ODI Insights

Bridging policy insights Care responsibilities and women's leadership

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This policy brief brings together two key areas of research by the Overseas Development Institute: childcare, and women's voice and leadership.¹ Our aim is to explore the overlap between these two areas and to identify the policy implications that stem from this joint focus. This is important for easing care-related constraints to enable the fuller participation of women in public life and to expand the opportunities and incentives for women (and men) to advance a care-related agenda, particularly one that supports poor and marginalized women and girls.

Emerging from this research are four key policy recommendations for policy-makers in both donor and developing countries:

1. Make care visible by including explicit provisions for sharing care responsibilities in policies across sectors, and by ensuring greater linkages between ministries in their implementation.

2. Implement programmes aimed at changing social norms to challenge discriminatory attitudes and behaviours towards women and girls as carers, and to support leadership opportunities for women.

3. Support women's social and political mobilisation across the political spectrum by encouraging alliances, considering which women decision-makers are likely to champion care policies, and investing in women's collective political skills.

4. Invest in filling knowledge gaps on access to childcare, and how this relates to the political participation of women, by collecting better data and learning from past experiences.

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The issues: A crisis of care and limited advances in women's leadership

A 'hidden' childcare crisis is having severe impacts on three generations of women – on mothers, grandmothers and daughters – who undertake the bulk of unpaid care work. Across 66 countries, which account for two thirds of the global population, women are on average taking on over three times as much unpaid work as men.² At its most severe, this 'crisis of care' means that, across the world, at least 35.5 million children under the age of five are being left without adult supervision,³ with profound implications for their future development.

While women are increasingly represented in formal political institutions, access to leadership positions remains limited. The 1995 Beijing Platform for Action set a target of having 30% women in decision-making positions. Since then, the share of women in parliament has nearly doubled, but it remained at 22% globally in 2015.⁴ At the local level, participation rates are lower still – according to one estimate, fewer than 5% of mayors are women (Klugman et al., 2014: 160).⁵ Over the past fifty years, 38% of countries have had a female head of state or government, but in half of these countries, for less than 5 years.⁶

The opportunities for women to realise their full potential across different political and economic activities are often constrained by vastly unequal childcare services. This can create a vicious cycle whereby childcare responsibilities impede female political participation, which may in turn limit prospects for advances in care-related policies. The challenge then becomes how to promote a virtuous cycle in which women (and men) have the space to participate in a range of institutions to support familyfriendly policies, and have the incentives to do so. Not all female leaders support gender equality or advocate for women's interests. Rather, their motivations are influenced by their own political allegiances and practical needs.

Box 1: Feminist success in mobilising for childcare at scale in Chile

In Chile, feminist organisations that mobilised around democracy pushed for the first gender machinery (government structures to support gender equality) inside government and this led in 1991 to the creation of the Servicio Nacional de Mujeres (National Women's Service, SERNAM). SERNAM's remit was to mainstream gender into public policy, first addressing practical needs such as education and housing, and then, over time, addressing the structural constraints limiting women's opportunities – such as their responsibility for childcare. One of SERNAM's first keystone initiatives was childcare (and occupational training) for low-income, female householdheads. The temporeras (temporary workers) programme was launched in 1991 through local municipalities, and by 1999, it provided childcare to thousands of female workers. Initially, SERNAM's childcare provision was largely to allow private enterprise to maximise profits; not to help women enter the workforce. However, over time, this shifted and in 2004, SERNAM focused on expanding childcare provisioning to help women permanently enter the labour market. The Bachelet administration made the expansion of early childhood education a priority and launched Chile Crece Contigo (Chile Grows with You) in October 2006. Chile Crece Contigo views pre-primary education as a right. It guarantees universal care for all four- and five-year olds and provides access to crèches for children from birth to three, for those in the bottom two income quintiles. While the focus is on equalising outcomes for children - giving the poorest a fair chance - the programme provides full day (and even extended day) care for younger children, ensuring that women's childcare needs are also met. Sources: Matear, 1997; Macaulay, 2006; Staab and Gerhard, 2011; Htun and Weldon, 2014.

