

ISSUE PAPER

# PROMOTING WOMEN'S ECONOMIC EMPOWERMENT: RECOGNIZING AND INVESTING IN THE CARE ECONOMY



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# ABSTRACT

Care work is a crucial element for human well-being as well as an essential component for a vibrant, sustainable economy with a productive labour force. Care work ensures the complex and life-sustaining web on which our very existence depends. Women shoulder a disproportionate share of unpaid work around the world, and gender imbalances in the distribution of care work constitute a root cause of women's economic and social disempowerment. This paper aims to identify the policy and programmatic entry points and the key tools involved in transforming the care economy so as to promote gender equality, human development and inclusive and sustainable growth. The proposed framework for action is organized around interventions targeting the recognition, the reduction and redistribution of unpaid care work. Recognition needs to go beyond data collection on and valuation of unpaid work to also entail national-level coordination on the care economy. A crucial intervention towards reduction of unpaid work is public investments in social care service infrastructure and in time-saving physical rural infrastructure. Financing of public investments in the care economy remains a persistent challenge because of the magnitude of resources required and the competing claims for public funds. This paper lays out a detailed blueprint for assessment of costs of and expected returns from social care and time-saving physical infrastructure investments. Such assessments aim to promote policy dialogue on the reprioritization of fiscal spending and provide the rationale for fiscal expansion where necessary. Complementary to infrastructure investments are interventions targeting labour market regulation for work-life balance and non-discrimination to facilitate a redistribution of the care burden from women to men in the domestic sphere. The proposed actions promote multiple development objectives, going beyond Sustainable Development Goal (SDG) 5 (gender equality) to also address SDG 1 (ending all poverty), SDG 3 (healthy lives and promotion of well-being for all at all ages), SDG 4 (inclusive and quality education for all), SDG 8 (creation of decent employment for all and promoting inclusive growth) and SDG 10 (reduction of inequalities).

# ACRONYMS AND ABBREVIATIONS

<b>ALMP</b>	active labour market policies
<b>CWP</b>	community works programmes
<b>ECCE</b>	early childhood care and education
<b>ESA</b>	Employment Services Agency (former Yugoslav Republic of Macedonia)
<b>GDP</b>	gross domestic product
<b>HBS</b>	household budget surveys
<b>HHSA</b>	household satellite accounts
<b>HLFS</b>	Household labour force surveys
<b>ILO</b>	International Labour Organization
<b>LIMTIP</b>	Levy Institute Measure of Time and Income Poverty
<b>MENA</b>	Middle East and North Africa
<b>MFSP</b>	Ministry for the Family and Social Policy (Turkey)
<b>NEA</b>	national employment agency
<b>NGO</b>	non-governmental organization
<b>NICS</b>	National Integrated Care System (Uruguay)
<b>NSO</b>	national statistics office
<b>OECD</b>	Organisation for Economic Cooperation and Development
<b>SDG</b>	Sustainable Development Goal
<b>SEWA</b>	Self-Employed Women's Association (India)
<b>SILC</b>	surveys on income and living conditions
<b>SNA</b>	System of National Accounts
<b>TUS</b>	time-use surveys
<b>UN Women</b>	United Nations Entity for Gender Equality and the Empowerment of Women
<b>UNDP</b>	United Nations Development Programme
<b>WEF</b>	World Economic Forum

# INTRODUCTION

The care economy entails the production and consumption of goods and services necessary for the physical, social, mental and emotional well-being of care-dependent groups, such as children, the elderly, the ill and people with disabilities, as well as healthy, prime working-age adults. Care-related economic production activities are wide-ranging, including both direct and indirect services and production of goods. Direct care provisioning entails one-to-one relational tasks between the caregiver and the care receiver, such as breastfeeding a baby, helping a child with homework, tending to a bed-bound elderly person or giving emotional support to someone diagnosed with a terminal illness. Such direct provisioning is supported by indirect care activities, which do not entail person-to-person engagement but are nevertheless indispensable components of care provisioning. These include common domestic tasks—for example, cooking, cleaning, washing, shopping and household repairs and maintenance—as well as additional activities in rural areas of less developed regions, such as collecting water and firewood or food processing.<sup>1</sup>

Access to care is a crucial element of human well-being as well as an essential component of a vibrant, sustainable economy with a productive labour force. The care economy contributes to short-term economic sustainability through the reproduction of workers on a daily basis so that they remain healthy and continue to contribute to the production of goods and services over their life cycle. The care economy also establishes the basis of long-term economic sustainability through the reproduction of the next generations of workers through the caring labour of current workers. Most importantly, the care economy contributes to social sustainability in that caring labour constitutes the essence of what holds us together as families and friends, as local communities and as an integrated global society of local communities. As such, caring labour maintains what

Tronto (UNDP 2009; UNDP 2015; UN Women 2015a; UN Women 2016)) calls “a complex, life-sustaining web” on which our very existence depends.

Care work entails both paid and unpaid dimensions. Childcare workers, pre-school and school teachers, health-care professionals and long-term care workers provide care services on a paid basis. Yet the majority of care work is performed on an unpaid basis in the home. The increasing availability of time-use data from around the world confirms statistically a well-known fact about the unpaid care economy: Women bear its disproportionate burden. Moreover, beyond confirming what is already known, these data also uncover the immensity of the number of hours it takes to keep the care economy going and the extent of the gender gap therein. Of the total global paid plus unpaid work hours, 41 per cent is spent on unpaid care work and women’s share is as much as 76 per cent (vs. only 36 per cent of total paid work time). On average, women’s unpaid weekly workload is more than three times that of men (UNDP 2015; Charmes 2015).

There is widespread consensus in research and policy evaluations of gender inequalities that women’s

<sup>1</sup> More expanded definitions of the care economy go beyond care work for individual well-being to include care work also for collective well-being, such as volunteer work contributing to communities, to ecological preservation and to care of all living species. In such an expanded definition Tronto (2010: p.160) defines care as “everything we do to maintain, continue and repair our world so that we can live in it as well as possible. That world includes (not only) our bodies, ourselves (but also) our environment, all of which we seek to interweave in a complex, life-sustaining web.”



disproportionate shouldering of unpaid care work constitutes a root cause of their economic and social disempowerment. The huge gender gaps in unpaid care work time translate into parallel gaps in paid work time and systematically generate gender inequalities in the form of a multitude of market outcomes, including the gender employment gap, horizontal and vertical gender jobs segregation, the gender earnings and wealth gap as well as gender gaps in political representation and decision-making (UNSG-HLPWEE 2016a and 2017).

Beyond its relevance to gender equality, the care economy is also an issue that matters for socio-economic equality, poverty reduction, inclusive growth and sustainable development. Households with lower purchasing power have a limited ability to afford market substitutes for and complements to unpaid care. While care receivers (children/the elderly/people with disabilities/the sick) in higher-income households have access to a combination of paid professional/institutional care and family care, care receivers in lower-income households are often limited to family care as the only option or, under dire circumstances, they receive insufficient or no care. Inter-household inequalities in access to quality care have long-lasting effects, particularly for children. Children from disadvantaged households cannot participate in early development or pre-school education programmes. Such uneven access to quality care early in life carries over to differences in school performance and labour market pay at later stages (Heckman et al. 2010). Uneven access to quality care also shapes the household labour supply structure whereby higher educated couples with small children are able to sustain a dual-earner structure as they can afford market substitutes to unpaid care, while less educated couples are often forced to adopt the single male breadwinner model in the event of childbirth. Research has shown that single male breadwinner households are more vulnerable in the face of economic shocks and have a higher poverty risk (Ilkkaracan and Degirmenci 2013).

The time constraints that the unpaid care burden imposes on women's labour supply results in reduced

productivity and growth through women's lower and less efficient participation in the market economy. A recent study finds that women's improved labour force participation could increase the global annual gross domestic product (GDP) by as much as 26 per cent under a 'full potential scenario' in which women play an identical role in labour markets to that of men (Woetzel et al. 2015). This scenario, however, fails to consider that women's labour is not infinite. A major obstacle to achieving the 'full potential scenario'—i.e., women playing an identical role to men in labour markets—is the fact that women cannot engage in paid market work to the same extent as men if they are also bearing the entire burden of unpaid reproductive work.

If women are to replicate male market work patterns without the state and men substituting for the decline in female unpaid care labour hours, then their total number of paid work hours would increase at the expense of unpaid work hours. This means access to care deteriorates. An observed outcome in many countries is declining fertility rates below the replacement ratio. The situation is particularly alarming in view of emerging deficits in care of the elderly (over age 65) in aging societies and in care of the sick under conditions of health shocks such as HIV or Ebola outbreaks. The global care gap for elderly care is estimated as a shortage of 13.6 million workers (Scheil-Adlung 2015). The culmination of these emerging care deficits, whether in the form of below-replacement fertility rates, shortage of caretakers for sick and elderly dependents, deteriorating access to care along with the grossly unequal distribution of its burden, has been named 'the care crisis' (UNDP 2015; Benería et al. 2015). The care crisis poses as much of a challenge to sustainable development as the economic or environmental crises (Ilkkaracan 2011).

Unpaid care work has recently been established as a policy target in the global development agenda, as reflected in the Sustainable Development Goals (SDGs) (UN General Assembly 2015). Under SDG 5 on gender equality and empowerment of all women and girls, one of the six targets (SDG 5.4) calls for "recognition of unpaid care work through the provision

of public services, infrastructure and social protection policies and the promotion of shared responsibility”.

This paper aims to provide a framework for action towards achievement of SDG target 5.4 through the so-called ‘3-R strategy’: Recognize, Reduce and Redistribute unpaid care work.<sup>2</sup> The framework identifies an interlinked set of policy and programmatic intervention points under each ‘R’. It also provides a blueprint for action for various stakeholders aimed at transformation of the care economy towards gender equality, human development inclusive and sustainable growth. These stakeholders are diverse, ranging from intergovernmental and international organizations to national governments, non-governmental organizations (NGOs) and research institutes.

As the following discussion will highlight, investing in the care economy is a crucial component of this framework for action. Beyond SDG 5.4, such investments also promote SDG 1 (ending all poverty), SDG 3 (healthy lives and promotion of well-being for all at all ages), SDG 4 (inclusive and quality education for all), SDG 8 (decent employment for all and inclusive growth) and SDG 10 (reduction of inequalities).

The policy approach adopted in this paper is guided by two principles:

- i. Equality in caregiving through co-responsibility; and**
- ii. Equality in care receiving through universal access to quality care.**

The first principle requires a reorganization of the care economy to promote co-responsibility of women and men as well as of the state and families in caregiving. It acknowledges the right to provide care for family and friends and thus the need for time and other resources to enable caregiving. It also acknowledges, however, the right to have support in this role to prevent caregiving from becoming a source of vulnerability for the caregiver.

<sup>2</sup> The so-called 3R strategy was originally proposed by Diane Elson at a UNDP Expert Group Meeting in 2008 (Elson 2008) and adopted as one of the agreed conclusions of the 58th Commission on the Status of Women (CSW) in 2014.

The second principle requires a reorganization of the care economy so that all care-dependent groups have universal access to quality care services independent of their ability to pay. It acknowledges the right to be cared for and have equal access to quality care options.

Based on these guiding principles, the proposed framework for action steers clear of certain policy options that might recognize, reduce or redistribute unpaid care work but nevertheless conflict with the principles of equality in caregiving and care receiving. For instance, conditional cash transfers to women for care of children or other dependent household members (elderly, disabled, sick) is a policy option that recognizes unpaid care work and redistributes it from women’s unpaid to paid work. It conflicts, however, with the principle of equality and co-responsibility in caregiving in that it preserves this as a predominantly female domestic activity. Hence it prevents women’s equal access to the labour market and more generally to the public sphere. It also conflicts with the principle of equality in care receiving. While care dependent members of higher-income households can access a combination of professional (paid) care and family (unpaid) care, their counterparts in lower-income households are bound to family care only (which is supported by cash transfers). In the case of small children from poor households, this means domestic care by less educated parents is their only option. Children from higher-income households are more likely to enjoy access to professional early childhood care and education (ECCE) centres complemented by parental unpaid care.

The discussion of proposed actions under recognition, reduction and redistribution of unpaid care work is structured around the following questions:<sup>3</sup>

<sup>3</sup> While the care economy entails both paid and unpaid components, as mentioned at the outset, the proposed framework for action in this paper focuses exclusively on unpaid care work within the scope of SDG 5.4. Nevertheless, policy interventions at improving conditions of paid care work (such as the low pay and poor employment conditions of domestic workers) are of utmost importance and complementary to policy interventions on unpaid care work.

- What are the policy and programmatic interventions for facilitating the recognition, reduction and redistribution of unpaid care work?
- What are the steps towards their implementation? Who are the partners in action?
- How do the proposed actions relate to multiple development objectives?
- What are the challenges as well as the key elements to success as shown by evidence and examples of practices from different countries?

The remainder of the paper is organized as follows: Section 2 provides a background and rationale for the proposed policy framework and an overview of the recent development debates on the care economy. Sections 3, 4 and 5 develop the framework for action under the respective headings of recognition, reduction and redistribution of unpaid care work. Section 6 concludes with a summary of proposed interventions.

## 2.

# DEVELOPMENT POLICY AND UNPAID CARE WORK

Nearly five decades of feminist research and advocacy on unpaid care work and the care economy have shown that the issue is crucial for gender equality and human development. This background section presents first an overview of the linkages between unpaid care work, gender inequalities, human development and inclusive growth that justify the need for policy interventions in the care economy. It then turns to recent inter-governmental policy initiatives that have placed the issue of unpaid care work on the development policy agenda.

### 2.1

## Why is unpaid care work central to human development?

The centrality of unpaid care work and the care economy to development policy rests on three fundamental assessments: First, unpaid care work constitutes almost half of total global work time, contributing essential physical and social inputs for the healthy reproduction of people on a daily basis, but the bulk of the burden falls on women. Second, the gender imbalances in the unpaid care work burden act as a systematic source of gender inequalities in a myriad of other economic and social outcomes. Reorganization of the care economy to correct the gender imbalances in unpaid care work is therefore an indispensable component of any policy intervention towards gender equality. Third, beyond gender inequalities, the care economy is a development policy issue that also pertains to poverty reduction, elimination of inequalities by socio-economic status, decent jobs creation and sustainable and inclusive growth. The following discussion takes a look at each of these assessments in more detail.

### 2.1.1

## Unpaid care work contributes substantially to well-being, yet its distribution by gender and class is largely imbalanced.

The increased availability of time-use data from around the world shows that production by unpaid care work is of huge dimensions. Unpaid work makes up close to half (41 per cent) of combined paid and unpaid global work hours. Of this 41 per cent, 31 per cent is undertaken by women and 10 per cent by men. By contrast, of the remaining 59 per cent of paid work time, 38 per cent is undertaken by men and 21 per cent by women. Combining total unpaid and paid work hours, 52 per cent of total global work hours is performed by women; globally, women thus work more than men (UNDP 2015).<sup>4</sup>

Time allocated to unpaid vs. paid work by women and men varies widely across regions and countries. Average unpaid care work time by women ranges from as high as around six hours per day (Costa Rica, Italy, Mexico, Turkey) to a minimum of about three

<sup>4</sup> The global time-use figures reported in UNDP 2015 are based on a paper by Charmes (2015) covering time-use data from 65 countries representing 69 per cent of the world's adult population.

hours per day (Cambodia, Republic of Korea, Thailand).<sup>5</sup> The minimum unpaid work time observed for women resembles the maximum figures observed for men. The amount of unpaid work time by men reaches a maximum of three hours per day (Estonia, Norway, Sweden) and goes down to as little as 30 minutes per day (Cambodia, India, Mali, Pakistan) (Charmes 2015).

