

# THE AFRICAN CONTEXT IN THE BUILDING OF A GENDERED CARE-FOCUSED SOCIAL ACCOUNTING MATRIX

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## 1. INTRODUCTION

There has been a recent spike in interest in understanding and quantifying the care economy around the world. As the populations of many nations – including in the African region – grow older, the realization of an impending care crisis has woken governments to the need to build a solid care infrastructure and adequately provide both child and elder care to their citizens. Economists have increasingly turned towards incorporating care sectors into macroeconomic models to better understand the dynamic relationship between the care sector and other sectors of the economy, and to develop more effective, gender-aware policies to address ever-growing care needs. Projects like the Care Work and the Economy focused on Korea and the Quanta – Care and Gender project in Colombia have developed Computable General Equilibrium (CGE) models that incorporate a care sector based on a gendered care Social Accounting Matrix (SAM). As the work of developing these care-focused macroeconomic models turns towards the African continent, the importance of the socioeconomic and cultural contexts has been highlighted by leading African scholars, including Isabella Aboderin, Lyn Ossome, and Crystal Simeoni. For example, Lyn Ossome pointed out the importance of kinship for analyzing the conceptual framework that supports family organization in African countries in her lecture at the July 20-22 *Understanding and Integrating Gender and Care in the African Context in Policy Tools* workshop held in Senegal. Care-focused macroeconomic models and their policy options need to be carefully calibrated to account for the diverse socio-cultural norms in the African region.

This paper contains an overview of the key issues one must consider when building a gender care-focused SAM and CGE model for African countries and Senegal in particular. For starters, a lot of employment in African countries is informal, with estimates putting the share of informal employment in the non-agricultural sector in Sub-Saharan Africa at 66 percent (Chen, 2017). In Senegal, the share of informal employment in total employment as of 2018 is 91.2 percent (ILO, 2018). For women the number is 93.7 percent. This high figure is not driven by a large agricultural sector, as the share of non-agricultural informal employment in non-agricultural total employment is 87 percent in Senegal, with the female share being 91.2 percent (ILO, 2018). Hence informal employment is prevalent throughout the entire economy. The high level of informal employment has repercussions for job stability, productivity, and safety. This along with issues regarding the disaggregation of households and factor markets, as well as how the care sector is embedded in the production activities accounts of the SAM are the key issues covered in this paper.

## 2. INSTITUTIONS: THE HOUSEHOLD

Households are a major foundational unit in SAMs. This is especially so in care-focused SAMs as the entire care sector (both paid and unpaid) revolves around the household. In SAMs, households provide labor and capital to firms for production, and income taxes to the government. In return, they receive labor income and rents from firms, and transfers from the government. Households also provide essential goods and services needed for maintenance of labor force and reproduction of societies using unpaid labor. These include typical activities like housecleaning, cooking, yard care, and home repair, and the provision of caregiving to the young, frail elderly, sick and disabled. As a result, it is important to pay close attention to how they are treated in care-focused macroeconomic models.

In the context of Senegal and the African continent in general, the definition of the household is important. The term is generally used to refer to a house or a singular dwelling and its occupants regarded as a unit. This definition is clear when dealing with developed countries where the nuclear family vastly dominates. In most African countries however, the households are multigenerational. But perhaps most important in the case of Senegal, the prevalence of polygamy means that our pre-conceived idea of a household unit needs to change. It is no longer a house and its occupants, but a compound and its occupants. A compound can consist of one or more houses. Or better yet, we can use the UN standard, which defines a household as a group of people who make common provision of living essentials such as food and shelter (United Nations, 2017). This adjustment to the definition of a household is important in order to account for the significant scope of polygamous marriages in Senegal and other African countries, and the consequential effect this has on the size and setup of said households.

Household sizes are large in Africa compared to the rest of the world. According to the Pew Research Center, the average household size in sub-Saharan Africa in 2019 was 6.9 (Kramer, 2020). This is significantly larger than the average global household size of 4.9 people, and the 3.1 and 3.3 people per household in Europe and North America respectively (Kramer, 2020). The average household size in Senegal is around 12 people (Kramer, 2020), a figure backed up by the Global Data Lab at the Nijmegen School of Management of Radboud University in the Netherlands (Global Data Lab, 2022). The large size of households, and the multigenerational nature of these households has distributional effects for care work within the household, with larger households potentially facing less of a care burden relative to small households.

