



# Issue Brief 2



International Labour Organization  
Regional Office for Arab States

## Social Care Needs and Service Provisions in Arab States: Bringing Care Work into Focus in Lebanon

This Issue Brief is part of a series that examines women's labour force participation in Arab States using a gender equality and workers' rights perspective<sup>1</sup>. It looks at growing unmet social care needs in Arab States in relation to their impact on women's labour force participation in the region. Using research findings from Lebanon, the brief illustrates the vital role of women in providing unpaid home-based care work to fill the service gaps and the constraints this situation creates for their labour force participation. To better support fair employment opportunities for women, governments need to prioritise social care policies and programmes.

### Social care needs and women's roles

Demographic shifts, transformation of families, and changes in gender roles and working patterns in Arab States - in addition to cuts in basic social spending - have brought about an increasing need for quality, accessible and affordable care for children, the elderly, the sick and disabled. Rapid declines in fertility, mortality and morbidity, have resulted in a sharp growth in the working-age population (ages 25 to 64), a decline in the young age group (up to 14 years) and a slow, but gradual, rise in the population of persons 65 and above, in absolute numbers and as a proportion of the total population (ESCWA, 2005).

In the absence of comprehensive, integrated social care and welfare systems, care needs across the region have outpaced and overwhelmed the few public, private and not-for-profit services that exist. Services are also often not accessible or affordable for a large segment of the population. In Arab States, as in other regions, women are expected to continue to assume the customary role

of unpaid social care providers. In addition, live-in women migrant domestic workers play a critical role in supplementing the care needs of many middle- and upper-middle income households in Lebanon, Syria, Jordan and Yemen as well as Gulf States.

Without a corresponding increase in public and private provision of services, unpaid care work consumes much of women's time and energy and largely keeps them from pursuing employment opportunities outside the home. Women face barriers to joining and rising in the labour force already. They encounter discrimination from employers, especially in the private sector, who opt for hiring men - the presumptive "bread winners" in society. This preference may be based on the flawed assumptions about women not needing to work and that employing them costs more on account of maternity benefits. Women are thus penalized for being society's main caregivers.

Women may instead have to "opt" for informal arrangements, such as home-based work, in order to balance family responsibilities. And even if women do work formally, they continue to carry the burden of house and care work, and, in essence, to endure a "double day." Despite the extent of women's contributions, there have not been any substantial societal changes in recognizing and valuing care needs and responsibilities nor in sharing of responsibilities between men and women in the household.



<sup>1</sup> Issue Brief 1 "Promoting the Rights of Women Migrant Domestic Workers in Arab States: The Case of Lebanon".



## The care work paradox

Care work is difficult to conceptualize for policy-making and regulatory purposes. It is broadly defined as the work of looking after the physical, emotional and developmental needs of other people, generally children, the elderly, the sick or disabled. The work is done formally and visibly (i.e. within public, private or not-for-profit institutions) and informally and invisibly (i.e. within one's own or another's home). Care services vary widely in intensity and effort: from little more than monitoring a person to almost constant attention in intimate and stressful circumstances (ILO, 2007). Care provision continues to be undervalued in societies and, when remunerated, it is among the lowest paid jobs. The ILO strongly advocates being aware of the usually unacknowledged economic contribution and worth of unpaid work (see Box 1).

### Box 1. ILO recognizes the value of unpaid care work

The ILO includes unpaid work carried out within and outside the home, often alongside paid work, in its understanding of work in general. At the 2006 International Labour Conference, the ILO expressly recognized as work “the unpaid work in the family and community that is often ignored in current thinking about the economy and society. Much of this work is done by women and is essential to the welfare of the young, elderly and sick, as well as to those in paid work.”

Source: ILO, 2006, p. vi.

## Unmet needs in provision of social care: Lessons learned from Lebanon

The ILO's Regional Office on Arab States (ILO ROAS) conducted a preliminary assessment on social care needs, services and deficits in Lebanon in 2007 as a pilot for a wider sub-regional initiative to be adapted in other countries, including Syria, Jordan and West Bank and Gaza Strip<sup>2</sup>. The results are intended to provide a better understanding of the limits of existing care services, the related barriers to

women's formal employment and the policy, programmatic and institutional changes needed to address gaps in social care provision while prioritising the rights of women and workers.

The four major lessons learned from the Lebanon case study that can be applied to other Arab States include:

### 1) *Appropriate state social policy responses targeting improved care services are vital to advancing women's access to work.*

Laws, regulations and institutional arrangements that support the shared social responsibilities of care can free women from being the main care givers and allow them to pursue work outside the home. A specific focus on public-private partnerships overall can improve the country's care services infrastructure, lower costs and assist special needs populations.

Considering the value placed on home life in Arab societies, women's abilities to combine work with family responsibilities continue to be central to determining their participation in the labour force. This balancing act captures the urgent need to address the situation with supportive social and labour policies and practices. In order to engender broader public understanding and state action, the General Conference of the ILO adopted the Workers with Family Responsibilities Convention (No. 156) in 1981 (see Box 2). In the Arab region, only Yemen has adopted this Convention.

### Box 2. ILO on the side of workers with family responsibilities

The Convention focuses on the constraints of unpaid work as one of the underlying causes that restricts women's access to employment opportunities. Article 5 obliges countries to take all measures compatible with national conditions and possibilities “to take account of the needs of workers with family responsibilities in community planning; and develop or promote community services, public or private, such as child-care and family services and facilities.”

