

Disability, Care and Women's Labor Force Participation in Egypt



March 2021



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I- Introduction

Women participation in the labor market can be hampered by their frequent engagement in unpaid care. Globally, they do three times more of the world's unpaid work than men. This outcome is not destiny. On the contrary, economic policies that recognize, reduce and redistribute unpaid work could increase their participation in the labor force, promote sustained economic growth, and advance gender equality. The challenge is how to measure the extent of the burden and benefits of unpaid care work, and to identify its causes so as to take the necessary actions. Exacerbating this challenge further is that social norms usually assign unpaid work exclusively to women, which means that change would require a cultural transformation, in addition to removing the prevailing structural barriers to women's labor force participation.

Unpaid work typically covers services provided within a household for its members children, including care of elder people and people with disability, housework and voluntary community work. These activities are considered work, because theoretically one could pay a third person to perform them. And, in low income countries, girls and women tend to be responsible disproportionately to carry the burden of unpaid or underpaid care work. Women therefore also tend to have less time to engage in paid work, to network, to participate in activities for societal change, or even to rest. This "women's time poverty" undermines their well-being, generates insecurities, fosters financial dependence and



limits options for decent work, even to the point of restricting women to low-status, part-time jobs in the informal sector. The burdens of care work on women and girls have increased greatly with the emergence of COVID-19; due to the partial closure and the suspension of schools.

Turning to people with disability in Egypt, available statistics indicate that disabled individuals account for 10% of the population and the burden of care of those individuals falls disproportionately on female family members. Simultaneously, the formal care industry is at a nascent stage, and social norms tend to assign care taking to females in the household. As a result, one of the consequences is that women tend to be deprived from seeking job opportunities outside of their homes, and society ends up with fewer job opportunities that can be created from the expansion of formally providing care services.

The objective of this policy brief is to explore the need for care services for the disabled in Egypt, as well as to identify the constraints and potential of job creation opportunities for women from the expansion of this industry.

To explore the relationship between disability, care and their consequences on the participation of women in the labor market in Egypt, Baseera conducted a survey on a sample of 2016 Egyptians from all governorates of the Republic. Data was collected by phone during the period from March 22 to April 4, 2020. All estimates in this policy brief are subject to a less than 3% margin of error.



II- PREVELANCE OF THE PROBLEM

According to the Convention on the Right of Persons with Disabilities (CRPD-2007), “persons with disabilities include those who have long-term physical, mental, intellectual, or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.” Individuals living with disability are estimated at one billion worldwide, or 15% of the world population¹. They are the world’s largest minority. About 180-220 million of them are in the age group 15- 24. These numbers are on the rise due to population growth, ageing population, higher chronic health conditions, increasing road accidents, youth violence, risky behavior, wars and conflicts, environmental problems, and bad nutrition. In countries with life expectancies over 70 years, individuals spend on average about 8 years, or 11.5 per cent of their life span, living with disabilities. Eighty per cent of persons with disabilities live in developing countries, according to the UN Development Programme. (WHO). Disability rates are significantly higher among groups with lower educational attainment in the countries of the Organization for Economic Co-operation and Development (OECD)².

¹ *Disability inclusion, world Bank Group,*
<https://www.worldbank.org/en/topic/disability#:~:text=Results-,One%20billion%20people%2C%20or%2015%25%20of%20the%20world's%20population%2C,million%20people%2C%20experience%20significant%20disabilities.>

² *FRA, (2010), The fundamental rights of persons with intellectual disabilities and persons with mental health problems. Found on: https://fra.europa.eu/sites/default/files/fra_uploads/1743-disability-factsheet_EN.pdf*



In the case of Egypt, according to the Central Agency for Public Mobilization and Statistics (CAPMAS), the 2017 population census indicates that Egyptians with disabilities make about 10.7 percent of the total population. In terms of gender, males account for 53.9% of those with disabilities, versus 46.1% for females.

The high percentages of poverty and illiteracy in Egypt hinders improving the lifestyle of people with disability.

Of course, care in itself is benefit to society as it contributes to the well-being of both the caregiver and the receiver and fosters close relations between them. Moreover, all care work, paid or unpaid, adds value to the economy and should therefore be included in economic calculations.

