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Caring Is Work: Meeting Social Care Needs in Lebanon

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Abstract

The evolution of economic incentives and social norms in Lebanon has created new challenges for women to balance work and family life. Underlying dynamics include changes in the demographic structure, the family structure, and the political and economic situation in the country. The paper investigates the perceptions and practices of paid and unpaid care provision. It examines the gender division of labour in the household in interface with women's labour force participation, and the role of women migrant domestic workers in providing care given the deficit in social care provision. The study benefits from previous and on-going research by the authors, and the results of a survey involving various actors involved in caring, including 30 private nurseries, two private home-based care firms, five Non-Governmental Organizations (NGOs), one non-profit nursing home for the elderly, one private children day care, 24 main Lebanese and non-Lebanese caregivers and seven related family members.

In the absence of significant public or private initiatives to create employment opportunities, the study sheds light on the weaknesses in the labour market participation of women through an analysis of recent surveys. Due to their social roles as caregivers within the family and the lack of adequate jobs, the participation of women is not commensurate with their education levels. Social norms and expectations towards women's work have been slow to evolve. Women continue to carry the burden of the unpaid care work regardless of their market activities.

I. Social care and women's work

Caring is a unique type of work. It involves the development of a relationship and emotional connection, its responsibilities and needs are unequally distributed, and social norms influence the allocation of care and caring responsibilities (Himmelweit 2007; Folbre 2008). Women are the primary providers of care, and care work is typically unpaid and provided within the household and family thereby lying outside the production boundary as defined by the System of National Accounts and thus becoming invisible or unrecognized (Chen, Vanek, Lund, and Heinz, 2005).

The separation between market and non-market care work can obscure the reality of the existence of a continuum, since even a homemaker's unpaid contribution involves an informal exchange with a share of a breadwinner's income, and care provision often requires a combination of paid and unpaid work (Folbre 2008). In Lebanon as in other Arab countries, care is typically considered a family and private matter, mainly women's responsibility, within which the modern State is traditionally reluctant to intervene. Moreover, social rituals within the extended family structure are usually, time and labour intensive, and constitute thus an additional burden to the care needs of the nuclear family.

Women's family responsibilities may conflict with their ability to be active in the labour market. Giving attention to the work-family relation is particularly important in Lebanon, where women's labour force participation rate in 2004 was estimated at 20.4 per cent, compared with 68.9 per cent for men, although there may be undeclared participation of women in agriculture and other informal economy activities.¹ It is estimated that 57 per cent of women's non-agricultural employment, and 62 per cent of men's, is informal (Yaacoub, 2008). Women are mainly employed in the services sector and as permanent employees. It is noteworthy that women employers represent only 1.1 per cent of the workforce, compared with 6.4 per cent for men. Unemployment is particularly acute among Lebanese youth, aged 15-24, with young women having been far more adversely affected than young men.

Promoting women's employment without taking into account care needs and responsibilities may effectively amount to making women engage in two work shifts, one for

¹ Unless otherwise noted, Lebanon national level data in this paper is from the 2004 Living Conditions Survey (CAS, UNDP, and MoSA, 2006).

the market and one for the family. In contrast to an individual or family-based conceptualization of care provision, it is important to emphasize that care is the responsibility of society. The concept of social care, defined as “the activities and relations involved in meeting the physical and emotional requirements of dependent adults and children, and the normative, economic and social frameworks within which these are assigned and carried out”, places care within a broader political economic context, and points to the central role of the State’s social policy (Daly and Lewis 2000). Social care may be provided through the State, market, community, and family, and social care provision includes activities as diverse as self-care, childrearing, child care, health care, elder care, social work, and education (Himmelweit 2007; Folbre 2006).

