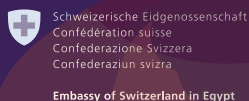


THE ROLE OF THE CARE ECONOMY IN PROMOTING GENDER EQUALITY

PROGRESS OF WOMEN IN THE ARAB STATES 2020



This report has been produced within the framework of the UN Women–ILO Joint Programme “Promoting productive employment and decent work for women in Egypt, Jordan and Palestine” funded by the Swedish International Development Cooperation Agency (Sida) and “Production of a regional companion report to UN Women’s *Progress of the World’s Women report* on ‘Families in a changing world: public action for women’s rights’” programme, funded by the Swiss Development Cooperation.



Moez Doraid, PhD

Regional Director, a.i.,
UN Women Regional Office for Arab States

The year 2020 was to be one of transformation, a year of 'Generation Equality', calling for the realization of women's rights for an equal future.

The importance of this year for gender equality around the world is accentuated by the 25th anniversary of the Beijing Declaration and Platform for Action, the 20th anniversary of United Nations Security Council resolution 1325, on women, peace and security, the five-year milestone of the 2030 Agenda and Sustainable Development Goal 5 on gender equality, as well as the decennial of UN Women itself.

Yet, as we embarked into the year, the COVID-19 pandemic unfolded and, without a deliberately gender-sensitive response, the COVID-19 crisis has put gains achieved over the last decades at risk. The pandemic found the Arab States facing persistent gender gaps and has further deepened the pre-existing and compounded inequalities, exposing vulnerabilities in social, political and economic spheres.

Many outlooks anticipate the worst economic crisis since the Great Depression, projecting that over 170 countries will experience negative per capita economic growth in 2020, losses of millions of jobs in the Arab region alone, and decades worth of reversals in human development. Critically, women's employment and income generation are gravely affected, as women are overrepresented in high-risk sectors, tend to work more in occupations which are less "tele-commutable", and are more likely to work in the informal economy.

In the midst of the crisis, women are at the forefront of the response as health-care workers, teachers, as well as performing the majority of the ever-rising amount of paid and unpaid care work. Rising demand for care in the context of the pandemic has deepened the existing inequalities in the gender division of labour. The availability of affordable and quality care is key and an enabler for women, as well as men, to allocate time to the paid labour market and contribute to economic growth.

In every crisis, there is opportunity. We indeed have the chance to build back better by making sustained investments in the care economy and reducing long-standing gender inequalities by valuing, supporting and equally sharing care work. Investments in social protection and care services can drive economic recovery by stimulating aggregate demand, creating employment in people-centred sectors and opening up training as well as employment opportunities for women and men who have lost their jobs as a result of the crisis. Quality and affordable care also has effects across generations, developing human capital for the future. A major employer for women, the paid care sector in the Arab States constitutes an important part of their economies. As we see in this publication, the growth in the paid care sector has outpaced growth in non-care sectors, which is a clear signal of the potential of this economic segment, underlining the need for smart investments to ensure that the jobs created are decent and the care services provided are affordable, accessible and of high-quality in order to redistribute the burden of care and positively impact the labour force participation of women in the region.

With this in mind, it is my pleasure to introduce *Progress of Women in the Arab States 2020: the role of the care economy in promoting gender equality*, as a companion piece to UN Women's

global flagship report: *Progress of the World's Women 2019-2020: Families in a Changing World*. In addition to the in-depth analysis of the care economy in the Arab States, this publication lays out key evidence-based policy recommendations for investing in this domain in the region.

I would like to thank our partners in Egypt, Jordan, the State of Palestine and Tunisia for their engagement and cooperation, as well as UN Women country offices for their oversight of the process, including the UN Women Egypt Country Office which, on behalf of the Regional Office, led coordination of the production of the report. Finally, UN Women is grateful to the Government of Sweden and the Government of Switzerland for financially supporting the production of this important report.

Through these partnerships, we are able to generate such an essential and timely research product that reaffirms the commitment of UN Women to promoting and supporting evidence-based transformative action for the empowerment of women towards the achievement of gender equality in the Arab region and around the world.

Moez Doraid, PhD

Regional Director, a.i.,
UN Women Regional Office for Arab States



Ibrahim Elbadawi, PhD

Managing Director,
Economic Research Forum (ERF)

This joint report by the Economic Research Forum (ERF) builds on our partnership with UN Women to conduct research and provide policy recommendations on the care economy in the Arab States. Policymakers in the region have become increasingly aware of the tremendous growth of the care economy, as the demand for childcare and elder care grows in many countries of the region. The ongoing COVID-19 pandemic has also highlighted critical gaps in current systems of care provision around the world. Making up for these gaps overwhelmingly falls on women and girls in the form of unpaid care work, contributing to global gender inequality.

This report takes a broad view of the state of the care economy, bringing together research, evidence and policy recommendations on the spectrum of paid and unpaid care work in the Arab States. The opening chapter reflects on the context of care across the Arab States, while the following four chapters present detailed case studies of the distribution of unpaid care work and the characteristics and growth of the paid care economy in each of Egypt, Jordan, Palestine and Tunisia. The case study analyses build on original microdata analysis of paid and unpaid care work, in many cases using data

from ERF's Open Access Micro Data Initiative (OAMDI). This collaboration with UN Women thus builds on ERF's focus on strengthening data availability and evidence-based policy recommendations in the region.

The report demonstrates that the ratio of women's to men's time spent in unpaid care reaches as high as 19:1 in some countries of the region. This level of inequality in the performance of unpaid care work contributes to the region's substantial levels of gender inequality in labour force participation, among other economic and social domains. Women are also overrepresented in the paid care sector across the region. Investments in this sector could thus contribute to growth in women's employment, as well as expand the availability of quality early childhood care and education and elder-care services. Yet employment in the private, paid care sector is vulnerable to informality, gender wage gaps and low worker qualifications. It is essential to find solutions to these challenges for workers in the care economy, particularly to provide more equal opportunities for women in the workforce and to tackle the emerging health and economic issues associated with the global pandemic. Overall,

concerted policy efforts are needed in countries across the region to develop comprehensive national care strategies that address the needs of care receivers and of caregivers, both paid and unpaid.

I would like to take this opportunity to thank everyone who has contributed to the production of this report. I am grateful to all contributors, reviewers and discussants for patiently working through a number of revisions of the chapters to bring them to their current form. This research offers important insights that expand the scope and depth of data and research on the care economy and will, I hope, ultimately contribute to shaping better and more informed policies and solutions across the region. Finally, I am grateful to the Government of Sweden and the Government of Switzerland for their financial support for the production of this important report.

Ibrahim Elbadawi, PhD

Managing Director,
Economic Research Forum (ERF)

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ERF report team

Principal Investigator: Maia Sieverding

Senior advisor: Ragui Assaad

Lead quantitative analyst: Irene Selwaness

Chapter authors:

Chapter 1: Maia Sieverding,
Marina Hesham, Racha Ramadan,
Ragui Assaad

Chapter 2: Irene Selwaness,
Imane Helmy

Chapter 3: Ibrahim AlHawarin,
Nasma Berri, Irene Selwaness, Maia Siev-
erding

Chapter 4: Belal Fellah

Chapter 5: AbdelRahmen El Lahga,
Mohammed Amara

Policy boxes contributors: Daryn Howland,
Imane Helmy, Moundir Lassassi, Marina Hesh-
am

Research assistants: Nasma Berri,
Marina Hesham

Programme coordinators: Yasmine Fahim,
Eman El-Hadary

**Communication and policy outreach
coordinator:** Sherine Ghoneim

Production and outreach

Copy editing: Jen Ross

Report graphic design: Namees Nabeel

UN Women staff

Egypt Country Office: Mariam Tabatadze,
Engy Amin, Gielan Elmessiri

Jordan Country Office: Hazar Asfoura,
Diya Nanda, Ana Lukatela

Palestine Country Office: Maryse Guimond,
Hadil Naser, Inas Margieh, Mira Salameh

Tunisia and Libya Country Office:
Ahlem Bousserwel, Maria Begona Lasaga-
baster Olazabal, Saskia Binet

Regional Office for the Arab States:
Yllka Gerdovci Cancel, David Svab, Donia
Abou-Taleb, Mai ElGammal, Shatha
Mahmoud

External reviewers

Valeria Esquivel, Jacques Charmes,
Ipek Ilkharacan, Magued Osman, Caroline
Krafft, Breigheith O. Breigheith,

CONTENTS

FOREWORD BY THE UN REGIONAL Office	3
FOREWORD BY THE ERF	5
ACKNOWLEDGMENTS	7
ACRONYMS AND ABBREVIATIONS	25
GLOSSARY	27
EXECUTIVE SUMMARY	30



THE CARE ECONOMY IN THE ARAB STATES 37

1.1 INTRODUCTION TO THE REPORT	38
Scope and outline of the report	39
Defining paid and unpaid care work	40
1.2 REPORT METHODOLOGY	42
1.3 THE CONTEXT OF CARE IN THE ARAB STATES	45
Demographic trends will change care needs	46
Unpaid care is a barrier to women's labour force participation	48
Social norms and the (re)distribution of care work	50
1.4 AN OVERVIEW OF CARE POLICIES AND SERVICES	56
Paid care leaves	56
Care services	62
1.5 KEY COMPARATIVE FINDINGS FROM THE COUNTRY	
CASE STUDIES	66
The ratio of women's to men's time on unpaid care work	66
1.6 RECOMMENDATIONS	76
Adopt coordinated national strategies on the care economy	76
Invest in national time-use surveys	76
Bring maternity leave policies	77
Expand Early Childhood Care and Education	77
Start to plan for a range of long-term care options	78
Address professionalization and job quality	78
Seek to change gender norms	79



THE EVOLUTION OF PAID AND UNPAID CARE WORK IN EGYPT	80
2.1 OVERVIEW	82
2.2 CARE POLICIES AND SERVICES IN EGYPT	83
Early childhood care and education	83
Elder care	87
Labour market regulations and care-related provisions	88
2.3 RECOGNIZING UNPAID CARE WORK	90
Gender and marital status are key determinants of time spent in unpaid care work	90
Women's time in unpaid care work and socioeconomic characteristics	93
The effect of children and the elderly on women's time in unpaid care	95
2.4 CHARACTERISTICS AND GROWTH OF THE PAID CARE ECONOMY	99
Increasing private sector care provision	100
Feminization of the paid care sector	100
The care sector has driven the increase in women's private sector employment	101
The feminization of the private sector	104
Worsening job quality in paid care sectors	104
2.5 FROM KEY FINDINGS TO INFORMED POLICY RECOMMENDATIONS	106
Summary of key findings	106
Policy recommendations	108
Implement family-friendly labour market regulations for care leave and flexible work	110
PROMOTING QUALITY EARLY CHILDHOOD CARE AND EDUCATION IN EGYPT	112



THE CARE ECONOMY IN JORDAN 114

3.1. OVERVIEW	116
3.2 CARE POLICIES AND SERVICES IN JORDAN	118
Early childhood care and education (ECCE)	118
3.3 UNPAID CARE WORK	125
Women do the vast majority of care work in Jordan	125
Women's time spent on care work does not decrease	126
Variation in women's time spent in care work	127
The effect of children, elderly and disabled household members on women's time in unpaid care	129
3.4 THE PAID CARE SECTOR	132
The size of the paid care sector	132
Care sectors are a major source of employment for women	134
Employment growth in paid care sectors	135
The quality of care jobs	138
Characteristics of care workers	140
3.5 TOWARDS POLICY INTERVENTIONS	142
Key findings	142
Policy recommendations	143
MATERNITY LEAVE - AND ITS FINANCING IN JORDAN	146



THE CARE ECONOMY IN PALESTINE 149

4.1 OVERVIEW	151
4.2 BRIEF OVERVIEW OF THE PALESTINIAN CONTEXT	151
4.3 CARE POLICIES AND SERVICES IN PALESTINE	153
Early childhood care and education (ECCE)	153

4.4 UNPAID CARE WORK IN PALESTINE	157
Women assume the responsibility for unpaid care	157
Marriage is a key determinant of women’s time spent on unpaid care	158
Women’s time allocation	161
4.5 CHARACTERISTICS OF THE PALESTINIAN PAID CARE SECTOR	167
Educators and health–care workers	167
The paid care sector Establishment–level analysis	168
4.6 FORMALITY AND COMPLIANCE	172
Formality levels are lowest for private sector and social care workers	172
Compliance with minimum wage	174
Enhance compliance with the national minimum wage	175
4.7 CONCLUSIONS AND POLICY RECOMMENDATIONS	175
Summary of main findings	175
Policy recommendations	176
 LESSONS FROM THE 2017–2022 NATIONAL STRATEGY – ON EARLY CHILDHOOD DEVELOPMENT IN PALESTINE	 178



THE CARE ECONOMY IN TUNISIA	181
5.1 OVERVIEW	183
5.2 CARE POLICIES AND SERVICES IN TUNISIA	184
Early Childhood Care and Education (ECCE)	184
Elder care	186
Paid leaves	187
5.3 UNPAID CARE WORK IN TUNISIA	187
Gender disparities in unpaid care work	187
Regional disparities in unpaid care work	189
Unpaid care work by age and marital status	191
More educated women	192
Distribution of unpaid care work	194
Household structure and women’s time spent in unpaid care work	195

