



AMERICAN UNIVERSITY OF BEIRUT

ASFARI INSTITUTE FOR CIVIL SOCIETY  
& CITIZENSHIP

معهد الأصفري للمجتمع المدني والمواطنة

# FRAMING A RESEARCH AGENDA ON THE CARE ECONOMY IN THE MENA REGION

March 2025



**Author:**

Prof. Deepta Chopra  
Institute of Development Studies (IDS), UK

**Disclaimer:**

This research was supported by Oxfam under the Valuing Women's Work Workstream. However, the views and opinions expressed in this publication are those of the authors and do not necessarily reflect the official policy or position of Oxfam.



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# INTRODUCTION

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There has been an increase in global research on care, partly driven by the adoption of Sustainable Development Goal 5.4. This SDG calls for the recognition and valuation of unpaid care and domestic work through public services, infrastructure, social protection policies, and the promotion of shared responsibility within households and families, as appropriate to national contexts. The issue has also gained further attention due to the heightened focus on care in public discourse during the COVID-19 pandemic.

However, it is not clear what the scope, scale, and coverage of research on care in the Middle East and North Africa (MENA) region has been. This paper has been commissioned by the Asfari Institute for Civil Society and Citizenship at the American University of Beirut to analyze the gaps and propose a research agenda on care work in the region. This paper aims to build a research agenda on care in the MENA region – specifically focusing on the understudied area of unpaid care work. Despite its essential nature, unpaid care work is often undervalued in economic systems, creating a significant barrier to gender equality and women’s empowerment<sup>1,2</sup>.

In building an agenda for research that is cognizant also of practical implications, I take into account Elson’s (2007)<sup>3</sup> 3R framework that aims to Recognize, Reduce, and Redistribute care (3R approach), supplemented by the ILO (2018)<sup>4</sup> approach of 5Rs, that adds representation and reward of care workers to the 3R approach. I also analyze the literature according to the 7-4-7

approach<sup>5</sup>, which identifies not only four policy categories but also outlines the 7 principles and the 7 levers of change that can bring about such policy change. The advantage of using the 7-4-7 approach is to implement the 3R/5R framework, but reorienting focus from just the quantity, to also the quality of care provided and received.

This paper can be used by the Asfari Institute to define and build a research agenda around care work. The aim of this would be to ensure that the recommendations made by the research can be adopted into policy and practice by countries in the MENA region. The research agenda encompasses issues around paid care work as well. The final aim of this agenda would be to support the feminist movements working on this issue in the region in their advocacy and shift social norms in the region.

The next section lays out the research and resources on care available in the MENA region, following an intensive and detailed search for sources. Section 3 analyzes the available literature as per both the 5R framework; and the 7-4-7 approach, in order to find the gaps in the current body of research, thereby moving towards some potential research questions that could be adopted. Finally, Section 4 builds a research agenda through analysis of priority areas through 3 lenses: the windows of opportunity in the region; the relevance of these questions to the feminist movement, and the potential these questions have to kickstart social norms change around care.

1 Hanieh, A., & Ziadah, R. (2022). Pandemic effects: COVID-19 and the crisis of development in the Middle East. *Development and Change*, 53(6), 1308-1334.

2 Krafft, C., Selwaness, I., & Sieverding, M. (2024). The impact of the COVID-19 pandemic on women’s care work and employment in the Middle East and North Africa. *Demographic Research*, 51(15), 501-552.

3 Elson, D. (2017). Recognize, reduce, and redistribute unpaid care work: How to close the gender gap. *New Labor Forum*, 26(2), 52-61.

4 Addati, L., Cattaneo, U., Esquivel, V., & Valarino, I. (2018). Care work and care jobs for the future of decent work. *International Labour Organization*.

5 Chopra, D. and Krishnan, M. (2022) ‘Care is not a burden’: a 7-4-7 framework of action for operationalising the Triple R, *Gender & Development* 30.1-2: 35–57.

# OVERVIEW OF CARE WORK IN THE MENA REGION: GENDERED DIVISION, STRUCTURAL BARRIERS, AND POLICY GAPS

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This section will outline the various literature sources that exist in the region on both unpaid care and paid care. While an extensive review of each of these would not be possible under the paper, this scoping paper has reviewed the various types of care work that women are undertaking, structural barriers and implications for women's well-being, the policy solutions suggested by the various authors, and framings of care that are prevalent in the studies on this topic within the MENA region.

## Types of care work and gendered division of labor in care

### Women's contribution to unpaid care work

Firstly, and not surprisingly, the contribution of women in unpaid care work, including their roles in various unpaid activities, the responsibilities they

shoulder, gender disparities, and how this impacts women, is a recurring theme among many of the reviewed authors<sup>6,7,8,9,10</sup>. Many studies emphasize the centrality of women's unpaid care work in ensuring the survival, well-being, and resilience of families and communities, particularly in contexts of conflict, economic hardship, or limited resources. Despite its essential role, care work in the Middle East and North Africa (MENA) region remains undervalued and is shaped by systemic inequalities that disproportionately affect women.

### Scope and types of unpaid care work

Women in the MENA region bear extensive personal care responsibilities shaped by societal expectations, crises, and institutional dynamics. Hanieh and Ziadah (2022)<sup>11</sup> identify the MENA region as having the highest proportion of unpaid work performed by women globally. While direct care of children (nursing babies, reading to children) and the elderly are both relational and

6 Ibnouf, F. O. (2016). Making women's unpaid care-work in conflict and post-conflict situations count. In UN Women Training Centre (Ed.), *Why we care about care: A collection of essays in English on the care economy* (pp. 50–59). UN Women.

7 Bazugba, A. (2024). Uncovering the gendered impact of COVID-19 pandemic in South Sudan: What resilience and recovery measures are needed? *International Journal of Health Sciences and Nursing*, 7(9).

8 Tønnessen, L. (2019). Women at work in Sudan: Marital privilege or constitutional right? *Social Politics*, 26(2), 223-244.

9 Tabet, K., Menhall, N., Mortada, H., Hanna, J., & Hammad, M. (2018). Counting on women's work without counting women's work: Women's unpaid work in Jordan, Lebanon, Tunisia and Egypt. *Oxfam*.

10 Abou-Habib, L. (2020). *Feminist perspectives on care work in the MENA Region*. Friedrich-Ebert Stiftung.

11 Hanieh, A., & Ziadah, R. (2022). Pandemic effects: COVID-19 and the crisis of development in the Middle East. *Development and Change*, 53(6), 1308-1334.

personal. Selwaness (2021)<sup>12</sup> also highlights that indirect care work, such as cleaning, cooking, and home maintenance, plays a critical role in sustaining other forms of care work. The unequal distribution of unpaid care work is also identified as a critical issue in the Arab States, with women, particularly married women, bearing the majority of this burden<sup>13</sup>.

### Increased care burden during crises

Krafft, Selwaness, and Sieverding (2024)<sup>14</sup> note that the pandemic intensified these caregiving responsibilities, as school closures increased the time married women spent on direct care for children, with online schooling providing only partial relief. Bazugba (2024)<sup>15</sup> also observes that women were primarily responsible for caring for sick family members, particularly when hospitals limited admissions to critical cases, while also managing additional caregiving duties for children during school closures. This was alongside continued (albeit lowest across the world) employment rates<sup>16</sup>.

The pandemic exacerbated the gender gap in total work time, with women working 2.1 hours more per day than men<sup>17</sup>. This pattern is consistent throughout the region, as women in Lebanon, Tunisia, and Sudan faced longer working hours in healthcare roles alongside increased unpaid household responsibilities, revealing the dual burden of care exacerbated by public health crises<sup>18</sup>. As primary caregivers in households and frontline workers in health and social sectors, women also faced

heightened exposure to infectious diseases and economic hardships, highlighting the critical need for targeted interventions in post-crisis recovery efforts<sup>19</sup>.

### Gender disparities in time spent on unpaid care work

Similar to other areas of the world, care work in the MENA region, both unpaid and paid, is highly gendered. Charmes (2018)<sup>20</sup> quantifies these inequalities, showing that women in Morocco, Algeria, and Tunisia spend 5 to 6 hours daily on unpaid domestic labor, while men spend less than one hour. Barnett (2024)<sup>21</sup> highlights survey data showing that domestic tasks like cooking are predominantly assigned to women, with 86% of men indicating their wives handle such responsibilities. Tabet et al. (2019)<sup>22</sup> similarly report that 88.6% of unpaid care work, such as cleaning and food preparation, is carried out by women, compared to only 4.4% by men. Women are accorded a disproportionate amount of labor in tasks such as fetching water and collecting wood, with women performing these duties at significantly higher rates than men (5.4% vs. 1.1%), alongside their involvement in agricultural activities like dairy production and raising livestock for domestic use<sup>23</sup>.

