

Social Care and Women's Labor Participation in Lebanon

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Social Care and Social Change*

Social care refers to work that involves connecting with other people and trying to help them meet their needs, such as caring for children, the elderly, and sick people. Teaching is also a form of caring labor, whether it is paid or unpaid. Social care is a unique type of work. Since social care does not generate financial resources and does not contribute to economic production as measured by the Gross Domestic Product (GDP), the classical definition of work has not considered it as proper work (Folbre, 2006).

The care dynamics within each household change with the size and nature of the household, reflecting the demographic trend, change in family structure, and the political and economic situation. In Lebanon, internal and regional conflicts have led to the loss of life for large numbers of people and massive and repeated waves of displacement due to the long years of civil war (1975-1991) as well as the July 2006 war. Due to the lack of adequate job opportunities, male emigration abroad is on the increase, resulting in the sex imbalance in the country. A high fertility rate of 2.29 (UNFPA, 2003) combined with low mortality resulted in a larger proportion of the population consisting of elderly people aged 65 years and over.¹

The Lebanese labor policies do not include specific laws, policies, or action plans which provide a comprehensive and clear understanding of unpaid care work within households. This may be due to the fact that the Workers with Family Responsibilities Convention (1981, No.156) is not yet ratified. Neither the Lebanese social security laws nor the Employment Act and similar 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, and care-centers at the workplace.

Research Methodology

The present study benefits from a large quantitative and qualitative data collected from phone interviews and individual interviews guided by a semi-structured questionnaire and visits to various actors involved in social care. The study includes 30 private

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1. It is projected that 10.2 percent of the population will be over 65 years and above by 2025.

nurseries, two private home-based care firms, five non-governmental organizations (NGOs), 1 non-profit nursing home for the elderly, one private children day care center, and 3 individual care-providers. In addition, a short survey and individual interviews were conducted with 22 Lebanese female and 2 male caregivers, who either are currently or have been in the last 18 months giving care to their children, elderly, and disabled family members. Interviews with 7 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 helps to understand how care is perceived, executed, shared, and negotiated. Life histories on the daily struggle of care giving make up the main body of the analysis. Most interviewees come from the middle class and urban areas. However, given the small size of the sample, the survey results cannot be generalized. For more conclusive results, there is a need for a survey with a random sample and a time approach.

Women's Labor Market Participation in Lebanon

In contrast with social changes, there has not been any significant change in society's awareness of and attitude towards women's work. In the absence of significant public or private initiatives to create employment opportunities, the labor market participation of women in Lebanon is not proportional to their high education level, both from quantitative and qualitative aspects. The labor force, at roughly 1.2 million, is estimated to be approximately 50 percent of the working age population (15-64 years). Although there may be undeclared participation of women in agriculture and other informal economic activities, women's participation in the labor force remains low. There has been only a slight increase from 21.7 percent in 1997 to 22.3 percent in 2004. Women are mainly employed in the services sector and are permanent salaried workers. In general, the proportion of women employed as salaried workers has increased since 1997 (72.5 percent to 83.3 percent in 2004). However, it is noteworthy that the women employers represent only 1.1 percent of the workforce, as compared to 6.4 percent for men. It is estimated that 42 percent of women's employment in the country falls under social care (ILO, 2007). Unemployment is particularly acute amongst Lebanese youth aged 15-24 years, with young women being more adversely affected than young men.

Women choose and/or are obliged to enter, remain and/or retire partially or entirely from the labor market for a variety of reasons, objectives, and constraints, such as financial and material survival, additional income for families, and self-realization. The participation of women in the labor market and in civil society activities can be limited by their family responsibilities, care, and non-care tasks. In some cases, women are expected by other family members to handle issues related to care responsibility, and thus decide to leave the labor market to fulfill their care responsibility at home.