Research findings

1. Care is often invisible in policy

Policies towards early childhood typically focus on the needs of young children to the exclusion of care considerations or by reinforcing traditional gendered responsibilities for care – with a few notable exceptions such as the Estancias subsidised crèche programme in Mexico and the Chile Crece Contigo (Box 1), which seek to support women's integration in the labour market as well as advance early child development goals.

Take education as an example. Care for infants and toddlers is largely confined to support for maternal care (that is, helping mothers to be better parents). At most, half of three- to five-year-old children in developing countries participate in some form of early childhood education,⁷ typically for a few hours daily, but often, the hours of day care facilities do not align well with the work schedules of carers.

Social protection schemes such as cash transfer programs, where conditional, often reinforce the primacy of mothers as carers and place additional obligations upon them (rather than jointly with their male partners) to comply with the requirements of the transfer. Public works programmes, in turn, often fail to recognise women as carers and can accentuate the time constraints that they face, particularly where flexible hours and crèches are lacking – either in design or implementation.

2. Discriminatory social norms around care-giving and political leadership constrain egalitarian care agendas

The entrenched social norms that view men as providers and women as carers arguably represent the single largest 'force' keeping care off the policy agenda (Boudet et al. 2012 in Samman et al., 2016: 67). Gendered norms related to care, domestic work and politics are widespread, among both men and women. There is a widely-held belief that men make better political leaders than women and that when women work for pay, their children suffer. Moreover, attitudes appear to be highly correlated with outcomes. Where attitudes towards women in politics are regressive, fewer women hold positions of power (World Bank 2014: 178), but conversely, the representation of women in public life can positively influence social norms and attitudes. Even so, evidence from developed countries suggests that even when provisions (such as paternity leave) are made available, the strength of norms is such that persuading men to take advantage of them requires considerable time and effort.

3. Women's political mobilisation can promote a care agenda but requires strategic alliances

The extent to which women's political empowerment translates into care-sensitive and domestic labour policies is not straightforward. The pace and nature of women's support - through social mobilisation or policy making - has been uneven. The evidence suggests that the mobilisation of women – e.g., through social movements - is generally a necessary condition for changes in carerelated policies, particularly where such movements are allied with political parties that support labour rights (as has been the case in Nordic countries and South Korea for instance e.g. Budlender, 2004) - but that structural inequalities related to class, race, ethnicity and other differences can hinder such developments (see Box 2). Moreover, women's activism has been constrained by deep internal divisions about whether childcare should be a priority, or even whether 'non-maternal' care is a good ideal. A matter for further investigation is whether such ambivalence is more recurrent in highly unequal societies, as in Latin America, where feminist movements have been slow in advocating for progressive care and domestic work policies (Blofield 2012). Promoting care policies framed through an early childhood education lens, in contrast, has been a much less divisive issue (see Box 1 above).

Overall, an increase in the number of women in political roles correlates positively with policy advances that favour gender equality, particularly in relatively egalitarian settings (Lambert, 2008). But not all female leaders support gender equality or advocate for women's interests. Rather, their motivations are influenced by their own political allegiances and practical needs (including those relating to care and domestic labour), as well as wider social norms and structural inequalities. Therefore, reform efforts require considerable investments in the building of strategic partnerships among champions of gender equality in general and care agendas in particular. Gendered norms related to care, domestic work and politics are widespread, among both men and women.

Box 2: The uneasy relationship between women's movements and care agendas

Nearly 85% of domestic workers - one out of every 13 female wage earners globally - are women. By and large, however, women's organizations have not been strong advocates for domestic workers' rights. Where women's organizations have supported domestic worker concerns, this has tended to be on the basis of some other commonality such as ethnicity (e.g. Massachusetts's Brazilian Women's Group and Thailand's Committee for Asian Women) or employment sector (e.g. India's Self Employed Women's Association, SEWA, and Sri Lanka's Red Flag Women's Movement). Evidence from Latin America and Asia suggests that broader women's groups are typically silent regarding domestic workers' rights, focusing instead on the interests of their more advantaged and organized members or on gender-related concerns that transcend racial and class-based lines, e.g. gender-based violence.

Class—as well as caste—has also worked to prevent Indian women's organizations from focusing on domestic workers' needs. As a result, domestic work is largely seen as a labour issue by the women's movement rather than as a feminist cause. Recognising their marginalisation, informal workers' groups including the well-known SEWA, have tended to see domestic workers and other groups of sector workers, not women's groups, as "natural allies", even where their interests naturally align. SEWA has successfully organised rural women informal workers across multiple sectors providing them with key services including healthcare as well as promoting and securing working class rights.