With this in mind, I will now focus on other household considerations that should be taken into account when building a SAM and care-focused macroeconomic model for Senegal. These considerations are the meaningful classifications of households within the Senegal

context. Households could be classified by region (rural or urban), by economic status (rich, middle class or poor), or by marital status (monogamous, polygamous or unmarried).

## 2.1. Rural vs. Urban Households.

Senegal boasts a high rural population. According to the World Bank Databank, 51 percent of the population of Senegal is rural with 49 percent being urban (World Bank, 2022). The level of urbanization in the country has been on a steady rise, going from 23 percent in 1960 to 40 percent in 2000 and now 49 percent in 2021 (World Bank, 2022). About a quarter of the Urban population of Senegal is based in the capital city of Dakar.

The increasing urbanization of Senegal has ramifications for who bares the burden of care in the households. As the well-known African proverb makes clear, it takes a village to raise a child. This is true more so in rural areas than it is in urban areas. The cultural and societal lifestyle in rural areas lends itself to kinship networks and neighbors playing a leading role in shouldering some of the elder and childcare burdens in households. This is not necessarily the case in urban centers where households do not live in close proximity to their extended family members and cannot rely fully on neighbors. The increasing urbanization of Senegal therefore likely plays a role in increasing the unpaid care burden in urban households. There is therefore a greater likelihood for urban households to have paid care help, whether in using daycare centers or hiring domestic help/paid caregiver, to relieve this burden.

For macroeconomic modeling, it is important to take into account this difference in the burden of care between urban and rural households. If urban households are spending more time performing unpaid care work, particularly female members, than their rural counterparts, or if they have to spend more on paid care services or hired domestic help, this may significantly affect girls' time to attend school and women's participation in the labor market, and

hence economic development and therefore needs to be considered. In building the SAM for a care-focused CGE model for Senegal, disaggregating the household along an urban-rural dimension should be considered. Such a disaggregation is feasible only if the relevant data is available. Luckily enough, it is likely that such data will be available from the time-use survey recently carried out by the National Agency for Statistics and Demography of Senegal.

## **2.2. Rich vs. Poor Households:**

Another dimension to consider in disaggregating households is the income level. The financial status of a household plays an important role in the type of care arrangement they are able to have and on the care workload shouldered by members of the household particularly women and girls. A well-to-do household can easily reduce the burden of unpaid care on the household by paying for care services. As a result, it is expected that the time spent on unpaid care activities should differ substantially between rich and poor households. In fact, one could make a further disaggregation between poor, middle class and rich households if the data permits.

Disaggregating based on financial status allows for targeted policies, which could perform better at alleviating the burden of unpaid care work in the country. It also allows for a better understanding of the care work picture in the country, offering an avenue for the macroeconomic model to truly capture the complete economic situation.

There are barriers to disaggregating households by economic status in Senegal, mainly the data availability. First, data on the economic breakdown of households is needed to make such a disaggregation. It is possible that this could be inferred from the time-use survey carried out in Senegal, but the quality of the data could be in question. Second, there will be a need to define the thresholds by which an individual falls into a financial category.

Unlike the rural-urban disaggregation, which is clean, choosing thresholds for who is poor, middle class or rich in Senegal will be very subjective, opening the research up to questions on that choice. It is also important to think about how to deal with boundary candidates. Should a household earning 250,000 FCFA a month be treated differently from one earning 260,000 FCFA? The construction of SAMs are based on very strong assumptions, researchers are advised to be clear and concise in the assumptions and definitions they use when using economic status for disaggregation.

All these questions make disaggregating by economic status not as appealing as disaggregating on the rural-urban dimension. That said, the difference in behavior and level of care between rich, middle-class and poor households may be important to consider. One has to balance the issue of arbitrariness and subjective judgment with the importance of the other categories in care dimensions.

### **2.3. Polygamous vs Monogamous Households.**

A third important dimension to consider is the type of marriage in a household. In Senegal – and a lot of African countries from Gambia in West Africa to Tanzania in the East – there is a high prevalence of polygamy. In fact, polygamy is legal in Senegal and as a result around 30 percent of married women were in polygamous unions according to the 2019 Demographic and Health Survey (DHS) data. Approximately 26.8 percent of married women in urban areas and 46.8 percent in rural areas declare themselves to be in polygamous unions in Senegal (Cudeville et al., 2017)

Making a distinction by type of marriage – polygamy, monogamy, or unmarried – is important due to the effect they have not only on the size of the household but also on household division of care labor. Polygamous households by nature of the existence of two or more wives

are usually larger than non-polygamous households. Furthermore, there is evidence that polygamous unions drive a competition to have more children. While women in polygamous unions are estimated to have similar total fertility rates as those in monogamous unions, evidence from DHS shows that women in polygamous unions desire to have more children (Millogo et al., 2022). Rossi (2018) provides further support for this evidence, showing that in polygamous unions children are strategic complements, with wives raising their fertility in response to increased fertility from the other wives in order to secure resources from their husbands. In effect then, co-wives compete on the childbirth dimension because children are the best claim to the resources controlled by their husband. This competition for resources which is not present – to the same degree – in monogamous unions, leads to even larger household sizes in polygamous unions.

