MEN, GENDER AND INEQUALITY IN UNPAID CARE

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A BACKGROUND PAPER FOR THE UN SECRETARY-GENERAL’S HIGH-LEVEL PANEL ON WOMEN’S ECONOMIC EMPOWERMENT
1. Introduction

There is not a single country in the world where men and women do an equal amount of care-work. Estimates show that globally, women do 2.5 times more care-work than men. In countries where the care burden is most unequal, this amounts to women spending 10 or more weeks per year on unpaid care compared to men. Even in Sweden, where the distribution of care is most equal, the gap amounts to 1.7 weeks per year. While men do spend more hours in paid work, as women’s labor force participation increased (dramatically in some settings) research shows that in some countries, women’s total time spent in both paid and unpaid work exceeds men’s.

The issue of unpaid care work, and specifically its unequal distribution, is a major barrier to women’s economic empowerment, to achieving gender equality, and to development more broadly. The burden of unpaid care work limits women’s and girls’ opportunities for education, employment, and participation in political life, reduces their earning power, and can make them vulnerable through their dependence on the men in their families. In addition to allowing for greater participation in education, work, and public life, less time spent on unpaid care work can mean more time for rest and leisure and can reduce stress.

A more equal division of care-work can also improve the lives of men: it can provide them with a sense of purpose, and greater work and life satisfaction. It can also contribute to an expanded identity as men: it allows them to broaden the rigid definitions of a “good man” or a “good father” beyond provider and protector of the family, a definition that is increasingly at odds with actual life, as more women work outside the home, and more men, at some point in their lives, face unemployment or insecure livelihoods. Taking on roles as caregivers also offers men the opportunity to begin to break free from narrow constructs of manhood and fatherhood, and to provide their sons and daughters with positive role models, improved health and development, and greater hopes for the future. This is not in any way to minimize the inequality and burden for women, but rather to emphasize the gains for all of the equal distribution of care.

Social scientist Diane Elson coined the Recognize, Reduce, and Redistribute agenda around women’s unpaid care, and its strategies have gradually gained visibility and been put into action. Feminists have been challenging the unequal distribution of caregiving for many years, and the international community has slowly responded. The United Nations Sustainable Development Goal (SDG) target on unpaid care is the latest in a line of international agreements and conventions which recognize women’s heavy and unequal load of unpaid care as a key obstacle to achieving gender equality. However, much of their focus has been on reducing the overall burden and enhancing the economic and social value of the unpaid care work being done by women and girls. Too few efforts have been made to redistribute the burden of care more equally between men and women. However, unless men and boys participate equally in unpaid work in the home, and unless governments, employers, and families expect and support this involvement, gender equality will not be achieved. Indeed, research indicates that, as noted in another background paper to the panel, that “reducing the time for individual care tasks may not lead to women having more time. If cooking or washing take less time, social expectation of other tasks, such as childcare, may rise. Thus, investing in labour-saving equipment and care services, must be combined with shifting perceptions about women’s work, care, and gender roles.”
While we want to nudge individual men and boys toward greater participation in care and domestic work, first and foremost we must understand the policies, the cultural norms, and the social and structural influences that determine why men and boys do or not do their share of care work. Achieving equality in care and domestic work is not simply an issue of individual men doing more. Employment and livelihood policies; childcare, tax, and benefits systems; and health, education, and social services have not kept up with the changes taking place in families around the world, and this creates substantial barriers to families who try to operate in a more egalitarian approach.13

Redistribution of care between men and women with the goal of gender equality is precisely the focus of this concept paper. We review what we know about gender inequality in care work, its implications for women, men, and society more broadly, some of the gendered factors that drive it, and some promising examples and recommendations on how governments, international bodies, business, the social sector, and communities can tackle these and work towards a more equal, caring world. The move toward more equitable caregiving must be supported as part of a wider agenda to challenge the structures and ideologies that restrict us all from developing as full human beings in a more just and equal society. It is important to note that while we focus specifically on the redistribution of care between men and women, the drivers of gender gaps in unpaid care work identified by the High Level Panel (e.g. labor force participation rate, education, professional and technical jobs, wage gap and leadership positions, financial inclusion) are themselves gendered and often related to care responsibilities, perpetuating a cycle of inequality.

This challenge is increasingly well recognized, being captured now in the Sustainable Development Goals. Increasing efforts by men include MenCare: A Global Fatherhood Campaign, outlined in Box 1.

