

SOCIAL REPRODUCTION IN TUNISIA: GENDERED AND REGIONAL DIMENSIONS

Dhouha Djerbi
January 2025



THE AUTHOR

Dhouha Djerbi

Dhouha Djerbi is a PhD candidate in the International Relations/Political Science department at the Geneva Graduate Institute. She was a Carnegie fellow with the Centre for Maghrib Studies in Tunis (2022-2024), a visiting PhD associate at the Makerere Institute of Social Research in Kampala (2024), and is currently an affiliate researcher with the Tunisian Observatory for Food Sovereignty and the Environment. Dhouha's research examines gender and labor relations with the context of agrarian transformations and rural movements in post-2010 Tunisia. Her areas of expertise include social reproduction theories, rural contentious politics, and state-society relations in the North African countryside. Her research has appeared in *Antipode*, *Journal of Peasant Studies*, *Review of African Political Economy*, and *Agrarian South: Journal of Political Economy* and has received funding from the American Political Science Association, Project on Middle East Political Science, and the European International Studies Association.

This publication is part of the Project *Political Economy of the contemporary MENA Region* and has been carried out with the financial support of the Friedrich Ebert Foundation.



Introduction

This policy brief considers conditions for social reproduction in contemporary Tunisia. With a particular focus on the challenges faced by poor (often rural) households, it explores key dimensions of social reproduction—such as food security, healthcare, and education—and evaluates the efficacy of relevant public policies. Findings underscore how processes of underdevelopment have not only undermined general conditions for social reproduction, but produced gendered, generational, and regional disparities. The brief concludes with recommendations, calling for a reimagining of the state's role in securing the foundations of social reproduction and addressing the inequities that persist across Tunisia.

I. Social Reproduction Defined

Social reproduction refers to the array of activities, labor relations, processes, and institutions necessary for the daily and generational maintenance and renewal of individuals, households, and communities. It encompasses biological reproduction, the transmission of cultural values and social norms, education, and the care and upbringing of dependents. An integral component of social reproduction is 'care work', which involves the labor of caring for others. Care work can take various forms: it may be paid and state-funded (e.g., nurses in public hospitals), paid and privatized (e.g., care workers in private nursing homes), or unpaid (e.g., home-based childcare provided by mothers or other family members). While care work is an essential subset of social reproduction, the two concepts are not synonymous, as social reproduction is more encompassing.

Integral to social reproduction is the household as its most rudimentary unit. There, essential tasks such as the provision and preparation of food, maintenance of hygiene, childcare, and eldercare take place. But the labor of social reproduction occurs outside the household, too. Extra-household spaces and institutions like hospitals and schools—and the service infrastructure that enable access to these facilities—are key sites for social reproduction. These external spaces often fall under the purview of states. As such, public policy weighs heavily on prospects for social reproduction.[1]

The effects of public policy became especially apparent with the rise of neoliberalism. Indeed, the attendant privatization of public services like healthcare, education, childcare, and eldercare drastically altered where burdens for social reproduction fall. (Private actors' involvement in the provision and/or management of electricity, water, agricultural land and food and other basic inputs has complicated things further). Losing out most under neoliberal regimes are women, who are typically tasked with filling gaps left by the state's retreat from the domains of social infrastructure and public services.[2] The distribution of losses of recent times has reaffirmed the gendered nature of social reproduction. Across the globe, reproductive labor, especially the work conducted within households, remains largely feminized. As a rule, it is women, culturally positioned as primary caregivers, that continue to be charged with providing the unpaid and invisible labor—cooking, cleaning, childcare, emotional support, and eldercare—on which economies and social systems rely.

[1] Bakker, Isabella, and Stephen Gill, eds. 2003. *Power, Production and Social Reproduction: Human In/Security in the Global Political Economy*. <https://link.springer.com/book/10.1057/9780230522404>.

[2] Alonso, Cristian, Mariya Brussevich, Era Dabla-Norris, Yuko Kinoshita, and Kalpana Kochhar. 2019. "Reducing and Redistributing Unpaid Work: Stronger Policies to Support Gender Equality." *IMF Working Papers* 19 (225).

Today, conditions are less and less conducive to equitable social reproduction. They are especially unforgiving outside the global core. With the demand for care work expected to rise in the coming years due to demographic transformations, socioeconomic shifts, and environmental crises, this should give us all pause.[3] Including when we think about Tunisia.

