Contents Lists Available At sddubidsjplm.com

Journal of Planning and Land Management

Journal homepage: www.sddubidsjplm.com

DOI:10.36005/jplm.v4i1.79

The influence of public policies on the attainment of gender equality with unpaid care work: Evidence from Jirapa Municipality

Dery, N. G

Department of Local Governance and City Management, Simon Diedong Dombo University of Business and Integrated Development Studies, Wa, Ghana.
george.dery@ubids.edu.gh

ARTICLE INFO

Article history:
Received: August 23, 2023
Received in revised form: November 6, 2024
Accepted: July 4, 2025

Keywords:
Unpaid care work, Care work, Paid work, Public Policy, and Inequality.

ABSTRACT

Historically, women all over the world found themselves entangled in the provision of unpaid care work, which consumes a significant amount of their time. Achieving gender equality in unpaid care work requires deliberate effort from the government, including the passage of laws and policies. The essence of this paper is to investigate the gap in access to gender-responsive social amenities and care services and further explore the effectiveness of public policy alternatives in addressing the disproportionate time spent by women on unpaid care work in Jirapa. To achieve this, a mixed concurrent triangulation method was adopted for the study. The study revealed the absence of a comprehensive national child care policy in Ghana. The literature review revealed that despite the significant contribution of unpaid care labour to global GDP, it is not recognised in the computation of GDP in Ghana. The study affirms that inadequate gender-responsive services, such as water, health and child care centres have contributed to an unequal unpaid care burden among women. Consequently, the study recommends that the government adopt a comprehensive national child care policy capable of addressing both the biological and social reproductive roles of women within the purview of unpaid care responsibilities. In furtherance of the findings, it is also recommended that the state increase its investment in the provision of gender-responsive interventions such as utilities and child care centres. Finally, the study recommends to government to hold a multi-stakeholder dialogue to discuss strategies to recognise and compute unpaid care work as part of GDP.

1. Introduction

Provision of unpaid care work is an essential part of family and social life and an essential ingredient for the well-being and sustenance of individuals, families and societies (Stiglitz et al., 2007). Unpaid care work refers to work which does not receive direct remuneration and can be performed by a third party (Ghana Statistical Service, 2012). Unpaid care work or labour includes child care responsibilities, which include biological reproductive roles such as child bearing, breast feeding, antenatal care etc. Social reproductive roles refer to domestic work and care roles in the family. Unpaid care work is part of productive non-market-oriented activities. It is often referred to as reproductive responsibilities (Dery et al.,2025). Paid work however refers to time contracted out which receives remuneration (Antonopoulos, 2008). Care work involves taking care of children, the elderly and the sick. Care work is often paid for, for instance care workers in elderly homes and creches (Dery, et al, 2025). Data available at the International Labour Organisation (2018) points to the fact that in some societies these responsibilities are often considered as traditional women's roles and therefore of no economic value (ILO, 2018). According to data from the United Nations (2015) about 59% of work in the world constitutes paid work, whereas 41% of work is made up of unpaid work. Regardless of its significant contribution to global economies, countries such as Ghana are yet to recognise the contribution of unpaid care activities to GDP in their national income accounting (GSS, 2012) and rigorously facilitate data collection on unpaid care work.

In respect of gender, close to 13% of people above the age of fifty provide care to the elderly every weeks with 61% of them being women (OECD, 2014). Men, on the one hand, do as much as twice of the paid work compared to women who also do more than twice of unpaid care work. This includes domestic chores and care responsibilities (OECD, 2014). Though the burden of unpaid care work falls disproportionately on women, it is weightier on women from rural areas compared to their colleagues in urban areas due to inadequate gender responsive social amenities in rural areas (Nanko &Teng-Zeng, 2022). The 2021 report of Ghana Statistical Service (GSS, 2021) asserts that the encumbrance of uneven distribution of unpaid care roles is exacerbated by inadequacy of social interventions, poor infrastructure and

limited use of appropriate technology such as labour-saving devices. The unequal workload of unpaid care work on women has wider implications for women's socio-political and economic development (Nanko &Teng-Zeng, 2022). Globally, over six hundred and six million women of working age decided not to seek paid jobs because of the burden of unpaid care work (ILO, 2018).

In sub-Saharan Africa especially in Benin and Madagascar, women spend approximately twice more time fetching water compared to men, leaving them with little time to pursue paid work (Kes & Swaminathan, 2006).

Again, according to the Ghana time used survey report (GSS, 2012. p.99):

> Women and girls' ability to escape from poverty and participate in decision making and educate themselves by going to school and engaging in productive and remunerated activities is often limited by their responsibilities for every day unpaid household and care activities. For poor women and girls this burden is even greater because of the under investment in public infrastructure and the effect of wars and conflict on infrastructure.

In the Jirapa municipality, the effect of unpaid care work on women has manifested in the low representation of women in local governance and decision-making roles. As of 2021, only 11% of females were involved in local governance and leadership roles compared to 89% of male respondents (Nanko & Teng-zeng, 2022). Another effect of unpaid care work on women in the Jirapa municipality is low transition of females to a formal tertiary educational level, as many of them get married off early to fulfil reproduction roles or unpaid care responsibilities. For instance, more rural women drop out of school to marry compared to men of similar ages (Dery, 2023).

Despite the disproportionate unpaid care work burden on women, there are no comprehensive state-led public policies in place in many sub-Saharan countries including Ghana with multidimensional functions of recognizing, redistributing, and reducing the unequal care burden on women alongside poverty reduction, enhanced literacy and access to health care. In the argument of Long (2016) many public policies in Africa have merely been implemented with limited focus on poverty reduction, health care and education, with no policy direction on recognising the significance of unpaid care labour (Long, 2016). Where they exist, there is usually a gap between the policy and execution (Dery, 2023). It must be stressed that achieving gender equality with unpaid care work will not happen by accident (Dery et al, 2025). It will require deliberate effort from the government, including the promulgation or adoption of certain legal and policy frameworks aimed at reducing the unpaid care burden and other dimensions of care work. Low access to social services such as childcare centres, clinics and utility services has worsened the burden of unpaid care work (Dery et al, 2025). This proclamation is affirmed by the Ghana Statistical Service when it declared that the burden of unpaid care work is even greater because of the under investment in public infrastructure (GSS, 2012). As far as reproductive roles are concerned, the biological roles embedded in the reproductive roles of women such as pregnancy care, child birth and 'child rearing' responsibilities unavoidably contribute to the increasing unpaid care roles of women in many underdeveloped countries including Ghana (Dery, 2023).

The study seeks to investigate and respond to the following questions. i) How accessible are public policy interventions for men and women in both rural and urban areas? ii) How effective do public policy initiatives address the disproportionate reproductive roles of women which are aggravated by their inevitable biological roles? This study is expected to significantly contribute to deepening knowledge on the literature on unpaid care work, especially in Ghana. Without any scintilla of doubt, the study will provide new information about care interventions and their contribution to the recognition, redistribution and reduction of biological and social reproductive roles of women across all facets of life. Furthermore, the significance of this study lies in identifying policy alternatives capable of influencing the reduction of time spent on unpaid care practices and also in unearthing existing gaps in the literature and data use. All recommendations from the study when adapted will guide the work of state and non-state actors in designing policies and programmes for unpaid care work.

The introductory section of this paper gives background information about unpaid care work across the globe, in African and in Ghana. It further highlights the implications of unpaid care work on gender inequality, and states the main research questions, objectives and the significance of the study. The succeeding section focuses on the theoretical and conceptual models which serve as a foundation for a better comprehension of inequalities occasioned by unpaid care responsibilities. The method and material section highlights the area of study, sampling techniques used, methods and tools for data collection and analysis and ethical considerations for the study. Next is the data presentation and discussion, with the final section dealing with the conclusions and recommendations from the study.