Gender disparities in unpaid care work time are particularly pronounced in developing economies. Measured in terms of the ratio of women's to men's unpaid work time, the imbalance is striking at 14 times in rural Mali and 10 times in Cambodia, India and Pakistan. On average, women spend 4 to 7 times more unpaid work hours than men in most countries in the Middle East and North Africa (MENA) region; 4 to 5 times in most countries in Asia; about 3 to 5 times in most countries in Latin America; and 3 to 4 times in sub-Saharan Africa (Charmes 2015).

While gender disparities in time allocation persist in developed economies, the difference is much less. In Western and Northern Europe, North America, Australia and New Zealand, the ratio of female-to-male unpaid care work time is about 1.5 to 1.8 times in most countries. In Eastern Europe, Albania is an outlier at 6 times, but on average most Eastern European countries observe ratios of about 1.5 to 2. The gender disparity in unpaid work time reaches the lowest levels globally in Norway and Sweden at about 1.25 times. The highest disparity observed in developed economies is about 2.5 to 3 times in Greece, Italy and Japan (Charmes 2015).

Time-use data also show that engaging in the labour market imposes a heavy double shift burden on women. An analysis of 23 developing (and 26 developed) economies finds that employed women work on average 9 hours 20 minutes in developing (and 8 hours 8 minutes in developed) economies per day, while employed men work 7 hours 8 minutes (7 hours

5 Average daily work hours entail a mean over a seven-day week. Hence to derive the weekly work hours, daily figures would be multiplied by 7. The averages cover total adult population; for more closely defined groups such as 'prime working-age rural women with small children', the daily unpaid and total work hours would be much longer.

36 minutes). For women in developing (developed) economies, 4 hours 11 minutes (3 hours 30 minutes) of this total work time is dedicated to unpaid care work. For men, the respective figures are 1 hour 31 minutes (1 hour 54 minutes) (ILO 2016).

Beyond cross-regional variation in unpaid care work patterns by gender, there is also variation among women by demographic variables such as rural-urban residence or socio-economic status. Rural women's unpaid work time is considerably longer than their urban counterparts due to domestic indirect care work such as fetching water or firewood. These differences are particularly pronounced in sub-Saharan Africa where rural physical infrastructure is poor. For example, in rural Ethiopia, women spend as much as an average of 31 minutes a day collecting water and 23 minutes a day collecting firewood; the same figures are 7 and 12 minutes, respectively, for rural men and 6 minutes and 3 minutes, respectively, for urban women (Charmes 2015). Time-use data from India show that women living in poor households spend as much as 24 per cent of their work time on collection of free goods (water, fuelwood) versus 12 per cent by women in non-poor households (Antonopoulos and Hirway 2010). The gender disparities in unpaid work time are relatively lower for higher socio-economic status (education) groups. Turkish time-use data, for instance, show the ratio of female-to-male unpaid work time for primary school graduates is as high as 7 times, while for university graduates it decreases to 3 times (Ilkkaracan 2010).

Unpaid care work time is also affected by negative external shocks such as health shocks and environmental or economic crises. In the absence of other resources, households depend on the supply of female unpaid labour to absorb such negative shocks. It is estimated that caring for an AIDS patient can increase the unpaid workload of a family caretaker by one third: A rural woman interviewed in Southern Africa estimated that it took 24 buckets of water a day, fetched by hand, to care for a family member diagnosed with AIDS—to wash the clothes, the sheets and the patient after regular bouts of diarrhoea (UNFPA et al. 2004). The unpaid work

burden is further aggravated under conditions of ecological deterioration. The Intergovernmental Panel on Climate Change reports that there will be a substantial reduction in renewable water resources in most dry, sub-tropical regions, resulting in scarcity of water and biomass fuels (IPCC 2014). The 2015 Human Development Report draws on this assessment to point out the implications for unpaid work time of particularly women in sub-Saharan Africa, which is already of huge proportions (UNDP 2015). Similarly, under conditions of economic crises, austerity measures entail cuts in public provisioning of health, education and other social services, which are substituted by women's increased unpaid domestic work time (Elson 2017; Vertova 2017).

### 2.1.2

#### Gender imbalances in unpaid care work time serve as a systematic source of gender inequalities in economic and social outcomes.

The disproportionate responsibility for the care economy imposed on women is a root cause of the observed gender inequalities in the labour market such as the gender employment gap, occupational and vertical gender segregation, the clustering of women in a few ('feminine') job categories and the gender pay gap. This is because women's labour market participation patterns are largely shaped by their domestic care responsibilities. For most women, the decisions whether to take up or quit paid employment, what type of job to take or how many hours to work in the labour market are constrained by considerations of work-family balance. In the absence of care leave legislation and affordable quality care services, most women—particularly those in informal employment—end up having to quit their jobs upon childbirth (or on emerging care needs of sick or elderly family members). To the extent that women continue to stay attached to the labour market, they have to choose shorter work schedules (part-time employment) and jobs that offer more flexibility such as informal self-employment, home-based work, public jobs with more regular work schedules or jobs with less time requirements such as travel.

As of 2015, less than half of adult women globally (49.6 per cent) participate in the labour force (a decline from 52.4 per cent in 1995) vs. 76.1 per cent of men (ILO 2016). Gender employment gaps are high and persistent in most developing economies: over 50 percentage points in MENA and Southern Asia, and around 30 percentage points in Central and Western Asia, Latin America and the Caribbean and Southeast Asia and the Pacific (ILO 2016). Maternal employment levels are typically lower than average female employment rates. In Organisation for Economic Cooperation and Development (OECD) countries, for example, maternal employment is 10 percentage points lower than the average female prime working-age employment rate (OECD 2014). Even in European Union (EU) countries, which provide some of the best publicly provisioned childcare services, 25 per cent of non-labour market participant women (vs. only 3 per cent of men) cite care and other family responsibilities as the reason for not engaging in the labour market (EU 2014).

An estimate based on 100 countries shows that more than one third of employed women (34.2 per cent) work less than 35 hours per week, compared with 23.4 per cent of employed men (ILO 2016). The intermittent patterns of female participation along with 'choice' of part-time employment generate the gender gaps in years of work experience and seniority. Further along the life cycle, these gaps in work years translate into gender gaps in earnings and social security. Mothers, who face additional care responsibilities, suffer from a significantly reduced earnings capacity, contributing to the motherhood pay penalty in contrast to the fatherhood pay premium (UN Women 2015b).

The imbalanced distribution of unpaid work time facilitates occupational and vertical gender jobs segregation. More than half (51 per cent) of female employment is concentrated in service sector jobs, primarily in public sector services (such as teaching or public administration), sales and clerical services and domestic services (ILO 2016). These are jobs that are more likely to provide the types of schedules that are compatible with unpaid domestic work. At the same time, teaching or domestic work—stereotypical 'female' jobs—are seen as an extension of women's traditional roles as caregivers and

are paid less. Care responsibilities also prevent women from reaching top-level decision-making positions, which typically require more time commitment and leave limited space for family life.

An important contributor to occupational gender segregation and the pay gap is the clustering of low-educated women, predominantly migrants, in paid domestic work. This has contradictory, even perverse outcomes from a gender perspective. On the one hand, access to low-cost domestic labour enables professional women to improve their own job prospects; on the other hand, it simultaneously deepens inequalities by class and origin among women. This paid component is thus an important problem area in regards to the care economy. ILO's Convention C189 concerning decent work for domestic workers and various national legislation efforts to protect care workers, including domestic workers, constitute recent examples to address the issue.

Gender gaps in the labour market imply that women and men face different incentives when allocating their time between paid vs. unpaid work. Women typically earn less than their male partners, have more limited job options and face less upwardly mobile career prospects. Thus when couples make decisions as to who will stay in the home to take care of a child or an elderly or sick family member and who will go out to work at a paid job, these different labour market incentives play an important role. Given the better prospects facing men, they end up devoting their time to paid work while women 'specialize' in homemaking. Through circular feedback effects, gender inequalities in the labour market further reinforce the imbalanced gender distribution of unpaid work in the domestic sphere.

It is due to this diagnosis of the vicious cycle of gender imbalances in unpaid care work interacting with gender disparities in the labour market that most recent policy documents on women's economic empowerment point to a two-pronged policy approach: direct interventions in the care economy to reduce and redistribute women's unpaid work burden; simultaneously with indirect interventions through

labour market regulation for gender equality so as to equalize the incentives facing women and men in time allocation between paid versus unpaid work (UN Women 2015b; UNDP 2016; ILO 2016; OECD 2014a). The framework for action developed in this paper is structured around such a two-pronged approach.

### 2.1.3

#### The care economy is an issue of inclusive growth and human development through its relation not only to gender equality but also to interlinked issues of poverty reduction, decent jobs creation and equality by socio-economic status.

There have been an increasing number of policy simulations in recent years estimating the effects of increased levels of female labour force participation on boosting the economic growth rate. The McKinsey Global Institute, one of the most quoted, suggests that under a 'full potential' scenario, in which women play an identical role in labour markets to that of men, global annual gross domestic product (GDP) could be boosted by as much as US\$28 trillion (26 per cent) by 2025 (Woetzel et al. 2015). Such a scenario—whereby women achieve identical employment patterns to men, facilitating a sustainable boost in the growth rate—rests on two fundamental assumptions: that there are no time constraints on women's labour supply and that there are no labour demand shortages. Both assumptions are difficult to justify in the absence of appropriate and comprehensive policy interventions directed at the care economy.

In terms of the assumption of no time constraints on the female labour supply, women can engage in market production to the same extent that men do only if they reduce their unpaid reproductive work time to men's levels. This would mean a substantial decline in unpaid care provisioning, with negative effects on the well-being of their families and communities. This consequence is inevitable unless there is an increase in public services as well as in men's unpaid care work time so as to substitute for the decline in women's unpaid care work time.



Recent research on poverty in some developing economies finds that if all eligible non-employed adults living in poor households (predominantly female homemakers) were to be given jobs in line with their observed labour market qualifications and under the prevailing labour market conditions, then many of their households would escape income poverty through increased labour earnings but move into time poverty through decreased availability of time for care work.<sup>6</sup> To put it another way, their income deficit would be transformed into a care deficit, equally if not more harmful for the well-being of household members. This outcome is conditional on the absence of affordable social care provisioning as well as on prevailing labour market conditions of long working hours and poor pay for low-skilled workers.

Hence for women's equal access to the labour market to facilitate sustainable economic growth, it has to be based on a comprehensive strategy of recognition, reduction and redistribution of unpaid care work rather than encouraging women to superficially mimic male patterns in the market economy. Otherwise, a boost in growth and productivity would at best entail short-term, non-sustainable material gains at the expense of human development.

The second assumption of no labour demand shortages—i.e., that there would be a sufficient number of jobs to employ all women if they were to enter the labour market at equal rates to men—is even more challenging to substantiate. This is particularly the case under conditions of prolonged global economic crisis and high unemployment and jobless growth in many regions of the world. Investing in social care service expansion can simultaneously provide a solution to both time constraints on women's labour supply and labour demand shortages. This is because the social care service sector is one of the most labour-intensive sectors because of its resistance to mechanization. This is particularly true for the direct care component that entails delivery of one-on-one services.

<sup>6</sup> See Esquivel et al. 2014 for Argentina; Zacharias et al. 2012 for Chile and Mexico; Zacharias et al. 2013 for Turkey; and Zacharias et al. 2014 for Republic of Korea. Time- and income poverty studies are further discussed in section 3.

A series of recent research studies evaluate the implications of social care service expansion in terms of employment creation. They show that public investments in social care services have the potential to generate millions of decent jobs both in the care sector itself as well as in other sectors through backward linkages, reduce unemployment and boost labour force participation and growth. A macro-simulation of the Eurozone countries and the United Kingdom finds that a gendered investment plan designed to expand public child-care services would create 4.8 million new jobs in five years, 2.7 million of which would be held by women, and boost GDP growth by 2.4 per cent (Hansen and Andersen 2014). A simulation covering seven high-income OECD economies shows that investment in the care economy of 2 per cent of GDP has the potential to create over 21 million jobs, where 60 to 70 per cent of the jobs would be taken up by women (De Henau et al. 2016). A parallel study on six emerging economies (Brazil, Costa Rica, China, India, Indonesia and South Africa) finds that if 2 per cent of GDP were invested in the health and care sector, it would generate increases in overall employment ranging from 1.2 per cent to 3.2 per cent, depending on the country (De Henau et al. 2017). A global estimation on 45 countries (entailing both advanced and developing economies) by Ilkharacan and Kim (2018) shows that meeting the SDGs in education (including early childhood care) and health care (including long-term care) in 2030 would require an additional investment equivalent of 3.5 per cent of their combined GDP. They show that expanding care spending has the potential to generate as many as 117 million additional jobs directly in the education and health sectors plus indirectly in other sectors through backward linkages. More than half (55 per cent) of these additional jobs are likely to go to women.

A series of country-level simulations compares the employment generation impact of investments in the social care service sector versus the construction sector.<sup>7</sup> The construction sector is often the recipient of public investments in the form of physical infrastructure expenditures. In particular, most

<sup>7</sup> Ilkharacan et al. 2015 for Turkey; Antonopoulos and Kim 2008 for South Africa; Antonopoulos, Kim, et al. 2014 for the United States



stimulatory spending in times of economic recession is directed towards physical infrastructure. The comparative studies find that expenditures on social care services have the potential to create 2 to 3 times more jobs than expenditures on construction. In addition, social care spending facilitates employment demand favouring women and therefore helps to narrow the gender gaps in the labour market. Spending on construction, by contrast, generates overwhelmingly male jobs and results in widening gender gaps in the labour market. Moreover, investing in social care also carries a stronger potential than construction for poverty reduction through its higher employment generation impact.<sup>8</sup>

Another important economic and social effect of social care expansion in the case of early childhood education and care (ECCE) services comes through investing in children, enhancing human capital and productivity. Recent research studies find that pre-school education yields the highest returns formalized in terms of higher future earnings and that the positive effects are particularly large for children from disadvantaged households (Conti and Heckman 2012; Heckman et al. 2010). A universally accessible childcare and pre-school system also helps to decrease inequalities among children by improving the viability of dual-earner households, particularly for lower-skilled couples, and thereby enhance household incomes and alleviate poverty (Ilkcaracan and Degirmenci 2013).

## 2.2

### Inter-governmental advances towards the recognition of unpaid care work

In recent years there have been several inter-governmental initiatives that recognize the centrality of the care economy as an issue of development policy. The origin of this recent progress can be traced back to a landmark decision of the Beijing Platform for Action at the Fourth World Conference on Women in 1995. The Platform included a call for development of

<sup>8</sup> See Box 5 in section 4.1 for further discussion.

