

THE CARE ECONOMY IN TUNISIA:

TOWARDS RECOGNIZING, REDUCING AND REDISTRIBUTING UNPAID CARE WORK

In a nutshell:

- Tunisian women spend, on average, more than five times as much time on unpaid care work as Tunisian men. Among them, married women spend the most time – twice as much as unmarried women.
- More educated women spend more time on direct care work but less time on indirect care work.
- Most paid care-sector are in the public sector, particularly in education and health, while the private sector dominates in personal care and early childhood education. Female workers are particularly overrepresented in these sectors despite their low participation rates in employment overall.
- The care sector suffers from two major limitations: the quality of the services provided (as reflected by the average qualifications of its workers), and the poor quality of employment (as reflected by levels of informality).
- There is a need for a coordinated national care strategy to identify priorities for the care economy and to coordinate investment in this critical sector.

Key questions:

- How does time spent on unpaid care work differ between women and men in Tunisia?
- To what extent does women and men's employment in care jobs differ, particularly between the public and private sectors?
- What questions need to be asked in order to establish a comprehensive care policy as part of a new development model?

Introduction

In 2010, Tunisia was one of few countries in the Middle East and North Africa (MENA) region that had reached the peak of its demographic dividend, with nearly 2.3 working-age individuals for each dependent. The beginning of this new phase of population aging marks an increase in the dependency ratio, which will bring its share of challenges to a country struggling to find a path towards economic growth. According to the official statistics published by the National Institute of Statistics (INS), economic growth has not exceeded 2 per cent per year over the past decade. The unemployment rate, which has been stagnant at around 15 per cent since 2013, particularly affects young people and women. The last decade has also been marked by a perceived decline in the quality of public services in the health and education sectors (World Bank 2014).

Despite these challenges and the growing need to improve and extend education and health services to the entire population, the provision of care services is not well studied in Tunisia. The lack of a comprehensive national care strategy has important implications for the economy. The relatively low female labour force participation rate (27 per cent) reflects social norms that impose a gendered pattern of time use within the family. Unpaid domestic work and care are primarily performed by women, which greatly reduces their opportunity to engage in income-generating activity outside the home. Moreover, since improved access to quality early childhood education and health services increase children's chances of seizing economic opportunities as adults, investment in these forms of care can have long-term implications for the country's development.

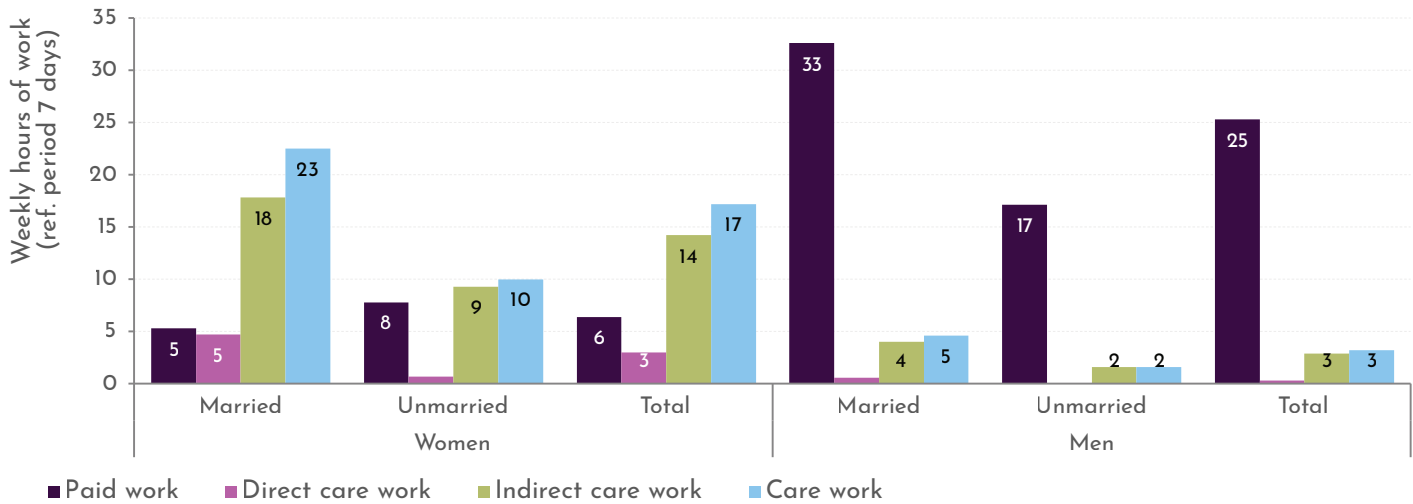
It is important to reconsider the care sector from a development perspective in order to determine policy priorities, identify appropriate solutions for population needs, and capitalize on the sector's potential to create more and better-quality jobs. This policy brief thus summarizes some of the findings and recommendations for Tunisia of a recent UN Women-sponsored study of the care economy (Economic Research Forum & UN Women, forthcoming). Data are derived from two nationally representative surveys, the 2014 Tunisia Labour Market Panel Survey (TLMPS) and the Tunisian Labour Force Survey (LFS).