The current study highlights testimonies collected in Lebanon in 2007 from phone interviews and individual interviews guided by a semi-structured questionnaire and visits involving various actors involved in caring. Life histories on the daily struggle of care giving are the main body of the analysis, mainly from the middle class and urban areas of Lebanon. The sample included 30 private nurseries, two private home-based care firms, five Non-Governmental Organizations (NGOs), one non-profit nursing home for the elderly, one private children day care and 3 care-providers. In addition, a short survey and individual interviews with 22 Lebanese women and 2 men caregivers, who are either currently or have been in the last 18 months giving care to their children, elderly and disabled family members, mainly living in Beirut with an exception of two interviewees in Southern Lebanon. The sample was purposively selected to cover different social classes (29 per cent from the working class, 42 per cent from the middle-class and 29% from the upper-middle class), ethnic and confessional groups (13 per cent are Lebanese Sunni, 29 per cent are Lebanese Shi’a, 33 per cent are Lebanese Christians, 4% are Druze, 13% are Armenian and 8% are Palestinians), marital status (67 per cent are married, 17 per cent are single and 17 per cent are divorced), the nature of care tasks (67 per cent have a single care task whereas 33 per cent have more than two care tasks. 50 percent are the main caregivers to children, 67 percent to the elderly and 17 per cent to the disabled.)

Interviews with seven caregivers were complemented with follow-up interviews with one of their family members (the husband in six cases and the mother in law in one of the cases). The survey technique helps understand how care is perceived, executed, shared and negotiated, and points to realities to take into account in designing more representative time-use surveys.

II. Social care and social policy

Social care dynamics interact with changes in the size and nature of households, reflecting demographic change, evolution of the family structure, and the political economic situation. Social care not only connects the micro and macro dimensions of our lives, but also embeds personal practices within the context of social structures and social relations (Yeates, 2005), especially with regard to the States and socio-institutional arrangements (Williams, 2003). In Lebanon, unmet social care needs come within the context of a legacy of violent conflict, including civil war between 1975 and 1991, Israeli occupation till 2000 and aggression in 2006 and its remnants of mines and cluster bombs, and internal security deterioration in recent years. In addition to the direct losses of lives and massive and repeated waves of displacement, wars also increase the unmet care needs of the disabled population.

Despite its lack of coherence (World Bank 2007), social policy in Lebanon offers different collective social care services through local social services centres and public institutions. The available services, however, are not sufficiently responsive to the growing needs of nuclear families and households with working women for a more tailored and personalized services. Moreover, Lebanese labour governance institutions do not include specific legislation, policies, or action plans providing a comprehensive and clear understanding of unpaid care work within households. This may be because the convention on Workers with Family Responsibilities, 1981 (No.156) has not yet been ratified nor are there any discussions for its ratification. Neither Lebanese social security legislation nor the Employment Act and regulations protect the rights of workers with family care responsibilities. There is no institutional mechanism to better reconcile work and family responsibility such as part-time, flexible time, telecommuting, paid leave and unpaid leave, care centres at the workplace. The prevalence of informal employment means that workplace-centred policies, or policies aiming for labour flexibility, are irrelevant; rather, the policy starting point has to be the household (Benería, 2008).

The limited willingness and capacity of the Lebanese State to devise and implement appropriate economic and social policy has led to a failure to generate enough jobs, provide social protection, and secure livelihoods. The rate of emigration increased, particularly for young men, which resulted in a serious sex imbalance in the country and increased household

reliance on remittances from abroad. Moreover, a high fertility rate of 2.29 along with low mortality has resulted in the aging of the population (UNFPA 2003).² It is noteworthy that the majority of the women-headed households are related to older women above 65 years.

In spite of the geographical distance created by migratory movements, the support system provided by the family, whether nuclear or extended, continues to be a cornerstone in the Lebanese society. Prevailing sectarianism in the country, often pointed out as a factor undermining the capacity of the State, can also be conceived as a larger extended family, with its own set of institutions, including for social care provision. It has also been suggested that the State's failure to devise and implement effective social policy has created a vacuum that was filled by non-State organizations. NGOs including religious institutions have been efficient to reach out to the needs of communities and populations.³ They have been playing a complementary role to the family, where women relatives continue to play the most vital role as primary caregivers.