2. Theoretical and Conceptual Models

One welfare model that has stood the test of time in addressing welfare issues including unpaid care work in Europe is the Nordic welfare model (Emmakristina, 2015). The Nordic welfare model is a model adapted by the Scandinavian countries, including Sweden, Denmark, Finland, Iceland and Norway. It is a public care and welfare policy model of the Nordic countries linked to labour market policies that are essentially public or state-led interventions. The general principles driving the Nordic model of welfare are anchored on universalism, solidarity and equality of all human beings (Emmakristina, 2015). With universalism, standard support for every citizen is secured through social laws and policies. Universal rights are linked to illness, disability, unemployment, old age pension and child raising. The solidarity component is an important principle by which the fortunate in society support the less fortunate, and stronger people take care of the poor and needy (Emmakristina, 2015). Progressive taxation often characterises the Nordic model which promotes sharing in the burden of care. The third principle, which is the principle of equality, is related to social security, free health care, education, and job opportunities (Emmakristina, 2015). Under this model of welfare, the state can do any, some, or all of the following to help reduce unpaid care responsibilities

and give women equal opportunity to participate in paid and unpaid care work in fulfilment of the principles of equality, solidarity and universality (Krishnaraj et al.,2004). First, the state can adopt policies that will encourage investments in public sector infrastructural development resulting in the construction of access roads, health care centres, child care centres, schools, rural water and electrification systems and a wide range of goods and services to ease unpaid care responsibilities (Krishnaraj et al., 2004). Secondly, there are employment guarantee policies or job creation systems deliberately targeting women. This will not only increase women's participation in paid jobs but will redistribute unpaid care roles (Krishnaraj et al.,2004). Thirdly, a system of cash transfers could be instituted targeting households living in poverty (Krishnaraj et al.,2004). The availability of social services, cash transfers and an employment guarantee for women will aid in the redistribution of unpaid care roles, reduce disproportionate unpaid care burden and increase women's representation in the job market in line with ILO (2018) 5R policy recommendations.

The Nordic model is relevant to our study on unpaid care work for three reasons. First, it has its emphasis on equality. The principle is to ensure that all manner of persons irrespective of their gender are treated equally. Achieving equality with unpaid care work is held high by this study. The second reason is its adherence to the principle of solidarity where members of the society share in the burden of care for the vulnerable and needy in society similar to the redistribution of gender roles. The third reason is that the model proposes an employment guarantee for women, provision of social infrastructure and cash transfers as interventions that can recognise, reduce, redistribute and ensure increased representation of women in the job market. The limitation to the Nordic welfare model is that it is expensive to operate and thus would be highly unsustainable especially for poor countries in African.

The ILO (2018) 5R policy framework encourages state participation as the primary duty bearer of the care and welfare needs of citizens. The state is expected to contribute in diverse ways to address unpaid care responsibilities. The state can do this by designing policies focusing on recognising the role of unpaid care work in the sustenance of lives, reducing disproportionate care burden on women, redistributing care encumbrances to enhance equality and reward efforts by people undertaking unpaid care work and finally ensuring equal representation in the job market and governance roles. The ILO (2018) 5R framework puts emphasis on *Recognising, Reducing, Rewarding, Representing and Redistributing* the unpaid care burden among women. According to ILO (2018) the 5R framework was designed to show policy measures and recommendations that would help achieve gender equality and promote human rights in the practice of unpaid care work. The 5R policy framework indicates a virtuous circle that lessens care-related gender inequalities, addresses the barriers preventing women from achieving equal representation with men in paid jobs (Dery et al., 2025). It advocates for improvement in the welfare of care workers and by extension, the quality of care provided to recipients or beneficiaries of care (Dery et al., 2025). It recognises the multidimensional nature of public policy including care work, achieving decent work for care workers, promoting gender equality and improved well-being (ILO, 2018). The 5R framework lists five key policies and what each policy seeks to achieve, even though there are overlaps. The policies include care, social intervention, macroeconomics, labour and migration policies. These policies need not be implemented in isolation (Dery et al., 2025). For instance, to recognize, reduce and redistribute unpaid care work, care, macroeconomic and social intervention policies are strongly recommended (Dery et al. ,2025) as stated in Table 1

Table 1: ILO 5 R Framework

Policy Area	Policy Recommendations	Policy measures
Care policies	Recognize, reduce and redistribute unpaid care work	❖ Measure all forms of care work and take unpaid care work into account in decision-making
Macroeconomic policies	Recognize, reduce and redistribute unpaid care work	❖ Invest in quality care services, care policies and care-relevant infrastructure. ❖ Guarantee the right to universal access to quality care services ❖ Ensure care-friendly and gender-responsive social protection systems, including floors
Social Intervention policies	Recognize, Reduce, redistribute and Reward unpaid care work and care workers and decent work for care workers	❖ Enact and implement family-friendly working arrangements for all workers. ❖ Promote information and education for more gender-equal households, workplaces and societies
Migration policies	Representation, social dialogue and collective	✧ Enact laws and implement measures to protect migrant care workers

	bargaining for care workers	✧ Regulate and implement decent terms and conditions of employment and achieve equal pay for work of equal value for all care workers
		✧ Ensure a safe, attractive and stimulating work environment for both women and men care workers
Labour policies	Representation, social dialogue and collective bargaining for care workers	✧ Implement gender-responsive and publicly funded leave policies for all women and men
		✧ Regulate and implement decent terms and conditions of employment and achieve equal pay for work of equal value for all care workers
		✧ Promote the building of alliances between trade unions representing care workers and civil society organizations representing care recipients and unpaid carers
		✧ Promote freedom of association for care workers and employers
		✧ Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public service

Source: ILO, Care Work and Care Jobs for the Future of Decent Work, 2018

The appropriateness of the Nordic Welfare Model and the ILO 5R framework in this study lies in the nexus between policies and practices in unpaid care labour. Whereas the Nordic welfare model spells out three principles and three intervention areas, the ILO 5R frameworks stipulates a combination of policies that can achieve not only reduced care burden, but also recognise and redistribute unpaid care work burden, reward caregivers and promote their representation in the labour market and decision-making processes (Dery et al., 2025).

Conceptually, unpaid care work is often used interchangeably with unpaid work. Unpaid care work from a scholarly point of view involves the use of time and energy in supporting human well-being out of social or contractual obligations, including marriage, parenting and formal societal relationships (Elson, 2017). This entails direct care for people, including children, the elderly and persons living with disability and the performance of domestic chores such as cooking, cleaning, collecting water or firewood, and unpaid community work such as volunteer work (Elson, 2017). In the estimation of GSS (2012), unpaid care work is that work which does not receive direct remuneration and can be performed by a third party. Unpaid care work can be used interchangeably with the reproductive roles of women which according to the researcher can be classified as biological reproductive roles which involve child bearing and child rearing roles as well as social reproductive roles involving domestic roles and secondary care roles which do not attract remuneration. Care work unlike unpaid care work, involves taking care of children, the elderly and the sick at home. This is often paid for and includes care workers in elderly homes and creches (Dery, et al.,2025). Care work can be primary or secondary. In primary child care, the caregiver engages in an activity which involves the child while in secondary child care, the caregiver has a child in their care while doing other activities, such as cooking or washing (Hesse et al., 2020). Paid work however refers to time contracted out which receives remuneration (Antonopoulos, 2008). The concept of public policy is key to this study. In the words of Dye (2013) public policy could be defined as what a government chooses to do or not do. Public policies are thus, state-led policies that address a wide range of welfare areas including poverty reduction, health, education and general well-being (Dery et al.,2025). According to the ILO (2018) public policies could be categorised as Care, social protection, macroeconomic, labour and migration policies. Policy initiatives are the interventions that are designed and executed to achieve certain policy objectives (Dery et al.,2025). These policy initiatives if well implemented and coordinated could potentially reduce the financial burden on caregivers, redistribute care work, reward elderly people and persons living with disability as well as reduce the unpaid care work of women (Dery, 2023).

3. Materials and methods

3.1 Study area

The Jirapa District was established by legislative instrument (LI) 1902 and was carved out of the then Jirapa-Lambussie District in 2007. It lies in the North Western corner of the Upper West Region of Ghana and shares boundaries to the south with the Nadowli-Kaleo district, to the North with the Lambussie District, to the West with the Lawra Municipal, and to the East with the Sissala West District (Jirapa Municipal MTDP, 2018). The 2021 population and housing census in Ghana shows that the Jirapa Municipality has a population of 91,279 consisting of 43,021 males representing 47.2% and 48,258 females representing 52.8% of the population. Figure 1 shows the location and boundaries of the Jirapa Municipality in the Upper West Region of Ghana where the study areas can be found. All seven Area Councils and one Town Council were part of the study and duly represented by communities such as Jirapa town, Ullo, Tizza, Tampaala, Gbare, Han, Sabuli, Tuggo, and Duori.

The Jirapa Municipality was chosen for the study because it is one of the five Municipalities in the region with a rural and urban population (74% and 26%). It was also one of the project areas in Ghana where a multi-country donor project on unpaid care work (POWER) was undertaken by ActionAid Ghana in collaboration with Jirapa Municipal Assembly and JIFAN organization between 2016-2020. The Jirapa

Municipality has a fast-growing population in the Region, second to only the Wa Municipality. Thus, increasing population has implications for unpaid care work (GSS, 2014).