**Box 1. MenCare: A Global Fatherhood Campaign**

MenCare partners work at multiple levels to engage men, women, institutions, and policymakers in achieving gender equality. Partners launch media campaigns; implement evidence-based programming; conduct training with healthcare and service providers; and execute targeted advocacy with health and social-service systems, governments, and the international community. Many partners have adapted MenCare’s **Program P**, a program that engages men in active fatherhood from their partners’ pregnancies through their children’s early years. Results from Program P’s implementation have shown positive changes in the lives of men and their families: in Sri Lanka, men decreased their use of alcohol, while in Nicaragua they improved relationships with their children and partners and increased their participation in household work and childcare. Preliminary findings from an RCT in Rwanda found that men in the intervention group shared care work more equally with their partners compared to men in the control group, as reported by both men and women. Violence against women and violence against children were also lower in the intervention group compared to the control group.

Around the world, MenCare partners are working to show how men’s non-violent involvement in caregiving can help improve health and child development outcomes, and decrease violence globally. From Guatemala to Indonesia, evidence from partners indicates that working with the health sector has led to positive policy changes supporting men’s involvement in pre- and post-natal care. In South Africa, advocacy initiatives encourage policymakers to take a stand against corporal punishment and to legislate...
2. Men, women, and unpaid care: what are the gaps and why do they matter?

The amount of unpaid domestic and care work done by men varies considerably from country to country and family to family. Yet around the world, women consistently do more unpaid care work than men do. Even where men are contributing more than they used to, the gaps between women’s and men’s contributions are persistent.\textsuperscript{14}

There is some evidence, primarily from high-income countries, that gaps in unpaid care work are narrowing, particularly in relation to childcare. A study of trends in men’s participation between 1965 and 2003 across 20 countries found an average increase of 6 hours per week in employed married men’s contribution to housework and childcare. Still, men’s contribution did not exceed 37 percent of women’s in any of these countries.\textsuperscript{15}

Some might argue that that these figures are misleading: are men and women not putting in similar levels of effort when we take into account the time spent on paid work? While gaps do narrow in some countries when this is taken into account, overall the data consistently tell us that women spend more time on combined paid and unpaid work; data from 65 countries suggest that women on average spend 45 minutes more than men on paid and unpaid care per day, resulting in almost 6 extra weeks of work per year and 5.5 extra years of work over 5 decades.\textsuperscript{16} Women in Benin, South Africa, Madagascar, and Mauritius spend between 24 and 141 minutes more per day\textsuperscript{17} and women in Rwanda spend 51 hours per week on their combined duties compared to men’s 40 hours.\textsuperscript{18} The largest disparities are in Latin America, where women spend 6 to 23 more hours per week than men do on paid and unpaid work.\textsuperscript{19} In addition, International Men and Gender Equality Survey (IMAGES) data from 6 countries suggest that men who do engage with children may limit their participation to less laborious but still important tasks; the most common caregiving role with children was through play.\textsuperscript{20}

Even if men and women spent the same total amount of time on paid and unpaid care work, the unequal distribution of these different types of work is deeply problematic given the greater societal value assigned to paid work, and the reduced access to social contact, play, education, and financial resources that girls and women experience as a result of their caregiving roles.\textsuperscript{21,22}

When family members are ill or elderly, the burden of care falls even more disproportionately on women and girls. A recent study in the United States found that daughters spend more than twice the number of hours that sons do caring for elderly parents.\textsuperscript{23} One survey in South Africa found that women make up over two-thirds of primary caregivers for people living with HIV and AIDS.\textsuperscript{24}

Given the persistent expectation around the world that women should maintain their domestic roles, it is not surprising that women still hold fewer positions of power and earn less than men do. Although it is not the only factor, the time and energy spent on unpaid care is a major contributor to holding women back in their paid work. At current rates of progress, the ILO estimated that it would be 75 years before women and men achieve equal work for equal pay.\textsuperscript{25}
Women’s household responsibilities and duties have a significant effect on their ability to work outside the home, whether they are senior executives or subsistence farmers. While women’s participation in the paid labor market has been increasing in most of the world, women are still more likely than men to have lower-paid jobs and part-time jobs, to earn less than men do, and to be self- or family-employed, or to work in the informal sector. They are also less likely to hold leadership positions at work or in government.

