



Women's work

Mothers, children and the global childcare crisis

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Cover photo: Rubina, a migrant worker on a nearby construction site, drops her and her neighbour's children at a mobile crèche on the outskirts of Delhi, India. Atul Loke / ODI

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1. Introduction

Care is integral to child development and wellbeing, and is an activity to which parents and other caregivers attach great value. However, love aside, too much of the responsibility for childcare falls on women, especially those who are poor and vulnerable. There is an evident ‘care gap’ in many countries, and care responsibilities are having negative impacts on mothers and other carers. A lack of care is also damaging children where mothers are pushed to their limits by the twin demands of caring and providing for their families.

The unequal distribution of care, because it is both time-consuming and resource-intensive, is holding back women and girls from advancing in other areas of their lives. The imbalance is becoming more acute, as women continue to enter the labour market and to migrate in increasing numbers. Yet we know relatively little about who is caring for children and the type and quality of care children receive in different parts of the world. By bringing together the existing evidence on childcare needs, current service provisioning and common policy imperatives and goals, we hope to identify and catalyse more informed action and support.

This report outlines what we know about who is caring for children around the world and the surrounding policy environment – with an emphasis on developing countries outside Latin America and the Caribbean.¹ Our aim is to uncover where and how better policy, and policy implementation, could help to reduce the often intolerable pressures felt by too many women and girls as they try to balance their caring responsibilities with the need to earn a living.

Our analysis of the available evidence suggests the following:

- Across 53 developing countries, some 35.5 million children under five – more than the number of under-fives in Europe – were without adult supervision for at least an hour in a given week.
- Across 66 countries covering two-thirds of the world’s people, women take on an extra ten or more weeks per year of unpaid care work in countries where the care load is heavy and most unequal.

- On average women spend 45 minutes more than men daily on paid and unpaid work – and over 2 hours more in the most unequal countries. The difference equates to up to 5.7 weeks more work per year.
- Across 37 countries covering 20% of the global population, women typically undertake 75% of childcare responsibilities – with a range of from 63% (Sweden) to 93% (Ireland).

These numbers show the scale of the challenge. However, care responsibilities not only reduce possibilities for female education and inhibit labour force participation, they also affect the types of jobs women do, how productive they are and how much they earn. In some settings, women are more likely to opt for part-time work, and in others to seek informal sector employment that may be more readily reconciled with caring responsibilities. Where women do not work or forfeit more productive opportunities owing to these obligations, the cost is immense – both in terms of their own potential and in terms of the economic cost to societies. Gender pay discrimination is reflected in diminished lifetime earnings, and inhibits women’s ability to provide for their children.

A 2015 study estimates that between now and 2025 gender parity overall has the potential to boost global GDP between \$12 trillion and \$28 trillion – and values the unpaid work undertaken by women at up to \$10 trillion yearly, or about 13% of global GDP.² Addressing the childcare deficit is good for mothers and other carers, good for children and good for society.

The need for childcare is universal. It is vital to the development of individuals and of societies. Many studies highlight links between early childhood nurturing and adult outcomes, such as a recent systematic review that suggests impacts on cognitive development, schooling and labour market outcomes.³ Care covers not only such hands-on activities as bathing, clothing and feeding, it also includes emotional support – the word care is loaded with ‘moral overtones concerning both duty and love’.⁴

1. This is because much research and policy towards childcare issues in the developing world have been focused on Latin America and the Caribbean. For example, Araujo et al. (2013), Díaz and Rodríguez Chamussy (2013), Staab and Gerhard (2011) and Vegas and Santibáñez (2010).

2. Woetzel et al. 2015. The \$12 trillion figure assumes that countries match the improvement of the fastest improving country in their region. The \$28 billion figure assumes women in all countries have an identical role in labour markets to that of men.

3. Tanner et al. 2015, Engle et al. 2011.

4. Esquivel (2014: 425) and Folbre and Nelson (2000).

Women's work: mothers, children and the global childcare crisis



Women do over **3 times** more unpaid work than men

(including women who do paid work as well)



When parents work, often grandparents or older children plug the childcare gap.

In parts of Ethiopia, more than **50%** of rural girls aged 5-8 provide unpaid care on a daily basis.



Globally, over **35.5 million** children under 5 are being left at home without adult supervision

That's more than all the under 5s in Europe.



Many governments do have policies that support women to provide childcare:



Enabling breastfeeding



Parental, maternity and paternity leave

But these policies don't help the over **129 million*** women worldwide who work in the informal sector.



For example, in India less than **1%** of women receive paid maternity leave.

Governments must support parents better:



Extend labour market policies like maternity and paternity leave



Provide early childhood education services that meet the needs of children *and* carers



Invest in integrated, multigenerational social protection programmes



Encourage fathers to take more responsibility for childcare

* This is a very conservative estimate based on the limited data available. The actual figure will be far higher.

Read more: odi.org/global-childcare-crisis

#ChildcareCrisis

The relational and nurturing aspects of care are especially important when it comes to children. To ignore them would be to risk overlooking what has been considered the most important and most meaningful human relationship – with benefits for both the care recipient and the carer.⁵

Caring is special in other ways, too. It is not measured well, as will be seen. The site of work in developing countries is mostly the private sphere, making it very difficult to regulate, though this is changing quickly. Childcare is subject to few productivity gains – unlike other forms of domestic work, it cannot be done more efficiently, but requires a constant investment of time (Razavi, 2015). It also brings trade-offs surrounding time use into sharp relief; women (particularly poor women) often experience this most acutely. A huge power imbalance characterises domestic work – the ability to obtain childcare relatively cheaply benefits some parents (notably those who are better off); therefore, the better-off may lack incentives to advocate for improving the condition of carers. Where carers are migrants, and particularly where they lack legal status, the imbalance will be stronger still. Moreover, attitudes towards care and the primacy of the maternal role in its provision remain very conservative. All these factors make gaps in childcare a very difficult issue to tackle.

The first part of this report brings together the fragmented data on childcare in developing and developed

countries. Chapter two discusses why tackling childcare challenges is such a pressing development issue. It shows that often children are not receiving enough care, owing to competing pressures upon their carers, and highlights the enormous toll that this is taking on carers and children alike. Chapter three highlights the role of those caring for children around the world apart from parents, notably grandparents, adolescents and paid carers.

The second part of the report focuses on policy responses to the ‘care gap’. Chapter four explores efforts to increase the visibility of care in the international arena, and the varied range of existing labour market policies and their implementation in countries in Asia, Sub-Saharan Africa (SSA) and Middle East and North Africa (MENA). Our review includes maternity and paternity leave, parental leave, breastfeeding rights and crèche provisioning. Chapter five addresses social protection, early childhood care and education (ECCE) and domestic workers. We believe these policy areas have the highest potential to enhance recognition of the care aspect of people’s lives; to redistribute and reduce onerous care work; and to promote the representation of carers – paid and unpaid – in policymaking (Box 1).

Throughout the report, we weave in material from three case studies that illustrate different facets of caring from diverse contexts in MENA, SSA and East Asia. In Ethiopia, the focus of our research is two-fold. We first examine



Photo: A woman drops children at a mobile crèche in Delhi, India. Atul Loke / ODI.

Box 1: The lingua franca of policy: recognise, reduce, redistribute and represent

Put forward by D. Elson (2000), the triple R framework aims to support policies focused on care. Originally, it consisted of three key components: the recognition, reduction and redistribution of care work. These can underpin actions that involve families, communities, states, non-governmental organisations (NGOs) and markets. The Institute of Development Studies (IDS), ActionAid and Oxfam (2015b) have recently added a fourth component: the representation of carers in policymaking fora.

- **Recognition** refers to the nature, extent and role of unpaid care work in any given context, taking into account social norms, gender stereotypes and power relations and discourses.
- **Reduction** refers to identifying ways to lower the disproportionate costs of care by investing in household and public infrastructure (transport, water, electricity, food processing, cooking stoves) and integrating care concerns into the planning and implementation of labour-saving infrastructure investment projects.
- **Redistribution** of care work includes challenging gender stereotypes and the norms, customary law and institutions in which they are embedded; and changing economic incentives given that the opportunity costs for women to assume unpaid care roles are lower than those for men. It involves the state and the markets, for example, through the provision of public childcare services for working parents, work–family reconciliation policies and elimination of gender discrimination in the workplace.
- **Representation** of carers in decision-making requires that the capacity of carers be developed and that their voices be deliberately included in the policies that shape their lives.

the role performed by adolescent girls – who migrate to provide care in urban areas – in plugging the childcare gap. We then examine the government’s ambitious efforts to extend pre-primary education to all children over the coming decades – and show how this is currently relying largely on untrained and poorly compensated adolescents and young adults. A case study from Gaza, Palestine, focuses on care for children with disabilities in the context of ongoing conflict, very high unemployment and limited resources, and on wider issues affecting the early childhood education system. In Vietnam, our case study illustrates the effects of high levels of migration of working-age parents on resource-constrained grandmothers who typically take on the care of their grandchildren.

The final part of the report addresses the crux of the matter – advancing care-related policies in the face of considerable challenges. We propose changes in policy covering legal protections for mothers and fathers, making social protection and ECCE sensitive to care, funding ECCE adequately and promoting changes in social norms, particularly around the role of fathers as carers. Finally, given considerable data gaps in childcare and women’s time use, we recommend investments in better data.

Caring is an intrinsic part of human life and happiness. But too often it comes at a high price for women and girls, as they try to balance the demands of caring for and providing for their families. The tough choices that people have to make are rendered even harder by policies that ignore women’s role as carers, as well as missing opportunities to make women’s lives better. For the sake of millions of women and children around the world, it is time to fix the crisis of care.

5. See Folbre (1995), also Folbre (2008), England et al. (2002), Esquivel (2014).



Part 1

The care crisis

Bringing the evidence
together

Elizabeth, a migrant domestic worker from Bolivia. Álvaro Minguito / ODI



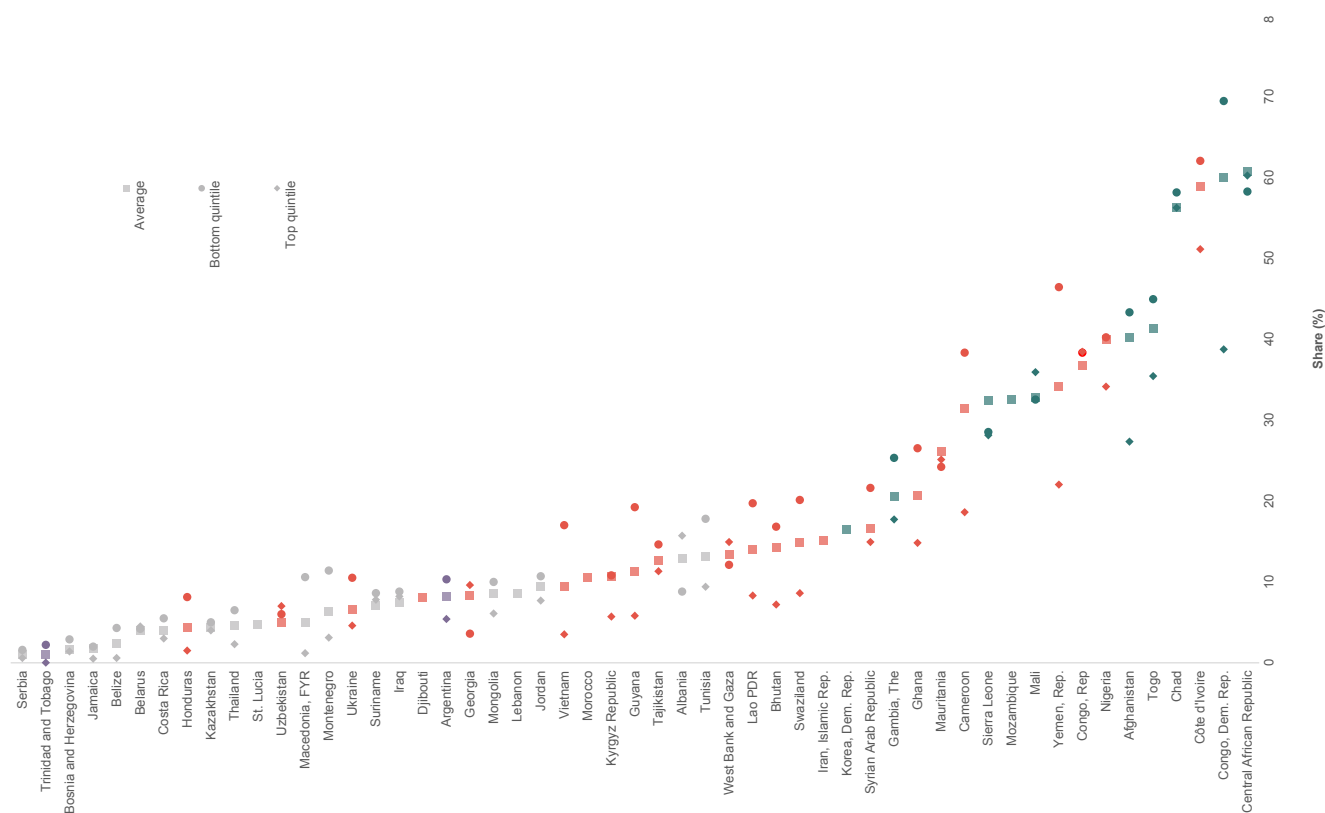
2. Time, money and opportunity

There is not enough care to go around. Families are squeezed between the twin demands of work inside the home and work outside it. As a result, millions of children are being left without adult supervision, with disastrous consequences for their welfare, and sometimes their lives. Women struggle to fill the gaps – and face difficult trade-offs between providing care for their children and providing economically for them. They are paying a high price for care in the form of long hours, lower incomes and constrained choices.

Millions of children around the world lack adequate supervision

Too many children in many parts of the world are not receiving adequate care. This is no reflection of the love of their parents, but reflects the reality of competing pressures on adults' time and resources. A 'snapshot' from household survey data collected by UNICEF shows:

Figure 1: Share of children under five on average and from the richest and poorest wealth quintiles who spend time without adult supervision (%), 2005-2013



Note: This is the share of children aged 0–59 months left alone or in the care of another child younger than ten years of age for more than one hour at least once in the week prior to being surveyed.

Source: Author elaboration of data from UNICEF global databases, 2014, based on DHS, MICS and other nationally representative surveys.

- In 53 low- and middle-income countries, accounting for nearly 20% of the world's under-fives, on average 20% of children under five were without adult care for at least an hour in a given week – either left alone or in the care of a sibling under the age of ten.⁶ This is 35.5 million children, more under-fives than there are in the whole of Europe.⁷
- In the ten low income countries, the proportion is even higher, with 46% of all under-fives left without adult care – or 14.5 million children.
- In four of these countries: the Democratic Republic of Congo, Côte d'Ivoire, Chad and the Central African Republic, more than half of all under-fives were left without adult care.

Just as the childcare deficit is worst for the poorest countries, within countries children in poorer households are usually left alone more than those in richer households (Figure 1). In some countries, the gap is minimal, as in Jamaica and in Jordan, while in others it is sizeable – for example, it exceeds 10% in ten countries and is as high as 30% in DR Congo. In the poorest households in Congo, 70% of all under-fives might be left alone in any given week.

The overriding factor determining who is left alone is poverty (Figure 2 lefthand panel) – the share of left-alone children rises steeply with the share of the population classified as being poor according to the Multidimensional Poverty Index. After controlling for poverty levels, other factors, such as the proportion of women in the labour

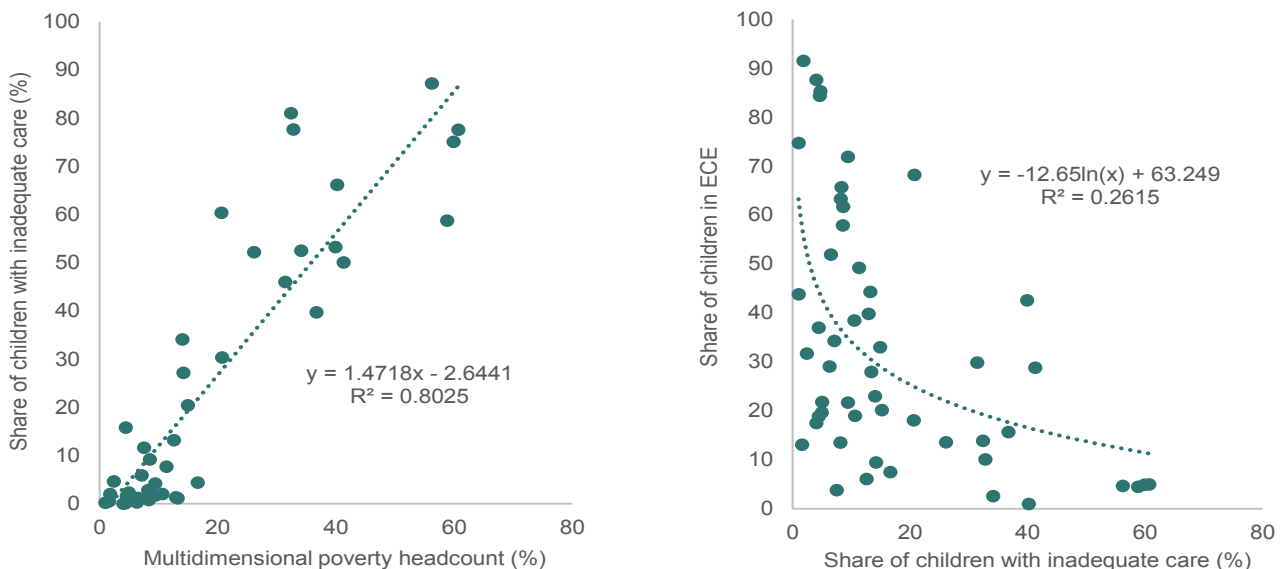
force, were not statistically significant. Perhaps surprisingly, the provision of childcare is a less important factor, with a lower correlation between the percentage of children in ECCE and the percentage without adult supervision (Figure 2, righthand panel).

It is worth noting that, although country income levels and poverty rates matter, there are important anomalies. In Argentina, a high-income country, 8% of children were left without adult supervision. This is double the share of Honduras, a much poorer country, and four times higher than in upper middle-income Jamaica.

In developed countries, while older children do regularly care for themselves (in the US, for example, census data suggest that about one in three fourteen-year-olds are regularly left alone at home), it is highly unusual for young children to be left without adult supervision. In the US, two percent of five- to six-year-olds are reported to be regularly left alone at home (Laughlin 2013).

The millions of children left alone are almost invisible in the literature. One exception is a study based on over 500 interviews with working caregivers in Botswana, Mexico and Viet Nam (Ruiz-Casares and Heymann, 2009). These data suggest that in half of families in Botswana, one-third in Mexico and one-fifth in Viet Nam, preschool and school-age children aged 14 and under were left unsupervised on a regular or occasional basis – and that more than half of families across the three countries (52%) relied on other children to help with care.

Figure 2: Relationship between inadequate care, ECCE and multidimensional poverty



Source: Author elaboration of data from UNICEF global databases (2014) and Oxford Poverty and Human Development Initiative.

6. This is the country-weighted average (based on number of children under five) in these 53 countries. Weighting for the respective populations of countries, the average is 29%.

7. Data from Eurostat suggest there are 26.3 million under-fives in the 28 countries of the European Union; 35.5 million is 35% higher than this figure.

The authors report that critical factors conditioning decisions to leave children at home alone included parental unavailability and poor working conditions, limited support networks, the inability to afford childcare, neighbourhood safety and children's age.

The study offers a glimpse into the agonising choices parents face in balancing their domestic responsibilities and love for their children with the need to provide

for them economically: 'Seldom their preferred choice, parents identified risks (e.g., increasing unintentional injuries, loneliness, and poor behavioral and development consequences).'⁸

Parents' fears, however, are well-founded. While data is again sparse, lack of adult supervision has been identified as contributing to many childhood injuries and deaths, including poisoning and drowning.⁹ In Malaysia, the risk of a road traffic injury was 57% lower among children supervised by their parents.¹⁰ In Alaska and Louisiana, inadequate adult supervision accounted for 43% of deaths of young children, and in Australia, lack of adult supervision was identified as a contributing factor in almost three-quarters (72%) of all unintentional cases of child drowning.¹¹

Tens of millions of children are being unsupervised, with minimal care. These children, and their carers, who face the difficult choice of how to care for their children and earn a living to support them, are almost invisible in both the data and policymaking.

They are also at the extreme end of a bigger social problem: the widespread failure of social and economic policy to accommodate the realities of how people care for each other. It is not just the left-alone children who are paying the price – adults, particularly women, lose out too, in the form of long hours, low incomes and lost opportunities.

Box 2: Defining unpaid care

"Unpaid care work" encompasses three aspects: direct care of persons, housework and unpaid community work (Esquivel, 2014: 427). The distinction between time spent on the direct care of children and other forms of unpaid care is problematic – both because direct care cannot take place in the absence of 'indirect' care activities needed to run a household with children but also because direct childcare is often a secondary activity (i.e., women watch their children while they are also working in the fields or selling in the market).

Source: Razavi, 2007; Antonopoulos, 2008; Budlender, 2007; Zick and Bryant, 1996.

Box 3: Time use, time poverty

Measuring time use is important for an understanding of the extent and nature of care work, and to inform policy change (Esquivel, 2013; Zacharias et al., 2012; Williams, 2010). Time-use surveys are the most well-known tool for this. They show how people spend their time in any given period – most often over 24 hours and typically allowing for the capture of simultaneous activities, such as minding children while also working in the fields. Such surveys have become increasingly common since the 1995 Beijing Platform for Action, which appealed to countries to conduct them regularly in order to make visible the full extent of women's contribution to economic development (Zacharias et al., 2012; Esquivel, 2013).

Time-use surveys are also critical to gaining a better understanding of time and income poverty, and how they relate to each other. Time poverty, defined as 'working long hours and having no choice to do otherwise', is attracting increasing attention among development actors, who call for a more nuanced and holistic understanding of poverty (Bardasi and Wodon, 2009: 1; Zacharias et al., 2012; Goodin et al., 2008; Blackden and Wodon, 2006; Charmes, 2006). This is particularly important given that 'time use issues have strong gender dimensions' – with women far more likely to be time poor than men (Bardasi and Wodon, 2009: 2). In Guinea, for example, Bardasi and Wodon (2009) found that that 24% of women, but only 9% of men, were time poor, alongside 46% of girls and 32% of boys. In Brazil, girls and women were more 'time poor' than boys and men, and the most time-poor women were poorly-educated Afro-Brazilians with children under 14 (Lopes Ribeiro and Marinho, 2012). In Guatemala, 7.4% of women (aged 12–65) were both 'time poor' and 'income poor', twice the proportion of men, and this constrained their ability to reallocate their time to earn more. Women with children under the age of 7 were particularly vulnerable (Gammage, 2010).

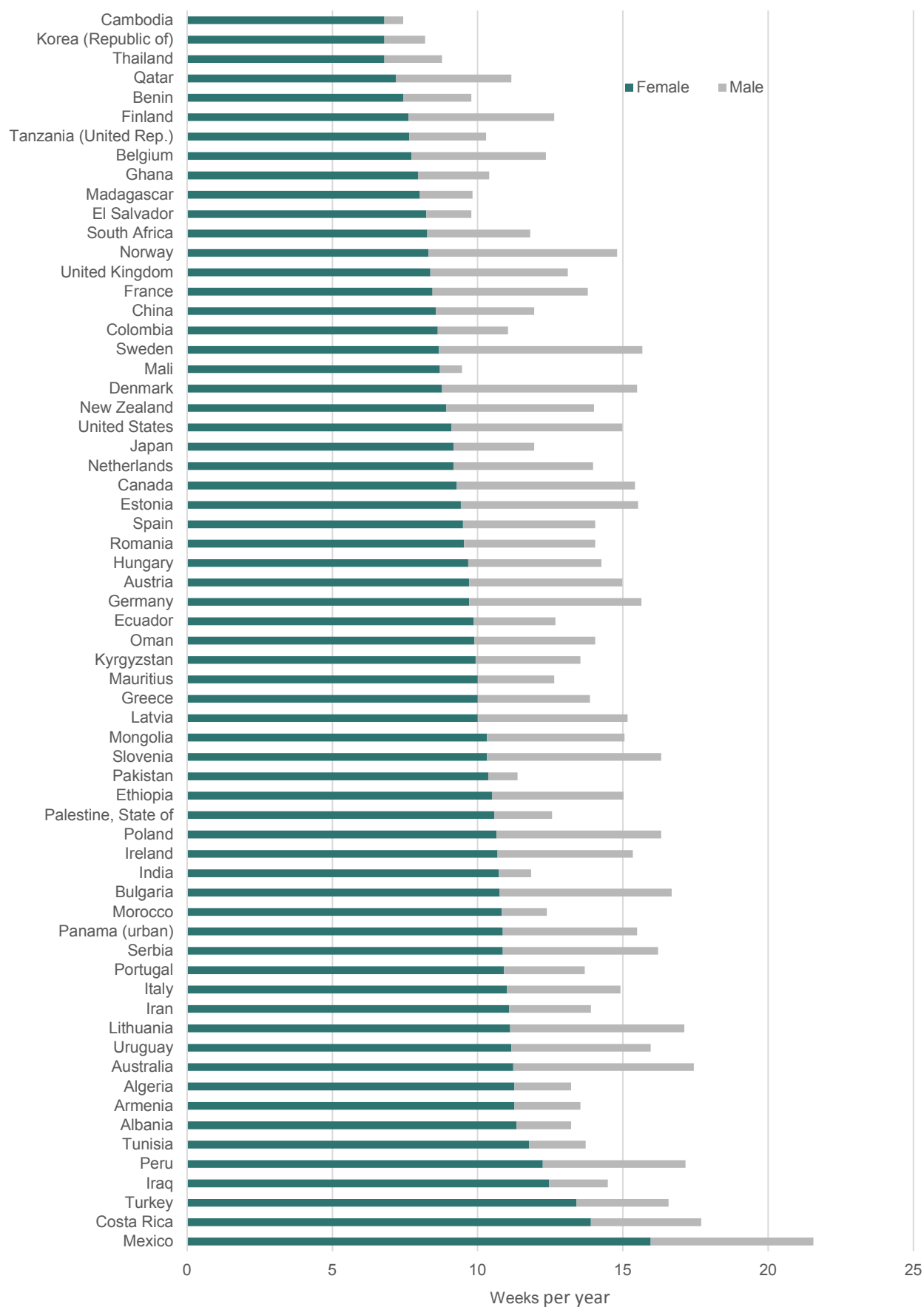
8. Ruiz-Casares and Heymann 2009, p. 312.

9. Morrongiello et al. 2006, Panzino et al. 2013, Petrass et al. 2011, van Beelen et al. 2013.

10. WHO and UNICEF (2008), citing Fatimah M et al. 1997, 52.

11. Data on United States is from Landen et al. 2003 based on data for the mid-1990s. Data on Australia is from Petrass et al. 2011.

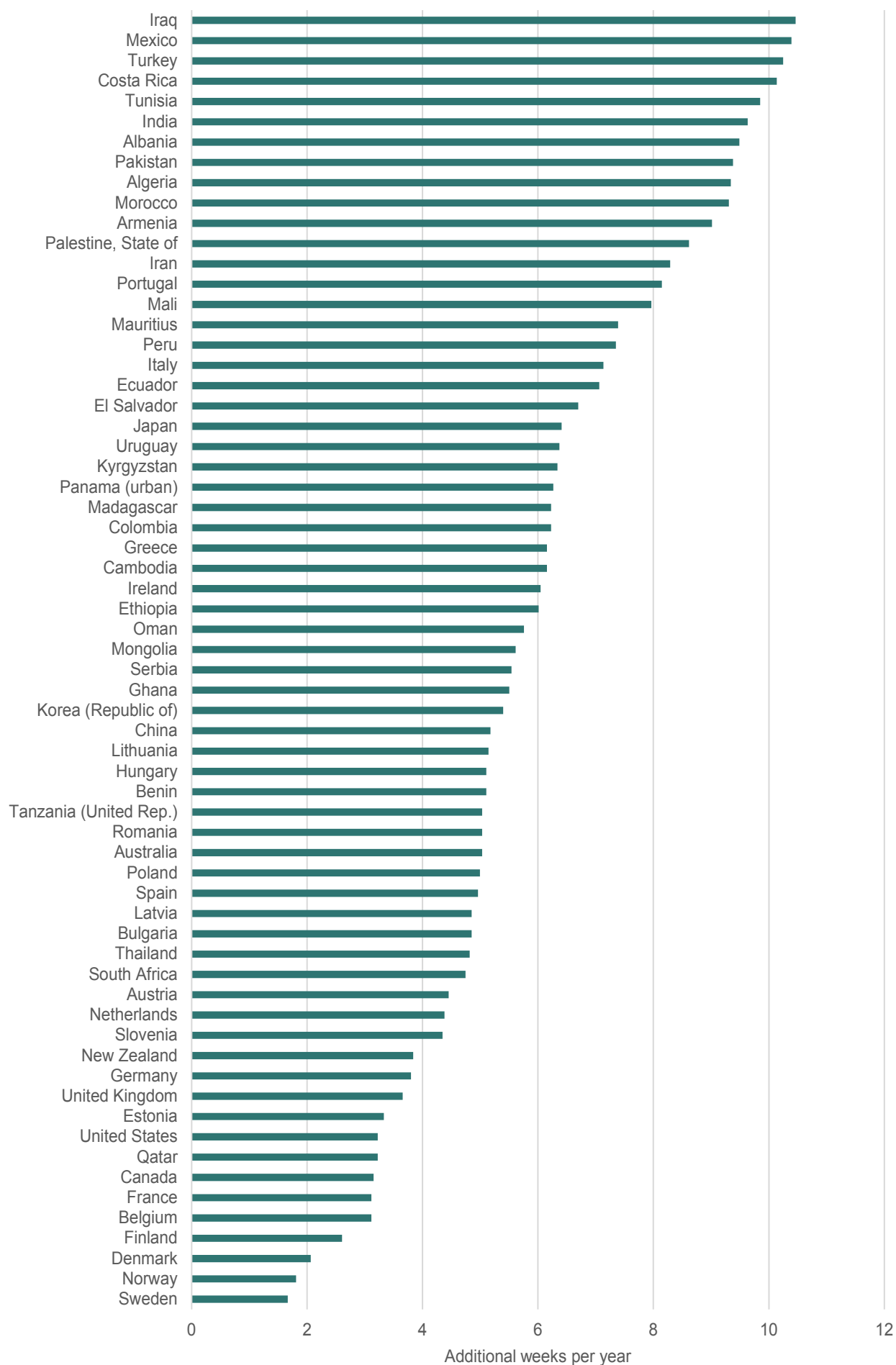
Figure 3: The number of weeks per year on average spent by women and by men on unpaid care



Source: Computed from data on unpaid care, UNDP (2015), Table 4.1 and Charmes (2016)

Note: see methodology chapter.