Pierre (60 years, Unemployed, Chieh)'s mother (86 years) is accepted by a nursing home run by a religious congregation. "People usually do not appreciate the ones who put their aged parents in a nursing home. Yes, it is all about the shame, stigma. In reality, some people are tired of caring for their parents. Yet, they pretend to be good sons and daughters in the eyes of neighbours. I don't neither hide nor publicize the fact that we chose to put my mother in the nursing home. This was the only choice we had. There is no room in my small apartment. I am almost broken and live on my wife's salary as a nanny. As long as my mother is happy in the nursing home, we are happy about it. I visit her every week to spend a couple of hours."

III. Social care and social norms

Caring as disadvantage

The participation of women in the labour market and in civil society actions can be limited by their family responsibilities, care and non-care tasks. In some cases, women are expected to by other family members or decide themselves to leave the labour market for the care responsibility.

² It is projected that 10.2 per cent of the population will be over 65 years and above by 2025.

³ Directory of NGOs working in Lebanon (2004) can be found at: <http://www.undp.org.lb>

“When I decided to take care of my mother being paralyzed and losing her autonomy, I quit the work. I did not have any choice but I feel bitter when I think of my small retirement I could have had working for four more years. I was the closest to my mother among my siblings. My brothers bought some drugs and thought it is normal that I took care of her. Their wives never proposed me any help. A few months after her death, I started to seek for a job. I did not realize how difficult it would be. After all, I do not regret my decision. I took care of my mother myself and I am satisfied.”(Leila, babysitter, 40 yrs, single, Borj Hammoud)

The motivations for market/paid work vary. The most common ones are supporting family and economic autonomy. Many married couples have a joint account to which part of or all of women’s salary contributes and from which the households spend on all kinds of family needs: food, clothing to medical expenses and children’s education. Many of the interviewees consider another set of common motivations of market/paid work such as self-realization and putting their knowledge and qualifications to use.

“With all my humility, my role and my presence at the rehabilitation center has been vital for others. I was like a self-employed manager. Of course, I needed financial needs, as the father of my children did not contribute at all to the cost of our life. I think that the work has built strong bricks for my life. For me, the work gave me the confidence and success of my life, compared to my family life with long years’ separation, fighting over for the custody of my children and finally a divorce.” --Nahla, 50 yrs, Occupational Therapist, divorced

Due to the lack of legal protection and labour policies to protect and promote their rights as workers with family responsibilities, many women are sanctioned for their reproductive role directly and indirectly. The value placed on the family is intermediated by the behaviour and perceptions of employers within labour market institutions. Social norms include the prominence of the men breadwinner bias of employers, illustrated in the reluctance to pay for the costs of maternity pay, and expectation of lower productivity of women workers (requests for extra sick leaves, days off, unwillingness and/or inability to work overtime). Some employers, however, apply measures that allow workers to better reconcile work and family responsibility such as changing work hours and leaving work.

Caring as dependence

Within the household, the gender division of labour is reflected in household headship data. In 99.9 per cent of households with married couples, the man was head of the household (table 1). Here, it is important to differentiate between ‘real’ (de facto) and ‘perceived’ (de

jure) household headship. The de facto head is the main decision-maker responsible for financial support and welfare of the household. The de jure head, traditionally associated with the male ‘breadwinner’, is a person who usually lives with the household and is recognized as head of household by its other members. The 0.1 per cent share of men in non-household head spouses needs to be set in a context where often implicit in women headship is the perceived problematic of the de facto status running counter to the established de jure norm, i.e., male headship.

Care as family duty

For many households, care carries a strong emotional and moral message. In general, care is considered as the responsibility of family members. Other proposed services such as nursing homes are only for those living without family support.