“methods ... for assessing the value, in quantitative terms, of unremunerated work that is outside national accounts, such as caring for dependents and preparing food, for possible reflection in satellite or other official accounts ... with a view to recognizing the economic contribution of women and making visible the unequal distribution of remunerated and unremunerated work between women and men...” as well as “to examine the relationship of women’s unremunerated work to incidence of vulnerability to poverty” (UN General Assembly 1995: paras. 68b and 206f).

Leading up to this landmark call by the Beijing Platform for Action, an important turning point was in 1986 when the Statistical Office of the UN Secretariat and the UN International Research and Training Institute for the Advancement of Women (INSTRAW) started undertaking a review of the System of National Accounts (SNA) for the integration of unpaid care work and household production. This has culminated in the first ever estimation of household satellite production accounts (national income accounts integrating unpaid care work). Starting with the 1990s, there was also some progress at the level of a few national governments in terms of collecting time-use data, using them in the valuation of unpaid care work and giving visibility to its scope and contribution to GDP (see section 3.1 below for further discussion).

There were some concerted initiatives in the 2000s in intergovernmental platforms of advanced economies towards recognition of the care economy. These were for most part addressed under the heading of ‘work-life balance’. The European Union (EU) adopted ‘work-life balance’ policies as one of the six pillars of its gender equality agenda for 2006-2010. In 2015, the European Commission published a ‘roadmap’ to address the challenges of work-life balance faced by working families, to modernize and adapt the current EU legal and policy framework to allow for parents with children or those with dependent relatives to better balance caring and professional responsibilities, encourage a more equitable use of work-life balance policies between women and men, and to strengthen gender equality in the labour market (European Commission 2015). The OECD

started its Babies and Bosses initiative to collect, review and analyse cross-national information and data on member States regarding reconciliation of work and family life, with a focus on the unpaid care burden and linkages to employment outcomes (OECD 2002, 2003). In 2013, work-life balance became one of the 11 dimensions of the ‘OECD better-life index’, with regular data collection and reporting on 35 OECD members plus three non-OECD countries.<sup>9</sup>

The Commission on the Measurement of Economic Performance and Social Progress—generally referred to as the Stiglitz-Sen-Fitoussi Commission after its leading economists—was created by the French Government in 2008 to examine how the wealth and social progress of a nation could be measured without relying on the unidirectional GDP measure. The Commission’s final report called for a broadening of income measures to include non-market activities, unpaid care work and time-use when measuring economic well-being (Stiglitz et al. 2009).

Another turning point in terms of recognition in statistics of unpaid care work was the adoption of a landmark resolution in 2013 by the 19th International Conference of Labour Statisticians (ICLS) measuring and defining work as “any activity performed by persons of any sex and age to produce goods or to provide services for use by others or for own use”, which enabled the inclusion of unpaid work in household production (as well as unpaid trainee work, unpaid work by prisoners and other civilians or volunteer work) (ICLS 2013: para. 6).

There is by now widespread consensus in policy debates in developing as well as developed economies that a fundamental solution to the elimination of the persistent gender gaps in the labour market—such as the employment gap, jobs segregation and the pay gap—entails policy actions to rebalance the gender distribution of unpaid care and domestic work (UN Women 2015b; ILO 2016; Ferrant et al. 2014). Furthermore, the Agreed Conclusions of the 58th Commission on the Status of Women in 2014 stressed the need to:

“Recognize that caregiving is a critical societal function and therefore emphasize the need to value, reduce and redistribute unpaid care work by prioritizing social protection policies, including accessible and affordable social services, including care services for children, persons with disabilities, older persons and persons living with HIV and AIDS, and all others in need of care; the development of infrastructure, including access to environmentally sound, time- and energy-saving technologies; employment policies, including family-friendly policies with maternity and paternity leave and benefits; and the promotion of the equal sharing of responsibilities and chores between men and women in caregiving and domestic work to reduce the domestic work burden of women and girls and to change the attitudes that reinforce the division of labour based on gender” (UN Women 2014: para. gg).

More recently, a report of the UN Secretary General’s High-Level Panel on Women’s Economic Empowerment reiterated that the recognition, reduction and redistribution of unpaid care work is one of the seven drivers of women’s economic empowerment (UNSG-HLPWEE 2017).

The Sustainable Development Goals (SDGs), adopted by all UN Member States in 2015, include SDG 5 on gender equality and empowerment of all women and girls (UN General Assembly 2015). One of the six targets (5.4) set under this goal entails direct action on the care economy: “Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate”. The policy actions on the care economy foreseen in SDG 5.4 towards the reduction and redistribution of women’s unpaid work burden are closely interlinked to achieving other gender equality targets under SDG 5. For instance, elimination of violence against women (SDG 5.2) would be strengthened through women’s economic empowerment, which in

<sup>9</sup> Brazil, Russia and South Africa (OECD undated).

turn depends on addressing the gender imbalances in unpaid care work. Similarly, women's equal representation in decision-making (SDG 5.5) would be made possible through equal access to time available for participation in the labour market and public life.

As the discussion above on recent policy research on the care economy shows, however, policy actions on the recognition, reduction and redistribution of unpaid care work go beyond gender equality to involve multiple SDGs. Most importantly, investing in the care economy has the potential to act as a strategy for poverty reduction (SDG 1). This would be achieved foremost by providing poor households with the necessary social care services, thereby freeing women's time and enabling their entry into income-earning activities. It would also be achieved by matching eligible employable adults in poor households with the new decent job opportunities created through the expansion of social care services (SDG 1.4). Investing in the care economy also pertains directly to SDG 3 (ensuring healthy lives and promotion of well-being for all at all ages) and SDG 4 (ensuring inclusive and quality education for all and promoting lifelong learning) as it enables wider access to quality education (including pre-school education) and health services.

Social care expansion also relates to SDG 8 on inclusive and sustainable economic growth, which includes the specific target of “full and productive employment and decent work for all women and men” (SDG 8.5). Investing in social care services has the potential to generate hundreds of thousands of decent job opportunities for women and men, as the aforementioned studies show. Investing in the care economy also promotes the reduction of inequalities (SDG 10) by promoting “income growth of the bottom 40 per cent of the population at a rate higher than the national average” (SDG 10.1). Universal social care services and an enhanced work-life balance for healthy adults with care responsibilities ensure equal access to quality care for dependent groups such as children, people with disabilities, the elderly and the sick independent of their household income. They therefore address SDG 10.3 by ensuring equal opportunity and reducing inequalities of outcome.

Investing in care also requires adoption of “policies, especially fiscal, wage, and social protection policies and progressively achieve greater equality”, as foreseen in SDG 10.4.

## 2.3

### Moving on to the question of how to recognize, reduce and redistribute unpaid care work

Having addressed the question of ‘why’ unpaid care work needs to be central to policies on women's economic empowerment and gender equality, the following three sections move on to the question of ‘how’. The proposed policy actions are structured under recognition, reduction and redistribution of unpaid care work. Section 3 on recognition introduces policy actions on national legislation and policy coordination on the care economy, as well as collection of data on and valuation of unpaid care work, which serve to increase its visibility in the policy realm; section 4 on reduction discusses public investments in social care service infrastructure and physical infrastructure; and section 5 on redistribution presents labour market policies aimed at redistributing the care burden from women to men.

We should note that while the policy actions are discussed under these three separate headings, they are largely overlapping and complementary. Any action that targets reduction or redistribution is obviously based on recognition. Similarly, while the paper introduces some of the best-case examples of national care legislation under recognition (section 3), these also pertain to policies on reduction and redistribution. Some of the policies for the reduction of women's unpaid care work discussed in section 4, such as investing in social care service expansion, redistribute the care burden from households to public services. As such they also pertain to the section 5 discussion of actions on redistribution.

### 3.

## INTERVENTIONS FOR THE RECOGNITION OF UNPAID CARE WORK AND THE CARE ECONOMY

Recognizing women's unpaid care work and increasing the visibility of the care economy is the starting point of the 3R strategy. For policy interventions on the reduction and redistribution of unpaid care work to materialize, there first needs to be recognition that this is a form of work amounting to an enormous number of hours, and that its unequal distribution by gender and class is linked to social and economic inequalities in general. Recognition also entails acknowledgement of the substantial contribution of caring labour to well-being both at the micro level of the household and at the macro level of the economy. This means recognizing caring labour in both its unpaid and paid dimensions as entailing an economic sphere in its own right: the care economy. Such recognition will open the way for treatment of the care economy as a crucial economic and social policy issue.

Recognition may take a number of forms:

- i.** National level legislation and policy coordination on the care economy
- ii.** Inclusion of unpaid care work in national statistics through the gathering of qualitative and quantitative data, particularly time-use data
- iii.** Valuation of unpaid care work and exploring its linkages to other economic and social phenomena such as labour force participation, gross domestic product (GDP), inequalities and poverty
- iv.** Compensation of unpaid care work time through social transfers (such as payment of childcare or elderly care wages to or social security coverage for full-time homemakers).

The discussion of policy and programmatic entry points for recognizing unpaid care work in this section is structured under the first three forms. Recognition of unpaid care work through national level (inter-ministerial) coordination on the care economy is proposed as a new form of recognition. This paper argues that it constitutes an important component of effective policy design. Inclusion of unpaid care work in statistics and its valuation are relatively more discussed and debated forms of recognition. The discussion below identifies possible policy and programmatic entry points and introduces some of the new advances in valuation, namely time poverty measurements. Social transfers as compensation for unpaid care work, on the other hand, are controversial. As mentioned in the introduction, they potentially conflict with the goal of gender equality and so are not a component of the policy framework developed in this paper. This is discussed further at the end of this section.

### 3.1

## National level coordination on the care economy

At the level of national legislation or policy, many countries have a series of laws and practices that recognize unpaid care work and aim at its reduction or redistribution. These include maternity leave for formally employed women, legislation that requires workplaces to provide childcare services for their employees or entitles children to some amount of pre-school and social security clauses that entitle the elderly or people with disabilities to institutional care. While these types of legislation and policies are based on a recognition of care needs, their conduct is for the most part fragmented and uncoordinated. They are designed from the perspective of particular groups of care receivers/givers and implemented by different ministries or government agencies, each approaching the issue from the perspective of their specific constituency and mandate. As such they do not provide a coordinated and comprehensive approach to recognition of the care economy as a coherent integrated economic sphere. This results in policy design and implementation imbued with coordination failures and conflicts with the guiding principles of equality in caregiving and care receiving (discussed in section 1).

For example, entitlement to maternity leave is for women who are formally employed in the labour market and falls under the mandate of the ministry of labour. It excludes, however, women who are not employed or are self-employed or informally employed. Similarly, legislation that requires workplaces to provide childcare centres approaches the issue from the perspective of formally employed wage and salary

earners. It excludes all other children whose parents might be not employed, self-employed, informally employed or who, even if formally employed, have workplaces that do not match the criteria set by the law.

Legislation on access to pre-school education approaches the issue from the perspective of children under the mandate of the ministry of education and may entitle all children to equal access to pre-school education. It fails to resolve the problem of employed parents, however, when such access is restricted to only one year of kindergarten. Similarly, school opening and closing hours (under the jurisdiction of the ministry of education) are not usually coordinated with workplace schedules (under the jurisdiction of the ministry of labour).

An important entry point towards comprehensive recognition of unpaid care work is therefore national-level coordination on the care economy guided by the principles of equality in caregiving (through co-responsibility) and care receiving (through universal access to quality care by all). This would entail inter-ministerial coordination to harmonize existing legislation and practice while introducing new actions towards the reduction and redistribution of unpaid work. Such national level coordinated action would transform fragmented and implicit legislative recognition of unpaid care work into coherent, explicit and effective recognition guided by principles of equality. The National Integrated Care System (NICS) in Uruguay and the national legislation introduced in Spain on work-family balance constitute two examples of country-level best practices in this respect (see Box 1).

## BOX 1

### National level legislation and policy coordination on the care economy: Best practices from Uruguay and Spain

The National Integrated Care System (NICS) was adopted by Uruguay in 2015 (UNSG-HLPWEE 2016a; Klugman and Melnikova 2016). The proposal for the NICS was developed by an inter-institutional working group, which was established following a presidential order in 2010 under the National Council on Social Policy. The implementation plan for 2016-2020 entails the development of services and a regulatory legislative framework for the care system. Services include high-quality childcare centres to serve children under 3, as well as day-care centres, homes and in-house professional care services for dependent elderly persons. The system also aims to develop a professional training strategy in care work to expand scope and ensure quality and to produce and manage timely and relevant information for public policy use.

The NICS is managed by a National Care Board, which consists of the Ministries of Labour and Social Security, Education, Economy and Finance, Social Development and Culture, as well as the Office for Planning and Budgeting, the National Administration for Public Education, the Bank of Social Provision, the Institute for Children and Adolescents, the National Care Secretary and the National Women's Institute. The Board is placed within the Ministry of Social Development, which serves as its secretariat to manage the coordination required by the System. The Board regularly consults with the Advisory Care Committee, where the key partners are NGOs, academia, unions and the private sector.

The Law to Promote Reconciliation of Work and Family Life in Spain represents a similar example of national level coordination with explicit recognition of the care economy (though not as comprehensive as the NICS in Uruguay). The law,

adopted in 1999, aims at harmonization of different pieces of legislation on care-related leave and service provisioning. It regulates parental care leaves, harmonizing them with extended leaves for both women and men and with a reduction in legally required full-time work hours to facilitate the care of children and the elderly. The Law of Dependency, introduced in 2006, represented a further advance. Its most important aspect was introducing the notion of 'care' as part of citizens' rights and an obligation on the part of the state to provide it for people with disabilities and the elderly. Its rationale took note of the fact that the system in Spain requires the unpaid work of women for care of the elderly, yet "changes in the family and the progressive entrance of women in the paid labour force introduced new variables that requires a revision of the traditional family model" (Benería and Martínez-Iglesias 2014: p.3).

This legislative reform initiative in Spain represented a successful example of the recognition of the care economy based on the right to care and be cared for and the principle of equality and co-responsibility. Nevertheless, the 2008 European economic crisis and the phenomenal rise in the unemployment rate in Spain thereafter led to a deterioration of the conditions for its enforcement. Most employees, in fear of losing their jobs, refrained from requesting their legal rights to care leave. The implementation of the laws and related processes were seriously weakened and, in some cases, even reversed by the crisis, with negative consequences for gender equality (Benería and Martínez-Iglesias 2014).

*See also Box 3 for recent efforts in Colombia for coordination of a National Care System through an Intersectoral Commission.*

## 3.2

# Inclusion of unpaid care work in national statistics and data analysis

## Time-use surveys

Time-use surveys (TUS) collect data on how people spend their time. They identify the main types of activity that people engage in during a definitive time period (typically a week) and quantify the number of minutes spent in each activity. Unpaid housework and caregiving along with paid work in the labour market are among the major activity categories. TUS thus serve as an important way to discover and measure the scope of unpaid work as well its distribution by gender and other demographic characteristics (marital and parental status, rural/urban divide, education, labour market status, household income and other socio-economic characteristics). Beyond unpaid and paid work, TUS also provide data on time spent on self-care, education and leisure. They thus provide important information on work-life balance—for example, how much time employed parents find to spend with their children or for self-care.

Regular implementation of TUS started in some developed economies as early as the 1970s and in developing economies following the Beijing Conference in 1995 (Charmes 2015). As of 2015, only 65 countries had nationally representative and internationally comparable TUS data (ibid.). There are still a non-negligible number of countries with no time-use data. Hence an important entry point for action in many countries is to advocate for conducting TUS.