5.4 PAID CARE WORK	197
The contribution of the care sector to the overall economy	198
Women have a strong role in the paid care economy	200
Role of the public sector	202
Age and education structure of care workers	203
The quality of paid care jobs is variable	203
5.5 KEY FINDINGS AND	205
POLICY RECOMMENDATIONS	205
Key findings: Unpaid care	205
Key findings: The paid care sector	206
Policy recommendations	206
THE EXPANSION OF PRESCHOOL EDUCATION IN ALGERIA	209
APPENDIX 1: METHODOLOGICAL APPENDIX	212
APPENDIX 2: SUPPLEMENTARY TABLES	220
APPENDIX 3: LIST OF NATIONAL LABOUR LAWS CONSULTED	231
ENDNOTES	232
REFERENCES	249

LIST OF BOXES, FIGURES, AND TABLES

BOXES

Box 1.1: Recognition begins with measurement	43
Box 1.2: Migrant domestic workers in the Arab States	44
Box 1.3: Care work during the covid-19 pandemic	75
Box 2.1: Data and methods	90
Box 3.1: Data and methods	124
Box 4.1: Data and methods	157
Box 4.2: Redistributing responsibility for unpaid care: raising awareness regarding gender equality	162
Box 4.3: Options for expanding ECCE in Palestine: Highlights from international experience	165
Box 5.1: Data and methods	187

FIGURES

Figure 1.1: The relationship between care workers and care sectors	42
Figure 1.2: Total young- and old-age dependency ratios in selected Arab States, 2020, 2035 and 2050	47
Figure 1.3: Share of the population under the age of 5, 2010–2050, Arab States	47
Figure 1.4: Share of the population aged 65 and older, 2010–2050, Arab States	48
Figure 1.5: Female labour force participation rate by world region, 2000–2019	49
Figure 1.6: Percentage of men and women preferring that women have a paid a job, that women only do care work at home, or that women do both	51
Figure 1.7: Percentage agreeing that men should have priority when jobs are scarce (panel a) and that being a housewife is as fulfilling as working for pay (panel b), by gender, selected arab and other LMICs	52
Figure 1.8: Percentage agreeing that men should have priority when jobs are scarce (panel a) and that being a housewife is as fulfilling as working for pay (panel b), by gender, selected arab countries over time	53

Figure 1.9: Support for husbands helping their working wives with direct and indirect care activities, egypt and jordan	54
Figure 1.10: Fathers' participation in direct care activities in the month prior to the survey, egypt, morocco, lebanon and palestine	55
Figure 1.11: Participation in indirect and direct care activities when age 13–18, men and women in egypt, morocco and palestine, 2016–2017	55
Figure 1.12: Paid maternity leave duration in the arab states, in weeks	57
Figure 1.13: Paternity leave duration in the arab states, in days	60
Figure 1.14: Period after birth during which paid breastfeeding breaks are provided (months), selected arab states	61
Figure 1.15: Gross enrolment ratios for pre–primary education, 2005–2018, selected arab states	63
Figure 1.16: The chances of the most and least advantaged children to attend ecceselected arab countries	64
Figure 1.17: Conditions for establishing nursery services in the workplace	65
Figure 1.18: Cross–national comparison of weekly hours spent in direct and indirect care work, by sex and marital status	67
Figure 1.19: Total weekly hours of work performed by women and men	68
Figure 1.20: Percentage of total hours in a week spent on all forms of work, employed men and women	70
Figure 1.21: The effect of different household structures on married women's time spent in unpaid care work	70
Figure 1.22: The share of care sectors in total employment in selected Arab States	72
Figure 1.23: Employment in care sectors as a percent of total male and female employment	72
Figure 1.24: Share of workers that are women, by occupation	73
Figure 2.1: Net enrolment ratio in pre–primary education, ages 3–5, egypt, 1999–2018	86
Figure 2.2 Average weekly hours of paid work and unpaid care work (direct and indirect) by sex and marital status, ages 15–64, elmps 2006 and 2012	91
Figure 2.3: Weekly hours of paid work and unpaid care work (direct and indirect) by sex,	

employment and marital status, ages 15–64, elmps 2006 and 2012	92
Figure 2.4: Percentage of weekly time spent on different types of work by sex, ages 15–64, elmps 2006 and 2012	93
Figure 2.5 Weekly hours of paid work and unpaid care work (direct and indirect) by marital status and age group, ages 15–64, elmps 2006	94
Figure 2.6: Weekly hours of paid work and unpaid care work (direct and indirect) by marital status and education, ages 15–64, elmps 2006	95
Figure 2.7: Weekly hours of paid work and unpaid care work (direct and indirect) by marital status and wealth quintiles, among women, ages 15–64, elmps 2006	96
Figure 2.8: Weekly hours of paid work and unpaid care work (direct and indirect) by marital status and hiring a domestic worker, ages 15–64, elmps 2012	96
Figure 2.9: Predicted additional weekly hours of care work with a child under age 3 in the household, by education, married women age 15–64, elmps 2006	97
Figure 2.10: Predicted additional weekly hours of care work with a child (3–5 years) in the household, by education, married women aged 15–64, elmps 2006	98
Figure 2.11: Predicted additional weekly hours of care work with a child (6–17 years) in the household, by education, married women aged 15–64, elmps 2006	98
Figure 2.12: Predicted additional weekly hours of care work with an elderly in the household, by marital status, women aged 15–64, elmps 2006	99
Figure 2.13: The size of the care sector as a percentage of total employment by institutional sector, lfs 2009–2017	100
Figure 2.14: The size of the care sector as a percentage of total employment by institutional sector, LFS 2009–2017	100
Figure 2.15: The sectoral composition of paid employment by industry, LFS 2009–2017	101
Figure 2.16: The proportion of women by care sector/occupation and institutional sector, ages 15–64, lfs 2015–2017	102
Figure 2.17: Annual employment growth rate by industry group and institutional sector for men and women between 2009–2017, LFS	103
Figure 2.18: The proportion of those who are married among employed women by industry section and institutional sector, lfs 2009–2017	104
Figure 2.19: The proportion of formally employed workers by sex and industry section in the private sector, LFS 2009–2017	105

Figure 2.20: Proportion of formal workers by sex and by care occupations in the private sector, LFS 2009–2017	106
Figure 3.1: Distribution of Jordanian women aged 15+, by economic activity status and area of residence, 2018	116
Figure 3.2: Number of kg2 classes and student enrolments in Jordan, by sector of provision, 2013–2016	119
Figure 3.3: Weekly hours of paid and unpaid (direct and indirect) work among Jordanians aged 15–64, 2016	125
Figure 3.4: Weekly hours of paid and unpaid work by marital and employment status and by sex, Jordanians aged 15–64, 2016	126
Figure 3.5: Percentage of time spent on different types of work per week, by marital status and sex, Jordanians aged 15–64, 2016	127
Figure 3.6: Hours of paid and unpaid (direct and indirect) work by age, region and locality, Jordanian women aged 15–64, 2016	128
Figure 3.7: Hours of paid and unpaid (direct and indirect) work, by education and marital status, Jordanian women 15–64, 2016	129
Figure 3.8: Hours of paid and unpaid (direct and indirect) work, by household hiring of domestic help and by marital status, Jordanian women 15–64, 2016	129
Figure 3.9: Predicted additional weekly hours of unpaid care work with a child under 3 in the household, married Jordanian women aged 15–64, 2016	130
Figure 3.10: Predicted additional weekly hours of unpaid care work with an elderly or disabled/chronically ill household member, by marital status, Jordanian women aged 15–64, 2016	131
Figure 3.11: The percentage of care and non-care sectors in total employment, by institutional sector, 2005–2018	132
Figure 3.12: Sectoral composition of jobs by institutional sector, 2005–2018	133
Figure 3.13: Composition of care occupations by institutional sector, 2015–2018	133
Figure 3.14: Distribution of workers in Jordan by sex, in care and non-care occupations, public sector, 2005–2018	134
Figure 3.15: Distribution of workers by sex, in care and non-care sectors, private sector, 2005–2018	135

Figure 3.16: Proportion of Jordanian workers who are women, by occupation and institutional sector, 2015–2018	136
Figure 3.17: Average annual employment growth (percentage) in care and non-care activities, Jordanian workers, 2005–2017	136
Figure 3.18: Average annual employment growth (percentage) in care and non-care activities by institutional sector, Jordanian workers, 2005–2017	137
Figure 3.19: Proportion of private sector workers who are formal, by gender and occupation, 2017	139
Figure 3.20: Distribution of workers in Jordan, by weekly working hours and occupation, 2015–2018	139
Figure 3.21: Distribution of workers in Jordan, by age and occupation, 2015–2018	140
Figure 3.22: Distribution of women workers in Jordan, by marital status and occupation, 2015–2018	142
Figure 4.1: Weekly time spent in unpaid care work (hours per week), men and women by region and locality, 2012/2013, Palestine	159
Figure 4.2: Weekly time spent in unpaid care work (hours per week) among men and women, age 15–64, 2012/2013, Palestine	159
Figure 4.3: Weekly time spent in unpaid care work among men and women, age 15–64, by marital status and employment status, 2012/2013, Palestine	160
Figure 4.4: Percentage of total weekly time spent in unpaid care work among men and women, age 15–64, by marital status and employment status, 2012/2013, Palestine	161
Figure 4.5: Weekly time spent on unpaid care work (hours per week), by women, according to household size and marital status, 2012/2013	162
Figure 4.6: Time spent on unpaid care work (hours per week), by women, according to household income category and marital status, 2012/2013	163
Figure 4.7: Weekly time spent on unpaid care work for women, by age structure and marital status, 2012/2013	164
Figure 4.8: Weekly time spent on unpaid care work for women, by educational level, 2012/2013	164
Figure 4.9: Predicted additional weekly hours of unpaid care work with a child of different age groups in the household, married women, 2012/2013	166

Figure 4.10: Predicted additional weekly hours of unpaid care work with a child of different age groups in the household, married women, by educational attainment 2012/2013	166
Figure 4.11: Distribution of paid care workers by occupation and women, 2017	167
Figure 4.12: Educational distribution of workers, by paid care occupation, 2017	169
Figure 4.13: Distribution of establishments and employment across the paid care sector, 2017	170
Figure 4.14: Women's share of employment in paid care sectors, 2017	170
Figure 4.15: Annual growth rate in the number of establishments across paid care and non care sectors, 2007–2017, Palestine	171
Figure 4.16: Annual employment growth rate across paid care and non–care sectors, 2007–2017, Palestine	171
Figure 4.17: Prevalence of formality by type of employer and type of paid care occupation, 2017, Palestine	172
Figure 4.18: Prevalence of formality in paid care sector and non–care sectors, 2017, Palestine	173
Figure 4.19: Minimum wage share in the paid care sector and non–care sectors, 2017, West Bank	174
Figure 5.1: Distribution of children aged 0–5 years by ECCE enrolment, 2015	185
Figure 5.2: Percentage of weekly time spent in different types of work, by gender and marital status, age 15–64	189
Figure 5.3: Percentage of weekly time spent in different types of work by gender, marital and working status, age 15–64	190
Figure 5.4: Weekly hours spent in paid work and unpaid care work (direct and indirect) among women, by region and area of residence, age 15–64	190
Figure 5.5: Weekly hours spent in paid work and unpaid care work (direct and indirect) among women, by region and marital status, age 15–64	191
Figure 5.6: Weekly hours spent in paid work and unpaid care work (direct and indirect) among women, by age group and marital status	192
Figure 5.7: Weekly hours spent on paid work and unpaid care work (direct and indirect) among women, by education and marital status	193

Figure 5.8: Weekly hours of paid and unpaid care work (direct and indirect) by sex, working and marital status, ages 15–64	194
Figure 5.9: Weekly hours of paid and unpaid care work performed by women, by marital status and type of employment, ages 15–64	195
Figure 5.10: Predicted additional weekly hours of unpaid care work with a child under 3 in the household, by education, Tunisian married women 15–64	196
Figure 5.11: Predicted additional weekly hours of unpaid care work with a child aged 3–5 in the household, by education, Tunisian married women 15–64	196
Figure 5.12: Predicted additional weekly hours of unpaid care work with a child aged 6–17 in the household, by education, Tunisian married women 15–64	197
Figure 5.13: The distribution of care and non-care sectors in total employment, by institutional sector, 2010–2019	199
Figure 5.14: Average annual employment growth by occupation, 2010–2019	200
Figure 5.15: Share of women in different economic sectors, 2010–2019	201
Figure 5.16: Share of total employment in care and non-care sectors, by institutional sector, among women, 2010–2019	201
Figure 5.17: Percentage of employment in the public sector, by economic sector, 2010–2019	202
Figure 5.18: Composition of paid care occupations, by age group, 2019	203
Figure 5.19: Composition of paid care occupations, by education level, 2019	204
Figure 5.20: Share of workers that are formal, by occupation, 2019	204
Figure 5.21: Share of workers that are formal, by occupation, women, 2019	205

TABLES

Table 1.1: Typology of the care economy	41
Table 2.1: Evolution in the number of children aged 0–3 versus the supply of day–care establishments, egypt, 1996, 2006, 2017	84
Table 2.2: Pre–primary enrolment data by type of kg provision and gender	85
Table 3.1: Distribution of nurseries by type of nursery and location, Jordan, 2017	121
Table 3.2: Distribution of those who left their work, by reason and gender, 2018	138
Table 4.1: Kindergarten enrolments by region, for scholastic years 2014–2019	154
Table 4.2: Time allocated to unpaid care at the national level (hours per week), 2012/2013	158
Table 4.3: Distribution of waged employment across paid care work, 2017	168
Table 4.4: Prevalence of formality by gender, type of employer and type of paid care occupation, 2017, Palestine	173
Table 5.1: Distribution of ECCE professionals by education level	185
Table 5.2: Average time spent on direct and indirect care work by sex and marital status, Tunisians aged 15–64, TLMPS 2014	188
Table 5.3: Occupational distribution in Tunisia 2010–2019, Tunisians (age 15–64)	198
Table 5.4: Economic activities distribution 2010–2019	199
Table M1: Classification of activities captured in the LMPS surveys, according to ICATUS care work definitions	214
Table M2: Sample sizes of the surveys used for the unpaid care analysis	216