Unpaid care work

Despite the political, economic, social and demographic changes that have taken place in Tunisia over the past half century, women still primarily perform the traditionally assigned tasks of childcare and domestic work. As shown in Figure 1, men spend only 0.3 hours per week on direct care work, compared to 3 hours per week for women. The results also show that the time spent by women on unpaid care work is more than five times higher than by men (17 hours per week compared to only 3 hours per week for men). Marital status is a key determinant of women's time spent in care work. Married women spend 23 hours per week on unpaid work compared to 10 hours for unmarried women. The largest share of this work was devoted to indirect care work, which took up 18 hours per week for married women's and 14 hours per week for unmarried women.

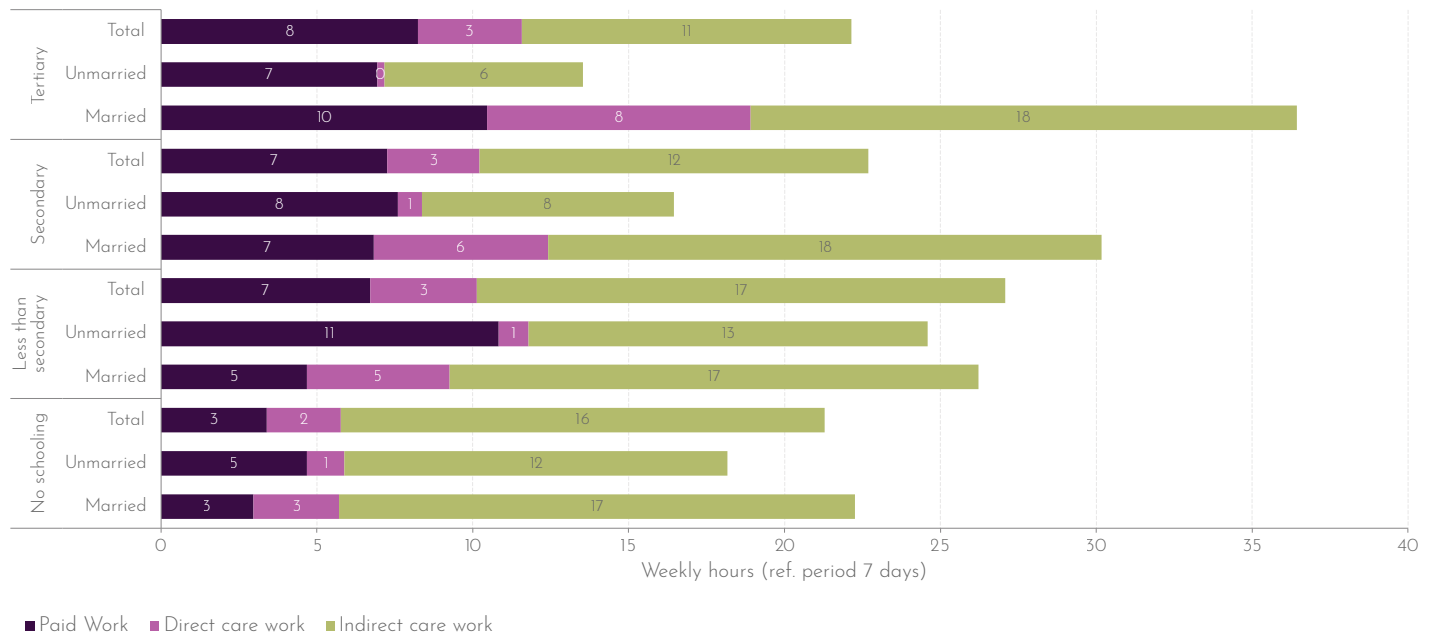
As shown in Figure 2, the time devoted to care for children and other dependent family members increases with the level of education. Women with university-level education spend on average 3.3 hours per week on direct care work compared to 2.4 hours for women with no education.