Although women's organisations have largely neglected domestic workers' rights, the last fifteen years have seen considerable global progress, overwhelmingly through the leadership of domestic workers themselves, some of whom—such as Bolivia's Casimira Rodriguez and South Africa's Myrtle Witbooi—have taken on key national and international roles. Often drawing on ethnic and cultural identities made stronger by migration, and supported by trade unions, religious institutions and NGOs focused on social justice, domestic workers have organised themselves from the ground up to draw public attention to their plights and pass sweeping legislation, including the International Convention 189 concerning decent work for domestic workers.

Sources: Blofield, 2012; Cagna and Rao, 2016; Chigateri et al., 2016; Eddyono et al., 2016; Htun and Weldon, 2014; ILO, 2016;



4. The knowledge base is incomplete

Our review of the evidence base on care provisioning and on women's leadership reveals its partial and fragmented nature. Better data, however, are essential to support governments to formulate sounder policy – e.g., appropriate budget commitments to childcare provision and efforts to bolster the political involvement of under-represented groups. To measure care demands more effectively, more systematic data are needed on time use – including collecting it in a standard manner across countries and disaggregated by age, socioeconomic status and ethnicity. We also know far too little about domestic workers – their number, who they are and the types of work they undertake. While data on women's representation in national political bodies are readily available, we know little about other characteristics of these women (e.g., ethnicity, class, education). We also need more systematic information on levels of women's representation in local government and legislatures.

The evidence points to a significant financing gap where data are concerned – recent estimates suggest that \$17.4 billion will be needed for Sustainable Development Goal (SDG) monitoring, with \$8.7 billion slated to come from country contributions and \$3.6 billion in planned donor contributions – leaving a shortfall of \$5.1 billion.⁸ Critically, gender statistics are among those which have not been well-resourced (GPSDD 2016).

Evidence is also limited on how the expansion of family-friendly policy and women's political participation and leadership are linked – e.g., how childcare programmes have been expanded in ways that are also sensitive to women's needs, what has led to the adoption (and implementation) of laws aimed at protecting domestic workers, how broad-based coalitions to advocate for care can be formed in highly unequal environments and what factors have prompted greater female involvement and influence in politics.



Recommendations

Finding ways to address inequalities in the division of care is fundamental to advancing more gender equitable outcomes. This will require addressing the care implications in policymaking and tackling the discriminatory attitudes that reinforce attitudes towards women as carers and hamper their political opportunities. To bolster women's empowerment, it is vital to give women and girls more options and opportunities to allow greater participation in education, economic activities and political decision-making. At the same time, given that the greater representation of women does not guarantee commitment to care provision, we also need to support groups seeking to challenge the structural inequalities that may shape the motivations and interests of female leaders. Finally, it is essential to bolster the knowledge base relating to unpaid care, women's leadership and the linkages between them. We highlight four key areas for policy and advocacy action:

Make care visible in a diverse range of policies: Current policies typically focus on the needs of young children to the exclusion of their carers and/or reinforce a traditional gendered division of care. To make care considerations more visible, policymakers urgently need to be supported to incorporate and enact explicit provisions aimed at sharing care responsibilities (within households, and between households and the state) in diverse policy areas. In education, this could involve aligning preschool programming hours with carers' work schedules and the school schedules of older siblings. For social protection programmes, this could entail the removal of conditions and/or deliberate efforts to redistribute care within families - e.g., by supporting women's decisionmaking whilst also requiring the involvement of fathers. Public works programmes, in turn, need to be attuned to the care responsibilities of women by providing flexible working hours and providing childcare, and also ensuring that care responsibilities are not being substituted for by daughters at the expense of their schooling. To ensure these concerns are taken into consideration and implemented, better coordination between ministries of women and children's affairs, labour, education and health as well as ministries mandated with social protection, alongside ministries of finance, will be critical. In this regard supporting crosssectoral working groups on care could be a useful first step on the part of development partners.

