

## **ASSESSMENT IN SUPPORT OF SAFE MOTHERHOOD SERVICES AIMED AT REDUCING MOTHERS UNPAID WORK HOURS IN BUSIA COUNTY, KENYA**

<sup>1\*</sup> **Arnety Makokha**  
amakokha@au.ac.ke

<sup>2\*\*</sup> **Wilfred Injera**  
winjera@au.ac.ke

<sup>3\*\*\*</sup> **Victor Mengwa**  
vkirui@au.ac.ke

<sup>1,2,3</sup> *Alupe University, Kenya*

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**Abstract:** *The study's general objective was to find innovative strategies for safe motherhood care services to reduce unpaid work hours for mothers in Busia County. Specific objectives are (i) to assess innovative models of economically empowering mothers to reduce unpaid care work (ii) to evaluate innovative antenatal care services (ANC) aimed at reducing unpaid work hours and lastly (ii) to evaluate innovative postnatal care services (PNC) aimed at reducing unpaid work hours to mothers. The study applied a multidisciplinary research agenda and adopted a mixed research method of research design, the research will incorporate two postgraduate students who conducted a baseline survey and procured consent from potential research respondents.*

**Methodology:** *The targeted population constituted key informants such as Nurses, Community Health Care Workers, and Medical Health Officers. The study conducted a household survey (n=94) to establish the status of unequal distribution of unpaid work among households and innovative approaches to mitigate the same. It achieved a 70% response rate, and out of the targeted purposive sampling random sampling was adopted concurrently in selecting the study households. The findings indicate that the majority of women in Busia County, Teso South sub-county, are engaged in unpaid work hours. Secondly, they concurred that spending a lot of time waiting for service during antenatal and post-natal visits compromised safe motherhood.*

**Keywords:** *Safe Motherhood, Unpaid Care Work Hours, Economic Empowerment*

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### **INTRODUCTION**

Safe motherhood is a cornerstone of maternal health, encompassing comprehensive services that ensure women receive the care needed before, during, and after pregnancy. In Kenya, efforts to enhance safe motherhood services have made strides in reducing maternal mortality and improving access to healthcare. However, a critical yet often overlooked aspect of maternal wellbeing is the unpaid work burden borne by mothers. The long hours spent on household chores, caregiving, and other unpaid labor can significantly hinder women's ability to access maternal health services, rest, and recover, ultimately affecting their health outcomes.

The issue of maternal health in Kenya remains a significant public health challenge, exacerbated by the high rates of maternal mortality and morbidity. Despite improvements in healthcare access, many women continue to face barriers that hinder their ability to receive adequate maternal care. This manuscript, titled "Approaches in Support of Safe Motherhood Services Aimed at Reducing Mothers' Unpaid Work Hours in Kenya," seeks to explore the intersection of maternal health services and the unpaid labor burden that disproportionately affects women. The maternal mortality rate in Kenya is reported at 488 deaths per 100,000 live births,

highlighting the urgent need for effective interventions that not only enhance healthcare access but also address the socio-economic factors contributing to this crisis (Akinyi & Jeremie, 2015).

Recent studies have emphasized the critical role of skilled attendance during childbirth and the importance of postnatal care in reducing maternal deaths (Achia & Mageto, 2015). However, access to these services is often limited by various barriers, including financial constraints, cultural beliefs, and inadequate healthcare infrastructure (Naanyu et al., 2020). For instance, a qualitative exploration of childbirth experiences in peri-urban Nairobi revealed that many women were turned away from health facilities during advanced labor, jeopardizing their health and reflecting systemic inefficiencies within the healthcare system (Oluoch-Aridi et al., 2021). Furthermore, the empowerment of women significantly influences their choice of delivery location, indicating that enhancing women's decision-making power could lead to improved maternal health outcomes (Anderson et al., 2020).

Moreover, the burden of unpaid work, which includes domestic responsibilities and caregiving, significantly impacts women's health and well-being. Research indicates that women often shoulder a disproportionate share of unpaid labor, which can lead to increased psychological distress and hinder their ability to seek necessary healthcare (Ahonen et al., 2020; Tao et al., 2010). The introduction of community health workers (CHWs) has been identified as a promising strategy to mobilize communities and promote maternal health services, particularly in rural areas where access to healthcare is limited (Akinyi & Jeremie, 2015). By integrating CHWs into the healthcare system, it is possible to alleviate some of the burdens associated with unpaid work, thereby enhancing women's access to maternal health services.