FIGURE 1. WEEKLY HOURS OF PAID WORK AND UNPAID CARE WORK (DIRECT AND INDIRECT), BY GENDER AND MARITAL STATUS, AGES 15-64



Source: Authors' calculation based on the TLMPS 2014.

FIGURE 2. WEEKLY HOURS SPENT ON PAID WORK AND UNPAID CARE WORK (DIRECT AND INDIRECT) AMONG WOMEN, BY EDUCATION AND MARITAL STATUS, AGES 15-64



Source: Authors' calculations based on the TLMPS 2014.

Differences were even greater when considering marital status. For instance, married women with tertiary education spend 8.4 hours per week on direct care work, more than three times the time spent by married women with no education (2.8 hours per week). The positive relationship between time spent on direct care and level of education may reflect a higher value placed by women with higher education on interaction with children and other household members in need of care, and potentially greater time spent supporting children’s educational activities, among more educated parents (Gimenez-Nadal and Sevilla 2012).

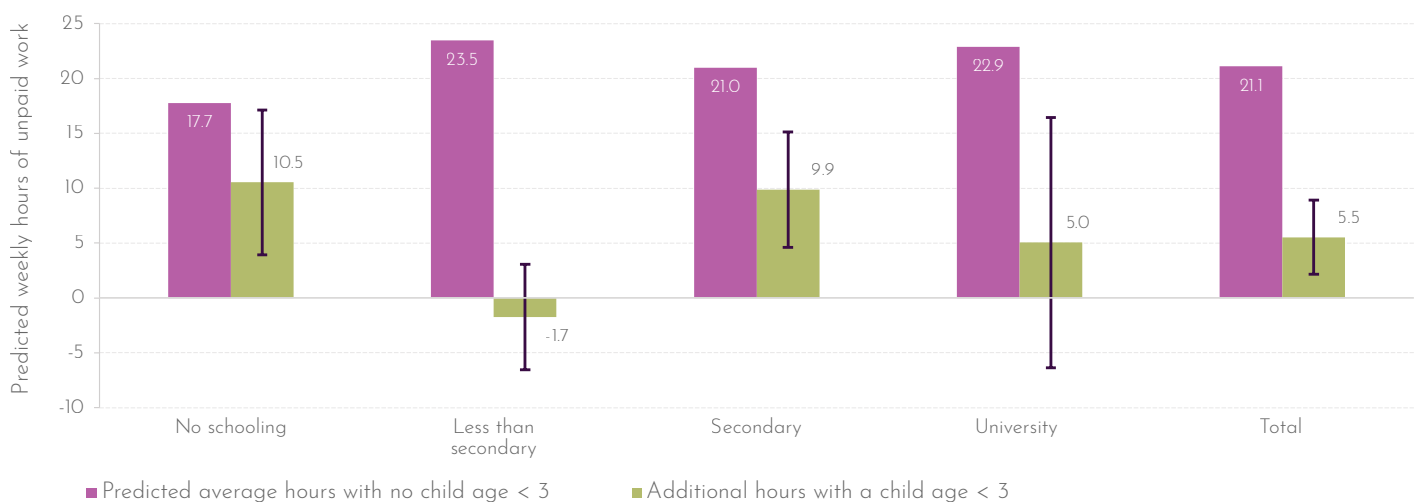
Although women, and especially married women, perform the bulk of unpaid care work, different household structures can affect the distribution and amount of time spent on these activities. Caring for dependents, including care for children in different age groups, the elderly and ill or disabled persons has different implications on

women’s time, based on the needs of each group. As shown in Figure 3, the presence of a child under 3 years of age increases the weekly hours married women spend on care work by an average of 6 hours per week across all educational levels.

Paid care work

Results using LFS data from 2010 to 2019 show that the total number of care-related occupations represented nearly 9 per cent of Tunisia’s total employment. The proportion of employment in care sectors remained stable during the period under consideration. The shares of the different occupations within care work were also stable – with education representing the greatest, at nearly 6 per cent of all employment, followed by health care, at around 2 per cent. Findings also reveal that the type of employment differs substantially between the public and private sectors (Figure 4).