Similarly, in Egypt, women face a stark imbalance in care responsibilities, performing six hours of unpaid work for every hour by men, particularly in rural areas, where infrastructural and societal

12 Selwaness, I. (2021). *Recognising and redistributing unpaid care work in Egypt*.

13 UN Women (2024). *The care economy in the Arab States: Towards recognising, reducing and redistributing unpaid care work*.

14 Krafft, C., Selwaness, I., & Sieverding, M. (2024). The impact of the COVID-19 pandemic on women's care work and employment in the Middle East and North Africa. *Demographic Research*, 51(15), 501-552.

15 Bazugba, A. (2024). Uncovering the gendered impact of COVID-19 pandemic in South Sudan: What resilience and recovery measures are needed? *International Journal of Health Sciences and Nursing*, 7(9).

16 Krafft, C., Selwaness, I., & Sieverding, M. (2024). The impact of the COVID-19 pandemic on women's care work and employment in the Middle East and North Africa. *Demographic Research*, 51(15), 501-552.

17 UNDP (2022). *Gender gaps in the care economy during the COVID-19 pandemic in Turkey*.

18 Hanieh, A., & Ziadah, R. (2022). Pandemic effects: COVID-19 and the crisis of development in the Middle East. *Development and Change*, 53(6), 1308-1334.

19 Bazugba, A. (2024). Uncovering the gendered impact of COVID-19 pandemic in South Sudan: What resilience and recovery measures are needed? *International Journal of Health Sciences and Nursing*, 7(9).

20 Charmes, J. (2018). *The heavier burden of women in unpaid care work and their higher contribution to total work in the Maghreb countries*. IRD-University Paris Descartes.

21 Barnett, C. (2024). *Gender role attitudes, perceived norms, and the "double burden" in Morocco (Policy Research Working Paper No. 10694)*. World Bank.

22 Tabet, K., Menhall, N., Mortada, H., Hanna, J., & Hammad, M. (2018). *Counting on women's work without counting women's work: Women's unpaid work in Jordan, Lebanon, Tunisia and Egypt*. Oxfam.

23 Ibid.

constraints deepen these inequalities<sup>24</sup>. Bazugba (2024)<sup>25</sup> adds that water collection remains a significant burden for women and girls, exacerbated by the COVID-19 pandemic, with women managing 80% of household water used for domestic tasks. Even volunteer community services are predominantly carried out by women, underscoring inequities in resource allocation and time use<sup>26</sup>.

## Comparative ratios of care work between women and men

Krafft (2024)<sup>27</sup> reports that in the MENA region, women spend 4.7 times more time on unpaid care work than men, representing the highest gender gap in unpaid care work globally<sup>28</sup>. The imbalance is particularly severe in Egypt, Jordan, Morocco, Sudan, and Tunisia, with ratios such as 19:1 in Jordan, 12:1 in Egypt, 7:1 in Morocco, and 6:1 in Tunisia.

## Interaction between paid and unpaid work

The relationship between women's paid work, unpaid work, and care work is multi-fold, as observed by Valiani (2022)<sup>29</sup> and several authors. While women's labor is central to subsistence agriculture, small livestock raising, and fish processing, their contributions to local food supplies often go unpaid, particularly in rural economies<sup>30</sup>. Bazugba (2024)<sup>31</sup> further stresses the inequities in resource allocation, perpetuated by women and girls often balancing domestic

duties with supporting family businesses, which in turn limits their access to other opportunities. Tønnessen (2019)<sup>32</sup> observes that domestic labor, including cooking, cleaning, and managing children's education, is often non-negotiable for women and frequently a condition for their participation in paid work. This in turn creates a "second shift" that deepens women's workload. Similarly, in South Sudan, women face a "triple burden" of unpaid domestic labor, household production, and income-generating activities, particularly in regions like Western Bahr al-Ghazal.

## Economic penalty of caregiving responsibilities

Some authors also speak about the "economic penalty" that women face due to their caregiving responsibilities. Many women, unable to participate in the labor market because of their unpaid care work burden, are left without a stable source of income, further exacerbating gender inequality and economic dependence<sup>33</sup>. Many women are forced to leave the labor market at critical junctures, such as marriage, particularly in the private sector<sup>34</sup>, echoing UN Women's (2024)<sup>35</sup> findings in relation to Arab countries.

In Lebanon, the disproportionate burden restricts women's participation in the labor market and perpetuates societal expectations that caregiving is primarily a woman's role<sup>36</sup>. The double burden of balancing paid and unpaid work has further constrained Egyptian women's participation in the labor force, with systemic

24 Assaad, R., & Ragab, S. (2024). Household appliances, infrastructural services, and married women's unpaid care work in Egypt. Presented at the ERF Policy Conference: From Data to Policy: Evidence and Insights from the Egypt Labor Market Panel Survey 202

25 Bazugba, A. (2024). Uncovering the gendered impact of COVID-19 pandemic in South Sudan: What resilience and recovery measures are needed? *International Journal of Health Sciences and Nursing*, 7(9).

26 Charmes, J. (2018). The heavier burden of women in unpaid care work and their higher contribution to total work in the Maghreb countries. IRD-University Paris Descartes.

27 Krafft, C., Selwaness, I., & Sieverding, M. (2024). The impact of the COVID-19 pandemic on women's care work and employment in the Middle East and North Africa. *Demographic Research*, 51(15), 501-552.

28 Addati, L., Cattaneo, U., Esquivel, V., & Valarino, I. (2018). Care work and care jobs for the future of decent work. *International Labour Organization*.

29 Valiani, S. (2022). The Africa Care Economy Index. FEMNET – The Africa Women's Development and Communication Network.

30 Ibid.

31 Bazugba, A. (2024). Uncovering the gendered impact of COVID-19 pandemic in South Sudan: What resilience and recovery measures are needed? *International Journal of Health Sciences and Nursing*, 7(9).

32 Tønnessen, L. (2019). Women at work in Sudan: Marital privilege or constitutional right? *Social Politics*, 26(2), 223-244.

33 Ekiz Gökmen, Ç. (2022). A new perspective on women's care burden and employment in Turkey. *New Perspectives on Turkey*, 66, 11–34.

34 Krafft, C., Selwaness, I., & Sieverding, M. (2024). The impact of the COVID-19 pandemic on women's care work and employment in the Middle East and North Africa. *Demographic Research*, 51(15), 501-552.

35 UN Women (2024). The care economy in the Arab States: Towards recognising, reducing and redistributing unpaid care work.

36 Sugita et al. (2009). Caring is work: Meeting social care needs in Lebanon. Paper presented at the Ninth Mediterranean Research Meeting, Florence & Montecatini Terme, 25-28 March 2009.

barriers preventing meaningful redistribution of care responsibilities<sup>37</sup>. Similarly, Valiani (2022)<sup>38</sup> highlights that in North Africa, time-use surveys demonstrate stark disparities in how unpaid care work affects women's access to education and paid work compared to men, reinforcing intergenerational cycles of inequality.

## **Paid care work and migrant domestic workers**

In the paid care work sector, there are two main issues: firstly, women dominate caregiving professions in the MENA region. For example, nursing in Egypt, where women outnumber men 10:1, resulting in a dual burden of extended professional care shifts and unpaid care at home, alongside increased exposure to infection<sup>39</sup>. However, secondly, these care workers are not only invisible, but also devalued as a result of patriarchal ideologies that result in devaluation of care in the region, both paid and unpaid.

Another category of paid care workers is female migrant workers, who under the Kafala system codified in many countries, lock poor female migrant workers into subservient and dependent employment relationships, with no legal recourse<sup>40</sup>. Similarly, in Lebanon, migrant domestic workers, overwhelmingly female, are systematically excluded from labor protections under the Kafala system<sup>41</sup>. Like workers in the agricultural sector, they are explicitly excluded from the provisions of Lebanese labor laws. In addition, there is a pervasive stigma attached to women working outside the home, including as care workers<sup>42</sup>.

## **State provision of care services**

A limited, yet growing amount of attention has focused on care provision by the state in some MENA countries. Sugita et al. (2009)<sup>43</sup> outlined the lack of care infrastructure in the country. They point out that Lebanon's social care services, particularly in relation to the needs of children and the elderly, are inadequate<sup>44</sup>. An Oxfam report highlights that "care is considered the main responsibility of women" in Egyptian society, where limited public services for childcare and elder care place additional burdens on women<sup>45</sup>. In Jordan, national strategies tend to focus narrowly on mothers with young children, overlooking the full spectrum of caregiving responsibilities<sup>46</sup>. This gap in policy leaves women with few options to balance family responsibilities and professional aspirations, exacerbating their marginalization in the workforce.

