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Investing in care: a pathway to gender-responsive COVID-19 recovery

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Introduction

The COVID-19 pandemic has unveiled the global crisis in care. Lockdown conditions and extended school closures have led to women bearing an ever more disproportionate share of unpaid care and domestic work² at home, at immense cost to their incomes, health and wellbeing and to gender equality. At the same time, in some countries and in certain conditions during the pandemic, men's relative share of household work has increased by varying degrees.

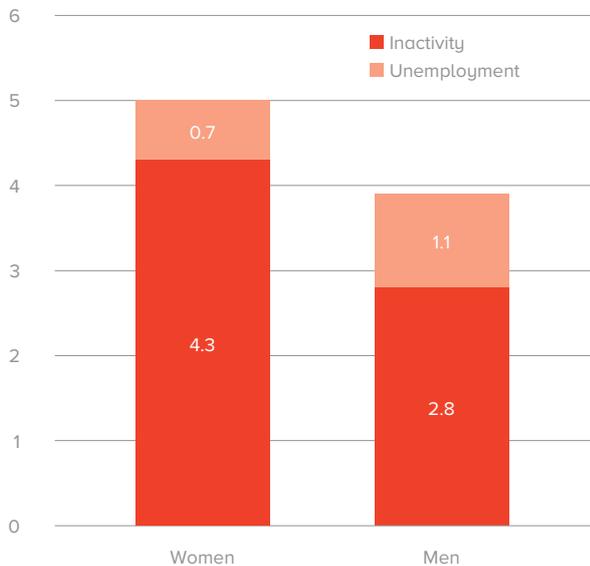
Building on data from the Europe and Central Asia and Asia-Pacific regions, this brief argues that the time to invest in the care economy is now. Such investment helps advance multiple Sustainable Development Goals (SDGs) by increasing women's labour force participation and productivity, professionalizing the care sector and generating decent work for men and women, reducing gender inequalities in care work and ultimately ensuring inclusive and resilient growth.³ The paper offers recommendations based on emerging research and new policy tools for strengthening public policies and workplace measures to recognize and redistribute unpaid care work and build a care economy as a cornerstone of social and economic recovery.

The impact of COVID-19 on women's labour force participation and unpaid care work

Globally, women perform as much as three times more unpaid care work as men,⁴ the monetary equivalent of \$10.8 trillion per year.⁵ In many countries, this ratio is even higher. In Pakistan, for instance, women devoted almost five hours per day to unpaid care work in 2019, compared to 28 minutes by men, while in Albania, women spent six times as much time as men on these activities.⁶

After the pandemic outbreak, the time spent by women in care activities has soared⁷ while their participation in the labour force has dropped (Figure 1).⁸ A staggering 45 million women are estimated to have left the labour force in 2020, compared to 36 million men—more than 55 percent of them from the Asia-Pacific region. This has also been the trend in Europe and Central Asia, where more women than men shifted to labour market inactivity. The unsustainable situation deriving from increased total workloads—in some cases up to 80 to 85 hours per week⁹—may have forced women to leave the labour force in higher percentages than men.¹⁰

Figure 1: Decomposition of employment losses into changes in unemployment and inactivity, by gender, 2020 (percentage)



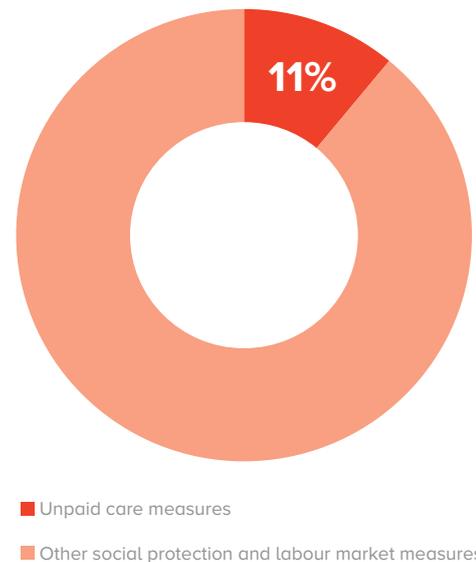
Source: ILO (2021), *World Employment and Social Outlook: Trends 2021*.

Although the increased burden of unpaid care work may not be the only factor contributing to changes in the women’s labour market inactivity rate, studies have shown that women’s participation in the labour force is shaped by their care and domestic responsibilities.¹¹ For example, it is clear that women’s share of unpaid care work has a high and negative correlation with their participation in the labour force and the type and quality of employment opportunities available to them, thus affecting their economic security and making them more vulnerable to poverty.¹² Even before the pandemic, domestic work and family responsibilities were the main reason for the majority of women in Malaysia not entering or opting out of the labour market.¹³ In Mongolia, a joint study by UNDP, ADB and the National Committee on Gender Equality revealed that perceptions of unpaid care as women’s work continued during the pandemic lockdown, and women’s increased time spent in unpaid care work was undervalued.¹⁴

In Turkey, a time-use survey conducted during a lockdown week in May 2020 showed that women performed four times as much unpaid work as men. This was despite a fivefold increase in unpaid work by employed men working from home, compared to before the pandemic. Nevertheless, the survey noted favourable attitudes towards the distribution of unpaid care work among household members: most women and men surveyed believed that this burden should be shared more equally.¹⁵

Despite the disproportionate burden of unpaid care work borne by women during the COVID-19 pandemic, governments have failed to prioritize measures that address this issue: worldwide, only 11 percent of social protection and labour market measures adopted by governments provide support for unpaid care (Figure 2).¹⁶

Figure 2. Proportion of unpaid care measures adopted at the global level (percent of social protection and labour market measures)



Source: UNDP, UN Women (2021), *COVID-19 Global Gender Response Tracker*.