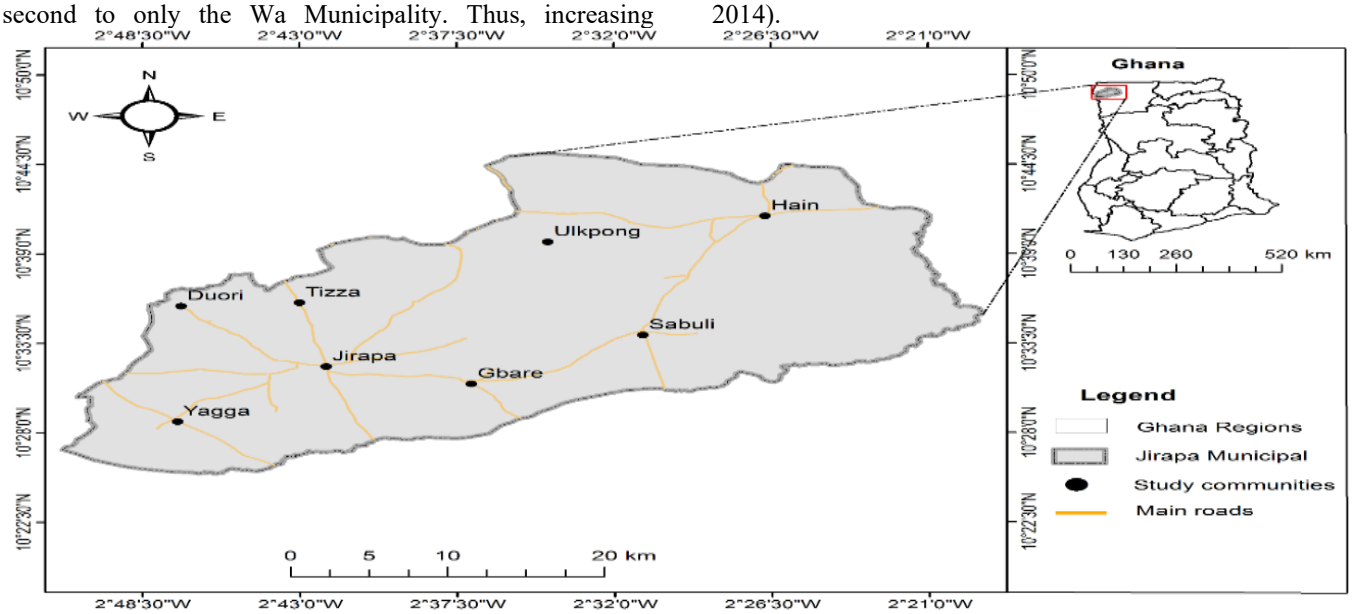

Figure 1. Map of Jirapa showing the Area and Town Councils
Source: Dery et al. (2025)

3.2 Study methods

Adopting a pragmatic philosophy, the researcher used a mixed approach to elicit quantitative and qualitative information from research respondents and participants. The researcher applied a concurrent triangulation design where qualitative and quantitative data were collected simultaneously. With a mixed quantitative approach, the researcher obtained data which are usually more objective, verifiable and deductive in nature and the latter, the qualitative approach enabled the researcher to emphasize the qualities of entities, processes and meanings that are far from being experimentally examined or measured as espoused by Denzin & Lincoln (2005). The researcher is coming from the background that believes that qualitative approaches on their own are usually subjective and inductive in character and often, cannot on their own be used to generalize on the larger population hence the need for the use of both approaches in tandem so that the overall strength of a study is greater than either a qualitative or a quantitative study as posited by Neuman (2012). The mixed triangulation method also allows the collection of different but complementary data on the same research topic to enable researchers have a complete view of the problem by comparing the quantitative and qualitative data collected.

Study population

The target household population was 13,911, obtained from the Assembly's records.

Sampling procedure

Since all the 13,911 households in the Municipality could not be part of the sample size an appropriate sampling determination formula by Yamane (1967) was applied to arrive at the sample size for structured interviews.

$$n = \frac{N}{1 + N(e)^2}$$

Where n represents the Sample size

N represents population size
e represents margin of error (0.05) x2

A systematic random sampling technique was used to sample 360 households for structured interviews from the list of households obtained from the Assembly. At the household level only one member above 18 years and of sound mind was selected randomly to represent the household (Dery et al.,2025). Here the researcher first numbered each element in the sampling frame; i.e., the households. Instead of using a list of random numbers, the researcher calculated a sampling interval (36) by dividing the population of the Area/town council by the sampled proportion for the subgroup (Area/town council). The interval became a quasi-random selection method. To avoid bias in the selection of households, the first number to be selected for the start point for the interval was picked through a lottery method involving digits like 1, 2, 3, 4, 5, 7, 8 and 9. Whichever number that was randomly picked formed the basis for the interval for selecting respondents. For instance, number 4 was randomly picked in Gbare and it became the starting number for the interval sampling in the area. With the interval sampling of 36 then households with numbers 4, 40, 76,112, 148… in that sequence were sampled for the study.

The purposive type of sampling technique used is the expert sampling, where participants with the requisite knowledge in the field of unpaid care work were purposely selected as participants for the study. This was so because the researcher needed people with expertise and experience to discuss unpaid care issues dispassionately to enhance the collection of qualitative data.

3.3 Data collection and analysis

A mixed method of data collection was used to collect data. It included structured interviews, focus group discussions and key informant interviews. Structured interviews were conducted concurrently for 360 household respondents. Six Focus Group Discussions (FGD) were held with men and

women in three communities. The focus group discussions comprised 6 and 8 women and men (Oredein, 2004). However, to further enhance the validity of data, four persons with experience in the subject matter including two women beneficiaries of unpaid care interventions, one staff of the Jirapa Municipal Assembly and one staff member of Jirapa Farmers Network, JIFAN an implementer of unpaid care interventions in Jirapa were included as key informants. In analysing quantitative data, Statistical Product and Service Solutions (SPSS.22) and Excel were used to analyse quantitative data after carefully editing and coding the questionnaire appropriately. The results generated from the SPSS were then transformed into tables as desired applying Excel and subsequently interpreted. Tables were applied to show the demographic information relating to respondents (Oredein, 2004). In respect of qualitative data, coding of themes and sub-themes was done at the margins of transcript sheets using numbers (1, 2,3, or a, b, c ....) to represent sub-objectives. Thus, analysis was done according to themes or sub-objectives (Dery et al., 2025).

3.4 Ethical Considerations

One critical ethical consideration that guided the study was the acknowledgement of borrowed work or literature on the subject. As a result, the researcher ensured that all borrowed works are duly referenced in-text and the referencing section of the report. The issue of informed consent was vital in the research. After getting ethical clearance from the University for Development Studies, the researcher sought consent from respondents before interviews were conducted. The was full disclosure of the purpose of the study, the benefits and the potential risks likely to affect research respondents and participants in the study as well as the assurance of anonymity and confidentiality. Once the was no threat associated with the study, respondents willingly participated in it.

4. Results

4.1 Socio-demographic data of respondents

Age of Respondents

Table 2 shows that the age brackets, 25-35 years constituted 28% of the respondents, while 24% of respondents were between the age brackets of 36 and 44. The least number of respondents were those in the age brackets of 61-64 and 65+ with 2% and 3% respectively. Existing literature on Jirapa indicates that over 41% of the population of Jirapa is under 14 years old and 6% are 65 years and above (Jirapa Municipal Assembly, 2018-2021). These age brackets can barely do much work. This type of population structure, aside from being typically a growing population (GSS, 2012), imposes a significant burden of care on the working population between 18 and 60 years.

Table 2. Socio-Demographic Data of Respondents

				Gender			
			Percentage			Percentage	
				Male	Female	Male	Female
Age category	18-24	60	17	29	31	48	52
	25-35	99	28	48	51	48	52
	36-44	85	24	41	44	48	52
	45-55	66	18	32	34	48	52
	56-60	28	8	13	15	48	52
	61-64	10	2	5	5	48	52
	65+	12	3	5	7	48	52
		360	100%	173	187	48	52
Marital Status	Single	68	19	33	35	49	51
	Married	234	65	99	135	42	58
	Widow/er	54	15	12	42	22	78
	Divorced	4	1	2	2	50	50
		360	100%	173	187	48	52
Residential status	Rural	256	71	121	135	47	53
	Urban	104	29	52	52	50	50
		360		173	187	48	52

Source: Field survey, 2020

The marital status of respondents as presented in Table 2 indicates that 65% are married and 19% are single. Widows and widowers constitute 15% of respondents. Secondary data suggest that about 77% females are married as opposed to 50% of males who are married (GSS, 2021). The marital status of women increases their reproductive roles which include childbearing, child care and caring for other household members.