Implement programmes aimed at changing social norms:

Gender norms remain pervasive and need to be reshaped to encourage shared responsibility for childcare and for advancing care policies – including by supporting leadership opportunities for women in communities and politics. This requires among others direct actions targeted at boys and at men. For boys, gender-sensitive curricula and mentoring programmes could be implemented in schools and recreational venues. While labour market policies that provide men with access to paternity and parental leave are critical, additional efforts are needed to ensure that men take up these provisions and perceive themselves as central to their children's development. Examples of male leaders publicly demonstrating gender equitable behaviour have helped to shape public opinion. Evidence suggests that television or radio programmes that cast women in leadership roles and depict men as carers can also challenge prevailing views. Similarly, costing exercises that draw attention to the opportunity costs of unpaid childcare and the economic benefits of women in the labour market, could be an effective means of highlighting the potential gains from subsidised care provision.

Support strategic political and social mobilisation:

Care policy agendas intersect with inequalities shaped by class, location, ethnicity and migration, among other factors. We have pointed to the politicised nature of the care economy, and the conflicting interests to which it gives rise - given that a class of women benefits from the availability of low-paid care and domestic work. Policymakers and donors need to take these political economy considerations into account when seeking to advance care policies, and seek to provide incentives to surmount these differences. They should consider supporting political coalitions across the political, class and ideological spectrum - e.g., by investing in strategic alliances among feminist movements, women's groups, labour organisations, and champions of political reform in state bureaucracies. This could be done through umbrella funding that positively weights cross-class/cross-party/cross-sector partnerships and dialogue. Mindful of the complexities involved, efforts to support these movements need to be politically-smart, flexible and adaptive, and gender-aware (Hunt and Samman, 2016: 21).

Investing in women's collective political skills is also important, particularly through long-term, well-targeted capacity-building or mentoring programmes that create networks between women's movements and explicitly seek to tackle barriers to their leadership (O'Neil and Domingo, 2016). Finally, promoting mobilisation around international agreements is needed to leverage policy change. In the case of domestic workers, this includes investing in advocacy around the convention on domestic worker rights (International Convention 189, 2011/2012), which has been ratified in just 23 countries to date.

Invest in filling knowledge gaps:

There is a need to invest in better statistics to gain a richer understanding of time spent on unpaid care, access to childcare, the circumstances of domestic workers, perceptions and drivers of women's political participation, and how these are all linked. Donors and governments should focus on investments to collect disaggregated data that highlight gendered aspects of care and leadership, and on analysis that reveals how gender intersects with other markers of disadvantage in ways that can reinforce prevailing inequalities (see Kabeer 2010). This will involve capacity building among NSOs and other data collectors, advocating for the inclusion of appropriate questions and modules in internationallycomparable household surveys and ensuring sample sizes are adequate (or other means are used) to give insights into small but vulnerable groups (e.g., some minority ethnic communities). At an international level, sustained support is needed for efforts to promote gender statistics - such as the Data2X initiative, the Plan International Partnership's Equal Measures 2030 Global SDG Tracker for Girls and Women, and DataShift's monitoring of SDG 5 on gender through citizen-generated data. Investments are also needed to advance historical process tracing and qualitative research that would lead to a better understanding of distinct country experiences in furthering care-related agendas, particularly in unequal highly contexts.



A mother fills out a form Credit: World Bank

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Notes

- 1 Domingo et al. (2015); O'Neil and Domingo (2016); Samman et al. (2016).
- 2 Computed in Samman et al. (2016) using data from Charmes (2015).
- 3 Computed in Samman et al. (2016) using data from UNICEF global databases (2014) (http://data.unicef.org/ecd/ homeenvironment.html).
- 4 Data from IPU 2016 (http://www.ipu.org/wmn-e/classif.htm).
- 5 One component of SDG indicator 5.5.1 focuses on women's representation in local government. UN Women is working in collaboration with United Cities and Local Governments to collect data on this, so this data scarcity is likely to change.
- 6 World Economic Forum data, cited in http://www.economist.com/ blogs/graphicdetail/2016/11/daily-chart
- 7 The gross enrolment rate is 49.1% (http://wdi.worldbank.org/ table/2.11).
- 8 http://www.huffingtonpost.com/johannes-jatting/financing-the-sdgdata-needs_b_12103102.html

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