“My mother passed away last year. She was in her bed suffering from leg pains and sight problems. She was 70. I am the only child and she lived in our house. It was really difficult to take care of her along with my two young children and work. My husband and I managed together. After his work, he cooked and took care of the children, as we did not have any domestic workers to help. My husband’s sister sometimes gave a hand. My father and my husband’s parents are all dead for a long time now. We had no one else to ask for help, to share our care responsibilities. My mother was Spanish and all her family are in Spain. I did not leave my work. I never thought of it. My salary is as important as my husband’s and everything goes to the expenses of our household.” -- Marie Louise, Secretary, 37 yrs, married, two children, Achrafieh.

Caring as important commitment

Among 19 households with elderly care (15 households) and disabled care (4 households) in our sample, care tasks such as feeding meals, giving a bath and helping toilettes, portioning medicines and giving massages, surveillance and keeping a company inside the house are executed by caregivers with or without assistance everyday along with non-care household tasks.

“For three years, I took care of my mother, who was paralyzed and in the end, lost her memory. For my brothers, who paid for drugs and food for us, it was normal that I took care of her. Neither my brothers nor their wives changed one diaper and gave one bath. They took my role so granted and I never had any words of gratitude from them. They even thought of sending her to a nursing home. For me, this is unacceptable. I loved my mother so much and I was happy to take care of her. It was difficult to see her become weaker and it really was a tough experience with my siblings.” -- Leila, 40 yrs, Nanny, Single, Borj Hammoud.

Hours spent on non-care household tasks on a daily basis on weekdays varied depending on the composition of the families (number of household members and age distribution), the working status of caregivers, and the type of house-help they have. Whether non-care household tasks are assigned to or assisted by paid domestic workers, they are considered important for the smooth organization of family life. Three fourths of the interviewees (14 out of 18) disagreed that non-care household tasks are only time consuming and not worth doing.

“Keeping our house clean is of course important. I am a homemaker and have been helped by domestic worker since more 10 years. Before, I was doing basically all what our Sri Lankese lady is doing today. All my life, I cleaned, cooked and did everything... I took care of my husband’s parents. I took care of my mother. I raised seven children almost alone, as my husband used to spend all his day till eight o’clock in the evening at work. Today, we are five in the house: my husband, our daughter, her daughter, our youngest son and I. There is less work than before but still we have lots to do. We can afford the comfort by paying 150\$ per month. It is not cheap because we pay other stuff (papers and her living cost is covered by us) but affordable. For me, it is a must as I am not young any more and I don’t want any of my daughters-in-law to live what I have lived with my mother in law. I was like her ‘Sri Lankan lady’.” -- Rafah, 60 years, Homemaker, married, Mazraa

Caring as real work

Traditionally, work has been defined as those human activities generating earnings from a micro-economic perspective, and as those activities which contributed to economic production measured by the Gross Domestic Product (GDP) from a macro-economic perspective. One consequence of this understanding is that unpaid care is typically not considered real work. The recognition of unpaid and paid caring as work thus requires a redefinition of work itself. A potential defining characteristic of work is its intentionality (Robeyns, 2000). Such an understanding allows to better capture the complexity of paid and unpaid activities within and outside a household for social policy purposes. Accordingly, work is about any action undertaken with the intention to provide a good or service to another person or oneself, whether is paid or unpaid (ibid.). The difference between the two is whether it generates financial resources or not and whether it through the market or not.

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Caring as feminine

Another factor undermining the social perception of care work is that it is considered as feminine because it involves an emotional connection. Whereas other household work is impersonal, in the sense that it can be done by any person without substantially affecting the quality of the work (Himmelweit 1995), care work is to a considerable extent interpersonal, emotional and psychological work. Care work is characterized by its urgency as it involves people. Ensuring the well-being of family members through non-care tasks such as cooking, washing and cleaning can also be considered as ‘indirect’ care work. Indeed, many non-care tasks are an extension of care work, especially in the case of passive care (e.g. minding children). The same person may be simultaneously carrying out multiple household tasks. As we have already noted, a strict and systematic separation between care and non-care tasks may thus be difficult in the context of households (Folbre 2008).