## **Care work in conflict and post-conflict settings**

The role of care during conflict, forced displacement, and post-conflict settings is crucial but has not been researched extensively, with only a handful of references on this. Ibnouf (2016)<sup>47</sup> identifies that during wartime and post-conflict periods, women provide essential support, ensuring daily survival by securing food, water, and shelter while also offering emotional and psychological care to children, the elderly, the ill, and casualties of war. This caregiving role becomes even more demanding as women often assume sole responsibility for their families, including orphaned children, in response to urgent and extreme care demands.

37 Selwaness, I. (2021). *Recognising and redistributing unpaid care work in Egypt*.

38 Valiani, S. (2022). *The Africa Care Economy Index*. FEMNET – The Africa Women's Development and Communication Network.

39 Hanieh, A., & Ziadah, R. (2022). *Pandemic effects: COVID-19 and the crisis of development in the Middle East*. *Development and Change*, 53(6), 1308-1334.

40 Abou-Habib, L. (2020). *Feminist perspectives on care work in the MENA Region*. Friedrich-Ebert Stiftung.

41 Sugita et al. (2009). *Caring is work: Meeting social care needs in Lebanon*. Paper presented at the Ninth Mediterranean Research Meeting, Florence & Montecatini Terme, 25-28 March 2009.

42 Ibid.

43 Ibid.

44 Ibid.

45 Tabet, K., Menhall, N., Mortada, H., Hanna, J., & Hammad, M. (2018). *Counting on women's work without counting women's work: Women's unpaid work in Jordan, Lebanon, Tunisia and Egypt*. Oxfam.

46 Ibid.

47 Ibnouf, F. O. (2016). *Making women's unpaid care-work in conflict and post-conflict situations count*. In UN Women Training Centre (Ed.), *Why we care about care: A collection of essays in English on the care economy* (pp. 50–59). UN Women.

In South Darfur, Sudan, the conflict has intensified the demands on women to provide unpaid care services while simultaneously generating income for survival, often without access to basic care services themselves<sup>48</sup>. Lebanon presents a unique case where the refugee crisis has intensified the strain on care work. The influx of Syrian refugees has made the care economy and unpaid care work more visible, yet competition for resources has increased the pressure on women, especially as care responsibilities grow in the context of limited resources<sup>49</sup>. Despite some initiatives to support women's employment, there is a clear lack of comprehensive policies that balance professional and domestic roles, which further hinders women's economic empowerment<sup>50</sup>.

### Regional and socioeconomic gaps in data

Collectively, these studies underscore the pervasive gender disparities in unpaid care work throughout the MENA region and the urgent need for policies that address these inequalities by acknowledging care work's value and implementing redistributive mechanisms. Yet, there are gaps in our knowledge about how the impacts of unpaid care work are distributed across regions or socioeconomic classes. Charmes (2018)<sup>51</sup> notes that women in rural and low-income settings face more significant challenges due to limited access to public services or infrastructure that could reduce their care burden. However, this issue requires systematic investigation.

## Structural barriers

### Patriarchal Norms and Social Expectations

Women's role in the care economy across MENA is profoundly shaped by structural and cultural constraints that reinforce traditional gender norms and limit women's economic participation. A recurrent impact identified across studies is the restriction of women's access to economic independence due to unpaid care work and legal or cultural constraints.

### Reinforcement of Traditional Gender Roles

Social norms rooted in patriarchy perpetuate a hierarchy of care obligations within households, framing unpaid care work as an inherent aspect of women's identity and expected role in society. In Southern Jordan, for example, care tasks are deeply rooted in a sense of duty and responsibility towards the community<sup>52</sup>. In Sudan, Tønnessen (2019)<sup>53</sup> identifies an ideological emphasis on women's roles as mothers and caregivers, codified through Sharia laws and conservative social norms. These norms prioritize women's unpaid labor within households, leaving the room for renegotiation of gender roles or equitable distribution of care responsibilities

48 Ibid.

49 Tabet, K., Menhall, N., Mortada, H., Hanna, J., & Hammad, M. (2018). Counting on women's work without counting women's work: Women's unpaid work in Jordan, Lebanon, Tunisia and Egypt. Oxfam.

50 Ibid.

51 Charmes, J. (2018). The heavier burden of women in unpaid care work and their higher contribution to total work in the Maghreb countries. IRD-University Paris Descartes.

52 Perrin, J. P. (2021). Why we care: An overview of the distribution of unpaid care work in Ma'an, Southern Jordan. Oxfam.

53 Tønnessen, L. (2019). Women at work in Sudan: Marital privilege or constitutional right? *Social Politics*, 26(2), 223-244.

## Devaluation of Women's Care Work

Men often perceive paid labor as contributing more to the family due to its financial returns, while the human and economic value of women's unpaid care work remains largely unacknowledged. 98% of men in Egypt believe that caregiving tasks, such as feeding children and changing nappies, should be the mother's responsibility<sup>54</sup>. In many other countries in the region, the persistence of traditional gender roles, deeply rooted in the patriarchal mindset, is a critical factor in this unequal distribution of care work, reinforcing the notion that caregiving should primarily fall to women.

These societal beliefs reinforce the perception of caregiving as inherently tied to women's roles, further limiting their opportunities for personal and professional growth. The disparity in time spent on unpaid care work amongst men and women leads to significant time poverty for women, limiting their access to education, income-generating opportunities, and personal leisure. Consequently, traditional gender roles are reinforced, constraining women's socio-economic independence and empowerment.

## Women's Education and Labor Force Participation

In Lebanon, Sugita et al. (2007)<sup>55</sup> found that women's engagement in care work is not aligned with their education and capabilities, further exacerbating gender inequality. Despite their education and qualifications, many women are relegated to low-paying, informal jobs or excluded from the labor force entirely due to caregiving responsibilities<sup>56</sup>. Care work is often not considered "real work" by societal standards, contributing to its invisibility and the undervaluation of those who perform it, particularly women<sup>57</sup>. This lack of recognition complicates efforts to

advocate for better working conditions, rights, and compensation for caregivers, further entrenching the inequities in the care economy. In Morocco, normative expectations around household roles drive the unequal division of unpaid care work, with women disproportionately tasked with caregiving responsibilities, which restricts their labor force participation and perpetuates the male breadwinner model<sup>58</sup>.

## Legal and Cultural Barriers

In Sudan, legal frameworks and societal norms dictate that women require their husband's permission to work, while strict public dress and behavioral codes emphasize caregiving as their primary role, further marginalizing wage work<sup>59</sup>. This systemic prioritization of caregiving responsibilities over economic autonomy highlights how social and legal institutions reinforce male-dominated power structures. Similarly, in the Maghreb countries of Algeria, Morocco, and Tunisia, cultural norms assign women the primary responsibility for unpaid care work, including domestic tasks, caregiving, and community services.

This not only overburdens women but also significantly restricts their access to paid employment, perpetuating gender disparities in labor force participation<sup>60</sup>.

## Lack of Policy Recognition Across Africa and the MENA Region

Across the African continent, limited recognition of care work as an integral part of the economy exacerbates these challenges. Most unpaid care work is performed by women and girls, reducing their opportunities for education, paid work, and leisure, thereby curtailing their overall well-being and empowerment. This issue is particularly acute in countries where public

54 Krafft, C., Selwaness, I., & Sieverding, M. (2024). The impact of the COVID-19 pandemic on women's care work and employment in the Middle East and North Africa. *Demographic Research*, 51(15), 501-552.

55 Sugita et al. (2009). Caring is work: Meeting social care needs in Lebanon. Paper presented at the Ninth Mediterranean Research Meeting, Florence & Montecatini Terme, 25-28 March 2009.

56 Ibid.

57 Ibid.

58 Barnett, C. (2024). Gender role attitudes, perceived norms, and the "double burden" in Morocco (Policy Research Working Paper No. 10694). World Bank.

59 Tønnessen, L. (2019). Women at work in Sudan: Marital privilege or constitutional right? *Social Politics*, 26(2), 223-244.