Perceptions and Practices of Social Care in the Households

Social care in Lebanon is often considered as a family and private matter, in which the state is traditionally reluctant to intervene. In fact, the various kinds of household chores are all considered as a woman's job. Moreover, social rituals within the extended family structure are usually time consuming and labor-intensive, and constitute thus an additional burden to the care needs of the nuclear family. The social transformation above has created new challenges for women to balance work and family life. In the 19 households studied (with 15 elderly care) and (4 disabled care), care

tasks such as feeding, giving a bath and assisting in using the toilet, administering medicines, giving massages, supervising, and keeping company inside the house, are executed by caregivers with or without assistance everyday, along with non-care household tasks.

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. For many households, social care carries a strong emotional and moral message and is considered a family duty. Services such as nursing homes for the elderly are perceived as facilities that mainly cater for those living without family support:

My mother passed away last year. She was bed-ridden and suffered from leg pains and sight problems. She was 70. I am her only child and she lived in our house. It was really difficult to take care of her and raise two young children while having a full-time job. My husband and I had to split the household chores. After 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. We had no one else to assist us and 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 I share in all the expenses of our household. (Marie Louise, 37 years, secretary, married, two children, Achrafieh)

Gender dynamics affect the allocation of housework even in the absence of unequal earnings, and this is nowadays accepted by both men and women (Bittman, England, Sayer, Folbre & Matheson, 2003). According to a cross sectional survey of 2,797 households in three communities in Lebanon (Khawaja & Habib, 2007)², there is a clear division of household labor, with more than 70 percent reporting that the wife performed in-house chores such as cooking and washing cloths and dishes. The analysis shows the correlation between the lack of involvement of the husband in housework and the wives' psychological distress, marital dissatisfaction, and overall unhappiness. 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 more likely to be uncomfortable with their husbands, and 2.69 times more likely to be unhappy. (Khawaja & Habib, 2007)

Among the 16 households where the main caregivers are married, only one household responded that the husband is the main executor of the non-care household tasks such as cooking and cleaning. In 15 households, women are the ones most responsible for the execution or supervision of the housework. Indeed, only 9 out of 22 people interviewed in the context of this study thought that men should take more responsibility in carrying out household tasks. In many cases, the lack of participation and contribution is explained by the long working hours:

I have a full-time job. I leave the house around 7:30 and come home around 16:00. My husband takes my son (1 year and half) to the nursery on his way

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

to work. My sister-in-law picks him up at 15:00 and keeps him at her house in our neighborhood, till I come home around 16:30. My husband comes home around 20:00 after 12 hours of work. 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 a paid domestic worker. I find it natural that I do the work. My husband does not participate at all in housework. We never discussed it and I never asked him for help. Sometimes, I feel tired doing all the work but I got 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 of work. (Marie-Therese, 27 years, secretary, married, Bourj Hammoud)

Indeed, the gender division of labor supports the patriarchal power structure and the men breadwinner model (Folbre, 2006). 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 case of married couples, the woman's income can be as important as the husband's income. Despite this trend, negotiation of sharing social care within a couple or family members is not happening in all households, especially when they can have external help such as migrant domestic workers at home.

Perceptions and Practices of Social Care in the Households

The choice of participation of women in the labor market can be limited by their family responsibilities, care and non-care tasks:

When I decided to take care of my mother who is paralyzed and unable to take care of herself, I quit my job. I did not have any choice but I feel bitter when I think of the pension fund I could have received had I worked for four more years. I was the closest to my mother among my siblings. My brothers bought some medication and thought it is normal that I took care of her. Their wives never proposed to help. A few months after her death, I started looking for a job. I did not realize how difficult it was going to be. After all, I do not regret my decision. I took care of my mother myself and I am satisfied. (Leila, 40 years, babysitter, single, Bourj 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 the woman's income contributes and from which the couples spend on all kinds of family needs: food, clothing, medical expenses, and children's education. Many of the interviewees consider another set of common motivations for market/paid work such as self-realization and putting their knowledge and qualifications to use:

With all humility, my role and presence at the habilitation center as a manager has been vital to others. I needed money given that my ex-husband did not help me financially. In my opinion, work makes the person strong. Unlike my personal life that was a disappointment (several years of separation, fighting over the custody of my children and finally a divorce), work gave me confidence and made me succeed in my life. (Nahla, 50 years, occupational therapist, divorced)

Indeed, many women are penalized for their reproductive role directly or indirectly due to the lack of legal protection and labor policies that protect and promote their rights as workers with family responsibilities. Unpaid care work remains invisible and never questioned at the policy level. Furthermore, the value placed on the family is mediated by the behaviors and perceptions of employers within labor market institutions. This includes the predominance of the male breadwinner model among male and female employers; e.g. reluctance to pay for the costs of maternity leave, and expectation of lower productivity of women workers (requests for extra sick leaves, days off, unwillingness and/or inability to work overtime, etc.).