When a country does not have TUS data, this may be due to lack of demand from users and stakeholders, insufficient technical capacity or lack of awareness, political will or funds. The strategy for action should build upon the identified reasons for the lack of TUS. For instance, if there is insufficient technical capacity, interventions should be directed at capacity building and technical cooperation. In cases of limited funds, TUS could also be conducted as smaller-scale

modules attached to household labour force surveys (HLFS), or efforts could be directed at securing external funding. For increasing awareness or promoting political will, two of the international advances on the recognition of unpaid care work discussed in section 2 provide excellent advocacy tools for the conduct of TUS at a national level. SDG 5.4 calls for “recognizing and valuing unpaid work” and 5.4.1 identifies “proportion of time spent on unpaid domestic and care work, by sex, age and location” as a target (UN General Assembly 2015). Measuring progress towards this SDG target is only possible if TUS data are available. The landmark resolution by the 19th International Conference of Labour Statisticians (ICLS) in 2013 to include ‘unpaid work’ in measuring and defining ‘work’ (mentioned in section 2) establishes another awareness-raising and advocacy tool with national statistics offices (NSOs) for periodic data collection on unpaid work.<sup>10</sup>

Given the level of technical expertise, the scope of the task, the costs involved and legitimacy issues in conducting field surveys, it is highly unlikely that TUS with national coverage and/or on a periodic basis can be conducted by NGOs or universities. The NSO is thus a key actor in this respect. However, NGOs as stakeholders can play a key role in advocacy with the NSO to conduct TUS (see Box 2).

<sup>10</sup> As will be discussed below under section 3.2, almost all countries conduct HLFS on an annual, bi-annual or quarterly basis with national coverage. Such frequency is necessary as labour market participation patterns change with shorter time intervals. Time-use patterns with respect to unpaid work, on the other hand, are relatively more stable over time and TUS can justifiably be carried out with a relatively longer periodicity such as every two to five years.



## BOX 2

### Advocacy for conducting TUS: The case of the United Republic of Tanzania

The Tanzania Gender Networking Programme (TGNP), a national NGO, acted as the catalyst for conducting TUS in the United Republic of Tanzania.

TGNP organized workshops for government officials from the National Bureau of Statistics, the Ministry of Finance and the Planning Commission on the importance and uses of TUS data in uncovering unpaid domestic and care

work and how this information could be used in economic modelling and policy design. TGNP also conducted small-scale research on time-use patterns in households with HIV patients.

Following this pilot research and advocacy by TGNP, the country's National Bureau of Statistics decided to add a time-use module to the 2006 HLFs with technical assistance from TGNP (Budlender 2007).

When a country already has a practice of conducting TUS, questions arise as to the quality of data. The Gender Statistics Manual developed by the UN Statistical Division (UNSD) provides a comprehensive set of guidelines in this respect (UNSD 2013). Necessary improvements in conducting TUS typically entail moving from one-time implementation to periodic implementation; from local coverage to nationally representative coverage; and improving methodology to make data internationally comparable yet adapting international TUS formats to also capture local issues (such as a specific type of unpaid work activity). Depending on the context, there might also be a need to conduct TUS specific to a particular group or region, such as households with sick or elderly persons in need of long-term care, new mothers and fathers or an area suffering from an infectious disease or environmental problem.

Beyond availability and quality of TUS data, their accessibility to users and extent of use in policy also matter. Gender analysis of TUS data can serve as an effective tool for policy design and evaluation. Australia, for example, is often pointed out as an early starter in the conduct of periodic TUS (since 1987) and using these data to inform policy reform for subsidized childcare, tax relief and parenting allowances (Esplen 2009).<sup>11</sup> Such possible uses are further

described under valuation of unpaid care work time in the next section.

### Other household surveys on the labour force, income and expenditure

While TUS constitute the most direct source of data on unpaid care work, there are also other household surveys that can serve as indirect sources of information: household labour force surveys (HLFS), household budget surveys (HBS) or surveys on income and living conditions (SILC). These surveys have the advantage of being more widely accessible and periodic. Unlike TUS, they also help to make the linkages between unpaid work and labour force participation patterns, earnings/income and poverty.

Most countries around the world conduct annual HLFS, which measure participation in paid work, its content, duration and institutional context, wages, social security coverage and past paid work experience. HLFS data are widely accessible to users through NSOs and international databases such as ILO Statistics or World Development Indicators.<sup>12</sup> While HLFS are focused on measuring paid work, they also provide information on unpaid work through questions on the reasons for non-participation, quitting last job or part-time employment. These questions typically report the share of those who cite 'domestic work and care taking' as the reason. Some

<sup>11</sup> While these reforms are noted for their success in improving women's labour market attachment in Australia, Budlender (2007) notes they were less effective in changing the gender distribution of unpaid work in the home (discussed further in section 5).

<sup>12</sup> HLFS micro data are usually accessible through NSOs, while international databases offer aggregate national or regional level HFLS statistics that are comparable across countries.



HLFS provide more detailed categorization including pregnancy/childbirth, marriage and care responsibilities for children or elderly/disabled members of the household as distinct from housework. These types of data on unpaid work, while indirect and limited, can still provide some important insights into the gendered patterns of participation in the labour market and their interactions with unpaid care work through the following types of statistics:

- The share of women (vs. men) who report homemaking or care responsibilities as the reason for current non-participation status or as the reason for quitting past employment
- Employment (and part-time employment) rates of mothers of small children (or married women) versus non-mothers (single/never-married women)
- Wage gaps between mothers versus non-mothers (motherhood wage penalty) or fathers versus non-fathers (fatherhood wage premium).<sup>13</sup>

More analytical uses are also possible. Quantitative analysis of determinants of labour force participation, for example, typically show marital and parental status to have a substantial negative impact on the odds of women's labour market engagement while it has a positive or no impact on male participation.<sup>14</sup>

<sup>13</sup> Disaggregation of labour force participation rates by gender, marital status and education group provides further insights into how the gendered division of labour has varying ramifications by socio-economic status. A study using Turkish data, for instance, shows that the employment rate of prime working-age single (never-married) female high school graduates is as high as 70 per cent but drops by more than half to 30 per cent for their married counterparts (Ilkkaracan 2010). For university graduates, the employment gap between single (never-married) vs. married women, on the other hand, is much smaller at about 15 percentage points. The variation in the employment gaps between married vs. single women by education level is in part due to higher wage rates for university graduates, which makes market substitutes for unpaid work more affordable. Moreover, higher formal employment rates for university graduates also provide access to maternity leave and better workplace childcare facilities.

<sup>14</sup> There is a multitude of studies employing various forms of multivariate regression analysis on determinants of labour force participation where parental status or fertility are typically included among the explanatory variables. See, for example, Aguero and Marks 1998; Del Boca 2015; Jensen 2017.

In addition to the HLFS, NSOs in many countries also conduct household surveys on income and expenditures on a periodic basis. These surveys provide the basis for identification of statistics on poverty and income inequality. Like the HLFS, they also offer indirect information on unpaid work that can be used to link income and poverty. It is possible, for example, to categorize households with respect to earner-carer structures (male single-earner, female full-time carer vs. dual-earner, dual care) and analyse the linkages to the risk of poverty.<sup>15</sup>

### 3.3 Valuation of unpaid care work

When TUS data are available alongside labour force and income survey data, it becomes possible to undertake valuation of unpaid care work and estimate its contribution to national income and household well-being. It also enables an analysis of the links between unpaid work and not only income poverty but also time poverty. Such analytical work based on valuation of unpaid care work is an important way of recognizing the care economy and increasing its visibility as a central issue of development policy.

#### Contribution of unpaid work to national income: Household satellite accounts

TUS and HLFS are the main sources of microeconomic data on work and production. The System of National Accounts (SNA), on the other hand, constitutes an important source of macroeconomic statistics on work and production. The SNA provides a macro overview of economic activities classified as production, private or public consumption and investment; it also shows how these activities map onto various macroeconomic categories of income such as wage, profit, rent-interest or tax income. The SNA forms the basis of calculations of national income and gross

<sup>15</sup> See, for example, Ilkkaracan and Degirmenci 2013, which uses data from the SILC for Turkey to show substantially lower probability of poverty for dual-earner households than single male breadwinner, female full-time carer households after controlling for a series of personal and household characteristics.

domestic product (GDP). GDP growth and GDP per capita are widely used as conventional indicators of economic performance and well-being. They serve as the main reference point in the design, monitoring and evaluation of economic policies.

The SNA, however, covers mainly market activities (paid work) and only some non-market activities (such as farm production for own consumption), leaving out most forms of unpaid work. TUS data on unpaid work can be used to estimate a market value for household production using the amount of unpaid work time and some estimate of a price for that time (a shadow wage rate) depending on the characteristics of the person performing the task, the type of unpaid work performed or the type of output produced.<sup>16</sup> Such a valuation of unpaid work time in market prices enables extension of official GDP accounts to include non-SNA production.

These extended accounts, called household satellite accounts (HHSA), not only increase the visibility of the care economy but also help make the national accounts more realistic and complete (see Box 3). HHSA also improve their comparability across countries and through time. Research findings show, for example, that one of the mechanisms through which households absorb negative economic shocks—such as economic crises, unemployment or consequent austerity cuts in public services—is through substituting unpaid work time for paid work time (Antonopoulos and Hirway 2010). Hence the decline in household well-being is relatively less in terms of the real consumption of goods and services than official income-per-capita figures would suggest. Yet absorption of the shock through substitution of unpaid for paid labour facilitates in most cases increased inequalities in time-use by gender and socio-economic status.

### BOX 3

#### Valuation of unpaid care work through TUS and HHSA in Colombia and other Latin American countries

In 2010, a new law was passed in Colombia (Law 1413) that “regulates the inclusion of the economy of care in the system of national accounting systems in order to measure women’s contribution to the social and economic development of the country, and as a fundamental tool for the definition and implementation of public policies” (Law 1413, preamble) (UNDP 2016).

In compliance with this law, an Intersectoral Commission was formed under the leadership of the National Administrative Statistics Department

(DANE) to establish the creation of two statistical operations: the National Time-Use Survey (ENUT) and the Care Economy Satellite Account (CSEC). ENUT was conducted first in 2012 and then again in 2016-2017. It revealed that as much as 35 billion hours were spent in unpaid work, with 80 per cent performed by women. The time-use data from ENUT was used to create the CSEC, pursuant to article 4 of Law 1413. The value of production through unpaid work was found to be more than one fifth (20.4 per cent) of official GDP.

<sup>16</sup> The shadow wage rate is derived from HLFS data, so creation of a household satellite production account is subject to the availability of HLFS as well as TUS data.

Beyond giving visibility to the care economy, the eventual purpose of this law is to support more equal distribution of domestic care responsibilities between women and men and hence their more equal access to formal work. The work of the Commission was integrated into the 2014-2018 National Development Plan. The Plan establishes that the Government—in a coordinated manner with the bodies that compose the Commission and with the support of social organizations, academia and the private sector—will lay the institutional, technical and economic foundations for developing the National Caregiving System pursuant to Law 1413 and will set a National Agenda on the Care Economy.

In 2016, the Commission's Technical Committee started the diagnosis of the current supply of and demand for caregiving services. This first stage identified the existing care policies, programmes

and projects in Colombia and the status of the care economy. This will serve as a basis for the formulation of each sector's public policy proposals on care and for a comprehensive harmonization of the various existing or new policies with the National Caregiving System.

Other countries in the region have followed the example of Colombia. Costa Rica passed legislation in 2015 aimed at accounting for the contribution of unpaid domestic work and conducted a time-use survey in 2016 to make this work more visible. It is now developing a methodology for the economic valuation of unpaid care and domestic work activities. In El Salvador, the Government conducted a time-use survey and is in the process of establishing a satellite account to recognize unpaid care and domestic work.

*Source: UN General Assembly 2017.*

### Contribution of unpaid care work to household well-being: Time and income poverty studies

An analytical approach to assessing the value of unpaid care work and its contribution to household well-being entails a combined time and income poverty measure. HHSA constitute a macroeconomic measure of the value of unpaid work and assess its contribution to national income. A combined time and income poverty approach presents a microeconomic measure of the value of unpaid work and assesses its contribution to household income.

Such an innovative measure was developed by the Levy Economics Institute combining TUS and SILC data (see Box 4). TUS micro data are used to attach a market value to the amount of unpaid work time for each household observed in the survey. SILC data are used to assess the cash income of the household. The total of cash income received by the household plus the estimated market value of unpaid work

performed presents a more comprehensive and realistic measure of household consumption possibilities. This entails not only goods and services purchased in the market using cash income but also those produced in the home using unpaid labour. As such, a decline/increase in well-being can be facilitated through a decline/increase in cash income earned by household members in the market as well as a decline/increase in the time available to household members for domestic production of goods and services.

Through such a measure, it becomes possible to make more realistic assessments of policy impact on well-being and poverty. For example, improving access to paid jobs constitutes an important strategy against poverty reduction. Yet the impact of paid jobs on restricting time available for domestic care work is hardly considered. Applied policy simulations find that when non-employed adults living in poor households (mostly women) are assigned paid jobs under prevailing labour market conditions, the cash income

of the household increases and thus income poverty decreases. Simultaneously, however, time poverty increases and the goods and services produced by unpaid labour decrease. To the extent that the reduction in unpaid work cannot be compensated by market substitutes, it is possible that total household consumption declines despite improved access

to paid jobs. In other words, some households may move out of income poverty (closing their income deficit) but move into time poverty (face an emerging care deficit).

Conduct of time- and income-poverty studies at the country level requires availability of TUS and SILC data

#### BOX 4

### Time and income poverty studies

An innovative new measure of household well-being and poverty integrating the value of unpaid work has been developed by the Levy Economics Institute in New York. Called the Levy Institute Measure of Time and Income Poverty (LIMTIP), it calculates the minimum acceptable level of both income and caring time to ensure household well-being is above a combined income and time poverty threshold. LIMTIP differs from the conventional measure of poverty, which is defined with respect to an income poverty line because:

“in addition to a minimal basket of market purchases, daily reproduction of household members requires that some amount of time must be dedicated to necessary (unpaid) household production activities. Just as some households fail to gain access to sufficient income, we must also consider the possibility that households may fail to meet their basic household production requirements for lack of time. Time deficits may be so severe that, when accounted for, they bring to the fore households that are in fact in poverty but remain ‘hidden’ from the policy radar” (Levy Economics Institute, Program on Wealth and Income Distribution 2017).\*

Beyond income inadequacies then, the LIMTIP also accounts for, and so makes visible, the negative impact that (unpaid work) time and hence care deficits exert on living standards. This measure also allows for gender differences in the household that mean women and men do

not partake equally in meeting household production requirements; they face different time deficits and poverty rates as measured by LIMTIP even when they live in the same household.