60 Charmes, J. (2018). The heavier burden of women in unpaid care work and their higher contribution to total work in the Maghreb countries. IRD-University Paris Descartes.

policies fail to address the redistribution of care responsibilities, leaving women trapped in cycles of economic dependency<sup>61</sup>. Similar dynamics are observed in the MENA region, where the lack of comprehensive care policies and services reinforces gender inequalities and limits women's participation in the labor market and public life.

### Physical and Emotional Burdens of Unpaid Care Work

The impacts of structural and cultural constraints on women's role in the care economy, as well as the burdens imposed by unpaid care work, demonstrate wide-ranging implications for women's equality, empowerment, and well-being. The unequal distribution of unpaid care work in the MENA region leads to physical exhaustion and mental stress, particularly for women in poverty-stricken households<sup>62</sup>. The demands of unpaid labor often prevent women from accessing opportunities for personal development, education, or leisure, further exacerbating their marginalization.

### Erosion of Public Services and Increased Care Burden

Valiani (2022)<sup>63</sup> similarly underscores that the erosion of public services across Africa forces care responsibilities back into the unpaid sphere, intensifying the burdens on women and negatively impacting their well-being. This dynamic is particularly severe in households unable to outsource care or access state-supported facilities, leaving women in a continuous cycle of physical and emotional strain.

### Implications for Women's Participation in Public Life

Unpaid care work also has broader implications for women's participation in public life. Tabet et al. (2019)<sup>64</sup> argue that the extensive time women spend on domestic and caregiving activities reduces their ability to engage in political or community activities, further marginalizing their voices in decision-making processes. In Sudan, Tønnessen (2019)<sup>65</sup> notes that while income generation offers women a sense of autonomy, it does not translate into transformative change within households or society due to entrenched cultural norms that limit their bargaining power and mobility.

Given the prevalence, range, and scale of these issues, what policy solutions have been proposed, and which ones have been tried out with what results? This is the focus of our next sub-section.

61 Valiani, S. (2022). The Africa Care Economy Index. FEMNET – The Africa Women's Development and Communication Network.

62 Tabet, K., Menhall, N., Mortada, H., Hanna, J., & Hammad, M. (2018). Counting on women's work without counting women's work: Women's unpaid work in Jordan, Lebanon, Tunisia and Egypt. Oxfam.

63 Valiani, S. (2022). The Africa Care Economy Index. FEMNET – The Africa Women's Development and Communication Network.

64 Tabet, K., Menhall, N., Mortada, H., Hanna, J., & Hammad, M. (2018). Counting on women's work without counting women's work: Women's unpaid work in Jordan, Lebanon, Tunisia and Egypt. Oxfam.

65 Tønnessen, L. (2019). Women at work in Sudan: Marital privilege or constitutional right? *Social Politics*, 26(2), 223-244.

# ASSESSING POLICY SOLUTIONS TO GENDER INEQUALITIES IN THE MENA CARE ECONOMY

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## Assessing policy solutions against the 5R framework

Addressing the gendered inequalities in the care economy requires a multifaceted policy framework that integrates recognition, reduction, and redistribution. Given the structural constraints including restrictive social norms, advocacy, and structural transformation are clear focus areas for most authors. Some authors also talk about representation and reward as integral to any structural solution.

## Recognition of unpaid care work

A foundational step emphasized by multiple authors is the **recognition** of unpaid care work as a critical component of the economy. There was a lot of emphasis on recognition through measurement and valuing of unpaid care work through time-use surveys<sup>66,67,68,69</sup>. Such data, according to the authors, will provide the evidence base necessary to integrate care work into national accounting systems and gender-responsive budgeting, laying the groundwork for effective policy interventions, including the provision of social protection for women. Similarly,

Ibnouf (2016)<sup>70</sup> highlights the importance of collecting data on caregivers in conflict and post-conflict settings, noting that such information can inform community education, advocate for women's rights, and push for systemic reforms that acknowledge women's contributions. Increasing awareness and support for care work, particularly informal care workers, was a key recommendation to ensure that caregiving is recognized and valued within society<sup>71</sup>.

Another critical perspective of recognition involves framing care work as a human rights issue. Ibnouf (2016)<sup>72</sup> and UN Women (2014)<sup>73</sup> propose a transformative approach that recognizes caregiving not as a private responsibility but as a societal obligation necessary for the realization of other human rights. This framing encourages governments to implement policies that address the structural inequalities inherent in unpaid care work.

Finally, a couple of authors emphasize changing the labor laws in order to recognize care work and protect care workers. This includes addressing the Kafala system<sup>74</sup>; ratifying ILO Convention No. 190 on Violence and Harassment and implementing changes to enhance workplace protections

66 Charmes, J. (2018). The heavier burden of women in unpaid care work and their higher contribution to total work in the Maghreb countries. IRD-University Paris Descartes.

67 Perrin, J. P. (2021). Why we care: An overview of the distribution of unpaid care work in Ma'an, Southern Jordan. Oxfam.

68 UN Women (2024). The care economy in the Arab States: Towards recognising, reducing and redistributing unpaid care work.

69 Ibid.

70 Ibnouf, F. O. (2016). Making women's unpaid care-work in conflict and post-conflict situations count. In UN Women Training Centre (Ed.), *Why we care about care: A collection of essays in English on the care economy* (pp. 50–59). UN Women.

71 Addati, L., Cattaneo, U., Esquivel, V., & Valarino, I. (2018). Care work and care jobs for the future of decent work. International Labour Organization.

72 Ibnouf, F. O. (2016). Making women's unpaid care-work in conflict and post-conflict situations count. In UN Women Training Centre (Ed.), *Why we care about care: A collection of essays in English on the care economy* (pp. 50–59). UN Women.

73 UN Women (2024). The care economy in the Arab States: Towards recognising, reducing and redistributing unpaid care work.

74 Abou-Habib, L. (2020). Feminist perspectives on care work in the MENA Region. Friedrich-Ebert Stiftung.

for paid carers, and enforcing Article 72 of the Labor Code, which mandates day care provision in workplaces to support working mothers<sup>75</sup>. Supportive legislation, Tabet et al. (2019)<sup>76</sup> argued, was needed to update legal frameworks and ensure that women's rights are better protected both in the workplace and at home.

## Reduction of unpaid care work through services and infrastructure

**Reducing** the amount and drudgery of unpaid care work emerges as another vital strategy. Investments in labor-saving technologies, public services, and infrastructure were seen as critical to easing the disproportionate load on women. Additionally, infrastructure development, including investments in electricity, transportation, and safe water, is seen as crucial to improving the quality of life for caregivers<sup>77</sup>. The use of technology to support unpaid care workers is another important recommendation, with Tabet et al. (2019)<sup>78</sup> suggesting that training women in technology could enhance productivity in care tasks.

## Redistribution through care services and employment-related policies

In terms of **Redistribution**, two types of policy measures were suggested: a) care services; and b) employment-related care policies. Investment in government-funded child-care services was one of the most common care services that was recommended<sup>79,80</sup>. Public financing or subsidization was considered essential to make ECCE accessible to most families, which could help bridge the care gap<sup>81,82</sup>. Making childcare services safe, affordable and accessible was

seen as instrumental in enabling women to enter the workforce and thereby yielding significant economic returns. Gökmen (2022)<sup>83</sup> argues for the expansion of formal childcare services, both public and private, to increase women's employment opportunities and improve their employment status. Interestingly, the study also spoke about extending the hours and age coverage of public childcare services to accommodate the work schedules of women, thereby enabling them to access care services that better align with their professional commitments<sup>84</sup>. There were also some calls to expand access and improve the quality of these care services<sup>85</sup>, including childcare, elder care, and support for the sick.

Selwaness (2021)<sup>86</sup> builds on this to not only have publicly funded childcare services but also emphasize the importance of flexible and part-time work arrangements to help women balance paid employment with caregiving responsibilities. This is echoed by Valianai (2022)<sup>87</sup> who advocates for culturally sensitive, publicly supported childcare systems and paid maternity leave for all women, regardless of their employment sector. Taking systemic disruptions as an opportunity to address entrenched gender disparities in the paid care sector, Krafft, Selwaness, & Sieverding (2024)<sup>88</sup> recommend employment protection measures and flexible work arrangements, particularly during crises like the COVID-19 pandemic. Similarly, Krafft (2024)<sup>89</sup> recommended flexible working arrangements for women; as well as protecting jobs and providing economic stimulus packages in sectors where women are disproportionately employed in order to mitigate the pandemic's impact on women's employment. UN Women (2024)<sup>90</sup> recommended the alignment of maternity

75 Perrin, J. P. (2021). *Why we care: An overview of the distribution of unpaid care work in Ma'an, Southern Jordan*. Oxfam.