Women in Egypt are increasingly becoming educated, but they tend to be engaged disproportionately compared with men in unpaid work, including care. For the entire country, unpaid work was valued at EGP 654 billion (\$73.6 billion) in 2015, representing 32.8% of Egypt's Gross Domestic Product (GDP), according to a 2015 study by the Central Agency for Public Mobilization and Statistics (CAPMAS). Women represented 79% of the total value of unpaid labor in households, indicating that their contribution was worth EGP 517 billion (\$58.2 billion) in 2015, according to CAPMAS. This estimate indicates that women's contribution to the economy is significantly higher than



depicted in their participation in the labor force that was calculated to be 23% in 2014³.

III- Socio-economic characteristics of the disabled and their care needs

Baseera survey indicates that 5% of the respondents have a family member with a disability. This ratio is below the national average of 10%, probably because the respondents may have opted not to reveal that they have such a situation in their household, or that they are unaware of its broad definition. Whatever the explanation, it is useful nevertheless to focus on the responses of those 5% of the sample to explore the questions posed in this policy brief.

The first notable characteristic of the family background of the disabled is that they come mostly (57.4%) from families with a size that ranges between 4-6 members. Otherwise, the remaining 43% are essentially divided between families with larger and smaller sizes. Furthermore, more than 72% of them live in rural areas.

Turning to who provides care for the disabled persons, the survey results indicate that more than one third of the disabled go un-attended

³ *Ahram Online, (2016, June 20), Unpaid housework in Egypt estimated at EGP 654 bln: CAPMAS. Found on: <http://english.ahram.org.eg/NewsContent/3/12/223468/Business/Economy/Unpaid-housework-in-Egypt-estimated-at-EGP--bln-CA.aspx>*



for (34.6%). Otherwise, the second largest group is cared for by the mother and/or father (30.4%). The most striking observation is that none of the families surveyed report that they sought help from specialized care providers.

As for the time spent on providing the care for the disabled, the survey shows that 55.2% of the individuals involved spend the whole day. Otherwise, the care time provided is dispersed between 2 and 12 hours per day.

When asked about who takes the disabled for regular checkups or treatments, the respondents said that the immediate family member carry the full burden, that means it is primarily the father/mother (54.3%), followed by the wife/husband (32.6%).

From the perspective of the impact of care on women labor force participation, the most important finding from the survey is that 76.6% of females are the main care providers for their family disabled person inside their homes, and 96.9% of these female respondents are either the primary care providers, or helping out, or escorting to doctor visits. That is to say that women are the ones who carry most of the burden of care for the disabled, as mothers, wives or sisters. The question is whether their participation in the labor market would have increased if they were given the option to do so, and if they did not face other constraints.



IV- Needs for and perception regarding care services

Around 35% of the survey respondents who have disaldded persons in their HHs were working before and left their work, 60% of them mentioned that having a person whom they need to take care of was one of the reasons ehind that.

The need for care services is apparent. What is not apparent is whether families with disabled individuals are able or willing to take advantage of greater supply of care providers if and when they are available. The evidence against this potential is overwhelming.

Around 9% of the HHs that have disabled people stated that they may hire a care provider to take care of the disabled HHs members. Applying this percentage on the total number of HHs in Egypt, job opportunities that will be generated in care services for disabled people is estimated at about 108 thousand job opportunities. Since 69% of these HHs prefer the care service provider to be a female and 30% are invariant regarding the gender of the care provider, the activation of this service will currently provide about 106 thousand job opportunities for women.

However, those who mentioned that they may hire a care provider, mentioned that they will need them for 2 to 4 hours per day and for 2 or 3 days per week. As a result, the average salary they will pay per moth was about 520 Egyptian pounds.



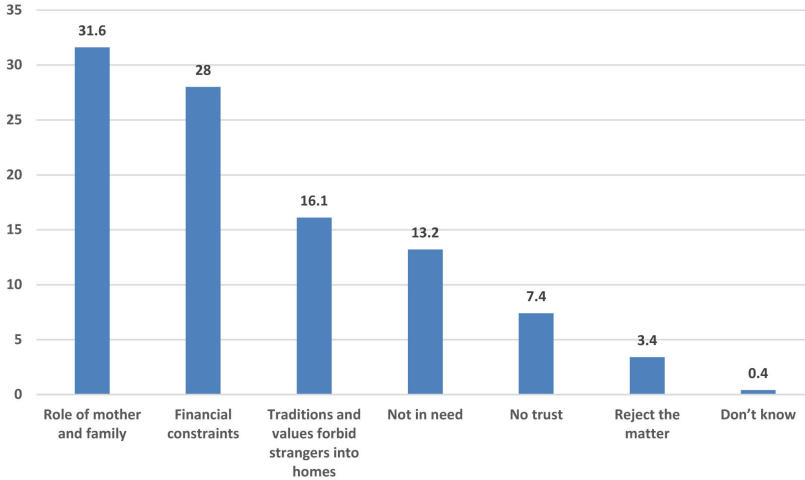
With respect to the values they require in care providers, they pointed out that specialization (86.6%) and trust (54.6%) were the most important.