Studies that apply the LIMTIP measure to poverty analysis have so far been conducted for Argentina, Chile, Ghana, Mexico, Republic of Korea, Turkey and United Republic of Tanzania (Esquivel et al. 2014; Zacharias et al. 2013, 2014; Masterson et al. 2016). These studies typically estimate LIMTIP-based poverty rates and compare them to official income poverty rates to show the hidden poverty due to time and care deficits. They also employ a micro-simulation model to evaluate the impact and effectiveness of various policy interventions (or an economic event) in reducing time and income poverty simultaneously. A striking finding is that access to full-time employment is not necessarily an effective strategy for decreasing poverty when there are no social care services to substitute for reduced unpaid work time and when the labour market conditions facing low-skilled adults living in poor households are characterized by low wages and very long work and commute hours. A household well-being measure that integrates the value of unpaid work calls for policy interventions at the level of job creation complemented with expansion of social care service provisioning and improvement of labour market conditions towards work life-balance.

See: <http://www.levyinstitute.org/research/the-levy-institute-measure-of-time-and-income-poverty>.

\* See: <http://www.levyinstitute.org/research/the-distribution-of-income-and-wealth>.

as well as technical capacity in statistical data matching and micro-simulations. Training and cooperation (including South-South cooperation) in the use of internationally developed methodologies can serve as the basis for necessary capacity building.

### Recognition and valuation of women's unpaid care work to what ends?

An important question here pertains to the policy action that would follow once women's unpaid care work is recognized and valued. TUS, HHS, and time-poverty studies all highlight the contribution of women's unpaid care work to national income and household well-being. A non-egalitarian interpretation of such an acknowledgement could serve to

emphasize women's primary roles as mothers, wives and caregivers. Recognition, then, can also take the form of remuneration of housework through social transfers to housewives. Women's rights advocates have voiced concerns that such a policy is more likely to promote gender discrimination than equality of opportunity and choice (see Box 5).

The vision put forth by the 3R strategy is one where recognizing and valuing unpaid care work sets the stage for the reduction of the burden on women and its redistribution from women to men within the household and to paid professional work outside the household. Recognition in the form 'compensation for housework', however, foresees that women receive cash transfers from the state in return for undertaking

#### BOX 5

#### Social transfers for care work: A recognition that does not lead to equality?

A policy of social transfers for care work is rather problematic from the perspective of gender equality and women's empowerment, as Razavi notes: "One of the conundrums facing the design of family/child benefits is how to support families yet without enforcing a uniform model of the family which naturalizes motherhood as women's lifetime vocation (often in contradiction to their daily reality of having to balance care with some form of paid work) while excluding men from the domain of care" (2007: 391).

A well-known example of conditional transfers for care is the Oportunidades (or Progres) programme in Mexico, which aims to reduce poverty through payments of cash transfers to mothers of small children living in poor households. The payments are conditional on mothers participating in children's education and health programmes. While the programme has been applauded for its positive effects on improving the health and schooling of disadvantaged children, it has also

been criticized for reinforcing the gendered patterns of unpaid care work (Molyneux 2007).

Social transfers in the form of a universal citizen's wage can be more gender neutral while also fulfilling the objective of supporting disadvantaged households (Razavi 2007). Yet in a context of already low female labour force participation, absence of social care services and poor labour market conditions with high unemployment, they are also likely to reinforce a gendered division of labour. Public employer-of-last resort programmes,\* directed at the creation of paid social care jobs and employment of women, can act as an alternative to direct social transfers, with more effective results on women's empowerment (Antonopoulos, Adam, et al. 2014).

\* Employer-of-last-resort programmes provide employment at a basic wage for those who cannot otherwise find work—e.g., India's National Rural Employment Guarantee Act.

care work at home.<sup>17</sup> Such a policy can offer women (particularly those from low-income households) the choice of not entering the labour market and caring full-time for their families. However, when they have no access to affordable quality care services, such a policy has the potential to stop short of reduction and redistribution and instead institutionalize the imbalanced gender distribution of care work. This constitutes a gender-unequal form of recognition of the care economy that solidifies it as a female domain, reinforces discriminatory gender roles and supports women's exclusion from the public sphere.

The policy framework developed in this paper recognizes and values the importance of different forms of care but without reinforcing care work as women's exclusive domain. The combined set of actions proposed in this paper has the vision of de-feminizing caregiving while simultaneously increasing the value attributed to this work.

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17 Compensating homemakers for their domestic work has been an on-going debate originating from the well-known 'Wages for Housework' campaign in the 1970s. This aimed to bring visibility to unpaid domestic work and drew a parallel between the exploitation of women's labour by men in the household and the exploitation of (predominantly male) wage labour by capitalists in the workplace. The debate pertains to whether payment of a salary to homemakers, while with possibly some empowering effects in the short term, leads to gender equality in the long term. Critics argue it would mean accepting women's primary role in homemaking. There are some contested examples of actual implementation: In Venezuela, under legislation passed in 2006, homemakers in poor households (overwhelmingly comprised of women) receive the equivalent of 80 per cent of the minimum wage from the state; legislative reform in Iran in 1993 gave women the right to claim compensation from their husbands in return for their domestic work; and in 2012, the Government of India considered a proposal whereby women homemakers would be entitled to part of their husbands' salaries.

## 4.

# INTERVENTIONS FOR THE REDUCTION OF UNPAID CARE WORK

Reduction of unpaid care work involves reducing the burden first of all for women and second for society as a whole but without compromising on the principle of access to universal quality care. This can be achieved through a two-pronged strategy:

- i. Public investment in social care service infrastructure, which has the potential to transform a substantial amount of unpaid domestic care work into paid social care work; and
- ii. Public investment in physical rural infrastructure, which reduces the unpaid work time required for delivering indirect care.

Improvements in physical infrastructure, particularly in rural areas (such as access to clean water or efficient cooking stoves) help to increase labour productivity and enable an absolute reduction in unpaid care work. In other words, the work necessary for fulfilling the same amount of care needs (for example, care for an HIV patient) can be undertaken in fewer hours without compromising on quality. Such a reduction through productivity increase is pertinent mostly for indirect care activities such as cleaning, washing, cooking and fetching water and firewood.

It is more difficult, if not impossible, to improve labour productivity involved in direct care work such as feeding or washing a baby, reading a book to a child or tending to an elderly parent without compromising its quality and effectiveness. Reduction of unpaid direct care work, however, can be facilitated by its transformation to paid professional work in an institutional setting. This can be achieved through the expansion of social care services for children, the sick and elderly and people with disabilities.

Nevertheless, it should be noted that there are limits to how much of unpaid care work can be transferred to paid market work without risking a transformation of its very essence. Due to its personal and relational nature, an important amount of care work needs to remain unpaid domestic work provided by motivations

of love and care rather than pay and profit. Addressing this component that will remain unpaid in the domestic sphere is a matter of policies that promote the principle of co-responsibility and sharing between women and men, which will be taken up in section 5. This section turns to two crucial policy and programmatic intervention areas for reduction of unpaid care work: social care and physical infrastructure.

### 4.1

## Public investment in social care service infrastructure

A social care service infrastructure entails a web of institutions and professional services including childcare centres, pre-schools, after-school study programmes, day-care centres, and residential homes for the elderly and people with disabilities as well as home-based care services for people who are sick, elderly or with disabilities. Building a quality social care service infrastructure constitutes an indispensable component of the 3R strategy. It has the highest potential for triggering an effective transformation of the care economy towards more equitable ends through both reduction and redistribution of the care burden, while at the same time creating decent jobs, increasing job opportunities for women and alleviating poverty.



Building a social care service infrastructure inevitably requires state intervention and financing. This sub-section first justifies the need for state action and public resource allocation and discusses the related challenges. It then turns to an important programmatic entry point: strengthening the capacity of governments to undertake an assessment of care deficits and needs, associated costs and expected economic returns from public investments in the social care service sectors.

There is a limited number of private sector care service enterprises in most countries due to a variety of reasons. On the supply side, social care services constitute a labour-intensive sector yet one not eligible for mass production and with limits to productivity increases as discussed above. This means relatively high production costs (management, training and wages) with low profit margins, making it an unattractive area of investment for private capital. On the demand side, there is limited consumption appetite due to the high prices of market substitutes and the low opportunity cost of unskilled female labour, which makes the option of domestically produced unpaid care more viable for most households.

In a context where care service provisioning is left to private markets and households alone, there are two types of outcomes. First, the care economy becomes characterized by inequalities among both care receivers and caregivers. Care receivers have unequal access to care by socio-economic status. Quality services are available only to a minority with high income who can afford market substitutes for unpaid care work. This has far-reaching implications, particularly for children in terms of unequal access to early development support, which also facilitates inequalities in schooling success and labour market earnings at later stages of the life cycle. Caregivers, on the other hand, suffer from unequal access to paid work by socio-economic status. In addition to gender disparities in the unpaid work burden, there are also inequalities among women by household income.

The second outcome of leaving care service provisioning to markets alone is the reliance on informal labour and the poor working conditions that characterize

the paid care sector. The epitome of these poor conditions is reflected in the so-called 'global care chain of women' (Ehrenreich and Hochschild 2003). Women from low-income regions leave their own care-dependent family members behind to migrate to other regions to work as paid care workers. This is for the most part under conditions of low wages, long working hours and no social security. Nevertheless, given the lack of viable income-earning opportunities in the home country and the cross-country price level differences, remittances of care workers provide livelihoods for families left behind. Such informal employment of international or rural migrant domestic workers serves as the market solution to the care needs for most middle-income households, particularly in low- and middle-income countries. This solution, however, further reinforces the gender imbalances in unpaid care work and creates more complex inequalities by gender, class, migrant status and ethnic and national origin for both the care workers and their family members left behind.

These observations point to substantial externalities associated with the care economy. First, there is low potential for self-developing markets in care service provisioning in the absence of public subsidies. Second, there are multiple inequalities without state intervention. Social care services are very similar to health and education services in that there is an absolute need for state intervention in sector development through public financing. Service provision could be in the form of either public services or services by private providers regulated and subsidized by the state. Independent of the actual form of service provision, however, what is essential is the need for allocation of public resources.

The main challenge in this respect is the magnitude of the costs involved in building a universal social care service infrastructure. Investing in infrastructure is a matter of fiscal policy, more specifically a macroeconomic question of fiscal space. To finance a national-scale social care service infrastructure, developing countries need significant resources, yet their limited public revenues face competing claims and the dominating neoliberal macroeconomic policy framework emphasizes austerity, expenditure



restraint and privatization. While the question of fiscal space is specific to the context of each country, by definition, it is based on two options: a prioritization of social care expenditures over other fiscal expenditures; and/or funding through fiscal expansion. Reprioritizing and increasing the efficiency of expenditure needs to be a priority starting point. This calls for a comprehensive analysis of all items of expenditure so as to identify areas where improvements can be made (Aguzzoni 2011). Social care spending would then be assessed against other lines of spending in terms of efficiency in meeting multiple policy objectives.

The option of fiscal expansion, on the other hand, calls for an assessment of deficit finance. Under current fiscal discipline rules, fiscal space is defined by a country's public debt relative to gross domestic product (GDP). The emphasis remains on short-term fiscal sustainability based on recovery of expenditures through increased tax revenues in a limited time frame. Seguino (2017) points out that current guidelines for assessing fiscal space and sustainability ignore what the fiscal space is used for, which leads to an underestimation of the long-term payback to fiscal sustainability of public investment that could be debt-financed.

Roy and Heuty (2009) suggest that the exclusive focus of conventional approaches on the trade-off between fiscal expansion and prudent economic management is misleading. They propose a new conceptual framework that also considers long-term payoffs of social investment that may expand fiscal space available to developing countries. An important question here is whether social care spending is more appropriately defined as social investment rather than consumption. To the extent that social care spending promotes human capital development through both women's improved access to the labour market and universal access of children to quality early childhood care and education (ECCE) programmes, it would be more appropriately defined as a social investment with future pay-offs. If social care expenditures raise incomes through higher labour productivity, then increased tax revenues would help to pay down the debt incurred to finance the original

investment (Seguino 2017). In other words, social infrastructure spending can create fiscal space by raising the productive capacity of the economy (Roy and Heuty 2009).

Against this background—and given the competing claims on tight public budgets and the dominance of neoliberal economic thinking in favour of private market solutions—it is important to present a strong rationale for increased public spending on social care expansion. This requires unveiling the potential that it entails with respect to meeting multiple policy targets (and multiple SDGs) related to gender equality, poverty reduction, employment creation and inclusive growth. Employment creation is a particularly strategic aspect of this rationale because of the high and persistent unemployment levels and the phenomenon of jobless growth observed in many economies along with low female labour force participation rates.

Strengthening the capacity of governments to assess the need for social care expansion, the magnitude of the required increase in public spending and the potential economic returns therefore constitutes an important area for policy and programmatic intervention. To this end, the following section lays out a detailed blueprint for conducting such an assessment. Moreover, Box 6 introduces examples of recent research studies on estimating costs and expected returns from public investments in social care services.

## 4.1.1

### Strengthening the capacity of governments to assess the costs and returns of public investments in social care infrastructure<sup>18</sup>

A comprehensive assessment of costs and returns of public investment in social care expansion would require several steps, including setting policy targets in line with national priorities and an analysis of the care deficit; costing and an assessment of fiscal space; and a projection of expected returns, preferably in comparison to those from other lines of spending to assess relative efficiency as well as fiscal feasibility of initial outlays. The following looks at each step in detail.

#### Gap analysis of the care deficit in line with national priorities

A gap analysis of the care deficit could be done for one or all of the categories of social care depending on the country context:

- Childcare (pre-school children for day care or children of mandatory school age under 15 years of age for after-school / out-of-school care)
- Elderly care (65+ population dependent on intensive caretaking or relatively

independent but potential users of day-care services through active living centres)

- People with disabilities (dependent on intensive caretaking or relatively independent but potential users of day-care services through active living centres)
- Sick care (people outside the above categories but dependent on intensive long-term care due to health problems, e.g., HIV patients).

Gap analysis requires gathering information on existing supply of versus potential demand for paid care services. Supply is reflected in the number of people in the relevant category with access to institutional or home-based professional care disaggregated by public and private services. In the case of children, this means data on the number of children enrolled in childcare centres and pre-schools disaggregated by age group as well as private vs. public institutions. If data are available, an assessment of trends over time can be undertaken.

The maximum potential demand would be the total target population—for example, all children under the mandatory school age. More narrowly defined demand estimation could be made with respect to certain criteria relevant to the country context. In the Turkish case, for example, potential demand for childcare was estimated on the basis of a policy target for pre-school enrolment rates, which were set for each age group at the average OECD enrolment rate. Short-term policy targets can be limited to disadvantaged households and disadvantaged regions in terms of both service delivery and employment creation. Nevertheless, the long-term policy target should be universal coverage, with pricing on the basis of income means testing.<sup>19</sup>

The care deficit reflects the difference of estimated potential demand and current supply: **‘The number of children in each age group who would need to be enrolled in a childcare centre or pre-school in order**

<sup>18</sup> Section 4.1.1 follows the methodology used in Ilkkaracan et al. 2015 introduced in Box 5. This focuses on short-term demand side returns in the form of employment and income generation, the narrowing of the gender employment gap (due to social care investments generating higher labour demand for women), poverty reduction and increased tax revenues. An alternative assessment of returns could focus on long-term supply side returns in the form of improved human capital and productivity, as suggested in the discussion on fiscal space. Nevertheless, given the short time horizon of elected governments and design of fiscal budgets, focusing on short-term returns is likely to serve as a more effective advocacy tool.