This difference in household size can be important when analyzing care relationships and the burden of care borne by members of the household. For starters, the difference in household size leads to a difference in the time use of members of the household on care activities. Larger households could benefit from greater number of potential caregivers to meet the care needs of their dependents. Cultural and gender norms greatly influence the household division of care labor, as with the household composition and size. It should be noted that this is likely the case in a cooperative polygamous household, where the members agree to some work arrangements in sharing household chores and care duties across the different members of the household. In non-cooperative polygamous households, this is likely not the case, with each wife and her children acting almost as a separate entity within the household. In such cases, the division of labor follows a more nuanced principle as dictated by prevailing cultural and social norms, and it is likely that members of these polygamous household will share the gender time-use attributes of members in monogamous unions.

Finally, polygamous households could differ from monogamous and unmarried households in their need for and ability to afford paid care services. As discussed above, it is likely

polygamous families are better able to handle the care needs of the household due to their size. Hence, they might not have a need for paid care services. This is not necessarily the case with monogamous or unmarried households, which may need paid care services, including domestic help or even the use of daycare services, to relieve some of the burden of care. It is also possible that the increasing the demand on resources in polygamous households can create an affordability problem when it comes to acquiring paid care services. A large household takes a lot of resource to run and there might not be enough resources available to pay for care services. On the other hand, a monogamous or unmarried household may be more likely able to afford to pay for care services. Combined, these two scenarios imply a likelihood of a difference in the usage of paid care services based on the type of marriage in households. These points can be explored by collecting relevant data from the household survey and interviews conducted by the project. Such information are useful in testing the above predictions and have important implications for policy simulations using the CGE model and the design of effective, gender-aware care policies by policymakers.

#### **2.4. Household Composition.**

For a care-focused SAM and CGE model, the composition of the household is of utmost importance. Whether the household has very young children or elderly residents, determines the kind of care services the household demands and supplies. Hence, it is necessary to disaggregate households based on their composition. A disaggregation increasingly used in care focused CGE models is to disaggregate into households with working age household heads and children under a threshold age, households with working age household heads and no children under the threshold age, and households with elder household heads (Cicowiez and Lofgren, 2020; Cicowiez et al., 2022). This disaggregation generally captures households that require childcare services, those that don't require too many care services and households that require eldercare services.



While this disaggregation is generally good, it has been applied mainly in regions with nuclear families. According to the United Nations, about 14 percent of households in Africa include both a child under age 15 and an older person aged 60 or over (United Nations, 2017). This is the highest percentage for any region in the world. Senegal has the highest number of these multigenerational households, with 37 percent of its households including both a child under age 15 and an older person aged 60 and over.

The prevalence of these multigenerational households in Africa, and Senegal in particular, not only speaks to the complex care needs countries in the region face, but also potentially necessitates the addition of a fourth category to what has quickly become the standard 3 categories of household composition in care focused SAMs and CGE models. In this case, a category for households with working age household heads and both children under the threshold age and elder persons over a threshold age is needed. This distinction allows for the capture of the prevalent multigenerational household structure in Africa, and it is especially important for Senegal where multigenerational households make up more than a third of the households.

To conclude this section, it is important to disaggregate the household by factors such as urbanization status, economic status and/or type of marriage. In addition to these factors, one must also carefully consider the household composition in the specific African country, making allowances for the prevalence of multigenerational households in the region.

### 3. FACTOR MARKETS: DISAGGREGATION OF LABOR

In this section, I look at the disaggregation of labor in a SAM for Senegal. Treating the labor force as homogeneous in economic models is problematic since it fails to account for the variation that exists between different segments of the labor force. In order to address

labor market inequities, we must first understand the extent of the inequalities within as well as inequity issues pertaining to the labor market, and this requires disaggregated labor data. CGE models are well set up to handle disaggregated labor markets and increasingly SAM databases have been disaggregated based on gender, education, informality, and employment status in recent research.