Figure 4: The difference in weeks per year on average spent by women compared to men on unpaid care



Source: Computed from data on unpaid care, UNDP (2015), Table 4.1 and Charmes (2016)
 Note: see methodology chapter.

Women, care work and time

Poor countries face a hidden crisis of children left alone, with the poorest children at the highest risk. This represents a failure of public policy – not enough is being done to support families in balancing the demands of work and childcare. The pressure that families, and in particular women, are under is borne out by a closer look at the data on the time spent on care, and the implications for women's opportunities in other areas of life. In rich and poor countries alike, women take on most of the responsibility for childcare – and they are paying a price in more working hours and in fewer opportunities.

Care activities place **much greater demands on women's time**, whether or not they are working. Data from time use surveys, although limited in coverage, emphasize this point (Box 3). Other data comes from less systematic polling surveys but these may overstate the time that men spend on care (Box 4).

In 2014, on average across 66 countries representing two-thirds of the world's population, women spent 3.3 times as much time as men on unpaid care.¹² This finding that women spend more time than men on unpaid work holds true in developed and developing countries alike – indeed in every country for which data are available – though the ratio varies. At one end of the spectrum, in Sweden, Norway and Denmark, women spent less than 1.5 times as much on unpaid care work as men while at the other end, in Mali, levels were over eleven times as high (Figure 3). Women spent at least twice as much time as men in 43 countries (about two-thirds of our countries), at least four times as much in 15 countries (about one-quarter), and at least 10 times as much as in Cambodia, India, Mali and Pakistan.

How much extra time does this inequality represent each year? At one end of the spectrum, in Sweden, on average women spend 1.7 weeks each year more on unpaid care, while at the other they spend an average of almost 5 hours more than men daily or an additional 10 or more weeks each year (Figure 4). Over a 50 year period, a reasonable estimate of a healthy adult lifespan, these differences would translate into an amount of time equivalent to between 1.6 years and 10 years of a woman's life, respectively.

Data on the amount of time devoted by mothers and fathers directly to childcare (rather than the broader category of unpaid carework) are available for far fewer countries. Time use data that was newly processed for this report (Charmes 2016) show the amount of time spent on childcare directly in 37 countries covering 20% of the global population. Although coverage is fairly low, these data give useful insights:

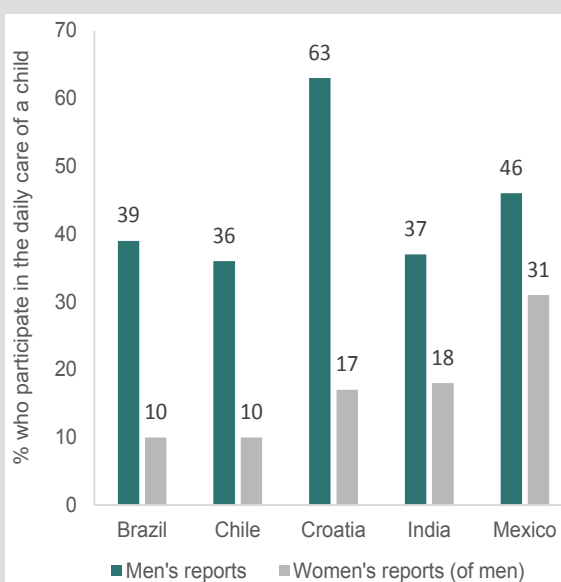
Box 4: How accurate are polling survey reports of care?

The gap in the actual time spent by men and women on childcare is probably larger than polling survey reports suggest given that men typically report spending more time on childcare than other evidence suggests they do – while for women, the time they report tallies more closely with other more rigorous data collection such as time-use diaries.^a This tendency has been observed in cities in developing countries, as well as in the United States. For example, half of fathers surveyed in 2009 in cities in Brazil, Chile, Croatia, India and Mexico reported being involved in some daily caregiving (Barker et al. 2011). According to male reports, the proportion providing daily care for children ranged from 36% (Chile) to 63% (Croatia). In contrast, only between 10% and 31% of the women surveyed in these places reported that their male partners provided daily care for children (Figure 5). Along similar lines, a 2014 survey of two-income families in the United States showed that fathers were more likely to say that they shared equally in managing their children's activities (41% of fathers compared to 31% of mothers).^b This evidence suggests that redistributing care responsibilities will require much greater recognition by men of the demands of caring activity and of its inequitable distribution almost everywhere, a theme we revisit later in this report.

a. <http://myti.ms/1SAKTGC>.

b. Pew Research Centre 2015.

Figure 5: Share of men participating in the daily care of a child in five countries (%), 2009



Barker et al. 2011, pp32, Figure 14

12. Computed from data provided by Charmes (2015, 2016) that was initially presented in UNDP (2015). Note that the data for LAC countries is not based on a diary, and the total number of reported hours in the day exceeds 24 hours because of simultaneous activities. This may limit comparability with other regions. See Methodology chapter for more details.

- On average, (including those who were and were not caring for children) women spent 34 minutes on childcare daily, nearly four times that of men, who spent nine minutes.
- Women take on between 63% (Sweden) and 93% (Ireland) of childcare responsibilities (Figure 6).
- Direct childcare occupies a relatively small share of total unpaid work – usually around 13-14% - with a high of around half in Colombia. Differences between men and women in the share of time they spend on direct childcare relative to unpaid care are typically slight.

These figures are, of course, averages and do not account for how care needs vary across households – households with people with disabilities, for example, are likely to have a much greater need for care.

While across seven industrialised countries (Australia, Canada, Finland, France, Netherlands, Norway and United Kingdom), time inputs into childcare remained very unequal, there are also signs of progress (see Box 5). The time men devoted to childcare has increased relatively from 1970 and the ratio of the time spent by women relative to men fell – by 25% in Norway, 28% in the Netherlands and 37% in the UK.¹³

Women, care work, paid work and time

Data suggest that when women work for pay, the amount of time they spend on care (in absolute terms and relative to men) is lower, but the reduction is not proportionate to the amount of time they spend at work. In other words, **total demands on working women increase**. Taking unpaid *and* paid work into account, women spend more time working than men do, especially in developing countries. Overall, analysis of data from 65 countries¹⁴ suggests that on average, women spent around 45 minutes more per day than men do on paid and unpaid work combined.¹⁵ In six countries, men spend more time than women – but the maximum difference is 20 minutes daily in Qatar. In all other countries, women spend more time than men – with the difference exceeding 1.5 hours daily in six countries and over 2.5 hours in Benin. Again, we compute the extra time this represents in terms of weeks per year, and find that difference amounts to up to an extra 5.7 weeks yearly (Figure 7). Over a 50 year period, this would equate to 5.5 years more of work, on average.

Women's share of labour force participation and caring responsibilities are inversely correlated, but the relationship is modest (Figure 8, p19). Where more women are in the labour market relative to men, the share of unpaid care

Box 5: Men who care

Some qualitative research aiming to ascertain why some men assume more caring roles while others reject them has led to a number of broad observations. First, most men who care – either at home or on a professional basis – did not choose to become carers. Rather, care chose them, usually through some life event such as the death or disability of another caregiver in the family. Second, men's own early childhood experiences had contradictory influences on their decision to care. Some men were inspired by their own fathers or other men in their environment. Other male caregivers had no personal experience of being cared for by men when they were young. Third, men's relationship with their partners was critical to their involvement in providing family care. The support of their children's mothers was, in most cases, necessary for men to become confident, involved fathers. Finally, men's feelings about their caregiving were conflicted. Some men sought to give their work a more masculine flavour and found great satisfaction when able to do so. Other men felt their work was undervalued.

Source: Barker et al., 2012; Men-care.org, 2015

work that they do diminishes, but the reduction is not commensurate – for every additional 10% increase in the share of women in the labour market relative to men, the ratio of female to male time on unpaid care falls about 8%.

Country specific evidence affirms this pattern:

- Data from the 2014 Oxfam WE-Care survey in five countries – Colombia, Ethiopia, Philippines, Uganda, Zimbabwe – showed that women spent between 10 and 44 minutes less on exclusive care activities for each extra hour of paid work they undertook – and that paid work did not reduce the time women spent on caring alongside other tasks.¹⁶
- In the United States, in two-parent families where both parents worked, mothers still undertook a larger share of childcare-related responsibilities, especially in relation to managing children's schedules and taking care of children when ill.¹⁷

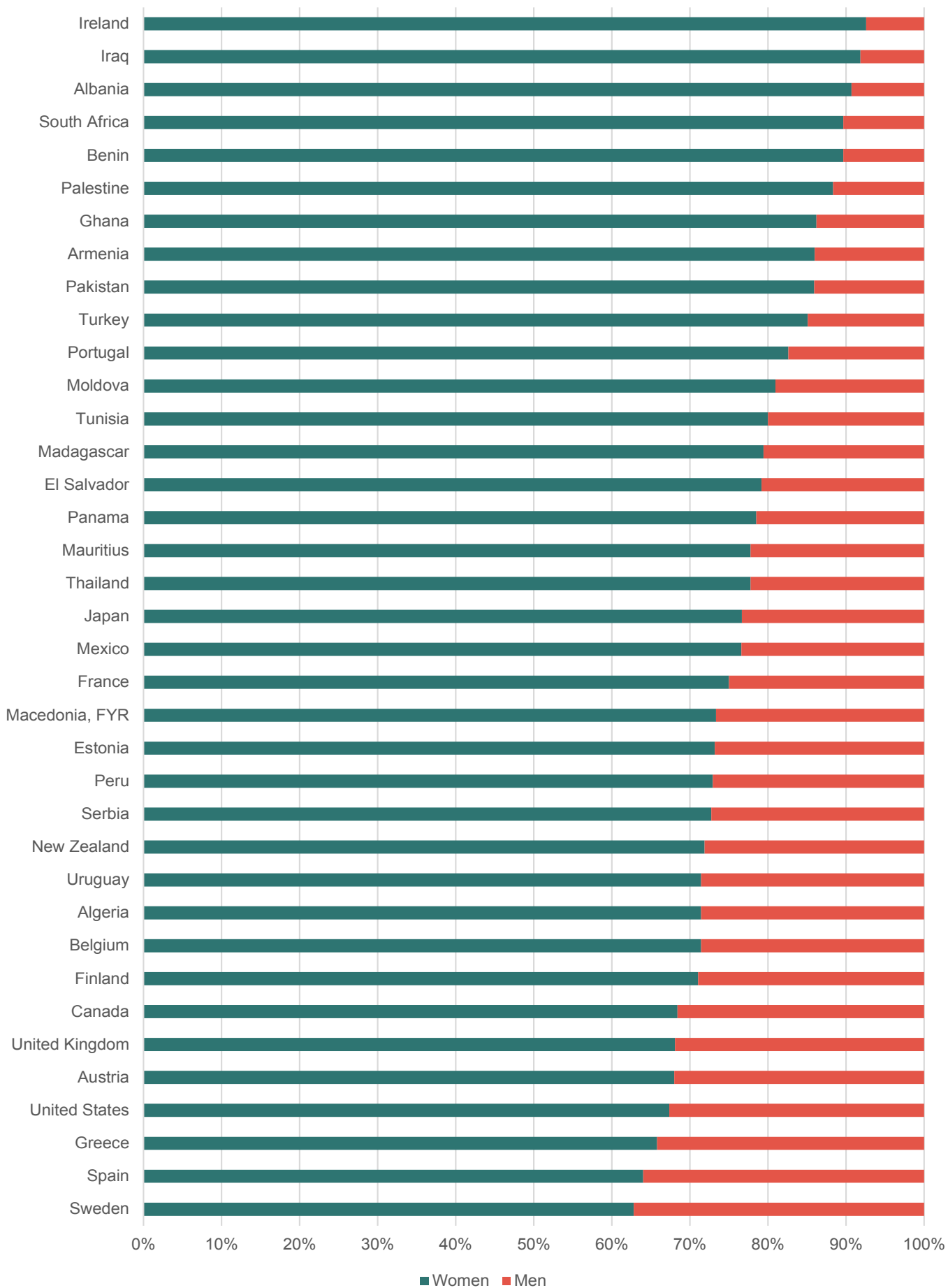
13. Computed from data in Gimenez-Nadal and Sevilla-Sanz (2011).

14. These are the same countries as in Figures 3 and 4, except for Uruguay for which data on paid work is lacking. The 65 countries still represent 66% of global population.

15. Computed from data provided in UNDP (2015), Table 4.1.

16. Rost et al. 2015.

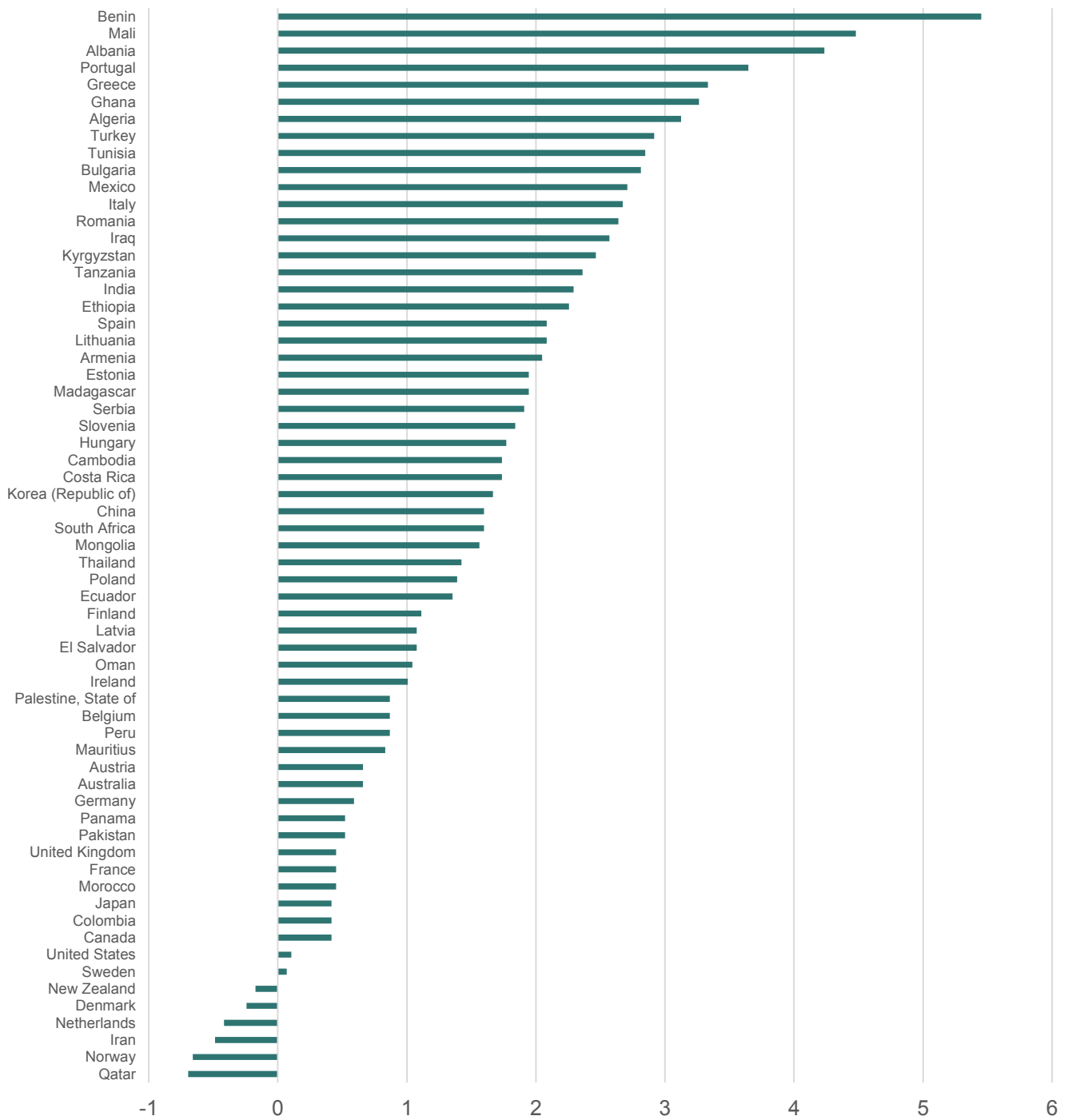
Figure 6: The difference between time spent on average by women and men on childcare in 37 countries



Source: Author elaboration of data in Charmes (2016).

Note: see methodology chapter.

Figure 7: The difference in weeks per year on average spent by women compared to men on paid work and unpaid care



Source: Computed from data on unpaid care, UNDP (2015), Table 4.1 and Charmes (2016)

Note: see methodology chapter.

Women, care work, time and opportunity

Caring for children can be a source of joy and satisfaction – but with limited time, it also constrains women’s ability to do other kinds of work and to provide for their families economically. With no childcare options available, there is often a trade-off between women’s reproductive work and their engagement in the labour market. The demands of children can limit women’s opportunity to work outside the home: the evidence suggests that where childcare is available, women’s labour force participation is higher. Having children can also affect the terms on which women work – studies of labour markets in both developing and developed countries show that mothers (but not fathers) pay a significant wage penalty for having children.

There is a complex interaction of actual and presumed constraints. When asked about realising their labour market ambitions, mothers in contexts as different as SSA and the United Kingdom point to trade-offs with childcare. And polling surveys also point to the prevalence of cultural norms in many countries that link mother’s labour force participation to adverse outcomes for children – though this has been disproved by study after study.

In many countries around the world, studies have shown that the availability of childcare, in whatever form, is associated with stronger labour force integration. For example:

- In China, urban women between the ages of 25 and 50 who lived with their parents or in-laws were 12% more likely to participate in the labour market (Maurer-Fazio et al., 2011).
- In rural Mozambique, a randomised study found that the building of community-based preschools increased the probability of caregivers’ employment by 26% and that older siblings were 6% more likely to be enrolled in school (Martinez et al., 2012).
- In Argentina, large-scale increases in free pre-primary schools between 1994 and 2000 increased the likelihood of maternal employment between 11% and 14% (Berlinksi and Galiani, 2007).
- Another study of Argentina found that mothers were 13% more likely to be engaged in the workforce when their youngest child made the age cut-off for preschool eligibility (Berlinksi, Galiani and McEwan, 2008).
- In Brazil, the provision of childcare through a lottery system significantly bolstered women’s labour force participation – women’s employment increased from 36% to 46% (Paes de Barros et al et al., 2011).
- Accessible childcare is connected with increased women’s employment in Guatemala City (Quisumbing et al. 2003).¹⁸

- In the United States, care provided by grandparents increased the probability of mothers’ employment – by 4 to 10 percentage points (Compton and Pollak, 2014) and by 9 percentage points (Posadas and Vidal-Fernandez, 2013).¹⁹
- Grandparents’ provision of childcare increased women’s labour force participation in Italy (Del Boca, 2002, 2005; and Arpino et al., 2010), in Greece and Netherlands (Zamarro, 2011) and in Europe broadly (Albuquerque and Passos, 2010).²⁰
- In Quebec, the introduction of subsidized childcare led to a 21% increase in the proportion of working mothers in two-parent families between the mid 1990s and early 2000s, more than double the increase in the rest of Canada (Baker et al. 2008).

Evidence suggests the opposite is also true. That is, while the provision of care is associated with increased labour force participation, the unavailability of care is associated with lower levels.

- In Sri Lanka, mothers of children under five years old were 11% less likely to engage in the job market than other women (Gunatilaka, 2013). Interviews with working women who had quit their job found that they did so primarily because of an inability to get their mothers’ childcare support (Madurawala, 2009). In addition, one-third of the female employees interviewed had considered quitting their jobs because of difficulties in balancing the costs of childcare with work, while one-quarter had encountered pressure from their husbands or other family members to quit work in order to look after their children (ibid.).
- In several LAC countries, over half of women aged 20–24 who were not in the labour market cited their domestic responsibilities as a reason, a larger number than those who cited a lack of education (Antanopoulos 2008, cited in Alfers 2015).
- In rural China, for each additional child under six years old, women’s participation in agriculture increases by 1.9%, off-farm self-employment decreases by 1.2% and wage employment decreases by 0.7% (Wang and Dong, 2010, cited in Alfers 2015).
- In South Korea, having children reduces the labour force participation of married women by 27.5% (Chun and Oh, 2002).
- In Kenya, high childcare costs discouraged the use of formal childcare facilities and negatively affected women’s labour force participation (Lokshin et al., 2009).

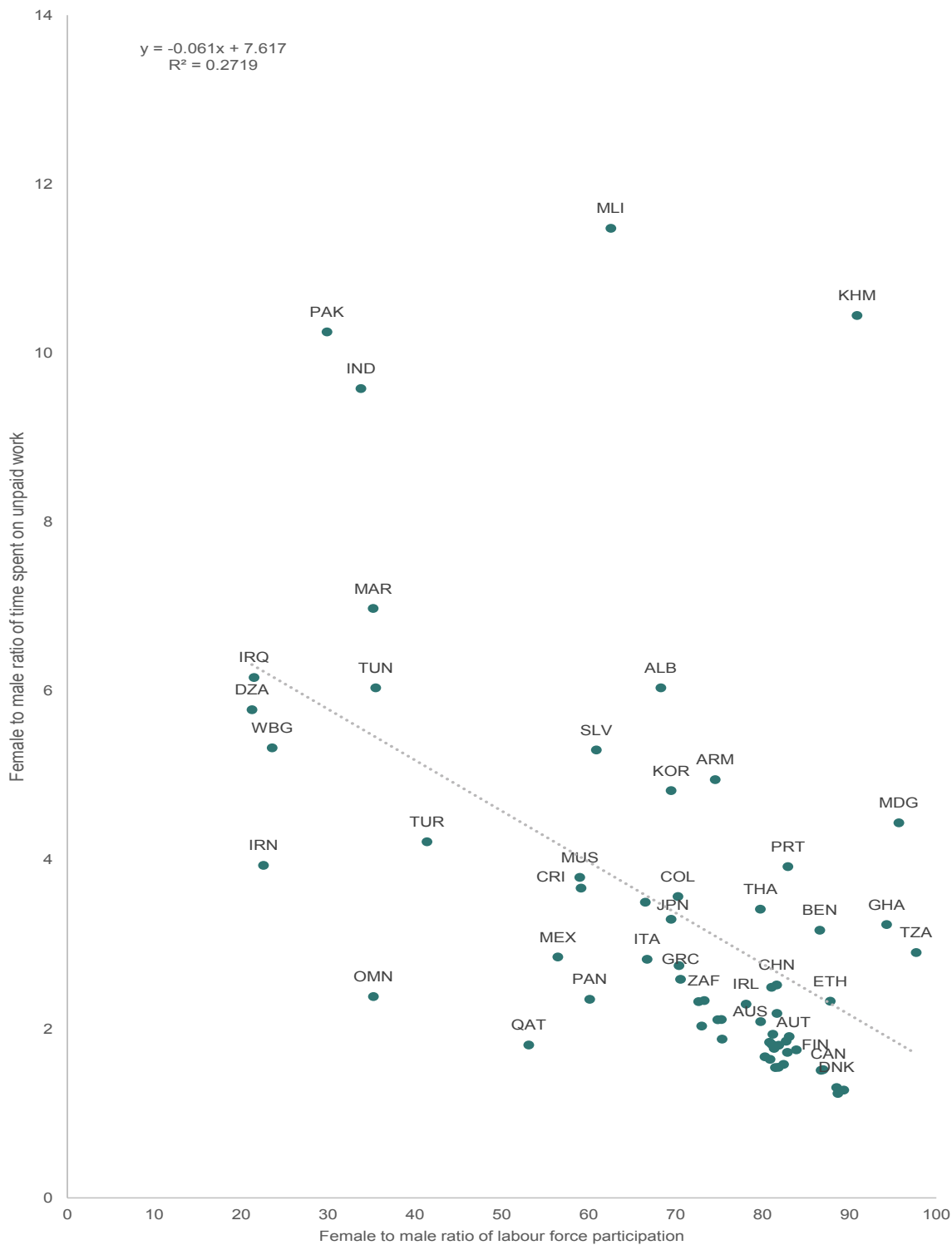
17. They find formal childcare to be less important to women’s decisions over employment in Accra where the informal sector dominates.

18. Pew Research Centre 2015.

19. See also Cardia and Ng 2003; Dimona and Wolff 2010.

20. See also Posadas and Vidal-Fernandez, 2013.

Figure 8: Relationship between equity of unpaid care work and of labour force participation, latest year available



Source: Computed from World Development Indicators 2015 and Charmes (2015, 2016)

- In Romania, Germany and Latvia, between 41% and 56% of mothers with children under three who do not work, or work part-time, attributed this to lack of affordable and available care (Mills et al., 2014).
- Across 27 EU countries about a quarter of women who have young children and do not work, or work part-time, report that childcare is unavailable or unaffordable (ibid).
- In the United States, becoming a grandparent causes a fall in employed grandmothers' hours of work by at least 190 hours per year (Rupert and Zanella, 2014).

The pressure of trying to balance work and childcare can also lead women to take lower quality jobs, often in the informal sector. In a context where economic transformation and increases in productivity are a critical policy issue for many governments, particularly in poorer countries, the impact of domestic work on women's choices is a critical issue for labour market policy. According to Addati and Casserier (2008):²¹

- 40% of mothers working informally in the slums of Guatemala City reported caring for their children themselves, and cited a lack of childcare as a key reason for not taking formal economy jobs to which children could not accompany them.
- In the Philippines, 20% of women cited family responsibilities as a reason for taking on informal employment.
- 13% of women in informal enterprises in Bangladesh reported family responsibilities as a reason for taking on this type of employment, compared to 1% of men.
- Women in Costa Rica and Angola tended to be in informal employment partly for the flexibility it afforded.

This adds up to a significant income loss for women with children compared to women without children, often described as the motherhood pay penalty. In a recent review, Grimshaw and Rubery (2015) note that this penalty appears to be universal, but its magnitude and duration varies from country to country. It tends to be larger in developing countries than in developed ones. For example, they estimate a wage penalty of 37% in China and 21% in the UK. Using survey data from 21 developing countries, Aguero et al. 2012 estimate a penalty of 42%. They find that 'mothers are less likely to work in the wage earning formal sector of the economy ... work less intensively, and sort into occupations where it is easier to balance the demands of work and family' (p. 6). The wage penalty equates to about 6% per child – 'similar in magnitude to estimates from more developed countries' (p. 5) – or about 16% per family (given on average 2.75 children per mother).

The Aguero et al. study suggests that the wage penalty is not fixed, but changes according to both the age of the child and the education level of the mother. The penalty is largest when children are young and reduces with age.

The relationship with the mother's circumstances is complex. For older children, where women were highly educated, the wage penalty persisted irrespective of the age and gender of the child. Aguero et al. find that much of the penalty (nearly 75%) is driven by 'mothers being underrepresented in paid work, overrepresented in low-paying occupations and working at a lower intensity than their childless counterparts' (p. 27). But it is unclear whether this sorting among highly-educated mothers represents women's preferences, workplace policies that are incompatible with child-raising, or the effect of discrimination.

Low-skilled mothers of school-age children earned less than childless mothers because they were less likely to work in the formal sector, worked in different types of jobs and were less likely to work all year round. But the gap between them and their childless counterparts is less than for more highly-educated women. Aguero et al. (2012) hypothesise that 'poorly educated women can combine work and family responsibilities relatively easily because more work is conducted from or near home'. In contrast, more educated women 'are far more likely to participate in the formal labour market and away from home', where lack of formal childcare, family medical leave and transport to school are likely to be more binding constraints. The attenuation of the gap for school-age children suggests that institutional constraints – childcare, family leave policy and related policies like school transport – matter (Aguero et al., 2012).

Box 6: Passing on the costs of childcare

Aguero et al. (2012) found that where mothers had only received a primary education (or lower), the family penalty disappeared when children approached adolescence, and having a girl positively influenced her earnings, on average by 12%. In other words, adolescent girls of less educated mothers are substituting for their mothers' unpaid care activities at home.

In poorer households, the costs of childcare in terms of reduced opportunities seem to be passed on from mother to daughter, as mothers are forced to choose between their income-earning potential and their daughters' education. This is a choice that no mother should be forced to make, and no child should have to live with.

21. Cited in Alfars 2015.

Some of the pay penalty mothers experience may reflect a choice to opt for more flexible hours or for work that is closer to home. But it is also due to employer discrimination and the absence of accessible childcare. This means that circumstances are not just patently inequitable, they are also inefficient. Gender pay discrimination distorts labour market incentives, diminishes purchasing power and leads to lower revenue. Women's earnings are also likely to exacerbate the problem of inadequate care by making it necessary for mothers to spend more time working to provide for their children.