76 Tabet, K., Menhall, N., Mortada, H., Hanna, J., & Hammad, M. (2018). *Counting on women's work without counting women's work: Women's unpaid work in Jordan, Lebanon, Tunisia and Egypt*. Oxfam.

77 Ibid.

78 Ibid.

79 Ibid.

80 Krafft, C., Selwaness, I., & Sieverding, M. (2024). *The impact of the COVID-19 pandemic on women's care work and employment in the Middle East and North Africa*. *Demographic Research*, 51(15), 501-552.

81 UN Women (2024). *The care economy in the Arab States: Towards recognising, reducing and redistributing unpaid care work*.

82 Ekiz Gökmen, Ç. (2022). *A new perspective on women's care burden and employment in Turkey*. *New Perspectives on Turkey*, 66, 11–34.

83 Ibid.

84 Ibid.

85 Addati, L., Cattaneo, U., Esquivel, V., & Valarino, I. (2018). *Care work and care jobs for the future of decent work*. International Labour Organization.

86 Selwaness, I. (2021). *Recognising and redistributing unpaid care work in Egypt*.

87 Valiani, S. (2022). *The Africa Care Economy Index*. FEMNET – The Africa Women's Development and Communication Network.

88 Krafft, C., Selwaness, I., & Sieverding, M. (2024). *The impact of the COVID-19 pandemic on women's care work and employment in the Middle East and North Africa*. *Demographic Research*, 51(15), 501-552.

89 Ibid.

90 UN Women (2024). *The care economy in the Arab States: Towards recognising, reducing and redistributing unpaid care work*.

leave policies with ILO recommendations for the Arab States and stressed the need for family-friendly policies, such as care leave, telecommuting, and flexible work schedules, which would enable both men and women to balance caregiving and paid employment.

Redistributive policies, such as paternal leave, go hand in hand with **advocacy** and societal campaigns to challenge traditional caregiving norms and are considered to be essential for addressing structural inequalities. It was recognized that changing social norms is a sensitive, long-term endeavor requiring a multi-generational approach<sup>91</sup>, but also one that needed to be grounded in a nuanced understanding of local cultural contexts. Hence, one of the recommendations made by UN Women (2024)<sup>92</sup> was to expand maternity leave and introduce sufficient paternity or parental leave, that would encourage men to engage more in caregiving roles, thereby redistributing the unpaid care workload.

## Representation and women's leadership in care economy policymaking

**Representation** is also seen to play a crucial role in addressing inequalities in the care economy. Ibnouf (2016)<sup>93</sup> highlights the need to reshape societal perceptions of caregiving, ensuring it is not solely viewed as a woman's responsibility but rather as a shared social obligation. Women's leadership in decision-making processes is seen as achieving two things: firstly, greater empowerment for women leaders; and secondly, ensuring that policies address the lived realities of caregivers. Ibnouf (2016)<sup>94</sup> argues that women's caregiving experiences uniquely position them as leaders in post-conflict reconstruction and peacebuilding efforts. Some authors also propose the formation

of networks for unpaid care workers and the implementation of quotas for women in decision-making roles to amplify their voices<sup>95</sup>. Similarly, Charmes (2018)<sup>96</sup> highlights the need to integrate care workers into social dialogues, ensuring their contributions are acknowledged and their perspectives inform policymaking processes.

## Rewarding care work through professionalization and legal protections

Finally, a few authors highlighted the importance of adequate **rewards** for paid care workers. Valiani (2022)<sup>97</sup> calls for the professionalization of care work through training programs and fair wages, ensuring both the retention of talent and the provision of high-quality care services. Advocating for the remuneration of care work to ensure that it is recognized as legitimate labor will also provide women with legal recourse and support<sup>98</sup>. The inclusion of both local and foreign domestic workers in labor laws, the provision of unionization rights, and the establishment of standardized contracts were key recommendations to protect and professionalize the care sector<sup>99</sup>. Tax deductions for care and domestic worker salaries, the establishment of certification programs for paid caregivers, including those working in households, and the introduction of flexible work arrangements to support caregivers were also part of the reward package recommended by Sugita et al. (2009)<sup>100</sup>. Only one study spoke about policies to support family caregivers through resources and training<sup>101</sup>.

91 Perrin, J. P. (2021). *Why we care: An overview of the distribution of unpaid care work in Ma'an, Southern Jordan*. Oxfam.

92 UN Women (2024). *The care economy in the Arab States: Towards recognising, reducing and redistributing unpaid care work*.

93 Ibnouf, F. O. (2016). Making women's unpaid care-work in conflict and post-conflict situations count. In UN Women Training Centre (Ed.), *Why we care about care: A collection of essays in English on the care economy* (pp. 50–59). UN Women.

94 Ibid.

95 Tabet, K., Menhall, N., Mortada, H., Hanna, J., & Hammad, M. (2018). *Counting on women's work without counting women's work: Women's unpaid work in Jordan, Lebanon, Tunisia and Egypt*. Oxfam.

96 Charmes, J. (2018). *The heavier burden of women in unpaid care work and their higher contribution to total work in the Maghreb countries*. IRD-University Paris Descartes.

97 Valiani, S. (2022). *The Africa Care Economy Index*. FEMNET – The Africa Women's Development and Communication Network.

98 Abou-Habib, L. (2020). *Feminist perspectives on care work in the MENA Region*. Friedrich-Ebert Stiftung.

99 Sugita et al. (2009). *Caring is work: Meeting social care needs in Lebanon*. Paper presented at the Ninth Mediterranean Research Meeting, Florence & Montecatini Terme, 25-28 March 2009.

100 Ibid.

101 Ekiz Gökmen, Ç. (2022). A new perspective on women's care burden and employment in Turkey. *New Perspectives on Turkey*, 66, 11–34.

## Gauging policy solutions according to the 7-4-7 approach

The basis for the 7-4-7 approach is the importance that this gives to the centrality of care – in other words, care is considered foundational (principle 1) to all policy goals. In addition to the quantity, the approach also redirects attention towards the quality of care (principle 2) provided and received. In order for this to be realized, the approach insists that there is social provisioning of care (principle 3); that care is universal (principle 4), affordable (principle 5) and of good quality. It also speaks about the provision of decent work to carers (principle 6), and an integrated and inclusive approach to care (principle 7).

### Framing care: Intrinsic vs. instrumental approaches

In order to assess the extent to which literature in MENA speaks about these principles, it is important to understand their framing of care – as intrinsic or as instrumental. In much of this literature, care is considered a barrier to women's economic participation. Krafft, Selwaness, and Sieverding (2024)<sup>102</sup> emphasize how care responsibilities directly impact women's employment participation and outcomes, particularly during crises such as the COVID-19 pandemic. Other authors, such as Tabet et al. (2019)<sup>103</sup> and Krafft (2024)<sup>104</sup> echo this instrumental framing – which leads them to suggest the provision of financial assistance, or labor market policies to mitigate this constraint and frame the importance of investment in care services as a means to drive economic growth through women's increased labor force participation. Charmes (2018)<sup>105</sup> highlights the importance of recognizing unpaid care work as a compensatory contribution to economies where women's formal labor force

participation is low. However, this perspective risks reducing care to an economic function, neglecting its broader societal and relational significance.

At the same time, some sources recognize care as a fundamental human right that enables individuals to exercise other rights and enhances overall societal well-being<sup>106</sup>. This framing underscores the transformative potential of recognizing and valuing unpaid care work, not for economic benefits but as a pathway to gender justice and empowerment.

### Integrated approaches balancing empowerment and economic participation

Other authors bridge these two contrasting framings, for example, Malou (2024)<sup>107</sup> emphasizes that reducing women's care burdens through gender-responsive public services can simultaneously enhance women's autonomy and contribute to economic growth. This integrated approach highlights the need for policies that balance both instrumental and intrinsic considerations<sup>108, 109, 110</sup>. Valiani (2022)<sup>111</sup> also argues for building a culture of respect and redistributing caregiving responsibilities as essential steps toward improving women's well-being and ensuring their right to sustainable livelihoods.

### Intersectional analysis and the global dynamics of care work

Abou-Habib (2020)<sup>112</sup> takes a slightly different approach, insisting that a rethinking of care work's role within the economy is necessary, considering its broad economic and social functions. This includes understanding care work as integral

102 Krafft, C., Selwaness, I., & Sieverding, M. (2024). The impact of the COVID-19 pandemic on women's care work and employment in the Middle East and North Africa. *Demographic Research*, 51(15), 501-552.