Source: ILO, Convention Concerning Equal Opportunities and Equal Treatment for Men and Women Workers: Workers with Family Responsibilities, 1981 (No. 156).

<sup>2</sup> This issue brief is based on “Care Needs and Provisions in Lebanon”, a preliminary assessment prepared by Dr. Seiko Sugita from UNESCO. At the time of the research she was an independent consultant with ILO ROAS.

Some Arab States already have provisions for parental leave around the time of childbirth, as well as for child caring and rearing responsibilities. To help workers better reconcile their work and family responsibilities, these leave benefits — along with part-time, flexible time, telecommuting, other paid and unpaid leave arrangements and child-care centres in the workplace — need to become increasingly common in national labour policies and laws and in enterprise practices throughout the region. More government-sponsored family support strategies and programmes should be instituted, such as subsidized childcare, elderly care and care for the disabled as well as tax deductions on care and domestic worker salaries for families in need.

**2) *With the steady demand for paid care services, social and legal protections are necessary to safeguard care workers' rights.***

Both local and foreign domestic workers, who provide care within households, are vulnerable to exploitation and abuses. These workers should be included in labour laws, allowed to unionise and provided with unified standardised contracts. The Ministries of Labour and of Social Affairs should use social workers to mediate and resolve disputes between care providers and their employers, especially for domestic workers. And these measures should be reinforced by establishing labour inspections of private employment agencies.

An official certification programme for paid care givers, including those within households, should be established to professionalize the occupation. Institutions can be launched to promote career building and skills development for both national and migrant domestic care givers. Guidelines should also be created for public and private care centres on recalibration of wages. Eliminating bias in the salary-setting process requires assuring that the job evaluation systems are gender neutral and do not systematically ignore or undervalue the emotional effort involved in care work.

**3) *High-level policy commitment is needed to fill growing social care gaps with a skilled national labour force.***

The Arab States have fairly high levels of unemployment – estimated at 13.2 per cent (ILO, 2008). Graduates in fields relevant to social care service provision (e.g. social work, sociology, psychology and physical education) are over-

represented among the unemployed, with an overwhelming majority being young women. Government action in prioritising the expansion of the care service infrastructure in its social policy agenda is therefore closely aligned with the employment needs of young graduates.

Coupled with increased investments, regulation and monitoring of social care services, young educated unemployed women and men in relevant fields could be provided with add-on vocational training in the specifics of care services to build their knowledge and in business to encourage them to start up their own enterprises. As an example of an encouraging social policy action, the Gulf Cooperating Council's (GCC) Labour and Social Affairs Ministers committed to forging a unified strategy prioritizing the development of a local labour force (see Box 3).

**Box 3. GCC Ministers pledge policies favouring local employment**

Recognizing the growing demand for care services, policy response is likely to soon follow in the Gulf States. Achieving progress in social services provision was identified as a priority for 2008-13 during the 24th Labour and Social Affairs Ministers' Meeting of Gulf Cooperating Council held in November 2007. And in view of the increasing unemployment rates in the region and the rising number of expatriate workers, the ministers pledged a unified policy to limit the flow of foreign workers. The meeting also focused on the progress of the regions' social development centres, ways to activate women's roles in social and economic fields and strategies to provide training and create more job opportunities for Gulf citizens.

**Source:** Gulf News, 2007.

**4) *The collection of better research data on social needs care will enable governments to create more gender responsive labour and social policies.***

Updated comprehensive information is not available on care providers, types of care and comparative costs and benefits of services and therefore needs to be mapped out. Research should be carried out using a "gender lens" to analyse social policy on care needs and the differential implications of care giving on women and men within households (i.e. staying out or dropping out of the labour market, working informally from home and impacts of care giving on women) and in the labour market.



Quantitative and qualitative sex-disaggregated data need to be collected and analysed to capture paid and unpaid care work (i.e. undertaken, procured, negotiated and redefined among household members). Intra-household surveys should also be undertaken to move beyond the traditional male-headed household model in order to capture the different types of households, decisions and gender division of labour within households.

## ILO next steps

In Jordan, Syria and the West Bank and Gaza Strip, the assessments on unmet needs in provisions of social care will identify existing social care needs and available infrastructure in service provision to inform the necessary type of skills and institutional arrangements (e.g. home-based or community care centres). In 2008 - 9, the four country assessments will be compiled into a volume in English and Arabic and disseminated widely.

Moreover, having identified lack of up-to-date information and research on the gender dimensions of disability and its links to provisions of social care services in the Arab States, ILO has selected five countries for a “Preliminary Comparative Analysis on the Gender Dimension of Disability in Select Arab States: Unmet Needs in Provisions of Social Care Services in Bahrain, Iraq, Lebanon, West Bank and Gaza Strip, and Yemen”.

These countries have been selected based on sub-regional representation, across different levels of economic development and taking into account specific circumstances related to gender, care provision and disability. For instance: Iraq, Lebanon, and West Bank and Gaza Strip are in crisis with significant segments of the population, including women, with disabilities. Bahrain has been selected on the basis of Bahraini trade union reports regarding underpayment and other rights abuses faced by care workers in the private sector. Yemen remains as one of the poorest countries in the region with the highest total fertility, maternal and child mortality and morbidity rates with visible health and social challenges including gender disparities and disabilities.

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Based on the findings and recommendations from the county studies, the follow-up strategy in Arab States includes policy advocacy on formulating coherent, centralised care services and regulating their accessibility, affordability and quality. Instructional modules for care giver certification will also be developed, and training will be provided in specific areas of need (e.g. childcare, elderly care and disabled care).

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