Survey data from Kenya, Liberia and Senegal shed further light on the choices that women are making about childcare and jobs (Bhatkal, 2014). When asked whether they faced any constraints relating to childcare, the overwhelming majority of mothers in these countries answered affirmatively – the share was 91% in Liberia, 82% in Kenya and 72% in Senegal.

Unsurprisingly, a considerable share of these mothers reported that they faced a trade-off between childcare and their livelihood ambitions. In Kenya, most mothers (84% of those in rural areas and 80% in urban areas) reported such a trade-off, while the share was lower but still notable elsewhere – 60% of urban and rural mothers in Liberia, and 50% in rural and 40% in urban Senegal. So, these constraints are pressing and seem to be more so in rural areas. The specific nature of the constraints women cited varied widely (Figure 9), with differences across countries and between rural and urban areas.

In Kenya, the key constraint posed by childcare was cost (cited by 42% of urban and 39% of rural respondents). This was also a concern in Liberia, though more so in rural areas (cited by 51% of rural and 31% of urban mothers).

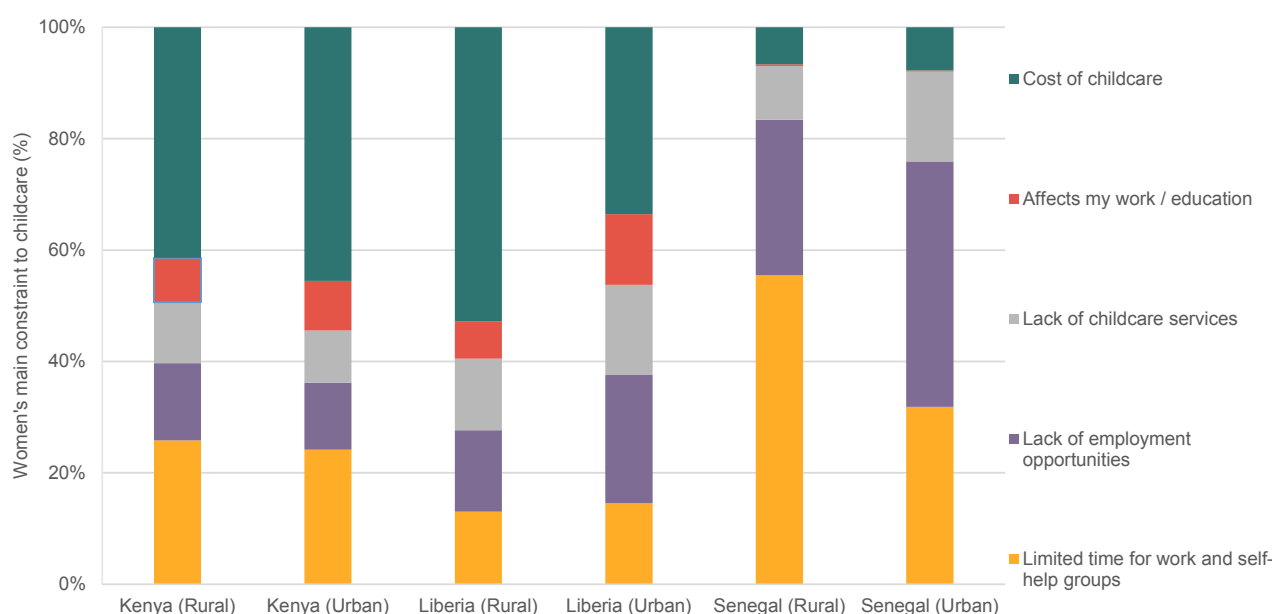
In Senegal, on the other hand, the primary constraint was limited time for income-earning activities and self-help groups (more in rural areas), and the lack of employment opportunities (more in urban areas), which were together cited by 83% of rural mothers and 76% of urban mothers who believed childcare was a constraint to achieving their livelihood ambitions.

As with many issues relating to family life, the experience can look similar in richer countries:

- In the United Kingdom, many mothers report wanting to work and/or increase their working hours, but that a very significant barrier is the lack of affordable childcare and/or lack of flexibility in the workplace (Ben-Galim and Thompson, 2014).
- In a 2014 survey, four out of ten US mothers (41%, both full and part-time workers) reported that being a parent impeded their career advancement, in contrast to about 20% of working fathers (Pew Research Center, 2015). More educated women and white women reported greater difficulty in balancing the demands of job and family.

It is, of course, not just an issue of one-off choices about how much to work, though these can involve difficult trade-offs (Box 7). Working caregivers face daily dilemmas of care wherever they live and whatever they do – though again, these choices are harder for poorer families. In Botswana, interviews with over 500 households revealed that 50% of parents had experienced difficulties at work because of caring for a sick child or having other caregiving responsibilities. The figures were 64% in Mexico and 41% in Viet Nam.²² In these three countries, 22% of families

Figure 9: Share of women facing particular childcare-related constraints in three SSA countries, 2013 (%)



Source: Bhatkal (2014).

Box 7: To work or to rest?

For our research with grandmothers caring for the left-behind children of Vietnamese migrants we asked what they would do if they had an extra day each week. Their responses captured the tension between the need for income to alleviate poverty, and the need for rest to alleviate exhaustion.

If I had one more day, I would try to work and earn enough money to feed my grandchildren.

(52-year-old with four grandchildren)

I would do more work to make money to feed my grandchildren.

(53-year-old with four grandchildren)

I would like to work to make money for spending.

(61-year-old with four grandchildren)

I want to sleep, but I can't. If I sleep, the work will be left unfinished.

(53-year-old with four grandchildren)

I would also rest, and do housework at home. It must be good to have one more day.

(56-year-old with one grandchild)

Just lying down and resting. I'm sick and worried all the time, so I just want to lie down and rest. I would try to do some housework and then lie down and rest.

(64-year-old with two grandchildren)

with incomes under \$10 per day purchasing power parity (PPP) had left sick kids at home alone and 67% reported having lost pay or having left sick kids at home alone. For parents earning above this threshold, the corresponding figures were 11% and 45%.²³

Box 8: Encouraging men in ECCE

An informant in Gaza reported that since culture dictates that men 'don't change nappies or wash hands', there was no point in aiming policies at encouraging men to participate in ECCE. As he noted, 'when people don't believe in something, even if you have policies, they don't apply them.'

An informant in Viet Nam concurred. 'Only females work at nursery schools and kindergartens. Laws don't discriminate, but it is the fact. This is the cultural issue, gender perception.'

Gender norms and time for care

Reconciling the demands of paid work and care work is not simply a matter of the number of hours in the day. In many countries, cultural norms link mothers' labour force participation to adverse outcomes for children. At times, formal institutions, including various religious bodies, uphold such norms. At others, an active backlash against modernisation – such as in Iran after the revolution – has led to a retrenchment of gendered norms and pushed women en masse out of the labour market and back into the home.²⁴ Mostly, however, these norms are perpetuated by the myriad small interactions that occur in millions of households on a daily basis.

They encourage men to see more equal sharing to be in conflict with 'tradition and thus... resisted',²⁵ and women to believe that caregiving is a natural expression of love – and their only source of power in the private sphere.²⁶

The World Values Survey, which provides a snapshot of public opinion in 52 countries which represent nearly half (48%) of the global population, has asked respondents whether they agree with the statement that 'when a woman works for pay, children suffer' (Figure 10). Three findings merit attention. First, nearly half of people (46%) in these countries agree with this statement – the share is lower than 20% in just 3 countries (Netherlands, Japan, Taiwan) and higher than 75% in 6 countries (Jordan, Yemen, Palestine, Qatar, Algeria, Tunisia). Second, the share of women that hold this view is nearly as high as that of men, and mothers are more likely to agree with this statement than childless women (the figures are 45% and 37% respectively – and in Malaysia, the difference between mothers and childless women is 23 percentage points).

22. Heymann, 2006, p. 91.

23. Heymann 2006.

24. Chopra, 2013.

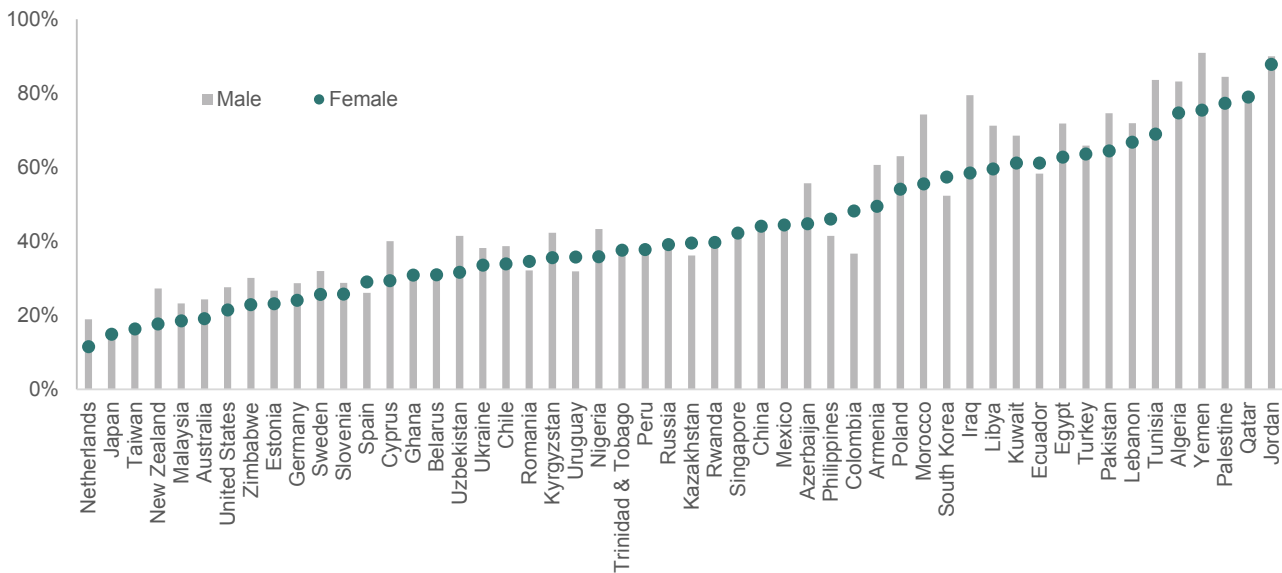
25. Brickell, 2011: 1361; see also Levto et al., 2015; ActionAid, 2013.

26. Levto et al., 2015; Jelin, 2009.

Finally, agreement with this statement is fairly strongly inversely correlated with female labour force participation,²⁷ though the direction of causation is unclear.

The prevalence of these norms in many countries illustrates the extent of social pressure on women and men as they try to negotiate family life and the need to earn a living and fulfil their ambitions in the world. It is also an indication of the lack of political attention or action on this issue in many countries – unless people want change, women will continue to struggle with too few hours in the day and too few opportunities, and too many children will be left alone and uncared for.

Figure 10: Share of men and women who think that ‘when a woman works for pay, children suffer’ (%)



Source: Author elaboration of data from World Values Survey.

27. Correlation results: $r=-.59$, $n=52$, $p=.000$

Box 9: When work and childcare cannot be reconciled

Sometimes the choice between providing for children and caring for them involves agonising decisions. Many women have left their countries – and often their dependent children – to find work elsewhere. In some countries, including Spain, which is one of the biggest employers of domestic workers in Europe, most of this work has been in domestic service. Since the early 2000s, Latin American domestic workers have constituted the largest migrant group in Spain, and the largest number of these domestic workers come from Bolivia. This pattern of migration is partly the result of ‘demographic collapse’ – there are fewer adults to undertake household chores and to care for the elderly and children – and also facilitated by transnational migrant networks. Most migrants did not work in domestic service prior to migrating, and nearly half work in Madrid or Barcelona, the two largest cities.*

Two Bolivian domestic workers in Spain, Elizabeth and María, shared their experiences.

Elizabeth, now in her early 40s, arrived in Madrid in mid-2004, leaving behind a son and three younger daughters:

I’ve only been back to Bolivia once to see my children. The last time I saw my daughters was five years ago... I couldn’t make ends meet in Bolivia, give my children an education, so I had to leave.

My husband soon met another woman when I left, and my daughters had to leave our place. They went to live in a small house I bought in La Paz from the money I made in Spain. No one took care of them, they lived alone.

When I went to visit them I didn’t tell them I was coming. I found them sleeping on the floor, the door was made of cardboard, they didn’t even have a bed or a mattress. The place almost caught fire once. There was no hot water, no electricity, and La Paz can get very cold...

They didn’t have enough to eat. They were very thin, no one cooked for them. They only ate bread with tea. When I saw what was happening, I put mats on the floor, got new doors ... I felt so guilty, I cried all the time when I came back.

All my children went to school in the end. I always insisted on that, that’s the only way of getting respect in Bolivia, otherwise you’re always humiliated.

My son is now studying medicine at university. The university is free, but he needs books, money to travel, food, so I’m doing everything I can to help him. One of the girls is studying electrical engineering and wants to go to Spain, another is studying accounting, and the third one has been diagnosed with a disease that has no cure, I don’t know what to do.

[In Spain] I’ve suffered so much. I’ve worked in everything I can: cleaning houses, taking care of children and elderly people.

I’ve often been humiliated in Spain. When I didn’t have papers, people offered me almost nothing to clean houses and work, and I couldn’t say anything. But I had to bear everything, who otherwise would maintain my children?

María, now 44, arrived in Barcelona a decade ago, leaving five daughters behind with no one to take care of them:

I left Bolivia in 2006 and have only been able to return twice... I thought it would be for two years maximum, but I’ve already spent a decade here.

I wanted to return, but to do what? How could I provide for my daughters in Bolivia?

I haven’t seen my daughters for three years. Their father initially took care of them, but after six months he met another woman. They moved to a house I bought with some money I made in Spain, I begged them to take care.

My mother didn’t want to take care of them, she said she was tired of taking care of children, so they were alone.

I sent them all the money I could save through my husband, but later discovered that he kept most of it.

My daughters didn’t have enough money to buy food, they were hungry ...

[In Spain] I have three jobs at the moment. I start working at 8 in the morning until 10 p.m. every day, including weekends. I’m trying to send as much money as possible to my daughters. I clean houses, offices, take care of elderly people, anything I can to make a living. Many people think how is it that I left my daughters behind, but what choice did I have?

Note: Material in this paragraph is from Arango et al., 2013; Gallotti and Mertens, 2013; ILO 2013; Leon, 2010.

3. Who else is looking after the children?

There is a crisis of time for care. Of course, it is not just mothers who care for children – many other people are involved as families patch together solutions to the almost universal dilemma of how to both care and provide for a family. These range from organised care in schools and nurseries, to informal agreements with grandmothers or other children, to domestic workers in the home.

Precise figures on how much care is going on in all these different contexts are unavailable. The most recent estimate we could find (UN Women 2015) was based on surveys from just 31 countries, the most recent of which was from 2002. These surveys asked working women, with children under the age of six, who cared for their children when they worked. The largest share – 40% of respondents – reported looking after the children themselves, 22% left them with another relative, 12% left them in the care of a female child, and 4% left them in a nursery or with a domestic worker. But we have no idea how representative these surveys are of wider patterns or trends, nor if they are valid today. This is just one example of the neglect of care. Since it is not measured well, making and evaluating policy that takes it into account is that much more difficult.

In this chapter, we sketch out the picture on the basis of the information available.

Organised care

Options for the safe, regulated care of young children are limited and costly. Recent data from 67 developing countries covering roughly one-quarter (24%) of the global population suggest that on average just under one-third of children aged three to five participated ECCE (Figure 11). Fewer than 5% of children attended such a programme in Afghanistan, Burkina Faso, Somalia, Yemen and Iraq, while at the other extreme, more than 80% of children did so in countries including Thailand, Belarus, Jamaica and the Democratic People's Republic of Korea. In the Least Developed Countries (LDCs) in the sample, the average participation rate was 12%, while in SSA, one in four children attended an ECCE program.

ECCE attendance is linked to wealth status both between and within countries, but again the relationship is not deterministic. For example, participation in lower-middle income Viet Nam (72%) exceeds those of high-income countries Argentina (63%) and Venezuela (66%). Gaps between quintiles are minimal in some countries – both where overall attendance is low, as in Burkina Faso, Yemen and Afghanistan – and in others where it is higher, as in Thailand and Jamaica. In LDCs, attendance for the lowest quintile (6%) was about one-quarter of that for the highest quintile (25%). In SSA, fewer than one in ten children in the lowest wealth quintile attended such a programme (8%), while more than half of children in the upper wealth quintile (53%) did so. Within some major cities in SSA, however, recent evidence suggests much higher attendance rates and a lower gap between rich and poor households (Box 10).

In developed countries, too, the share of children attending a preschool programme is high on average, but with some variation across countries. Across 38 mostly OECD countries, on average, eight out of ten four-year-olds were enrolled in an ECCE – the share was above 50% in all but four of these countries (Turkey, Indonesia, Switzerland, Canada) and above 95% in 13 countries – including many European countries as well as Japan and Mexico. For younger children, participation in formal childcare arrangements varied much more markedly across 21 European countries (Roit and Sabatinelli, 2007). Across these countries, the median for children under the age of two was about 18%, while the range was from below 5% (Greece) to over 45% (Denmark and Sweden).

Childcare, as it is not subject to economies of scale, is expensive. Data on the costs of formal care are very limited, particularly in the developing world.²⁸ In developed countries, the cost of childcare is high in relation to people's earnings, and some evidence suggests it has become more so. In 34 OECD countries, a recent study estimated the cost of childcare or pre-school for a two-year old at about 27% of an average worker's wage.²⁹ The most rigorous

Figure 11: Levels of attendance in early childhood education among children aged 3-5 years in 67 developing countries, 2005-13 (%)

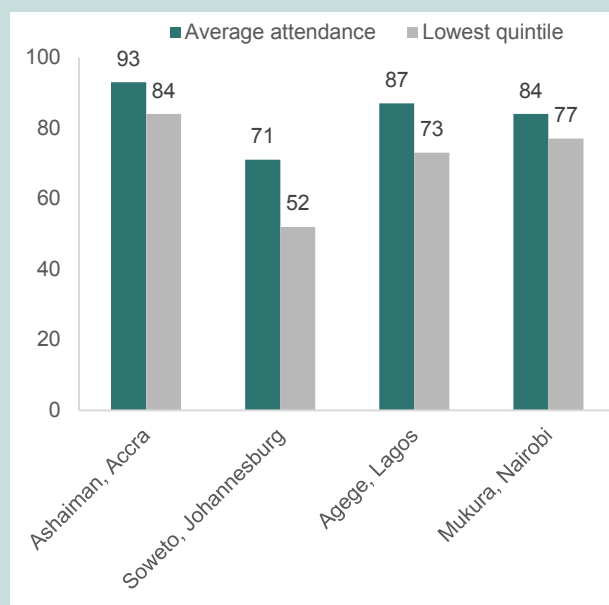


Source: Author elaboration of data from UNICEF global databases, 2014, based on DHS, MICS and other nationally representative surveys.
 Note: The countries are colour-coded in green (low income countries); red (upper middle income countries); and purple (high income countries)

Box 10: Evidence of a dynamic preschool sector in four peri-urban African cities

A recent study (Bidwell and Watine 2014) sheds greater light on the preschool options available for children in peri-urban areas of four African cities – Ashaiman in Accra, Soweto in Johannesburg, Agege in Lagos, and Mukuru in Nairobi – and their costs. A large majority of children aged three to six attended preschool in each of these areas – ranging from 71% in Soweto (where participation was relatively low for three- and four-year-olds) to 93% in Ashaiman (Figure 12).

Figure 12: Participation of 3–6-year-olds in preschool in peri-urban areas of four African cities, 2013 (%)



Most of these arrangements were private – from 56% in Johannesburg to 83% in Lagos and over 90% in Accra and Nairobi – pointing to ‘the explosion of low cost private schools in poor peri-urban areas of SSA’ (ibid., p. 2). Participation rates were correlated with family incomes, but even among the poorest quintile they remained relatively high – the average difference between the bottom quintile and the average was about 12%. Carers cited the value they placed on the educational benefits of these facilities – ‘there is very little sign that parents see preschools as daycare centers’ or that children were being sent to preschool because parents or relatives were too busy to care for them (ibid., p. 3). Carers also signalled that they had many options – on average they knew of about three preschools within walking distance. At the same time, expenditure data suggests that these facilities were costly for families, particularly those from lower income groups. We estimate that the average cost of a child attending one of these facilities, on average, is the equivalent of between one-quarter and nearly half of an average person’s monthly

spending (Table 1). It would absorb the entire consumption or more of an extremely poor person in Ghana or South Africa. However, it should be noted that the average conceals a great deal of variation – with poorer households often spending less – and that in Johannesburg, three-quarters of children attending pre-primary school received the government’s child support grant.

Table 1: Cost of attending preschool in peri-urban areas of four African cities, 2014

City	Average monthly preschool expenditure per enrolled child (PPP \$)	Childcare spending as a share of individual <i>per capita</i> income at the following poverty lines		
		\$1.90/day	\$3.10/day	Mean monthly consumption
Agege, Lagos	49	86%	53%	37%
Ashaiman, Accra	57	100%	61%	46%
Mukuru, Nairobi	32	56%	34%	42%
Soweto, Johannesburg	93	163%	100%	26%

Source: Cost data from Bidwell and Watine (2014) and author computations.

Note: Self-reported fees by caregivers in response to questions on what they are spending on nominal school fees, school feeding, transport, uniform, books, sportswear and food that they would not be spending if their child was not going to preschool. Nominal school fees were typically around half of total expenses incurred (personal communication, Loic Watine).

recent analysis in the United States (Herbst, 2015) finds that on average, around 7% of family income was devoted to childcare. According to this study, the average cost of childcare increased by 38% between 1990 and 2011, while the median increase was under half that – about 14%. The difference can be explained by growing inequality. Herbst finds that economically advantaged families spent considerably more on childcare over time (their hourly spending increased 23%) while disadvantaged families reduced their spending by 18% over the same period.

These findings, though partially mitigated by the growing reliance on grandparent care discussed below, are alarming given research on the importance of the quality of childcare—and the relationship between cost and quality. Research has found that high quality programming can produce tremendous gains, especially for disadvantaged children. One estimate suggests that across 73 developing countries, increasing preschool enrolment to 50% in a single year could increase a country's productivity by \$33 billion across those children's lifetimes (Engle et al., 2011). However, the reverse is also true. That is, low-quality programming can harm child outcomes—especially for the youngest children.

Grandmothers

In most developing countries, parents rely on informal childcare arrangements to help them juggle family and work responsibilities. Other family members are vital, notably grandmothers – especially in developing countries where many co-reside with their grandchildren. The latest data available suggests that a sizeable share of grandparents are residing with their children in the developing world – from about 30% in East Asia up to about three-quarters in Africa (Table 2). The share of grandparents residing with grandchildren but not their child – so-called 'skip generation' households varies greatly. At the extreme, data from the 1990s and 2000s suggests that in some SSA countries, Ghana, Malawi, Rwanda, Uganda and Zambia, figures are in excess of 25%. Recent research suggests that where fertility is high, as in much of the developing world, grandparents derive emotional benefits from living with their grandchildren but this is not the case where fertility is lower (Box 11).

The role of grandmothers has been especially highlighted in SSA, where an estimated 15.1 million children have lost one or both parents (UN 2015), largely owing to the HIV/AIDS epidemic in East and Southern Africa. Various studies have suggested that most orphans in many SSA countries are cared for by grandparents (e.g., Foster and Williamson, 2000). For example, in South Africa in the mid-2000s, nearly two-thirds (64%) of

Box 11: Emotional wellbeing of grandparents living with grandchildren

How do grandparents feel about living with their grandchildren? In the United States, co-resident grandparents evaluated their lives more poorly than those who did not live with children, and were relatively less likely to have experienced happiness 'yesterday' after controlling for other factors, such as health, that are known to affect emotions. Their feelings of stress, anger and worry were also substantially higher. While among parents the presence of children is associated with more positive and negative emotion ('emotional life is more extreme with children'), for the elderly 'there is no upside: all the positive emotional experiences are less prevalent when they live with children, and negative emotional experiences are *more* prevalent' (p. 8). This is largely because grandparents who live with their grandchildren tend to be in poorer health, but 'in part because living with a child and/or his or her parents is unpleasant in itself' (p. 14).

Analysis of Gallup World Poll data shows that such negative emotions are present in most regions of the world, but are higher among the elderly living with children in Europe and 'rich Anglo' countries. Fertility turns out to be an important conditioning factor. Where fertility is high (that is, children are plentiful), the elderly generally evaluate their life more positively when they live in a household containing a person under 15, and where fertility is low they evaluate their life more negatively. Where 'high fertility is seen as desirable, older people do not feel that their life is compromised by living in a family with a young child. They are less likely to feel negative emotions such as anger and worry'.

Source: Deaton and Stone (2014).

double orphans were being raised by grandparents, and in Namibia between 1992 and 2000, the share of orphans being cared for by their grandparents rose from 44% to 61% (UNICEF, 2006). More broadly, survey data from 33 SSA countries over the last decade (1998–2012) suggest that nearly one in five (17%) children between the ages of seven and 15 were living with at least one grandmother; in 41% of these households the father was missing, and in 30% the mother was absent.³⁰

A large number of studies find that grandmothers make a positive contribution to the lives of their grandchildren in SSA,³¹ as manifest in better outcomes in health³² and in education. This may be through indirect channels, as

28. One exception, in addition to the study described in Box 10 is a 2005 survey in Nigeria's Edo state, which found that the average cost of private kindergarten for a single child was more than half the minimum wage that same year (Olubor, 2009).

29. OECD Family Database. <http://www.oecd.org/els/family/database.htm>, cited in World Policy Analysis Center (2015).

Table 2: Share of grandparents living with a child by region

Region	55-59	60-64	65-69	70 plus
North Europe non Anglo	6.8	3.1	2.0	1.8
Rich Anglo	9.6	5.2	3.5	2.0
Southern Europe	11.1	6.6	6.2	4.3
Ex-communist	23.8	21.3	17.6	16.3
East Asia	31.2	32.2	26.4	20.1
Latin America and Caribbean	43.2	38.1	34.6	27.6
Middle East	49.0	43.3	40.8	43.2
South Asia	53.4	53.5	54.2	50.9
Africa	75.8	71.9	72.1	69.9

Notes: Rich Anglo comprises the English speaking rich countries, the USA, Canada, Ireland, Britain, Australia, and New Zealand. North Europe is the non-Anglo part of northern Europe, France, Germany, Netherlands, Belgium, Sweden, Denmark, Austria, Finland, Iceland, Luxembourg, Norway, and Switzerland. Southern Europe is Spain, Italy, Greece, Israel, Malta, Cyprus, Portugal, and Northern Cyprus. Ex-communist comprises the formerly communist countries of Eastern Europe, Russia and Central Asia. Source: Gallup World Poll data provided by Deaton and Stone (2014), Table 3.

in Ethiopia, where grandmothers' support was associated with higher child survival, but their contribution was primarily to relieve their daughters of heavy domestic tasks rather than provide childcare (Gibson and Mace, 2005). In SSA, Schrijner and Smit (2014) report that the odds of being in school were almost 25% higher for children living with a grandmother. The effects were especially positive for girls (12% higher than for boys), and in households where the mother was missing. The authors conclude that their findings 'are in line with the idea that grandmothers may enable parents to work from home and prevent children, especially girls, from taking over household tasks' (p. 15).

'My God, raising my own children was hard, but raising my grandchildren is much harder!' (Vietnamese grandmother raising four grandchildren)

Grandparents are also heavily involved in childrearing in EAP. In China, for example, one quarter of children aged 18 and under (26%) – about 96 million in total – lived with one or more grandparents, spanning all socio-economic groups (Zeng and Xie, 2014), and an estimated 19% of households are multigenerational.³³

The share of Chinese grandparents providing childcare appears to be higher still. In Shanghai, according to the city's Municipal Population and Family Planning Commission, 90% of young children were being looked after by at least one grandparent, and half of these grandparents were providing exclusive care.³⁴ Other estimates suggest that 70% of young children in Beijing and 50% of those in Guangzhou were cared for by a grandparent (ibid.). Grandparental involvement in childrearing is attributed to limited state support for older people and children, cultural traditions and a low retirement age (60 for men, younger for women), as well as migration on a massive scale. In the wake of stellar economic growth, the massive exodus of 270 million working age adults from China's rural areas to its cities, 61 million children have been left behind (The Economist, 17 October 2015). More than half of rural children have been left behind in several of the largest provinces, including Sichuan and Jiangsu, such that '(i)n effect, some villages consist only of children and grandparents' (ibid.). A similar situation prevails in Viet Nam – as our fieldwork in An Giang province highlighted, these grandparents are typically very busy people (Box 12).

In an online poll of 32 Chinese cities, more than one-third of respondents felt it was 'completely normal' for grandparents to raise their grandchildren,³⁵ while mothers ranked the help of grandparents as 'the "best" and often more desirable than paid help' (Chen et al., 2011). In Viet Nam, our fieldwork revealed similar sentiments (Box 13).

Co-residence of grandparents was found to have a similar effect on their grandchildren's educational achievement as parental education and, where grandparents were well educated, the likelihood of

30. Schrijner and Smit, 2014.

31. The effect is strongest for maternal grandmothers (see Sear and Mace, 2008; Strassmann and Garrard, 2011).

32. See Gibson and Mace (2005) on Ethiopia, also Sear et al. 2000 on Gambia and Hawkes 1997 on Tanzania (cited in Schrijner and Smit, 2014).