As depicted in Table 2 about 71% of respondents are from rural areas as compared to 29% who live in urban areas. Secondary data available also indicates that in the Jirapa Municipality, 79% of its population are rural dwellers as against 21% of urban dwellers (GSS, 2021). It is important to know that though intersectionality with gender increases women's vulnerability to unpaid care work (Dery, et al., 2025) Generally all women irrespective of their status or where they live will be confronted with biological reproductive roles of child bearing and breast-feeding which is difficult to redistribute or share with other family members. Again, in Table 2 with respect to gender, there were 52% females and 48% males who successfully responded to the questionnaires. This compares to the population data of the Municipality compiled by the Ghana Statistical Service which reveals that males constitute 47.2% of the population compared to females who constitute 52.8% (GSS, 2021).

Within the cultural context of the Upper West Region, the gender of a person born male or female plays a significant role in the kind of work one will do growing up into adulthood (Agassi, 1989).

4.2 Access to public policy interventions that address unpaid care burden

In addition to social roles which emanate from social construct, generally all women by their biological make-up perform certain reproductive roles exclusive to females including childbearing and rearing responsibilities which this research classifies as biological reproductive roles. Certain policy prescriptions can be commonly applied to lessen inequality occasioned by these biological reproductive role which cannot be redistributed among family members. Normally, interventions embedded in such policies, according to the Nordic welfare model include improvement in social services, cash transfers and employment guarantee for women. Unpaid care interventions also find expression in the ILO (2018) 5R policy framework for care, labour, migration and social protection interventions that can contribute to reducing, recognising, representing and redistributing unpaid care roles.

Research respondents answered yes or no questions relative to the accessibility of selected public policy interventions in health, education, and welfare implemented within the last 25 years in Ghana. These policy-driven initiatives could potentially help women anywhere deal with unpaid care work encumbrance. The policy initiatives include Livelihood Improvement Against Poverty (LEAP), Disability Fund, Pension Benefits, National Health Insurance Scheme (NHIS), child care centres, Community-Based Health Planning and Service (CHIPS), access to electricity and water. FGD participants and key informants discussed the accessibility of state policy initiatives.

Accessibility to Livelihood Empowerment Against Poverty (LEAP)

In Table 3, 360 household respondents comprising 173 men and 187 women responded to the question of access to the government's LEAP intervention, meant to provide cash to vulnerable persons and the elderly in society to address some of their welfare needs. About 21% of males and females answered in the affirmative that they have access to the LEAP intervention. However, all the respondents who agreed that they have access to LEAP are from rural areas. Thus, the are equal male and female beneficiaries of LEAP living in rural communities.

Table 3: Access to LEAP as an intervention that contributes to unpaid care work

			Yes	%	No	%	Total
Rural	Sex	Male	37	31	84	69	121
		Female	40	30	95	70	135
	Total		77	30	179	70	256
Urban	Sex	Male	0	0	52	100	52
		Female	0	0	52	100	52
	Total		77	0	104	100%	104
Total	Sex	Male	37	21	136	79	173
		Female	40	21	147	79	187
	Total		77	21	283	79	360

Source: Field Survey, 2020

In Gbare community, a women's leader who spoke about the issue said:

> "The LEAP programme is good to us. As a LEAP household beneficiary, the allowance given to each household enables us to purchase certain items such as firewood, and grind our grains for meals. Until now, we would have spent a lot of time fetching firewood in the bush and spending almost half a day grinding flour for the evening meals" (Gbare community group leader. September, 2020).

There was consensus in the FGD among rural women in Ulkpong that the LEAP intervention has been accessible to some beneficiary women and it has helped them meet their care needs hence reducing some care burden on them and their families. They also added that though the LEAP intervention is very helpful in poverty alleviation and reduction in the unpaid care burden of women, they are concerned about its poor implementation and low coverage and access (Ulkpong women FGD, September, 2020).

Access to the District Assembly Disability Fund

In Table 4, only 4 respondents constituting 2% of total male respondents have access to the disability fund from the District Assembly as of 2020 compared to 15 female respondents representing 8% of total female respondents who come from households with persons with disability have access to the fund. About 10 respondents representing 4% of rural respondents come from households with persons living

with disabilities. For those living in urban areas 9% of them have access to the fund. In total, only 5% of the total respondents constituting 19 households have access to the disability fund. Thus, about 8% of total respondents have persons with disability living in their household.

Table 4. Access to the District Assembly disability fund

			Yes	%	No	%	Total
Rural	Sex	Male	1	1	120	99	121
		Female	9	7	126	93	135
	Total		10	4	246	4	256
Urban	Sex	Male	3	6	49	94	52
		Female	6	12	46	88	52
	Total		9	8	96	92	104
Total	Sex	Male	4	2	169	98	173
		Female	15	8	162	85	187
	Total		19	5	341	94	360

Source: Field Survey, 2020

At a focus group discussion in Ulkpong community it was reveal that a few of the persons living with disability have access to the disability fund from the Municipal Assembly and that it is often used to support the upkeep of persons with disabilities, and this reduces the burden of care on the caregivers in the household who are often women However, they lamented that the disbursement of funds does not come regularly and it is often not sufficient to cater for the basic needs of persons with disability. (Ulkpong Bakonoyiri women FGD. September, 2020). In an interview with the Jirapa Municipal Assembly Official, he indicated that "Even though the disability fund policy serves to provide support to persons living with disability for their care needs, the total number of beneficiaries who receive support is usually low compared to the registered members"

Accessibility to Pension Fund

In Table 5, 30% and 20% of male and female respondents, respectively, contribute to the Social Security and National Insurance Trust Pension scheme (SSNIT) by virtue of being formal sector workers. In total, only 24% of the total respondents are contributing towards their pension compared to 76% who are not. Thus, 24% of respondents are guaranteed access to pension benefits to enable them to meet their care needs when they proceed on retirement at sixty years.

Table 5: Pension fund for retired workers

Access to Pension Benefits			Yes	%	No	%	Total
Total	Sex	Male	53	30	120	70	173
		Female	32	20	155	80	187
	Total		85	24	259	76	360

Source: Field Survey, December 2020

The reality as expressed by FGD discussants in Jirapa town is that the pension scheme, which is meant to cushion retired workers against poverty, is enjoyed by only formal sector workers who are contributors to the scheme as defined by the National Pensions Act, 2008 Act 766. Their collective view was that the monthly pension helps the upkeep of elderly persons and reduces the care burden of caregivers who are mostly women. However, discussants were of the view that the pension scheme is only limited to a small group of formal sector workers who are mostly men. For them, its impact in reducing unpaid care burden would be much felt if farmers, traders and people in the informal sectors were roped into the scheme to have access to the benefits during retirement. (Jirapa men FGD, September, 2020).

Access to Child Care Centres

Results in Table 6 show that 47% of male respondents compared to 50% female respondents agreed that they have access to child care centres for their children. About 48% of total respondents said they have access to child care centres for their children under five years old.

Table 6. ***Child Care and Development Policy Interventions***

Access to Childcare Centres			Yes	%	No	%	Total
Rural	Sex	Male	29	24	92	76	121
		Female	41	30	94	70	135
	Total		70	27	186	73	256
Urban	Sex	Male	52	100	-		52
		Female	52	100	-		52
	Total		104	100	-		104
Total	Sex	Male	81	47	92	53	173
		Female	93	50	94	50	187
	Total		174	48	186	52	360

Source: Field Survey,2020

The FGD discussants in Jirapa were unanimous about the fact that child care centres play a crucial role in child care and development by relieving mothers of the burden of child care roles and also promoting growth and development. There was a clarion call for the establishment of child care and development centres in every community by the government to enhance access. This was corroborated by a research participant who made a profound statement that "I could not do any job when my child was always with me. However, I made the decision to enrol her in a nursery when I relocated to Jirapa. As a result, I found work in an organisation and now I earn some income. Usually, I close at 4.00 pm and then pick her up from school at 4.30 pm" (Jirapa women group leader. September, 2020).

Access to Community-Based Health Planning and Services and Health Facilities

Closely related to child care is health care. In Table 7, about 38% of household respondents, comprising an equal number of males and females from rural communities, said they have access to CHPS compounds in their communities. Another 62% of respondents said they do not have access to CHPS compounds.Concerning urban areas, 20% of respondents said they do not have access to CHPS compounds and other health facilities that provide health care services to the sick. About 80% of the urban respondents said they have access to health care in the urban centres. Thus, 67% of total respondents have access to health care services compared to 33% of respondents who lack access to health care in their area.