### **3.1. By Gender.**

Of particular interest is the gender disaggregation. Data is readily available from official sources and time-use surveys to disaggregate both GDP and non-GDP sectors between males and females. Doing so allows for a better understanding of the economic and care burden differences between men and women in Senegal. Not only does it allow for the differences in time spent on care and household work to be laid bare, but it also allows for wage discrimination and other gender-based inequalities in the labor market to be made visible in the SAM. By disaggregating based on gender – and especially when coupled with disaggregation based on education – it is possible to attribute part of the wage gap that remains to gender wage discrimination. This provides an avenue for the development of targeted policies to close the gap.

### **3.2. By Education.**

Gender disaggregation is commonly partnered with education disaggregation in SAMs. In the Senegal context, combining both disaggregations will allow for a better understanding of the labor markets and the economy at large. Moreover, it provides a transparent representation of the level of gender wage discrimination at play. As mentioned above, the wage gap after a disaggregation by gender and education can largely be attributed to gender wage

discrimination. Also, disaggregating by education highlights the role that time constraints imposed by unpaid caregiving contributes to persistent gender gaps in the labor market.

Picking the right level of educational disaggregation in the SAM should be based on the data availability and the level of distinction one wants to make. In the case of Korea care economy SAM, the distinction was between high school and below versus some college or higher. In the case of Senegal, it might be more useful to disaggregate at the level of primary, secondary, and tertiary education. This difference is the result of Korea being a country with near universal primary and secondary education, while that is not the case with Senegal. The same three levels of educational disaggregation are also used in the building of a SAM for Colombia to study the care economy (Cicowiez et al., 2022).

### **3.3. By Employment Status.**

In standard SAMs and CGE models, a full employment assumption is generally made. The assumption is a simplifying one, which allows for the focus of the SAM and model to be on the policy decisions beings carried out. However, as noted in Kwende (2022) relaxing the full employment assumption, which typically made in the context of developed countries where unemployment is usually very low, may be necessary in the case of other countries and can lead to different results. In the African context, where unemployment is usually high, taking into account employment status when studying the care economy is of utmost importance.

The time spent by unemployed individuals in performing unpaid care work differs from that spent by employed workers, owing simply to the fact that the unemployed have more time at their disposal; they can spend it performing unpaid work such as domestic chores and caregiving or on leisure and other non-work activities. With the focus on the incorporation of the care sector into a macroeconomic model, it is important to capture this important

dynamic of unpaid care work and leisure. Especially in countries where the unemployed make up a significant size of the population.

#### 4. PRODUCTION ACTIVITIES

The production activities section of the SAM contains all the economic activities that are carried out in the economy. These include both the GDP and the non-GDP sectors. It is the main area where the care sector is laid out in the SAM. In this section I look at the African context as concerns the social contract in the provision of care and the different types of care providers, and the valuation of care work.

##### 4.1. The Providers of Care.

Who provides care is an important aspect to consider when introducing the care sector into macroeconomic models. In the African context, extra consideration has to be taken into account not just with regards to the variety of care arrangements and types of care providers, but also the social contract on the provision of care that exists culturally.

In most African countries, there is an implicit contract between parent-child when it comes to the provision of care. The parents take care of the children when they are young, and it is the responsibility of the children to take care of their parents when the parents get old. In addition, there is a stigma around the use of eldercare facilities – which are limited – due to its use being seen as neglect and abandonment of the elderly. This social contract and the widespread stigma around the use of eldercare facilities is significant to understand when designing care policies for African countries.

In the case of Senegal – and likely in other African countries – there is an understanding that men provide financially while women have responsibility for household work which includes care. During the *Understanding and Integrating Gender and Care in the African Context in Policy Tools* workshop held in Senegal on July 20-22, 2022, female participants were adamant about the pride they take in being responsible for household work, with some feeling uncomfortable if their husbands came into the kitchen. That said, while women may take pride in performing care work, the heavy workload and their welfare and economic consequences make for a significant burden. As a result, women in the workshop expressed the need for sharing the care burden with their spouse. Such considerations should be weighed when designing care policies in Senegal and African countries.