The double burden carried by many women reduces their ability to contribute financially to the household, and to develop their own skills and talents outside the home. For example, research in Tanzania found that if women were able to spend one hour less for every ten hours they spend collecting water and fuel, it would increase their possibility of earning money by seven percent. In one study in Latin America and the Caribbean, more than 50 percent of women aged 20 to 24 said that their unpaid responsibilities in the home were the main reason that they could not look for paid work. Even where men and women enter the labor force at similar rates, women are much more likely to switch to part-time work or to exit the paid labor market altogether once they have children.

Women’s unpaid care burden has the greatest impact on the poorest in society for whom additional time and income could make the most difference. A study of poor women in Kenya, Nepal, Nigeria, and Uganda found that “women living in poverty carry heavier workloads than men in all four countries, across both rural and urban communities. Their responsibility for unpaid care work means they have less time to take care of themselves, rest or engage in paid work or subsistence agriculture.”

Unpaid care work must be understood in the context of power dynamics driven by socio-cultural and economic factors, as well as gender, race, economic status, and age. Women and girls living in poverty and members of ethnic minority groups have often been employed to provide care in the houses of people with more money and status, essentially redistributing care from middle- and upper-class women (and men) to poorer. However this leaves poorer caregivers with less time for their own unpaid responsibilities, which are considerable given their limited access to adequate infrastructure, public services, and social protection. It means that this new distribution of care actually perpetuates other inequalities, including around class and across nations.

Similarly, as adult women enter the workforce, the burden of care on younger women and girls in the household can increase. Girls’ unpaid labor in the home limits their schooling, access to paid work, and participation in the public sphere; this is especially true for girls married as children who provide extensive care-related labor in their marital households. A survey in 16 countries found that 10 percent of girls aged 5 to 14 perform household chores for 28 hours or more weekly (approximately twice the hours spent by boys), with a measurable impact on their school attendance. This unpaid care work may impede many young women from taking up paid employment, or push them into flexible, low-skilled, and low-paid informal work that accommodates care responsibilities. Such findings reinforce why we have to pay as much attention to redistribution of care as to getting women into the paid work force.

3. Change is possible
While change has been slow (and varied across countries), many men say they do want to carry out unpaid care work and, in particular, be more involved in the lives of their children. IMAGES data from eight show that a large proportion of fathers (ranging from 43 percent in Mali and Bosnia Herzegovina to 77 percent in Chile) report that they would work less if it meant that they could spend more time with their children. In the United States, one survey found that 46 percent of fathers said they were not spending enough time with their children, compared with 23 percent of mothers. And research has found that men and women are equally “wired for care,” undergoing equivalent hormonal and brain activity responses in reaction to children. To those who think women have an innate ability or proclivity to care for children, this research shows that men have an equivalent or, at the very least, similar proclivity to care for children.

Encouraging men’s caregiving can yield positive changes not in just the current household, but in future generations. Data from IMAGES and the UN Multi-country Study on Men and Violence in the Asia and Pacific region show that men and boys who have seen their own fathers engage in domestic duties are themselves more likely to be involved in housework (see Figure 1). Indeed, across eight countries where IMAGES was conducted, men whose fathers participated equally in housework were nearly one and a half times more likely to report participation in domestic activities themselves. This “intergenerational transmission of care” can be a powerful contributor to the transformation of gender relations and ending inequality, opening a wider range of future possibilities for both boys and girls. Similarly, another analysis of IMAGES data showed that across six countries, having been taught to care for children, having witnessed their father taking care of their siblings, and their own current attitudes about gender equality were all associated with men’s greater involvement in caregiving of young children.
4. Barriers

What factors then maintain the unequal distribution of caregiving? What keeps men from fully sharing the unpaid care work, whether it be preparing food for children, looking after elderly parents or sick family members, or changing diapers and cleaning toilets? The reasons often fall into one of the following three categories: 1) social norms and gender socialization that reinforce the idea that caregiving is “women’s work”; 2) economic and workplace realities and norms that drive household decision-making and maintain a traditional division of labor at home and at work; and 3) policies that reinforce the unequal distribution of caregiving.

Social/gendered norms

Pressures to adhere to social and cultural norms – expectations of typical and appropriate ways of being – weigh heavily on many women’s and men’s shoulders. In many countries, men are
expected to work outside the home and be providers and breadwinners, while women are
equipped to provide care and run the household. A 20-country World Bank study noted that
“income generation for the family was the first and most likely mentioned definition of a man’s
role in the family and of a good husband,” with domestic responsibilities overwhelmingly seen
as the main feature of being a “good wife.”