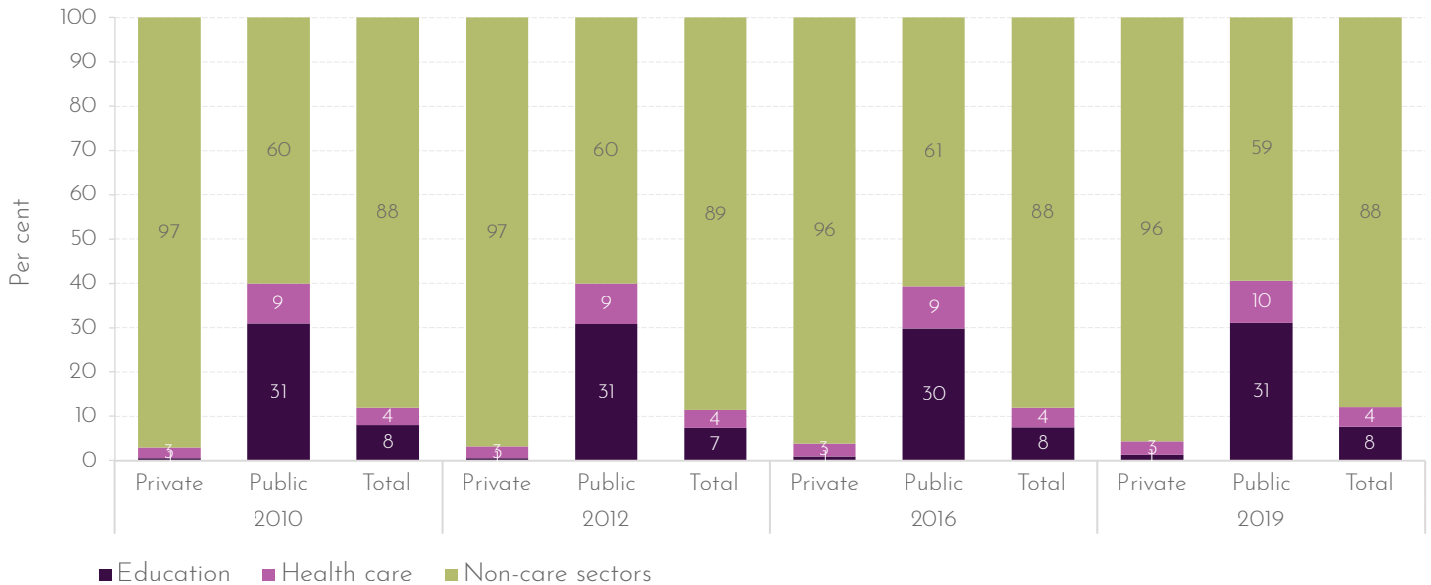
FIGURE 3. PREDICTED ADDITIONAL WEEKLY HOURS OF UNPAID CARE WORK WITH A CHILD UNDER 3 IN THE HOUSEHOLD, BY EDUCATION, TUNISIAN MARRIED WOMEN AGED 15-64



Source: Authors’ estimations based on the TLMPS 2014.

Note: The grey bars indicate 95% confidence intervals on the estimates of additional time.

FIGURE 4. THE DISTRIBUTION OF CARE AND NON-CARE SECTORS IN TOTAL EMPLOYMENT, BY INSTITUTIONAL SECTOR, 2010-2019



Source: Authors' calculation based on the LFS 2010-2019.