<sup>19</sup> Service provision conditional on income means testing means that services are provided free-of-charge to households under a minimum threshold income; for other households above the threshold, they are partially state subsidized, with the level of the subsidy decreasing with household income.

for Turkey to achieve average OECD enrolment rates' minus 'The number of children in each age group who are currently enrolled in childcare centres and pre-schools'. This yields the number of additional childcare places to be created for the assessed need to be met.

### Costed needs assessment for social care expansion

The next step is to estimate the costs involved in expanding social care services to meet the gap assessed in the first step. This requires, first, an assessment of the average cost of social care provision per person per month/year. This can be estimated based on existing data, which can be obtained from relevant public agencies or an umbrella organization of service providers. If no data exist, they can be obtained through a survey of existing service providers. The per person cost is then multiplied by the total number of people in need of social care (derived from the first step) to estimate the total cost of necessary expenditures.

Information on the cost structure of service providers is also needed, i.e., the allocation of the sector's monthly expenditures by various spending items: personnel costs, rent, food, transportation, accounting services, etc. These cost data are necessary to feed into the policy simulation for estimation of new employment generation through input-output analysis and estimate the number of jobs that will be generated not only directly in the social care sector itself but also indirectly in other sectors through backward linkages. Data on cost structure of service providers may be present in some form in the existing input-output data compiled by the national statistics office (NSO).<sup>20</sup> If no data exist, they can be obtained through a survey of existing service providers.

<sup>20</sup> Input-output is a macroeconomic square data matrix showing the transactions between the various sectors that make up the economy. For example, it shows the distribution of expenditures of the social care sector in terms of its purchases across the various other sectors of the economy; and it also shows the distribution of its sales to the other sectors, including final household expenditures.

### Review and assessment of budgets/ fiscal space to increase spending in care infrastructure

When the targets are set for social care service expansion and the scope of spending has been determined, total costs can be expressed as a share of total public expenditures, or as a share of other relevant public budget items (e.g., share of total educational or health expenditures) and as a share of GDP. This enables an assessment of the magnitude of fiscal spending required relative to existing patterns of spending and an evaluation of fiscal space in central and local budgets.

### Policy simulation to project the potential of such a social care expansion for gender-disaggregated employment creation, poverty reduction and unpaid care work time reduction outcomes

Estimation of the short-term economic returns expected from social care expansion is crucial to advocating for allocation of necessary public financing as estimated in the previous step. Such an estimation could be done through input-output analysis and micro-simulations, which require input-output tables and HFLS and SILC data, all compiled by the NSO. The total necessary increase in expenditures estimated in the previous steps is fed into input-output analysis to estimate the total amount of employment expected to be generated through a social care service expansion. Input-output analysis enables estimation of the jobs to be created in the sector itself as well as in the other sectors from which it procures inputs. Using HFLS data, the aggregate number of new jobs is distributed by industry and occupation as well as by quality of employment in terms of decent jobs (e.g., social security coverage and duration of contract).

Beyond the aggregate jobs generation effect, one can also estimate the distributional impact—i.e., the number of new jobs that go to women vs. men, disaggregated by education, age, household income and labour market status (unemployed vs. non-participant). This requires a micro-simulation exercise with

SILC data.<sup>21</sup> Current studies find a substantially higher share of jobs going to women (promoting gender equality) and households in the bottom 40 per cent of the income distribution (promoting socio-economic equality). Based on these findings, it is possible to estimate the reduction in the unemployment rate, the increase in labour force participation rate and the reduction in the gender employment gap.

The micro-simulation also entails estimation of wage earnings of the new job receivers and the consequent increase in their household income. This makes it possible to derive the consequent change in the poverty rate and the gender wage gap through jobs generation. Current studies find a substantial poverty reduction effect because a higher share of jobs goes to households in the lowest income quintiles and a reduction in the gender wage gap because a higher share of jobs goes to women and the majority of these jobs are decent jobs.

It is also possible to assess the short-term financial feasibility of increased public spending in terms of expected tax returns. One can estimate the expected annual returns of additional fiscal spending in terms of labour taxes, profit income taxes as well as value added tax through increased household consumption spending. Current studies find that spending on social care has the potential to recover a substantial share of initial outlays (as much as 50 per cent) in annual tax returns (De Henau et al. 2018; Ilkcaracan and Kim 2018).

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<sup>21</sup> First, we identify the 'pool of employable' people: currently unemployed people or those who are outside of the labour market (neither employed nor unemployed) but with no age or health restrictions to their possible employment. Given the gender employment gap, the 'pool of employable' consists primarily of prime working-age women with the status of full-time homemaker. Next, we use micro-simulation to estimate the probabilities that each individual will receive a particular type of job on the basis of observed demographic characteristics of currently employed individuals such as their gender, education, household income and the types of jobs that they hold.

## Comparing estimated returns from social care expansion to those from an increase in public spending of similar magnitude on other fiscal budget items such as physical infrastructure

The input-output analysis and micro-simulation can be repeated for another sector such as physical infrastructure spending to enable comparison of the economic outcomes in terms of employment generation, poverty reduction and gender equality to those from social care expansion. This enables evaluation of priorities set in fiscal spending decisions in terms of their short-term economic returns.

Current studies find far superior impacts from social care expansion in terms of employment generation, poverty reduction and gender equality over spending of similar magnitude on physical infrastructure. This superior effect derives from a number of conditions. The social care sector has higher labour intensity than the construction sector. It is also a female-dominated sector, while construction is predominantly male-dominated. Finally, social care spending produces positive outcomes on both the labour demand side in terms of the generation of new jobs as well as the labour supply side by freeing the constraints on women's time and enabling their entry into the labour market. Spending on the construction sector, by contrast, works only on the demand side, albeit with lesser employment generation intensity.

Such a comparison enables rationalization of fiscal spending priorities in terms of employment intensity and the potential to meet important policy targets such as the reduction of unemployment and elimination of poverty. It also constitutes a good example of gender-responsive budgeting, whereby public investments and expenditures are better balanced between building a social care infrastructure and a physical infrastructure.

## BOX 6

### Estimating economic returns from social care service expansion in Turkey

Section 2 presented an overview of recent research assessing the multiple demand-side economic returns of investing in social care, including employment generation, gender equality and poverty reduction. Research measuring the economic returns of social care investments can provide a solid basis for helping public authorities to make informed assessments about the relative costs and benefits of different budgetary allocations. The research findings showing far superior outcomes of social care spending over other lines of spending (such as physical construction) can facilitate political will for allocation of necessary public resources.

An example of a comprehensive policy simulation is by Ilkkaracan et al. 2015 for Turkey. Following civil society and academic work on the care economy and gender inequalities in the country throughout the 2000s, care was finally positioned on the agenda of the Ministry of Women (later renamed the Ministry for the Family and Social Policy, MFSP) as of 2009-2010. The MFSP was convinced that childcare services were an indispensable component of the solution to eliminating the gender employment gap in Turkey (one of the highest in the world). In cooperation with the Ministry of Labour, the MFSP prepared a draft law on childcare service vouchers for employed parents. As the proposal was about to be brought to the Council of Ministers for approval, Ministries of Finance and the Economy objected, pointing to tight public budget conditions in the context of the global economic crisis. In the meantime, however, the country was going through a period of fiscal expansion, including a stimulatory spending package and a public works employment programme. Such expenditures were focused almost exclusively on physical infrastructure and construction, almost entirely a male sector.

It was these developments that led Istanbul Technical University's Women's Studies Center (ITU-WSC) to develop the research initiative for a policy simulation on the demand-side economic impact of different sectoral fiscal spending priorities. The motivation was to promote dialogue with the Ministry of Finance and the State Minister in charge of the Economy on resource allocation for social care expansion. The study was undertaken in collaboration with the Levy Economics Institute and modelled after their pioneering studies on South Africa and the United States. Also in partnership were the UNDP and UN Women Regional Offices for Europe and Central Asia and ILO Turkey. The partnership with the UN agencies not only provided partial funding but also, more importantly, feedback throughout the research process as well as improved visibility and dissemination of the findings.

The study focused on early childhood care and education (ECCE) as a sub-sector of social care. A costing exercise revealed that for Turkey to achieve the average ECCE enrolment rate of OECD countries, it would need to spend an additional 1.18 per cent of its GDP. This expenditure was found to have the potential to create as many as 720,000 new jobs, 2.5 times the number of jobs that similar spending would generate if it were directed at the construction sector. Moreover, spending on childcare could narrow the gender employment gap by several percentage points due to the pro-women profile of sectoral employment demand, while construction spending had the opposite effect of widening the gender employment gap. Finally, social care spending was found to have a stronger impact on the poverty rate, decreasing it by an additional 1.5 percentage points over construction spending.

Following the dissemination of the study's findings, there have been some government

initiatives at allocating additional funding to childcare, albeit with an unexpected twist to the policy approach. The new policy adopted in February 2017 foresees payment of 'care wages' to grandmothers who take care of the children of their employed daughters or daughters-in-law. The wage rate is set at about one third of minimum wages and entails no social security coverage. This new policy initiative recognizes unpaid care work and aims to reduce labour supply constraints of mothers of small children. Nevertheless, NGOs and women's rights advocates are critical of the initiative, pointing to a number of major problems. First, the approach encourages preservation of childcare as a female

responsibility and as an informal domestic activity. It redistributes the care burden from unpaid female domestic labour to poorly paid female domestic labour. By so doing, the initiative also foregoes the potential job generation and employment multiplier effects that spending on formal care promises. Moreover, from a care receiver perspective, the policy reinforces inequalities among children. Children of high socio-economic status households access quality professional and institutional day care as a complement to family care. Children from lower socio-economic status households, however, have their grandmothers, with limited or no schooling, as the primary care providers.

#### 4.1.2 Model of care service provisioning: Public versus private

The Northern and Western European countries set an example of provisioning of social care services by public institutions. The Scandinavian countries and France, for example, are known for their long-standing universal public childcare and pre-school systems, which provide standardized equal access for all. This mode of entirely state-run service delivery has been proven to facilitate some of the best indicators of gender as well as socio-economic equality globally (Nyberg 2010). Nevertheless, its positive outcomes are also conditional on the human resource and administrative capacity of the State. Given the variation in state capacities around the world, particularly in developing countries, as well as the different scope and content of care needs, the search for alternative models of provisioning and the debate over the best model will be specific to the country context.

However, upholding principles of equality through co-responsibility and universal access to quality care should guide policy design and implementation independent of the country context. The choice on the institutional form of service provisioning should be made by assessing the potential for providing equal access to high quality care for all in need, a reduction in women's unpaid work burden and financial sustainability. This means if NGOs, social enterprises or businesses are to act as the primary institutional framework for service provisioning, the infrastructure still needs to be financed by the state. This would serve to ensure that outreach is universal and sustainable. Transparent and effective state regulation is also needed to ensure service quality.

In cases where service provision is predominantly through public institutions, private provisioning can play a complementary role, fulfilling two strategic policy objectives: (i) to reach particular target groups with special needs; and (ii) to undertake pilot implementation of new innovative service provisioning models (see Box 7).



## BOX 7

### Innovative examples of care service provision through private initiatives

**Reaching particular target groups with special needs:** The Self-Employed Women's Association (SEWA) in India provides childcare centres for its members working in the informal sector. An evaluation of the centres found that access to quality childcare services helped SEWA members to move from irregular part-time jobs to more regular work and also improved school attendance of older children because they did not have to take care of younger siblings. Mobile Crèches, another Indian NGO, provides childcare services to a very specific target group: women informal workers in the construction industry. The NGO runs close to 400 centres, which also aim to provide employment opportunities for lower-skilled women and men through care provider training (Esplen 2009).

Also in India, the Integrated Programme for Older Persons provides financial assistance to NGOs who want to run elder-care facilities, either residential such as old-age homes or non-residential such as day-care centres, mobile medical units or non-institutional home-based professional care services. Public financing covers as much as 90 per cent of the project cost. The scheme also works to finance initiatives to meet other needs of older persons, such as reinforcing and strengthening the family, and facilitates productive ageing (Government of India 2016).

**Innovative pilot implementation of new service provisioning models:** The holistic Child Development Centres in Colombia, operated by a non-profit organization called aeioTU, provide integrated services, including education, nutrition and care for children under the age of 6. The organization, founded in 2009, supports children to develop creative and critical thinking through child development programmes based on exploratory processes and encourages families and communities to be part of the process. AeioTU

relies primarily on government subsidies, donations and private grants for funding. However, to improve sustainability towards self-financing, the NGO has also started an innovative cross-subsidization scheme whereby it runs day-care centres in higher-income urban areas and uses the revenues to subsidize its operations in lower-income rural communities at varying price points (Premji 2014).

An experimental residential elderly care programme, first implemented in the Netherlands, works with young university students who volunteer a set number of hours per week in elder care in exchange for free rent. Having documented effective results, the programme has since spread to other countries in Europe and North America as a model of residential elderly care (WEF 2017).

A London technology start-up called Koru Kids has developed a communication platform through which users (parents) can connect with others in the same area and share their childcare workers (nannies). This way the childcare worker gets more remuneration for her/his services and parents have access to quality childcare at an affordable cost. Koru Kids also provides support with the administration of the tax, contract, payroll and pension of hired care workers (Koru Kids 2017).

The Titres-Services voucher model, implemented in Belgium since 2004, is another publicly financed scheme (WEF 2017). Here the workers are employed by an organization (private or public, for-profit or not) that sells domestic and care services (cleaning, washing, ironing, gardening, shopping, meal preparation and so on) to different households. Households pre-purchase vouchers (usually online) and use these to request the services they need from the company. The company then assigns the tasks to a worker. The state regulates the hourly price of the vouchers

and offers a 30 per cent tax deduction to users of Titres-Services, thereby providing users with an incentive to prefer a formal arrangement for these services over informal work. For the worker, the accumulation of vouchers by working in different households offers access to a formal labour contract guaranteeing the same rights as any other worker, including paid vacation, health

and pension rights. Employers can benefit from a reduction in their social contribution if they recruit long-term unemployed persons participating in activation programmes. Unemployed persons and recipients of social assistance are targeted by this measure, as 60 per cent of jobs under the scheme must be allocated to such categories of people.

### Private service provisioning as the primary institutional framework with public financing

The Republic of Korea probably provides the most developed model of private service provisioning as the primary institutional framework with substantial public financing. The Government started social care policy reform in the late 1990s following the Asian economic crisis, instigated by multiple objectives of improving women's labour market attachment simultaneously with increasing fertility rates, generating new jobs and recovering growth. The Ministry of Labour initiated a project with an annual budget of 7.3 billion won (US\$68 million) in 2003 to create social service jobs by providing grants to NGOs. Much of the new social service job creation was focused on child and elderly care. The programme rapidly expanded into a multi-ministerial collaboration with a total budget of approximately 1.3 trillion won by 2007. It was taken to a larger scale through the Social Enterprise Promotion Law adopted in 2007 and the Seromazi Plan in 2010. Under the Plan, the state provides support to social enterprises providing care services to promote the supply of services, while also providing childcare vouchers on an income means-tested basis to promote consumer demand for their services (Peng 2013).

Most of these examples of public-financed private service provisioning at the country-level are recent. While they present innovative examples for possible adaptation and replication in other countries, there is still a need for careful assessment of their effectiveness in providing universal quality care, promoting gender equality and leading to financial sustainability over time.

