

# CARE WORK AND THE ECONOMY

Advancing policy solutions with gender-aware macroeconomic models

## Care Work and the Economy (CWE-GAM) & Levy Institute Intensive Course

### Session Brief: Day 2, Africa Timezone

“Gender Relations in Labor Market”: Instructor & Facilitator- Paula Herrera Idarrága

#### Lecture:

First, Paula provided some historical context of women in the labor market. Then she dissected different gender gaps including labor force participation, unemployment, informal work, part time work and the wage gap. The following are some summarizing conclusions:

- Gender gaps in the labor market in some aspects such as participation and wages have been reduced considerably.
- Some other gaps persist, such as differences in occupational and industry gender composition.
- The presence of children is one key driver of remaining gender inequalities.
- Most women are forced to value job attributes that make careers better compatible with domestic chores, usually resulting in poor labor market results: low wages, part-time jobs, low coverage of social security, etc.
- Concentration of women in care-related occupations/sectors can explain low wages (care-pay penalty).

#### Discussion Questions:

Imagine you have the power to close one of the labor market gender gaps (only one!):

- What gender gap would close and why?
- Would your answer change with the context? Why?

#### Discussion:

**Beatrice Mkenda:** choice to close the service/ informal sector employment gap- this gap takes up a larger percentage of women and the care economy is similar across countries and regions to it have global impacts.

**Lorena Valle Cuéllar :** wage gap: improving life conditions for women and families especially when women are head of households, increase their bargaining power in households, improve agency and autonomy, avoid situations of violence, social justice issue (women make contributions to society so they deserve at least equal pay), redistributive policies and unpaid care labor and households.

**Mariem Liouaeddine:** access to employment gap, encourage participation of women, improve the culture around the equality of women, access to credit/finance

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**Gifty Ewurama Enchill:** gap of women in positions of power - even though education of women is high, men are in policy making power so there is no pro equal pay and employment policies (in Ghana)

**Zenzi Pahla:** care penalty and wage gap: both of these are difficulties faced by women and are deeply related to informality, importance of women in decision making

**Deepta Chopra:** part time employment and segregation in employment, but emphasized informality

## “Demographic and Economic Change and Demand for Care”: Instructor & Facilitator- Nancy Folbre

### Lecture:

Integrating Demography & Economics: care is “creation, development, and maintenance of human capabilities”. Dependents need care so it diverges from the economic concept of demand. Treatment of human capital as investment is inconsistent.

Contours of Demographic Change: The global average fertility rate declining and sometimes accelerating, while life expectancy at birth is increasing. Additionally, forces are leading to a decline in the supply of care.

Dividends and Disadvantages: Inverted pyramid: concern with fertility below replacement but there are advantages (ecological benefits, encourage international migration and rights of immigrants, improve bargaining power of care workers, encourage rewards for care work).

Dependency Ratios and Social Costs: Standard dependency ratio is crude and misleading- working age does not consider unpaid work, children and elderly have different needs, no global definition for children and elderly. We need to disaggregate dependency. We can think about care diamond which breaks care down as received by families, market, state, communities

### Discussion Questions/Exercises:

1. Any questions about lecture or readings?
2. Check out the population structure of your own country at <https://www.populationpyramid.net>
3. What does the “care diamond” look like for your country?  
What do you think it *should* look like?
4. Has your country implemented a time-use survey? Are the data available? Has any research been published using this data? (This info will be useful for next two lectures and discussion).

### Discussion:

**Lorena Valle Cuéllar:** in El Salvador and other latin American countries, migration is an important aspect that contributes to the shape of the care diamond. **Response:** not a lot of work on demography and population structures in relation to migratory patterns and then how this affects care

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**Izaskun Zuazu:** role of grandparent care givers and how important that is and disaggregating by this would be interesting **Response:** empirical challenge with this is that the data is fragmented that doesn't capture the totality of care (so we don't know who is providing background care) so we need to look for family structure and geographical proximity

**Zenzi Pahl:** shape of care diamond in South Africa- market and state are the main providers. We do not capture family care of those who cannot afford market or state but it mostly focuses on those two. But, we should strive for equal proportion of care from all parts. South Africa is so heterogenous and many cultural aspects should be considered. South Africa has 2000 and 2010 time use surveys but it is very time consuming to get the data. Also, thinking about childcare vs eldercare heterogeneity (specific example of grandmother caring for school age girls in rural nearby areas while they provide care for her). **Response:** in South Africa there is research on the effects of the old age pension and how most of that money actually was spent on children.

**Melissa Langworthy:** in Kuwait family is written into the constitution but women are looked at as responsible for home production. Policies that we want exist (household income with children) but in a context where it is negative for immigrants, global rights, women's rights. **Response:** intersectionality of inequalities (gender inequalities in conflict with citizenship, race, and class inequalities) are interesting to look at.

**Martina Querejeta Rabosto:** necessity of having data, in Uruguay time use surveys 2007 and 2013, fundamental in getting universal care system. Working on creating a new time use survey and hope to gain some insights in this.

**Response:** the world needs to learn more about what's happening in Uruguay and I'm glad to hear about your interest in time use methodology, a combination of qualitative and quantitative would be useful, hear the narratives and interpret the data side-by-side.

**Deepa Chopra:** in the care diamond, would it be useful to separate within the family, who is providing care? **Response:** Ito will talk about this more but disaggregation at all points like the state (who is financing this? Tax structure?)

**Paula Herrera:** We want family ties to be important and family structures are very fluid now. Some conservative states do not recognize families different structures (nontraditional/ LGBTQ+) **Response:** we need to renegotiate the social contract (egalitarian, economical and efficient), family members look different. Families might not be the biggest part of the care diamond but I think that families are important and overlap with other parts like state/community