Many men and women believe that men have a greater need for employment outside the home
than women do: as noted in other background papers, the 2010–2014 World Values Survey
conducted in 59 countries found that, on average, 45 percent of men and 35 percent of women
agreed with the statement, “When jobs are scarce, men should have more rights to a job than
women.” These attitudes are reflected in practice: in a study of OECD countries, a 10%
increase in the proportion of people who agree with the above statement reduced women’s
employment by 5–9%.

Social norms which highlight and naturalize the centrality of motherhood and caregiving to
women’s identities and emphasize men’s roles as providers, reinforce the gendered division of
labor and serve as a barrier to men’s greater involvement in unpaid care (and to women’s greater
involvement in paid work, particularly after they have children). Men and women who deviate
from these rigid norms may face stigma and ridicule, or pushback from employers.

Unpaid care work is given much less value than paid work outside the home, and even paid
caring jobs like housecleaning, childcare, and elder care are usually paid at lower rates than other
work is. Girls and boys learn from an early age that some types of work are valued while some
are not. For example, one study in the United States found that the chores boys are typically
assigned often include outdoor tasks, like gardening or carrying things, tasks that are intermittent
and sometimes also paid for. Girls, on the other hand, are assigned chores like cooking and
cleaning that take place indoors, day in and day out, and are unlikely to be remunerated. The
lack of socialization around care may leave boys and men uninterested, unprepared, and lacking
confidence in their roles as caregivers.

In addition, women themselves may express doubts about whether men can be good caregivers,
or as good as mothers, believing that women are better than men at caring for children and the
home. In some cases, women may also be resistant to men’s unpaid care work, seeing the home
as the one space where they have some power and control. They may even find having a man at
home an additional burden: in Nicaragua, a study of mothers of children under two found that
women said they had more to do in the home when a father was around than when he was not.
Women may also feel that increased male involvement in the home would signal “their failure as
women, mothers and daughters,” as research with fathers in India found.

Men’s participation in the domestic tasks is often stigmatized by other men and by women,
which also makes change challenging, and men acknowledged that they often hide their
participation in household chores. On the other hand, many women do voice the desire for men
to take greater responsibility in the home.

Gendered norms related to caregiving extend beyond the household, with important implications.
Healthcare workers, social services workers, early childhood educators and paid caregivers, and
others in the public sphere with whom men and women interact may also hold inequitable
attitudes about masculinity and caregiving, and may have negative views of men’s participation in care. These inequitable views of men’s and women’s caregiving roles held in public institutions further serve to discourage men from taking on involved roles as caregivers.

These same norms serve as a barrier to men’s participation in paid care-work. While there has been a lot of attention on increasing women’s and girls’ participation in Science, Technology, Engineering and Math (STEM) fields, there has been little effort made to increase men’s and boys’ participation in Health, Education, Administration, and Literacy (HEAL) professions. In many countries, these professions remain highly gender-segregated. In the United States for example, the proportion of male kindergarten teachers has remained steady since 1980, at only 2 percent. A key factor in this gap is, of course, that many female-dominated professions are still paid less than traditionally male-dominated professions, even if the professions have similar qualifications. But normative factors about what makes for appropriate work for men and for women, and the value that this work is given, still play an important role.

A number of other gender-related cultural expectations determine women’s participation in the labor market and other behaviors of interest for the High Level Panel. For example, men not only tend to earn more than women, but also norms dictate that they may be older than (and thus more advanced in their careers) than their partners when these women first marry or become pregnant. If someone is going to work less, it will often be the woman, for whom the opportunity costs are lower. This is where norms intersect with economic and workplace realities.

**Economic & workplace realities**

Economic and workplace realities contribute to maintaining and reinforcing gender gaps in paid employment and unpaid care, often encouraging men to choose paid work over unpaid caring roles and women to do the opposite. For example, the design of the modern workplace makes shorter working hours and career commitment seem incompatible; thus, couples decide that at least one partner should keep his or her career on track, and this is often the man because he frequently earns more than his partner does. According to an ILO study in 83 countries, women still earn 10 to 30 percent less than men do. If present trends continue, another 75 years will pass before the principle of equal pay for equal work becomes a reality.

Women’s care responsibilities, combined with workplaces that are not supportive of care, also that restrict women in their choices around what types of jobs to take on, as they look for jobs that will allow them the flexibility to care for their families. Indeed, other background papers in this series point out that a third of women globally work part-time only, and that rates of entrepreneurship and business ownership are lower for women than for men, in part due to their care responsibilities and choices related to those.