Table 7: Access to Community-Based Health Planning and Services (CHPS)

Health-related policy interventions			Yes	%	No	%	Total
Community-based Health Services (CHPS)							
Rural	Sex	Male	46	38	75	62	121
		Female	52	39	83	61	135
	Total		98	38	158	62	256
Urban	Sex	Male	8	15	44	85	52
		Female	13	25	39	75	52
	Total		21	20	83	80	104
Total	Sex	Male	54	31	119	69	173
		Female	65	45	122	65	187
	Total		119	33	241	67	360

Source: Field Survey 2020

In focus group discussions with men's and women's groups in Ulkpong and Gbare, the consensus was that the CHPS intervention is a welcome initiative capable of reducing their care burden. They therefore call on the government to ensure all communities are provided with CHPS compounds and health centres to guarantee primary health care services to everyone (Gbare Community women FGD, September 2020). Data available in the Municipality suggest that there are 19 CHPS compounds, 4 health centres, one polyclinic and one hospital serving 137 communities in the Municipality (Jirapa Municipal Assembly, 2018-2021).

Access to utility services

Availability of utility services facilitates the usage of energy-saving devices which contribute to reduction of workload. As demonstrated in Table 8, 64% of respondents from rural areas have access to electricity under the rural electrification programme compared to 36% of respondents from rural areas who do not have access to electricity. In the urban areas of Jirapa, 98% of the urban respondents have access to electricity in all households. Only 2% of respondents from households in urban areas do not have access to electricity. Thus, a total of 74% of respondents said they have electricity

Table 8: Access to National Electrification Programme

Access to Electricity			Yes	%	No	%	Total
Rural	Sex	Male	80	66	41	34	121
		Female	83	62	52	38	135
	Total		163	64	93	36	256
Urban	Sex	Male	51	98	1	2	52
		Female	51	98	1	98	52
	Total		102	98	2	98	104
Total	Sex	Male	131	76	42	24	173
		Female	134	72	53	28	187
	Total		265	74	95	26	360

Source: Field Survey, 2020

According to a key informant interviewed "electricity supply has not drastically been pursued by governments beyond political promises made during electioneering campaigns as a result many areas in our community do not have electricity. This is affecting our ability to use labour-saving devises to save time in doing domestic work" (Gbare women's group chair. September, 2020).

Small Town Water Systems

In Table 9, 40% of respondents from rural areas said they lack access to potable water compared to 68% of respondents from urban areas who have access to water. In all 48% of total respondents have access to potable water in the municipality.

Table 9. Access to Small Town Water Systems

Small Town Water System			Yes	%	No	%	Total
Rural	Sex	Male	52	43	69	57	121
		Female	51	38	84	62	135
	Sub total		103	40	153	60	256
Urban	Sex	Male	38	73	14	27	52
		Female	33	63	19	37	52
	Subtotal		71	68	33	32	104
Total	Sex	Male	90	52	83	48	173
		Female	84	45	103	55	187
	Total		174	48	186	52	360

Source: Field Survey, 2020

In a FGD in Ulkpong their concern was that many of them rely on boreholes that frequently break down making it difficult to get potable water. According to them anytime their borehole breaks down they would have to commute between 4 to 6 kilometres to Ull-Dantie or Ullo-Gozu to fetch water, and this can be time-consuming for women and their daughters (Ulkpong women FGD. September 2020. This was corroborated by the Ulkpong women's leader when she stated: "The absence of boreholes and the frequent breakdown of the existing ones compound our workload as women. We can spend the whole morning session with our children in search of water when our borehole breaks down during the dry season" (Ulkpong Bakonoyiri women group leader. September, 2020)

4.3 Effectiveness of the implementation of Public Policy initiatives in addressing disproportionate unpaid care burden on women

The Effectiveness of the LEAP Policy Intervention

It is one thing have access to a policy intervention and another for it to be effective in addressing the unpaid care responsibilities. To enable the researcher to respond to research question 2, in-depth discussions were held in focus groups and with Key informants in three communities. There was general accord in all six focus groups held at Jirapa, Ulkpong and Gbare communities and that is the LEAP programme plays an important role in reducing the burden of care among caregivers. However, they said its effectiveness is undermined by the fact that it has limited number of beneficiaries, and only beneficiaries can feel the impact on their care responsibilities. In Gbare for instance, discussants were united on the point that the LEAP intervention can only be effective if its beneficiaries are extended to cover unemployed women who mostly render care services (Gbare Women group FGD. September, 2020). In the Jirapa Municipality, out of the 13,249 households, only 2,987 households, representing 23% of households benefit from the LEAP programme (Jirapa, Municipal Assembly, 2018).

Disability Fund

From the perspective of research participants, the effectiveness of the disability fund as a social intervention programme that is capable of minimising unpaid care burden is not in doubt. Findings from all focus groups discussions held on the effectiveness of the Disability Fund for persons living with disability show that households that accessed the fund are relatively able to mitigate the care burden of persons living with disability and their caregivers compared to those who do not have access. They identified the gaps limiting the effectiveness of the policy to include delay in release of the money, inadequacy of the amount and also limited access. According to the Municipal Planning Officer of the Jirapa Municipal Assembly:

> "The cash transfers under the District Assembly Disability fund is effective in reducing the care burden of caregivers in households. It is from that fund that some households can procure goods and services to cater for the unpaid care needs of persons living with

disability. Unfortunately, due to delays in the release of the District Assemblies' Common Fund coupled with poor implementation and monitoring of the programme, the effectiveness is not experienced in many households" (Jirapa Municipal Planning officer, September 2020).

National Electrification Policy

Concerning electricity used in the households, discussions in FGD and key informant interviews conducted on to the effectiveness of the national and rural electrification policies point to the fact that expansion in electricity coverage can improve people's welfare and also enhance the use of labour-saving devices to reduce women's workload. FGD discussants in Jirapa town revealed that generally electricity usage has reduced drudgery at home and saved women's time (Jirapa women group FGD. September, 2020). However, FGD discussants in rural areas conceded that electricity supply can aid in the reduction of their workload. Their only source of worry is that the extension of the national power grid has not been pursued vigorously by governments beyond political promises especially during electioneering campaigns. A key informant from the rural area stated:

> "In our community there are many houses which are not connected to electricity due to the absence of electricity poles even though we hear some communities are lucky to have electricity supplied to almost all their homes. Most of the campaign promises by politicians have not translated into practice hence a deficit in electricity supply to our community" (Gbare Women's leader, leader, September, 2020).

Small Town Water Systems Policy

Results from FGD and in-depth interviews suggest that water supply is an important utility that can effectively reduce women's workload drastically. They argue that rural women spend several hours daily looking for water, and this affects their ability to do other things including work that improves their livelihood. A key informant noted: "The availability of water at home reduces the time women spend looking for water to prepare meals. Water supply however, is inadequate in some communities compounding women's unpaid care responsibility." (Jirapa Municipal Planner, September, 2020).

Community Health Planning Services (CHPS)

The effectiveness of early childhood care and development policy in reducing unpaid care roles was never in doubt. One key informant argued: "Child care Centres are a very effective measure to reduce the burden of care among mothers. Once they are enrolled at the child care centre, it provides some respite to the mother to engage in other useful economic activities" (JFN officer, September 2020). In FGD involving rural women and men, there was consensus that child care centres have the potential to reduce the unpaid care work burden of mothers. There was consensus among female discussants that the implementation of the policy has been useful to working women in both rural and urban centres despite of inadequate infrastructure especially in rural areas. According to discussants in rural areas the policy is effective in addressing the problem women go through daily in carrying children and caring for a them for 24 hours. They are however concerned that there is little private sector investment in early childhood centres in rural areas, coupled with the government's inability to provide each community school with KG and Childcare centres (Gbare women FGD, September, 2020). The position of key informant is that "lack of child care centres exacerbates the burden on caregivers of children below five years". He goes further to state: "there is little private sector investment in early childhood centres in communities coupled with government inability to provide each community school with KG and Child Care centres" (Planning officer, Jirapa September,2020). In a focus group discussion with Gbare women, they emphasized that the absence of Child Care Centres in their community until 2019 exacerbated women's burden of care for children below five years (Gbare Men FGD, September, 2020)

5. Discussion

i) Accessibility to public policy Interventions that contribute to addressing unpaid care work burden