33. Zeng and Wang 2004, cited in Zeng and Xie 2014.

34. Cited in <http://www.theatlantic.com/china/archive/2013/09/in-china-its-the-grandparents-who-lean-in/280097/>

Box 12: A typical day of a grandmother caregiver in Viet Nam

Our interviews with Vietnamese grandmothers in the Mekong Delta region caring for their left-behind grandchildren found that most suffer from high levels of time (and resource) poverty. This is especially the case for those caring for several sets of grandchildren at once, widows and those who are also trying to earn an income.

Most of the grandmothers included in our research reported that they rise for the day no later than 5 a.m. – and often as early as 3 or 4 a.m. This is difficult for those who are caring for toddlers, who require them to ‘get up once at about 12 midnight and once at 2 a.m.’ in order to keep them from being ‘hungry and crying and screaming’ (53-year-old caring for four children). While the children are still sleeping, grandmothers ‘clean the house and prepare stuff for the kids to go to school’ (52-year-old caring for four children). Then they wake the children, feed them breakfast and get them all to school for a 7 a.m. start. Then they ‘go home to wash clothes and cook’, until it is time to pick the children up at 10:30 (61-year-old caring for four children). After feeding them lunch, cleaning up, bathing them again and taking them back to school, grandmothers do more laundry and more cooking, so that when they pick the children up from school at 4:30, they can feed them immediately. ‘It’s the same for me every day,’ explained a 52-year-old caring for four children.

Laundry emerged as a surprisingly time-consuming task for most grandmothers. Because they are poor, left-behind grandchildren typically only have one school uniform. This means that grandmothers are washing them twice a day – once when children come home for lunch, so that they will have clean clothes for the afternoon, and once in the evening, so that they will have clean clothes in the morning. This makes laundry a ‘strenuous task’ for grandmothers – who reported that they ‘wash clothes for the grandchildren until long after the darkness falls’ (53-year-old caring for four children).

While most of the grandmothers we interviewed told us that they did not work, as interviews progressed it became clear that most are involved in income-generating activities in addition to caring for their grandchildren. Many ‘raise chickens and ducks’; others ‘transplant the rice seedlings when the season comes’. A 69-year-old caring for four children ‘collects discarded bottles at the school’. While these activities are neither well remunerated nor especially time intensive, they do add to grandmothers’ overall time deficits.

dropping out of school was reduced (Zeng and Xie, 2014). However, estimates suggest that one-quarter of the grandparents looking after small children never attended school.³⁶ Along similar lines, in Taiwan, some 22% of 12–13-year-olds lived with at least one grandparent, and long-term co-residence had a positive effect on academic achievement, especially where both parents were absent (Pong and Chen 2011). But low levels of breastfeeding in China also result from the fact that so many grandparents are caring for infants.³⁷

Parents in richer countries rely on grandparents’ care too. In 2012 in the United States, 8% of children lived with a parent and grandparent, and 2% with a grandparent but no parent (Dunifon et al., 2014). Unlike in many high migration countries, children live alone with their grandparents typically as a result of a family crisis; they are more likely to be from disrupted families and to live in poverty (Zeng and Xie, 2014). The share of children living with their grandparents in the US appears to have

been relatively stable over time, but the absolute number of grandparents acting as the *sole* caretaker of underage grandchildren increased substantially in the 1990s.³⁸

Co-residence aside, about one-quarter (25%) of employed mothers with children under five in the United States rely on their children’s grandparents as their primary source of childcare (Laughlin, 2011), a figure that increased from 15% in 1987 (Posadas and Vidal-Fernandez, 2013; Rupert and Zanella, 2014).³⁹ This evidence accords with the finding that the share of families paying for childcare in the United States declined from 37% to 27% between 1990 and 2011, and that disadvantaged families were less likely to rely on institutional care (Herbst, 2015).

In continental Europe, about 9% of grandparents above the age of 50 in ten countries lived with their grandchildren (Hank and Buber, 2009).⁴⁰ Data from 2006–7 suggests that between 18% (Denmark) and 49% (Italy) of grandparents cared for their grandchildren aged

35. Ibid.

36. Data from All China Women’s Federation, cited in *The Economist*, 17 October 2015.

37. *The Economist*, 17 October 2015.

38. See references provided in Hank and Buber 2009.

39. These figures do not include children living with their grandparents – an estimated 7% of all children under 18 in 2010, up from 3.2% in 1970 (Rupert and Zanella, 2014).

six or younger on a daily or weekly basis (Garcia-Moran and Kuehn, 2013). In the Netherlands, Belgium and Switzerland, more than 30% of grandparents provided weekly care, whereas in Italy, Greece and Poland, almost 30% looked after their grandchildren daily (ibid.).⁴¹ This variation is probably due to European family policy systems being more limited in southern Europe than in northern, and by higher rates of co-residence in the south (Hank and Buber, 2009; Danielsbacka et al., 2011).

Children and adolescents

While the older generation might be assuming the bulk of care in some households, young people can also be an important source of childcare for their siblings and other family members. As noted earlier, it is not uncommon for older daughters to ‘step in’ to their mothers’ shoes in caring for younger siblings so their mothers can take on more paid work. While this can increase household income, it often comes at the cost of opportunities for these daughters.

Data on young people as carers are very limited and suggest a varied range of experience. Most children involved in caring are living in households headed by adults, although there are a small number of child-headed households, mostly in SSA.⁴² In households with people who are sick or have a disability, children may take on caring roles – as in Tanzania, where young people (especially girls) regularly helped HIV-affected parents in providing childcare for younger children in households (Evans and Becker 2009).⁴³ More often, caring is a routine activity for girls and young women.

For five countries, data from time use surveys gives some insights (Figure 13) – although they should not be compared directly between countries owing to differences in measurement and in ages. The data show how care work is distributed unequally even at a young age. Girls spend more time than boys on unpaid care in all countries – in Ghana and South Africa, they spend over twice as much, in Ethiopia, over five times.

Possibly the richest source of cross-national data on levels of care work that young people undertake comes from surveys collected in Ethiopia, India (Andhra Pradesh),

Figure 13: Average number of minutes spent daily by young people on unpaid work and care in five countries



Source: National time use survey reports.

Notes: In South Africa, SNA non-productive activities (direct child-care, household work, unpaid community work). In Tanzania, care of children, the sick, elderly and disabled. In Pakistan, minutes spent by ‘participants in care for children, sick and elderly’. In Ethiopia, unpaid childcare by participants (91% of males and 95% of females did so). In Ghana, unpaid caregiving services.

Peru and Viet Nam as part of the longitudinal Young Lives study.⁴⁴

These data point to the significant routine involvement of children aged five and above in various care-related activities, except in Viet Nam (potentially owing to smaller households in that country) – in Ethiopia (45%), Peru (40%), Andhra Pradesh (21%) and Viet Nam (13%).

Children aged nine and above were more likely to be involved in care work than younger children, except in Viet Nam, where reported participation rates are relatively low across age groups.⁴⁵ In all countries, except where

40. Based on data from the 2004 Survey of Health, Ageing, and Retirement in Europe (SHARE).

41. Note that the European data do not exclude other childcare arrangements, so may not be directly comparable to the US figures (Posadas and Vidal-Fernandez, 2013, p. 18, footnote 3).

42. These child-headed households are very rare – less than 1% of households in most countries.

43. An estimate from the mid-2000s suggested that between 2% and 4% of children were taking on caring roles in Australia, the United Kingdom and the United States (Becker, 2007), while 2011 UK census data suggest that nearly 10,000 children aged five to seven cared for their family members or guardians.

44. Young Lives is a unique longitudinal study investigating the changing nature of childhood poverty by tracking 12,000 children in the four countries over 15 years through both a quantitative survey and participatory qualitative research. Data are collected from the children themselves and from other members of their households. Its sample design was not intended to be nationally representative of children but rather to generate a large enough sample for general analysis. To include a high proportion of poor children, poor areas were oversampled. When comparing the Young Lives samples with other household surveys, some variance exists in terms of poverty rates, asset ownership and access to services. This is both positive and negative, depending on the aspect, in Ethiopia (Outes-Leon and Sanchez, 2008) and in Andhra Pradesh (Kumra, 2008). In Vietnam, the Young Lives sample was worse off than the population sampled in other surveys (Nguyen, 2008) while in Peru, the variance was positive (Escobal and Flores, 2008). Despite these biases, the Young Lives samples can be said to cover the diversity of children in each country (Young Lives, 2011).

Box 13: The care of left-behind children: choices and costs

While local informants in Viet Nam's An Giang province tended to report that the left-behind children of migrants are more likely to be inadequately supervised, especially with regard to schooling, the grandmothers involved in our research were confident overall that they were the optimal caregivers for their grandchildren. Without a doubt, they were stressed by poverty – and often physically exhausted – but they felt their roles as primary caregivers were natural and appreciated, and several suggested that absent mothers were paying the highest price for the explosion of skip-generation households in Viet Nam in recent years.

Most of these grandmothers reported that they had made the decision to raise their grandchildren. Indeed, several told us that they had insisted. A 61-year-old raising four children explained, 'I didn't want them to move with their parents; I feel more assured bringing them up here than them staying over there. I raise my grandchildren so that they are healthy and strong.' Grandmothers were especially wary of the idea that paid strangers might be caring for 'their' children if they stayed with their parents. The 61-year-old above explained, 'I care for them more than outsiders do; when they're sick, I take better care of them.' Notably, a handful of grandmothers told us that children themselves who chose to come live in the commune – mostly because they were lonely being left so long each day by themselves in the city when they know that in the commune they could play outside every day with friends. For example, a 56-year-old caring for a three-year-old said that though the child had gone to live with her parents in the city, 'when they brought her back here for a visit, she refused to leave'. She continued, 'Her parents told her to get on the bike, but she cried and cried and insistently refused to go, so her parents left her here, even though they cried.'

While the grandmothers we interviewed were universally glad to be caring for their grandchildren, and saw care provision as a 'gesture of love from grandparent's heart for their children and grandchildren' (grandmothers), they acknowledged that taking on a household of small children is not without costs. Overwhelmingly, they reported that the most significant cost to them has been increased poverty. In part due to the reality that 'I can't make money while I have to raise these kids' (60-year-old caring for four children), increased poverty is also driven by climbing costs. Not only do children require regular meals, but high user-fees in Viet Nam mean that 'free' healthcare and education are not in fact free. For example, several grandmothers said that total fees for primary school were 'more than 500 thousand dong (US \$22) a child', with one estimating that her costs may be as high as 800,000 Vietnamese dong (US\$ 36) for each of her grandchildren.

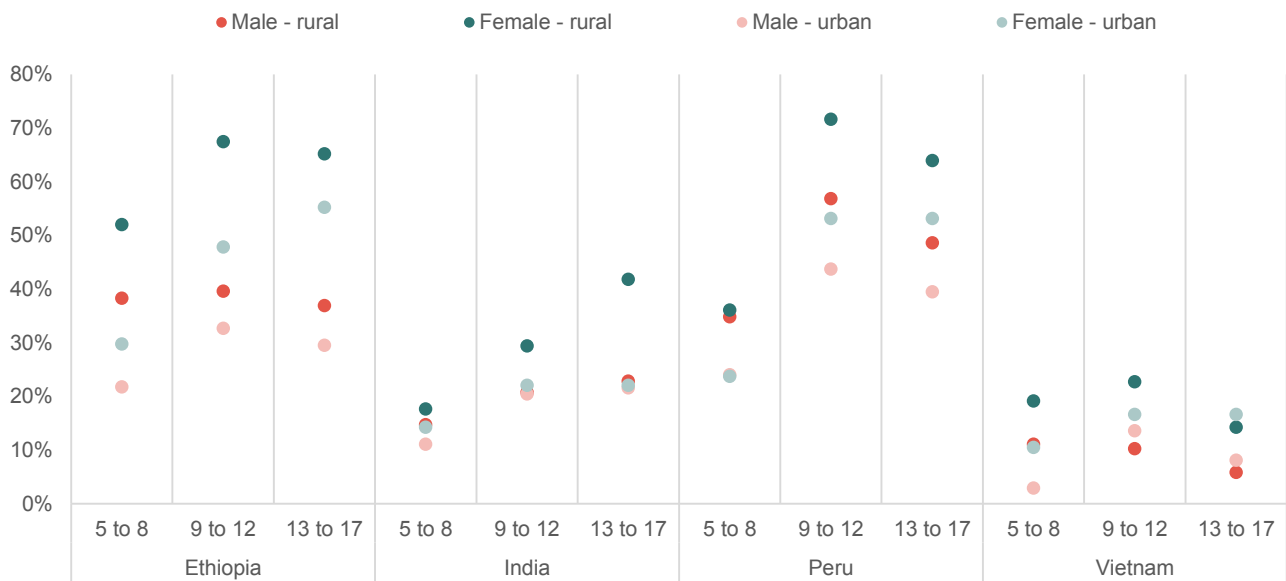
Most grandmothers also admitted that they were exhausted – which was taking a toll on their health. For example, a 56-year-old caring for a three-year-old explained that while she has to wake at 4 a.m. to cook for the café that she runs, she must also 'follow the sleeping time of this little girl, who takes a nap at noon and doesn't go to bed until 10 in the evening'. As a result, she feels 'very exhausted'. Similarly, a 52-year-old who is caring for four children reported that she had been unable to follow through with treatments for a severe ulcer because 'I didn't have money to go there and I had to take care of these grandchildren'. A 64-year-old caring for two children noted that while she feels 'sad because I can't lie down and rest when I'm sick', she never tells her children and grandchildren, because then they 'wouldn't be able to keep their mind on their work'.

Grandmothers' health is also suffering because of the constant stress that most live under. Driven by both poverty and generational change, that stress is directly related to caregiving. Some grandmothers told us that it was their grandchildren's physical experience of poverty that caused them the most stress. For example, a 61-year-old caring for four children, explained tearfully that 'if it rains at night, my grandchildren and I have to sit up and wait for the rain to stop to wipe the bed so that we can lie down and go back to sleep'. 'It's miserable,' she said, 'even talking about it makes me want to cry.' Other grandmothers reported that the stigma their grandchildren bore was the hardest to take. For instance, a 60-year-old caring for four children reported that her grandchildren had been 'criticised during the school assembly at the start of the week', for not having money to pay fees. For those grandmothers raising older children, the stress of poverty is amplified by worry that their grandchildren will 'become spoiled' and turn out to be bad people. While only two reported that a grandchild had ever given them any real trouble (both had, in fact, played video games without permission), most believed that constant vigilance was necessary.

For all that grandmothers understood the costs that care provision was having on their own lives, several felt that the costs that mothers were paying – for *not* providing daily care – was higher (see also Locke et al., 2012; Nguyen, 2014). While most expressed this lightly, making statements such as 'my grandchildren love me more than they love their mother' (55-year-old with three children), others told poignant stories about mothers who 'missed (their children) too much' and cried often. For example, a 52-year-old grandmother explained that when she took her six-year-old granddaughter to Binh Duong, 'so that she could love her mother' over the summer break, the child 'refused to sleep with her mother and slept wherever I slept' instead.

Note: See also Jones et al., 2013a; T.T. Nguyen et al., 2012; Le and Le, 2009.

Figure 14: Proportion of children (aged 5–17) engaged in care work within the home ‘on an average day’ (%), 2009



Source: Author calculation of data from Young Lives, round 3.

Box 14: Leaving school to care for younger siblings

The care burden on girls and young women can be significant, and can jeopardise their schooling.

Kiros, a young girl from Ethiopia, explained that the birth of her youngest brother ultimately resulted in her having to leave school:

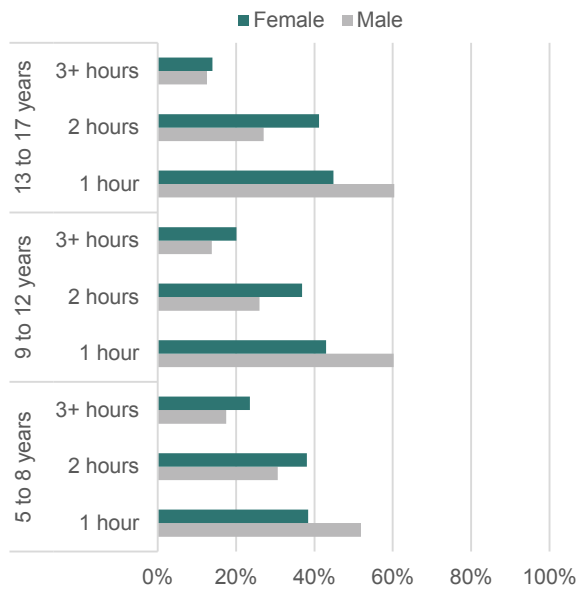
‘I went to school uninterrupted until I reached grade 7 but then my mother became pregnant ... There was no one to support her in the house and in her business. I had to take the responsibility and I was not able to go to school regularly. In the end I failed my final exam in grade 7 and was forced to repeat the year. In the second year I passed my exam and got promoted to grade 8 but I wasn’t able to attend regularly and although I took the ministry exam, I did not go beyond that. All the responsibility to help my mother rested on me. That was the reason I lagged behind in my education and in the end I left it altogether. My brother continued to go to school all this time and he is now in grade 10. There was no kindergarten at that time for my little brother. Now there is but they [mothers] are not sure their children are looked after properly so they go and check now and then.’

In Viet Nam, we interviewed a family in Ha Giang province that had allowed all of its children to graduate from high school except one – a daughter, who was chosen to leave school after only Grade 5. Her brother explained:

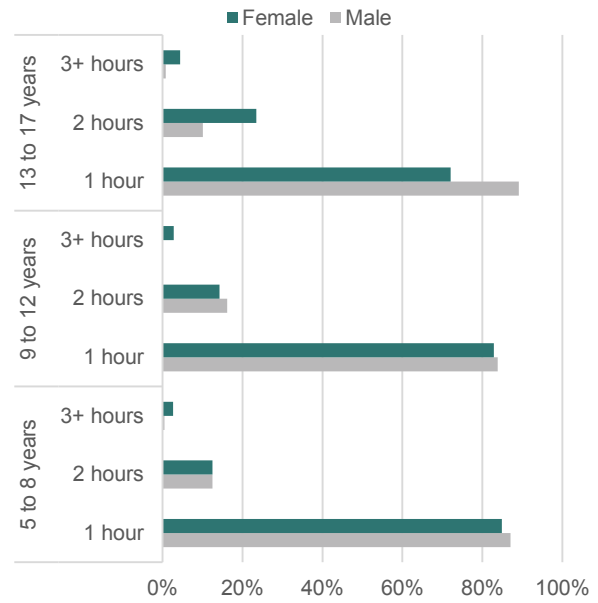
‘Because my parents are old, nobody cares for the family, all of us go to school far away from home, only my 12-year-old sister doesn’t go to school. I ask my parents to send her to school, but my parents have so many children, some of my siblings are too young, at the same time all other siblings go to school, no one is there to help my parents except her.’

Figure 15: Time spent daily on caring for others by children involved in care in four countries, 2009

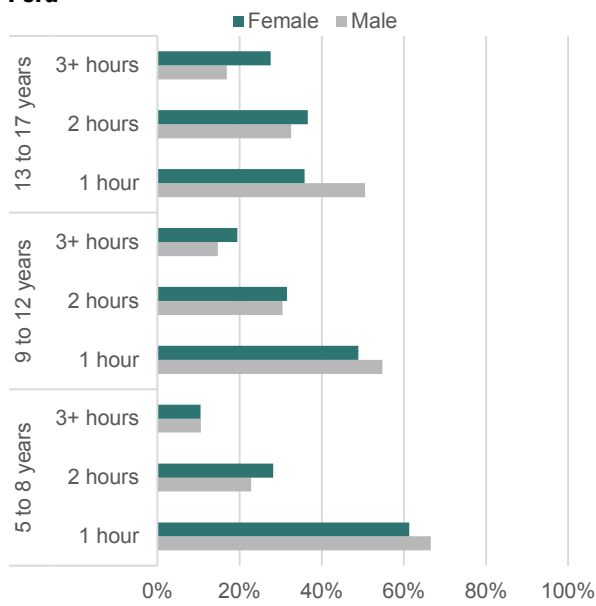
Ethiopia



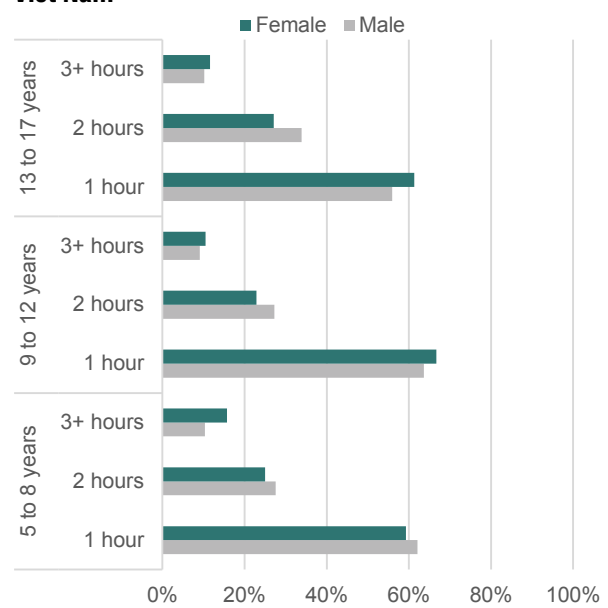
Andhra Pradesh, India



Peru



Viet Nam



Source: Author calculation of data from Young Lives, round 3.

Box 15: “Paying for school” with childcare

Manour is one of five siblings from a very poor Ethiopian family. At the age of seven she went to live with her aunt, a school teacher in a neighbouring village with a one-year-old infant. While the aunt’s husband had initially taken care of the baby during the aunt’s half-day teaching shift, when the baby was only a year old he abandoned the family, leaving the aunt without any childcare options.

Unable to afford paid domestic help, Mansour’s aunt asked her sister to send her youngest daughter to help with childcare in exchange for support with schooling. Since then, Manour – who is now ten – has been providing sole care for her young cousin in the morning and attending primary school in the afternoon. Although she loves her little cousin dearly, and is grateful to be in school in the afternoon, she misses her own mother and siblings keenly. *‘My life is not the same as my friends’ – I’m always watching the baby – he needs constant attention!’*

participation rates were uniformly low,⁴⁶ girls were more likely to be engaged in care work than boys – particularly in rural areas. For instance, in Ethiopia about two-thirds (65%) of rural girls aged between 13 and 17 were involved in care work, compared to 55% of urban girls in this age group and 37% of rural boys (Figure 14).

In addition to girls having a higher probability of being engaged in unpaid care work in all four countries, girls engaged in care work often also spent more time on this than boys did. In all four countries, the majority of children involved in care spend about one hour a day caring for others (Figure 15). In Ethiopia and Peru, girls were more likely to spend two or more hours on care than boys for all age groups. While this gender differential was uniformly high across age groups in Ethiopia, it increased with age in Peru; the share of girls spending over an hour on care was 6% higher than for boys for the nine to 12 age group, compared to 15% for those aged 13 to 17. In comparison, in Andhra Pradesh (India) and Viet Nam, as with participation rates, the gender differential in time spent on care work was low (and not statistically significant). However, girls are more likely to be involved in other domestic work, with 49% of girls spending time on domestic chores compared to 29% of boys in Andhra Pradesh, and 68% of girls compared to 52% of boys in Viet Nam.

Adolescent girls, particularly those from the largest and poorest families, are often drafted into care work to reduce

demands on their mothers’ time. This is borne out by evidence from Young Lives, which indicates that children from larger families are more likely to miss or drop out of school (Dung, 2013 for Vietnam; Dornan and Woodhead, 2015 for Ethiopia). In Ethiopia, on average, girls without siblings missed ten days of school compared to 21 days for those with five younger siblings, and 49 days for those with seven younger siblings (Frost and Rolleston, 2013). In addition, caring for siblings was identified in our fieldwork as an important reason for dropping out of school (Box 14).

In other cases where there are no older siblings to step in, relatives may be asked to help out, sometimes in exchange for support for schooling. In Ethiopia, for example, as in many other African countries, it is common for extended families to ‘foster’ their poorer relatives. Often highly exploitative, even in the best of situations, these arrangements can leave quite young girls without time for rest and play (see Box 15).

Paid carers

While much childcare is done by family members without pay, in many households it relies on the work of paid carers. About 52.6 million adults and 15.5 million children were in domestic work in 2010; such work constituted 1.7% of employment worldwide and 3.6% of paid employment globally (ILO, 2013d; ILO and IPEC, 2013). Women are over-represented (83%), with domestic work accounting for 7.5% of their paid employment worldwide, and a far greater share in some regions – as in the Middle East, where almost 32% of all female paid workers were employed as domestic workers (ILO, 2013c).

While there is no data on the impact of a growing number of domestic workers on children’s or mothers’ welfare, there is good evidence about the welfare of the workers themselves, many of whom are also children or mothers who have left children behind. Domestic workers are often very poorly paid, highly vulnerable to abuse and regularly made to work excessively long hours with no guaranteed days of rest (ILO, 2015c; ILO and IPEC, 2013).

Child domestic workers, because of their age, are especially vulnerable to exploitation. For example, in Indonesia, child domestic workers interviewed by Human Rights Watch received only a tenth of minimum wage, 2–5 cents an hour (IDWN et al., 2013). And when children migrate, they are typically cut off from support networks (Box 16) while migration overseas adds the additional threat of trafficking (ILO and IPEC, 2013).

International migrants are overrepresented in paid domestic work. Given the demographics of migration, these deficits ‘reflect and ... exacerbate enormous inequalities in terms of class, gender and ethnicity’

45. Part of the explanation lies in much lower fertility in Viet Nam compared to the other three countries. The total fertility rates in each country are: Ethiopia, 4.5; India (national), 2.5; Peru, 2.5; Vietnam, 1.7.

46. In Viet Nam and in Andhra Pradesh, India, for children between five and eight years old.

(Sepúlveda Carmona, 2013: 17; see also Benería, 2008). Most of these migrant domestic workers live and work in developing countries. In 2010, for example, just under 2.6 million women domestic workers were based in developed countries – but there were nearly 17.5 million in Asia and the Pacific and just over 18 million in Latin America (ILO, 2013c). The impact on particular countries can be extremely large, as in Sri Lanka where an estimated one-quarter of the labour force works abroad, and 86% of female labour migrants are employed as domestic housemaids in the Middle East (Siriwardhana et al., 2013). However, migrant flows from developing to developed countries – for example, from Latin America to Spain – are also significant.

It is clear that mothers around the world are struggling to juggle the demands of care with other imperatives and

*‘Children grow with their grandmothers. They do not know their real fathers and mothers. Their parents live in Arab countries.’
(teacher in Ethiopia)*

that many other people are helping to fill the gap, though often in vulnerable circumstances themselves. An already precarious situation might be about to get harder. The next part of this report addresses the policy instruments available to governments as they try to address the growing challenge.



Photo: Mother and child in Addis, Ethiopia. ODI.

Box 16: Young domestic workers in Ethiopia

Ethiopia is a ‘large employer of domestic workers’ – this work is both ‘highly feminised’ and ‘mainly an urban phenomenon’ (ILO, 2013d, p. 34). It is common for ‘relatively better-off households’ to ‘employ children as maids for domestic services including babysitting’ (World Bank, 2015c, p. 37). The 2013 Labour Force Survey identified just over 400,000 domestic workers in the country, 250,000 of whom were female (CSA, 2014d). While numbers vary by survey, it is clear that domestic service is a common employment option for girls and women. Indeed, national time-use survey findings suggest that domestic work accounts for 1.4% of all female employment.

The proportion of girls and young women involved with domestic work is even higher. A 2010 national-level survey of over 10,000 young people found that 37% of girls who worked were domestics (Erulkar et al., 2010). A smaller study of girls living in low-income areas of Addis Ababa found that over three-quarters were in domestic service (Erulkar and Mekbib, 2007).

Child and adolescent domestics, because of their age, are especially vulnerable. A recent project with girl maids in Addis Ababa found that they made an average of \$12 per month, and that 90% were rural-to-urban migrants – meaning they were largely without family support (World Bank, 2015d). Half were functionally illiterate and two-thirds had no friends at all (ibid.). While 65% of all children are enrolled in school, only 20% of children working as maids for non-relatives were permitted to attend school (ibid.). Other research has found that young maids work excessive hours – an average of 64 per week (Erulkar and Mekbib, 2007) – and that they are twice as likely as non-maids to have experienced unwanted sex (Erulkar and Ferede, 2009).

Domestic workers in Ethiopia are poorly protected by law – they are excluded from the Labour Proclamation and therefore have no guaranteed minimum wage, unbounded working hours and no defined periods of rest (ILO, 2013d). While the Ministry of Labour and Social Affairs submitted a bill to parliament last year to align Ethiopian labour law with the 2013 international convention on domestic work (number 189), it was rejected on the grounds that ‘Ethiopia’s level of economic and social development meant the country was not ready to take on such reforms’.

As a result, adolescent girls leaving rural areas in search of employment as domestic workers are especially vulnerable to exploitation and maltreatment. Our interviews with young domestic workers in Dessie Town, South Wollo Zone in northern Ethiopia, highlighted the unfortunate irony that this is especially true for those involved in childcare-related tasks, who tend to be the youngest and least well networked.

Despite community awareness initiatives on violent and unlawful activities, labour conditions remain exploitative and are largely ‘left to the employer’s willingness and generosity’. This exacerbates the vulnerability of domestic workers, especially adolescent girls, leaving many feeling powerless:

‘In every home I entered, I never found any who could feel sympathy for home maids.’

‘It is better to be enduring than to quarrel and disturb my life more.’

Workers may feel even more isolated if they are working for relatives:

‘I don’t want to tell them [my parents] that my life is bad because my employers are relatives of my parents.’