Building a caring economy

Evidence shows that investing in the care economy helps to generate green, labour-intensive and decent work for women and men. By enabling women to continue or return to employment as they wish, such investment promotes their economic empowerment.¹⁷ Investments in the care economy also have a high fiscal multiplier and produce high economic growth. Studies conducted in Canada and the United States show that investing in care yields economic returns of up to \$17 for every dollar invested.¹⁸ A simulation study in Turkey that evaluated the demand-side economic rationale for public investment in the social care services sector showed that additional funding of about one to two percent of GDP in early childhood and childcare services generates 2.5 times as many jobs as the same investment in the construction sector, with nearly three-fourths of them going to women.¹⁹

Investing in the care economy entails initiatives on at least three fronts:

1. revising policy frameworks to turn unpaid care work into decent work and strengthen public financing of the care sector;
2. leveraging workplace measures in the private sector that help to dismantle gender stereotypes about unpaid care work and reduce the burden on women's shoulders through the provision of care services;
3. supporting behavioural and attitudinal changes in society that combat discriminatory gender norms.

First and foremost, we must reconsider the terms and conditions of care work. This means we need to recognize the value of unpaid care work in sustaining economies. A new social contract must put women at the centre of the COVID-19 recovery and redefine the way societies distribute responsibilities for their own reproduction. In the absence of affordable, appropriate and reliable social care services, the costs of unpaid care work are absorbed by care providers who are mostly women and girls due to prevailing discriminatory gender norms. Research shows that extended school closures and heightened care burdens in the household have led to higher school dropout rates for girls, entrenching gender gaps in education and employment opportunities.²⁰

Turning care employment into decent work, as defined by ILO,²¹ will require an assessment of the status of employment in the care sector, including its labour conditions, and developing professional standards for care providers to attract men and women to jobs in care provision, with the objective of securing universal and affordable quality care.

Undertaking an analysis of care services in the monetized economy (i.e., the availability of services for different groups such as preschool- and school-age children, the elderly, the long-term sick, and persons with disabilities) is key to identifying gaps and deficits in the public provisioning of care services for various groups. So is setting targets for social provisioning of one or more types of care and conducting a costing exercise based on them. The Integrated National Financing Frameworks are an opportunity to assess fiscal space in central and local budgets once targets are set for social care service expansion and the scope for spending is determined. Gender-responsive budgeting initiatives at the macroeconomic and local levels can help to ensure that resources are allocated to such public investment.²²

New policy tools developed by UN agencies can support ministries of labour/employment and finance in such assessments. For example, a relatively simple and versatile tool from UNDP and ILO allows governments to explore different scenarios of care and cash transfer services/programmes with different levels of coverage. It helps to estimate the potential cost of implementing services and cash transfers for early childhood care and can be adapted to different populations and contexts.

For national social protection schemes to be gender-transformative, we must design comprehensive strategies that address the root causes of gender inequalities.²³ For instance, as part of conditional cash transfer programmes, training can be provided to service providers to encourage men to equally share care work, which can redistribute the care burden within the household²⁴ and reduce the chances, especially in low-income families, of girls being forced to leave school to help with domestic and care work.

Second, to be transformative, care economy initiatives must be built from the ground up and involve a wide range of partners, including local municipalities, public and private sectors, civil society and community-based organizations. Most importantly, it is essential to understand the needs and capabilities of women who shoulder the bulk of unpaid care work. In North Macedonia, UNDP has launched the Community Works Programme, in partnership with the central government and municipalities, to increase the employability of the unemployed and address the lack of social and care services. Beneficiaries, most of them women, are provided with vocational training courses and on-the-job learning opportunities to improve their skills and boost their motivation to enter the labour market. The programme has developed new social services, including personal/educational assistance services.²⁵

Recognizing the disproportionate care burden on women during the COVID-19 pandemic, some businesses have stepped up efforts to support an enabling 'work-from-home' environment by, e.g., increasing flexibility in working hours for men and women, providing payments to cover childcare costs where such services remained available²⁶ and advocating for men to assume a greater share of unpaid care work.²⁷

National and local governments can support and monitor private care service providers to ensure they meet labour standards and provide quality services and decent employment opportunities.

Finally, we cannot overstate the importance of changing attitudes and addressing harmful gender norms in reducing and redistributing unpaid care. Along with policies and programmes that lead to more equal sharing of care work, we must propel behavioural change through evidence-based advocacy campaigns that challenge masculinities.²⁸ For instance, evidence suggests that ‘use-it-or-lose-it’ paternity leave increases men’s involvement in childcare and household activities in the longer term.²⁹

In conclusion, the pandemic’s profoundly negative impacts on women’s work have also had the effect of bringing the phenomenon of unpaid care to the forefront of public and policy discourse. We now have incontrovertible evidence of the costs of women’s unpaid caring labour and its value to economies and societies, along with policy tools and innovative community-based and business initiatives to make investing in a care economy a reality. Let us seize this opportunity to build forward in a different way.

Endnotes

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