## 4.2 Public investment in physical and rural infrastructure

Underdeveloped rural settings constitute an environment where the indirect component of care work is substantially higher than in more developed urban settings. Time-use data show that average hours of unpaid work in fetching wood and water can be as much as 9 hours per week for women and 4 hours for girls in Malawi versus 1 hour for men and boys. Collectively, women in sub-Saharan Africa spend about 40 billion hours a year collecting water (Women Watch 2012).

Investing in basic infrastructure for electricity, sanitation and piped water can reduce the drudgery of care work in rural environments. While such investment is often framed as a public health issue, it also has huge strategic importance for reducing women's unpaid care and domestic work and has the potential to raise women's incomes. A simulation by Fontana and Natali (2008) on the effects of targeted physical infrastructure investments in the United Republic of Tanzania that reduced time spent on unpaid care activities (fetching water and fuel and other unpaid household maintenance activities) found that women benefit disproportionately: The time released from unpaid work could raise women's income by as much as 17.7 per cent vs. 1.6 per cent for men. Research also shows that policies improving rural women's income-earning activities (increasing paid work time) has hardly brought about a decrease in their unpaid work load



## BOX 8

### NGOs working with women to develop time-saving technologies

Nexleaf, an NGO in east India, undertook an innovative project for upgrading cooking stoves, not only to prevent emission of toxic fumes but also to reduce cooking time and thereby contribute to time saving by rural women.

The NGO started from an assessment that previous trials with new stove types failed as they did not meet user requirements. The users are almost all women, but earlier initiatives did not

encourage women's active participation in design and hence failed to achieve widespread adoption.

Nexleaf worked closely with village women to receive their feedback on prototypes and used technology to monitor real-time usage of different designs of new cooking stoves. Eventually they were able to finalize a design that was adopted by all but one of the 36 households in the pilot village of Notarpalli (Stacey 2016).

due to the lack of accompanying improvements in rural infrastructure (UNSG-HLPWEE 2016b).

A comprehensive report by the UN Millennium Project Task Force on Water and Sanitation notes that investments in infrastructure designed to reduce the amount of time women and girls spend on burdensome tasks can take on a variety of forms: improved cooking stoves to reduce indoor air pollution; rural electrification and low-cost transitional energy sources; and improved access to water and sanitation systems through simple investments such as the relocation of a well or borehole to a site closer to user communities, the installation of piped water supply in houses and latrines closer to home (UN Millennium Project 2005). The report cites a World Health Organization (WHO) finding<sup>22</sup> that such infrastructure improvements “can yield significant time savings. The annual value of these time savings would amount to \$64 billion if the [Millennium Development Goal] target is met.”

Policy and programmatic interventions for reducing the indirect component of unpaid care work by investing in physical and rural infrastructure would entail, as a starting point, careful investigation and analysis of TUS data on time-use patterns of rural populations disaggregated by gender. The insights from analysis of TUS data should be strengthened by qualitative research on rural women's work. Participatory rural appraisal attached to the conducting of localized rural TUS can provide an effective strategy for identifying

the priority areas of for time-saving physical infrastructure investments.

The UN Millennium Project Task Force also notes that women's active participation in the design and implementation of rural infrastructure projects contributes to increasing their access and affordability (UN Millennium Project 2005). Participatory methodologies to encourage rural women's effective engagement in assessment, design and implementation should be a guiding principle in this respect (see Box 8).

Policy simulation studies on economic returns of rural infrastructure investments can be used in policy advocacy and to inform policy design, similar to the ones discussed above for social infrastructure investments. Such a policy simulation would again entail an estimation of the comparative costs of various lines of investments and an assessment of their likely welfare impact in terms of reduction in unpaid care work time and substitution with increased time allocation to direct self-care and family care, paid work, education and skills development. The assessment could also expand to cover other outcomes such as employment generation and poverty reduction. The employment generation, gender equality and poverty reduction effects could be explored using the methodology explained above in section 4.1. The poverty reduction and welfare improvement effects could be explored using the methodological framework of the LIMTIP studies explained under time and income poverty in section 3.3.

<sup>22</sup> Hatton and Haller 2004.

## 5.

# INTERVENTIONS FOR THE REDISTRIBUTION OF UNPAID CARE WORK

Publicly provided care services are complementary to the unpaid care that family members provide rather than being perfect substitutes. As mentioned in the introduction to section 4, there is an ultimate limit to how much unpaid care work can be redistributed to paid market work. Due to its personal and relational nature, an important amount of care work will remain as unpaid domestic work.

Policies directed at the redistribution of unpaid care work from women to men in the domestic sphere therefore constitute a necessary component of the 3R strategy. The main area of intervention here entails labour market regulation and reforms for improved work-life balance and for the elimination of gender discrimination.

### 5.1

## Labour market regulation for work-life balance

Labour market regulation for work-life balance involves a mix of policies that enable women and men to better reconcile the time requirements of the workplace with those of unpaid care work in the home. Care leave, care insurance schemes and regulation of workplace hours constitute the important policy pillars. Such interventions shift some of the burden of financing to private sector firms, insurance schemes and the state.

### 5.1.1

#### Care leave and care insurance policies with equal gender incentives

‘Care leave’ is a legal right to take time off from paid work in order to tend to the care needs of dependent family members. Such leave legislation ensures job security as it entitles the worker to return to the job at the end of the leave period. Current implementation around the world suffers from several important

problems from a gender equality perspective. Primarily, care leave is for the most part limited to maternity leave, i.e., to the care of newborn children by mothers. Paternity leave (for fathers) or parental leave (giving the choice to either parent) is very limited. When parental leave is unpaid, it is predominantly mothers who end up using it. Moreover, there are very few examples of leave policies addressing care for dependent family members other than children, such as the elderly, the sick or people with disabilities. Finally, care leave applies to wage and salary workers who are formally employed. It leaves out informally employed workers as well as self-employed and unpaid family workers who are predominantly in agriculture. Care insurance schemes can be used for these groups of workers. The following discussion addresses these problems and assesses the needs for improvement in care leave policies towards the goal of gender equality.

#### Care leave for wage and salary workers

As noted above, the most prevalent form of care leave is maternity leave. In a recent review of 185 countries by the International Labour Organization (ILO), virtually all were found to have adopted some form

of maternity protection legislation (ILO 2014). About one third (57) of the member countries fully met the organization's maternity leave protection requirements as defined by ILO Convention No. 183:

- At least 14 weeks of paid leave
- Cash benefits of at least two thirds of previous earnings while on leave
- Benefits paid by social insurance or public funds.

The duration of leave is critical for enabling mothers to recover from childbirth and return to work while providing adequate care to their children. When leave is too short, the probability of women dropping out of the workforce increases. However, very long leave periods, or parental leave mostly taken up by women, may also result in discrimination in hiring or wage penalties. The requirement with respect to insurance coverage reflects the assessment that employer liability for maternity leave benefits works against the interests of women by creating a possible source of discrimination. The ILO advocates for leave benefits to be financed through social security contributions.

The proportion of countries meeting the specific standards on leave duration, level of pay and source of payment varies by region. The regions with the highest proportion of countries in conformity with the ILO's maternity leave protections are Eastern Europe, Central Asia and the developed economies. Conformity is particularly low in the rest of Asia and the Middle East, while not more than 20 per cent meet the standards in Africa, Latin America and the Caribbean.<sup>23</sup> In many countries, there is a substan-

<sup>23</sup> Over half, or 98, of the countries studied provide at least 14 weeks of leave. Among those, 42 countries meet or exceed 18 weeks, 60 provide 12 to 13 weeks and 27 provide less than 12 weeks. The longest average statutory durations of maternity leave are in Eastern Europe and Central Asia (almost 27 weeks) and the developed economies (21 weeks). The shortest regional average is in the Middle East (9 weeks). Seventy-four countries (45 per cent) meet the standard of providing at least two thirds of earnings for at least 14 weeks. Among these, 61 provide 100 per cent of previous earnings for at least 14 weeks. Only three countries (Oman, Papua New Guinea and the United States) have no statutory requirement to provide compensation during maternity leave. The leave benefits are financed by 58 per cent of countries through social security, while another 16 per cent rely on a combination of employer support and social security. Roughly one quarter requires leave benefits to be covered entirely by the employer.

tial gap between how many workers are covered by maternity protection in law and how many actually benefit in practice. The ILO (2014) attributes this coverage gap to a number of factors: women's lack of awareness of legal entitlements and benefits; insufficient contributory capacity; gaps in social security systems; inadequate enforcement; discrimination; and social exclusion.

Many women workers are also not covered by paid maternity, including those who are self-employed, domestic workers, agricultural workers, part-time and temporary workers and migrant workers. The ILO (2014) estimates that over 800 million employed mothers around the world are still not adequately protected with leave and cash benefits in case of maternity. Almost 80 per cent of these inadequately protected women are found in Africa and Asia, regions where employer liability schemes are more prevalent, informal work is predominant and maternal and child mortality rates are still very high.

In sharp contrast to its regulation and monitoring of maternity leave legislation around the world, the ILO has no standard concerning paternity leave. Its 2014 review found that paternity leave laws exist in 78 countries (up from 40 in 1994) and leave is paid in 70 of those countries at almost the full rate, yet only five countries offer leave periods of longer than two weeks. In almost all countries that offer paternity leave, fathers may choose whether or not to use it (with the exception of Chile, Italy and Portugal, where paternity leave is compulsory). In some countries, collective bargaining agreements may provide paternity leave entitlements beyond national legislation.

Parental leave, on the other hand, is a right that is open to use by either the mother or the father. One trend that emerges in countries that have parental leave legislation is that it is mostly used by mothers while fathers' take up rate is very low unless the right incentives are put in place. Hence an important policy challenge is reform of the legal framework to provide the equal right of mothers and fathers to care leave as well as use of appropriate incentives to increase fathers' effective use of care leave.

The European experience with paternity leave (or parental leave for men) helps identify a number of incentives that promote fathers to use care leave and increase their take-up times (Ilkkaracan 2010) (see also Box 9):

- When the leave is paid almost with full coverage
- When a segment is reserved only for the father's use (such that the right to leave is lost unless the father uses it)
- When the leave is flexible so that it can be used in tandem with part-time paid work without necessarily requiring a full departure from the labour market.

#### BOX 8

### Examples of parental leave from developed and developing economies

A review of parental leave by the World Economic Forum (WEF) identifies the 10 countries with the most generous parental leave compensation in terms of length and pay coverage: Belgium, Denmark, Estonia, Finland, Hungary, Iceland, Lithuania, Norway, Serbia and Sweden (Weller 2016).

While all of these countries have generous parental leave policies, only a few take measures to promote equal take-up of the leave time by mothers and fathers. Iceland is the only country where parental leave is equally allocated by gender, while Lithuania and Sweden make deliberate attempts to make the terms relatively more equal. In Iceland, there is a nine-month paid parental leave after childbirth at 80 per cent of salary. This leave is split into three equal parts: one each for the mother and father (whose shares are non-transferable) and one that can be taken by either parent. In the three years following reform of the parental leave law with equal gender terms, the average number of days taken by fathers in Iceland after the birth of a child increased from 39 to 83.

In Lithuania, in addition to mothers' 18 weeks of fully paid maternity leave, fathers are entitled to four weeks of fully paid paternity leave. This is followed by an additional 156 weeks of parental leave, which can be shared between mothers and fathers. For this shared portion, the parents can

decide whether to have it paid at 100 per cent for 52 weeks (until the child turns 1) or 70 per cent for 104 weeks (until the child is 2 years old). The remaining weeks are unpaid.

In Sweden, parental leave is 16 months at full pay, with the cost shared between the employer and the state. At least 2 of the 16 months are forfeited if not taken by the second parent. These are called 'daddy months'. While the burden is still unequal, there has been substantial improvement in fathers' take-up time following the introduction of daddy months (Nyberg 2010).

There have also been advances in developing countries towards the introduction of paternity and parental leave (UN General Assembly 2017). In Zambia, female employees are entitled to 14 weeks of maternity leave and fathers up to 10 days of paternity leave, with full pay and benefits for each. In Kenya, the Employment Act of 2007 makes provisions for three months of fully paid maternity leave and two weeks of paternity leave. Slovenia supports activities to facilitate a more equal sharing of parental leave and to promote active fathering, including measures that promote part-time work. El Salvador is currently developing a social co-responsibility policy for caregiving to identify and promote public policies to redistribute unpaid care and domestic work between women and men within the family.

Statutory rights to care leave other than for babies and young children—such as long-term care for sick and other dependent family members—are much more limited. To the extent that these exist, they are mostly in advanced economies or for small segments of wage and salary workers such as public employees or private employees on long-term or permanent contracts. The duration of other types of care leave is also more limited, and pay coverage is either non-existent or lower than parental leave.<sup>24</sup> Under these conditions, such leave is also mainly taken up by women. The incentives listed above for encouraging men to take up parental leave would also apply to improving men’s take-up of any type of care leave.

- coverage of women wage and salary workers (including part-time or irregular forms of wage employment) by maternity leave along ILO standards
- coverage of men wage and salary workers by paternity leave of similar duration and standards to maternity leave and using the types of incentives listed above that improve men’s take-up rates
- coverage of self-employed and unpaid family workers—women and men—under parental care insurance
- care insurance schemes for care needs other than childcare.

## Care insurance schemes for the self-employed

Care insurance schemes can be an important mechanism for financing care work, primarily for self-employed and unpaid family workers but also for wage and salary workers for types of care that are currently not covered by legislation or social security insurance such as elderly care.

While most countries have mandatory universal insurance schemes for health, retirement or unemployment, public care insurance schemes have emerged only recently in a few pioneering incentives. One example is of elderly care insurance in the Republic of Korea to cover care in cases of terminal illnesses or disabilities such as Alzheimer’s disease and dementia (Kim 2016). Another example is a voluntary public insurance scheme in the Netherlands for mid-career time off, which can also be used towards care of dependents (Plantenga 2010).

The current policy challenges with respect to care leave and care insurance schemes lie in improving the following:

<sup>24</sup> Most OECD economies or non-OECD middle-to-high income countries have some form of care leave legislation for dependent family members. There are, however, many restrictions on eligibility. In Brazil and Turkey, care leave for the sick is foreseen only for public employees. In the United States, legislation only covers private sector wage and salary earners in large-scale enterprises (see Moss 2014).

## 5.1.2 Regulation of workplace hours

The amount of time involved in full-time paid work acts as a major impediment to work-life balance (Ilkcaracan 2012; ILO 2016). A labour market regime whereby the average weekly work schedule is 45 hours and above, when combined with commuting time, allows very limited time for self-care, let alone care for others. Labour market reforms for shortening full-time weekly work hour requirements to 35 hours in some European countries in the 1960s have improved the work-life balance environment and resulted in more equal sharing of unpaid care work between women and men (Silvera 2010).

Another issue with regard to paid work hours pertains to the need to harmonize them with care service providers’ hours. These are regulated by different ministries, each of which acts with its own mandate and does not employ a coherent approach to issues of work-life balance. A national-scale task force, described in section 3.1, would be of critical importance in ensuring such coordination. An example of how coordination works at a local level is an initiative in 12 urban regions of France called bureau du temps (time offices). Upon request by parents or others with care responsibilities, they revise and coordinate opening and closing times of public workplaces and childcare centres, public transport schedules and the like (Silvera 2010).