Table A1: Dependency ratios in the Arab States, 2020, 2035 and 2050	220
Table A2: Female labour force participation rates (percentage of women aged 15–64) in the Arab States, 2000–2019	221
Table A3: Maternity leave provisions in the Arab States	222
Table A3 (Continued): Maternity leave provisions in the Arab States	223
Table A3 (Continued): Maternity leave provisions in the Arab States	224
Table A4: Paternity leave provisions in the Arab States	225
Table A5: Legal provisions for paid breastfeeding breaks in the Arab States	226
Table A5 (continued): Legal provisions for paid breastfeeding breaks in the Arab States	227
Table A6: Childcare leave provisions in the Arab States	228
Table A7: Leave provisions for children’s health needs in the Arab States	229
Table A8: Requirements for the establishment of nurseries in workplaces in the Arab States	230

ACRONYMS AND ABBREVIATIONS

CAPMAS	Central Agency for Public Mobilization and Statistics (Egypt)
CBJ	Central Bank of Jordan
CBO	Community-based organization
CSO	Civil society organization
DoS	Department of Statistics (Jordan)
ECES	Employment and Compensations of Employees Survey (Jordan)
ECCE	Early Childhood Care and Education
ECD	Early Childhood Development
EGP	Egyptian Pounds
ELMPS	Egypt Labour Market Panel Survey
ERF	Economic Research Forum
EUS	Employment and Unemployment Surveys (Jordan)
FLFP	Female labour force participation
GDP	Gross Domestic Product
GER	Gross enrollment ratio
ICATUS	International Classification of Activities for Time Use Statistics
ILO	International Labour Organization
INS	National Institute of Statistics (Tunisia)
ISCO	International Standard Classification of Occupations
ISIC	International Standard Industrial Classification of all Economic Activities
JLMPS	Jordan Labour Market Panel Surveys
JNCW	Jordanian National Commission for Women
JOD	Jordanian Dinars
KG	Kindergarten
LFS	Labour Force Survey
LMICs	Low and middle-income countries
LMPS	Labour Market Panel Survey
LTC	Long-term care
MENA	Middle East and North Africa
MoE	Ministry of Education
MoETE	Ministry of Education and Technical Education (Egypt)
MoH	Ministry of Health
MoL	Ministry of Labour (Palestine)
MoSD	Ministry of Social Development (Jordan)
MoSS	Ministry of Social Solidarity (Egypt)
MWFCS	Ministry of Women, Family, Childhood and Seniors (Tunisia)
NCD	Non-communicable disease

ACRONYMS AND ABBREVIATIONS

NCFA	National Council for Family Affairs (Jordan)
NGOs	Non-governmental organizations
PCBS	Palestine Central Bureau of Statistics
SDGs	Sustainable Development Goals
TBSWM	Time-Budget Survey of Women and Men in Tunisia
TLMPS	Tunisia Labour Market Panel Survey
UAE	United Arab Emirates
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
WHO	World Health Organization
WVS	World Values Survey

Care sectors: Encompass the major sectors of economic activity, as defined by the International Standard Industrial Classification (ISIC), that produce care. These are: education, health, social care and domestic work.

Care policies: Care policies allocate resources towards the recognition, redistribution or reduction of unpaid care work.

Care services: Encompass paid services that provide care for children, disabled persons, the elderly or the ill. Care services can be provided through the public, private and nonprofit sectors.

Care workers: All of the professions that engage in indirect or direct paid care activities, regardless of whether the employment is based in the public, private or non-profit sector.

Care workers in care sectors: Persons who engage in paid jobs that provide care, (such as teachers, nurses and helpers for the elderly), that work in establishments in care sectors.

Care workers in non-care sectors: Persons who engage in paid jobs that provide care, but who work in an establishment outside the care sector. For example, a nurse who works in a private construction company.

Direct care work: The personal, relational activities of taking care of another person, such as nursing a baby, reading to a child or helping an elderly person to dress or take a bath.

Early Childhood Care and Education (ECCE): All programmes supporting the development and learning of children from their birth until their entry into primary school, including early childhood development programmes for children under 3 years of age and preprimary education for children aged 3 until the enrolment age for primary school.

Elderly population: The population aged 65 years or older.

Employer–liability system: An employer–liability system is a system of financing paid leaves in which the cost of the income provided to workers during their leave is borne by the employer. Income replacement level: The share of monthly earnings (cash benefits) that is paid during a paid leave.

Indirect care work: Consists of tasks that do not involve face-to-face interaction, but that are needed to sustain direct care, including cleaning, cooking, shopping for household items and maintenance work within the home.

International Classification of Activities for Time Use Statistics (ICATUS): A standard international classification of all the activities that an individual may perform within a day. It is developed and maintained by the United Nations Statistics Division and is a primary reference for time-use data. The ICATUS classification includes nine major categories of activity, each of which is further divided into subcategories. In this report, ICATUS is used to identify activities related to direct and indirect care work.

International Standard Industrial Classification of all Economic Activities (ISIC):

ISIC is the international reference classification of all productive activities. It is developed and updated by the United Nations Department of Economic and Social Affairs. ISIC is designed for the purpose of producing unified descriptions of the economic activity of an entity, such as a private company or a public service point, like a school. Economic activity is described by sector, and each sector is subdivided into subcategories indicated by digits; the greater the number of digits, the more detailed the category. In this report, the ISIC classification is used to develop standard definitions for establishments operating in the care sector, i.e. establishments whose main economic activity is education, health, social care or domestic work.

International Standard Classification of Occupations (ISCO):

ISCO is developed and maintained by the International Labour Organization. It facilitates the process of compiling comparable statistics on employment by categorizing occupations according to an internationally agreed-on set of tasks for each job. Jobs are organized by major groups and sub-groups according to digits. As with ISIC, more digits indicates greater specificity of the type of job. In this report, ISCO is used to identify care workers in education, health, social care and domestic work, regardless of the type of establishment they work in.

Labour force participation rate: The proportion of the working age population that is active in the labour market, whether they are working or they are looking for work (unemployed).

Non-care workers in care sectors: Staff who support care work by accomplishing tasks such as finance, administration, accounting and transportation within establishments in care sectors.

Old age dependency ratio: The ratio between the elderly population and the working age population in the country. Higher old age dependency ratios are a result of population aging.

Paid care work: Consists of direct or indirect care work that is performed for pay or profit.

Paid care leaves: Give individuals the right to time and income to temporarily leave the labour market in order to care for a child, elderly, disabled or ill family member.

Social care: Encompasses economic activities, or professions, related to providing residential and non-residential care for the elderly or disabled, as well as childcare services.

Total dependency ratio: The ratio between the sum of the dependent population (the population aged less than or equal to 14 years old and the elderly population) and the working age population.

Unpaid care work: The provision of direct or indirect care without remuneration, carried out within the household. Unpaid care work is typically measured, as in this report, through the amount of time that individuals spend per week or per day in performing care activities.

Social insurance: A social insurance system guarantees a minimum level of income for workers in the case of retirement, or temporary absence from work due to injury, illness, maternity and paternity leave or other paid leaves. Social insurance systems are one means of financing paid care leaves.

Wealth quintile: Is a way to categorize the economic status of a population. Wealth quintiles based on household ownership of durable assets are commonly used when income data are inaccurate or unavailable. The total population is divided into five equal groups (quintiles). The 1st quintile represents the 20% of the population with the lowest wealth. The 5th quintile represents the 20% of the population with the highest wealth.

Working age population: The population aged 15 through 64 years old.

Young age dependency ratio: The ratio between the population aged 14 or less and the working age population. The young age dependency ratio is typically higher in countries with high fertility rates.

EXECUTIVE SUMMARY

This report posits that care is a public good that is fundamental to our societies and economies, with benefits that extend beyond those who receive it.¹ Yet although care is a public good, in most societies the responsibility for providing care falls overwhelmingly on families. Within families, it falls predominantly on women and girls, restricting their opportunities to engage in paid employment, education, leisure and self-care. The availability of care services and public policies that could redistribute some of the care burden remain underdeveloped in many countries, including in the Arab States.² At the same time, changing demographic trends, including declining fertility rates, population aging and the increasing nuclearization of families, are challenging care-provision systems that rely on women's unpaid labour.³ Perhaps more than any other event in recent history, the ongoing COVID-19 pandemic has exposed the wide gaps in care policies and services that leave women and their families vulnerable to negative social, economic and health outcomes.⁴ Addressing these gaps will require concerted policy efforts across the region.

Women play an outsized role in the care economy in the Arab States, performing 4.7 times more unpaid care work than men – the highest female-to-male ratio anywhere in the world.⁵ Furthermore, while fewer than a quarter (22 per cent) of women in the region are in the paid labour force,⁶ over half (53 per cent) of employed women work in care-related jobs, also the highest of any world region.⁷ Tapping into the potential of the paid care economy – a sector that has received relatively little policy focus in the region – could thus be an important way to support women's economic empowerment.

This report is the Arab States regional companion to UN Women's global report *Progress of the World's Women 2019–2020: Families in a changing world*.

Building on unique analysis of the care economy in the region, it produces evidence-based policy recommendations for investing in the care economy in the Arab States. It details the demographic and social context of care provision in the Arab States, the status of key care policies and services related to paid leave, Early Childhood Care and Education (ECCE) and elder care, and includes four country case studies – from Egypt, Jordan, the State of Palestine and Tunisia – that provide in-depth data analysis on both unpaid and paid care work and make national policy recommendations.

Report methodology and analytical approach

This report takes a comprehensive view of the care economy, which is the total of all unpaid and paid care work. Case studies rely on multiple data sources – including time-use data and national labour force surveys – to present a comprehensive analysis of both unpaid and paid care work. Statistical definitions and analyses were standardized to the degree possible to allow for cross-national comparisons of the care economy in the region. The analyses are linked conceptually through the “5R” framework – which aims to recognize, reduce and redistribute unpaid care work while rewarding paid care work and increasing the representation of care workers in the determination of their working conditions.⁸

The context of care in the Arab States

Demographic, economic and social characteristics play an important role in shaping care needs and the distribution of the unpaid and paid care work that meets those needs. Although dependency ratios in the Arab States region are projected to

decline slightly by 2050, they will shift substantially – with young children aged 0–5 representing a smaller percentage of the population, and the elderly population aged 65+ growing.⁹ These trends reveal the need for dual investment in ECCE and elder-care services. Investments in paid care services are particularly important to support women’s labour force participation in the Arab States, which is currently the lowest of any world region.¹⁰ Reasons for the low labour force participation rate relate in part to women’s unpaid care responsibilities, and the lack of care services and policies that could help reconcile these responsibilities with paid employment. Gender role attitudes favouring a ‘male-breadwinner/female-caregiver’ division of labour also prevail in the region and show little sign of substantial change.

The state of care policies and services in the Arab region

Care policies allocate resources towards the recognition, redistribution and reduction of unpaid care work.¹¹ While many countries in the region implement selected care policies, national-level coordination is often lacking. This leads to gaps in both legal and effective coverage of care services and benefits, exacerbating the vulnerabilities of those with the least access to resources to support care needs.¹²

Paid care leaves

The Arab States are the only major world region where no country meets all three standards for maternity leave set by the International Labour Organization (ILO).¹³ Although nearly all countries meet the standard of replacing at least two-thirds of usual income, only four provide the

recommended 14 weeks of maternity leave. Most countries in the region fund maternity leave through employer-liability systems rather than the social insurance system, which can create a disincentive for employers to hire and retain women.¹⁴ Only four countries in the region provide paternity leave, which is paid for only 2–3 days, insufficient time for fathers to establish caregiving roles. Several countries also allow women to take unpaid childcare leaves for young children, varying from three months to two years. Other more flexible forms of paid care leaves in cases of illness of a child or care for elderly relatives are uncommon. There are also substantial coverage gaps in all forms of leave due to high informality in the private sector, which means that women (and men) often do not benefit from leaves to which they are legally entitled. Shifting to a social insurance model of leave financing would not only reduce disincentives to hiring women, but could also be accompanied by measures to expand coverage of maternity and other care leaves to workers in the informal sector.

Early Childhood Care and Education

The report reveals that having a child under the age of 3 in the household significantly increases women’s time spent on unpaid care work. Along with greater participation of men in care giving, ECCE services can help redistribute some of this time, allowing women more time for employment or other activities.¹⁵ Analyses show that some of the cost of public investment in universal, high-quality ECCE services can be offset by returns from increased employment, particularly among women.¹⁶ As ECCE also has important benefits for the social, cognitive and health outcomes of young children, universal, quality ECCE could reduce inequalities in early childhood outcomes.¹⁷ Yet currently, pre-primary education is not compulsory

in any of the 17 Arab States.¹⁸ Several countries have seen improvements in ECCE enrolment, but most had gross enrolment rates of 30–60 per cent in 2018, well below universal.¹⁹ While cross-national data are not available by age, data from the case study countries indicate that enrolment rates among younger children (under 3) are considerably lower than those of pre-primary age (age 3 – 5). There are also severe inequalities in ECCE access, with children from wealthier households much more likely to attend than those from poor households.²⁰ To avoid exacerbating these inequalities, public investments are needed in universal ECCE. Drawing from international experience, a variety of delivery models (public, private, non-profit and mixed) should be explored. While data on the quality of ECCE in the region is generally thin, the country case studies also point to quality issues that affect both children and workers in this sector, the latter being predominantly women with lower education than other care workers. Investments in ECCE must therefore address regulation and quality as well as increased access.