Our discussion here is centred on access to public policy interventions. This is aimed at helping researchers address the research question captured in the introductory chapter. The discussion focuses on the unpaid care burden highlighting selected public policies that resonate with the ILO (2018) 5R framework and the accessibility of the supposed interventions. To begin with, results from the operationalisation of LEAP as a policy initiative capable of reducing the unpaid care burden in households in Jirapa point to the fact that there is low access among households due to limited coverage of the scheme. LEAP as a cash transfer programme (CTP) has the potential to contribute to the recognition and reduction of unpaid work care as stipulated by the ILO (2018) 5R policy recommendations. Unfortunately, only a few households mostly in rural areas benefit from the policy. The revelation was corroborated by secondary data obtained from Jirapa Municipal Assembly which indicates that only 2,987 out of the 13,249 households, representing 23% of households in the Municipality mostly in rural areas benefited from the LEAP programme (Jirapa, Municipal Assembly, 2018-2021).Our results from the field also indicate that the percentage of people who have access to LEAP is generally low with an average of 22% of household respondents having access to LEAP. Access to regular cash remittances guarantees increased support for non-care work (Krishnaraj et al., 2004). Thus, cash remittances help households pay for services that the caregiver would have previously done. The ability to procure care services with funds reduces time spent in undertaking unpaid care work. In a study by Salifu & Kufoalor (2023) most of the cash transfer programmes implemented in Sub-Saharan African (SSA) were found to be ineffective at targeting people experiencing poverty. LEAP as a social intervention in Ghana fulfils the principle of solidarity as espoused by the Nordic welfare model and it further reinforces the model's recommendation of cash transfer as one of the three alternative interventions to reduce the burden of care (Krishnaraj et al., 2004). The researcher's review of scholarly works shows that the implementation of cash transfer programmes in many countries in Sub-Saharan Africa (SSA) is confronted with significant leakages and low coverage attributed mainly to the

targeting mechanisms used as well as political interference, corruption, and internal operational challenges. This assertion was corroborated by Sulemana et al., (2018) when they indicated that the majority of the poor in the catchment areas of LEAP are still not covered and this was a concern that resonated with participants of an FGD in the field. Despite the aforementioned challenges with the LEAP, cash transfer schemes when well managed have the immense potential to contribute to the reduction of unpaid care work as envisaged by the proponents of the 5R framework.

In respect of the implementation of the Disability Fund, our findings on accessibility to the Fund suggest that only 2% of total households in the districts have access to it. Accessibility to the fund as a form of cash transfer cited in the Nordic welfare model (Krishnaraj et al.,2004) can reduce the care burden on caregivers by enhancing their purchasing power to procure goods and services that would have been provided by the caregiver. A study by Chen (2012) shows that when husbands started receiving a disability benefit, wives unpaid labour participation decreased by approximately 6%. In Ghana, 3% of the District Assembly Common Fund is set aside by law (District Assembly Common Fund Act, 1993) to support persons living with disability to meet their care needs. Secondary data available at the Jirapa Municipal Assembly indicates that, as at 2017, a total of 949 persons, comprising 580 females and 369 males were registered as persons with disability; but only 118 persons constituting 12% comprising 44 males and 74 females have benefited from the disability fund (Jirapa Municipal Assembly, 2018-2021). Findings from the field however indicate that unlike Chen (2012), families were unable to quantify how much time is saved from unpaid care work due to cash transfer received from the disability fund even though it was generally agreed that the potential to reduce unpaid care burden is higher for households with persons living with disability. Essentially, keeping records of time spent on unpaid care work was not considered by household members hence a challenge that perhaps needs attention.

In Ghana, the Social Security and National Insurance Trust (SSNIT) pensions law allows monthly pension payments to be made to workers who have contributed to the mandatory pension scheme when they attain the age of 60 or decide to take a voluntary pension at age 55 (National Pensions Act, 2008, Act 766). The lowest monthly pension pay in Ghana is GHC409, and the highest is GHC26,509.66 as of August, 2024 (SSNIT, 2024). This amount is meant to support their welfare and reduce the financial burden on caregivers. Results from the field data collected suggest that only 24% of the total respondents come from households that are contributing towards their pension compared to 76% who are not. Accessibility to the SSNIT pension is thus, very limited. The majority of people in the informal sector are not on the government pension (SSNIT), implying that they will face challenges meeting their unpaid care needs during old age. This situation will further exacerbate the care burden on family members, mostly women. Coverage of the active labour force under pension already extends to over 20% with around a quarter in the informal sector (0.5 million members). The reach of the 1st tier pension as of June, 2022, is extensive, with statistics showing a total membership of 1.8 million employees mostly from the public and private formal sectors (Krufi & Ashcroft, 2024). Many of the inhabitants of the Municipality work in the informal sectors (Jirapa Municipal Assembly, 2018-2021). The SSNIT scheme is not limited to only formal sector workers in Ghana. To quote the words of the Planning officer of the Municipal Assembly of Jirapa "though the SSNIT scheme is open to all, the voluntary nature of the monthly contribution to the scheme is what limits participation of informal sector workers compared to formal sector government employees whose contributions are taken compulsorily from source (Official of Jirapa Municipal Assembly, September, 2020).

The findings from the field on early childhood care centres indicate that about 48% of total respondents have access to child care centres for their children above three years. As a result, about 52% of the households of respondents mainly from rural areas do not have access to early childhood facilities to cater for children while their mothers engage in other activities of economic value. Households do not have access to early childhood care at child care centres and have to stay at home. They become a burden to their parents especially their mothers. Available data from the Jirapa Municipality Assembly indicates that the Municipality has 72 Kindergartens (KGs) spread over the Municipality in 137 communities. The need for KGs and care centres for the Municipality is about 109 (Jirapa Municipal Assembly, 2018) leaving a shortfall of 37 KGs and care centres. A study conducted by Abdulai (2024) identified challenges associated with early childhood education to include lack of infrastructure, inadequate teachers and prejudice about the relevance of early childhood education programmes as constraints to access to child care centres in some communities in Ghana. The Children's Act, 1998 (Act 560) enjoins the District Assemblies and other decentralised departments to provide child Care Centres as a means to ease the child care burden of mothers. The importance of child care centres in minimising unpaid care responsibilities is thus, not in doubt. Child care centres are however not entirely a panacea for the child care burden on women. There are biological reproductive roles of women that significantly increase the reproductive roles especially for lactating mothers. These include child birth, breastfeeding and postnatal care. It is imperative to note that these biological roles cannot be subjected to the redistribution principles of the 5R framework propounded by the ILO (2018). In other words biological reproductive roles cannot be undertaken by a third party, and cannot be redistributed with spouse or family members hence the role should to be recognised by the state and rewarded (Dery et al., 2025). To effectively deal with child care, the separation of the reproductive role into biological and social roles aid policy design as well as putting to an end a long-standing controversy in literature regarding whether men and women can achieve equality with the reproductive roles or for that matter unpaid care roles. This debate is labelled as the Wollstonecraft dilemma. 'Wollstonecraft's dilemma' refers to the presence of a debate on whether men and women are truly equal in all aspects (Pateman,1988). The division of reproductive roles or unpaid care responsibilities is based on the fact that equality can be achieved for social reproductive roles because they are a social construct, but not with biological roles which are natural and encompass pregnancies, delivery and breastfeeding roles of women.

Though primary health care is a universal requirement envisaged by United Nations Sustainable Development Goals 3 (UN, 2017), the is a significant health infrastructural deficit in the Jirapa Municipality with the rural areas facing momentous shortage (Nanko &Teng-zeng, 2022)

In Jirapa Municipality only 25 health facilities serving a population of 91,279 people living in 137 communities (GSS, 2021). Access to health care facilities according to our field data is inadequate even though our research participants argue that access to health facilities reduces women's unpaid care burden by reducing the time and cost involved in seeking health care elsewhere. About 67% of total respondents have access to health care services compared to 33% of respondents who lack access to health care in the Municipality. Data gathered by MIC, reveals that the number of functional Community-based Health Planning and Services (CHPS) zones in Ghana increased from 76.5% of demarcated CHPS zones in 2018, to 78.5% in 2019 to ensure people have easy access to health care. This however fell below the sector target of 82% (NPDC, 2018-2021). Thus, contrary to the findings of MIC, a significant number of people including women and children do not have access to health care in the Jirapa Municipality.

Under the rural and National electrification projects, the policy objectives are to expand electricity supply to all communities in the country to enhance job creation and improve the well-being of citizens as the primary policy objectives. The availability of electricity helps citizens to switch from labour=intensive approaches to work to the use of labour-saving devices such as grinding mills, merchandised boreholes, washing machines and domestic food preparation instruments and machines. The use of these devices reduces the amount of time spent on unpaid care work by women in households. Data in the Medium-Term Development Plan of the Jirapa Municipal Assembly (2018-2021) suggests a 58% electricity coverage in the municipality. Results from the study show a significant shortfall with electricity supply accounting for about 42% in rural areas. In the study conducted by Enoch Ntsiful et al., (2024) it was found that electricity access reduces the number of unpaid care hours expended by women and generates surplus hours for other uses. Beyond the reduction of time spent in food preparation, washing and other domestic work due to the use of electrical equipment, the study was however unable to unearth the amount of time saved by households due to the use of electricity. Again, there was virtually no secondary data available on time use on unpaid care work in the Municipality.