II. The 2021 Household Survey Results in Context: Social Reproduction and Poor Households

A preliminary sense for the inequities of social reproduction in contemporary Tunisia can be gained through review of the National Survey on Household Budget, Consumption, and Living Standards (ENBCNVM), which was conducted by the National Institute of Statistics (INS) between March 2021 and March 2022.

The results of the 2021 survey lay bare three issues salient to our concerns. First, national poverty levels rose between 2015 and 2021, marking a reversal of the positive, though modest, trend observed in the preceding decade. Second, poverty has become a predominantly rural phenomenon. Third, region-mediated inequality is intensifying.

According to 2021 data, 337,141 individuals in Tunisia were living in extreme poverty, while 1,951,278 were living below the poverty line. This places the national poverty rate at 16.6%, reflecting an increase of 1.4 percentage points since 2015. The rate of rural poverty, meanwhile, remains approximately double that of the rate observed in urban areas. As for inequality, it worsened across all regions except the Greater Tunis area post-2015. The most pronounced increases occurred in the South West, North West, and Center West regions. These growing regional disparities amplified the (significant) existing inequality gap. They also inform which parts of the country have suffered most from rising costs of living and declining quality of life.[4]

Post-2015 developments pertain to social reproduction a great deal. In the first instance, securing the nutritional standing of family members has become harder, especially in rural areas, where expenditures on food (as a % of total household expenditures) exceed national averages by approximately six percentage points.[5] Taking the biggest hit were households in the poorer governorates of the Northwest and Center West: Encountering high levels of food inflation amidst largely stagnant wages, households in the Northwest recorded percentages of relative food expenditure 10 percentage points higher than those recorded in the greater Tunis area. Households in the governorates of the Center West increased their relative food expenditures by six percent vis-à-vis 2015.

Regional differences notwithstanding, poor households throughout the country have borne the brunt of food inflation (and all its attending effects for social reproduction).[6] Essentials, food prominently included, now constitute the largest share of these households' spending. Flipside of the same budget coin, they have needed to sharply cut allocations for discretionary items like trips, dining out, and cultural events. This shift in household budgeting speaks to a loss in a critical (if often overlooked) dimension of social reproduction:

■ [3] Charmes, Jacques, and ILO. 2019. "The Unpaid Care Work and the Labour Market: An Analysis of Time Use Data Based on the Latest World Compilation of Time-Use Surveys." Geneva: International Labour Organization.

[4] INS. 2021. "The National Survey on Household Expenditure, Consumption, and Living Standards: Part I."

[5] Urban areas, per the definition adopted by the INS, are municipal areas.

[6] Ministry of Social Affairs, CRES, and UNICEF. 2022. "L'Impact de l'Inflation sur la Pauvreté en Tunisie sur la Période 2021-2023."

leisure and recreation. By 2021, spending on these activities had fallen to represent just 3.8% the average household's expenditures. The consequences of such meager allocations are significant. Leisure and recreational activities, after all, are not luxuries. Rather, they are integral to well-being and the holistic reproduction of individuals and communities. With financial pressures forcing household leads and their children to forego rest and recreation, families are increasingly denied the basics of a dignified and balanced life.[7]

Rurality, Gender, and Food Insecurity

On a global scale, households which derive their income from agricultural activities—a majority of the world's poor—are more likely to experience food insecurity.[8] This phenomenon has clear gender dimensions as well. Rural women, particularly those deriving income solely or predominately from agricultural income, are more likely to suffer from food insecurity. This is so despite the indispensable role they play in food production. In Tunisia's case, such gendered disparities are compounded by issues related to health and the quality of food intake. Generally speaking, Tunisia performs poorly in terms of nutritional standards; the country also continues to lack nationally-directed plans for nutritional monitoring and surveillance. These shortcomings contribute to 9% of children being stunted nationwide and to a high prevalence of obesity and other chronic illnesses.[9]

Survey data also establishes health-centric inequities when it comes to social reproduction. As is the case with food security, these inequities demonstrate regional and rural biases. In terms of access to healthcare, the homes of 64.8% of those living in rural areas are located more than four kilometers away from a healthcare facility, whereas just 17.8% of homes in urban areas are. The Center-West governorates of Sidi Bouzid, Kairouan, and Kasserine evince the biggest troubles with healthcare access. And predictably, it is women in these peripheral areas for whom a lack of access to healthcare is most troubling: A 2018 survey conducted by the National Women's League (UNFT) across 13 governorates (including the Center-West ones named above) revealed that 80% of rural women did not benefit from regular medical check-ups (*intifa' bi fahs tibi*).[10]