Social Service Provisions to Reduce the Burden of Social Care in Households

In our study, 13 interviewees responded that they are assisted by different types of care facilities and providers (elderly homes, nurseries, nurses, domestic workers, etc.) whereas 11 interviewees provide such care by themselves without regular assistance. In general, households with modest incomes perform care and non-care tasks without any paid help. Among the 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 female family members can provide support or help on a regular or irregular basis.

The social policy in Lebanon, despite its shortcomings (Jawad, 2002; World Bank, 2007), offers today different collective social care services through community development centers. The available services are however not sufficiently responding to the growing needs of the nuclear families and of households with working women for more tailored and personalized services. Non-governmental organizations (NGOs), including religious institutions, have been successfully reaching out to the needs of communities and populations.³ They have been playing a complementary role to the family that continues to be the primary caregiver among others. However, existing care services are not fully accessible to all households that need care responsibilities because of their high cost, their geographical location, and the stigma associated with them. Managing social care is not an issue only for low-income households but it is also the every day issue of the middle class.

Social Care as Employment Opportunity

Social care is a growing market where foreign housemaids supply their labor for the Lebanese middle class (Jureidini, 2003). Traditionally, Lebanese women from poor families, namely from the Lebanese mountains, worked for families in Beirut as domestic workers and were assigned both care and non-care tasks. Although this type of job is considered as rather shameful and is nowadays relegated to migrant domestic workers, Lebanese and Palestinian women with few qualifications and less job marketability can still find a place in this informal job sector. The standard remuneration is on average five thousand pounds (3,5 dollars) per hour for Lebanese and Palestinian women and freelance foreign workers.⁴ This type of freelance care service is attractive to many households where there is not enough room for a live-in domestic worker and where there is no need for a full-time domestic worker.

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

4. The field work was undertaken in 2007.

Nadia is a Palestinian refugee living in Lebanon (35 years, married, living in the Shatila camp) and works for Mona (36 years, married, researcher, Hamra). Nadia takes care of Mona's 2 year-old son from 8:30 till 15:30, 5 days a week. She is paid 300\$ per month. Mona also pays for Nadia's youngest son's schooling (around 2000\$ per year 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. I feel very strong and I am happy that I don't have to ask my husband for money. (Nadia)

For Mona, this arrangement not only makes her life easier but also makes her feel that she is contributing to her community by creating a work opportunity for other women:

I prefer 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 so that she can join her family as well. By being a good employer, I can be 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.

The labor conditions of the above mentioned women care providers are however vulnerable. In most cases, these women do not have contracts, social security, union membership, or social networks. There is no legal framework or political will to improve those women care workers' rights. Educational and professional backgrounds do not seem to be important for employers. They describe their employees in terms of their personality rather than their qualification.

Conclusion

This paper analyzed the perceptions and practices of paid and unpaid social care gives within Lebanese households to look into the gender division of labor in interface with women's labor market participation, which is relatively low. The paper sheds light on the lack of a holistic social policy approach in Lebanon concerning social care and the promotion of women's labor market participation. Social care is not an issue for a particular group of the population but rather a concern for all groups and classes. A comprehensive social strategy should target a wider range of citizens and families in need of social care. This should include a comprehensive labor policy (paid and unpaid leaves and subsidies), and social care policy including tax deductibility on social care services. Not only a thorough review of the regulatory framework on social care but also further research at a national scale on the differential impacts of care-giving on women and men are a necessary step for a comprehensive policy formulation process.

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