With the small-town water systems, the policy demands that only communities with a minimum population of about 75 inhabitants and a maximum of 50,000 qualify to benefit under this project. In our FGD engagements and data collected from the field, lack of potable water results in women trekking long distances to fetch water, resulting in a significant amount of time lost each day. Thus, Ghana Statistical Service did indicate that the burden of uneven distribution of unpaid care roles is exacerbated by inadequacy of social interventions including water facilities (GSS, 2012). Out of the 137 communities in the Municipality, about 20 do not have access to potable water even though they meet the threshold for potable water supply under the small-town water systems (Jirapa Municipal Assembly, 2018-2021). The Jirapa Municipality has 95% water coverage with increased inadequacies in rural areas. Access to basic drinking water recorded a decline over the period from 67% in 2017 to 62% in 2019 (Jirapa Municipal Assembly, 2018-2021). However, access improved for rural areas to 62% compared to urban ares, 61% in 2019 (NDPC,2018-2020). Available data from MICS 2017/18, indicates that about 22% of the population of Ghana has access to water on-premises. This includes about 40% of the urban population with access on-premises and 9% for rural dwellers. About 60% of the rural population access water within 30 minutes, which means outside their premises (National Development Planning Commission (2018-2021). The result on the field, however, does not support a 62% access to water supply in rural areas. Data gathered from the field shows an access rate of 40% for rural areas and 68% for Urban areas. Nonetheless, 38% to 60% shortfall requires government intervention because of the potential to reduce women's workload by reducing the amount of time spent in search of water. According to data from Oxfam (2018), households with improved water access reported significantly lower work hours than households without, indicating that providing such access could potentially reduce women's average workload by 1-4 hours a day.

*ii)**Assessing the effectiveness of public policy alternatives in addressing disproportionate unpaid care work Burden on women***

Our discussion on the effectiveness of public policy in addressing unpaid care work is in response to our second research question. The selected care and social protection policies implemented in Ghana were generally found to be effective in addressing some unpaid care roles of women, though that was not the primary objective of the policies.The revelation from the field suggests that the LEAP policy, as a social protection policy, has the potential to address the unpaid care needs of households especially women. Its effectiveness in reducing unpaid care work was never in doubt, despite some limitations associated with it, including low coverage of the scheme and other bottlenecks. Scholarly studies suggest that the contribution of LEAP has been effective and should never be underestimated. A study by Sulemana, et al. (2018) suggests that LEAP to a greater extent, is improving the livelihood of people living in poverty in rural communities. It has contributed positively to poverty reduction through the reduction of hunger, and through improved access to health care, child education, investment in agriculture, other income-generating activities, and the promotion of inclusion of previously marginalized persons in cultural events. Nevertheless, as indicated, its effectiveness is challenged by a myriad of problems including limited coverage, political influence and corruption (Sulemana et al., 2018; & Salifu, 2024).

The SSNIT Pension scheme is backed by a legislative instrument known as the National Pensions Act, 2008 Act 766. The pension scheme was described as effective for public sector workers who proceed on retirement after attaining the compulsory retirement age of 60 years (Jirapa Municipal official, September 2018-2021). In an FGD with men and women in Jirapa, the consensus was that the majority

of people who are not formal sector workers do not benefit from the scheme hence it is not a policy that is impacting the unpaid care work burden of many households. The absence of alternative scheme, to support elderly people when they attain the age of retirement imposes a significant burden of care on caregivers and increases women's unpaid care burden. The small number of beneficiaries of the SSNIT pension scheme and the low level of participation of the informal economy in the scheme have been recognised to be a problem worth exploring by the National Pensions and Regulatory Authority (Krufi & Ashcroft, 2024).

Electricity supply was seen to be effective in addressing domestic chores at households. Discussion among female FGD in Jirapa town suggested the effective use of electricity to reduce domestic work burden, including food preparation, washing, grinding flour etc. An FGD among women and men in Jirapa, acknowledged that almost every household in Jirapa has electricity, which is used for many activities including recreation. A key informant interviewed said;

> "As for '*Akosombo kaniaa'* it is everywhere in Jirapa and it makes the night bright and also makes it easier for us to grind our grains and use it for domestic purpose including washing, blending and as a source of energy for food preparation (JFN, September, 2020).

According to Enoch Ntsiful (2024) access to electricity has an insignificant effect on the labour value of farm women while the effect on their non-farm labour is significant in urban and rural areas. Unpaid care work interventions have proven that labour saving technologies and machines including mechanised boreholes, electric grinding machines, washing machines, blenders, and electric stoves that use electricity go a long way to reduce the drudgery associated with unpaid care work and save valuable time for women who mostly perform these unpaid care work duties (AAG, 2020). Availability of water at home reduces the time spent searching for water. In households with improved water sources, women reported significantly lower work hours than in households without improved water sources, indicating that providing such access could potentially reduce women's average workload by 1-4 hours a day (Oxfam, 2018).

Data gathered by MIC indicates that a number of functional Community-based Health Planning and Services (CHPS) zones in Ghana increased to 78.5% in 2019 but fell short of the target of 82% (NPDC,2018-2021). The effectiveness of public policy intervention in recognising, redistributing and reducing the unpaid care burden was thus acknowledged, except to say that coverage is low and needs to be expanded.

From our discussions, selected public policies with the primary objective of addressing poverty, care and welfare needs include LEAP, the Disability fund and pension benefits (Dery et al., 2025) mostly cash transfers in nature are effective in addressing unpaid care burden in line with the 5R policy framework of ILO (2018). The effective implementation of these policy recommendations would better position men and women to pay equal attention to paid jobs (breadwinners' role) and unpaid care roles (caregivers' role).

Public Policy alternatives on essential social services including the provision of child care centres, health centres, potable water supply and electricity are effective policy initiatives that can significantly reduce women's reproductive roles to free their time from child care and domestic activities. Time saved as a result of the reduction in unpaid care work will save time for women to be represented in paid jobs and leadership roles as a fulfilment of the representation function of the policy recommendations envisaged by the proponents of the ILO (2018) 5R policy framework. Unfortunately, access to some of these social services is challenging for the majority of households. In resolving the issue of access, Krishnaraj et al., (2004) stated that, the state can invest in public sector-led infrastructural development by constructing access roads, health care centres, and childcare centres, and providing rural water and electrification systems and a wide range of goods and services to ease the unpaid care work burden in society.

Even though respondents were very clear in their minds that public policy initiatives can reduce unpaid care burden, they were unable to show evidence of how much time could be saved cumulatively a day to be used for paid jobs. Data on time saved from reduced unpaid care work could not be ascertained during FGDs and key informant interviews. The non-recognition of unpaid care valuation in the computation of GDP reflects a gap in data in the calibration of national income. The state has a role in the recognition of unpaid care work and making provision for its computation in the national income accounting as done by some advanced Western countries.

It is quite revealing that the biological reproductive roles of women coupled with their social reproductive roles imposes a significant child care burden. This situation requires the application of a combination of public policies to deal with childbearing and child-rearing responsibilities which cannot be redistributed. This calls into focus other labour and care policy considerations such as an extensive maternal leave, paternity leave, free maternal care and a legislation to dedicate one commemoration (Internalization women's day - 8th March, Mother's Day - 10th May and International Rural women's day,15th, October) a public holiday for career mothers

The implications of a comprehensive public care policy akin to the Nordic Welfare model are that it is expensive to implement and sustain (Emmakristina, 2015). The government will have to increase its investment in the provision of social infrastructure to meet the care needs of its people. This will require adequate annual budgetary allocation to the sector Ministry. Again, families and community members have to share in the burden of redistributing unpaid care work as the solidarity principle demands.

The selected policy initiatives do not necessarily represent the only antidote to the imbalance between paid and unpaid care work among males and females living in rural and urban areas. Job targeting for women must be deliberately pursued by affirmative action policies in fulfilment of ILO (2018) 5R policy prescription. Again, documentation of data on time saved from unpaid care work in households can be used for

paid jobs and to balance representation between paid and unpaid jobs.

In conclusion, government care and social protection policies have been perceived as effective policy instruments not just for welfare issues but also for bridging the inequality gap between men and women in the discharge of paid and unpaid care work burdens. It is thus essential to include the 5R policy prescriptions on unpaid care work in some public policies.