The younger and most recent migrants are primarily involved in childcare. Inexperienced domestic workers tend to have little bargaining power with employers and often find themselves taking care of infants and small children for very long hours. In focus group discussions, more experienced domestic workers explained that while they had typically started domestic work with childminding responsibilities, over time they had learned to avoid such roles. Cleaning tasks required less time daily and offered greater control of one’s time, enabling opportunities to balance domestic work with second-chance education classes in the evenings, for example.



Part 2

Policies and programmes

Aiming to improve care

Children learning non-formal education at a mobile creche on the outskirts of Delhi, India. Atul Loke/ODI

4. Labour market protections

Both the available data and the broader literature paint a picture of a crisis of care that is mainly one of time – a crisis experienced most sharply by the very young children lacking adequate care and by the women experiencing long hours and low incomes as they struggle to juggle their multiple roles.⁴⁷ This represents a failure of public policy. It fails to protect and support individual women and their children, and it fails to protect the interests of society as a whole. In this part of the report, we consider proposed policy solutions, evaluating where they have succeeded in alleviating the constraints that carers face, and where they have fallen short.

Until recently there was an expectation that families, and predominantly women, should just absorb the costs of caring. For some women in some countries that is changing. But for the women and children at the sharp end of the global care crisis – the poorest families in the poorest countries – there is still a long way to go. This chapter first outlines international efforts to address issues relating to care. Childcare has been an issue in global and national policy arenas for at least 20 years. However, despite some improvements relating to efforts to record and value the time that women spend on unpaid care and to recognise the constraints that women face, governments are still failing to create solutions that align well with the realities of women's lives. As we have seen, women engaged in unpaid care are constrained by the double burden of a lack of time and a lack of income. Policy needs to tackle both sides of the equation together.

The chapter then examines the protections afforded to formal sector workers in developing regions – again with a focus on SSA, Asia and MENA. Policy that is aimed explicitly at addressing care-related constraints tends to follow developed country models and to focus on labour market provisions that give parents the right to take time off and to protect breastfeeding. This is important – where such policies are lacking, it has a damaging effect on children's health. However, these types of policies often fall short. Even where provisions are generous, they are often not enforced, and in any event they typically do not apply to the upwards of 129 million women worldwide

working in the informal sector – only 5% of women in South Asia, for example, are in formal employment. Policies to support carers in developing countries must not be confined to labour market interventions – more creativity and a broader focus are needed.

Getting care on the agenda

The changing shape of families around the world has contributed to putting care on policy agendas. Extended families are becoming less common throughout the global South, and regardless of social norms which continue to emphasise male-headed, two-parent households, one-third of all Southern households are now headed by women (Htun and Weldon 2014). Sometimes the result of epidemic disease and sometimes the result of migratory employment patterns, women in developing countries are increasingly likely to head their own households. With fewer adults in households, care needs have increased, and in some cases, shifted across generations (Box 17). Climate change, which is exacerbating water, fuel and food shortages in many countries, is also increasing women's care burdens. Further, austerity measures implemented across the world since the advent of the 2008 economic crisis have increased poor women's unpaid care burden due to massive expenditure cuts in public services and social benefits – with falls in budget revenues estimated at \$140 billion globally.⁴⁸

The impact of women's entrance into the labour market on the provision of care policies cannot be overstated – particularly their entrance into the formal labour market. While participation rates vary tremendously by country, and have actually declined over the last two decades in Asia,⁴⁹ where women work outside the home they need supportive care policies to help them balance their work and family responsibilities. This has helped drive demand not only for better labour market policies, such as maternity leave, but for also childcare – especially in urban areas. While the resulting policies have typically focused on improving economic (for example, Mexico's *Estancias*) and child-centred (such as breastfeeding policy) outcomes,

47. See, for example, Razavi, 2011; Beneria, 2008; Heymann, 2006.

48. Sepúlveda Carmona, 2013; UN Women, 2015.

49. ILO as cited in Verick, 2014.

Box 17: Left-behind children in Vietnam

In Vietnam, estimates suggest that up to 30% of the population in the largest cities are migrants – such migration is widely seen as the driver of the ‘economic miracle’ that in 2012 lifted the country to middle-income status. (Note: Taylor 2011; IOM, 2012). The implications for children are profound as this migration is fracturing families and shifting care burdens in ways that tend to disadvantage the poorest migrants and their children.

In Binh Phu commune in Vietnam’s An Giang province, key informants told us that more than 400 of the commune’s 2,200 households have a family member who has migrated for work. While there is no official count of left-behind children within the province, grandmothers reported that nearly half of local grandmothers were providing care for at least one grandchild, and often several. Asked why grandchildren are almost always left with their grandmothers rather than one parent, respondents told us that, for the most part, parents must migrate together to make ends meet. A 52-year-old grandmother caring for four children explained, ‘the costs for electricity, water and rent for two are the same as for one person’.

For these migrants, staying in touch with children can be challenging. In Binh Phu, while a handful of grandmothers reported taking their grandchildren to the city, to ‘stay for 5 to 10 days’ over summer break, most left-behind children only see their parents yearly. Those who work in factories ‘only come home during Tet’ (the New Year), when they are given official leave. Those working in the informal economy may come home even less – ‘those who have saved some money, they come home, otherwise, they don’t’, explained one grandmother. The telephone has become crucial to most parents’ relationship with their children. Many ‘call home every day, talking with the kids for 5 to 10 minutes’. They check in with the children, keeping up with their lives remotely, and they check in with their parents. But a handful of children speak to their parents very rarely. One grandmother, raising two grandsons who are cousins, said, ‘The mother of the bigger child makes phone calls home now and then, but his father hasn’t phoned home for a year.’

rather than on women themselves, women’s work is fundamentally driving change.

Women’s movements have helped to advance some care-related agendas. They have been critical to the expansion of ECCE programming in a number of countries – including Brazil and Chile – and have also worked to integrate care concerns into some social protection policies – such as India’s Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) (Htun and Weldon, 2014). Indeed, on a global basis, Htun and Weldon’s (2014: 61) analysis found ‘a surprisingly strong relationship between women’s organizing and child care policy’ – which they attribute to the fact that childcare policies fundamentally challenge gender roles in that they conceive the possibility that children do not require maternal care. Interestingly, they found no relationship between women’s organising and maternity policies, due, they suggest, to the latter predating the former.

Labour unions have also championed care – working both to protect the rights of domestic workers and to promote the provision of ECCE.⁵⁰ For example, the International Domestic Workers’ Network, which was established in 2009 and is the world’s largest international network of domestic workers’ organisations, has helped

national level players to mobilise workers and organise campaigns to push for legal reform and ratification of the Domestic Workers Convention (ILO and IPEC, 2013). Similarly, organisations such as India’s Self-Employed Women’s Association (SEWA) have ‘long led a campaign for the right to childcare as a basic entitlement for all women workers’ (Kabeer, 2008: p.147).

The role of NGOs in pushing care onto the development agenda has also been considerable. For example, ActionAid’s participatory work with women has helped them quantify their time inputs and led to interactions with policymakers to demand better access to time-saving infrastructure and ECCE.⁵¹ Civil Initiatives for Development and Peace (Cividep) India has also generated powerful numbers, by working to highlight the gaps between care policy and reality and to quantify Indian factory workers’ need for childcare (Ferus-Comelo, 2012). Oxfam’s Women’s Economic Empowerment and Care (WE-Care) programme has conducted two rounds of surveys in five countries focussed on identifying problematic care work and interventions that could alleviate it.⁵² Particularly promisingly in terms of shifting social norms, organisations such as MenEngage – an alliance of NGOs working together with men and boys to

50. Htun and Weldon, 2014; ILO 2013d; ILO 2015c

51. ActionAid, 2013.

52. Oxfam, 2015.

promote gender equality (see Box 38) – and CARE have worked with men around the world to encourage them to become more active and engaged fathers and partners.⁵³

Efforts to include care in international policy debates took off with the 1995 Beijing Platform for Action (BPfA), which set a global agenda for women’s empowerment. The agenda recognised that women were increasingly undertaking paid employment, and yet remained disproportionately responsible for unpaid domestic and community work. It called for countries to recognise and make visible the full extent of women’s work and their contribution to national economies as compared to men through time-use studies and the development of methods to assess the value of women’s work that remained excluded from the United Nations System of National Accounts (SNA) (Eyben, 2012; UNW, 1995). While initial efforts to make care visible were focused on developed countries, since the early 2000s these have become more prominent in developing country policy agendas.

International organisations such as the UN, ILO and World Bank are now devoting more attention to care deficits in the developing world, and increasingly framing social expenditures for women and their children as investments – rather than merely spending (Razavi, 2015, 2011; Esping-Anderson 2009). The 2009 Commission on the Status of Women (CSW), the UN’s principal body on issues of gender equality and the advancement of women, chose ‘the equal sharing of responsibilities between women and men’ as its theme – making it, for the first time, a ‘new global gender policy priority’ (Bedford, 2010: 8; World Bank, 2011). The World Bank’s research on the importance of social norms, which grew out of the 2012 World Development Report on gender equality (which had been pilloried for leaving unpaid care out of its executive summary), has also fed care debates. It found that around the world, ‘behind the progress toward gender equality and persistent gender gaps lies an almost universal set of factors embedded in social and gender norms’ (Boudet et al., 2012: 2). These norms, which interact with social institutions such as the market and the state, emphasise women’s value in terms of their provision of care. The UN’s 2013 Special Rapporteur Report ‘Extreme poverty and human rights’, which argued that unequal care responsibilities represent a barrier to gender equality and women’s human rights and can contribute to women’s poverty, has helped frame recent debates (see Box 19) – including the Sustainable Development Goals (Sepúlveda Carmona, 2013).

In 2013, two decades after feminist scholars failed in an attempt to have unpaid care work counted as work,

the 19th International Conference of Labour Statisticians (ICLS) adopted a new resolution that recognises unpaid care as one of five types of work (ILO, 2013b). Though not yet implemented (the first draft is scheduled for presentation in 2017), the resolution is considered a landmark because it makes visible, for the first time, the value of the unpaid care that women provide in their own homes and throughout their communities (Belchamber and Schetangne, 2013).

Labour market policies supporting parental care

This section examines the protection afforded to formal sector workers in developing regions – again with a focus on SSA, Asia and MENA.

Such policies are important in two respects. First, they provide essential protection to the carers to which they apply, and to their children. Second, they have immense symbolic value. Labour market protection for parenthood sends a powerful signal that the state recognises parents’ rights to care for their children and children’s rights to be cared for (Williams, 2010). However, where they exist, they can fall short in several respects. They may not always be generous enough in the provisions they afford to carers; they are not always implemented and, most importantly, they typically do not cover the vast numbers of women who work in the informal sector – some 95% of women in South Asia, 89% in Sub-Saharan Africa and 78% in East and South East Asia (UN Women 2015). Thus, while such policies have been central in protecting mothers and other carers in the developed world, they are likely to be fundamentally inadequate in dealing with the scale of the challenge posed by care elsewhere.

Box 18: SDG target relating to unpaid care

A key target for the fifth Sustainable Development Goal – which calls for gender equality and women and girls’ empowerment – is to ‘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’.

Source: UNDP, 2015

53. Barker, 2012; Men-Care; 2015; Jones et al., forthcoming.

Box 19: Unpaid care as a human rights violation

The 2013 UN Rapporteur's report identified unpaid care as a barrier to women's and girls' access to a variety of human rights, specifically:

- The right to education and training, as girls are often taken out of school to perform unpaid care work or have less time to study or socialise due to their care responsibilities;
- The right to work, as women's unpaid care burden prevents them from joining the labour force, restricts them to informal and insecure employment, leads to lower wages and precludes opportunities for advancement;
- Rights at work, including remuneration and working conditions, such as the right to minimum wage, equal pay for equal work, safe working conditions, rest and periodic holidays with pay;
- The right to social security, as women's employment trajectories leave them with less access to social insurance;
- The right to health, as women and girls are overburdened with care at the expense of their own physical and mental health;
- The right to enjoy the benefits of scientific progress, such as water and sanitation infrastructure and technology, including electricity and domestic appliances – particularly in deprived and remote areas;
- The right to participate, as caregivers isolated in the private sphere are unable to participate in social, cultural and political life.

Source: Sepúlveda Carmona, 2013

Historically, these policies have aimed to help mothers combine care and work – and have been silent about men's responsibility for care. Indeed, in many MENA countries 'parental' leave is only available to women. Policy shifts to support fathers' care are just beginning to attract attention in developing countries. Critically, however, even in countries with strong policy, poor implementation means that few parents have access to their statutory rights.

Maternity leave

The International Labour Organization (ILO) notes that 'virtually all countries have adopted important legislative provisions concerning maternity protection at work' (ILO 2014b: 115), owing to support from a broad coalition of actors including international organisations, women's movements and faith-based communities.⁵⁴ That said, only one-third of countries have fully met conventions' recommendations for 'at least 14 weeks of leave at a rate of at least two-thirds of previous earnings, paid by social insurance or public funds' (see Figure 16) (ibid.: xiii). It also observes that worldwide fewer than one in three women (29%) have de facto access to cash benefits. They attribute this gap to a significant disparity between the law and practice in some regions – especially Africa and Asia – that is compounded by the fact that most women are working informally. Overall, the ILO estimates that 830 million working women around the world still lack decent maternity protection (ILO, 2014b).

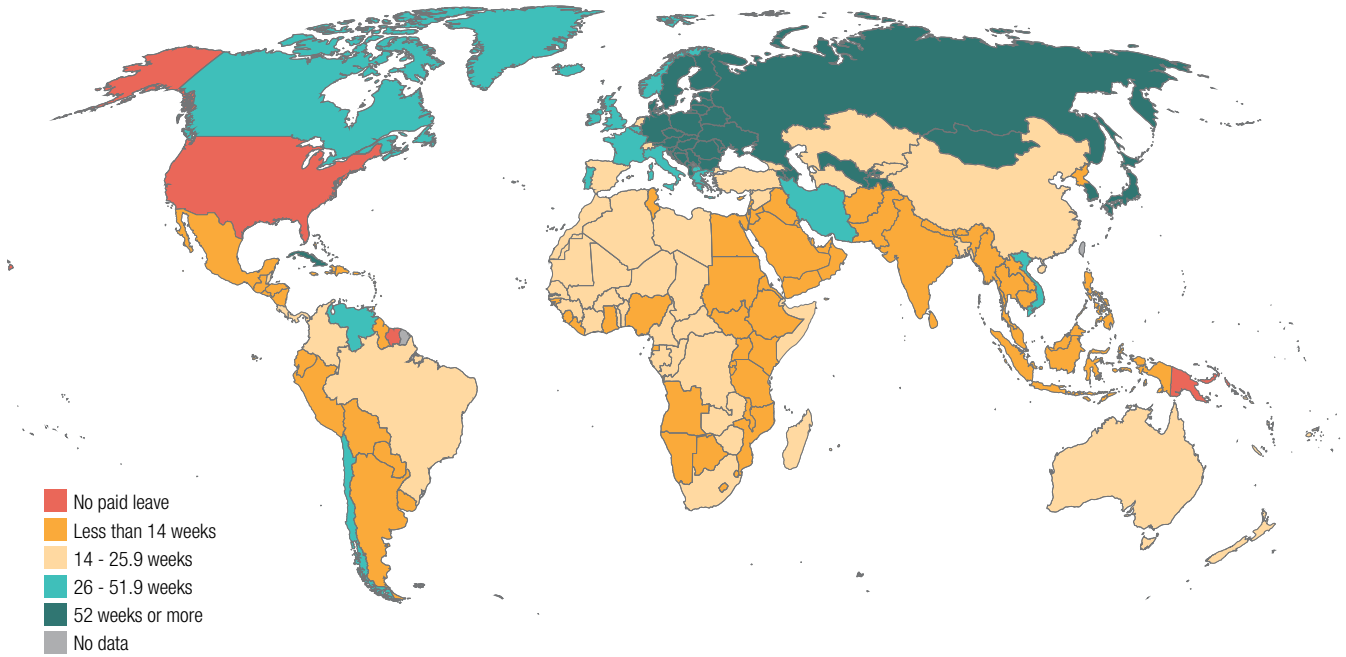
On the one hand, women's access to maternity leave in developing countries is fairly similar across regions. The median statutory leave in SSA and MENA is 13 weeks (ranging from Tunisia at four weeks to South Africa at 17 weeks); in Asia the median leave is 12 weeks (ranging from 52 days in Nepal to six months in Vietnam, which also grants women five days of medical leave during pregnancy, so that they can obtain ante-natal care).⁵⁵ The majority of women in all three regions are entitled to a benefit equal to 100% of their prior salary (though, as discussed below, very few receive it). On the other hand, SSA countries are more likely than their Asian counterparts either to stipulate especially short maternity leaves or to provide meagre benefits. For example, of the countries that provide benefit levels equal to only 50% of prior salary, four are in SSA (including both upper-middle income Botswana and lower-middle income Nigeria). Only one, lower income Cambodia, is in Asia.

As noted, statutory access to maternity leave often tells a very different story from real-world access to cash benefits – largely because so few women in Africa and Asia are in the formal labour market. The ILO observes that fewer than one-third of women in most countries in those regions have actual access to benefits, with only a handful of countries (including the Philippines, Botswana and South Africa) providing benefits to up to two-thirds of women (ILO, 2014b). In some countries, policy implementation is shockingly poor. In India, for example, less than 1% of women receive paid leave (Lingam and Kanchi 2013).

54. See also Htun and Weldon, 2014.

55. ILO 2014b.

Figure 16: Statutory duration of paid maternity leave, 2013



Source: World Policy Analysis Center, 2015a

On the other hand, and reflecting the reality that women's employment across MENA is both rare and more likely to be formal, the implementation of maternity leave policies in that region is better. For instance, in Jordan the ILO estimates that between two-thirds and nine-tenths of women receive maternity benefits (Ibid.).

Paternity leave

Across the developed world, interest in paternity leave has grown significantly in recent years – it has come to be seen as a critical window for engaging men as fathers, with long-term implications for their children, the care economy and the cash economy (Levtov et al, 2015). In developing countries, however, interest in paternity leave remains nascent and access to paid leave is rare (see Figure 17). In Asia, for example, while Indonesia provides two days, the Philippines provides seven days (though only for married men) and Bangladesh, Cambodia and Viet Nam provide ten days, China and India, the region's population centres, do not provide paternity leave (although China has plans to introduce a three-day leave soon) (Levtov, 2015; ILO, 2014b). Similarly, although there are exceptions, including Kenya (14 days), Rwanda and Uganda (four days), Algeria, Morocco and South Africa (three days), access to paternity leave in SSA and MENA remains rare. Furthermore, evidence from developed countries suggests that even when paternity

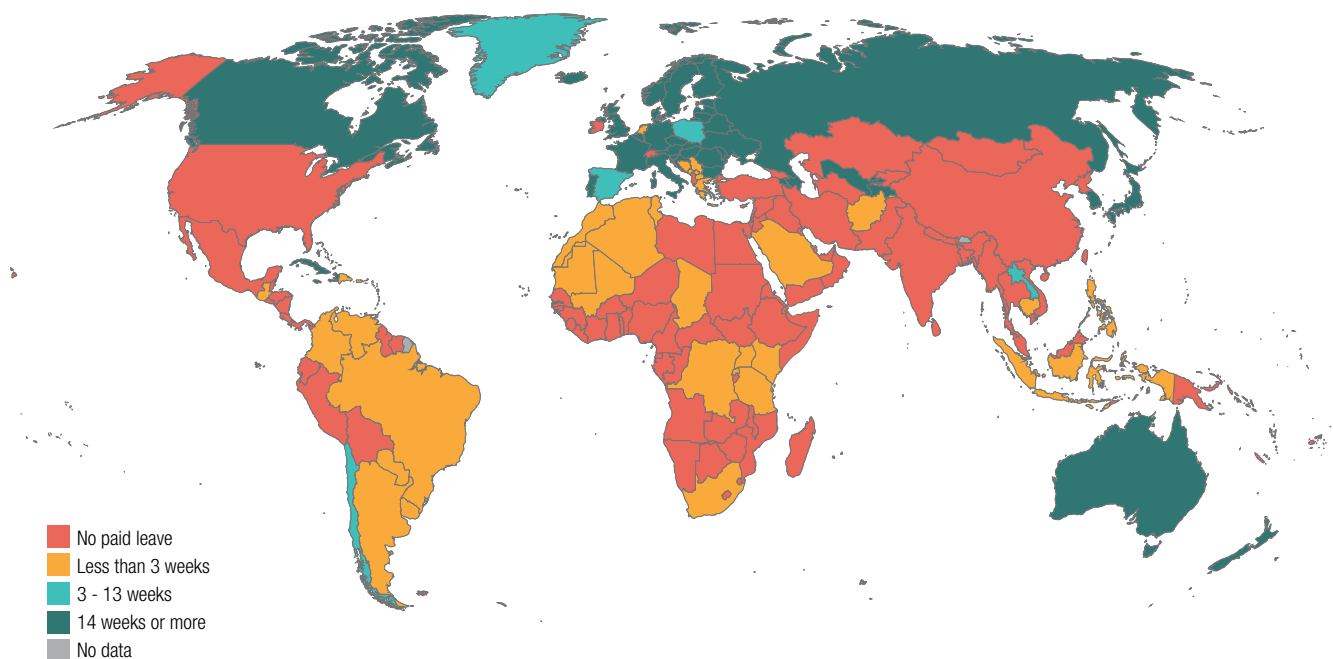
leave is made available – getting men to take it will take both considerable effort and time. In the UK, for example, 40% of new fathers take no leave at all, and under 10% take more than two weeks (Mayson, 2014), despite a law granting them access of up to an extra year. Most men report that they cannot afford to take the extra leave.

Parental leave

Parental leave refers to longer-term leave theoretically available to both parents after the end of maternity (or paternity) leave. Again, in addition to serving a practical function, it can represent a critical signal that childcare is the responsibility of both mothers and fathers. Parental leave policy is, however, rare in the developing world, and paid parental leave even rarer.⁵⁶ Among Sub-Saharan African countries, only Burkina Faso, Chad and Guinea have policies providing for longer-term – but unpaid – leave (ILO 2014b). In MENA, on the other hand, policies are extensive, but aimed exclusively at mothers. Egyptian law, for example, allows mothers to take up to 104 weeks of leave to care for their children (ibid.). Nepal and Mongolia are the only two Asian developing countries which allow longer-term leave. In the former, both male and female permanent employees have access to up to four weeks of leave and in the latter either parent may take leave to care for a child under the age of three. Policies which allow

56. On a global basis, the ILO reports that 66 of 169 countries with available information allow for parental leave

Figure 17: Access to paid paternity leave



Source: Heymann, 2013

parents time off to care for their sick children are also rare in the developing world (see Figure 18). This lacuna again places a disproportionate burden on mothers and children.

Breastfeeding policy

In contrast to family leave provisions, laws protecting women's right to breastfeed their infants are fairly widespread (see Figure 19).⁵⁷ This is in large part because of the public health and economic ramifications.⁵⁸ Laws tend to be particularly advanced in Asian countries with larger export sectors (such as China, Thailand and Vietnam) and in MENA countries where the few women who work outside the home are more likely to be employed in the formal sector.⁵⁹ The most common policy provision stipulates that women are to be given an hour a

day at full pay to feed infants under 12 months of age.⁶⁰ Some countries, such as the Philippines and Nigeria, have recently expanded access to breaks to women engaged in 'precarious' work or employed in agriculture.⁶¹ However, despite progress, labour policies in many sub-Saharan countries remain silent on women's right to breastfeed their children. For example, Ethiopia, Kenya, South Africa and Namibia make no legal provision for working mothers to breastfeed – even though the last has a national agenda aimed at promoting exclusive breastfeeding for the first six months of children's lives.⁶² Furthermore, as highlighted by our Gaza case study, even where laws are strong, they are often poorly implemented (Box 20).

57. The ILO (2015e) reports that by 2013, 121 countries allowed for nursing breaks after maternity leave.

58. Htun and Weldon, 2014; ILO, 2015e.

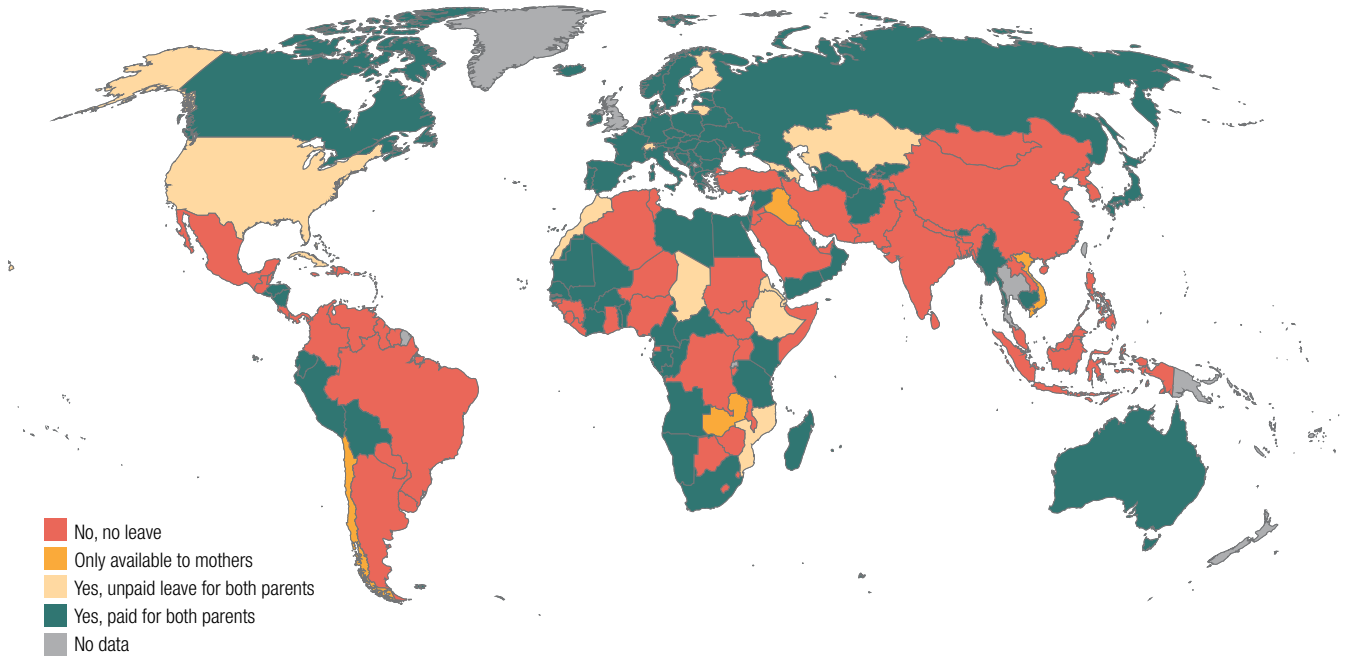
59. ILO, 2014b.

60. Ibid.

61. Congress of the Philippines, 2015; ILO, 2014b.

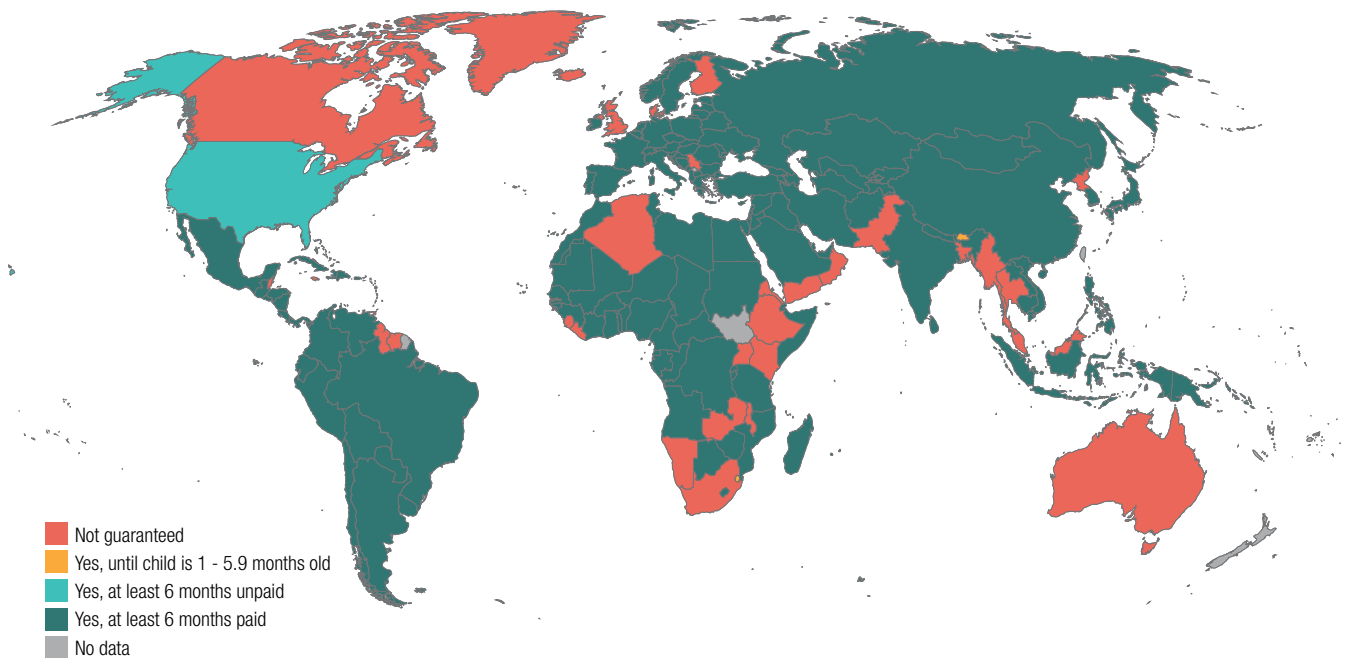
62. Mywage Ethiopia 2015a; Mywage Kenya, 2015, IBFAN 2012; Mywage Zambia, 2015a; Namibian Sun, 30 August 2013.