Social norms and expectations towards women’s work have been slow to evolve. In contrast with women’s achievements in the public sphere, there has not been any significant strengthening of the society’s awareness or any relative change in the society’s attitude towards women’s work. Survey methodology has also lacked gender responsiveness. For example, the 2004 Living Conditions Survey included a category for homemakers, yet the term used in Arabic was ‘woman dedicated to the home’, since it was formulated in the feminine. In contrast, other categories in the survey questionnaire used gender-responsive

language. Accordingly, the survey indicated that among the 851 thousand homemakers in Lebanon, there were zero men (table 2). In contrast, it indicated that 592 men were married to the head of their household, a woman.

I am responsible for the house, of course. I do not work outside. I worked one year before I became mother of two. It was not worth it. I was just a secretary with my bachelor's degree in law. In Lebanon, the diploma is not enough. It's OK. I take care of children, now. My house-help can do many tasks except cooking. I cook as my parents visit us so often and have lunch with us. I never discussed how my husband should help me in the house. I believe that each has his or her place. I don't want my husband to be in the kitchen, for example. He is a good father and spends time with them. I don't see any need to change this. --Rola, 32 years, homemaker, Msaitbe.

Caring as bargaining outcome

The dual care model is far from being the norm in Lebanon. Instead, women choose and or are obliged to enter, remain and/or retire partially or entirely from the labour market for different reasons, objectives and constraints, such as financial and material survival, additional resources for families, self-realization and social care responsibilities. Moreover, there has not been any important strengthening of the society's awareness or attitudes towards women's work. As such, women continue to carry the burden of the unpaid care work regardless of their market activities. Unpaid care work remains invisible and never questioned at the macro level. As such, it is not negotiated or re-defined among members at the micro level.

Gender dynamics affect the allocation of housework even in the absence of unequal earnings, and this is today partly a norm implicitly accepted by both men and women (Bittman, England, Sayer, Folbre and Matheson, 2003). According to a cross-sectional survey of 2,797 households in three communities in Lebanon⁴, there is a clear division of household labour, with more than 70 per cent reporting that only the wife performed in-house chores such as cooking and washing cloths and dishes. The analysis shows the negative association of husbands' involvement in housework with wives' psychological distress, marital dissatisfaction, and overall unhappiness after adjustment for relevant risk factors. In comparison with wives whose husbands were highly involved in housework, wives whose husbands were minimally involved were 1.60 times more likely to be distressed, 2.96 times

⁴ The survey covers 1652 married couples and their families residing in three communities: Nabaa, Hay el Selloum and the Burj Barajneh refugee camp.

more likely to be uncomfortable with their husbands, and 2.69 times more likely to be unhappy (Khawaja and Habib, 2007).

Among 16 households in our sample where main caregivers are married, one household responded that the husband is the main executor of the non-care household tasks and another household responded that the repartition of the non-care household tasks between the couple is almost equal. In 14 households, women are the most responsible by executing or supervising the non-care housework. Only nine out of 22 people interviewed (40.9 per cent) in the context of this study thought that men of the family should take more responsibility in carrying out household tasks. In many cases, the lack of participation and contribution is explained by long working hours.