Having children has a dramatic impact on women’s earnings: mothers earn less than childless women do in 60 percent of 22 developed countries analyzed in a recent study, and across 28 developed and developing countries, 88 percent of women aged 30 to 39 saw their earnings decline when they had children. A recent study of developing countries found that women with children earn US$ 48 cents less per day for each additional child compared to their childless
counterparts. Having children also dramatically increases the pay gap between men and women, as shown in Figure 2.

**Figure 2:**

*The price of motherhood: the gender pay gap*

*Gender pay gap by presence of children for workers aged 25-44*

Men do not face the same problems. In fact, new evidence suggests a boost in income for some fathers: a recent study found that on average, men’s earnings increased more than 6 percent when they had co-habiting children while women’s decreased 4 percent for each child they had.
This seems to arise from gendered notions regarding fathers as more stable and committed to their work when they have a family to provide for. Women, on the other hand may be seen as less competent and less committed to their work than men and childless women are. However, men as well as women often face discrimination from employers and negative attitudes from colleagues if they want to work fewer hours or more flexibly once a child is born or an elderly parent becomes frail. In Australia, a survey found that 49 per cent of mothers and 27 per cent of fathers reported experiencing discrimination, including negative comments and attitudes from colleagues or managers, and discrimination related to pay, conditions, duties, or flexible working.

Other background papers in this series describe strategies to reduce gender pay gaps, support women’s leadership and entrepreneurship, and their participation in the labor market, including strong collective bargaining movements, high minimum wage, and equal, non-transferable, incentivized leave for both men and women (see below). Other policies and practices include other types of leave (e.g. sick leave, leave to attend to caregiving responsibilities), flexible work policies, provision of childcare, and training of employers and managers, among others. While many of these policies were designed to support women, they can be used to support men’s caregiving as well.

**Policies and the redistribution of caregiving**

The distribution of carework is shaped not only by norms and economic realities, but also by the presence (or absence) of laws and policies that either promote equal caregiving, or, alternatively, reinforce harmful restrictions of the roles of men and women. In most countries in the world, social and economic policies continue to reflect and reinforce the link between men and work, and women and care. Policies around equal pay, taxation, public provision of childcare, parental leave, and social protection could all support a more equal division of labor at home and in paid work.

The debate about the equalization of unpaid care work in the home has advanced the most in high-income countries in which governmental policies make subsidized childcare, parental leave, and other supportive resources available to a large sector of the population. Indeed, the provision of public (affordable, high-quality) childcare has been shown cross-nationally to encourage the sharing of housework and childcare in the home. And research from 23 countries in Europe finds that the gap in working hours between women with and without young children at home is smaller in countries where people hold egalitarian attitudes about gender roles, and in countries with extensive public childcare support. But in the poorest countries, and even in some middle-income ones, the state simply does not or cannot offer social protection or welfare policies of this kind, nor does the extended family provide childcare.

Even if low-income states were to extend these policies, they would only cover people participating in the formal economy, who in most developing countries are few compared to those in the informal labor force, through which the majority of women make a living – working in subsistence agriculture, selling goods in the market, or providing paid domestic labor. It is thus important to design broad-based policies that support all people in caring for themselves and their families.
Social protection programs can encourage men to share in household responsibilities by, for example, making men explicitly responsible for fulfilling certain conditionalities, such as taking children to school and health centers, and attending training programs. European welfare states and other industrialized settings have established monetary or social-security benefits, including child allowances, tax subsidies, payments to caregivers, tax allowances, the provision of social services and social-security credits. Such policies could support men’s caregiving by subsidizing family income and making it easier for men (and women) to spend time with children, but they are often targeted only at women.

Outside the formal labor force, conditional cash transfers (CCTs), such as Oportunidades (previously called PROGRESA) in Mexico and Bolsa Família (previously Bolsa Escola), in Brazil offer financial incentives that are conditional on keeping children in school, increasing the uptake of health services, or providing better nutrition. CCTs can have wider household effects, too – for example, reducing poverty and child labor, and contributing to mothers’ participation in the workforce. Most CCT programs target mothers because research has shown that they are more likely to spend money on their families than fathers are, though these findings have recently been challenged. There is a danger that basing CCTs on this assumption will reinforce the stereotype that women should and will provide for their households and men will not.