Employer-employee negotiated work-time flexibility can also serve as an important facilitator of work-life balance. The Netherlands provides a good example where labour legislation provides opportunities for workers with care responsibilities (such as for small children) to negotiate flexible work arrangements using combinations of part-time work and part-time care leave (Plantenga 2010). Other forms of flexibility entail work from home or sliding work hours to enable workers with care responsibilities to better reconcile their paid work hours with unpaid care responsibilities.

## 5.2

### Policies to eliminate gender discrimination in the labour market

As section 2 pointed out, the imbalanced distribution of unpaid care work is a fundamental source of gender inequalities in the labour market. Women's disproportionate care burden shapes their decisions on labour market entry and departure, work hours, choice of jobs and aspirations for career progress. The policy actions discussed so far entail direct interventions for the recognition, reduction and redistribution of unpaid care work. These actions address gender imbalances in time use. They aim to provide women with equal access to time as a resource and alleviate the restrictions on their labour supply.

Policies to eliminate gender discrimination in the labour market, on the other hand, constitute an indirect intervention. They aim to prevent gender discrimination by employers in hiring, promotion, pay, training and access to decision-making positions. They also aim at making workplaces safe for women by eliminating sexual harassment.

Gender discrimination in the labour market is manifested in the form of gendered preferences of employers in hiring and promotion and differential treatment of women and men in wages, access to job training and participation in decision-making. Such

discriminatory behaviour contributes to the gender employment and pay gaps and horizontal and vertical gender segregation of jobs. As pointed out in section 2, as long as women face poorer labour market prospects than men, they will be incentivized to allocate relatively more time to unpaid domestic work, while men will be incentivized to allocate more time to market work. Policies directed at eliminating gender discrimination in the labour market contribute to equalizing the labour market returns to women and men. To the extent that women and men face similar labour market prospects in hiring, pay, promotion and treatment (as well as similar incentives for work-life balance as explained in the previous section), they are more likely to make similar choices with respect to allocation of their time between paid versus unpaid work. Labour market regulation towards the elimination of gender discrimination is therefore an important supporting strategy for the redistribution of unpaid care work hours from women to men.

The ILO (2016) points out that embedding the principle of equal opportunity and treatment between women and men in laws and institutions constitutes a key first step in this respect. Nevertheless, this is only a starting point. Further progress needs to be supported by specific policies such as affirmative action, wage transparency and gender-neutral job evaluations. Affirmative action policies, including the setting of targets, goals or quotas, represent an important measure that can be applied by governments, trade unions, employers' organizations and companies to help remedy the severe under-representation of women and their concerns in decision-making in business and societies. Employment subsidies for women can also serve as an affirmative action tool in hiring. Measures on wage transparency and gender-neutral job evaluations help in revealing discriminatory employment practices and unfair pay differences (see Box 10). They therefore constitute a strategy for advancing equal pay for work of equal value. The ILO (2016) also emphasizes the need to support adequate and inclusive minimum wages and to strengthen collective bargaining as key tools in efforts to address low pay, improve women's wages and hence reduce gender wage gaps.



## BOX 10

### Mandatory reporting on the gender pay gap in the United Kingdom

The United Kingdom has introduced mandatory gender pay gap reporting under the Small Business, Enterprise and Employment Act of 2015. The requirement pertains to private and voluntary sector employers with 250 or more employees. It excludes organizations with fewer than 250 employees and public authorities (who are required to comply with the public sector equality duty and are already subject to broader equality obligations than most other employers). The eligible employers, approximately 8,000 companies, are required to report on a number of gender-disaggregated metrics, including mean and median wages, bonuses and earnings distribution across different levels of income and seniority. Failure to comply is subject to a penalty fine of up to £5,000 (in addition to the possible impact on company reputation).

The mandatory reporting legislation was preceded by the Equal Pay Act, passed in 2014, under which tribunals were given the power to order an

equal pay audit if an employer was suspected of having breached the equal pay law. Under that Act, it is illegal to pay different amounts to women and men doing the same jobs. But estimates from the Office for National Statistics suggest the pay gap in the country currently stands at 19.2 per cent for full- and part-time workers, meaning a woman on average earns around 80p for every £1 earned by a man. While few equal pay claims have resulted in a tribunal finding, compulsory gender pay gap reporting is likely to bring increased transparency to the pay practices of larger employers.

The deadline for mandatory reporting is set for April 2018, but some early reports already show that the gender pay gap can be enormous. Barclays Bank has reported a gap of 44 per cent in median hourly earnings, Lloyds 33 per cent, HSBC 29 per cent and Co-operative Bank 23 per cent.

*Sources: Mason 2016; Butler 2018.*

Sexual harassment at the workplace is another area of gender discrimination. As far as a legal framework is concerned, this is usually addressed through punitive measures in the labour and criminal code. Yet it is as important—and usually more effective—to have workplace directives and guidelines against sexual harassment as well because these are likely to prevent some of the harassment from occurring in the first place. It also becomes possible for the employee to consult internal mechanisms before taking the issue to court. An area of action would be legislative reform for a national legally binding requirement on employers to put in place effective anti-sexual harassment and discrimination directives and guidelines.

A starting point for programme and policy intervention would be technical assistance to governments to conduct a gender audit of legal frameworks and labour markets in order to assess the extent and different forms of gender discrimination in employment—for

example, discrimination in recruitment, hiring, training, pay and promotion as well as sexual harassment in the workplace. Based on such a gender audit, it becomes possible to develop a framework for legislative and policy reforms to eliminate gender discriminatory practices and to introduce non-discriminatory employment policies and practices.

Active labour market policies (ALMP) are another area of intervention for the elimination of gender discrimination. ALMP are designed and implemented by national employment agencies (NEA) with the objective of reducing unemployment. They typically entail job training programmes and job placement services for registered unemployed people. In many countries, women are equally entitled with men to ALMP programmes and services. However, the fact that such policies are designed from a gender-blind perspective results in implicit discrimination against women. For example, training courses typically do not provide any

facilities for childcare. This means that women with small children (or other care responsibilities) cannot participate. Moreover, in most cases NEA staff act with internalized gender stereotypes when orienting unemployed women and men towards training and/or placement in typically 'feminine' or 'masculine' occupations/jobs.

Gender training of NEA staff serving unemployed workers would serve to eliminate gender discrimination and improve the design and implementation of ALMP. This would strengthen non-discriminatory conduct such as advising unemployed women and men on training and placement in non-traditional occupations/jobs or provisioning of childcare for trainees of NEA programmes.

Another less conventional ALMP is public employer-of-last-resort programmes, also commonly known

as community works programmes (CWPs). A CWP is often used in response to economic crises and long-term unemployment. It provides temporary public employment opportunities for unemployed workers in order to support the development of their labour market skills through work experience and on-the-job training. The temporary jobs are created in so-called 'public or community works', i.e., projects that serve the common public good. Typically, CWPs create jobs in physical infrastructure and environmental maintenance. As a result, the employees are more likely to be men. Some recent CWP implementation, however, entails jobs creation in social care services (see Box 11). Given this sectoral focus, women are more likely to benefit both from job creation as CWP employees and from service provisioning as their unpaid work burden is reduced. A CWP in social care services thus serves as another example of how ALMP can be used to further gender equality.

#### BOX 11

### The community works programme for care services in the former Yugoslav Republic of Macedonia

The community works programme (CWP) in the former Yugoslav Republic of Macedonia (FYROM) is an active labour market policy, implemented through a collaboration between the United Nations Development Programme (UNDP) and local municipalities and funded centrally by the Ministry of Labour and Social Policy since 2012. Under the programme the participating municipalities, with the support of the Employment Services Agency (ESA) and UNDP, train and employ workers from a pool of long-term unemployed to serve as social care providers to different target groups in the local community: the elderly, adults or children with disabilities and pre-school children.

The CWP targets selective employment of unemployed workers in the ESA Register, particularly vulnerable population groups, including social benefit recipients and long-term unemployed. Selected workers are employed by the local municipalities

in a part-time job (20 hours per week) for a period of six months to provide services according to the needs of local communities. The types of services are determined through a local needs assessment. Monthly remuneration is MKD 6,200 in 2016 prices (corresponding to approximately half the minimum monthly wage of MKD 13,986),<sup>1</sup> which includes personal income tax and insurance against accidents at work and occupational diseases.

The CWP foresees that while the employed workers provide services to local communities, they also gain work experience and professional skills that will increase their employability in the future. The intervention is therefore justified on two grounds: improving the quality, efficiency and inclusiveness of public services by supporting local governments to fulfil their responsibilities for social care, education and health care of vulnerable groups in

<sup>1</sup> See: <https://countryeconomy.com/national-minimum-wage/macedonia>.



disadvantaged regions; and encouraging inclusion of long-term unemployed workers in the labour market.

The programme was piloted by UNDP in four municipalities in 2012. Due to its popularity, it was expanded to 14 municipalities in 2013 and 30 in 2014, reaching a maximum of 42 municipalities in 2015, before going back to 30 municipalities in 2016. In this period, it is reported that over 17,000 people benefited from the programme as service receivers (pre-school children, children and adults with disabilities and elderly people), while over 800 workers were employed, the majority (80 per cent) being women. Since 2015, the training component has been strengthened through the introduction of comprehensive certificate training programmes for elderly care and the provision of services to children with disabilities. By 2017, CWP was acknowledged as an integral part of the country's employment

strategy and named as one of the active labour market measures in the Operational Employment Plan of the Government.

While the programme responds to assessed social and economic needs at the national level, it also sets an interesting example from an international perspective in the context of emerging development policy debates on investing in social care services. These debates point to social care service expansion as an accelerator of multiple Sustainable Development Goals (SDGs) all at once: (pro-women) jobs generation, poverty alleviation, reduction of unpaid work and enhancement of equality by gender and socio-economic status.

*Sources: Ilkkaracan 2017; UNDP Country Office et al. 2017.*

## 6.

# CONCLUSION

This paper has attempted to identify policy and programmatic interventions for the care economy that have the ultimate objective of gender equality and women's empowerment. The framework for action is structured around the so-called 3Rs strategy for the recognition, reduction and redistribution of unpaid care work. Together, they constitute the elements of a strategy for change.

Time-use studies (TUS) constitute an important starting point for the recognition of unpaid care work. While the number of countries that have conducted TUS has increased remarkably in recent years, many still have problems with respect to periodic conduct as well as quality and cross-country comparability. Inter-governmental advances in this respect constitute a solid basis for advocacy at the national level. For example, SDG 5.4 calls for “recognizing and valuing unpaid work”—and 5.4.1 identifies “proportion of time spent on unpaid domestic and care work, by sex, age and location” as a target—and the 2013 resolution by the International Conference of Labour Statisticians (ICLS) includes ‘unpaid work’ in measuring and defining ‘work’. An important area of intervention in this respect is technical assistance to and capacity building of national statistics offices (NSOs) to undertake periodic and internationally comparable TUS.

In addition to TUS, data on unpaid care work from other household surveys (such as household labour force surveys and surveys on income and living conditions) can be used to undertake studies on valuation of unpaid work and reveal its contribution to household well-being at the micro level and to national income at the macro level. Moreover, these data can be used to undertake studies on the interactions between unpaid domestic care work and gendered patterns of labour market participation, revealing the gender imbalances in unpaid work and how these

contribute to a multitude of gender gaps in the labour market. Technical assistance and capacity building of NSOs, government agencies, research institutes and non-governmental organizations (NGOs) would serve to promote such studies on unpaid work at the national level. This would need to be complemented by support for the dissemination of data and research findings on unpaid work so as to facilitate their integration into policy design, monitoring and evaluation through dialogues among national stakeholders.

Under actions for recognition, this paper identified national level coordination on the care economy as a neglected area of intervention. Most countries have fragmented pieces of legislation and policy implementation on the care economy under the jurisdiction of separate ministries/public agencies and designed to cater to narrowly defined constituencies. This state of affairs leads to lack of recognition of the care economy as a coherent whole. For example, a childcare policy restricted to employer obligations or conditional on parental employment excludes the perspective of children's right to early childhood care and education (ECCE). Similarly, determination of workplace opening and closing hours independent of school opening and closing hours misses out on the needs of employed parents with small children. There is a need for national level coordination on the care economy, that would streamline the fragmented legislative and policy initiatives into a coherent and integrated framework of coordinated implementation. Recent national initiatives in Columbia, Spain and Uruguay were highlighted as good examples in this respect.

Under the reduction of unpaid care work, this paper pointed to public investment in social care service infrastructure as a crucial area of intervention. Universal access to quality care services constitutes an indispensable tool for the reduction of unpaid

care work for all women. Investment in time-saving physical infrastructure would also facilitate a substantial reduction in unpaid work time, particularly for women in underdeveloped rural settings. Social care expansion carries the potential to meet policy objectives beyond the reduction of unpaid work; it can also serve as an effective strategy for decent pro-women employment generation, poverty reduction and the elimination of inequalities by socio-economic status.

The paper provided a detailed blueprint for technical assistance to and capacity building of governments towards undertaking an assessment of costs and returns of public investments in social care service infrastructure and physical infrastructure. This included a gap analysis of social care deficits and physical infrastructure needs; costing of necessary service expansion and physical infrastructure improvements to address care deficits; assessment of budgets and fiscal space for the required increase in expenditures; and, finally, projections of potential economic and social returns from these public investments in the care economy. The discussion highlighted a series of recent studies undertaking such assessments of care deficits, costs and projected returns in terms of employment generation, poverty alleviation, enhancement of equality by gender and socio-economic status and inclusive growth.

Social care service expansion is instrumental in reducing unpaid care work and redistributing it from unpaid domestic labour to paid market labour. Nevertheless, a substantial amount of caring labour, by its nature, would continue to be performed domestically on an unpaid basis. Complementary actions discussed under 'redistribution' aim at balancing unpaid work between women and men within the domestic sphere. Interventions in this respect target labour market regulation for work-life balance and for the elimination of gender discrimination in hiring, jobs training, promotion and pay. A programmatic and policy entry point is technical assistance to and capacity building of governments to undertake gender audits of legal frameworks and labour markets to assess the work-life balance environment and the

extent and different forms of gender discrimination in employment. Based on such an audit, further support can be extended to develop a framework for legislative reforms and policy implementation on gender-equitable work-life balance measures as well as to introduce/expand non-discriminatory employment policies and practices. These include gender-equitable care leave, flexible workplace practices, reduced full-time work hours, affirmative action (including gender quotas) in hiring, promotion and assignment to decision-making roles, wage transparency, gender neutral job evaluations, regulation for equal pay for work of equal value, gender sensitization of national employment agencies, active labour market policies and workplace directives and guidelines against sexual harassment.

A final note in conclusion pertains to the importance of macroeconomic policy for effective implementation of the actions outlined in this paper. The prolonged economic recession and at best jobless growth, as well as the dominating macroeconomic policy framework of austerity, present challenges to mobilizing for change. Prospects for increasing public investments in infrastructure are constrained by limited resources under conditions of prolonged recession, while the task of regulating the labour market for decent working conditions is constrained in an environment of high joblessness and deteriorating labour market conditions. Nevertheless, the suggested reform of the care economy also offers a potential for improving these macroeconomic conditions by creating employment opportunities, boosting consumption demand, increasing worker productivity and facilitating inclusive growth.

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