Elder care services

Aging has not yet figured on the policy agendas of many Arab States. Only seven countries have national strategies or legal frameworks to improve the situation of older persons.²¹ Social care services for the elderly, including residential and non-residential long-term care (LTC) are underdeveloped. Additionally, the region lacks trained workers to provide social-care services.²² The report shows that social-care workers tend to be less educated and suffer from poorer working conditions as compared to education and health-care workers. Although a few countries have begun initiatives to establish residential or non-residential LTC services, these remain scattered and limited

in relation to the growing elderly population. In addition to placing the responsibility for unpaid care for the elderly on family members, usually women, the lack of LTC services in the region will disproportionately affect elderly women who have longer life expectancy and higher rates of non-communicable diseases than men.²³

Key comparative findings from the country case studies

The ratio of women's to men's time on unpaid care work reaches as high as 19:1.

Women in the four countries studied spent 17–34 hours per week on unpaid care work while men usually spent just a few hours per week. The ratio of women-to-men's time spent on unpaid care work reaches 19:1 in Jordan, 12:1 in Egypt, 7:1 in Palestine and 6:1 in Tunisia. The goal of more equal distribution of unpaid care thus remains a long way off in the region. Marriage is the key predictor of how much time women spend on unpaid care, and married women consistently spent more than twice as much time on unpaid care work as unmarried women.

The gender gap in total work highlights the drastic undervaluation of women's economic contributions.

Women's time spent on unpaid care does not decrease when they engage in paid employment. Even when women have paid employment outside the home, they spend the same amount of time in unpaid care as women who are not employed. In short, women's unpaid care responsibilities are

not reduced or redistributed. Women therefore spend more total hours on work (paid and unpaid) than men. Married, employed women spend the most time working – at over 65 hours per week in Egypt, Jordan and Palestine, and 49 hours per week in Tunisia – while married, employed men spend between 44–53 hours per week working. The gender gap in total work highlights the degree to which focusing only on low rates of female labour force participation in the region gives a misleading impression that women are economically inactive. Recognition of the hidden value of women’s unpaid care work for both social and economic functions in the region is thus critical to bringing the care economy higher up on the policy agenda.

Care services can play an important role in redistributing women’s unpaid care work.

Having a child age 0–3 was the strongest predictor of time spent on unpaid care work among married women. This is in part due to the needs of this age group but it is likely also affected by the low rates of ECCE enrolment among children under 3 compared to those aged 4–5. The expansion of ECCE services therefore has great potential to redistribute some unpaid care work from the household to the public sphere.

Paid care sectors constitute an important part of regional economies.

The paid care sector contributes substantially to employment in the region, constituting between 12–15 per cent of total employment in Egypt, Palestine and Tunisia, and 18 per cent in Jordan. The role of the paid care sector is largest in the public sector, which is driven by employment in

education and to a lesser degree health care. In the private sector, paid care represents a much smaller share of employment, but in several countries this share has been growing over time. There is thus substantial room to encourage further investment in expanding private sector care services, particularly ECCE and social care, where the public sector’s role tends to be smaller.

The paid care sector is a major employer for women but job quality is critical.

Employed women in the region are concentrated in paid care sectors. In the public sector, paid care work accounts for 65 per cent or more of women’s employment, versus only 14–31 per cent of men’s. The paid care sector constitutes a much smaller percentage of women’s private sector employment; however, women make up a greater share of private sector care workers (60 per cent). Although lower than other countries,²⁴ these levels are striking given women’s low labour force participation rates overall in the region. By comparison, in non-care sectors, women’s share of employment ranges from 10–17 per cent. The gap in women’s care versus non-care employment illustrates the degree to which care employment is attractive to women. At the same time, the concentration of women in care sectors reflects occupational sex-segregation and barriers to women’s entry into non-care sectors. This concentration may also leave them vulnerable to changing employment conditions in times of crisis, such as the ongoing COVID-19 pandemic. Each country case study notes concerns about job quality in the care sector, particularly in private sector – including deteriorating levels of formality in Egypt, gender wage gaps in Jordan, lack of adherence to minimum wage policy in Palestine, and high levels of informality in the social-care

sectors in Tunisia and Jordan, and in the ECCE sector in Tunisia. Any investments in expanding private care services must be accompanied by standards and regulations to ensure decent conditions for care workers as well as quality services for care recipients.

Growth in the paid care sector has outpaced growth in non-care sectors.

Beyond representing a source of growth for women's employment, the paid care sector has the potential to power overall economic growth across the region. In recent years, employment growth in the care sector has outpaced that in the non-care sector. This is particularly true for women and for the private sector. Investments in expanding paid care services can thus provide multiple benefits: offering families options to redistribute some of women's unpaid care responsibilities; developing high-quality care services that support the needs of children, the elderly and the disabled; expanding employment opportunities for women; and contributing to overall economic growth.

Recommendations: Invest in the care economy as a path towards gender equality

Regional analysis of the care economy and the current state of care policies points to cross-cutting priorities across the Arab States in order to recognize, reduce and redistribute unpaid care work while fostering the growth of decent employment in the paid care sector.

Adopt coordinated national strategies on

the care economy.

Countries in the Arab region have policies and public services – of varying comprehensiveness – that implicitly address the recognition and redistribution of unpaid care work. However, these are largely uncoordinated and fall under the jurisdiction of different ministries, leading to serious gaps in legal and effective coverage. Adopting a national, coordinated strategy on the care economy is therefore a first step for Arab States to invest wisely in this critical sector. Such a strategy should be based on the guiding principle of equality – both in who provides care and who receives it.²⁵ Given the low levels of female labour force participation and high levels of employment informality, countries must not only enact care policies but also effectively monitor and enforce their implementation. It is also critical that policies do not unintentionally discourage employers from hiring women. Models of care service-provision that do not ensure widespread financial and geographic access also risk deepening inequalities in who receives care.

Invest in national time-use surveys and other sources of data on the care economy.

Recognizing the extent of women's unpaid care work is another fundamental step towards an evidence-based national care strategy. Full time-use surveys remain very limited in the region.²⁶ Investment in collecting and disseminating time-use surveys should therefore be a priority. This report also highlights other critical evidence gaps related to the care economy in the region. Regularly collected, standardized data are needed on essential care policies and services, including rates of coverage and uptake of care leaves, and

supply- and demand-side data on ECCE and elder-care services. Data on domestic workers are also critical to assess and address the needs of this highly vulnerable care sector.

Bring maternity leave policies in line with ILO recommendations and introduce paternity or parental leave.

Although maternity leave is the most widely implemented care leave policy in the region, in most countries it does not meet the standards of ILO Convention 183. There is a need for the region to move towards international best practices and finance maternity leave through the social insurance system. This would also be an opportunity to expand maternity leave coverage to women who are self-employed or working in the informal sector. Although a long-term goal, implementation of paternity leave through legal provisions and accompanying campaigns to encourage men to use paternity leave are important to change norms around caregiving roles and protect men's right to be involved in care for their young children.

Expand Early Childhood Care and Education.

Public investment is needed to expand ECCE, exploring delivery models through the public, private and non-governmental sectors. In order to avoid widening socioeconomic inequalities in access to ECCE, several key factors should be taken into consideration. Universal, free ECCE is more likely to achieve higher enrolment, particularly among disadvantaged groups.²⁷ If ECCE expansion is driven by the private sector, some form of public financing or subsidization is necessary to keep costs within reach for the majority of families.

ECCE provision also requires effective government regulation and oversight in order to maintain the quality of services for children and decent working environments for workers. Given the low quality of public primary education in a number of countries of the region,²⁸ quality is a cross-cutting concern that must be addressed. The quality of ECCE provision is also essential to encouraging its uptake by households.

Start to plan for a range of long-term care options.

Although the share of the elderly population is currently small in many countries, as is time spent on unpaid care for the elderly, this will change rapidly in coming decades. Now is the time to plan for LTC systems to meet the diverse needs of the elderly, including residential and non-residential care options and dedicated care leaves for family members.²⁹ As with ECCE, the costs of these services cannot fall exclusively on households, or they will remain inaccessible to most, and ensuring quality is essential if families are to entrust their loved ones to LTC services.

Address professionalization and job quality in particularly vulnerable care sectors.

Expanding ECCE and elder-care coverage in the region also depends on the quality of services and employment in these sectors. Social care and ECCE have the most vulnerable employment, as measured by levels of informality and the education levels of workers. Professionalization and regulation of these sectors is important to ensure service quality, job quality and to change social views that devalue these forms

of paid care work. Professionalization requires formal degree programmes and on-the-job training opportunities, as well as regulation and enforcement of quality and working standards. These measures, which are critical for the safety and well-being of care recipients and care workers, will also likely increase the willingness to entrust loved ones to these services.

Seek to change gender norms.

Greater participation of men in unpaid care work is a fundamental aspect of redistribution. Yet until prevailing views that caregiving is 'a woman's role' change, redistribution will be an uphill battle and women will continue to shoulder the double burden of paid and unpaid work. There are a number of innovative approaches to addressing gender norm change, including providing accurate information about the beliefs of others in the community.³⁰ Normative change is a slow and complex process, evidenced by the fact that nowhere in the world do men perform as much unpaid care work as women.³¹ Yet it is a prerequisite to achieving true gender equality that cannot be overlooked in a comprehensive approach to the care economy.



THE CARE ECONOMY IN THE ARAB STATES

1.1	INTRODUCTION TO THE REPORT	38
1.2	REPORT METHODOLOGY	42
1.3	THE CONTEXT OF CARE IN THE ARAB STATES	45
1.4	AN OVERVIEW OF CARE POLICIES AND SERVICES IN THE ARAB STATES	56
1.5	KEY COMPARATIVE FINDINGS FROM THE COUNTRY CASE STUDIES	66
1.6	RECOMMENDATIONS	76

1.1 INTRODUCTION TO THE REPORT

Care is fundamental to our societies and economies. While families are a key site for giving and receiving care, the implications of who provides care and who receives it extend beyond the family sphere. Care is a public good, meaning that its benefits extend beyond those to whom it is directly provided.³² Care for young children is a critical investment in the health, education and productivity of future generations while care for the elderly helps ensure dignity, longer-lasting health and well-being for those who have contributed to their families and societies. Care for the temporarily or permanently ill and disabled is likewise a way that societies ensure greater health and economic security for all.

Yet although care is a public good, the current responsibility for providing it falls overwhelmingly on families. Within families, this responsibility falls predominantly on women and girls. Care is an important dimension of family life and providing it is often a rewarding experience that family members want to and should perform. However, families should also be supported by services and public policies that give them options in terms of who provides care and how much is provided inside versus outside the household in times of need.³³ The provision of such services and the implementation of public policies that could alleviate or redistribute some of the care burden for women and families remain underdeveloped in many countries.

In fact, the very organization of care work is a driver of gender inequality on a global scale. It is estimated that 16.4 billion hours are spent on unpaid care work each day, time that if valued at national hourly minimum wage levels would amount to USD 11 trillion. Three-quarters of this

unremunerated time is spent by women and girls.³⁴ When this amount of time is devoted to essential, yet unpaid tasks for the production and reproduction of families, it props up global economies on a massive scale.³⁵ But this unpaid labour comes with other costs. The time that women and girls spend on unpaid care can come at the expense of their education, participation in paid employment outside the home, and time for leisure and self-care. The unequal distribution of unpaid care work thus restricts women's and girls' educational and economic opportunities relative to men and boys. Time poverty – when individuals do not have enough time for rest or leisure due to paid or unpaid work – can also negatively impact women and girls' health and well-being.³⁶

Inequalities in the provision of care may also be exacerbated in times of crisis, a dynamic that the ongoing COVID-19 pandemic has highlighted on a global scale.³⁷ During the pandemic, care needs have increased due to factors including the closure of schools and nurseries, illness, more limited access to health and social-care facilities, and the closure of services that can substitute for women's unpaid time spent on housework. As women already shoulder the majority of unpaid care work, it predominantly falls on them to take on these additional care responsibilities.³⁸ The pandemic has thus exposed the urgency of addressing widespread gaps in care policies and services that leave women and their families vulnerable to negative social, economic and health outcomes.

Just as women perform the bulk of unpaid care work, they are overrepresented in paid care-related employment outside the home. Globally, paid care work employs 381 million people, 65 per cent of whom are women. Whereas paid care work makes up 6.6 per cent of global male employment, it constitutes 19.3 per cent of global female employment.³⁹ The care sector is thus a major

source of demand for female labour. At the same time, the conditions of work in the paid care sector vary widely and this can negatively impact women workers, particularly those in vulnerable forms of employment, such as domestic work.

Recognizing the extent and value of unpaid care work, reducing the unpaid care work burden on women and girls, and redistributing the responsibility for care work across women and men, as well as families and the State, has huge potential to further gender equality. With the appropriate policies, this redistribution can also generate economic growth and decent employment opportunities for women. Ultimately, investment in high-quality growth in the care economy can improve health and well-being, both for those who provide care and those who receive it. This report focuses on what such investment in the care economy could achieve in the Arab States, encompassing the 17 countries covered by the UN Women Regional Office for the Arab States, namely: Algeria, Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Syria, Tunisia, the United Arab Emirates and Yemen.