Only 25.4% of the respondents were comfortable leaving care providers at home with the disabled. When asked about their judgment regarding whether Egyptian care providers are qualified or not, the majority of them did not know (more than 50%), while 36% confirmed that they were not qualified.

Finally, The respondents were asked about the constraints that prevent them from hiring specialized care providers. The two most glaring observations are the following: first, there seems to be a pervasive set of values that act as a barrier to seeking the help of outsiders. These values include a sense of obligation on the part of the female in the family, distrust of outsiders, and reluctance to allow strangers into homes. The second reason is financial in nature, which means simply not having the means to hire outsiders.



Figure (1): Constraints on hiring specialized care providers



V- POLICY IMPLICATIONS AND RECOMMENDATIONS

The above results suggest that Egypt has a problem of providing care for the disabled persons, whose percentage is about 10% of the population. It is also clear that the burden of providing needed care for the disabled falls disproportionately on family members, especially women. One of the consequences of this situation is that some women left their jobs to provide the necessary care, or felt obliged to do so. Others are interested in having a job if that becomes possible.



The main obstacles to seeking outside help for the disabled include reluctance on the part of most Egyptian families to let outsiders into own homes, not having the financial means to do so, and the belief that outside care providers are not qualified. What is also true is that specialized care institutions are a rarity in Egypt, plus the social norms that make it necessary for women to carry out the duty of taking care of their disabled in their families.

Overcoming these constraints will not be an easy task, given that an important part of the problem has to do with a set of values that are difficult to change, like trust, family obligations, and society's sense of women's duty. Exacerbating this difficulty is that the disabled tend to be concentrated in families that are relatively poor, less educated and living in rural areas.

The Egyptian government has ratified the UNCRPD in April 2018 with the rights of persons with disabilities guaranteed in the constitution. Building on this commitment and the results of the survey, actions can be taken on several fronts:

- Developing a model with three interconnected dimensions that seeks to address and incorporate unpaid care work into the development agenda: Recognition, Reduction, and Redistribution (the 3 Rs). The 3 Rs framework provides a way of finding practical entry points for addressing the unevenly shared unpaid care and unpaid work burden.



The aim is to strengthen women as economic actors while acknowledging that an adequate level of care and other social activities are essential for the well-being of society and the sustainability of human development⁴.

- Enforcing existing laws and regulations to protect the disabled, ensure their inclusion in society, and devising new rules to empower them. The list of regulations includes those related to transportations, jobs, housing, friendly environment for the disabled, education and health services and sports.
- Encouraging the creation of the care industry through a set of appropriate incentives, partly by targeting employers and partly by targeting new investors in this sector.
- Providing training to develop the necessary skills to take care of the disabled, and/or establishing specialized institutions for this purpose if they do not exist.
- Providing targeted subsidy to families with disabled persons, which would enable some families to hire specialized support at home and make it possible for some women to participate in the labor force.

⁴ https://www.sida.se/contentassets/ac479ee77e1f473e9a7aa1f158a5fa6c/quick-guide-to-what-and-how-unpaid-care-work_3284.pdf



- Mounting nationwide campaigns about the rights of the disabled, with a view to creating and increasing awareness of their rights and encouraging the population to both respect and support them. The elements of the campaigns could take place through the media, schools and other social networks.
- Ensuring that the long-term development agenda is mindful of the imbalances in income, education and health opportunities at the regional level.

Collectively, these measures would have several positive outcomes. Among them is improving the welling of the disabled, and enabling them to live with dignity and a sense of worth. It would also relieve the burden on families, especially women, and give them room to release stress and be productive in other sectors in society. Besides creating job opportunity for those who will be active in the care industry, it will leave society with a broader sense of solidarity and cohesion.