A large number of studies of CCTs have been conducted, but it is still not well known how they affect relationships between men and women, mothers and fathers, and their children. It is important to consider how CCTs could be re-envisioned so that they do not reinforce gender-stereotypes – or leave men out of the picture. They should be designed so that they increase women’s income and at the same time encourage men to reconsider their responsibilities and the contribution they make to the family as a whole.

A particularly promising avenue to promote men’s caregiving is that of providing equal, paid, non-transferable leave for fathers after the birth or adoption of a child. These policies can be an effective mechanism for changing the gendered dynamics of caregiving at home and at work, and elevating the status of caregiving more broadly. Leave for fathers promotes women’s equal pay and advancement in the workforce – it becomes less “costly” to hire a woman who might have a child if any employee, male or female, might take leave – and men’s connectedness at home. It boosts employees’ morale and productivity, and reduces turnover. It allows governments to send a clear signal that all parents matter in the lives of their children.

Non-transferable quotas, which are commonly known as “use it or lose it” leave or “fathers’ quotas”, may be one of the most important factors to encourage men’s uptake of leave and equal participation in care work. In Sweden and Iceland, which offer a non-transferable fathers’ quota, men’s uptake is much higher (90 percent) than it is in Denmark (24 percent) and Slovenia (6 percent), which don’t. Although families want and require choices and flexibility, if a portion of leave isn’t specifically designated for fathers, few men will take it, reinforcing inequalities at home and at work, and placing the responsibility for caregiving overwhelmingly on the mother. Consequently, assigning leave as an individual entitlement for each parent normalizes both men’s and women’s caregiving, does not require mothers to give up their leave days so that fathers can take leave, and better supports diverse family structures.
Box 2: Examples of the Impact of Leave for Fathers

In Iceland, fathers took an average of 39 days of leave in 2001. After a “use it or lose it” fathers’ leave quota was instituted, this rose to 103 days by 2008. Similar patterns were also found in Norway and Sweden. In Estonia, uptake of leave increased from 14 percent of eligible fathers in 2007 to 50 percent in 2008 after paternity leave benefits were increased to 100 percent of previous earnings (financed by general taxation). In the UK, fathers who took leave after their child’s birth were 19 percent more likely to participate in feedings and to get up with the baby during the night 8 to 12 months later, as compared to fathers who did not take leave. In Norway, mothers’ sickness-related absences from work were reduced by 5 to 10 percent in families where fathers took longer leave.

Measuring the benefits of paternity leave: An experiment in Norway

In the 1990s, researchers Andreas Kotsadam and Henning Finseraa saw an opportunity to assess the impact of leave policies on the household division of labor by comparing parents who had children in the two years before and the two years after Norway’s introduction of the “daddy’s quota” in 1993. Using records from the time, they surveyed thousands of people who had become parents in the periods 1991 to 1993 and 1993 to 1995. By including all fathers before and after the change in legislation, they generated results that could not be explained simply by the attitudes of those men who chose to take leave.

The impact of the policy change has been strong and lasting. Surveyed almost 20 years after the reform, parents with children born after the implementation of the reform reported 11 percent less conflict over household work than did those who became parents before the policy changed. These parents did not differ from pre-reform parents in their attitudes toward gender equality, which likely indicates the wide range of factors and social norms that shape those attitudes. Support for public childcare, however, was 18 percent higher in the group whose children were born in the two years after the new policy. And what about household work? Here the result was most dramatic: when it came to washing clothes, for example, the post-reform parents were 50 percent more likely to divide the task equally than the pre-reform parents were.

Program reform leads to huge jump in fathers’ participation: Experience of Canada

The Canadian province of Quebec demonstrates the potential impact of integrated and far-reaching reforms to parental leave. In 2006, the province introduced its own Quebec Parental Insurance Plan (QPIP), expanding on a national plan. Eligibility criteria were adjusted so that more marginally employed, temporary, seasonal, and self-employed workers qualified. Benefits increased by 50 percent. An unpaid “waiting period” was eliminated. Flexibility was introduced by letting parents choose between a 40-week and 55-week program. A non-transferable father’s quota was also introduced with five weeks designated specifically for fathers.

The combination of these reforms – not only the father’s quota, but also the greater flexibility and financial attractiveness of the overall leave – had a huge impact. Even before the new program, 22 percent of Quebec fathers had taken some parental leave, compared to 9 percent in the rest of Canada. In the first year of the new scheme, participation by eligible fathers rose to 56 percent and then to 84 percent by 2011, while in the rest of Canada, rates increased to only 11 percent.