“I have full time work outside. I leave home around 7:30 and come home around 16:00. My husband takes my son (1 year and half) to the nursery on his way to work. My sister in law picks him up at 15:00 and keeps him at her house in our neighbourhood, till I come home around 16:30. My husband comes home around 20:00 after 12 hours’ work outside. While waiting for his return, I take care of my son and do all the house work for the day: cleaning, cooking and ironing. We do not have any paid domestic worker. I find it natural that I do the work. My husband does not participate at all in doing any house work. We never discussed it about and I never asked him to help me. Sometimes, I feel tired doing all the work but I have gotten used to it. My husband may help me but I will not ask for it, as I know how exhausted he is after 12 hours’ work outside.”-- Marie-Therese, 27 years, secretary, married, Bourj Hammoud

The gender division of labour supposes the patriarchal power structure and the men breadwinner model. However, in practice, there are many households headed by single, divorced or widowed women, whereby unmarried and married women make a regular contribution to the family budget. In the cases of married couples, women’s income can be as important as other source of income, namely that of the husband.

“I have been married for the last 30 years. My husband is 60 years and suffering from depression. He is a taxi driver. He works from 8am to 11 am. For the rest of the day, he is at home, just laying down on the sofa. He does not do anything at all. He does not even respond to his children. As he knows that I earn 400 \$ per month, he only gives me 5000 Lebanese Pounds (3,3 dollars) per day by saying this is for his food. Which food? It makes me laugh and cry. I never knew how much he earns exactly with his work, any way. Once I am home, in the evening, I cook, clean, do all the housework till I go to bed. My children give me a hand sometimes. --Souad, 55 years, Employee, married, Achrafieh

Having migrant domestic workers at home for instance could be seen as a way to postpone renegotiating the gender division of labour in the household. If the negotiation on the sharing of household work does not take place necessarily within the couple, making men, women and children participate in the household tasks is another way of redefining the household work within a family.

“My life is very much work centred. During the week, it is lucky if I have time to play a little with my son (4 years) once I am home. It happens that I do not see him at all. During the weekends, I do spend time with him. I was raised by my mother, who was a widow and worked at full time throughout her life. I am the last person to think things in a gender hierarchy way, things in general and family matters in particular. De facto, in my house, my wife, working at full time, is the responsible for non-care and care tasks. As I cannot help her, we pay for a domestic worker to whom we pay a respectable salary. I would never consider the work at home as less important than the paid work. Why I do not do any work home, I just have no time and energy left after my work outside.” -- Karim, 39 years, Professor, married, Ain Mreisse

IV. Domestic workers as caregivers

Traditionally, Lebanese women from poor families, from the Lebanese mountains, worked for families in Beirut as domestic workers and were assigned both care and non-care tasks. In addition to being hard work, paid domestic work in Lebanon carries a social stigma, thus massively occupied today by migrant domestic workers, as has been the case in other developed and developing countries as an effect of globalization (Benería 2008). The 2004 Living Conditions Survey estimates ‘live-in’ domestic workers in Lebanon at 39 thousands, including 38 thousand women. This figure underestimates the actual number of domestic workers in the country, since data from the Directorate General of the General Security of Lebanon for the same year indicated that there were around 100,000 women migrant domestic workers in Lebanon, 85 per cent of whom were legal residents.

In 2008, the estimations of different institutional sources and surveys put the current number of women migrant domestic workers in Lebanon between 220,000 and 250,000 in an overall population of 4 millions. However, since many migrant domestic workers are undocumented and working as free lancers, there are no definitive statistics on their exact numbers in the country. By far the largest group of women migrant domestic workers are Sri Lankan women (estimated around 80,000) followed by Ethiopians (estimated around 50,000) and Filipinas (estimated around 25,000). Women migrant domestic workers of other

nationalities come from a range of countries including Bangladesh, Burundi, Congo, Eritrea, Ghana, India, Indonesia, Madagascar, Nepal, Nigeria, Senegal, Somalia and Viet Nam.

“My mother was 53 when I was born. I was the 11th child and from my early age, I knew that I was the one who would take care of my old parents. My mother passed away last year at the age of 100 years. She was suffering from Alzheimer’s for 10 years. While I was taking care of my mother, I was helped by an Ethiopian domestic worker. I spent at most 2 hours per day in my shop. I did not gain much and my mother and I used to live with the money sent by my brother in Dubai.” -- Najah, 48 yrs, unemployed, single, Dahieh.