Scope and outline of the report

The recognition, reduction and redistribution of unpaid care work is a pressing issue for gender equality in the Arab States, which has the highest female-to-male ratio of time spent on unpaid care work of any world region. Women across the Arab region spend on average 4.7 times more time on unpaid care work than men, compared to 4.1 times more in Asia and the Pacific, 3.4 times more in Africa, and 1.7 times more in the Americas.⁴⁰

The amount of unpaid care work that is undertaken by women and girls in the region is a key

contributor to the fact that the region also has the world's lowest rate of female labour force participation. Women who are employed are concentrated in care-related economic sectors. Fewer than a quarter (22 per cent) of women in the region are in the paid labour force,⁴¹ but over half (53 per cent) of them work in care-related jobs.⁴² This is the highest share of any world region.⁴³ Tapping into the potential of the paid care economy – a sector that has received relatively little policy focus in the region – could thus be an important source of employment for women, while there is a simultaneous need to ensure that women have better access to employment in non-care sectors. Changing demographic trends, including declining fertility rates, population aging and the increasing nuclearization of families, are also challenging systems of care-provision that rely on women's unpaid labour.⁴⁴ Satisfying unmet needs for care for young children, the elderly, ill and disabled will require investments in the development of paid care services.

Care is also critical for the Arab region's ability to achieve the 2030 Sustainable Development Goals (SDGs). The implications of care for the SDGs go well beyond indicator 5.4 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." The care economy impacts the region's ability to achieve a number of other SDGs targeting gender equality (Goal 5), early childhood education (Goal 4), health and well-being at all ages (Goal 3), and productive employment and decent work for all (Goal 8). Investments in the care sector may thus lead to benefits across a wide range of related goals.

This report aims to provide evidence-based recommendations to guide investments in the care

economy in the Arab States. Through a combined analysis of unpaid care, paid care sectors and care-related policies, it highlights commonalities and differences across the region in terms of care needs and promising policy approaches to meeting these needs. Chapter 1 provides an overview of the concept of the care economy and the demographic and social context of care-provision in the Arab States. It also reviews the status of key care policies and services related to paid leave, Early Childhood Care and Education (ECCE) and elder care across the region. Subsequent chapters present country case studies of the care economy in Egypt (Chapter 2), Jordan (Chapter 3), the State of Palestine⁴⁵ (Chapter 4) and Tunisia (Chapter 5), with in-depth analysis of national data. A cross-national synthesis of the key findings and recommendations from the case studies concludes this chapter.

Throughout the report, the analysis takes a life-course perspective on care needs and provision. This perspective recognizes that a person's individual capacities and social roles change with age.⁴⁶ Over certain periods of life – such as early childhood and old age, as well as temporary periods of illness – people may be in greater need of care. At other points in the life course, social expectations and individual ability to provide care may be greater, for example after marriage (for women). Changes over time in individual need for and ability to provide care intersect in the family, which in its diverse forms is a key site for care across societies. Although the family plays an important role in providing mutual care for its members across the different stages of the life course, families should not be left on their own in doing so. Recognizing that care is a public good, key policy measures should be enacted to support individuals and families during periods when their care needs are too great or when meeting those needs comes at the expense of quality of life. As governments in the region explore new care policies to support families, those policies should be guided by the principle of promoting greater

gender equality in care work and greater equality among all people in accessing its benefits across the life course.

Defining paid and unpaid care work

This report takes a comprehensive view of the care economy, which is the total of all unpaid and paid care work.⁴⁷ **Care** includes all activities between a caregiver and a care-receiver that sustain the recipient and develop their capabilities, including their health and skills.⁴⁸ Both paid and unpaid care work can be further divided into direct and indirect care. **Direct care work** encompasses the personal, relational activities of taking care of another person, such as nursing a baby, reading to a child or helping an elderly person to dress or take a bath. **Indirect care work** consists of tasks that do not involve face-to-face interaction, but that are needed to sustain direct care, including cleaning, cooking, shopping for household items and maintenance work within the home.⁴⁹

Unpaid care work is direct or indirect care provided without remuneration, the majority of which is carried out by women and girls within the household. It is restricted to “services” such as minding children, cooking and cleaning. It does not include producing or processing goods for household use, such as growing vegetables, raising livestock or making clothes at home,⁵⁰ activities that in some contexts also consume a large portion of women's time. Unpaid care work is typically measured, as in this report, in terms of the amount of time that individuals spend per week, or per day, performing care activities.

Paid care work consists of direct or indirect care work that is performed for pay or profit.⁵¹ Care services that are provided privately or by public institutions can complement or substitute unpaid care work within the home. Paid direct care work is comprised of those services that contain the relational aspect of direct care work – namely

education, health care and social care. Social care includes residential and non-residential care for the elderly and disabled as well as childcare. Care workers encompass all of the professions that engage in indirect or direct care activities, regardless of whether the employment is based in the public, private or non-profit sector. Domestic workers who work in homes are also paid care workers, and often perform a combination of indirect and direct care work activities. Table 1.1 summarizes the four-way categorization of unpaid and paid, direct and indirect care work that makes up the care economy.

Paid care work can also be thought of in terms of the nature of a person's job (e.g. teacher) or the economic activity of their place of employment (e.g. a school). Not all people in care professions work in **care sectors** (education, health, social care and domestic work), and not all people who work in care sectors are in care professions. Figure 1.1 elaborates on the overlap between paid care workers and care sectors. **Care workers in care sectors** are people employed in both a care

profession and an establishment where the main economic activity is care-provision. There are also administrative, managerial and other staff in most schools and health-care facilities who are not care professionals but who work in care sectors and are part of their job growth over time. Such workers are examples of **non-care workers in care sectors**. Conversely, care professionals who work outside the care sector, for example nurses employed by companies in the industrial sector, are referred to as **care workers in non-care sectors**.⁵²

The scarcity of evidence on the size and characteristics of the paid care economy in the Arab States limits efforts to understand and invest in this sector's potential. This report thus examines both paid care sectors and paid care workers. Their characteristics are also often compared with non-care workers or non-care sectors, respectively, to give a more complete picture of how paid care work differs from other segments of the economy.

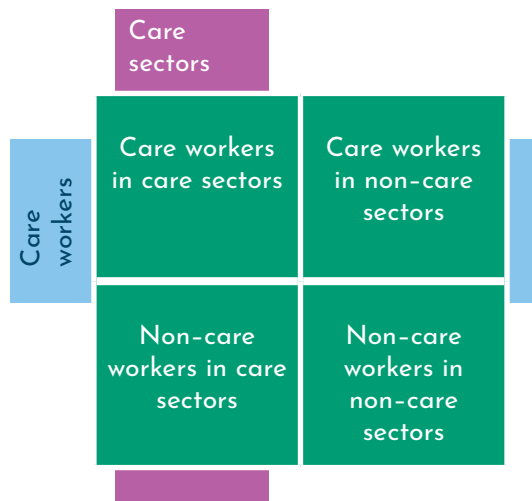
 **TABLE 1.1: TYPOLOGY OF THE CARE ECONOMY**

	Direct care work	Indirect care work
Unpaid	“Personal and relational” care performed within the household for children, the elderly, the disabled and the ill	Unpaid activities performed within the household to support direct care work (e.g. housework)
Paid	Paid employment in education, health, social care or domestic work	Paid employment in domestic work

Source: Authors' elaboration, based on the International Labour Organization (ILO) 2018. *Care Work and Care Jobs for the Future of Decent Work*. Geneva: ILO.

Notes: Voluntary care services provided to people outside the household also fall within the definition of unpaid care services but are not captured in this report due to the limitations of the data sources used. Voluntary care services to others constitute a very small portion of total time spent in unpaid care cross-nationally.¹⁷⁴ Domestic workers often perform both indirect and direct care, and are thus included in both categories of paid care work.

FIGURE 1.1: THE RELATIONSHIP BETWEEN CARE WORKERS AND CARE SECTORS



Source: Authors' elaboration based on definitions from ILO 2018.

A full view of the gendered dynamics of the care economy in the Arab States requires analysing the relationships between unpaid and paid care work. Investment in the care economy has multiple implications for women. Paid care services, such as ECCE or care services for the elderly, can be an important substitute for women's unpaid care work that frees up their time for other activities. Paid domestic workers can also alleviate some of women's unpaid time in indirect care work. At the same time, many of the workers who take on these care responsibilities for pay are also women. The size and trajectory of the paid care sector and its working conditions thus have disproportionate impacts on work opportunities, conditions and wages for women.

Historically, the feminization of care work and its association with women's unpaid labour has led it to be devalued. This is particularly true for domestic work, a sector that suffers from poor and unstable

working conditions in many contexts.⁵³ Investments in developing the paid care sector must therefore focus on providing high-quality, safe, socially protected and fairly paid employment in order to foster women's economic empowerment. Investment in high-quality care jobs is also a virtuous circle; better working conditions in paid care sectors are associated with higher-quality services for those being cared for. The quality of services in the paid care sector may in turn serve as an incentive for households to use these services in place of women's unpaid labour.

1.2 REPORT METHODOLOGY

This report generates unique evidence on the state of the care economy in selected Arab States through original microdata analysis related to both unpaid and paid care work. Following this overview chapter are four detailed case studies of the care economy in Egypt, Jordan, Palestine and Tunisia. These four countries were selected in order to provide a broad representation of the Arab States, in terms of subregional characteristics, national economic structures, care dependency and the implementation of recent care policies. All four countries are also among those in the region in which female labour force participation (FLFP) rates have been persistently low (see Section 3.2). The selection of countries was also driven by data availability. A key barrier to the detailed analysis of the care economy in many countries of the region is the lack of available data – particularly time-use data that can be used to quantify time spent in unpaid care work (see Box 1.1).

Each country case study relies on multiple data sources to present a comprehensive analysis of both unpaid and paid care work. In the absence of time-use surveys, the country case studies on Egypt, Jordan and Tunisia rely on the Labour Market

➤ BOX 1.1: RECOGNITION BEGINS WITH MEASUREMENT

A first step towards a comprehensive approach to unpaid care work is recognizing the amount and value of time spent on this work.¹⁷⁵ Recognition begins with measurement. Producing estimates of the value and opportunity cost of unpaid care work relies on accurate measurement of the amount of time that individuals spend on care activities – time that is thus not available for paid work, education, leisure and self-care.

The best methodology for measuring time spent on unpaid care work is a time-use survey. These surveys collect detailed data on all the activities that individuals carry out over the course of a specified time period. This methodology is important for capturing the full extent of time spent on care work, as such work is often deemed unimportant and thus underreported in more traditional survey formats. Time-use surveys can also be designed to capture how care activities are often carried out in combination with other activities (e.g. minding a child while cooking dinner).¹⁷⁶

Unfortunately, time-use data are lacking in the Arab region. Only 7 of the 17 countries covered by this report have ever conducted a national time-use survey,¹⁷⁷ and several are now quite dated or unavailable for public use. Only Palestine has conducted multiple time-use surveys, in 1999–2000 and 2012–2013.¹⁷⁸ Investment in time-use surveys is thus a critical first step towards greater recognition of unpaid care in the region.

Panel Surveys (LMPS) conducted by the Economic Research Forum (ERF) in collaboration with national statistical offices in the region.⁵⁴ The LMPS surveys do not include a full time-use module, but targeted data based on the respondent's recall of time spent in direct and indirect care work activities in the week prior to the survey. The surveys also contain measures of time spent in paid work. A detailed discussion of the LMPS methodology and its limitations for time-use analysis can be found in the Methodological Appendix. Standardized classifications for activities included under direct and indirect unpaid care work were developed for use across the four countries, based on the definitions above and the International Classification of Activities for Time-Use Statistics (ICATUS) 2016.⁵⁵ Although the standardized approach increases comparability across countries, it is worth recalling that the methodology for the data collection in Palestine was very different from the other three countries.

The key indicator used to measure unpaid care work is the number of hours per week that individuals spend in these activities. The amount

of time spent on total care is also disaggregated between time spent on direct versus indirect care in most analyses. Each chapter also presents the percentage of total time (out of a 168-hour week) spent on unpaid care. Women and men's time spent doing unpaid care work is compared with their time spent in paid work, to calculate measures of the total time spent on all forms of work. Descriptive analyses of differences in the distribution of unpaid care work are presented by sex, marital status and other key individual- and household-level characteristics, including age, education, employment status and household wealth. Analysis of the impact of having children of different ages (0–3 years, 3–5 years and 6–17 years) in the household on women's unpaid care work is also presented using multivariate regression analysis, which is further described in the Methodological Appendix.

Analyses of the paid care economy are based primarily on the Labour Force Surveys (LFS) of Egypt, Jordan and Tunisia, conducted by their respective national statistical offices. The analysis for Palestine relies primarily on the 2007 and

2017 Establishment Censuses. Each survey is also described in detail in the Methodological Appendix. Following the definitions laid out in Section 1.2, the measures of the different forms of paid care work were standardized across the four country case studies to the extent possible in order to allow comparisons of how paid care work differs. The classification of care workers is based on the International Standard Classification of Occupations (ISCO)⁵⁶ definitions of workers in the education, healthcare, social care and domestic work fields, and the classification of care sectors is based on the International Standard Industrial Classification of all Economic Activities (ISIC)⁵⁷ definitions of the education, health-care, social care and domestic work sectors. Where possible,

specific subsectors of interest, for example ECCE, are also analysed separately, but the ability to do so depended on data availability in each country. A notable shortcoming of the analysis is that in several of the countries it was not possible to accurately distinguish domestic workers based on the LFS data. This important care sector is thus largely left out of the analysis (see Box 1.2).

