About HealthBridge

HealthBridge works with partners world-wide to improve health and health equity through research, policy and action.

HealthBridge is an international, non-profit, non-governmental organization that identifies, analyzes, and bridges gaps in public health, including gaps between:

- Needs and technologies
- Evidence and policies
- Policies and practice

HealthBridge has been working since 1982 in Asia, Africa and the Americas. It is an agile and efficient organization that aims to improve the health of vulnerable populations, including those at risk of malnutrition, infectious disease (particularly malaria and HIV/AIDS), and emerging epidemics, such as obesity and tobacco-related disease. HealthBridge helps local partners develop and implement appropriate solutions, apply innovative and sustainable practices, and promote effective policies.

Health Sector Expertise:

- Food and Nutrition, Tobacco Control, Malaria Control, Gender/Reproductive Health, Liveable Cities

Skills and Experience

- Programme coordination, development, monitoring and evaluation; Applied research; Participatory methods; Needs assessment; Material development; Information dissemination; Technology development; Technology transfer.

Geographic areas:

- Experience in over 30 countries in Africa, Asia, the Americas, and the Caribbean.
- Canadian headquarters, project sites in Bangladesh, Vietnam and India.

Languages

- English, French, Bengali, Nepali, Chinese, Vietnamese, Spanish, Portuguese, and Hindi

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A multi-country collaboration to raise the profile of the unpaid work carried out by women for the betterment of families and societies.
Gender inequality persists throughout the world. Problems include sex-selective abortion, differential feeding and caring practices, different rates of school attendance, fewer career opportunities for women and chances to leave home, and violence against women. While such problems may be rooted in culture and society, the undervaluing of women’s unpaid work seems to be a potential contributor to women’s maltreatment and abuse. Low perceived value is often shared by women themselves, who fail to give importance to their own work.

To improve women’s lives, the perceived value of women must change.
Economic decisions are made on the basis of GDP, and the relative worth or value of different segments of society are reflected in economic figures. When full-time housewives are labelled as economically unproductive and categorized with beggars and prisoners, it is easy to avoid enacting or enforcing policies meant to improve their condition.

Why is it important to conduct research on the economic value of the unpaid work performed by women? How does one go about calculating the value of such unpaid work? How can we use the results to advocate for improved rights for women and more equal sharing of responsibility with men?

By raising the profile of the work carried out by women without pay, the perceived value of women may also rise and provide an incentive to address the various forms of inequality. To contribute to the knowledge base of the value of women’s unpaid work and to test various methods of calculating it, HealthBridge worked with local organizations to undertake five studies on the economic value of the unpaid work regularly performed by women.

In the report "Women, Work, and Money: Studying the Economic Value of Women’s Unpaid Work and Using the Results for Advocacy", HealthBridge discusses the weaknesses of national accounting systems, the intrinsic value of women’s work, definitions of household labour, and gender and work stereotypes in the division of labour. The report also explains quantitative and qualitative methods that can be used to better understand the value of the unpaid work done by women, suggests ways of using the results, and offers recommendations to government, NGOs, INGOs, women’s organizations, and research institutions.

Companion reports provide summary results for the research conducted in Bangladesh, India, Nepal, Pakistan and Vietnam. The results show that women often work 16 hour days, have little or no leisure time, and that GDP would increase significantly if women’s unpaid work were included in its calculation.

**Bangladesh:**
- Bangladeshi women work on average 16 hours each day unpaid.
- This total unpaid 771.2 million hours of yearly work has an estimated value of US$70 to $91 billion, more than 100% of GDP.

**India:**
- A typical woman’s day starts by 5 a.m. and ends after 10 p.m. In addition to their unpaid tasks, many women spend six to eight hours daily at paid work.
- Assigning even a very low wage for women’s unpaid tasks yields an annual figure of US$612.8 billion, or 61% of GDP.

**Nepal:**
- Nepali women reported working between 9.7 (urban) and 13.2 hours (rural) each day on household tasks; this does not include those tasks that they did not do every day.
- GDP in Nepal would nearly double if the contribution of women’s unpaid household work were included.

**Pakistan:**
- Both urban and rural women perform a wide variety of tasks, typically working 16 hours each day.
- Women annually contribute US$37.55 billion or 23.3% of GDP.

**Vietnam:**
- Women reported doing more than 5 hours of household work per day, often on top of their full-time paid jobs.
- If women’s unpaid household work were included, GDP would rise from $89.8 to an estimated $135.9 billion, an increase of 66%.

It is hoped that this research can help increase the perceived value of women’s work based on its utility to people rather than its income potential, and thus also increase the perceived value of women.

To improve women’s lives, the perceived value of women must change. Calculating the economic contribution that women make through their unpaid work demonstrates the extent of their contribution to society.