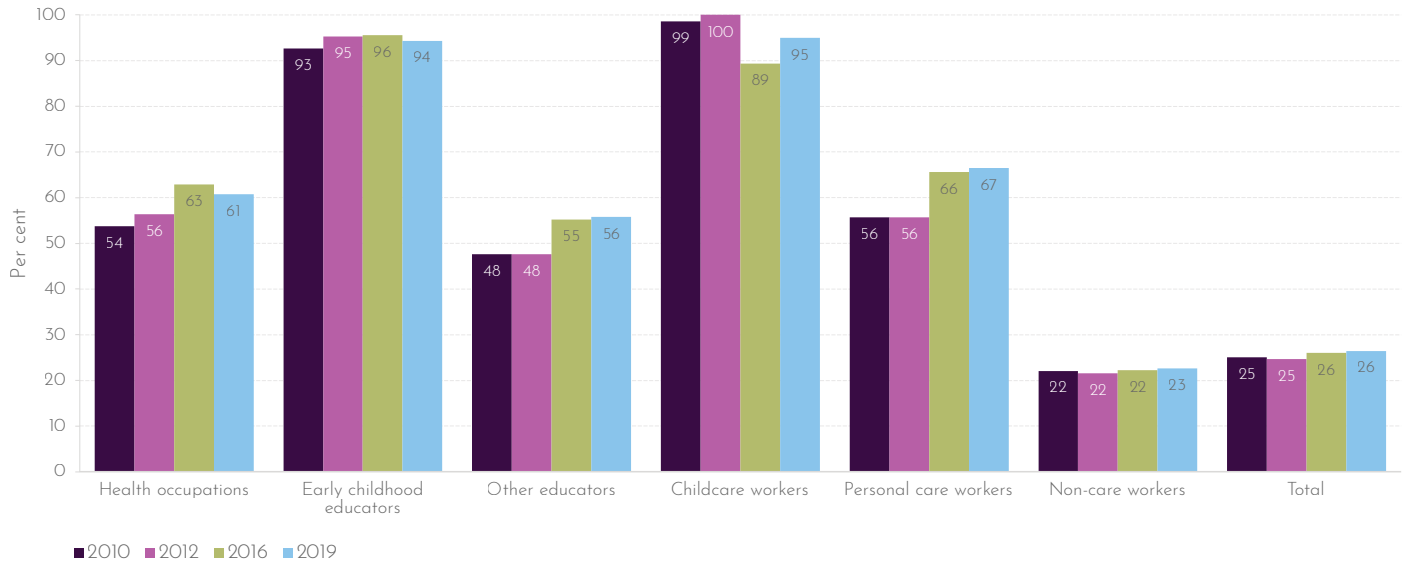
The public sector is overrepresented in education and health care, which make up 31 per cent and 10 per cent of public sector employment, respectively, as compared to 1 per cent and 3 per cent of private sector employment in 2019.

Women held 26 per cent of jobs in Tunisia in 2019, reflecting their low participation in the labour market, which has not changed much over the past decade (Figure 5). Comparatively, women are highly overrepresented in care sectors. The share of women in the health and education sectors exceeded that of men, at 61 per cent and 56 per cent, respectively. In fact, the strong presence of women, particularly in the education and health sectors, reflects the composition of their respective workforces. Indeed, these two sectors employ essentially skilled workers (university graduates). The latest statistics for the year 2019 show that

women comprise 63.3 per cent of university students in Tunisia. In the health sector, female students account for 73 per cent, and in the social services sector they account for 89 per cent. Thus, the strong presence of women in universities is reflected in their strong presence in the education and health sectors. As with unpaid care work, women are also more involved than men in paid care work.

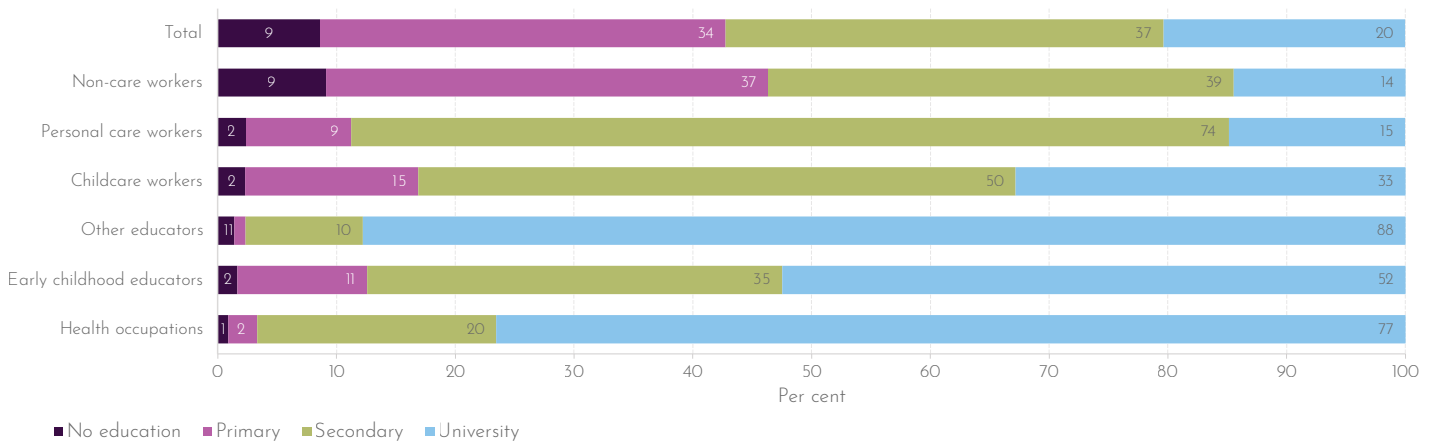
The educational profile of care workers varies considerably by occupation. Overall, in Tunisia, only 20 per cent of the employed population had a university-level education, and 37 per cent had a secondary education in 2019 (Figure 6). The remaining 43 per cent had primary-level education or less. The highest share of care workers with a university degree were in health and education occupations – at over three-quarters of workers.