As policies and programs attempt to address inequalities in unpaid care work, they must recognize the complex dynamics involved and work with both men and women to transform
attitudes, behaviors, and structures. We separately highlighted barriers to equality in caregiving in terms of norms, economic and workplace realities, and at the policy level. However, in practice, these various barriers are intertwined. Normative ideas reinforce policies, and economic realities might shape both norms and policies, and vice versa.

Box 3: Promising practices to increase fathers’ involvement

A growing number of programs and projects now attempt to increase fathers’ involvement in their children’s lives and in unpaid care work at home.

• The “Red de Masculinidades por la Igualdad de Género” (REDMAS) is an alliance bringing together 22 Nicaraguan organizations working with men of different ages and social backgrounds on questioning and deconstructing harmful masculinities. Since 2012, REDMAS, the MenCare coordinator for Nicaragua, has developed and implemented action research, programs, and public awareness campaigns to promote equitable and non-violent fatherhood, particularly among young/adolescent fathers. REDMAS co-authored Program P: A Manual for Engaging Men in Fatherhood, Caregiving, and Maternal and Child Health with Promundo, and Fundación CulturaSalud/EME. REDMAS, in collaboration with Puntos de Encuentro, is also working to engage health care professionals to actively include fathers in pre- and post-natal visits, as well as in labor and delivery. This project resulted in health care providers having a better understanding and a more positive attitude towards engaging men in MNCH and caregiving; men participating in Program P workshops reported greater participation and sharing of household duties, dedicating more time to their children and wives, and teaching their children values of respect and equality.

• The Fatherhood Support Programme in Turkey, which is run by ACEV, the Mother Child Education Foundation, aims “to contribute towards the holistic development of children by addressing the parenting skills and attitudes of their fathers.” Originally developed at the request of mothers, it focuses on raising awareness about child development, fathers’ own experiences of being fathered, positive discipline, the importance of play, and improving communication within families. Fathers who took part in an evaluation after completing the program said they spent more time with their children, shouted less and used less harsh discipline, and, according to the mothers, became more involved in parenting and housework.

• In partnership with the Department of Social Welfare and Development, Plan Philippines supports the Empowerment and Reaffirmation of Paternal Abilities Training (ERPAT) programs, which organize and train ERPAT fathers, who then facilitate parenting-skills seminars and work in groups in the community. ERPAT – also a colloquial term for “father” – has been hugely successful in terms of engaging fathers in childcare and increasing their appreciation of women’s roles and work. In Llorente, a town in East Samar, the ERPAT session on monetizing women’s household work led some fathers to stop smoking in order to save money for the household.

• In Peru, from 2006 to 2008, Proyecto Papá en Acción (the “Fathers in Action Project”), worked with fathers to involve them in early childhood care. Once again, the catalyst for its development was mothers’ desire for their partners to be more involved in childcare. The fathers’ workshops included sessions on positive parenting, the importance of reading to children, and support for fathers who were having a difficult time adjusting to their caring roles, as well as a session that included the importance of visual and verbal stimulation for early childhood development. After the workshops, fathers said that they felt more involved in the family and connected to their children, and that they respected their partners more, used less violence, and shared the domestic and caregiving roles more equally.

• In Georgia, a reality TV show, Fathers, supported by UNFPA, features a well-known Georgian man going through a day’s routine with his children without the help of his wife.
5. Recommendations for Creating a More Caring and Equitable World

So how do we achieve full equality in caregiving, specifically through the redistribution of care? Changes are needed in policies, in systems and institutions, among service providers, within programming, and within data collection and analysis efforts. These recommendations can be summarized as follows:

1. **Create national and international action plans to promote men’s and boys’ equal sharing of unpaid care work.** Action plans on fatherhood and caregiving should span multiple sectors, including gender equality, children’s rights, health, education, economic development, violence prevention and response, and labor rights. At the national level, governments should include concrete actions that promote men’s equitable caregiving within new and existing policies and plans across these fields. These actions must be matched with clear indicators and budgets in order to measure progress and to make visible the need for men and boys to do a fair share of the care work.

2. **Take these action plans and policies into public systems and institutions to enable and promote men’s equal participation in caregiving.** This will involve the transformation of policies, protocols, and curricula, as well as structures and spaces, in sectors as diverse as health, education, employment, and social services. For example, health systems must have clear protocols to involve men in pre-natal care visits and collect routine data on men’s participation. It will also require working with decision-makers and service providers at all levels to transform their own attitudes and practices – for example, via pre-service training, continuing education, and professional development. This is necessary to ensure that these institutions are able to play a role in challenging, rather than perpetuating, inequitable norms around men’s caregiving.