6. Conclusion and recommendations

Even though public policy initiatives were seen to be effective in addressing unpaid care work, accessibility to social interventions that have the potential to reduce time spent on unpaid care work has generally been challenging for women especially those in rural areas. Generally, there are social infrastructural deficits in the Jirapa Municipality concerning child care centres, health centres and utility services and this compounds the unpaid care burden of women. Though the literature emphasized the immense contribution of unpaid care to global GDP, the literature available in Ghana does not show evidence of the recognition of unpaid care work in the computation of GDP by the Ghana Statistical Service. The absence of a comprehensive national child care policy to address reproductive responsibilities occasioned by social and biological reproductive roles is contributing to increasing the unpaid care burden of women especially pregnant women and lactating mothers. The disproportionate care burden of women is further exacerbated by them under representation in cash transfer programmes.

The study strongly recommends that a comprehensive national child care policy be developed in line with the National Development Policy framework (2018-2021) proposed by the National Development Planning Commission. This policy should prioritise the recognition, reduction, redistribution, representation and reward systems for unpaid care work. Again, the study recommends increased state recognition of the role of women in unpaid care work by extending the maternal leave period from three to six months and legislating for international Mothers' day celebration to be declared a public holiday for only mothers. Considering the contribution of unpaid care work to global GDP, a stakeholder policy dialogue on the need to recognise unpaid care work in National Income Accounting could be held by the Ghana Statistical Service in collaboration with donor agencies, NGOs and the private sector to create awareness and draw on modalities for the calibration of unpaid care work for integration into GDP. LEAP as a cash transfer programme needs to be reviewed to rid it of its challenges as well as scale it up to benefit many vulnerable women crowded out of the market economy.

The state should review the policies governing pensions to allow for expansion of the existing SSNIT scheme and for the setting up of alternative private schemes to make it compulsory so as to rope in workers in the informal sectors. Finally, the state must invest in gender responsive social interventions including water supply, child care centres, CHPS compounds, and electricity, to reduce the unpaid work burden of women.

Conflict of interest statement: The authors declare no conflict of interest.

References

Abdulai, A. (2014) Challenges Facing Early Childhood Education in Ghana. What do Stakeholders Say? Advances in Social Sciences Research Journal,)1(3),11T24

ActionAid Ghana (2020) Unpaid care work and women empowerment in Ghana: Trends in Women's work time allocation-2017-2020. Unpublished.

Agassi, J. B. (1989). Theories of Gender equality: Lessons from the Israel Kibbutz; 4645 Israel Vol 5 No.2: https://www.tau.ac.il/~agass/judith-papers/gendereq.pdf

Antonopoulos, R. (2008), The Unpaid Care Work - Paid Work connection: Working Paper No. 541: The Levy Economics Institute.

Chen, S. (2012). Spousal labor supply responses to government programs: evidence from the Disability Insurance Program. Michigan Retirement Research Center WP 2012- 261

Dery, N.G. (2023). Unpaid Care work and implications for gender equality in Jirapa Municipality of the Upper West Region of Ghana. PhD Thesis: University for Development Studies, Ghana;

Dery, N.G., Duorinaah, E. and Bonye S.Z. (2025) Intersectionality in gender inequality among women: Adopting policies to minimize unpaid care burden on rural women in north-Western Ghana. Women's Studies International Forum 108 (2025) 103020.https://doi.org/10.1016/j.wsif.2024.103020.

Denzin, N. K., & Lincoln, Y. S. (2005). Introduction: The discipline and practice of qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), The SAGE handbook of qualitative Research (3rd ed., pp. 1–32). Thousand Oaks, CA: Sage. Denzin and Lincoln, 2005.

Dye, T. R. (2013), Understanding Public Policy 14th Edition, Pearson.

Elson, D. (2017). Recognize, reduce and redistribute unpaid care work, University of Essex, Colchester.Uk:https://journals.sagepub.com/doi/abs/10.1177/1095796017700135

Emmakristina, P.S. (2015). The Nordic Model of Social Democracy & Welfare: Is Utopia Sustainable?) https://www.wesleyan.edu/allbritton/cspl/collaborative/SveenFinal.pdf

Fooks, L. (2018). Making public policy care a guide to influencing on unpaid care. Oxfam GB, doi DOI: 10.21201/2017.2180

Ghana Statistical Service (2012). 2010 Populations and Housing Census. Accra, Ghana.

Ghana Statistical Service (2012). Ghana Time Use Survey 2009. Accra, Ghana. Statistical Service.

Ghana Statistical Service (2014). Ghana Living Standards Survey Report of the sixth Round.

Ghana Statistical Service (2014). 2010 Population and Housing Census District Analytical Report Jirapa District.

Ghana Statistical Service (2021). Ghana Population and Housing Census Report Volume 3A. Accra.

Hess, C., Ahmed, T. and Hayes, J. (2020). Providing Unpaid Household and Care Work in the United States:

Uncovering Inequality. Institute of Women and Policy Affairs.

International Labour Organization. (2018). Care Work and Care Jobs for The Future of Decent Work. Geneva.https://www.ilo.org/wcmsp5/groups/public/dgreports/dcomm/publ/documents/ publication/ wcms_633135.pdf

Jirapa Municipal Assembly. (2018). Medium Term Development Plan 2018-2021.

Kes, A. & Swaminathan, H. (2006) Gender, Time-Use, and Poverty in Sub-Saharan Africa, Working Paper 73 (Washington, DC, World Bank). http://siteresources.world bank. org/INTAFRREGTOPGENDER/Resources/gender_time_use_pov.pdf

Krishnaraj, M., Kanchey, A. and Pandey, D. (2004). Does EGS require restructuring for poverty alleviation and gender equality? Part 1-Concepts, design, and delivery system. Economic and Political weekly, April 17

Krufi H.A.,Ashcroft,J.(2024).Ghana's Experience With Expanding Pension Coverage.https://www. africapsa.org/wp-content/uploads/2024/02/pinBox-Book_Ghanas-Experience-with-Expanding-Pension-Coverage.pdf

Long, M. (2016). Gender justice and Frazer universal caregiver [Thesis, Georgia State University, 2016]: http://scholarworks.gsu.edu/philosophy_thesis/183

Ministry of Employment and labour Relations. (2003) Ghana Labour Act (651)

Nanko, G.D. and Teng-zeng, F. (2022). Unpaid care work and its effect on gender equality in Ghana: Evidence from Jirapa Municipality. Ghana Journal of Development Studies, 19(1)

National Development Planning Commission (2018-21).Mid-Term Evaluation Medium-Term National Development Policy framework- 'An Agenda For Jobs

Neuman, W.L. (2012). Basics of Social Research, Qualitative and Quantitative approach (3 Rd ed) London Pearson. Education Inc. Vol.42. SAGE Publications. Los Angeles, London, New Delhi and Singapore.

Ntsiful, E., Dramani, J.B., Adusah-Poku, F.,Boakye Frimpong, P (2024)Effect of electricity access on the value of women's labour and time in Ghana: World Development Perspective.35.https://www.sciencedirect.com/science/article/abs/pii/S245229292400051

Organization for Economic Co-operation and Development. (2014) Unpaid care work: The missing link in the analysis of gender gaps in labour outcomes: https://www.oecd.orgdev/development-gender/ Unpaid _care work pdf:10/7/18

Oredein, A. (2004). Research Methods: Lagos, Nigeria: Ababa Press Ltd.

Oxfam. (2010). A guide to Gender Analysis Frameworks. Oxfam GB UK.https://www.ndi.org/sites/default/files/Guide%20to%20Gender%20Analysis%20pdf

Pateman, C. (1988). The Patriarchal Welfare State: Women and democracy. Centre for European Studies. 27 Kirkland St. Cambridge.

Salifu, A. and Kufoalor K.M. (2024). Are cash transfer programmes effective at targeting people experiencing poverty in Sub-Saharan Africa? SN Business & Economics 4(2)

Social Security and National Insurance Trust. (2008). National Pensions Act,2008, Act 766

Social Security and National Insurance Trust. (2019). SSNIT Announces 2020 Pension Indexation: https://www.ssnit.org.gh/news/ssnit-announces-2020-pension-indexation/

Stiglitz, J.A., Sen, Fitoussi, J. (2007). Report of the commission on the measurement of Economic performance and social progress. Paris. Retrieved from: httpsFitoussi.fr/

Sulemana, M., Bukari, F.M., Abdulai, M. (2018). Assessment of the Livelihood Empowerment Against Poverty programme in the Karaga district, Ghana. Development in Practice. https:// bettercarenetwork.org/sites/default/files/LEAPKARAGAPUBLISHED.pdf

United Nations Development Programme. (2017). The UN Sustainable Development Goals Report. United Nations Statistics Division Development Data and Outreach Branch New York, NY 100172017

Yamane, T. (1967). Statistics, An Introductory Analysis (2nd ed.). New York: Harper and Row. https://www.tarleton.edu/academicassessment/documents/ Samplesize.pdf. 05/06/19