Despite the existence of several programs to recognize, reduce, and redistribute women's unpaid care work, women still experience long hours of unpaid work. According to ILO, 2021, rural women carry out a majority of these tasks every day, so the total time that women devote to unpaid work exceeds 12 hours per day. The surveys show that in 89% of households, women do the lion's share of unpaid care while performing the reproduction roles (carrying pregnancies), caring for children, the elderly, and people with disabilities or illness, and or care involving domestic work, or supervisory care. Further, women were disproportionately impacted during the COVID-19 pandemic. In Kenya at the height of pandemic restrictions, women were spending more than 30 hours per week on unpaid care work. The unequal distribution of unpaid care work between women and men represents an infringement of women's rights (UN, 2013).

## **PROBLEM STATEMENT**

To make motherhood safer for women, action is therefore needed on several fronts: socio-economic development, the raising of the status of women, family planning services, and community-based maternity care and referral medical facilities where essential obstetric functions can be adequately performed.

Also despite the existence of several programs to recognize, reduce, and redistribute women's unpaid care work, women still experience long hours of unpaid work. According to ILO, 2021, rural women carry out a majority of these tasks every day, so that the total time that women devote to unpaid work exceeds 12 hours per day. The surveys show that in 89% of households, women do the lion's share of unpaid care while performing the reproduction roles (carrying pregnancies), caring for children, the elderly, and people with disabilities or illness, and or care involving domestic work, or supervisory care. Further, women were disproportionately impacted during the COVID-19 pandemic. In Kenya at the height of pandemic restrictions,

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Worldwide, more women than men spend significant amounts of time engaging in unpaid care and domestic work. Unpaid household and care work refers to “non-market, unpaid work carried out in households (by women primarily, but also to varying degrees by girls, men, and boys) which includes both direct care (of persons) and indirect care (such as cooking, cleaning, fetching water and firewood collection, etc. According to ILO (2018), although Unpaid Care Work is not recognized, its value ranges from 12-40 percent of the Gross Domestic Product. Prevailing gender norms mean that women and girls undertake the bulk of unpaid care work such as looking after and educating children, looking after older family members, caring for the sick, preparing food, cleaning, and collecting water and firewood.

Elsewhere according to the World Health Organization estimates that about 500,000 women die each year because of conditions related to pregnancy and childhood.

In a recent study conducted by Oxfam (2018) in five urban informal settlements in Kenya's capital, Nairobi, researchers found that women spent an average of about 5 hours a day on primary care compared to men who spent only about 1 hour per day on this activity. Furthermore, in the above-quoted study conducted by Oxfam in 2018, women were 20 percent more likely to have spent their time in childcare 24 hours before the study than men. While women were performing unpaid care work, men spent almost double that time on paid work. Across Africa, intentions to accomplish inclusive and sustainable development are being weakened by insufficient investment in the care economy whereby women and girls provide too much of their hours of unpaid household and care work, yet remain unrecognized, under-invested in, and unvalued. This has interrupted gender equality in countries globally with specific barriers that unpaid household and care work creates for sustainable development in Africa. This also explains that investing in quality public services and accessibility to income generation in Africa addresses critical inequality in unpaid household and care works which easily hinders the progress of many Sustainable Development Goals

According to available statistics, women perform three times more unpaid household and care work than men and spend longer hours performing care-related tasks than men. Furthermore, even when women assume paid employment in the job market, this does not reduce the amount of unpaid care work activities they engage in in the home and community; instead, women end up with a “double burden” of work in the public and domestic sphere. Recent data from UN Women indicates that the COVID-19 global pandemic has significantly increased women's caring burden, with 60% of women now reporting an increase in their household and care work since the beginning of the pandemic.

In conclusion, addressing the challenges of maternal health in Kenya requires a multifaceted approach that not only improves healthcare access but also considers the socio-economic factors that contribute to women's unpaid labor. This manuscript aims to provide insights into effective strategies that can be implemented to support safe motherhood services while simultaneously reducing the unpaid work burden on mothers. By focusing on these interconnected issues, we can work towards achieving better health outcomes for mothers and their children in Kenya.