An important provider of care services in African countries are kin, both close and distant. The role of kinship – and other people outside the household e.g., neighbors, etc. – cannot be understated as they make up a large percentage of the unpaid caregivers. Childcare is largely provided by kin; this is especially true in rural areas and when the mother of the child is away for work. Mainly, the responsibility falls on the shoulder of female kin including grandmothers, aunts, older sisters, and cousins, who may not be residing in the same household as the care recipients. Hence the need for data on unpaid care provided by non-household individuals, which TUS data may not accurately capture. There is a strong cultural norm of grandmothers moving into the household when a child is born to provide unpaid childcare. It should be noted that there is exploitation and abuse of the kinship system in African countries. Younger family members are sometimes treated poorly when they move to provide care services. These considerations should be taken into account when designing policies that affect the kinship relationship with care provision in African households.

One other thing of note is the issue of deciding whether kin providing care services should be classified as paid or unpaid. In most of the cases, the kin do not receive a monetary

compensation. However, they are provided food and shelter which could be considered an in-kind compensation. Should they then be treated as paid care workers since they do receive some form of compensation? One must decide on such a question when constructing a SAM and valuing care work.

Other major providers of care in African countries including Senegal are paid childcare services such as nursery schools or daycare centers run by community-based and faith organizations. These community-based and faith organizations have increasingly been filling in gaps in the care infrastructure both in rural and urban areas. The true share of care provision they perform is hard to judge, but it is significant enough that they are increasingly mentioned when conversations turn to care providers. To avoid underestimating the size of the care economy in African countries, it is imperative that the role of community and faith organizations be considered, and an accounting of their contribution be carried out in the project's fieldwork.

#### **4.2. The Valuation of Care.**

To integrate the unpaid care sector into macroeconomic models, researchers need to provide a monetary value for the unpaid care work in the economy. Time-use surveys play an important role in estimating the size of the unpaid care sector by providing data on the amount of time spent in primary, and in some cases, secondary or parallel care activities by household member-respondents. However, it should be noted that time-use surveys are notorious for undercounting the amount of time that women spend on childcare due to failures to account for simultaneous or parallel as well as supervisory care activities. Time-use surveys in general should be designed in ways to better capture secondary activities and supervisory care. Moreover, the sampling of TUS may not include all household members

that potentially can perform caregiving. In addition, TUS do not capture the unpaid care provided by non-household relatives, neighbors and friends.

Providing a monetary value for unpaid care work has proven difficult as well. Debate rages in the literature on the right way to value unpaid care work. Some like Marilyn Waring of New Zealand have argued against providing a monetary value for care, insisting that it is entirely possible to make good policy using just the time-use surveys (Sussman, 2018). Most economists however argue that it is important to value care work in monetary terms in order to allow for comparison of its contribution with other economic sectors and to enable the incorporation of the unpaid care sector in policy decisions which involve cost and benefit assessments.

Two main methods of valuing care work are dominant in the literature: the replacement cost and the opportunity cost methods. Valuing unpaid care work through the replacement cost method implies assigning to it the price one will have to pay to outsource the activity. That is, the value of unpaid care work will be the price one will pay a care worker to perform that activity instead. The replacement cost method has much to like about it when it comes to valuing unpaid care work, as it assigns a reasonable value for the unpaid care work based on a market rate. However, in the African context this might not be desirable. As Lyn Osse notes, care workers are underpaid in Africa. As such using the replacement cost method for valuing care work will undervalue the true value of care.

The opportunity cost method of valuing unpaid care work involves assigning the labor market income that the individual performing the unpaid care work is losing out on due to allocation of time spent away from the labor market. In the case of the opportunity cost method, an economy with a highly-skilled workforce leads to a higher value for unpaid care work than the replacement cost methodology. In the African context however, with majority of the economically active population likely to be lowly paid, unemployed, underemployed, or with

no statistical information about their earnings since they work in agriculture or the informal sector, the opportunity cost method poses difficulties and challenges in providing a reasonable valuation of unpaid work.

Another option for valuing care work is to value it based on the replacement cost method while valuing leisure using an opportunity cost method. Studies that use the replacement cost method for valuing unpaid care, such as Suh (2021) for South Korea, typically apply the average hourly wage for a worker who performs similar tasks. This hourly wage rate is then multiplied by the number of hours spent by the household member in a given month. The simplest approach applies a generalist wage such as that of a domestic worker or a paid caregiver. Suh (2021) also uses a vector of wage rates of specialists such as a cook, preschool teacher, or home health aide. This exercise generates lower and upper bound estimates of the value of unpaid care labor.