Figure 18: Time taken off by parents to care for sick children



Source: World Policy Analysis Center, 2015e

Figure 19: Guaranteed breastfeeding breaks



(World Policy Analysis Center, 2015b)

Box 20: Labour market policies – de jure versus de facto

While many labour market policies support mothers' caregiving in Palestine, our research shows a marked gap between law and implementation. With the world's highest unemployment rate, women in Gaza 'don't complain when their rights are violated' because they are afraid of being replaced by women with no children. This is especially true for women in the most marginal jobs, including childcare workers. In addition, policy aimed at redistributing childcare, both within the family to men and outside the family to crèches, is nearly absent.

For example, while Palestinian law grants women ten weeks' paid maternity leave after birth (they may also take up to one year on an unpaid basis), and a handful of NGOs meet ILO recommendations and provide three full months, private sector employers often allow far less – sometimes as little as ten days. A labour rights specialist in our research estimated that 'around 50% of persons working in for profit institutions suffer denial of one or more of their rights in leave and overtime because each employer does as he pleases, not according to the law'. In part, women working in the private sector are deprived of maternity leave because they do not know their rights – and so do not push for legal leave. In part, however, key informants explained that women are afraid that if they take their legal leave then they will not be taken back at work afterwards.

Employers mostly prefer to hire single women because they need less support and are 'less work'. Women's access to maternity leave is further complicated by the reality that many small organisations tend to hire 'on temporary projects' of six months or less. This means that many women cannot get the requisite six months of work to qualify for maternity leave with a single employer.

Breastfeeding policy also fails to live up to the law – which grants women one hour each day for the first year of their infant's life. First, explained one key informant, 'In the private sector, most organisations deny this right' entirely. Second, even at organisations that adhere to the law, few employers grant women leave in the middle of the workday, when infants are most likely to need feeding. The vast majority of women are told they may take their leave 'either early in the morning (the mother coming in an hour later), or she can leave one hour earlier'.

Feeding children in the middle of the workday is complicated by the fact that most women who work have no access to on-site crèches – meaning that their one hour must include transport time as well as feeding time. Several of the key informants in our study indicated that crèches are less available now than they were in the past, with 'only 1%' of women having access to on-site care. A male disability specialist told us that his organisation had thought of providing on-site care, but decided not to – in part because of the cost and in part because they decided that if children were on-site then women would be distracted. Another informant, a female early-childhood development specialist, expressed the view that on-site care was generally bad for children too, as 'frequent short visits' are 'not a healthy routine and can negatively influence the mental development of the child'.

Working Palestinian women are also unlikely to be granted the flexibility to deal with sick or disabled children. With no law in place, explained one informant, 'Flexitime hours, part-time employment, working from home – these terms are mysterious to managers.' While one male key informant said that at his own organisation they permitted women to bring ill children to work with them, 'for a day or two only we close our eyes', most informants were clear that in practice very few employers gave any thought to women's care duties. With unemployment high, 'The deal is take it or leave it!'

Paternity leave is not only rare in Palestine, but broadly seen – especially by the men in our study – as unnecessary given that childcare is universally seen as women's work. One male key informant, for example, was clear that if men were granted leave they 'will not spend this vacation supporting their wives or taking care of the new born, they will use it for their recreation and fun'. Another, who said that while men 'wish we can take it', was nearly shocked when our researcher asked him if he changed nappies or fed his son. He replied, 'Men are not interested in taking direct care of their children, but they would look after the house.'

Informants uniformly agreed that the recent decades have seen significant progress in terms of labour market policies supporting mothers' right to care for their children. Several thought that NGOs, political parties and women's organisations had been key players in pushing for 70-day maternity leave and establishing breastfeeding leave. One was clear that 'the media is the key player' – as it not only 'forces officials to take a position towards an issue' but also helps women learn about their rights. Informants also agreed on what is preventing further progress in terms of labour market policies that recognise care: political division and occupation-driven unemployment. Employers, faced with 'dramatically decreasing ... financial resources' have little space to implement existing law – much less grant women more flexibility. Indeed, one informant noted that 'even women's organisations' are paying little attention to 'economic rights' – preferring to focus instead on less costly policies such as 'participation in public life'.

Crèche provisioning across regions

Employer-provided (or subsidised) childcare – often directly linked to efforts to encourage breastfeeding – can also support women’s care work.⁶³ Again, and probably due to the prevalence of export-driven factory work, crèche provisioning is more common in Asia (and upper-middle income countries in MENA such as Tunisia and Libya) than in SSA.⁶⁴ Though the wording varies, Cambodia, China, India, Nepal and Viet Nam all call for companies employing women to provide childcare. Implementation, however, is again problematic. A 2012 study of Bangalore, for example, found that, despite

national legislation that has mandated crèches since 1948, a large manufacturer with 15 factories was providing childcare to fewer than 10% of eligible children.⁶⁵ Most children were left at home with female relatives.

This chapter has shown the uneven nature of labour market policies in many parts of the world, and their limited coverage given huge informal sectors. It follows that policies to support carers in developing countries must not be confined to labour market interventions. In the next chapter we examine additional policies that can contribute.



Photo: Children queue to go back to class at a mobile creche in Delhi, India. Atul Loke / ODI.

63. Htun and Weldon, 2014

64. ILO, 2014b

65. Ferus-Comelo, 2012

5. Beyond the labour market: social protection and ECCE

Social protection and ECCE are two key policy areas with the potential to affect change in the lives of carers and their children. In this chapter we examine each policy area in turn, and the forces that have slowed policy change.

While social protection programming has the potential to be transformative for the poorest women and their families, existent programming is far from adequate. Most programmes, both cash transfers and public works projects, tend to focus solely on income support rather than on supporting families more broadly, and to have particularly large blind spots regarding fathers' role in children's development. In addition, their strategies are often excessively siloed. For example, the out-sized needs of families dealing with disability are almost universally ignored and only rarely is programming aimed across generations at the grandmothers who provide childcare. Similarly, despite clear evidence that the provision of childcare has powerful impacts on women's ability to work—and therefore their incomes—there are very few linkages between social protection programming and the ECCE sector.

Early childhood education and care programming, which has exploded in importance in recent years, also largely ignores the care crisis. In most countries ECCE has been rolled out—and even scaled up—with little attention to financing and no attention to the ways in which it could support mothers', rather than children's, needs. This means that all too often very young children are placed in overcrowded classrooms with poorly trained teachers, and presented with developmentally inappropriate curricula. It also means that class rarely runs for more than a few hours each day, which leaves mothers without enough time to work. Furthermore, care is rarely available for children under the age of 4—and is often very expensive, meaning that the poorest

children and the poorest mothers have the least access.

Social protection policies

Social protection policies⁶⁶ have the potential to mitigate the negative impacts of caring on women, particularly those who lack access to labour market protection and are otherwise vulnerable. Current policies however, while offering necessary income supports, largely assume that 'families will provide the care required',⁶⁷ offering care only when it requires expertise unavailable within the household (such as health and education sector programming) or because of extreme dependency (for example, disability programming). As a result, despite the fact that a growing number of programmes have begun to recognise the care that women give, very few offer solutions for the care-related time constraints that women face. Given social protection's potentially transformative function in rebalancing power relations,⁶⁸ and its potential for opening new spaces to consider care and to shift norms and expectations around its delivery,⁶⁹ this is a critical gap in policy.

Social protection frameworks are diverse. In some countries (such as India and South Africa), they are embedded in the Constitution, while in others (such as Bangladesh and Ethiopia) they depend largely on donors and NGOs. However, programming tends to cluster around cash transfers and public works programmes. Cash transfer programmes (CTs), which vary by context, aim at the immediate and direct alleviation of poverty and vulnerability by smoothing consumption and increasing access to basic social services. Many also support longer-term poverty alleviation goals by breaking the intergenerational transmission of poverty (Box 21).⁷⁰

66. Social protection has been defined as 'actions taken in response to levels of vulnerability, risk, and deprivation which are deemed socially unacceptable within a given polity or society' (Norton et al., 2001: 7).

67. Esquivel 2014: 432

68. Devereux and Sabates-Wheeler 2004

69. Razavi, 2015; Chopra 2013; Williams 2010

70. Department for International Development, 2011

Box 21: Cash transfers and the care of children

Cash transfers often explicitly target women as beneficiaries, given that increased income in their hands benefits children.^a Because they focus on children's health and education, and healthier, in-school children require less care, they have a significant potential to reduce women's care inputs.

One of the strongest and most consistent findings is that these transfers improve food security, both increasing overall food expenditure, and also helping families purchase higher quality, more nutrient-dense foods.^b Improvements in child nutrition are especially notable, particularly for the youngest children and those who have received the transfer for longest.^c

Cash transfers also benefit children's health, especially for the poorest and those living in rural areas, where fertility rates tend to be higher, preventable child deaths are more common and access to healthcare is poor.^d While longer-term impacts are often more muted than initially envisioned, primarily because the supply of high quality health services in poorer countries is low, the impact on the uptake of preventative services (such as immunisation) is significant.^e

Cash transfers also improve children's uptake of basic education, with enrolled children experiencing fewer absences, primarily due to reduced pressure to enter the labour market, and lengthier school attendance.^f They can also play a role in preventing child marriage and keeping children away from more exploitative and dangerous activities, such as transactional sex, stealing or begging.^g

Notes:

a. *Hoddinott 2008; Hoddinott and Haddad 1995*

b. *DFID, 2011; Fiszbein and Schady, 2009; Adato and Bassett, 2008*

c. *Yablonski and O'Donnell, 2009; Conroy et al., 2010*

d. *See Jones et al. 2013b.*

e. *Fiszbein and Schady, 2009*

f. *Fiszbein and Schady, 2009; Jones et al., 2013b*

g. *Jones et al., 2013b; Handa et al., 2014b*

Public works programmes (PWPs), on the other hand, are typically labour-intensive infrastructure development initiatives that 'pay' beneficiaries for their labour – they usually intersect directly with care only to the extent that the infrastructure they create reduces care-related time inputs (such as water taps).

Care conundrums

Cash transfers can help women care for their children – and, in a few cases, even explicitly address women's care-related needs. But because programmes were primarily designed to reduce poverty and develop human capital, participation can create care conundrums. Specifically, while CTs recognise mothers' care and can reduce women's time inputs by keeping children healthier and encouraging school attendance, they have often reinforced women's caring roles by situating them as primary beneficiaries. Acknowledging these concerns (but also reflecting lower institutional capacity for ensuring conditionality), many newer cash transfer programmes – especially in Africa

– are unconditional. Driven by the HIV epidemic, which left many countries with both growing care needs and fewer providers, CTs in southern Africa are also especially likely to recognise women's care inputs.⁷¹ However, these programmes, unlike programmes in Brazil and the Philippines, have not yet begun to focus on redistributing care within the family (see Box 22 below).

Public works programmes often lead to care conundrums too. With very few exceptions (almost exclusively in SSA), they have not sought to redistribute the costs of social reproduction, and thereby reinforce the existing gender-based division of labour (see Box 23 below).⁷² Furthermore, evidence from Ethiopia and India suggests that even with careful attention to care in the design phase, poor PWP implementation can accentuate women's time constraints. Where flexible working hours and crèches are available on paper only, women forgo rest and older children can end up providing care for their younger siblings.⁷³

71 Chopra, 2013; IDS, 2014

70. Department for International Development, 2011

72. Antonopoulos, 2007; Antonopoulos and Fontana, 2006

73. Ghosh 2014, Berhane et al. 2013, Tafere and Woldehanna 2012, Palriwala and Neetha 2010.

Box 22: Cash transfer programmes that recognise care

South Africa's Child Support Grant was launched in 1998, with the support of gender responsive budget initiatives, and has 'become the single biggest programme for alleviating child poverty in South Africa'.^a In 2015 the approximately \$22.75/month grant, indexed to inflation, was paid to 11.7 million children's caregivers (not necessarily their mothers, although 96% of these caregivers are women).^b The programme has had a wide array of care-related benefits. Children are, for example, better fed, healthier, more likely to go to school, less likely to work outside the home and less likely to engage in risky sexual activities.^c

The programme has changed significantly over the years, in part because of growing recognition that effects are cumulative. Initially only available to children under the age of six, as of 2012 the programme covers children until the age of 18. The income eligibility threshold has also been simplified. It is now set at ten times the amount of the grant. Because of low-uptake by families of infants (as low as 50% in 2011), efforts are now being directed at enrolling the youngest children.^d

South Africa also provides a Foster Child Grant, available to foster parents who have had a child placed in their custody by the courts.^e Originally aimed at children removed from their families because of abuse, the grant now mostly supports the caregivers of children orphaned by HIV/AIDS. This reflects a deliberate government policy to encourage grandmothers to care for their grandchildren. In 2015, the Foster Care Grant paid about \$59/month and reached just under 500,000 children.

Because cash transfers have almost universally focused on mothers, most have totally ignored the important role of fathers in children's lives. In the last few years, several programmes have sought to close this gap. In the Philippines, for example, the Pantawid Pamilyang Pilipino Programme (known as 4Ps), the world's fastest growing cash transfer programme, which reaches over 4.3 million households, now uses gender-neutral language aimed at increasing fathers' participation.^f Specifically, the programme now requires parents – not mothers – to 'attend the family development sessions, which include topics on responsible parenting, health, and nutrition'.^g To track progress, the programme established a new indicator that calls for a minimum 40% involvement of fathers, who research suggests may be critical when it comes to keeping boys in school.

Similarly, in Brazil, the International Men and Gender Equality Survey (IMAGES) (see Box 4) found that participation in Bolsa Família is linked to increased gender-based violence growing out of a decline in men's responsibility. A new companion programme is tackling gendered decision-making and intra-household power relations directly.^h It has established group education classes to help beneficiaries critically address traditional gender norms that reinforce women's primary responsibility for children and encourage fathers to see that they too are critical to their children's development.ⁱ

Notes:

a. *Children Count, 2015; Elson and Sharp, 2010*

b. *DSD et al., 2012; RSA, 2015b, Africa Check, 2015*

c. *Children Count, 2015; DSD et al. 2012*

d. *Children Count, 2015*

e. *Ibid.*

f. *Government of the Philippines, 2015*

g. *Ibid.*

h. *ICRW and Promundo, 2015*

i. *Promundo, 2015*

Box 23: Public works programmes that recognise care

India's Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS), the world's largest PWP, guarantees up to 100 days of manual labour to rural Indians.^a Providing work to over 50 million households, it is the only Asian social protection programme operating at scale that directly acknowledges that children require care and that women tend to provide it. Regulations permit flexible working hours for women and provide them with work close to their homes so that they can better combine paid work and care responsibilities. They also state that any work site with more than five children under the age of six must provide childcare, with a woman worker assigned to that duty and paid as if she is providing manual labour.^b However, evidence suggests that while the programme is providing a critical source of income for women and their families – on a national level women's participation has exceeded goals – it is also deepening the constraints on women's time and may be increasing intra-household tensions.^c Furthermore, despite clear policy intent and evidence that women would use crèche facilities if they were available, crèche implementation has been described as 'negligible'.^d Palriwala and Neetha (2010) attribute lack of implementation to the Indian government's assumption of 'gender familialism', and 'refusal to accept women's double day or the issue of care responsibilities as a collective concern of the state'.^e Indeed, Chopra (2013) observes that the government is so blind to women's need for care that, while it has an otherwise robust monitoring and evaluation system that tracks women's participation closely, it has not tracked crèche provisioning. That said, in 2015 the Government moved to explicitly link the MGNREGS and the Integrated Child Development Centres (see below) and has committed to using the former to build childcare centres that will not only serve the women working under the MGNREGS, but also act as 'vibrant ... outposts for health, nutrition and early learning'.^f

Ethiopia's Productive Safety Net Programme (PSNP), the world's second largest PWP, also supports women's care explicitly. It allows pregnant and lactating women to receive direct support, rather than having to engage in manual labour, permits mothers to alter their hours, and builds community assets such as labour-saving water taps.^g Further, it enables women 'to participate in nutritional classes or other activities that are thought to be particularly beneficial to them and their children' and count the time as work.^h However, women, especially those heading their own households, have struggled to balance the many demands on their time. Both women and public works officials agreed that 'Women do not get any rest. They are engaged again in domestic work when they return home from doing public works.'ⁱ Research has also found that flexible working hours for women are not always offered, and few sites have the required childcare facilities.^j Reasons for this include insufficient funds, programme implementers' lack of awareness (or deprioritisation) of these gender-sensitive provisions, and limited demand from women participants, who may be concerned about leaving their children with strangers.

Notes:

a. World Bank, 2015c

b. MRD, 2013

c. Holmes et al. 2011; Pankaj and Tankha 2010

d. Ghosh, 2014: 158

e. p.22

f. MRD, 2015

g. Holmes and Jones 2013; World Bank 2015c

h. Berhane et al., 2013: 123

i. Berhane et al., 2013: 124

j. Evers et al., 2008

Box 24: The impact of South Africa's Older Person's Grant on care

South Africa's Older Person's Grant is a means-tested social pension for those over the age of 60 with no other source of income. Worth approximately \$93 month (with a slight increase for those over the age of 75),^a the pension has been found to reduce poverty in older persons and their families, increase younger women's work-related migration and improve health indicators for pre-school age girls.^b

Evidence suggests that, among households with older people, the poverty headcount would be 2.8% higher if pension income were to be removed, with the impact on women likely to be larger. Poverty-related impacts are important both for older persons, and for their households. Indeed, as Garcia et al. (2012) note, 'the tendency for recipients to live in households that are larger than normal indicates that the grant improves more lives than simply the pensioner's' (citing Pauw and McNube, 2007).

South Africa's Older Person's Grant also increases women's work-related migration – in part by providing grandmothers with an income that enables them to care for their grandchildren.^c Posel et al. (2004) found that pension income helps to overcome two constraints on female labour migration – it provides the financial resources that enable migration and, because it gives grandmothers their own source of income, it removes a critical childcare constraint.

Pensions also have impacts upon children. Specifically, young girls living with women pensioners improved their diets and anthropometric indicators (weight for height and height for age). Male pension receipt had no effect on child nutritional status.^d

Notes:

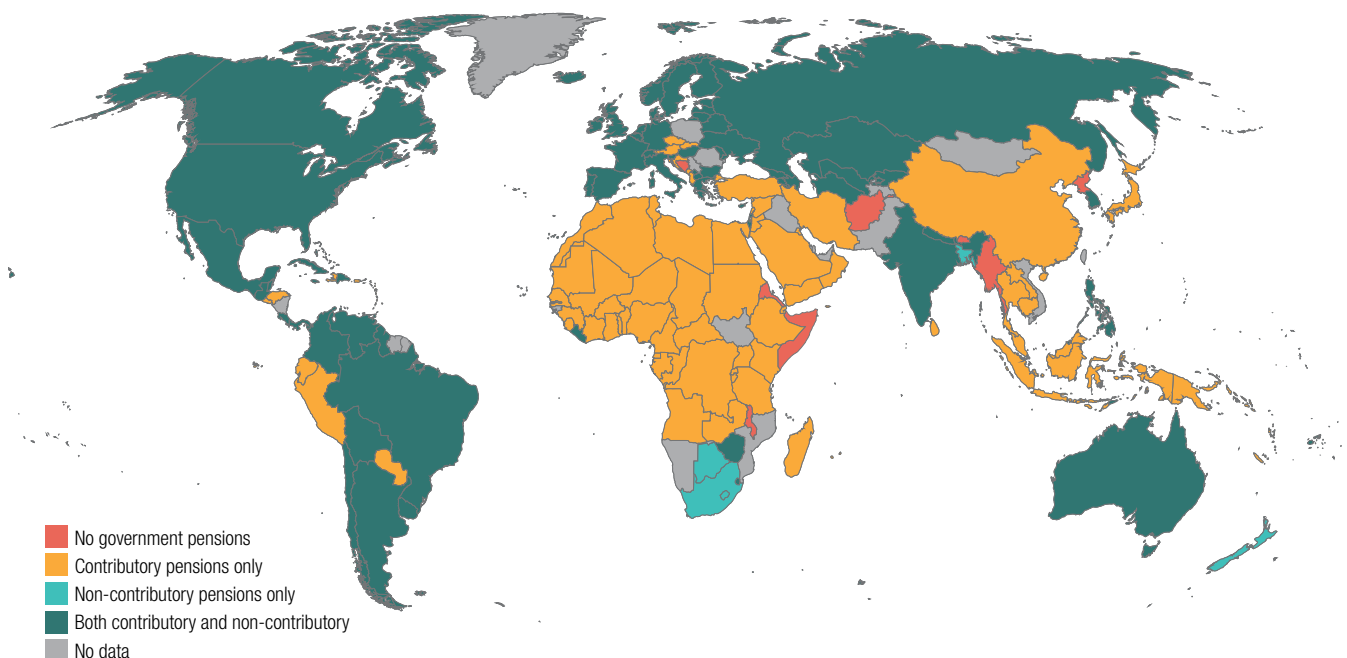
a. MyWage South Africa, 2015c

b. International Labour Organization 2010c, Posel et al. 2004, Duflo 2003.

c. Posel et al. 2004

d. Duflo, 2003

Figure 20: Pension availability



Source: World Policy Analysis Center, 2015c

Targeted social protection

Social protection programmes aimed at narrower populations can also have important ramifications for the unpaid childcare that women tend to provide. For example, old-age pensions can help grandmothers providing primary childcare. Similarly, benefits to help families care for children with disabilities can mitigate caregivers' stress and reduce their time inputs.

Pensions for the elderly

As Chapter 1 showed, a larger share of grandmothers now provide primary childcare (as the material from our Viet Nam case study attests). In Asia, this has mostly resulted from work-related migration; in Africa, it has its origins in the HIV epidemic. Because grandparent care is growing in importance and 'elderly-headed households with children tend to be among the poorest households', old-age pensions can enable these women to care for children, even if their focus is on poverty reduction rather than on relieving women's unpaid care burden.⁷⁴

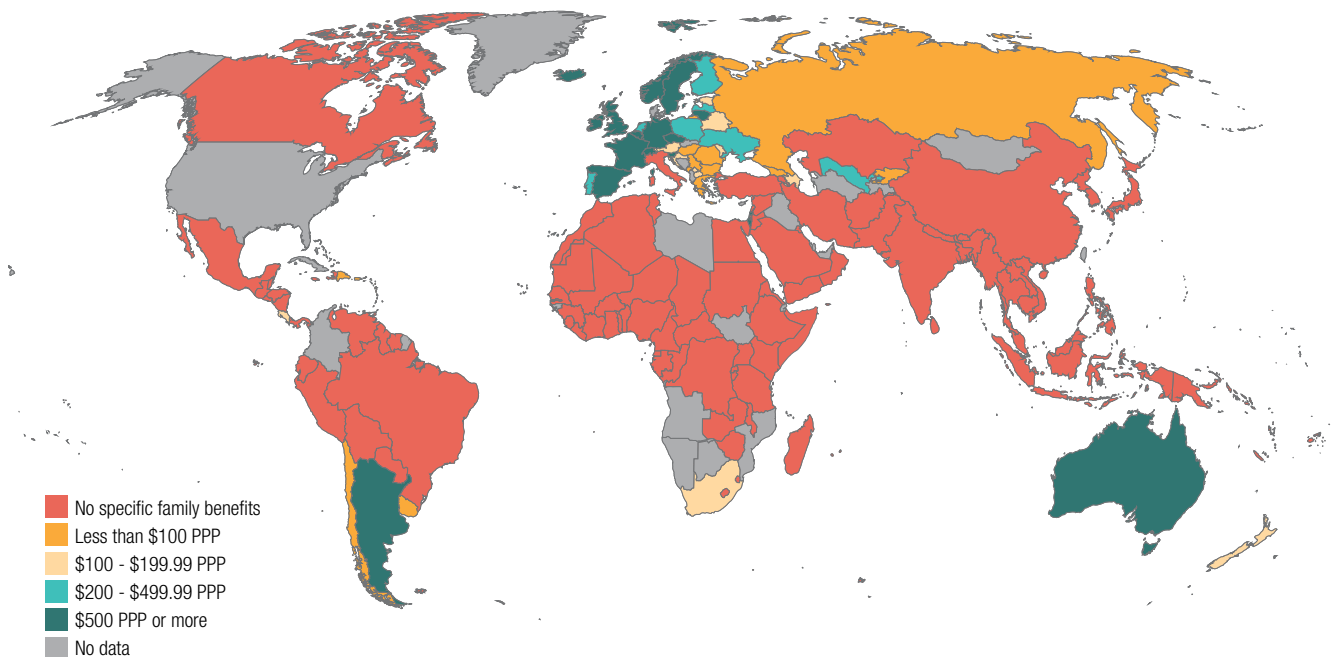
Women's access to pensions, however, remains limited – especially in the developing world, where 70% of all pensions are only available to the formal sector on a contributory basis (see Figure 20). While by 2014 more than 20 countries either had achieved – or had nearly

achieved – universal pension coverage (ILO, 2014a), the value of non-contributory pensions, whether they are means tested or universal, tends to be quite low – reducing their impact for both recipients and any children they may be caring for. The world's most populous countries illustrate this point. In China, the Rural Social Pension, which covers nearly half of the population over the age of 60, is worth only \$9/month. In India, the means-tested Old-Age Pension is worth only \$3/month. On the other hand, several sub-Saharan countries offer fairly generous pensions to a large number of people. South Africa's means-tested Older Persons Grant, for example, provides 65% of the over 60 population with about \$125/month (see Box 24).

Disability benefits

Children with disabilities, estimated to number at least 93 million globally, can require extraordinary levels of care – especially the 13 million with the most severe disabilities. When faced with a child who may require nappies and mobility assistance for years, many mothers have no choice but to leave the labour market entirely. Furthermore, since children with disabilities are both less likely to start school and less likely to advance, many mothers of children with disabilities do not have any break in their care routines during the day (Box 25).

Figure 21: Benefits available per month to a low-income family with one severely disabled child



Source: World Policy Analysis Center, 2015d

74. Kidd and Whitehouse 2009, p41.

Box 25: Caring for children with disabilities in Gaza, Palestine

Women caring for children with disabilities sit at the nexus of disadvantage. Not only are their families especially likely to be poor, which amplifies care concerns in its own right, but the day-to-day care they must provide to their children often leaves them socially isolated – and can continue for decades, without either the gradual reduction that typically results from children’s maturation or even the daily respite usually provided by school. Our fieldwork from Gaza, Palestine, gives insights into some effects upon carers. While acknowledging that childhood disability is comparatively rare (in Palestine about 1.5% of children have a significant disability according to the Palestinian Central Bureau of Statistics (PCBS) and the Ministry of Social Affairs (MoSA), 2011)¹ with global estimates of disability approaching 95 million children (WHO, 2013), it is vital to ensure that caregivers for children with disabilities are provided with tailored support given their elevated and often prolonged care burden. *

Like their counterparts around the world, Palestinian families with children with disabilities are especially likely to be poor – in part because of the high direct costs associated with disability (including medical care, assistive devices, transportation) and in part because children’s out-sized care needs often limit their parents’ ability to take on paid employment (World Health Organization (WHO), 2011; Mansour, 2007). Programming aimed at relieving the financial burdens associated with disability is, however, nearly absent – despite a 1999 law recognising the rights of those with disabilities. For example, the current flagship of Palestinian social protection, the Palestinian National Cash Transfer Programme (PNCTP), is said to be fundamentally insensitive to disability (Perezniето et al., 2014). While families with a person with disability (PWD) get a slight ‘bump’ in terms of targeting, they are not given any additional cash to compensate for extra costs, even when disabilities are severe or when there are multiple PWDs in the household. Furthermore, families with children with disabilities are often forced to pay for ostensibly ‘free’ services, such as education and healthcare, because public systems are ill-equipped to meet their children’s complex needs. Overall, disability experts in our research estimated that, because the current system does not allow for ‘a disability adjusted package of services’, ‘around 60% of healthcare needs of persons with disabilities are not met’. They also agreed that, even where children with disabilities are able to attend public school, no allowance is made for disability associated costs – such as transportation – and often classrooms and teaching are not even modified to meet children’s needs.

Families involved in our research agreed with key informants. For instance, the parents of Hama, an eight-year-old girl left quadriplegic by last year’s war with Israel, are paying for both private school and private health care. The public school she used to attend cannot cope with the demands of quadriplegia and the local rehabilitation clinic was unable to provide her with the daily one-on-one physiotherapy needed to prevent further deterioration of her health. Hama’s father is overwhelmed by the government’s lack of support for his daughter’s care. ‘I imagined,’ he explained, ‘that they will at least provide me with nappies, medication and proper physiotherapy sessions, but they didn’t provide anything ... I buy her the nappies and medication from my money ... I couldn’t understand what a medical centre would provide for a fully paralysed child like Hama if not giving nappies and proper medical treatment? What are they offering?!!’ The parents of Hamed and Ruba, blind siblings aged 16 and five, also find themselves asking this question. They were required to not only purchase an enormously expensive (1,500 Israeli new shekels) braille machine for each of their children, but must pay nearly 400 shekels every month for private tutors to work with Hamed, because his public school ‘deals with him like any other child who has the ability to see’, causing him to fall behind in his studies.