The descriptive analyses of paid care work presented in the country chapters focus on the size of the paid care sector as a percentage of total employment in each country, the representation of women in paid care employment, and the characteristics of paid care workers. Growth of the paid care sector, relative to other economic

BOX 1.2: MIGRANT DOMESTIC WORKERS IN THE ARAB STATES

Domestic work is a heavily feminized paid care sector. In 2013, the ILO estimated that 80 per cent of the 67 million domestic workers worldwide were women.¹⁷⁹ Of the estimated 3.8 million domestic workers in the Arab region, 3.16 million (83 per cent) were migrants, including 73 per cent of all female domestic workers.¹⁸⁰ Domestic workers in the region increasingly perform not only indirect care activities, such as cleaning and cooking, but also provide direct care for children and the elderly. Demand for domestic workers is in part driven by the weakness of institutional care services in the region.¹⁸¹

A combination of gender- and migration-related factors make female migrant domestic workers a particularly vulnerable segment of the labour force. Globally, domestic work is characterized by low wages, vulnerability to exploitation and abuse, and poor working conditions.¹⁸² Domestic workers in general are excluded from the labour laws of many Arab States, and – when covered by regulations – are often provided fewer protections than other workers.¹⁸³ In many countries of the region, migrant domestic workers, like other migrant workers, are regulated by the *kafala* system, in which their legal residency and employment status is tied to an individual employer. This system typically prevents them from changing employers or entering and/or leaving the country without permission from their employer,¹⁸⁴ leaving them vulnerable to exploitation and to becoming irregular migrants if they leave their employer. In the absence of effective regulation, a recent set of studies by the ILO found widespread violations of migrant domestic workers' contract provisions – such as having one day off per week – in Lebanon, Jordan and Kuwait.¹⁸⁵ Stigma and negative social norms around domestic work, as well as biases towards foreign workers, can also affect working conditions for migrant domestic workers.¹⁸⁶

Although the working conditions of domestic workers are a hugely important issue for care provision and gender quality in the Arab States, domestic work is not comprehensively treated in this report. With the exception of Jordan, the four focus countries are not among those in the region that have large migrant domestic worker populations. In most of the countries, including Jordan, limitations of the LFS data also preclude a rigorous analysis of the domestic work sector and the characteristics of domestic workers.

sectors, is also calculated for approximately the past 10 years, depending on data availability in each country. The growth of the care economy is an important indicator of demand for and investment in care services, as well as the potential of the care sector to contribute to overall national economic performance. Finally, the chapters consider available data on working conditions in paid care versus other economic sectors. Job quality in the care sector has important implications for women's employment due to the overrepresentation of women in paid care work, as well as for the quality of care services that are delivered.

The analyses of the unpaid and paid components of the care economy are linked conceptually through the "5R" framework, which aims to recognize, reduce and redistribute unpaid care work while rewarding paid care work and increasing the representation of care workers in the determination of their working conditions.⁵⁸ The 5R approach, widely used internationally in the study of unpaid care and gender inequality, provides not only an analytical framework, but can serve to organize a comprehensive policy strategy towards care work.⁵⁹

Recognizing unpaid care work is a necessary condition for reduction and redistribution. It entails understanding and valuing unpaid care as a form of work that underpins all other economic activities. Recognition also entails acknowledging that both unpaid and paid care labour constitute the care economy, which is critical to overall human well-being. **Reducing** unpaid care work aims to lessen the burden on women of providing unpaid care, particularly domestic work that entails drudgery, such as fetching water or firewood. Reducing unpaid care work also relates to redistributing unpaid care work to the paid care sector, but related policies should not lead to inequities or compromises in the quality of care provided. **Redistributing** care work between the public (as paid care services) and household spheres, and between women and men within homes, is

fundamental to improving women's economic opportunities and achieving gender equality.⁶⁰

The remaining two 'Rs' in the framework focus on the conditions of paid care workers. **Rewarding** paid care work is essential for ensuring decent work and pay for all care workers, as well as for creating safe and attractive work environments. Protection of migrant care workers is also critical to this dimension. Finally, the principle of representation aims to recognize the right of care workers to freedom of association and collective bargaining, as well as to ensure women's involvement in all levels of decision-making related to the care economy.⁶¹

1.3 THE CONTEXT OF CARE IN THE ARAB STATES

Care is delivered within a social, economic, demographic and policy context. This context is changing rapidly in many parts of the world, including the Arab region. As demographic trends change, the profile of who needs care, now and in the future, as well as other social and economic factors, affect who provides care at a family level as well as within the paid care sector. There is considerable diversity within the Arab region in how these dynamics shape the care economy, which will continue to evolve. However, there are also important commonalities in care needs and some of the challenges that countries in the region face in meeting those needs. Many have a current need to expand ECCE services, and a growing medium-term need to develop care services for the elderly. FLFP is also low throughout the region, and redistribution of care work is hindered by persistently strong adherence to the traditional 'male-breadwinner/female-caregiver' gender role model.

Demographic trends will change care needs

The need for care relative to the population available to provide it is expressed through dependency ratios – the ratio of persons aged 0–14 and 65+ per 100 persons of working age (15–64). The total dependency ratio in the Arab region is projected to decrease slightly over the next decades, from just under 63 in 2010 to 56 by 2050, due to projected declines in fertility rates.⁶² However, changing demographics will shift the composition of the dependent population and the nature of care needs. Whereas the region’s young-age dependency ratio is projected to fall, from 54 in 2020 to 40 in 2050, the old-age dependency ratio will double, from just under 8 to 16.5.⁶³

Demographic shifts will affect countries in the region differently, depending on the pace of aging and changes in fertility rates. Currently, there are more young-age than old-age dependents in most countries of the region. As of 2020, the ratio of children aged 0–14 to every 100 working-age people ranged from a high of over 65 in Palestine and Yemen to a low of 18 in the United Arab Emirates (UAE) and 16 in Qatar.⁶⁴ The ratio of elderly to working-age population, by contrast, only exceeded 10 in four countries (Algeria, Lebanon, Morocco and Tunisia). By 2050, dependency in the region will change considerably, with young-age dependency ratios exceeding 40 only in Palestine, Egypt and Iraq, and half of the region’s countries experiencing old-age dependency ratios above 20. Figure 1.2 illustrates the shift in dependency ratios from today until 2050 for the four case study countries.⁶⁵

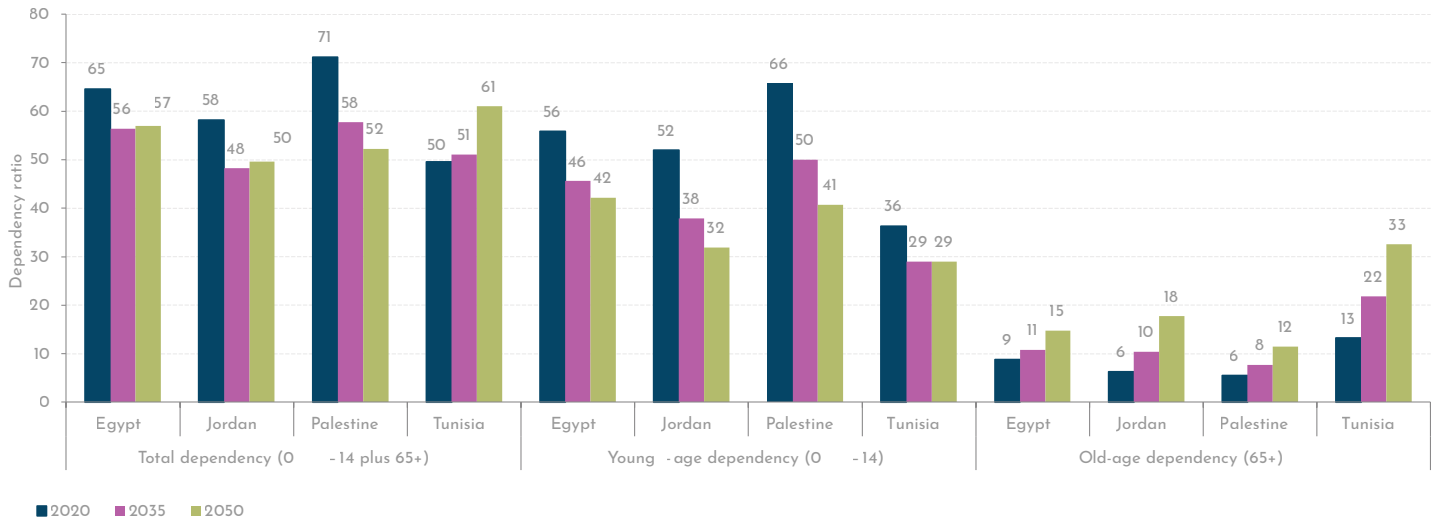
Changes in the regional population structure have important implications for care services. For example, ECCE services in most countries target children under 5. The share of the under-5 population is projected to decline in most countries in the region over the next 30 years (Figure 1.3).

Whereas in 2020, the share of the population under 5 was nearly 14 per cent in Iraq, the State of Palestine and Yemen, by 2050 this share is projected to decline to below 10 per cent. Among countries where the share of the very young is already low, such as the UAE and Qatar, it is projected to remain stable or increase slightly. Since the presence of young children in the household is a key predictor of women’s time spent on unpaid care work (as detailed in the country case studies), the decline in the share of small children in the population, coupled with the expansion of quality ECCE services, has great potential to reduce and redistribute women’s time spent on unpaid care work.

At the same time, the share of the population aged 65 and older will increase over the coming decades. Aging will be particularly pronounced in certain countries of the region, with the share of the elderly population exceeding 15 per cent in Algeria, Kuwait, Lebanon, Morocco, Saudi Arabia, Tunisia and the UAE by 2050 (Figure 1.4). The vast majority of countries in the region will begin the aging transition by 2040, and corresponding care services need to be planned for.⁶⁶ The elderly have specific needs and abilities that differ from those of dependent children. Whereas some become more physically dependent, others may have different degrees of financial dependence.⁶⁷

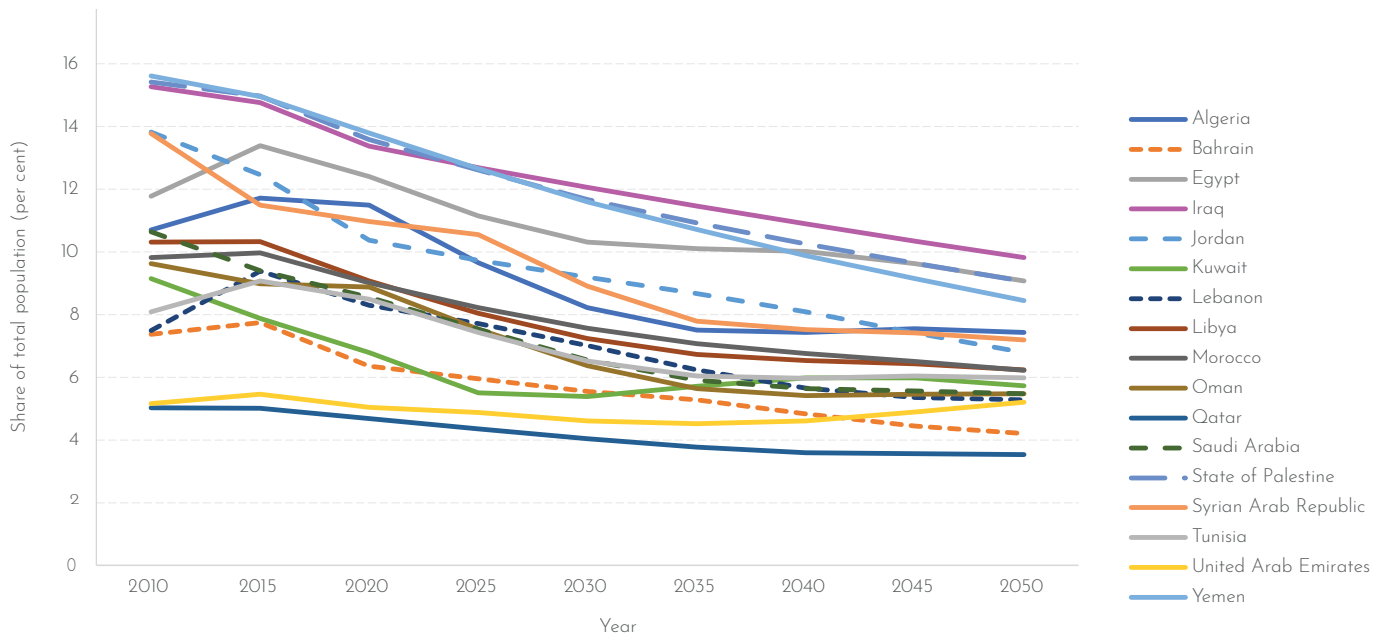
Currently, spending on health and social protection sectors in the region is low, resulting in coverage for only a small fraction of older persons with old-age pensions. Access to essential services for women – who comprise the majority of the elderly population – is particularly weak. Additionally, the region lacks sufficient residential and non-residential care services for the elderly, trained care workers to provide social-care services and gerontologists to provide specialized medical care for the elderly.⁶⁸ In the absence of these services, female family members – especially spouses, daughters and daughters-in-law – provide the bulk of unpaid care for the elderly.⁶⁹