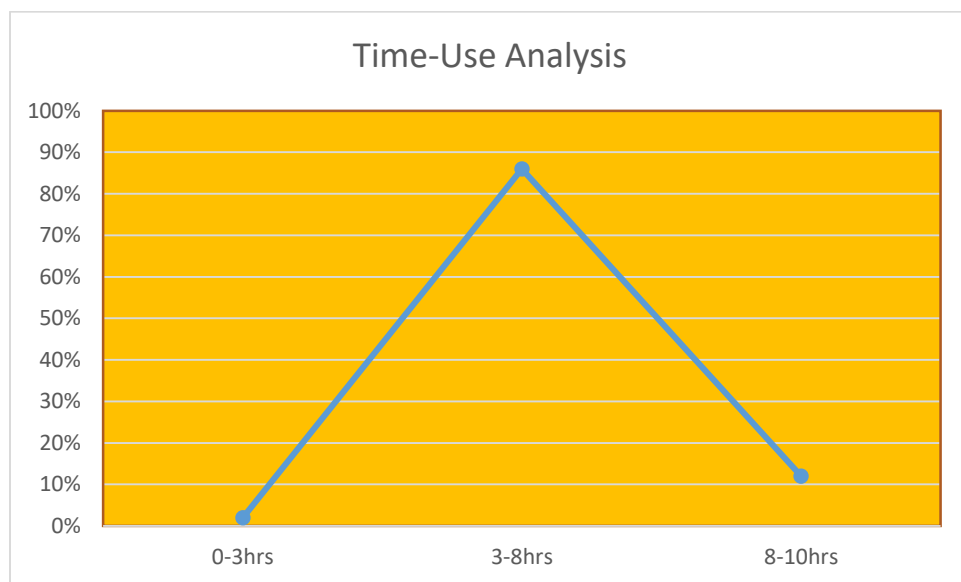
## METHODOLOGY

The study combined elements of quantitative research and qualitative research to achieve its objectives. The quantitative part used a household survey questionnaire and the qualitative part used Focus Group Discussions (FGDs), Individual In-depth Interviews (IDIs) as well as Key Informants Interviews (KIIs). The geographical scope covered 4 villages in Ango'rom Sub-County of Teso South constituency; namely Alupe, Amerikwai, Amoni/Ojamii, and Amagoro. In addition, key informants were interviewed at Alupe Sub-County Hospital and with other government institutions. The unit analysis of the study was the household members (Mothers and Fathers) and selected Key Informants as well. Using Yamane Sampling Model  $n = \frac{N}{(1 + N(e)^2)}$  (Yamane, 1967) where n= sample size, N = population size e= margin error, therefore with N= 7311, e= 10%, n= 99.5 approximately = 100 households. A non-response rate of 35% is expected as some households would have gone to attend to their daily jobs hence the sample size must be adjusted to care of the non-response from some households as follows;  $100 + 35 = 135$  households

## FINDINGS

### Time Use Analysis

Findings indicate that 86% of the respondents had about 3-8hrs free time, 12% are spending 3-8hrs in domestic cores whereas a paltry 2% are spending 0-3hrs in domestic unpaid work. So it shows that 12% of the respondents are fully engaged in unpaid work which included household/domestic scores.



On household decision making respondents reported to be making the decisions themselves or jointly with their spouse across all the households explored. Consistent with the qualitative findings, FGD results, the aspect on which the respondents most households reported to be making joint decisions (24.5%), spouse (23.4%), respondent alone (15%) and (9%) reported to be making expenditure decisions on their own. Access to technology is a tool of empowerment its transformation provides new avenues for the economic

empowerment of women and can help contribute to greater gender equality in the professional world. However, gender biases in technology have led to an underrepresentation of women in technical areas and organizations must help bridge this gender divide. The finding of this study found out that women lag in access to technology-enabled mobile phones, and smartphones. The results indicate that 90% of women do not have access to smartphones and as such are not of social media platforms such as Facebook and WhatsApp.

### **Assess innovative models of economically empowering mothers to reduce unpaid care work.**

The assessment sought out response from households on workable models of reducing unpaid care work by administering the survey question *on access to childcare facilities* and *access to water and to the national electricity grid*. Investments in public childcare services, in essential infrastructure (water, roads, electricity), and in social protection schemes as well such as NHIF. On this account as noted by respondents 78% were unable to put their children in childcare service, and elsewhere 22% of the respondents were able to put their children in childcare centers. They indicated that the availability of childcare services and the cost of putting them in were beyond their reach. Nonetheless the payoffs of establishing affordable childcare services include the reduction of unpaid work hours. This enables women are able to utilize the time they would have in child care to undertake in gainful economic activities. Public sector investment in care supportive services and infrastructure is a critical part of reducing the burden of unpaid care and unlocking the economic and social potential of women and girls worldwide. Childcare is one of the most important such investments that can be made by the government in supporting unpaid care work and thus promoting safe motherhood.