FIGURE 5. SHARE OF WOMEN IN DIFFERENT ECONOMIC SECTORS, 2010-2019



Source: Authors' calculation based on the LFS 2010-2019.

FIGURE 6. COMPOSITION OF PAID CARE OCCUPATIONS, BY EDUCATION LEVEL, 2019



Source: Authors' calculation based on the LFS 2019.

This is consistent with the qualifications required for these types of occupations. By contrast, only half (52 per cent) of Early Childhood Care and Education (ECCE) practitioners had a university degree. This result casts considerable doubt on the quality of these services, which require a minimum

amount of training. The same applies to childcare and personal care services, where the majority of workers had a secondary degree or less. It should be noted that this distribution did not change significantly over the 2010–2019 period.

Policy recommendations

Conduct regular time-use surveys

This research has shown that much remains to be done to reduce gender inequalities in the area of unpaid care work and in women's participation in the labour market. In order to support these efforts, it is important to improve the quality of national and regional statistics to recognize and measure the burden of unpaid care. Thus, it would be important to conduct regular time-use surveys similar to the one conducted in 2005. This would allow a better understanding and monitoring of the trends in unpaid work.

Mobilize resources to develop ECCE and elder-care services

In concrete terms, the State must mobilize more resources to develop quality early childhood care and education services. This would generate positive and permanent effects for children's human capital, while reducing the quantity of their mothers' unpaid work. Making access to early childhood education compulsory, while ensuring equitable and affordable access for all, would thus have a double impact on children and parents. Greater participation of women in the labour market also means additional household income, greater women's empowerment and improved well-being. Similar arguments can be developed for the expansion of care services for the elderly. In both areas, the care sector offers real opportunities for economic growth.

Address women's working conditions, particularly in the private sector

The review of the current legislative framework suggests that working conditions, particularly in

the private sector, are not conducive to decent working conditions for women and do not facilitate an equitable allocation of unpaid work for women and men. Even current activities do not appear to comply with existing legislation: for example, in terms of working conditions and the qualifications of staff in the ECCE sector. Thus, increased monitoring to ensure compliance is needed, along with new or amended laws.

Establish an inclusive national dialogue on care priorities

Upgrading the care sector has a cost and will require a coherent vision to meet the growing needs and ensure quality services while respecting equitable access to these vital services for the entire population. The firm commitment of public authorities is indispensable. In particular, the public sector must continue and increase its investments in childcare services and early childhood education, as key means for human development and reducing future inequalities. All these reforms obviously require a serious and inclusive dialogue bringing together all stakeholders, especially in the context of the difficult economic conditions Tunisia is currently experiencing.

Introduce gender equality in educational programmes and programming

The promotion of gender equality outside and within the household is a long-term objective that requires in-depth and long-term work at several levels, particularly in the education system. Civil society organizations should be encouraged to take part in efforts to address social norms. Such efforts must begin by targeting young people within the school system. The promotion of gender equality, respect and equitable sharing of work should also

be introduced into educational programmes and programming.

Establish a comprehensive national care policy
The ERF research has shed light on the care sector in Tunisia and argued for the need to establish a comprehensive care policy as part of a new development model. A comprehensive care sector policy should: (i) ensure access, at affordable costs, to childcare and elder-care services and put in place transfers, fiscal measures and other social protection benefits for workers with family responsibilities; (ii) review current labour market legislation to improve working conditions, which are essential to provide quality services to care recipients; and (iii) endeavour to reduce the influence of current social norms in the sharing of paid and unpaid workloads.

Any new care policy must be based on an objective and thorough assessment of the current state of affairs and must answer several fundamental questions: (i) Who are the care recipients and where do they live? (ii) What are the conditions of access to care and what is its cost? (iii) What quality of care is offered to beneficiaries? (iv) Are there any disparities or inequities related to gender or income in access to care? (v) Does fiscal policy encourage access to care and to what extent can it alleviate the burden of unpaid work? (vi) What are the concrete legislative barriers that reduce women's participation in the labour market? (vii) To what extent does the paid care sector comply with decent work conditions, beyond informality? Thorough study of these additional questions is fundamental to developing an evidence-based and equitable national care policy.

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About the research

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