FIGURE 1.2: TOTAL YOUNG- AND OLD-AGE DEPENDENCY RATIOS IN SELECTED ARAB STATES, 2020, 2035 AND 2050



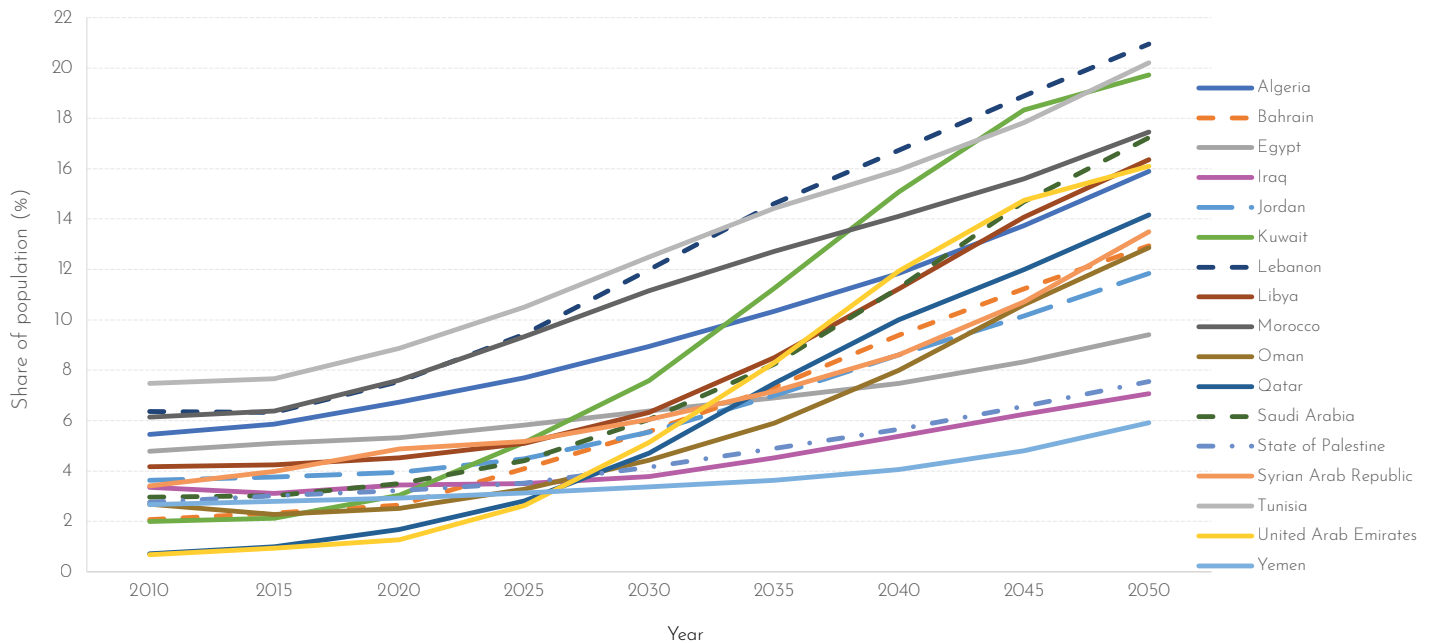
Source: Authors' elaboration from UN-DESA (United Nations Department of Economic and Social Affairs). 2019. World Population Prospects 2019, Online Edition. Rev. 1. New York: DESA, Population Division.

FIGURE 1.3: SHARE OF THE POPULATION UNDER THE AGE OF 5, 2010-2050, ARAB STATES



Source: Authors' elaboration from UN-DESA 2019.

FIGURE 1.4: SHARE OF THE POPULATION AGED 65 AND OLDER, 2010-2050, ARAB STATES



Source: Authors' elaboration from UN-DESA 2019.

Population ageing will also increase the need for care for the disabled and chronically ill. Although not all elderly individuals are dependent in terms of health needs, rates of disability tend to rise with age. Unfortunately, the Arab region lacks reliable and consistent age-disaggregated data on disability that could better gauge these future needs. The reported total prevalence of disability varies across countries, ranging from 0.4 per cent in Qatar to 4.6 per cent in Palestine.⁷⁰ These low rates compared to other countries suggest that most Arab countries are using a narrow definition of disability that only captures the most severe functional limitations. Analyses in specific countries using an expanded definition of disability may reveal much higher rates of potential care needs among the disabled elderly. For example, in Egypt, by age 65, about 40 per cent of men and half of women report having at least some difficulty walking or climbing stairs and 20 per cent of the elderly of both genders report at least some difficulty in remembering or concentrating.⁷¹

The care needs of the elderly population in the Arab region are also likely to be affected by the high burden of non-communicable diseases (NCDs) – such as cancer, diabetes, and cardiovascular diseases – which cause 75 per cent of mortality in the region. This share varies from less than 60 per cent in Yemen and Iraq to more than 80 per cent in Tunisia, Egypt and Lebanon.⁷² By 2030, the number of older persons in the Arab region with an NCD is projected to rise to nearly 1.3 million.⁷³ Many NCDs are chronic conditions that can require years of care. The increase in the elderly population with chronic health needs is likely to lead to growing elder-care responsibilities for women in the region in the absence of care policy supports.

Unpaid care is a barrier to women's labour force participation

Globally, some of the most profound changes in how societies distribute and support care

work have been driven by women's increasing participation in the paid labour market.⁷⁴ The relationships between women's paid work and their unpaid care work are complex. On the one hand, women in many countries have increasingly taken on paid employment outside the home, which has increased recognition of the unequal distribution of unpaid care work.

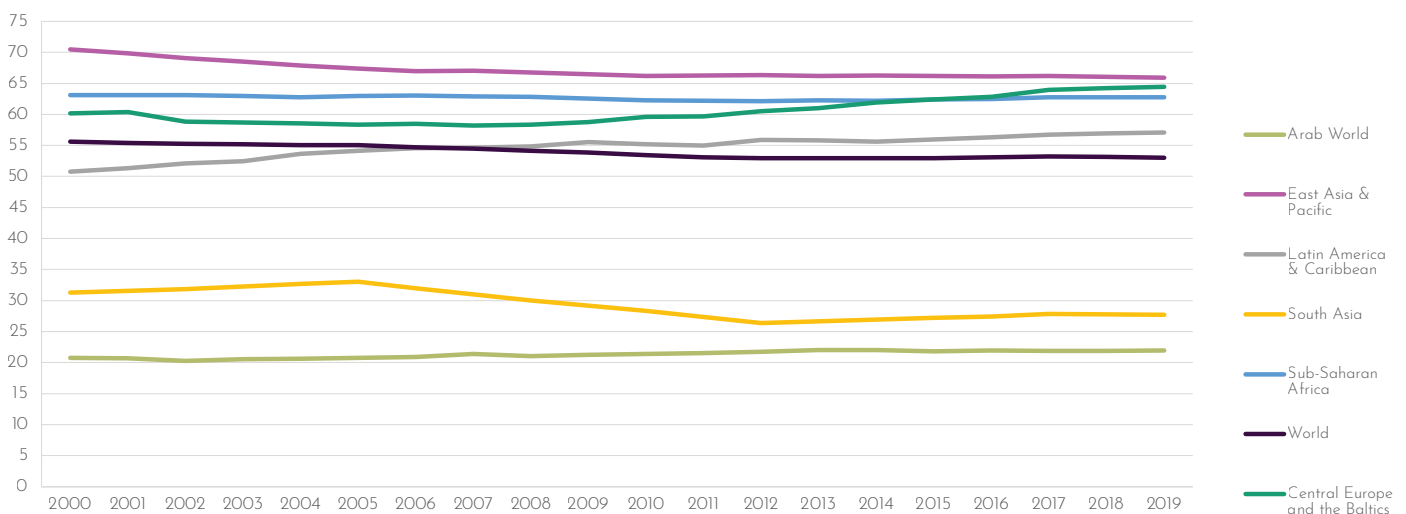
Growing evidence has emerged of the extent to which women work a "double shift" of unpaid care work at home, even when they also engage in paid work outside the home.⁷⁵ This second shift has negative impacts on women's well-being, time poverty, family dynamics and gender equality more broadly. In some countries, both social movements and policy efforts have emerged to address these gender imbalances in unpaid work.

On the other hand, unpaid care responsibilities remain one of the greatest barriers to women's participation in the labour force. Globally, an estimated 606 million women are out of the paid labour market due to care responsibilities, compared to 41 million men. This constitutes 42 per cent of all women who are out of the labour force.⁷⁶

Engaging in paid work versus staying at home full-time to care for family members is a choice, and a choice that should be available to all women and men, regardless of their circumstances. Yet when women do not have the option of engaging in paid work because of unpaid care responsibilities, this disadvantages them economically. They not only lose out on independent income but are often excluded from employment-based social protection systems that provide benefits, such as unemployment insurance, maternity leave and old age pensions.

The issue of unpaid care responsibilities as a barrier to women's employment is a particular concern in the Arab States, which have the lowest FLFP rate of any world region (Figure 1.5).⁷⁷ FLFP ranges from a high of nearly 60 per cent of working-age women in several Gulf States to a low of 6 per cent in Yemen, although for most Arab countries it ranges between 13–30 per cent.⁷⁸ Labour force participation among women has also been stagnant over the past several decades, and in some countries has even declined, despite the fact that the gender gap in education has nearly closed.⁷⁹

FIGURE 1.5: FEMALE LABOUR FORCE PARTICIPATION RATE BY WORLD REGION, 2000–2019



Source: Authors' elaboration from World Bank. 2019. *World Development Indicators*. Washington, D.C.: World Bank Group.

There are several reasons behind the low FLFP rate in the Arab States. Some are related to the labour market, including the prevalence of informal jobs, occupational sex-segregation, sexual harassment and unsafe transportation, limited access to productive assets, and discriminatory laws and regulations.⁸⁰ Other reasons relate directly to women's care responsibilities, including gender roles and social norms that favour women's household roles.⁸¹ Other factors include the limited accessibility, cost and poor quality of childcare, inadequate leave policies (both explored later in this chapter) and the amount of time that women spend on unpaid care. The limited literature on this in the region demonstrates that women's time spent on unpaid care work increases substantially after marriage. Countries with the heaviest unpaid care work burden correspondingly saw the largest decline in women's employment upon marriage, particularly in the private sector.⁸² The ability to balance unpaid care work and paid employment is one reason women prefer public sector jobs, which typically have shorter hours than jobs in the private sector. However, public sector employment has become less available in the past decades, especially for younger women entering the labour market.⁸³ Women thus face a limited range of employment opportunities that are reconcilable with care responsibilities, which has contributed to the stagnation of FLFP rates in the region.

Social norms and the (re)distribution of care work

Social norms play a strong role in shaping the distribution of unpaid care within the home. Attitudinal data from across the Arab region show consistent prioritization of women's caregiving roles and men's paid employment.⁸⁴ Cross-regional comparisons suggest that norms favouring women's care roles over paid employment are

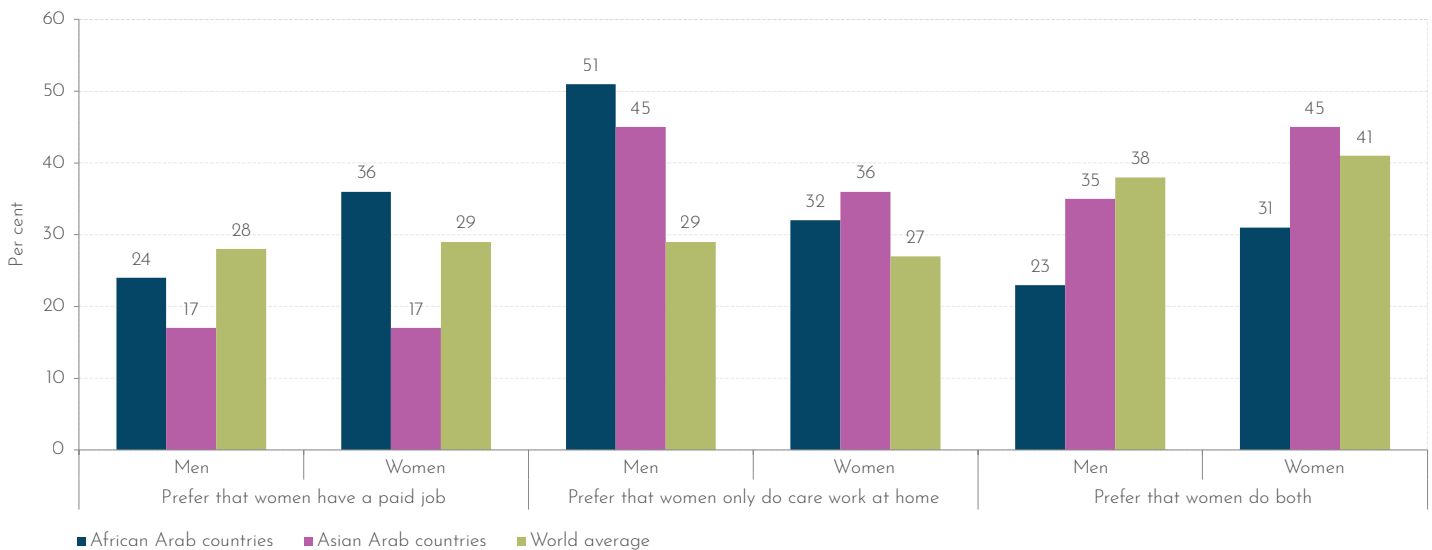
stronger than in other regions and countries.⁸⁵ Furthermore, there is mixed evidence, as shown below, as to whether attitudes are becoming more egalitarian over time.