Then there is the domain of education to consider. Relationships between the educational attainment of the household head and poverty in Tunisia are pronounced. Inasmuch as poverty negatively affects the educational opportunities of children, this relationship between household head and poverty has a self-perpetuating and intergenerational consequence. Gendered dynamics of social reproduction complicate the educational picture further. Families cite the necessity of children (girls especially) contributing to household labor as the primary reason for their absence from school.[11] Nationally, this contributes to 21% of girls over the age of 10 having had no formal education versus 8% of boys. The neglect of girls' education is even worse in rural areas. In these areas, 33% of girls have never attended school.[12] The prohibitive costs of school supplies and non-proximity of schools—on average, schools in rural areas are more than two kilometers from the homes of poor households[13]—factors into these elevated figures.

[7] The INS categorizes expenditures on dining out, vacations, and cafés separately from spending on culture and leisure. However, I adopt a more expansive interpretation of what constitutes downtime and have therefore combined these two percentages.

[8] "Investing in Smallholder Agriculture for Food Security: A Report by the High Level Panel of Experts on Food Security and Nutrition | FAO." 2013.

[9] GFSI. 2025. "Global Food Security 2022: Tunisia, Middle East and North Africa | Lower Middle Income." *Global Food Security Index (GFSI)*. January 8, 2025.

[10] UNFT. 2018. نتائج البحث الميداني حول الواقع الصحي للمرأة الريفية (-1220 امرأة مستجوبة) / الإتحاد الوطني للمرأة التونسية. تونس: الإتحاد الوطني للمرأة التونسية، تونس.

[11] Households headed by individuals with education at or below the elementary level are disproportionately represented among those experiencing deprivation. See: Ministry of Social Affairs, CRES, and UNICEF. 2022. "Profil et Déterminants de La Pauvreté En Tunisie En 2022: Analyse de l'enquête Ménage 2021-2022."

[12] INS, 2021.

[13] *Ibid.*

III. Policy Failures and the Gendered Dimensions of Tunisia's Social Reproduction Crisis

Challenges of social reproduction in contemporary Tunisia are impacted by inadequate public policies. These policies, in many instances influenced by the International Monetary Fund (IMF) and the World Bank, derive from pushes toward fiscal consolidation and marketization. Materially, they shrink the state's role as a provider of education, health, and food security.[14]

Concerning education, public policy choices inform why only 6.9% of Tunisians living below the poverty line and enrolled in pre-university education receive any form of assistance to alleviate the financial burden of schooling. Given the critical role of education for breaking the cycle of poverty—a role underscored by a report from the Ministry of Social Affairs which calls for strategic and targeted interventions to strengthen the education sector and ensure greater access for vulnerable populations[15]—this percentage is an admission of profound policy failure.

Public policies around healthcare are also disappointing. On the one hand, healthcare insurance coverage rates are relatively high: 78.8% of individuals in all income brackets have insurance. For the insured poor, covered is typically secured through the National Health Insurance Fund (CNAM), via special programs for the physically or mentally disabled, or, since the passage of the AMAN Social Law in 2019, through an AMAN card which provides free or subsidized care.[16] And yet, while insurance coverage rates are impressive, they do not equate to the poor having access to high quality healthcare services. Tunisia's public health infrastructure has deteriorated over recent decades—a decline that has moved in parallel with an increased presence of private healthcare facilities, which expanded by 28% between 2010 and 2018.[17] Coverage or not, the result of this deterioration is that poor households face prohibitively long journeys or wait times in seeking medical attention.

Social protection measures—so essential to the social reproduction prospects of poor households—also leave a great deal to be desired. These measures have undergone considerable reform since 2011, it should be said. A notable development was the adoption of the aforementioned AMAN Social law in 2019, which was designed to improve the targeting of assistance to those most in need. By 2021, this program provided assistance to 30% of the population.[18] And yet, even the government acknowledges that assistance remains fragmented and insufficiently targeted.[19] Compromised by relatively weak mechanisms for identifying vulnerable populations and strained by the growing ranks of the poor, the existing social protection regime risks deserving households slipping through the cracks—those in rural areas most of all.