103 Tabet, K., Menhall, N., Mortada, H., Hanna, J., & Hammad, M. (2018). Counting on women's work without counting women's work: Women's unpaid work in Jordan, Lebanon, Tunisia and Egypt. Oxfam.

104 Krafft, C., Selwaness, I., & Sieverding, M. (2024). The impact of the COVID-19 pandemic on women's care work and employment in the Middle East and North Africa. *Demographic Research*, 51(15), 501-552.

105 Charmes, J. (2018). The heavier burden of women in unpaid care work and their higher contribution to total work in the Maghreb countries. IRD-University Paris Descartes.

106 Ibnouf, F. O. (2016). Making women's unpaid care-work in conflict and post-conflict situations count. In UN Women Training Centre (Ed.), *Why we care about care: A collection of essays in English on the care economy* (pp. 50–59). UN Women.

107 Malou, E. N. (2024). The triple burden: Women selling their labour in South Sudan. Rift Valley Institute.

108 Perrin, J.P. (2021). *Why we care: An overview of the distribution of unpaid care work in Ma'an, Southern Jordan*. Oxfam.

109 Sugita et al. (2009). *Caring is work: Meeting social care needs in Lebanon*. Paper presented at the Ninth Mediterranean Research Meeting, Florence & Montecatini Terme, 25-28 March 2009.

110 Ekiz Gökmen, Ç. (2022). A new perspective on women's care burden and employment in Turkey. *New Perspectives on Turkey*, 66, 11–34.

111 Valiani, S. (2022). The Africa Care Economy Index. FEMNET – The Africa Women's Development and Communication Network.

112 Abou-Habib, L. (2020). *Feminist perspectives on care work in the MENA Region*. Friedrich-Ebert Stiftung.

to the infrastructure of both local and global economies, influenced by migration, capitalist dynamics, and state policies. More importantly, she reminds us that centering the voices of the women affected by care work policies, and that an intersectional analysis that considers how different aspects such as race, ethnicity, sexuality, and class influence experiences of care work, are critical for any policy. This is supplemented by Tabet et al. (2019)<sup>113</sup>, which highlights the social value of care. This perspective views care work not only as a necessary component of household functioning but also as foundational for the broader well-being of communities and societies.

The dual framing of care as both a constraint and an opportunity for empowerment is also evident in studies that examine the societal and structural norms surrounding caregiving. Tønnessen (2019)<sup>114</sup> discusses how legal frameworks and social expectations in Sudan reinforce caregiving as women's primary role, limiting the transformative potential of wage work in challenging gender inequalities. These norms constrain women's agency, positioning caregiving as an obligation rather than a choice, and perpetuate the male breadwinner-female caregiver model. Conversely, research highlights that recognizing women's contributions as caregivers—particularly in conflict and post-conflict settings—can empower them to take on leadership roles in peacebuilding and reconstruction efforts<sup>115</sup>. This intrinsic framing not only values care for its societal contributions but also positions it as a critical component of women's empowerment and agency.

## Gaps in policy categories: Infrastructure and social protection

The measures mentioned in the literature on care in MENA include most of the recommendations

within 2 of the **4 care-sensitive policy categories** named in the 7-4-7 framework (Care services and employment-related care policies). Amongst the care services, childcare services were ubiquitous, while elderly care, and care for the disabled were only mentioned briefly. The other two categories – Care infrastructure and Care-related social protection were notable by their absence. While Sugita et al. (2009)<sup>116</sup> had spoken about care service infrastructure through public-private partnerships, none of the more recent studies have focused or expanded on what this means.

While the authors proposed policy solutions, only a few authors noted how these policies could really come into being – in other words, through the 7 levers of change. These include: regulatory frameworks<sup>117</sup>; gender-disaggregated data (a lot of studies mentioned the absence of data); care-disaggregated data (a lot of studies talked about the importance of time use studies); gender budgeting<sup>118</sup>, advocacy for norm change (a few studies mentioned this), women's voice in decision making<sup>119</sup> and a whole of government approach<sup>120</sup>. Perrin (2021)<sup>121</sup> highlighted the importance of involving not only the Ministry of Social Development but also religious and community leaders to develop context-sensitive national policies that consider local dynamics. Some advocate for fiscal expenditures with a gender-responsive budgeting approach, ensuring that gender disparities in care work and labor force participation are addressed in economic recovery efforts<sup>122</sup>. Perrin (2021)<sup>123</sup> also called upon international donors and organizations to fund programs that promote behavioral change regarding gender roles and unpaid care work.

113 Tabet, K., Menhall, N., Mortada, H., Hanna, J., & Hammad, M. (2018). Counting on women's work without counting women's work: Women's unpaid work in Jordan, Lebanon, Tunisia and Egypt. Oxfam.

114 Tønnessen, L. (2019). Women at work in Sudan: Marital privilege or constitutional right? *Social Politics*, 26(2), 223-244.

115 Ibnouf, F. O. (2016). Making women's unpaid care-work in conflict and post-conflict situations count. In UN Women Training Centre (Ed.), *Why we care about care: A collection of essays in English on the care economy* (pp. 50–59). UN Women.

116 Sugita et al. (2009). *Caring is work: Meeting social care needs in Lebanon*. Paper presented at the Ninth Mediterranean Research Meeting, Florence & Montecatini Terme, 25-28 March 2009.

117 Abou-Habib, L. (2020). *Feminist perspectives on care work in the MENA Region*. Friedrich-Ebert Stiftung.

118 Addati, L., Cattaneo, U., Esquivel, V., & Valarino, I. (2018). *Care work and care jobs for the future of decent work*. International Labour Organization.

119 Abou-Habib, L. (2020). *Feminist perspectives on care work in the MENA Region*. Friedrich-Ebert Stiftung.

120 Perrin, J.P. (2021). *Why we care: An overview of the distribution of unpaid care work in Ma'an, Southern Jordan*. Oxfam.

121 Ibid.

122 Addati, L., Cattaneo, U., Esquivel, V., & Valarino, I. (2018). *Care work and care jobs for the future of decent work*. International Labour Organization.

123 Perrin, J.P. (2021). *Why we care: An overview of the distribution of unpaid care work in Ma'an, Southern Jordan*. Oxfam.

# GAP ANALYSIS AND RESEARCH PRIORITIZATION FOR ADVANCING THE CARE ECONOMY IN THE MENA REGION ECONOMY

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This section will draw from Sections 2 and 3, to identify the major gaps in the current understanding and practice of care in the MENA region and prioritize these to build a forward-looking research agenda. These gaps exist as a result of patchy literature on many topics, with a majority of the studies being either single country focused, or quantitative if addressing multiple countries. No one country stands out as having more literature than others, and most of this research is being conducted by international organizations. There are a few research studies conducted with the support of research funding like the British Academy and other sources, and this is true mainly of the studies published as peer-reviewed journal articles.

Methodologically, the existing surveys face many limitations, often leaving out rural and marginalized populations. It is sometimes hard to assess the reliability and representation of findings, especially for time use surveys which lack detailed participant information. More can be done to represent the voices of women and girls in the data, also in the qualitative or mixed method studies.

## Identification of gaps

These gaps are clustered around some main issues as per the socio-political and demographic trends prevalent in the region, as well as the dominant themes of care in international contexts.

## Social Organization of Care

It is clear that while there is some research on women's time constraints and social norms, there has been little focus on what works to change structural aspects that dictate the social organization of care. Prominent amongst these structural factors are social norms around care, especially in the context of these social norms interacting with laws and policies (for example around asset ownership), as well as with religion, class, and other identity markers that affect women's mobility. This is a gap that is reflected in global literature on care as well, wherein literature on social norm change (perhaps through international diffusion of norms, or other processes) has not yet been related to literature on who cares, why, and how. This would be a valuable area of research for the MENA region. A behavioral change intervention research design would be ideally suited for filling this gap.

## Macro-Economic Structures and Care Provision

The other structural element that is ill-represented in global literature and nearly absent in the context of the MENA region is that of macro-economic structures and resourcing (including taxation for generating resources; and care-responsive budgeting for allocation of resources), and how these affect policy provision on care – whether that be through resource allocation for care-services, for care-related infrastructure, for support and monitoring of care-related workplace policies, or for ensuring access to care-sensitive social protection. A prominent research area could be to understand how to build/ sustain political will for adequate resourcing, taking a political economy approach to understanding the interests and motivations of the country's policymakers and influences by international donors.