According to the records of the Directorate General for General Security of the Ministry of Interior and NGOs, migrant domestic workers face a range of the following labour abuses: withholding of payments, passports, and identity papers; verbal, psychological and sexual abuse; long working hours; denial of food; accusation of stealing, and confinement. The main reasons behind the vulnerability of women migrant domestic workers as care workers in Lebanon include: the lack of legal coverage under the national labour and social security laws; the contractual requirement to live in the employer’s household which exposes them to potential exploitation and abuse; limited enforcement of existing regulations from various government agencies, provisions of which are often in contradiction with each other and the Lebanese Constitution (Jureidini, 2003; ILO, 2008).

In households that cannot afford to have live-in domestic workers, do not have enough room to have lodge them, or do not need full-time domestic workers, alternative care providers include poor Lebanese and Palestinian women as well as for free-lance foreign workers. They are more affordable and accessible, with an average standard remuneration in 2007 of five thousand pounds (3.5 dollars) per hour.⁵ Lebanese and Palestinian women with few qualifications and less job marketability often have to engage in this kind of informal employment to contribute to household income. Indeed, educational and professional backgrounds do not seem to be important for employers, and they describe their employees in terms of their personality rather than their qualification. The labour conditions of freelance women domestic workers are fragile. In most cases, care providers do not have contracts, social security, union membership, or networks, and there is no legal framework or political will to protect such women’s rights and benefits.

⁵ The field work is undertaken in 2007.

Nadia is a Palestinian refugee living in Lebanon (35 yrs, married, Shatila camp) and works for Mona (36 years, married, Researcher, Hamra). Nadia takes care of Mona's 2 year son from 8:30 till 15:30, 5 days a week. She is paid 300\$ per month along with her youngest son's schooling (around 2000\$ including private tutoring lessons.) "Yes, my day is very long. I work at home and at my employer's house. But I am not tired. Having my own salary is a new experience to me. I feel very strong and I am happy that I don't have to ask any more my husband for money." For Mona, this arrangement not only makes her life easier but also does contribute to her community by creating a work opportunity for other women. "I preferred to have someone like me, which means a working mother. First, I can learn from her experiences. Second, I will force myself to return home at 15:00 o'clock so that she can join her family as well. I discipline myself as a good employer and a good mother. Third, I wanted to share the chance I have as a working mother with another less advantaged working-mother. I am very happy that this work opportunity and financial autonomy are empowering Nadia. This is the whole idea. I am contributing to my community, I mean Lebanon, by empowering women like her."

With respect to family members in need of special care such as children, elderly and disabled, 13 interviewees in our sample responded that they were assisted by different types of care providers, whereas 11 interviewees provide such care by themselves without regular assistance. The proposed cost of domestic workers is too high for some. As a result, many manage care tasks without paid assistance or proposed services with serenity, but with difficulty.

"My mother goes to the bathroom, does her bath but she became so weak that she cannot neither hold a 1liter water bottle nor tear the plastic bag of toilette papers. She takes different medicines three times per day. I am the only and main caregiver...I take care of my mother at home but it is very costly, especially that after I turned 64 years old, I do not have social security myself. But for my mother, my brothers and I always have shared the cost of her medical insurance. We paid 3,000\$ this year to cover only hospital consultations. We pay the rest, which means private consultations and medicines. Our monthly expenses only for the medicines can be around 400\$. During the last summer, when my mother was hospitalized for 2 weeks, I had to pay a nurse for 60\$ to 80\$ per day for several days. It was very expensive. Then, we thought about having someone not a nurse to help us, but we gave up. First, our house is small and there is no proper room for a live-in helper. Second, the price is too much for us. All Lebanese ladies we met expect around 500\$ monthly. Third, both my mother and I are very much organized, and we can still handle it on our own." -- Nabil,(64 years, Single, Corporate Manager, Achrafieh) lives with his mother of 90 years, semi-autonomous, suffering from osteoporosis.