■ [14] The ramifications of austerity politics in Tunisia have been widely debated, particularly in the wake of the COVID-19 pandemic. For a more in-depth analysis of austerity's impact on public services in Tunisia, see Kais Attia's contribution to this MENA policy briefs project.

[15] Ministry of Social Affairs, CRES, and UNICEF. 2022.

[16] Among individuals classified as poor and living with physical or mental disabilities, 45.8% possess a disability card.

[17] Ziadia, Issa. 2022. "La politique de santé en Tunisie: que nous révèlent les chiffres?" *Inkyfada (blog)*. 2022.

[18] *Ibid.*

[19] Ministry of Social Affairs, CRES, and World Bank. 2021. "Identification Des Ménages Pauvres et Vulnérables en Tunisie." *Tunis: Ministry of Social Affairs*.

III. Conclusions and Policy Recommendations

While affecting all Tunisians, the country's social reproduction crisis threatens girls and women to the greatest degree. By way of cultural expectations and deficiencies in public policies, the domestic responsibilities falling upon hundreds of thousands of women drive them from school and pursuit of self-realization.[20] Disproportionately taking on the unpaid labor required to rear children, manage a household, and care for the sick and elderly, women must forego the development of their own lives and potentials.[21] On balance, this of course harms the women directly impacted most of all. But harm also extends to the country writ large, which is deprived from what these women might have otherwise done had the time and opportunity been made available to them.[22] Indeed, the effects of Tunisia's social reproduction crisis run deep.

Given the extent to which women's responsibilities for unpaid domestic and care labor obstruct national development and the achievement of gender equality, reform is clearly called for.[23] Four reform initiatives, in our estimation, are most needed.

The first is the scaling of state spending on social protection and public services. Urgent action is needed to reverse the austerity-driven approach of recent years. More resources must be extended to families facing poverty and more resources must be devoted to domains such as education and healthcare. State interventions should also emphasize infrastructure development in interior regions of the country to address persistent regional disparities in terms of access to essential services.

The second is expanding rural women's access to essential services. The recent expansion of social coverage networks for women agricultural workers, as introduced in the 2025 Budget Law, represents a promising step in addressing gendered and regionally specific vulnerabilities. However, these initiatives must be further built up and institutionalized to ensure sustained impact. Comprehensive, gender-responsive, and regionally tailored programs should aim to improve healthcare, education, and economic opportunities for rural women, ensuring their inclusion in the broader development agenda.

The third is growing women's access to productive resources, including land, water, agricultural equipment, and credit facilities. This requires the implementation of comprehensive land reform policies, the expansion of financing initiatives beyond microfinance, and the promotion of cooperative organizations that facilitate resource pooling. Creating an environment that enables women to utilize productive resources effectively will yield cascading benefits for household food security and the broader social reproduction process at both household and community levels.

The fourth is improving the state's data collection capacity to ensure accurate and reliable data on income levels and household conditions is widely available. The Ministry of Social Affairs has identified interministerial data-sharing partnerships as a necessary reform to strengthen mechanisms for identifying vulnerable populations and approximating income levels, particularly in contexts where informal income or unreliable self-reporting complicate assessments. Advancing regulatory reforms to facilitate seamless interministerial data access and exchange is essential for ensuring that social protection resources are efficiently targeted and equitably distributed.

[22] CREDIF. 2016. *La Femme, Acteur Emergent: Rapports de Genre et Mutation Multiformes dans le Monde Rural, Etude Sociologique dans le Centre-Ouest de la Tunisie*. Tunis: CREDIF, Ministry of Women's Affairs, Children and the Elderly.

[23] OXFAM. 2019. "Counting on Women's Work without Counting Women's Work: Women's Unpaid Work in Jordan, Lebanon, Tunisia, and Egypt." OXFAM.

[24] UN Women. 2019. "World Survey on the Role of Women in Development."

[25] ILO. 2024. "The Impact of Care Responsibilities on Women's Labour Force Participation." Geneva: International Labour Organization.

World Economic Forum. 2024. "Global Gender Gap Report 2024." Geneva: World Economic Forum. Tunisia is ranked 115/146 on the Global Gender Gap Index.