In addition to the high financial costs often inherent in disability, mothers of children with disabilities can be crushed under unrelenting day-to-day care burdens. This is especially the case in countries such as Palestine, where fathers’ care inputs are negligible and the heavy stigma directed at disability means that mothers of children with disability can be socially isolated and marginalised even by their own families (Perezniето et al., 2014; Dadabnah and Parish, 2013). Key informants in our research reported that even if husbands are unemployed, ‘the woman carries most of the care burden’ and ‘seldom gets help’ from anyone. While in the 1980s and 1990s ‘some NGOs offered a place to accommodate children (with disabilities) around 7 hours a day’, in part to allow their mothers ‘to find comfort time’, now ‘the caring process is left entirely to the family’. Indeed, even families enrolled in the Palestinian National Cash Transfer Programme who are regularly visited by social workers who administer the proxy-means test required for benefit continuation, have no access to psycho-social services – even when mothers admit to beating their disabled children out of frustration (Perezniето et al., 2014).

Note: This is using the Washington’s Groups ‘narrow’ definition, which includes those who either cannot do one or more of a set of things (seeing, hearing, walking or climbing steps, remembering or concentrating, providing self-care or communicating) at all – or have ‘a lot’ of difficulty doing so. See: http://www.cdc.gov/nchs/data/washington_group/WG_Short_Measure_on_Disability.pdf

When asked directly if there were any policies to help Palestinian women care for their children with disabilities, the only response key informants gave was, ‘Are you joking?’

Box 26: South Africa's Care Dependency Grant

South Africa's Care Dependency Grant offers the primary caregivers of children with disabilities a monthly grant to offset partially the financial and opportunity costs of caring for a child with a disability. The grant, which in 2015 reached nearly 127,000 caregivers, provides about \$98/month and is paid only to carers of children in need of full-time care due to a medically-documented severe disability.^a

The Care Dependency Grant is not, however, without critics. For example, its means test has been criticised as 'administratively demanding, demeaning and rarely used correctly'.^b The size of the grant has also been found to be insufficient. De Koker et al. (2006) reported that the average recipient spent 150% of the value of the grant on direct disability-related costs alone.

Notes:

a. RSA, 2015c; Children Count, 2015, De Koker et al. 2006

b. Guthrie et al. 2001 as cited in Marriott and Gooding, 2007: 692

Despite the estimated large number of children with disabilities, very few developing countries in Asia and Africa have social policies that integrate disability and care – especially childcare (see Figure 21). Indeed, in many countries, benefits for people with disabilities are linked with those for the elderly, and children are explicitly excluded in some. Of the non-Latin American developing countries included in Development Pathway's (2014) Disability Benefit Database, only South Africa offers grants aimed at the nexus of disability and care at scale (see Box 26).

Policies aimed at providing care for young children

Driven by striking calculations that suggest that in terms of impacts on future productivity, the cost benefit ratio of preschool is between 6.4 and 17.6 to 1 (Engle et al. 2011), ECCE has grown rapidly in many developing countries, especially in Asia (see Box 27). As Chapter 1 showed, levels of ECCE enrolment vary widely across and within countries, with richer countries and richer groups within countries having higher participation rates. More broadly, UNESCO reports that pre-primary enrolment for three- to four-year-olds in South and West Asia was 55% in 2012 and 71% in

Box 27: What's in a name?

Like the concept of care, the concept of childcare has been difficult to pin down. Various called early childhood development (ECD), early childhood care and education (ECCE) or early childhood care and development (ECCD), the sector has grown rapidly in recent years as children's rights have been established and more has become known about children's early brain development and its effects on lifelong capacity.^a Long-term studies have found, for example, that preschool enrolment is associated with higher IQ and educational attainment and lower rates of violence and depression – with particularly beneficial effects on the most disadvantaged children.^b

The World Bank identified five sectors with key roles in ECCE: healthcare, nutrition, education, social protection and child protection.^c Within the education sector, it recognises the importance of parenting classes – particularly for poor parents along with high quality childcare and free pre-primary school that uses a developmentally appropriate curriculum. While all five sectors play a key role in helping families care for their children, the provision of care and early education through the education sector holds the most promise for rapidly redistributing childcare.

Also holding great promise is the notion of a multi-generational framework that explicitly locates early childhood programming in a broader network of support aimed at children's families. Conceptualised as having four key pillars: education (for children and their caregivers), economic support, health and well-being and social capital, the multi-generational approach aims to bring together a variety of best practices to ensure that children have the strongest start possible.^d

Notes:

a. Tanner et al. 2015, Berlinski and Schady 2015, Engle et al. 2011, Barnett and Nores nd

b. Ibid

c. 2013a

d. Ascend 2014, 2016

East Asia and the Pacific.⁷⁵ Overall, pre-primary enrolment in Asian countries increased 30% between 1999 and 2012.⁷⁶ Enrolment rates are lower in MENA (27%) and SSA (18%), with regional conflict and high population growth making expansion difficult for many countries.⁷⁷

From a care perspective, however, recent attention to ECCE has centred almost entirely around the nutrition and health of infants and toddlers and the school-readiness of older preschoolers, with the aim of improving their future economic output.

This is despite a documented need for childcare, especially in the urban areas where poor women are concentrated in informal employment.⁷⁸ The benefits that childcare could offer *women* have remained almost completely invisible. This is clear in the way that ECCE programming has been scaled up in most countries – provision for infants and toddlers is largely confined to supporting maternal

care (for example, by improving mothers' knowledge of child development and nutrition) and classes for older preschoolers typically occupy only a few hours each day (Box 28). While meeting children's development needs, neither approach offers significant potential in terms of freeing women's time or supporting them more generally – although, as Razavi (2015) observes, the ECCE policies from which they stem may represent a starting-point for putting women's needs on the agenda.⁷⁹

As ECCE has moved up the policy agenda, the key question for most developing countries has become how to expand the sector. Some countries have moved towards public provisioning, which has a host of advantages – including legitimising care work, providing relatively protected employment for carers themselves, and improving access and quality for children (and their parents).⁸⁰ For example, Kenya, the Philippines, South Africa and Viet

Box 28: ECCE programming that acknowledges caregivers' needs

A handful of countries, primarily in Africa, have acknowledged women's care needs in their ECCE policy statements. In Ghana, for example, where net pre-primary enrolment in 2013 was over 76% and gross enrolment that same year exceeded 116%,^a a policy explicitly recognises women's need for childcare in addition to children's need for education. For example, the National Early Childhood Care and Development policy acknowledged the role of ECCE in helping women care for their children and called for a variety of types of care: centre-based, in-home, nanny homes and after-school care. The aim of this policy was to enable working mothers, especially after maternity leave, to have reliable childcare.^b The government has also stepped up public provisioning, with the Ministry of Education's 2003 Strategic Plan attaching preschools for four- and five-year-olds to every primary school in the country.^c

ECCE policies in several other sub-Saharan countries also acknowledge that preschool can benefit caregivers – with Namibia specifically noting that it can also permit older siblings to attend school.^d

Impacts on older sisters were also important to early (1970s) ECCE offerings in Bangladesh and India. In the former, 'baby classes' were provided in primary schools so that older sisters could attend class.^e India's Integrated Child Development Service (ICDS) was established, in part to relieve school-age girls of childcare responsibilities so that they could attend school (UNESCO 2010a, Kaul and Sankar 2009). In both countries, girls are now more likely than boys to attend primary school – although gross pre-primary enrolment rates vary considerably (32% in Bangladesh and 55% in India).^f

Notes:

a. UNESCO IoS 2014

b. MWCA, 2004 cited in Chopra, 2013c. Posel et al. 2004

c. UNESCO, 2006

d. UNESCO 2010b

e. Ministry of Primary and Mass Education 2013

f. UNESCO 2015a; Kaul and Sankar 2009

75. 2015a.

76. UNW, 2015.

77. UNESCO, 2015a.

78. Budlender, 2015; Engle et al. 2011; World Bank, 2013a/

79. 2015a. See also Budlender 2015.

80. Razavi, 2011.

Box 29: India's Integrated Child Development Service and Paid 'Volunteers'

The ICDS is India's largest early childhood care and education programme. In addition to crèche facilities and pre-primary education that emphasises play for younger children and school readiness for older children, it provides health services and nutritional supplements. Established in 1975, in large part to address children's nutritional deficits, ICDS is mostly aimed at rural and tribal communities, although it does cover some families living in unauthorised urban settlements. It is organised through community-based centres called anganwadis. In 2010, nationally, 47.5% of all children under the age of six were being served by ICDS.

ICDS centres function through paid 'volunteer' initiatives. These allow early childhood care and education centres to bypass the government's 'own regulatory framework' and hire personnel at below-market rates. Palriwala and Neetha (2010) explain that anganwadi volunteers, compared to domestic workers, enjoy some social standing, relatively extensive unionisation and can better juggle their family's needs and anganwadi care duties. Nonetheless, they add, as they are considered volunteers and not employees, they, like domestic workers, are very poorly paid. In January 2014, anganwadi workers across Maharashtra went on strike demanding pension schemes, the status of government employees and an immediate increase in their honorariums. Strikes have continued into 2015 and exemplify a global struggle to achieve fair employment conditions for people working in the care and domestic industries.

Nam have all moved within the last few years to make at least one year of pre-primary education universal and free. Progress in these countries has been rapid, with, for example, gross pre-primary enrolment climbing in South Africa from 41% in 2005 to 77% in 2014,⁸¹ and gross kindergarten enrolment in the Philippines jumping from 46% to 103%⁸² between 2006 and 2012.⁸³ Of concern, however, especially in countries that have limited fiscal space and are still working towards universal primary education, is how to scale up pre-primary programming in ways that do not extract a cost from teachers, caregivers or children. India's ICDS, for example, while one of the few programmes which more holistically combines care and education, is widely seen as exploitative of the women who deliver the programme, due to insufficient remuneration (see Box 29) and Ethiopia's 'O' classes have developmentally unsupportable student/teacher ratios (see Box 30).⁸⁴

Given limited public resources, most developing countries rely heavily on private provisioning for ECCE. In some countries, such as Bangladesh, NGOs play a key role in providing learning opportunities for young children – in 2013 this amounted to an estimated one-quarter of all preschool spots.⁸⁵ In other countries, such as Indonesia, faith-based organisations like Al-Quran learning centres

provide care for most children.⁸⁶ In MENA, for-profit private preschools are especially common, with fewer than 30% of regional pre-primary spots offered by public programmes.⁸⁷

While private provisioning can help rapidly expand access to ECCE, especially when supported by government funds, as in South Africa and Thailand, it tends to reproduce and reinforce existing class, ethnic and regional inequalities – for children and for providers.⁸⁸ In China, for example, after decades of falling enrolment due to economic reforms that pushed privatisation, fewer than 10% of rural children, compared to up to 99% of urban children, have access to pre-primary programming.⁸⁹ Similarly, in Egypt, children from the wealthiest families are around four times more likely to attend ECCE than children from the poorest families (65% versus 16%),⁹⁰ and in Tunisia the wealthiest children are more than six times more likely than the poorest children to attend preschool (81% versus 13%).⁹¹

Furthermore, both in the non-profit sector, which tends to run on 'deeply gendered' volunteerism that can at times amount to 'self-exploitation',⁹² and the for-profit sector, which tends to offer jobs that are poorly paid, poorly respected and poorly protected, it is nearly always

81. UNESCO, 2015a.

82. Gross enrolment can exceed 100% due to the enrolment of older children.

83. UNESCO, 2015b.

82. Gross enrolment can exceed 100% due to the enrolment of older children.

83. UNESCO, 2015b.

84. See also Razavi, 2007, 2011, 2015; Penn, 2004.

85. Nugraha and Yulindrasari, 2012.

86. el-Kogali and Krafft, 2015.

87. Razavi, 2011; UNW, 2015.

88. Zhou, 2011.

91. Ibid.

92. Budig and Misra 2010; Bunlender and Lund; 2011; Staab and Gerhard, 2010; Rosemberg, 2003

Box 30: Ethiopia's ambitious early childhood care and education policy: a case study from Woreilu woreda, Amhara region

By 2030, the government of Ethiopia aims to provide pre-primary ECCE for all children. Its approach to delivering such services at scale is threefold. First, it provides kindergarten services with trained teachers (primarily in urban areas). Second, it adds an additional 'O' class in primary schools prior to Grade 1, taught by untrained grade 10 graduates. Finally, it has established child to child programmes in which adolescents provide voluntary classes to pre-primary children at weekends for a limited number of hours. All three approaches are primarily focused on school readiness rather than on relieving women's unpaid care burden, although mothers in our research highlighted some positive spillover effects on their time poverty.

Private and public kindergartens are increasingly available in urban centres. Better-off parents seek to send their children to private kindergartens due to the better quality facilities, while poorer parents typically send their children to public kindergartens, which are free of charge but about which there are concerns about resourcing. In our case study, mothers in Woreilu woreda complained that books, furniture and play equipment were lacking at the local kindergarten facility, but they stressed the proximity of the centre to their homes. This was important to them because it let them maximise time spent on work or home tasks and because having their children nearby lessened their anxiety that they were being cared for outside the home: 'We don't worry [about our children being at school].' Because women were involved in informal sector income-generating activities (such as petty trading on market days, washing clothes and baking injera for better off families) with more flexible hours, all agreed that their children should not attend kindergarten for the whole day, as having time at home and for playing is also essential for young children.

In the case of the one-year preschool 'O' class programme, mothers we interviewed were pleased that their children were having an opportunity to learn the alphabet (Amharic and English) and numbers, but because the class facilitators are untrained, families do not always have full confidence in their teaching, or indeed supervision, abilities. One mother, for example, noted that while her three-year-old now enjoyed going to the morning classes daily, initially he had headed home by himself without teacher intervention. Another noted: 'I do not think that they will treat them [my children] well.' The 1.5 to two hour class also did not allow much time to get on with other household or income-generating activities. For some parents, it meant walking considerable distances to drop their children off and pick them up again.

Child-to-child programmes – an initiative which emerged from a UNICEF pilot in 2007–2009 – involves unpaid and untrained grade 6–8 adolescents teaching pre-primary school children at weekends. The initiative was intended to tackle deficits in school preparedness, especially among children living in remote rural villages where kindergartens and 'O' classes are absent. In Woreilu, key informants explained that boys often take the classes as girls usually have domestic responsibilities. If taught well, child-to-child classes can last up to four hours, but usually last for only an hour or two, thus limiting the amount of time freed up for caregivers. Because they tend to know the adolescents and notice children becoming familiar with their letters and numbers, parents tend to view these weekly sessions quite favourably, as do the children, asking their mothers to 'let us go [to more classes]'.

Whilst ECCE in the Woreilu district remains limited in terms of geographical coverage and quality, it marks an improvement from the past where mothers' only option was for the child to accompany them to their workplace or to send underage children to school with older siblings. This often resulted in overcrowding and disruption in class, and if a teacher turned away underage children, their older siblings would miss school to care for them.

comparatively poorer women who work as carers (see Box 31).⁹³ Concerns about quality are also widespread.

While, as mentioned above, a handful of countries have included women's need for childcare in their ECCE policy statements, there have been very few attempts to develop programming that is centred around those needs.

Indeed, although childcare support for working mothers is recognised as an important social protection instrument with positive impacts on women's participation in both the

labour market and public life, Kabeer (2008) notes that childcare as social protection has been largely crowded out by the rise of cash transfers.⁹⁴ Some smaller programmes, such as those run by India's Self-Employed Women's Association and the NGO Mobile Creches provide childcare for women working in the informal sector (Box 32).⁹⁵ However, subsidised childcare that puts women's needs at the centre is most common in Latin America, with Mexico's Estancias seen as a global model (see Box 36).

93. Budig and Misra 2010; Bunlender and Lund; 2011; Staab and Gerhard, 2010; Rosemberg, 2003

94. Kabeer, 2008.

95. SEWA, 2013; Better India, 2010, Alfors 2015

Box 31: ECCE in Gaza: Serving no one well

As women's labour force participation is low in Palestine, the ECCE sector is primarily aimed at older children and almost exclusively focused on school readiness rather than care. However, with negligible oversight from the government – which has resulted in dangerously overcrowded classrooms and teaching methods that are inappropriate for young children – the sector is currently serving no one well. Key informants in our research were agreed that the needs and rights of children, providers and parents had been totally eclipsed by the profit-seeking of private owners.

While nurseries – facilities aimed at children from birth until about the age of three – are comparatively rare, as most small children are cared for by their mothers or other female relatives, government figures indicate that nearly 45% of children enrol in kindergarten, although pre-primary education is neither public nor free (PCBS, 2013). Indeed, several ECCE experts in our research told us that 'the real percentage exceeds 80 to 90%'. This gap, they explained, is driven by two factors. First, a vast number of kindergartens are completely unregistered; one key informant suggested there may be as many unregistered schools as registered schools. Second, schools often register far more children than they report. Another informant explained that if the government determines the capacity of a school to be 150 children, '280 children can come there and the extra 130 children are not counted either' (see also ANERA, 2014a,b).

Key informants told us that the lack of government oversight in the ECCE sector had led to conditions that were bad for children and bad for providers. For example, they reported that not only is the curriculum completely inappropriate for young children, as 'there is no learning by playing' and children are expected to 'express emotions and positions similar to adults', but the physical spaces housing kindergartens tend to be dangerous (see also ANERA 2014a,b). Several informants spoke of nails poking through walls, broken furniture, dirty toilets and a lack of handwashing facilities for either children or staff. Others spoke of cramped spaces, often entirely lacking in out-of-door play areas, a poor emphasis on nutrition and health and a total absence of educational programming for parents. The latter is particularly notable in Palestine, where research has found that parents – and especially fathers – are unlikely to engage their young children in educational and recreational activities regularly (ANERA, 2014b; PCBS, 2013). Indeed, the 2010 Palestinian Household Survey found that fewer than 3% of fathers had undertaken enrichment activities with their preschool children in the three days prior to the survey (PCBS, 2013).

Key informants noted that ECCE providers, who are so uniformly female that the laws that mention them use gendered language, are as much victims of poor government oversight as are children.

Determined only to make a profit, owners rely on 'cheap labour' – paying women 'one-third of the minimum allowed salary' (informants said that some are paid as little as 150 Israeli new shekels per month, well below the minimum wage of 1,400 per month) – with 'no contract signed between them and the owners'. This leaves providers, typically 'unemployed new graduates' with a 'modest education' who are 'not trained for this profession', with 'no health insurance, severance pay or social protection at all'. Most, our informants reported, do not even have access to maternity leave. However, even when they are 'maltreated' by 'owners who don't care about ethics', few have any recourse. With no oversight from the Ministry of Education (MoE) or the Ministry of Labour (MoL), and no trade unions to protect their rights, 'They feel scared that they may lose their jobs.'

In our research, key informants reported that Palestine needs a unified set of ECCE standards. While such a policy was drafted in 2010 by the MoE, MoSA and ECCE experts, 'it disappeared and hence strategy remained frozen as a result'. Furthermore, they explained, the 'solutions of the Ministry are not practical and ignore facts'. For example, to improve children's learning outcomes, the MoE recently moved to require childcare providers to have at least a secondary school diploma – ignoring the fact that a 'woman holder of diploma or university degree will not accept the work conditions' found in most nurseries and kindergartens. Providers' needs are even less visible. While one informant noted that NGOs and labour unions are pushing the MoL and MoE to force kindergarten owners 'to respect a minimum wage for teachers', there is 'no real pressure'. Indeed, noted another KI, 'Even the "good" pro women organisations violate women's rights' by paying nannies and teachers poorly.

'The Arabs don't even consider you as a human being. They insult us, calling us, "Habesha, donkey".' (Young Ethiopian woman who previously worked as a domestic in Saudi Arabia)

Box 32: Mobile Creches in India

The NGO Mobile Creches (MC), which is almost entirely privately funded, was established in 1969 to serve migrant women working on urban construction sites. These women, who were living far from the support of their extended families and were so poorly paid that private childcare was out of the question, were facing a dilemma: to take their young children with them to dangerous work sites or leave them without adult supervision. Nearly 50 years later, MC has served almost one million children and has become a global model for its holistic ECD approach.

MC, which is now working closely with urban slum-dwelling communities and has recently expanded into some rural areas, has two interventions aimed directly at children: crèches and daycare centres. Crèches, which are MCs primary focus, provide care for children under the age of six, and daycare centres for children under the age of 12. Both focus on developmentally appropriate activities for children, provide nutritious meals and offer regular medical care. Care is provided six full days a week (and a seventh if needed) and, depending on need and the capacity of the community and the real estate developer, care provision is funded and run by a combination of MC and the builder (in the case of site-based care) and MC and community-based organisations (in the case of slum-based care). Breastfeeding is encouraged, and mothers are offered information on topics such as gender-based violence and support for interfacing with public schools and health centres.

In addition to providing childcare, MC is also highly engaged in training and advocacy work. It works closely with parents and communities, for example, to encourage healthy care practices and increase the take-up of care. Similarly, it works with real estate developers and community-based organisations to institutionalise care and make interventions sustainable. It is also active at policy level and helped pass the 1996 law which makes crèches mandatory on worksites that employ more than 50 women, and it was heavily involved with the 2013 Early Childhood Care and Education Policy. MC is also working to strengthen the government's ICDS programme.

Sources: ILO, 2015d; Du Toit, 2013; RSA, 2012; MyWage South Africa, 2015b, ILO 2013e

Box 33: South Africa and the Philippines ratify the Domestic Workers Convention

With the support of both the ILO and national unions, the Philippines ratified Convention 189 in September 2012 and South Africa in June 2013. Following ratification, the Philippines Domestic Workers Act was signed into law in January 2013. In South Africa, where the constitution specifically mandates that all legislation must be interpreted in the context of international law (section 233), ratification led to strict new rules about minimum wage and working conditions under the 2002 Sectoral Determination for the Domestic Worker Sector.

While significant gaps remain, South Africa's 1–1.5 million domestic workers are now limited to no more than 45 hours' work each week unless they are paid overtime, are given six weeks of paid sick leave every three years, and are entitled to minimum wage, maternity leave, advance notice of dismissal and severance pay. Similarly, in the Philippines, the new law mandates both minimum age and minimum wage, daily and weekly rest periods, and access to employer-funded social security and health insurance (with worker contributions for better paid workers).

Notes:

a. MyWage South Africa, 2015c

b. MyWage South Africa, 2015cc. Holmes *et al.* 2011; Pankaj and Tankha 2010

c. Posel *et al.* 2004

d. Posel *et al.* 2004f. See: http://mrega.nic.in/Netnrega/WriteReaddata/Circulars/1093_Anganwadi_Guidelines.pdf

Policies aimed at domestic workers

Domestic workers, who often provide direct childcare in addition to the bulk of the indirect care that they require (see the Ethiopian case study), are typically excluded from labour laws that protect their fellow workers, and have no access to either formal labour rights or social insurance.⁹⁶ Indeed, ILO research found that only 10% of domestic workers benefitted from general worker provisions, and that in most countries their work remains poorly paid and highly stigmatised and they are especially vulnerable to abuse and exploitation.⁹⁷ This is especially the case in MENA, where nearly all domestic workers are migrants and the kafala system (which ties migrant workers' right to work to a particular family) effectively renders them private property.⁹⁸ However, nearly 30% of the world's domestic workers are employed in countries where they are completely excluded from national labour laws – as in Cambodia, Egypt and Nigeria.⁹⁹

While the ILO Domestic Workers Convention (Convention 189), which calls for affording domestic

workers standard protections aimed at pay, hours, health and insurance, was adopted in 2011 (and came into force in 2013), as of late 2015 it had been ratified by only 22 countries.¹⁰⁰ Most of those countries are in Latin America and Europe. Outside these regions, only South Africa and the Philippines are party to the convention (see Box 33)—although in several other countries, including Ghana, Kenya, Thailand and Viet Nam laws have recently been passed that guarantee access to such protections as minimum wage and paid annual, sick and maternity leave.¹⁰¹

Domestic work continues to be under-prioritised by policymakers for several reasons. First, because of deeply entrenched gender norms, it is often perceived as the natural purview of girls and women and therefore, it does not attract the attention of mostly male lawmakers.¹⁰² Critically, however, in the case of domestic work, gender divisions are closely aligned with class and ethnic divisions. Because the cheap labour of domestic workers, who tend to 'belong to the poorest segments of society'



Photo: Elizabeth, a Bolivian migrant living in Madrid, points to a photo of her children who live in La Paz. Álvaro Minguito / ODI.

96. IDWN et al. 2013

97. 2013f.

98. IDWN et al. 2013.

99. ILO, 2013d.

100. ILO, 2015c.

101. Solidar 2015; Solidar 2012; NCAW, 26 Nov 2014; Jones and Stavropoulou 2013

102. UNRISD, 2015a,b

and are often ethnic minorities or migrants, enables better lifestyles for their wealthier employers, better-off women often have a disincentive to work alongside their employees to obtain better protection.¹⁰³ Furthermore, the social marginalisation of most domestic workers, often compounded by excessive work schedules, leaves little space in which to contemplate their rights or mobilise to fight for them.¹⁰⁴

As with labour force laws protecting parental rights, laws protecting domestic workers are often poorly enforced – especially in MENA. In Morocco, for example, while the law prohibits children under the age of 15 from working as domestics, children regularly take up service in early adolescence.¹⁰⁵ Similarly, in Yemen one study found no correlation between laws and rights – with laws intended to protect workers often giving rise to even greater abuses.¹⁰⁶

What has slowed policy change?

Overwhelmingly, the entrenched social norms that see men as providers and women as mothers represent the single largest ‘force’ keeping care off the agenda.¹⁰⁷ Supported by most of humanity’s major religions, and at the foundation of traditions around the world, these norms silence care debates passively, by preventing most from considering alternatives, and actively, by pushing back against the few who do. While developed countries, which have had their social welfare policies fruitfully deconstructed by feminist scholars for decades, have tended to push back against this social conservatism, Sen (2005) notes that their neoliberal fiscal policies have ultimately worked to support it.

By ignoring the gendered nature of the care economy, while underfunding programmes which help women meet their care needs, and relying on women’s care inputs to meet sectoral goals, donor fiscal policies have most often worked to ensure that care stays invisible.¹⁰⁸ For example, not only have poor working women’s needs for childcare been almost totally ignored, but programmes aimed at improving the outcomes of young children through parent

education classes have tended to use women as tools and to ignore the costs of these classes to women.

Government agendas have also worked to slow – and even reverse – shifts in the burden of care. In Viet Nam and China, for example, economic liberalisation added significantly to women’s care burdens, as the state stepped away from public provisioning and left families to fend for themselves.¹⁰⁹ Similarly, in Viet Nam and Malaysia, active government campaigns to support ‘Happy Families’ and prevent ‘social evils’ encouraged the idea that women were responsible for raising children and running the home.¹¹⁰ In India, a deeply entrenched notion that women’s primary role is care provision has left the government almost totally blind to care needs – except where they intersect with public health agendas and situate women as vehicles for reaching their children.¹¹¹ Shifting government agendas – and their focus on care – has been slowed by the reality that many lack the multi-party systems that shaped the European response to care. Indeed, even in developing countries that do have relatively strong multi-party systems, those parties are often more shaped by charismatic personalities than by real political difference. systems, those parties are often more shaped by charismatic personalities than by real political difference.

Limited fiscal space also keeps care off the agenda.¹¹² In the case of labour market policies that support parenting, low-income countries lack the capacity to extend benefits to all but the few in the formal labour market.¹¹³ The same is true of providing more public access to ECCE. For example, the new Ethiopia Draft Social Protection Policy document has picked up the inexpensive issue of violence against women as a major theme – but barely addresses more expensive care needs. Indeed, care is only acknowledged at all in the context of PSNP beneficiary households. The document suggests monitoring school attendance by girls, to ensure that their domestic burdens are not preventing academic progress, and states that public works programmes should ‘valorise’ women’s caring work.

Conflicting class interests have also worked to slow change – not only in regard to protecting domestic

103. ILO, 2013: 1, UNRISD, 2015a, b, 2014; Debusscher and Ansoms, 2013; Duffy 2005.

104. UNSIRD, 2015a,b, 2014

105. HRW 2014.

106. Daily News Egypt 20 May, 2015; De Regt, 2010

107. Boudet et al., 2012.

108. Eyben, 2012.

109. Chopra, 2013.

110. Bricknell, 2011; Leshkowich, 2008; Werner, 2008

111. Palriwala and Neetha, 2010.

112. Levtoy, 2015; Htun and Weldon, 2014.

113. Htun and Weldon, 2014

workers, but also in terms of demanding better access to ECCE services.¹¹⁴ Where better-off households are able to afford private services, and see public services that are already overstretched (as in primary classrooms with 60–70 children), they are unwilling to work with lower-income families to demand childcare as a right.¹¹⁵ This is especially true where the affordability of private service depends on the low remuneration of providers. KIs in Gaza, for example, observed that even “good” pro-women organisations’ violate women’s rights by paying teachers poorly.