In general, households with modest incomes perform care and non-care tasks without any paid help. Among 11 households, who responded that they do not have any paid help,

seven households are de facto headed by a woman and ten households have less than 500 US dollars/month as regular income. In these households, women play an important economic role as well as the role of main caregiver. Other women family members can provide a regular or irregular support.

Among six households with more than one live-in domestic helper and other households with occasional migrant and national help, their choices could not only be explained simply by their financial capacities. Indeed, four of them do not have employment income and they receive regular financial assistance from other family members. They preferred not to give a precise figure of their total income but only hinted that they receive enough to cover the expenses of their ‘necessities’ including a live-in domestic worker. For them, a live-in domestic worker is the most affordable, accessible and practical form of available services.

Amongst the 24 main caregivers interviewed, 13 households were assisted on non-care tasks on full time or part time basis. The most popular care provision type among the respondents was having a live-in migrant domestic worker. Six out of 13 households employed at least one migrant domestic worker, whereas using a part-time national domestic worker came second with 4 out of 13 interviews. Existing care services are not fully accessible to all households with various care responsibilities. Managing social care is not an issue only for low income households but it is also the every day issue of the middle class.

V. Policy recommendations

Building on the research results, it is obvious that the family, and mainly women within the family, continues to play a vital role in providing care for members in need of special care for children, the elderly and the disabled. The lack of affordable and accessible services is a problem for many households, and it prevents often women from fulfilling their role in all economic, social, cultural and political life. There is no real awareness for re-thinking and negotiating the gendered care role among family members or in the society.

Concrete measures to improve the situation in relation to care services and the reconciliation of private and working life are urgently needed. Unpaid care work and the provision of care services are the concerns of at least two complementary policies: labour

policy and social policy. Different care needs and provisions (childcare, elderly and disabled care) can be discussed as rights of workers with family responsibilities, and through the concept of social citizenship as rights of individuals in need for care. A capability approach can serve as a useful basis for policy work (Benería 2008).

Hence, a review of the regulatory framework and the socio-economic conditions of paid and unpaid work in Lebanon is a major issue to promote women's participation in the labour market. The four major issues may be identified for policy implications and comparable in the Arab region:

Improved care services

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 place on home life in Arab societies, women's ability 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.

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.

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 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 centers 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.

High-level policy commitment

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, regulations 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 Cooperation Council's (GCC) Labour and Social Affairs Ministers committed to forging a unified strategy prioritizing the development of a local labour force.

Data and research

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.

Table 1. Distribution of residents according to relation with head of household and sex

Relation with head of household	Total	% Women	% Men
Head of household	867026	14.4%	85.6%
Husband / wife	689545	99.9%	0.1%
Son / daughter	1958686	46.4%	53.6%
Father / mother	40063	84.4%	15.6%
Son-in-law / daughter-in-law	21820	89.4%	10.6%
Grandson / granddaughter	51680	48.7%	51.3%
Other kinship	77834	59.3%	40.7%
No kinship	9323	15.7%	84.3%
Domestic worker*	39057	97.2%	2.8%
Total	3755034	50.2%	49.8%

Source: CAS, UNDP, and MoSA, 2006.

*: Domestic workers are referred to as 'servants' in the survey.

Table 2. Distribution of residents according to primary status in economic activity and sex

	Women	Men	Total
Under school age	116 336	135 677	252 013
Working	251 765	836 372	1 088 137
Unemployed as declared	45 823	97 094	142 917
Student	559 455	579 806	1 139 261
Retired	3 765	55 980	59 745
Homemaker	851 023	0	851 023
Unable to work	35 963	81 101	117 064
Other	4 663	31 273	35 936
Inapplicable	17 920	51 019	68 939
Total	1 886 713	1 868 322	3 755 035

Source: CAS, UNDP, and MoSA, 2006.

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