannot measure time use accurately as the Time Use method, it can create awareness regarding unequal

distribution of care work. Through the exercise, participants recognized care work as work. Participants also come out with some solutions to reduce care work. Quantitative methods cannot give us these insights. Therefore, if we want to research on unpaid care work and want to apply 3Rs, RCA will be one of the best tools for conducting research on care work.

RCA exercises perform better to transform community attitudes if they are administered among mixed groups (men and women as well as boys and girls). Administering RCA exercises among mixed groups has relative advantages of analysing and understanding the daily and weekly time use by male and female participants, which significantly contributes to better recognition of care. Targeting of diversified participants based on age, sex, physical status is important to capture the changing trends of division of roles based on the differences.

RCA methodology is found to be important and appropriate to understand care in local communities; and, analysis of care roles and integrating solutions in existing programmes has significant contribution to programme quality in general, and to enable women and girls participate and benefit from project interventions.

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Annex Table 1

	Quantitative	Qualitative
General framework	Seek to confirm hypotheses about phenomena Instruments use more rigid style of eliciting and categorizing responses to questions Use highly structured methods such as questionnaires, surveys and structured observation	Seek to explore phenomena Instruments use more flexible, iterative style of eliciting and categorizing responses to questions Use semi-structured methods such as in-depth interviews, focus groups and participant observation
Analytical Objectives	To quantify variation To predict causal relationships To describe characteristics of a population	To describe variation To describe and explain relationships To describe individual experiences To describe group norms
Question Format	Close ended	Open ended
Data format	Numerical (obtained by assigning numerical values to responses)	Texual (obtained from audiotapes, videotapes and field notes)
Flexibility in study design	Study design is stable from beginning to end Participant responses do not influence or determine how and which questions researchers ask next Study design is subjected to statistical assumptions and conditions	Flexible (for example, the addition, exclusion, or wording of particular interview questions) Participant responses affect how and which questions researchers ask next Study design is iterative, that is, data collection and research questions are adjusted according to what is learned.

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