## Climate Justice and Care

Climate change is an increasingly critical factor reshaping care systems in the MENA region, with direct and indirect impacts on households and communities. Rising temperatures, water scarcity, food insecurity, and climate-related displacement place additional strain on daily life, intensifying the burden of unpaid care and domestic work, particularly for women and girls. As access to essential resources becomes more limited, they often take on increased responsibilities for securing water, food, and energy, reinforcing existing gender inequalities and limiting opportunities for education, paid work, and participation in public life. Despite these growing pressures, there is limited research in the MENA context on how climate change is transforming caregiving roles and the social organization of care. Exploring this nexus is essential for informing policies and interventions that promote both environmental sustainability and social justice by recognizing and supporting care work and ensuring it is more equitably shared.

## Refugee Crises, Conflict, and Climate Change

A third structural aspect that is relevant in the context of many MENA countries, is that of the refugee crisis, intertwined with contexts of conflict and big change processes such as climate change. The COVID-19 crisis provided an opportunity to study how social norms around care, and who does what in the household, changed during this crisis. Some of this has been captured in the global and other country contexts, but there is hardly any literature on this in the MENA region, apart from shining a light on how women's participation in the paid market economy changed as a result of the pandemic. A study focused on how the refugee crisis or conflict affects the social organization of care would be a valuable topic for research. Best done via a qualitative design, this research would explore the experiences of those who care, and those who receive care, and how conflict and other crises affect this. This also ties into another structural factor that has not gotten the attention that it deserves, which is that of climate change – and how this affects the social organization of care – directly through water and energy requirements; and indirectly through putting a strain on people's livelihoods.

## Diversity of Care Needs

In terms of who receives care, or care services, women's care responsibilities around children are well researched – both globally and to some extent in the MENA context. However, other categories such as care of sick people, disabled people, care of older people, or older people as carers are missing. In the context of demographic transition (increasing youth bulge, aging population, and increased urbanization), these issues will increasingly become pertinent. While policy prescriptions revolve around childcare provision, there is little or no understanding of the different models of childcare services, and what would work in specific socio-political contexts across the MENA region.

## Social Protection and Workplace Policies on Care

Similar research gaps exist around understanding the role of care infrastructure (especially the provision of water, gas, and electricity) in addressing the skewed distribution of care, even as research on care services (especially childcare) is prominent. While there have been calls in the MENA region to provide care-related workplace policies<sup>124</sup>, there are no studies that have shown the impact of such provision on either women's time or their engagement in labor markets. There is also complete silence in the social protection literature in the MENA region on care – and this to an extent may reflect the lack of prominence of care in the Social Protection world in general. The MENASP (hosted by the University of Birmingham) would be well placed to undertake research on how Social Protection in the region can be made gender-responsive and care-sensitive.

## Developing a research agenda

This section will assess, weigh, and prioritize the gaps that have been identified above, thereby formulating and emphasizing critical questions for investigation. This prioritization will be done based on the importance of answers to these questions in policymaking, for feminist movements, and in the public interest.

## Potential research questions

The gaps identified in theoretical and empirical literature on care in the MENA region can be reformulated as the following overarching research questions. Each question is further unpacked to highlight potential areas of inquiry:

### 1. What works to change social norms regarding the social organization of care?

- What types of interventions have successfully shifted perceptions of gender roles in care provision?
- How do cultural, religious, and societal beliefs influence norms around care work?
- What role do media campaigns, education, and community-based initiatives play in reshaping these norms?

### 2. How do macroeconomic policies (taxation, budgeting, etc.) shape the provision of paid care work and women's unpaid care work?

- How do taxation policies impact investments in public care services?
- In what ways do public budgeting processes prioritize (or neglect) care-related services and infrastructure?
- How does fiscal policy influence the formalization of paid care work versus reliance on unpaid care labor, particularly for women?

### 3. How can political will (at national and global levels) be built and sustained to ensure adequate resourcing for the provision of various care policies?

- What factors drive political commitment to investing in care systems?
- How can advocacy coalitions and civil society actors influence policy agendas on care?
- What global frameworks or agreements incentivize national governments to prioritize care policies?

### 4. What role does conflict, war, and refugee crises play in the social organization of care, and how?

- How do displacement and conflict disrupt traditional care arrangements and responsibilities?
- What coping mechanisms emerge within refugee and conflict-affected communities to address care needs?
- How does the burden of care shift during and after conflict, particularly for women and girls?

### 5. In what ways does climate change affect who provides care, and how care is provided?

- How do climate-induced displacements and natural disasters increase care burdens on women and girls?
- What are the implications of climate change on access to healthcare and caregiving resources?
- How can care systems be made more resilient to climate-related shocks?

<sup>124</sup> Addati, L., Cattaneo, U., Esquivel, V., & Valarino, I. (2018). Care work and care jobs for the future of decent work. International Labour Organization.

**6. What are some workable models for the provision of childcare, elder care, sick care, long-term elderly care, etc.?**

- a. What are examples of successful public, private, and community-based care models in the MENA region?
- b. How do these models address issues of affordability, accessibility, and quality of care?
- c. What lessons can be learned from international care models that might be adapted to the MENA context?

**7. What types of care infrastructure are best placed to make a difference to the well-being of women in the MENA region?**

- a. What is the role of physical infrastructure (e.g., daycare centers, elder care facilities) versus social infrastructure (e.g., care cooperatives, support networks)?
- b. How does the availability and quality of care infrastructure impact women's participation in paid employment and public life?
- c. What are the barriers to scaling up care infrastructure in underserved areas?

**8. How can social protection in the MENA region be made more gender-responsive and care-sensitive?**

- a. How can existing social protection schemes (e.g., cash transfers, pensions) be designed to account for women's unpaid care responsibilities?
- b. What policies can support informal care workers, including migrant and domestic workers?
- c. How can maternity, paternity, and parental leave policies be strengthened to promote shared caregiving responsibilities?

**9. What is the gendered political economy of paid care work in the MENA region?**

- a. What are the working conditions, wages, and labor rights of paid care workers in the region?
- b. How does the reliance on migrant and domestic workers shape the care economy?
- c. What policies are needed to ensure decent work and protection for paid care workers, including recognition of their contribution to the economy?

Each of these research questions, along with their sub-questions, has specific implications for the direction, scope, and scale of the research focus. These considerations will directly inform the research design and methodology. The next sub-section turns to a prioritization exercise in order to develop a tangible and targeted research agenda.

**Setting priorities for developing a focused research agenda**

The existing literature highlights a significant gap in rich, systematic data on unpaid care work in the MENA region. While there has been some focus on women's paid care work—primarily in the context of domestic work—there is limited understanding of how women manage their unpaid care responsibilities alongside their paid care work. Addressing these gaps is critical, given the region's economic challenges, socio-cultural constraints, political volatility, ongoing conflicts, and the persistence of rigid social norms. In light of this context, it is important to adopt a structured approach to developing a research agenda that prioritizes research questions (RQs) based on their potential impact.

We propose assessing each research question against three criteria that align with potential spheres of action:

- 1. Policy-Level Windows of Opportunity (PLWO):** Are there current opportunities to inform or influence national policy development or reform related to care work? This includes identifying key principles adopted by countries and potential levers for change.
- 2. Relevance for Feminist Movements (RFM):** Do these research questions align with the priorities and principles guiding feminist movements in the region? Can they support advocacy and mobilization efforts?
- 3. Potential for Social Norm Change (PSNC):** Can the research address underlying social norms and help catalyze shifts in attitudes, behaviors, and cultural perceptions regarding care responsibilities?

Each research question was scored against these criteria, with options of ‘Yes’ (2 points), ‘Limited’ (1 point), or ‘No’ (0 points). The scoring is intended to offer a preliminary analysis of the relative priority and strategic value of each question.

No.	Research Question and Focus Area	PLWO	RFM	PSNC	Total
1	What works in changing social norms around social organization of care?	Yes (2)	Yes (2)	Yes (2)	6
2	How do macroeconomic policies (taxation, budgeting, etc.) shape provision of paid care work and women’s unpaid care work?	No (0)	Yes (2)	No (0)	2
3	How can political will (at national and global levels) be built and sustained to ensure adequate resourcing for the provision of various care policies?	No (0)	Limited (1)	No (0)	1
4	What role does conflict/war/refugee crisis play in the social organization of care, and how?	Yes (2)	Yes (2)	Yes (2)	6
5	In what ways does climate change affect who cares, and how?	No (0)	Limited (1)	No (0)	1
6	What are some workable models for the provision of childcare/elder care/sick care/long-term elderly care in conflict-affected/conflict-prone areas?	Limited (1)	Yes (2)	Yes (2)	5
7	What types of care infrastructure are best placed to make a difference to the well-being of women in the MENA region?	Limited (1)	Yes (2)	Yes (2)	5
8	How can social protection in the MENA region be made more gender-responsive and care-sensitive?	Yes (2)	Yes (2)	Limited (1)	5
9	What is the gendered political economy of paid care work in the MENA region?	Limited (1)	Yes (2)	Limited (1)	4

## Key focus areas

Based on the scoring and prioritization exercise, five key research focus areas have been identified as priorities. These areas vary in terms of their current alignment with policy windows, relevance to feminist movements, and potential for catalyzing social norm change. Each represents a critical entry point for addressing the care work agenda in the MENA region.