The replacement method poses some challenges in the African context and raises some questions. For one, the market for paid childcare and eldercare services may be thin or even missing. In the case of using the wages of domestic workers, the money wages paid for their services tend to underestimate the value of the entire services that they provide. Thirdly, some researchers dispute the view that childcare or eldercare requires little or no skills and therefore, these workers are categorized as unskilled. In the valuation of unpaid care work performed in South Korea, Suh (2021) used different wages such as those earned by kindergarten or primary school teachers, and other skilled workers in similar occupations. Care work involves face-to-face interaction and encompasses both human relations skills as well as communication skills (Steinberg, 1999). Hence, the skills involved in care work, as with other types of emotional labor, are often overlooked in standard job evaluation tools that are typically used by firms and organizations to systematize roles and pay scales (Sussman, 2020). This last point raises the question as to how society values the care received by its dependent population. One therefore can provide a reasonable valuation for unpaid care



time based on the answer to this question, so long as a brief justification or rationale is given.

A final note here is on the issue of leisure. Leisure in the context of the SAM includes the time individuals spend on activities such as social life, cultural life, media use, religious life, and personal activities. As pointed out by participants of the July 20-22 workshop in Senegal, the use of the term leisure can be problematic in the African context. Especially when assigning a value to it and making policy recommendations which can lead to an increase in leisure time. It might be best to describe the activities we generally think of as leisure activities as selfcare. The use of the term selfcare will be more receptive by policymakers as it carries a more care-based undertone to it than the term leisure.

## 5. CHOICE OF CARE WORK POLICIES

Having discussed important considerations to take into account when building a care-focused SAM for African countries and Senegal in particular, I now conclude with a of the elements that need to be considered when choosing care policies for the region.

The cultural and socioeconomic conditions in Africa necessitates the contextualization and careful design of care policies. What works in developed countries will not necessarily work in Africa. In fact, the heterogeneity in most African countries is such that, a policy that works in one region in an African country might not be best suited for a different region in the same country. As such, it is important to tailor care policies to the specific needs of households in a region or setting, while also advancing gender equality and women's empowerment. For example, in Senegal it might be important to adopt different care policies based on whether the area is urban or rural. A policy that focuses on increasing the use of paid care services might be best carried out in certain urban areas than in rural areas. This is

because job requirements are more likely to necessitate the use of paid care services like childcare or eldercare centers in urban areas, when adult members of the household are all working. Because of the prevalence of low-income workers and informal sector employment, such care services should not only be affordable but also easily accessible. Moreover, quality of care services is paramount in order to gain the trust of parents and family members. In rural areas, the availability of help from the larger community, the prevalence of polygamous unions, and the nature of jobs might diminish the need for these paid care arrangements. Anecdotal evidence from the July 20-22 workshop suggests that parents in Senegal, and Africa in general, will prefer to provide care for their children themselves rather than send them away to outside centers. It is important for such sentiments to be gathered by and drawn from field surveys and interviews, and be used for policy design.

Building on this theme, participants at the workshop voiced support for policies that aided their ability to perform care services within their homes. Some of the policies supported included making it easier to work from home and subsidizing the use of in-home caregivers. Allowing parents the flexibility to work from home gives them more time to spend performing care and household services as secondary activities while they work. It also allows parents to spend more time with their kids, giving them an opportunity to be more influential in their development. Such policy options need to be further validated by qualitative and quantitative data collected from care workers, including domestic and other home-based care workers as well as households needing care, before being adopted, and should be well vetted as they could have other effects on the economy through changes in labor supply, labor demand, and productivity. A careful analysis of the effects of policy options such as public investments in community-based care centers; training or skill-building in caregiving among the youth, women, domestic workers, etc.; childcare and eldercare allowances to primary caregivers; work-from-home programs, etc. is needed, and it is important such analysis considers the potential benefits provided in terms of employment generation, increase in domestic demand, increase in women's earnings, and improvement in well-being of caregivers and care recipients.

Many Africans are uncomfortable sending their elderly and very young kids to care centers like daycares and eldercare facilities. With the elderly, there is a deeply held social contract which implies that it is the duty of the children to personally take care of their parents as they age. With young children, parents are unwilling to trust their development to strangers. As a result, a policy that sends care workers into personal homes to help alongside the parents – or one that promotes community-based care – is one that could be well received in African countries and yield a lot of benefits. Both in terms of easing the care burden and in the employment of paid care workers.

Finally, one should consider the religious and traditional aspects when developing care policies in African countries. In Senegal for example, approximately 95 percent of the country is Muslim. Care policies which are in contradiction to Islamic principles and teachings will have a hard time being adopted by the populace and should not be recommended. To conclude, context matters a lot in African countries, and cultural and socioeconomic traditions should be contemplated when care policies are being designed and recommended in the region.

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