3. **Implement policies that support caregiving and caregivers, in a variety of family structures and situations, as well as policies that allow women’s equal participation in the labor force.** Examples include the availability of low-cost, high-quality childcare and flexible work schedules, as well as guarantees of decent work, equal pay, and social welfare.

4. **Institute and implement equal, paid, and non-transferrable parental leave policies in both public and private sectors.** These policies will only be effective if employees – men and women – are informed about and encouraged to take leave. In settings where a large proportion of the population is not formally employed, different policies and strategies, such as conditional cash transfers and social insurance systems, are needed to promote men’s caregiving.

5. **Achieve a radical transformation in the distribution of care work through challenging social norms with men and women, especially through early socialization of both boys and girls, and through parenting training.** Gender-transformative work should start early and continue throughout life. Box 4 provides encouraging examples. Boys and girls must be prepared from early ages to be future caregivers and future providers. Programs can be embedded within institutions and existing structures, such as schools, early child development initiatives, health services and education, parenting programs, and violence prevention and response efforts, to enable their implementation at scale. Programs and policies will be more effective when accompanied by large-scale campaigns and community mobilization or equality and social change.
6. Recruit more men in the HEAL professions, matching efforts to increase the number of women in STEM. Bringing more men into these professions could accelerate social shifts toward more acceptance of caregiving qualities in all people.109

7. Gather and analyze data on men’s and women’s paid and unpaid work and generate new evidence from programs and policies that work to transform the distribution of unpaid care, prevent violence against women and against children, and improve health and development outcomes for women, children, and men. Information on men’s participation needs to be collected as part of administrative data across sectors. Efforts are needed to ensure that data collection is systematic and comparable across countries and over time. There is a particular need for data that capture gender relations and dynamics across sectors to better understand and inform policies and programs. Greater investment is also urgently needed in impact evaluations of program and policy approaches, particularly in low-income settings.

Box 4: Promising Practices to Socialize Children towards Care-giving

- **Roots of Empathy** is a program in primary schools in Canada, Germany, Ireland, New Zealand, Switzerland, the U.K. and the US. A local parent and their baby visit the classroom every three weeks over the school year. The program has been shown to improve social and emotional competence, increase empathy, and familiarize both boys and girls with the basic underpinnings of caring for young children.110

- In India, the International Center for Research on Women (ICRW) developed a school-based program entitled “Gender Equity Movement in Schools,” or GEMS, for students in Grades 6 and 7, which encourages relationships between girls and boys based in equality, examines social norms, and questions the use of violence.111 Students showed more support for gender equality, increased support for a higher age at marriage for girls, greater male involvement in household work, increased opposition to gender discrimination and increased opposition to the use of violence.112

- Save the Children’s CHOICES initiative, implemented in Nepal, Egypt, Ethiopia, and Bolivia, engages parents, community members and boys and girls in challenging gender stereotypes related to caregiving. In Nepal, the percentage of children who agreed that a brother can help his sister do household chores increased from 59 per cent to 86 per cent.113
ENDNOTES


34. HLP background paper June 16 care economy position paper


38. Authors’ analysis of International Men and Gender Equality Survey (IMAGES) data.


In most developing countries, informal employment is more than half of non-employment. More information can be accessed at: http://wiego.org/informal

*This varies considerably from country to country.*

References:

6. Authors’ analysis of International Men and Gender Equality Survey (IMAGES) data.
42. In most developing countries, informal employment is more than half of non-agricultural employment in most developing regions, although this varies considerably from country to country. More information can be accessed at: [http://wiego.org/informal-economy/statistical-picture](http://wiego.org/informal-economy/statistical-picture).
110 www.rootsofempathy.org
111 Other programs working with boys on social norm change include Promundo’s Program H www.promundoglobal.org, Boys4Change run by RWAMREC, the Rwandan Men’s Resource Centre www.rwamrec.org, the Equal Community Foundation in India www.ecf.org.in and the BraveMen project in Bangladesh. http://www.bd.undp.org/content/bangladesh/en/home/presscenter/articles/2013/05/09/brave-men-campaign-starts.html
113 www.savethechildren.org/site/apps/nlnet/content2.aspx?c=8rKLIXMGIp4E&b=8486803&ct=13130175