- 1. Changing Social Norms Around the Social Organization of Care** This area addresses the deeply embedded cultural and gender norms that underpin the unequal distribution of unpaid care work in the MENA region. Despite growing recognition of women’s disproportionate care burden, entrenched social norms continue to frame care work as a woman’s natural responsibility, limiting efforts to redistribute it.

- » **Relevance:** This issue resonates strongly with feminist movements advocating for gender equality in the household, labor market, and broader society.
- » **Policy Implications:** There is increasing interest among some policymakers to address gender inequalities as part of national development goals, offering a potential entry point for policy interventions informed by research.
- » **Social Norm Change Potential:** Understanding and addressing how social norms sustain unequal care arrangements is essential to achieving sustainable change. Research in this area can inform communication strategies, education campaigns, and behavioral change interventions.

## 2. The Role of Conflict in Shaping the Social Organization of Care

Conflict, displacement, and humanitarian crises are defining features of the MENA region and have significant implications for care arrangements. The disruption of traditional social structures and support systems can alter who provides care and how it is organized—sometimes intensifying gender inequalities but also creating openings for renegotiating roles.

- » **Relevance:** Feminist movements and humanitarian actors are increasingly engaging in discussions around gender roles in conflict and post-conflict contexts.
- » **Policy Implications:** Humanitarian policies and recovery strategies often address service delivery but neglect the care economy. Research in this area can help fill this gap by informing policies that support care providers and recipients in crisis contexts.
- » **Social Norm Change Potential:** Conflict can be both a disruptor and an opportunity for challenging traditional care arrangements. Documenting these dynamics can provide valuable insights for fostering long-term shifts in care roles.

## 3. Workable Care Services in Conflict-Affected Areas

This focus area seeks to identify and adapt practical models for delivering care services (childcare, eldercare, long-term care) in settings affected by conflict or instability.

- » **Relevance:** Feminist movements and civil society actors often fill the gap in service provision during and after conflicts. Research identifying scalable and context-sensitive service models can strengthen their efforts.
- » **Policy Implications:** While governments may be preoccupied with broader security and stabilization agendas, building evidence on effective care services could open new conversations about social service delivery in humanitarian and recovery planning.
- » **Social Norm Change Potential:** Demonstrating that formal care services can relieve the burden on individual women and families may help reframe care as a societal responsibility rather than a private obligation.

## 4. Effective Care Infrastructure in the MENA Region

This research area focuses on identifying the types of care infrastructure (physical facilities, human resources, financing mechanisms, and institutional frameworks) that can effectively support women's caregiving roles and enhance their well-being.

- » **Relevance:** Feminist movements consistently call for better infrastructure to support women's participation in the economy and public life.
- » **Policy Implications:** While comprehensive investments in care infrastructure may not be an immediate policy priority in many MENA countries, documenting effective models can build the case for future policy shifts.
- » **Social Norm Change Potential:** Care infrastructure signals societal recognition of care work as valuable and essential, helping to shift public attitudes over time.

## 5. Gender-Responsive and Care-Sensitive Social Protection Systems

Social protection measures are often blind to the gendered nature of unpaid care work. This focus area examines how social protection systems can better support women as both caregivers and recipients of care services.

- » **Relevance:** Feminist movements frequently advocate for more inclusive social protection systems that account for women's unpaid labor.
- » **Policy Implications:** While there are limited immediate opportunities for policy reform in this area, producing evidence on the gendered impacts of existing systems can inform long-term policy advocacy.
- » **Social Norm Change Potential:** Recognizing and compensating care work through social protection programs can help reframe it as a valued societal contribution.

## Recommended research approaches

For all five focus areas, a mixed-methods research design is recommended, combining quantitative and qualitative approaches. However, given the complex social and cultural dynamics of care work in the MENA region, a strong qualitative component is particularly important. Below is a breakdown of suggested methodologies for each focus area.

### 1. Social Norms Change Research (RQ 1)

- a. **Quantitative Component:** Utilize existing datasets such as the World Values Survey to establish a baseline understanding of attitudes toward care work across different MENA countries.
- b. **Qualitative Component:** Conduct in-depth interviews and focus group discussions with men and women from diverse backgrounds to explore lived experiences and attitudes toward care work and gender roles.
- c. **Action Research:** Design and implement a behavioral change intervention (e.g., community dialogues, media campaigns) to test strategies for shifting norms and evaluate their effectiveness through participatory methods.

### 2. Conflict and Care Arrangements (RQ 4)

- a. **Comparative Case Studies:** Select conflict-affected countries representing different contexts (e.g., active conflict, post-conflict, displacement) to explore variations in care arrangements.
- b. **Life Histories and Intergenerational Interviews:** Gather personal narratives from different generations to trace how conflict has altered care roles and responsibilities over time.
- c. **Participatory Methods:** Use tools such as community mapping and storytelling workshops to engage affected populations in identifying changes and challenges in caregiving.

### 3. Workable Care Services, Care Infrastructure, and Social Protection (RQs 6-8)

- a. **Global Review and Adaptation:** Conduct a review of international best practices in care service delivery, infrastructure development, and gender-responsive social protection to inform context-specific recommendations for the MENA region.
- b. **In-Depth Interviews:** Engage with key stakeholders, including:
  - » **Care Providers:** Paid care workers, front-line government staff, and NGO service providers.
  - » **Care Recipients:** Women acting as caregivers of last resort and vulnerable populations reliant on care services (children, the elderly, persons with disabilities).
- c. **Stakeholder Consultations:** Organize multi-stakeholder workshops to validate findings, identify practical solutions, and co-design pilot interventions where feasible.

# CONCLUSION

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This paper offers a comprehensive analysis of care work in the Middle East and North Africa (MENA) region, highlighting its gendered dynamics, structural barriers, and significant policy gaps. While the importance of unpaid and paid care work has gained recognition globally, this has yet to translate into a robust body of research or policy action in the MENA region. The review indicates that existing literature remains patchy, predominantly focused on single-country studies or limited to quantitative approaches without adequately capturing the lived experiences of caregivers, particularly in marginalized and rural contexts. There is a marked absence of intersectional analyses that consider how class, displacement, conflict, and other identity markers shape the organization of care work.

One of the key findings of this paper is the limited attention given to caregivers in conflict and post-conflict settings. This represents a significant research gap, particularly considering the scale of displacement and humanitarian crises across the region. Collecting data in these contexts is essential—not only to inform community education and systemic reform but also to advocate for women’s rights and amplify their contributions in policy dialogues and post-conflict reconstruction.

Additionally, while there is some research on time constraints and social norms affecting care provision, there is little evidence on what works to change the structural factors that underpin the unequal social organization of care. Specifically, interventions that shift entrenched gender norms and address the intersection of social norms with laws, religion, and class remain underexplored. Understanding and testing such interventions is critical for informing feminist movements and policy reforms that aim to redistribute care work more equitably.

Moreover, the political economy of care provision in the MENA region requires deeper investigation.

There is a need to understand how political will can be built and sustained to ensure adequate resourcing of care services and infrastructure. Research that explores the interests and motivations of national policymakers, as well as the role of international donors, is critical. This will support efforts to integrate care-sensitive approaches in national development strategies, gender budgeting processes, and social protection frameworks.

The proposed research agenda addresses these gaps by prioritizing areas with the greatest potential for policy influence, feminist advocacy, and social norm change. It emphasizes the need for mixed-methods research, including qualitative studies that center the experiences of care providers and recipients, particularly in crisis and post-crisis contexts. The focus areas identified—social norms change, care arrangements in conflict, workable care services in fragile settings, care infrastructure, and gender-responsive social protection—reflect the region’s complex socio-political realities and offer a pathway to meaningful reform.

This research agenda aims to advance understanding of the care economy in the MENA region, informing both policy and practice. It seeks to strengthen feminist movements’ advocacy, contribute to more inclusive social protection systems, and promote systemic reforms that recognize, redistribute, and reward care work as a vital component of economic and social development.



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