Women’s movements have also played a role in keeping care off the policy agenda. In some contexts, they have merely ignored it in a quest for lower hanging fruit. For example, KIs in our qualitative work in Gaza reported

that women’s organisations in that country have chosen to focus on women’s public participation, rather than on economic and care-related issues. Similarly, Htun and Weldon (2014) note that in China, in recognition of the fact that the government has proved incapable of regulating the private ECCE sector, elite women’s groups have pushed for issues more readily tackled through simpler legal reforms, such as non-discrimination in hiring, or sexual harassment. In Indonesia, however, women’s groups have worked more actively to render care invisible. Rather than drawing attention to women as mothers, the movement has primarily focused on women as workers and on improving their participation in the public sphere more generally.¹¹⁶

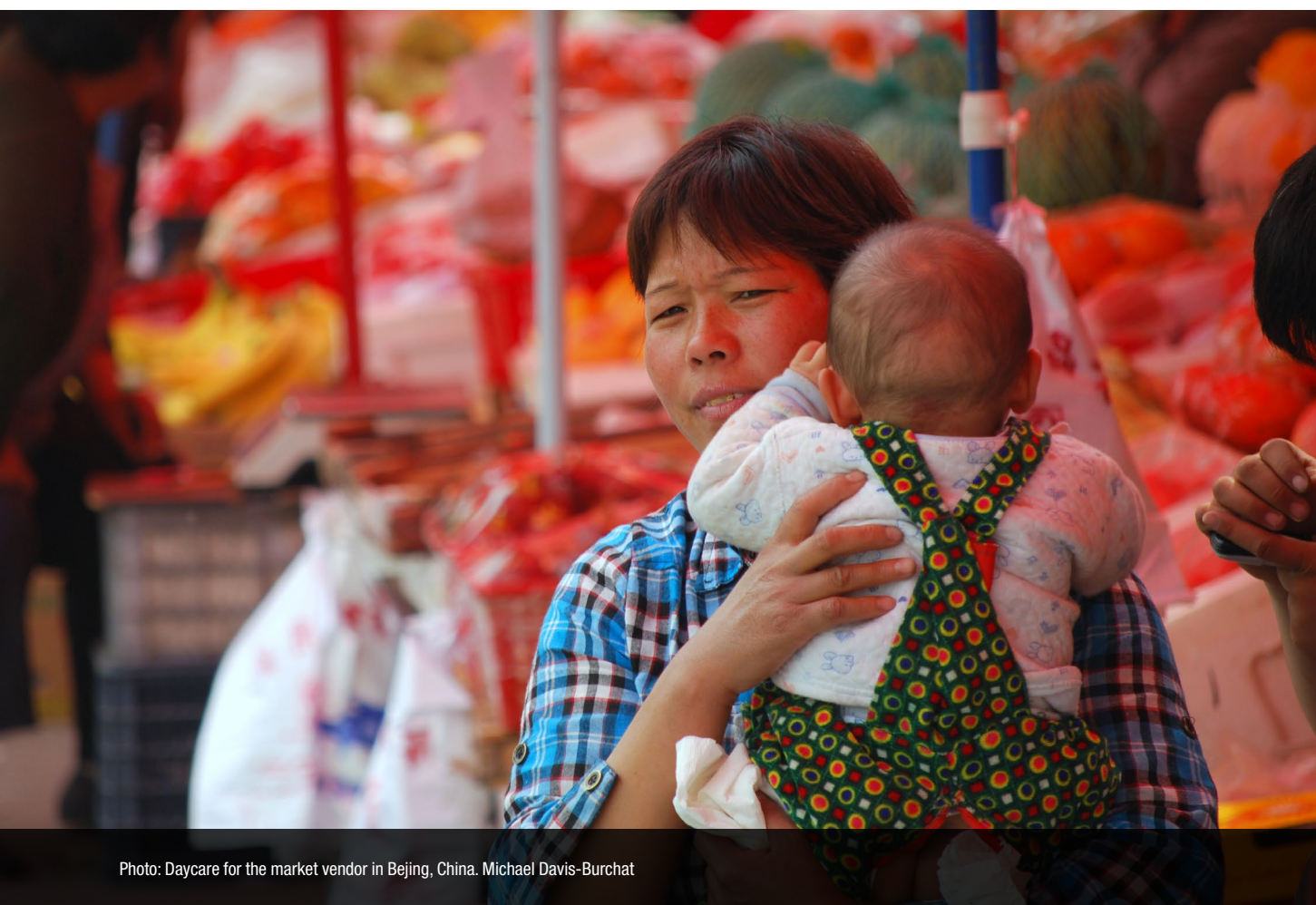


Photo: Daycare for the market vendor in Beijing, China. Michael Davis-Burchat

114. Razavi, 2015; Debusscher and Ansoms, 2013; Eyben, 2012; Benería, 2008; Duffy 2005.

115. Htun and Weldon, 2014

116. IDS, 2015

6. Conclusion

Today's care realities are sharply different from those of just a generation ago. Owing to shifts in women's labour market engagement, improvements in girls' education, increases in migration and urbanisation, and changes to family structure, women need more external support for care. While women have tried to go it alone, as reflected in time-use statistics indicating that they work far more hours each day than men, the tens of millions of young children around the world left with inadequate care point to the untenable trade-offs that many women are facing, especially in low-income contexts. So far, policy and programming aiming to address these growing gaps have been inadequate and one-dimensional. The costs borne by women and children – and indeed society more broadly – will surely continue to grow if governments and development partners alike do not take urgent action.

We need to make care a central policy concern.

We need to recognise that it cuts across multiple and diverse sectors, and look for entry points to ensure that families, communities and nations are redistributing care responsibilities so that children are receiving adequate care and their mothers' livelihood options are not unduly constrained. Given the diversity of women's care needs – and universal resource constraints – this will require significant creativity. It will also require patience, as progress is likely to be incremental. However, by fostering

synergies between social protection and ECCE, and taking an integrated approach that encourages fathers' participation in care while supporting the mothers, older sisters and grandmothers who are already deeply involved, we believe that it is possible to meet the care crisis head on.

A future agenda

Alleviating the time constraints faced by carers, particularly where these constraints intersect with poverty, is an urgent global priority. In addition to ensuring adherence to and enforcement of international conventions and recommendations (e.g., domestic work and maternity leave), our analysis leads to five key recommendations for national policymakers:

Extend and implement care-related labour market policies to enable parents to combine work and care better, and to foster pay parity

Policymakers, together with development partners, should identify ways to extend labour market policies – such as maternity and paternity leave, parental leave, breastfeeding rights and crèche provisioning – to all workers, including those involved in domestic work. The provision of policies such as these is also a precursor to ensuring parity of pay in the workplace, thereby reducing the 'motherhood pay penalty'. A useful starting point in many countries,

Box 34: Viet Nam's support for care

Viet Nam emerged in our research as a leader in terms of labour market policies supporting care. New mothers are given six full months (since 2013) of maternity leave – at 100% pay. They are also given five paid days for ante-natal care and guaranteed an hour a day of paid breastfeeding breaks for the first year of their infants' lives. Furthermore, new fathers are now offered five days of paid paternity leave (from 2016 – with up to 14 days for multiple births or C-sections). Both parents have access to special leave when their children are ill. The policy covers children under the age of seven and stipulates that employers must pay a minimum of 75% of parents' usual salary. Companies employing a 'high number' of women are also required to either provide on-site crèche care or subsidise private provision.

A national level informant in our qualitative research explained that labour market policies supporting care were long-standing, owing to the early ideals of gender equality within the communist party, and rapidly evolving. He reported that the country had made especially significant leaps as it sought to mark its recent ascension to middle-income status by referring carefully to the '[Labour] Codes of developed countries'. The longer maternity leave currently in place (1994 policy had provided for four rather than six months), for example, 'originates from [consideration of] the benefits and health characteristics of women and newborn babies', he explained. Longer leave will ensure that more infants are breastfed for longer, which is 'very crucial to the children's immunity and growth'. Similarly, the new paternity leave policy signals that 'both men and women have the responsibility and right to take care of their children'. While the informant acknowledged that these policies were costly, he added that since 'the population policy requires that each couple has only one to two children', the government was expecting overall leave taken to fall in practice.

especially given resource constraints, is to make sure that women understand their existing legal rights and that those rights are adequately enforced. As our qualitative work in Gaza highlights, legal provisions without enforcement do not protect. Evidence from Viet Nam suggests that even lower-middle income countries are likely to have the fiscal space to offer generous policies – albeit only to those in the formal sector. It also demonstrates the ways in which labour market policies can be used both to meet public health goals and to shift gender norms (see Box 34).

Over time, attention should also be directed at ways to extend maternity benefits to women in the informal labour market, especially since in most developing countries it is likely that the informal sector will provide the bulk of women's paid employment for many years to come. There is an evident need to pilot creative combinations of public-private partnerships and community-based approaches. Existing small-scale initiatives give some insights into how this could happen. India's SEWA and Bangladesh's BRAC, for example, offer self-paid maternity insurance. While currently aimed at offsetting the healthcare costs of new motherhood, the programmes may provide a platform that could be expanded to include paid time off after birth. India's Indira Gandhi Matritva Sahyog Yojana, a conditional cash transfer pilot initiated in 2010, has taken a different approach. Explicitly aimed at partially offsetting wage loss so that women can rest after childbirth, the programme provides women with a total of about \$60.¹¹⁷ Mexico's Estancias (see Box 36 below) also appears to be a useful

model. By improving women's access to the formal labour market, it ensures better access to protective laws.

Promote an integrated, multi-generational approach to social protection programming that is sensitive to care responsibilities.

While social protection programming has the potential to be transformative for the poorest women and their families, current programming is far from adequate. Most programmes, be they cash transfers or public works projects, tend to focus solely on income support rather than on supporting families more broadly, and to have particularly large blind spots regarding fathers' role in children's development. Additionally, their strategies are often excessively one-dimensional. For example, the glaring needs of families coping with disability are almost universally ignored, and only rarely (as in the case of South Africa) is programming aimed across generations at grandmothers who provide childcare, even though skip-generation households are especially likely to be poor. Similarly, and as noted earlier, although the provision of childcare has powerful impacts on women's ability

to work – and therefore their incomes – there are very few linkages between social protection programming and the ECCE sector. Mexico's Estancias is one of a handful of social protection programmes focused on providing childcare to poor mothers and South Africa's Expanded Public Works Programme is the only programme that is making a large-scale attempt to consider childcare as a public work (see Box 35).

Box 35: South Africa's Expanded Public Works Programme

South Africa's Expanded Public Works Programme (EPWP), launched in 2004, has established what is probably the world's most innovative approach to care. Unlike Ethiopia's PSNP and India's MGNREGS, the EPWP recognises the provision of care as intrinsically important, rather than solely as a support to infrastructure development (Antonopoulos, 2009; Antonopoulos and Kim, 2011). Unemployed beneficiaries, 90% of whom are women, are offered training to provide an array of care-related social services, including day care, sports coaching for schoolchildren and 'education and care to children in the temporary absence of their parents' (RSAPWD, 2013). The South African government reports that as of 2015, 'nearly 20,000 home-based care practitioners were deployed and trained' and almost 185,000 children were benefiting from teaching assistants provided through the programme (RSA, 2015a). On the basis of an ex-ante policy simulation, Antonopoulos and Kim (2011), recommended scaling up the programme significantly. They found that public investment in early childhood development and home-based healthcare schemes generated significant employment opportunities for those most marginalised in the labour market and contributed to pro-poor income growth much more than investments in other types of projects. They specifically noted that the shift of care work from the unpaid domain into the paid domain has the largest benefits for women, as the majority of care workers are low-income women.

117. The programme is aimed only at mothers over the age of 19, provides benefits only for the first two births, and requires that mothers attend antenatal care, have an institutional delivery, breastfeed and vaccinate their children on time. It has suffered a wide variety of implementation issues and, despite being brought under the National Food Security Act in 2013 with the goal of making it universal, is still effectively in pilot phase (see: http://centreforequitystudies.org/wp-content/uploads/2015/06/Maternity-Entitlement-Report_CES_29.05.pdf).

To better meet the growing care crisis, we recommend that governments and development partners work together in shaping social protection policies that adopt a more integrated, multi-generational approach that recognises that income is only one of families' many needs. Such an approach would see families as units and provide multi-pronged support for young children, their older siblings, their parents and, where appropriate, their grandparents. This might, depending on context, mean coupling cash transfers and public work opportunities with subsidised childcare – keeping in mind that, given the cost of childcare, even less-poor families are likely to need help affording the developmentally stimulating environments which young children need if they are to thrive. Such an approach might also include school stipends for older sisters, to reduce incentives to withdraw them from school to mind their younger siblings, access to savings groups or business

training for mothers, or establishing support groups for grandmothers who find themselves struggling to apply their more traditional parenting techniques to the Facebook generation. In order to give all children the best chance in life, governments and development partners should consider options to roll out universal child grants, as in Mongolia.

Keeping programming fluid is important – i.e., recognising that care needs can be highly variable depending on the ages of children, family structure, household income, etc. – and that what a family needs today may be quite different from what it needs tomorrow. A laudable example of this fluidity is Chile's Solidario which, in addition to providing families with income support, also uses social workers to help them identify – and if possible meet – an array of deficits across seven dimensions of wellbeing.^{118, 119}



Photo: Mother and child on a bicycle in Kon Tum Province, Vietnam. Chris Goldberg

118. These include identification, health, education, family dynamic, housing conditions, work and income.

119. Palma and Urzúa, 2005.

Box 36: Mexico's Estancias

Mexico's Estancias Infantiles para Apoyar a Madres Trabajadoras (Daycare Support for Working Mothers) is unique among ECCE programmes in that it was created specifically to increase women's labour market participation – rather than to bolster children's development.^a Launched in 2007 and utilising third-party providers that typically operate out of homes and churches, Estancias covers up to 90% of the cost of care for children between the ages of one and four (on a sliding scale). Most of the hundreds of thousands of children it serves are urban and from the lowest income quintile,^b and thousands of them have disabilities – children with disabilities are eligible up till the age of six. A new project, jointly initiated by the Mexican government, UNDP, UNICEF and WHO, is aimed at further strengthening the capacity of Estancias to serve children with disabilities. It is working to make facilities more accessible, provide targeted training to staff and build referral mechanisms to link families to specialised care.^c

To ensure that programmes meet mothers' (and single fathers') needs, centres are required to operate for a minimum of eight hours per day, five days a week. To ensure that children's needs are not ignored, they can cater to a maximum of 60 children and must maintain a staff ratio of no more than eight-to-one.^d Centres must also provide children with hot meals and snacks based on menus developed by a nutritionist. They are given daily health checks upon arrival, and – as of 2012, when educational objectives began to be folded into the programme – are exposed to a comprehensive, developmentally appropriate curriculum (Araujo et al., 2013).

Estancias has been found to have significant impacts on low-income mothers' employment and income – for example, the proportion of beneficiary mothers who were employed increased 18% and the average number of hours they worked each week increased by six (Ángeles et al. 2014). Impacts were particularly strong for women who were not working before joining the programme. Qualitative research has also found some impact on intra-household care allocation. For example, one woman interviewed by Perezniето and Campos (2010) reported, 'When I wasn't working, my husband would never help me. But now that I work, he does help me around the house, he helps me dress the children before I leave. So it has helped me.' Another added, 'He really supports the programme. In fact, he is the one that goes to drop [the children] off and picks them up because I am working.'

Because Estancias provides employment for more than 40,000 women, it is also promoting women as 'micro entrepreneurs'. Furthermore, by mandating training in business management and childcare practices, it is developing providers' capacities, which is likely to have impacts on their future income potential (Ángeles et al. 2014).

Despite Estancias' positive impacts on parents, children and providers, the programme is not immune to the tension inherent in controlling costs. It has been heavily criticised for its relatively low investment in ECCE providers. They are poorly paid and lack any sort of access to formal social protection – meaning that the government's flagship programme aimed at reducing gender inequality is also serving to reproduce the problem (Perezniето and Campos, 2010; Staab and Gerhard, 2011).

Notes:

a. Calderon, 2012; Diaz and Rodriguez-Chamussy, 2013; Perezniето and Campos, 2010

b. Araujo et al., 2013; Staab and Gerhard, 2011

c. UNDP, 2015.

d. Araujo, 2013; Diaz and Rodriguez-Chamussy, 2013; Perezniето and Campos, 2010

Box 37: Community-based care

The Wawa Wasi National Programme was launched by the Peruvian government in 1993 to simultaneously enhance the development of vulnerable children under the age of four and ‘to contribute to the personal development of Peruvian women and to the improvement of their quality of life by facilitating their search for work and education opportunities’ (Cueto et al., 2009: 24). Led by local ‘mother-carers’ approved by the community they are meant to serve, and offered training before beginning work, the programme provided care to over 50,000 children in 2006.

There are four types of Wawa Wasi: the family Wawa Wasi, where one mother-carer cares for up to eight children in her home, the community Wawa Wasi, where local authorities provide a space that is used by two mother-carers to provide care for up to 16 children, the institutional Wawa Wasi, where NGOs or other organisations follow the model themselves, and a comparatively new type, aimed at rural children whose mothers are unwilling to leave them with non-family carers, that targets parenting practices through home-based instruction. Critical to all types of Wawa Wasi is their emphasis on child development, nutrition and health and the way in which parental practices can shape child outcomes.

Evaluation has found that the programme is contributing to children’s health and nutrition and to their mothers’ employment, though it has not led to developmental gains in children.

Promote universal early childhood care and education, with a focus on the needs of caregivers and on the most disadvantaged children

Scaling up ECCE services in low-resource environments is a Herculean task given the size of the pre-school population in relation to the size of the budget available. While evidence suggests that mothers value programming even when it focuses entirely on their children’s developmental needs – rather than on their own needs for childcare – it is important to consider how ECCE programming might be leveraged to meet the needs of both mothers (and other caregivers) and their children (see Box 36 below). This will require that programmes should run during hours that align more closely with mothers’ work schedules (and the school schedules of older siblings). It is complicated by the reality that school in many developing countries is provided in half-day shifts that leave caregivers in need of support until their children are old enough to look after themselves. Where full-day educational programming is not financially possible, we suggest investments in more recreational before- and after-school care – perhaps linking with public works programmes (as in South Africa) or youth training (as in Ghana).

Provide adequate resources for scaling up ECCE, with a focus on care

The significant attention recently directed at ECCE has not been accompanied by adequate resourcing from either government or development partners. Consequently, while

the number of children enrolled in pre-primary education has grown dramatically in many countries, the quality of programming is often so low as to jeopardise children’s well-being. Given the Sustainable Development Goal call for all children to have access to ECCE by 2030, and research showing that only quality programming results in longer-term improvement to child outcomes, more attention is needed to identify creative financing solutions.

As ECCE programming is scaled-up, a trade-off between children and ECCE providers will be unavoidable in the short-term. As care is not subject to economies of scale, providing large numbers of children with quality services is enormously expensive, even when using creative solutions such as community-based programming (see Box 37). As governments, NGOs and private providers nearly everywhere have already discovered, keeping care affordable for parents—and good for children—necessitates difficult choices. Unless childcare is well-subsidized, providers invariably receive below-market wages and facilities may be substandard. One result is that the quality of care provided is often low. Accordingly, we suggest that governments work to realize the value of paid care progressively by monitoring fiscal space—and aiming to raise wages—over time, and that development partners support this objective. Governments – and development partners – could be assessed five yearly (or however frequently progress toward SDG targets will be formally assessed).

Box 38: Helping men care

Efforts to promote new masculinities that encourage men to become more involved in their children's care have taken off around the world, building on the data collected in the International Men and Gender Equality Survey (IMAGES). The MenCare campaign, which is coordinated by Instituto Promundo and Sonke Gender Justice in collaboration with the MenEngage Alliance, is working with NGOs, women's rights organisations, governments and UN partners to implement activities in local settings. In SSA, for example, MenCare is working in six countries (Botswana, Cabo Verde, Ethiopia, Namibia, Rwanda and South Africa) to promote play days for fathers and children and help men recognise the level of care that young children need. Similarly, in Asia, where it is working in Bangladesh, India, Indonesia, Pakistan, Sri Lanka and Vietnam, partners are running media campaigns to encourage fathers' involvement in both daily care and health care.

Box 39: Filling gender data gaps – the Data2X initiative

Data2X has identified and is seeking to address priority gender data gaps in health, education, economic opportunities, political participation and human security. The initiative has identified critical gaps in each of these areas – among them, access to childcare – and has built a range of the partnerships to enable improved data collection and to show the value of such data to policy. Recent projects include analysis of the value of sex-disaggregated data and the identification of 20 global indicators that are presently available to measure the circumstances on women and girls in the SDGs.

Include men in caregiving agendas

Labour market policies that offer men access to paternity and parental leave, especially when coupled with Scandinavian-style incentives which encourage men to actually take leave, are a critical signal that men have responsibility for their children. However, gender norms are strong and pervasive. Direct efforts aimed at improving boys' involvement in care should be embedded in schools and recreational venues. These should not only encourage them to share their sisters' burdens, but also

promote new models of masculinity that will ultimately make them better husbands and fathers. Efforts aimed at adult men must work to build men's capacity to care and their confidence in caregiving. Through community-based organisations and educational sessions supported by social protection programmes, health clinics and schools, fathers should be actively integrated into childcare activities and helped to see themselves as central to their children's development (see Box 38). As noted previously (see Box 5), helping mothers support fathers will be critical.

Invest in better data

Finally, there is a need to invest in better data. As this report has made clear, we know very little about childcare around the world, especially in developing countries. For example, while we increasingly have data on the number of five-year-olds attending kindergarten (as access to pre-primary education is being tracked for development goal purposes), we know little about where younger children are receiving daily care. The most recently published statistics which conclude that most women care for their own children while they are working (UNWomen, 2015) are in fact based on surveys from some 45 developing countries which are nearly 15 years out of date (ranging from the early 1990s to the early 2000s).

Furthermore, while we have relatively recent data on the share of young children who were without adult supervision at a given point in time, we only have this data for 53 countries (or 20% of the world's under-five population). In addition, despite evidence that women find it difficult to combine work and care, we know almost nothing about what they want in terms of care support – or how they perceive the alternatives that are open to them. The Data2X initiative (Box 39) cites access to childcare as one of the few types of data subject to four types of gaps – lacking country coverage and/or regular production, lacking international standards, lacking information across domains and lacking disaggregation.¹²⁰

If we are to better craft policies and programmes for the mothers, girls and grandmothers providing care, better time-use data, disaggregated by sex and age, are a prerequisite. Many of the time-use surveys upon which our estimates are based are years out of date. In this report, for example, 18 surveys (over 25% of our sample) are more than 10 years out of date. Furthermore, as the global population ages, time-use surveys ought also to distinguish between childcare and care for the elderly – many currently do not adequately distinguish the latter (Charmes 2016).

There is a particular lacuna when it comes to paid domestic care work – we know very little about who is carrying out such work, particularly where overseas

120 Data2x.org/gender-data-gaps/

migration is involved – and what type of work people are undertaking. Better data are needed on the ages of domestic workers and also on how their time is allocated throughout the day. Without this data it is difficult to ascertain potential impacts on adolescent and older caregivers, or to design the policies and programmes that may provide better support.

Finally, we need better data on care-related aspects of programme implementation. For example, while in India MGNREGS is carefully tracking women's participation in work projects, it has no indicators to track the ages of participants, crèche provisioning or the overall effects of

participation on time use. Similarly, a recent study found that, despite its growing commitment to care, most World Bank's projects fail to account for unpaid care work (Bibler and Zuckerman 2013).

Solving the global care crisis is urgent for the improvement of the lives of women and children. It must start with the day-to-day realities of these lives, embedding within policies and programmes an understanding that women's time is a precious resource that must be used carefully for their own benefit, that of their children and societies as a whole.



Photo: Poonam Devi drops her daughter at a mobile crèche in Dehli, India. Atul Loke / ODI.

7. Methodology

Quantitative research

Our quantitative research for this report began with a scoping of the available secondary data on childcare, pre-primary education and women's time use (and of the secondary literature employing such data). On the basis of these data, we computed three key facts – that 35.5 million children are spending time without adult supervision; that differences in time spent on unpaid care between men and women equate to up to 10.5 weeks each year (or ten years over a 50 year period); and that unequal time spent on paid and unpaid work between men and women equates to up to 5.7 weeks per year or 5.5 years over a 50 year period. Each is explained in turn:

1. 35.5 million children are spending time without adult supervision, more than all the under-fives in Europe.

UNICEF¹²¹ provides data for 53 countries between 2005 and 2013 on the share of children aged 0-59 months left alone or in the care of another child younger than 10 years of age for more than one hour at least once in the week prior to be surveyed. We computed the number of under-five children that this percentage equates to using data on the under-five population for each country from United Nations (2015). We then summed up the number of these children. Data from Eurostat¹²² suggest there are 26.3 million under-fives in the 28 countries of the European Union; 36 million is 35% higher than this figure.

2. Inequalities in time spent on unpaid work between men and women equates to up to ten years of a woman's life.

Charmes (2016) computed estimates of the average number of minutes that men and women spend on unpaid work across 64 countries, which were published

in UNDP (2015). In a subsequent background paper for this report, he added 2 more countries to this compilation – Macedonia, FYR (2014/15) and Moldova (2011/12). We computed the difference in time spent daily between men and women, and what this gap would represent in terms of weeks per year. One calculation refers to the gap over 50 years, which is derived as follows: 71 years was the average life expectancy at birth of the global population in 2013 according to World Health Organisation,¹²³ while the 'mean age at first marriage' (average for 133 countries) was 24 years (in fact, this is the median for most countries). The difference is 47 years, which we round to 50. Iraq was the country with the largest male-female difference, which over a year, equates to 10.5 weeks, and over a 50 year period, to 10.0 years.

3. Inequalities in time spent on paid and unpaid work between men and women equates to up to 5.5 years of a woman's life.

Charmes (2015) computed estimates of the average number of minutes that men and women spend on unpaid and paid work across 63 countries which were published in UNDP (2015) and to which data for Macedonia FYR and Moldova were subsequently added (Charmes, 2016). We added the time spent on these two types of work, took the difference between men and women, and then computed what these minutes per day would represent in terms of weeks per year (and years over 50 years). Benin was the country with the largest male-female difference – in this country, the difference amounted to 5.7 weeks per year and to 5.45 years over 50 years.

121. UNICEF global databases, 2014, based on DHS, MICS and other nationally representative surveys. Available at: <http://data.unicef.org/ecd/home-environment.html>

122. <https://open-data.europa.eu/en/data/dataset/DyCiBSvR4z283JjDuwvdaQ>

123. http://www.who.int/gho/mortality_burden_disease/life_tables/en/

Time use surveys used in the analysis

This analysis draws on data from time use surveys assembled by Jacques Charmes (2015, 2016). In his initial compendium, Charmes (2015) notes that this is ‘the first time that such a worldwide comparison is attempted’. His paper provides the list of surveys used (along with sample size, mode of data collection, classification used); these data were prepared for and presented in UNDP (2015). In a background paper for this report (Charmes 2016), he adds Moldova and Macedonia to the compendium and analysed the amount of time spent directly on childcare (as part of the larger category of unpaid care) for those countries for which this was possible.

To ensure quality, Charmes confines his analysis to surveys that are: 1) representative nation-wide (or of large regions of countries as in India, China) or urban areas (e.g., Panama); 2) based on diaries which collect time spent in various activities of at most one hour for a day; 3) use an international classification of time use (ICATUS or HETUS) or national classification based on the systematic classification of activities.

An exception to this rule is Latin America – these countries have developed detailed questionnaires that collect data for a week rather than a day and do not separate well simultaneous activities. One consequence is the relative high amounts of time reported for unpaid work in the region, especially for women. This should be borne in mind when making cross-national comparisons.

The analysis is also subject to the following limitations:

1. These surveys report the average daily time spent in a given activity by the total population, whether or not they are engaged in a particular activity. That is, the data on time spent caring for children does not account for the fact that some countries have higher fertility than others, and thus will have more people involved in childcare than others.
2. Sample representativeness. All surveys apply rules of household sampling to ensure the representativeness of the households – but often information is not collected about the individual who fills in the diary, and so non-response may be an issue.
3. The methodologies underlying the surveys differ across countries in three key ways:
 - a. Age groups: Surveys differ in terms of the numbers of age groups for which data are collected and the maximum age of respondent. The age groups used in the data correspond to those used in national official publications so will vary across countries.

- b. Different surveys use different classifications of activities that then have to be condensed into standard categories of paid work, unpaid work, voluntary work, etc. This can pose an important challenge in comparing across countries – for example caring for domestic animals is an important economic activity in rural societies but refers to pets in developed countries.
- c. Variations in time use: Surveys will have different ways of capturing weekly and seasonal variations of time use and in fact may not capture the latter.

Source: Charmes (2015, 2016).

Policy review and case studies

Desk-based research

Our desk-based research began by identifying key sources related to labour-market policies, ECCE policies, and social protection policies. After using these key sources – which included both literature and databases – to snowball across domains, we built a spreadsheet of policy areas by country and region. We then backfilled our table by searching for policy documents and government reports. Our intention, given resource constraints, was to develop a product that enabled us to see at a glance where countries and regions were directing attention – and where they were not. In addition, an annotated bibliography of 39 key sources on childcare policy change was prepared, exploring how such change looks, focusing on related changes in the three main sectors – labour market, social protection and ECCE – and identifying the actors and factors that prompt, facilitate or hinder such change.

	Vietnam	Palestine	Ethiopia
Key informant interviews	18 people	15 people	8
Individual interviews	10 grandmothers (and their school-aged grandchildren)		20
Case studies		5 families (involving caregivers and children)	1
Focus group discussions			7
Total No. Interviews	28	20	36

Qualitative research

In order to capture a diversity of experiences, we undertook three case studies as part of this research. Specifically, we looked at the Vietnamese grandmothers who are raising their grandchildren while the parents migrate in order to take on urban work, the Ethiopian adolescent girls who are migrating in order to become domestic workers and nannies in Ethiopia's urban centres, and the Palestinian mothers who are caring for their children with disabilities with only rudimentary social protection. An ODI Research Fellow, in conjunction with researchers from Viet Nam's Institute of Family and Gender Studies (Thuy Dang Bich), Ethiopia's Social Affairs Consultancy (Bekele Tefera, Bethelihem Gebre and Kiros Berhanu) and Palestine's Al Quds University (Dr Bassam Abu Hamad), designed a variety of instruments and then collected data in October and November 2015 for the country case studies.

In Vietnam, interviews were conducted with key informants and grandmothers – though we also interviewed older left-behind children when possible. In Palestine, we combined key informant interviews with case studies of families, to help us see how care was distributed throughout the family. For those case studies, we interviewed mothers, fathers, grandparents, aunts and children with disabilities and their siblings. In Ethiopia we interviewed adolescent girls, domestic workers, brokers who placed them, ECCE providers and officials from the education and labour sectors.

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