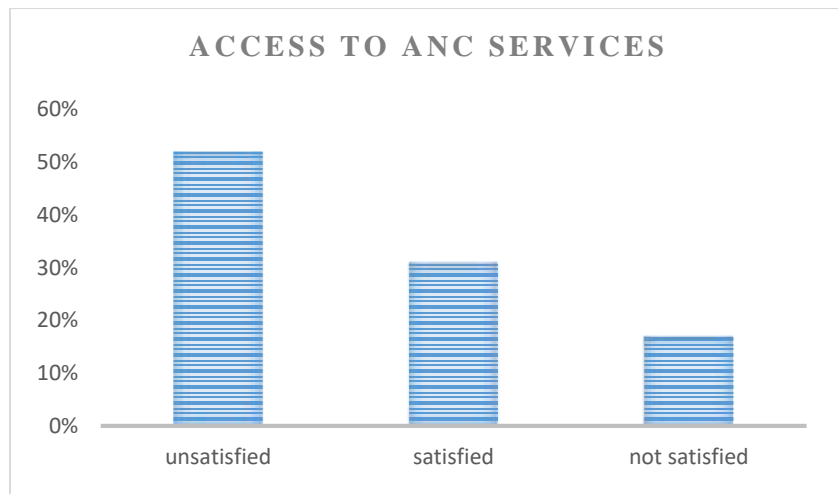
Another key innovative approach to reduce unpaid work hour is to provide potable water, electricity, safe transportation, and accessible health. The survey indicated that burden of care weighs more heavily on women's time in fetching water and firewood.

But a far greater number of cases documented the enormous social benefits resulting from greater access to child care and to labour-saving services and infrastructure. These payoffs include healthier children, improved school attendance, and reductions in gender and domestic violence. When public services are reduced to "save money", the real costs of care remain, and are shouldered disproportionately by families, especially low-income women and girls. In financing public services and infrastructure, governments should avoid regressive tax measures, such as value-added and other consumption taxes, that place a greater tax burden on the poor.

### **Evaluate innovative antenatal care services (ANC) and prenatal care services (PNC) aimed at reducing unpaid work hours and lastly**

The study sought to find levels of satisfaction with ANC services among respondents about the time spent in accessing the services. As demonstrated in Figure 1, about 52% of the respondents were unsatisfied whereas 31% were satisfied. On access to healthcare, the overwhelming majority of respondents (77.7%) reported seeking healthcare whenever they or any other household member(s) were ill. Almost the same share of respondents also reported that these healthcare facilities are government-owned.

Figure 1: Access to ANC Services



In the context of evaluating innovative antenatal care (ANC) and prenatal care (PNC) services aimed at reducing unpaid work hours, these levels of dissatisfaction suggest a critical need for improvement. Introducing innovations that can address both healthcare quality and reduce the unpaid workload of mothers—such as mobile health services, community-based ANC services, or task-shifting interventions—could enhance satisfaction and accessibility. Additionally, reducing the time burden associated with accessing these services, whether through proximity or technology-driven solutions, could help alleviate the pressures of unpaid work, allowing mothers more time to rest and focus on their health.

Figure 1 underlines the importance of continuous improvement and innovation in ANC services, particularly when aiming to reduce the time burden and increase satisfaction for mothers.

## CONCLUSION

The recognition and valuing of care work, both paid and unpaid, is fundamental in prompting safe motherhood and enhancing economic empowerment for women. The recognition, reduction, and redistribution of unpaid care work are still affected by low household incomes, limited role models, limited availability of credible and representative data on unpaid care work, and access to needed infrastructures to time-saving infrastructures in Ojamii, Alupe, Amagoro, and Amirkwai villages of Teso South Sub-county. Mostly, women do all the unpaid care work because they know/ think that it is their primary responsibility that should be done at all costs and sometimes believe punishment for non-compliance is acceptable and legal. During consultations, the study indicated that despite having valuable skills that can enable women to start businesses, they lack capital. Empowerment promotes safe motherhood as women can less engage themselves in household chores that that compromise their safety at ANC and PNC periods.

Given that unpaid work hours significantly impact mothers' ability to engage in formal healthcare, this assessment underscores the urgent need for targeted interventions to improve service delivery. Addressing these gaps through innovations in antenatal care that reduce time spent on unpaid work, such as community-based services or mobile health solutions, could play a critical role in enhancing both access and satisfaction.

This would not only support the broader goals of safe motherhood but also ensure that maternal healthcare systems are more responsive to the realities of mothers' workloads.

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