Men's and women's gendered economic roles

Based on data from 14 Arab States, a recent Gallup/ILO poll reported the percentage of men and women preferring that women in their families work in paid jobs, that women only do household work, or that they do both.⁸⁶ The results revealed that Arab men in particular are considerably more likely to prefer that women focus only on care work at home, and less likely to support women's paid employment outside the home (Figure 1.6). The results for women were more mixed, with women in North Africa showing higher rates of preference for paid employment, and those in Asian Arab countries preferring that women take on both paid employment and household caregiving roles.

Wave 6 of the World Values Survey (WVS), conducted between 2010–2014 in 12 Arab countries, is another source of data on gender role attitudes in the region that has the added advantage of being comparable to data from other Low- and Middle-Income Countries (LMICs) outside the region.⁸⁷ The WVS results similarly show that men in the region consistently express greater support for gender roles conforming to the male-breadwinner/female-caregiver model than do women. However, there is considerable variation across countries. The percentage of men supporting the statement that men should have priority in obtaining jobs ranged from 45 per cent in Lebanon to 85 per cent in Egypt and 88 per cent in Yemen (Figure 1.7).

FIGURE 1.6: PERCENTAGE OF MEN AND WOMEN PREFERING THAT WOMEN HAVE A PAID A JOB, THAT WOMEN ONLY DO CARE WORK AT HOME, OR THAT WOMEN DO BOTH



Source: Authors compilation from Gallup and ILO 2017. *Towards a Better Future for Women and Work: Voices of Women and Men*. Geneva: ILO and Gallup.

Although most women also agreed that men should have the priority in obtaining jobs, there was considerable variation, from 36 per cent in Lebanon to 81 per cent in Egypt. In many countries, there was a clear gender attitudinal gap, with a 20– to 30–percentage point difference in women’s and men’s support of the statement. On the whole, attitudes in the region were also more conservative than those outside the region, with the exception of Malaysia.

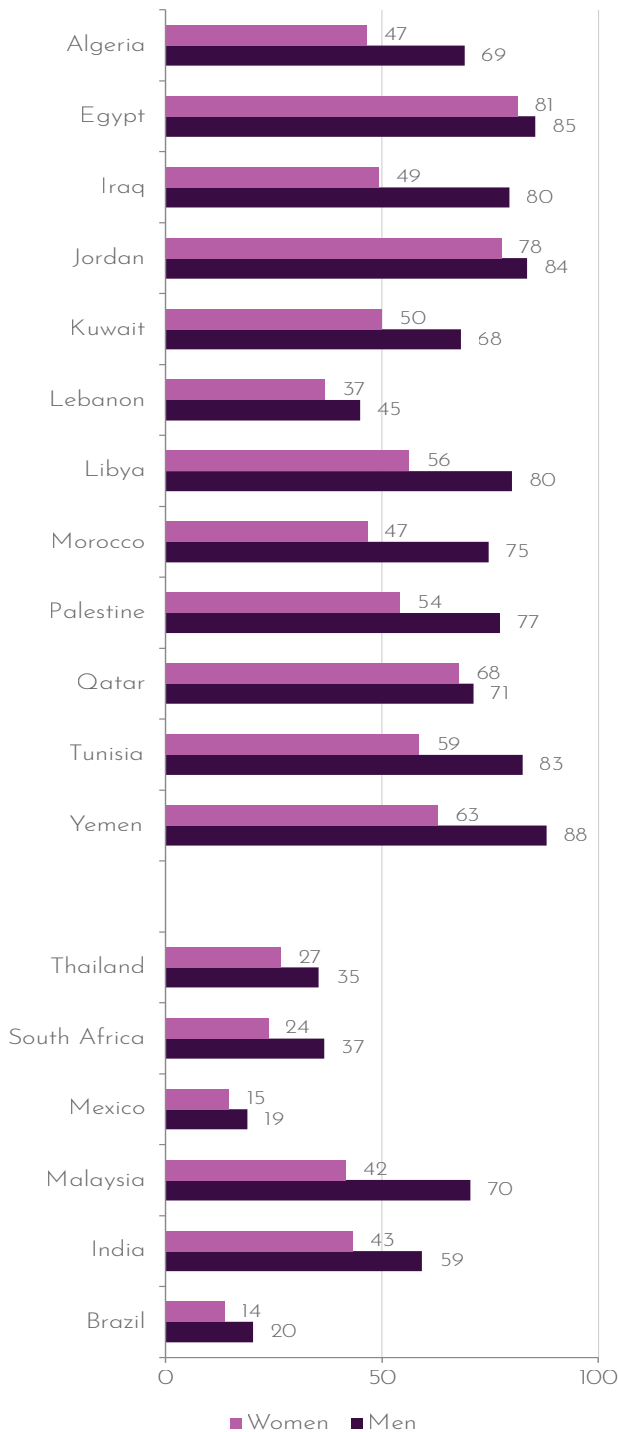
Men’s agreement with the question of whether being a housewife is as fulfilling as having a paid job was consistently higher than women’s, with 65–86 per cent of men in Arab States agreeing with the statement, compared to 50–79 per cent of women. Somewhat more egalitarian attitudes prevail in countries such as Lebanon and Kuwait, whereas Egypt, Jordan and Yemen show more conservative attitudes among both genders. Further research is needed to understand the reasons for these important within–region differences in gender attitudes.

Another important question is whether gender attitudes supporting traditional household roles are changing in the region over time. Figure 1.8 presents some of the very limited data available to assess this question, from WVS Wave 6 (2010–2014) and Wave 5 (2005–2009).⁸⁸ This comparison can only be made for the four Arab countries included in Wave 5.

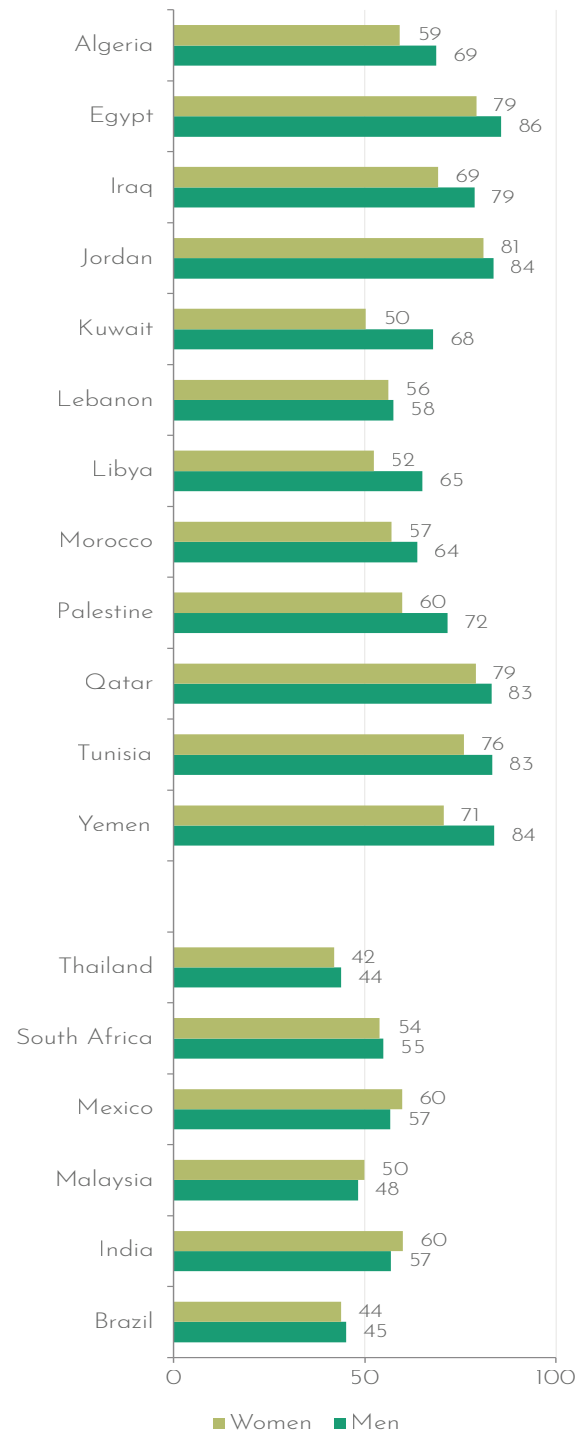
The percentage of men in Egypt, Iraq and Jordan agreeing that they should have the priority in obtaining jobs declined somewhat over both periods, by 6–8 percentage points, whereas it rose in Morocco. Women’s support for the statement similarly declined in Egypt, Jordan, and most notably Iraq; however, it increased in Morocco from 36 to 47 per cent. In terms of whether being a housewife is as fulfilling as having a paid job, support for the statement declined somewhat among men and women in Egypt; however, it was stagnant or increased in the other three countries.

FIGURE 1.7: PERCENTAGE AGREEING THAT MEN SHOULD HAVE PRIORITY WHEN JOBS ARE SCARCE (PANEL A) AND THAT BEING A HOUSEWIFE IS AS FULFILLING AS WORKING FOR PAY (PANEL B), BY GENDER, SELECTED ARAB AND OTHER LMICs

(PANEL A)



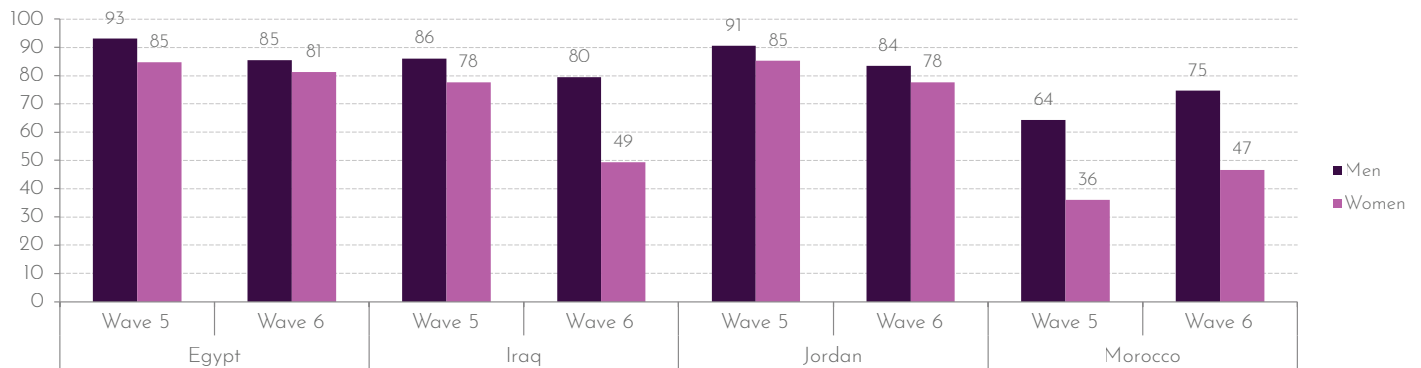
(PANEL B)



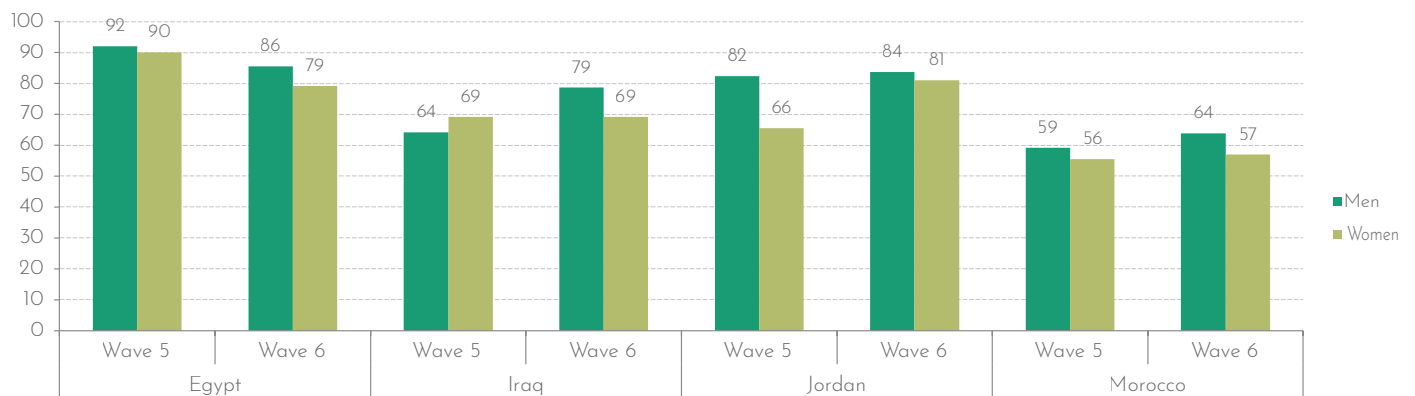
Source: Authors' compilation from Inglehart, R., and others. 2014b. "World Values Survey: Round Six." Madrid: JD Systems Institute.

FIGURE 1.8: PERCENTAGE AGREEING THAT MEN SHOULD HAVE PRIORITY WHEN JOBS ARE SCARCE (PANEL A) AND THAT BEING A HOUSEWIFE IS AS FULFILLING AS WORKING FOR PAY (PANEL B), BY GENDER, SELECTED ARAB COUNTRIES OVER TIME

(PANEL A)



(PANEL B)



Source: Authors' compilation from the World Values Survey Waves 5 and 6.

Although these data only capture a short time period and a limited number of countries, they suggest that attitudinal change regarding gender roles in region is mixed.

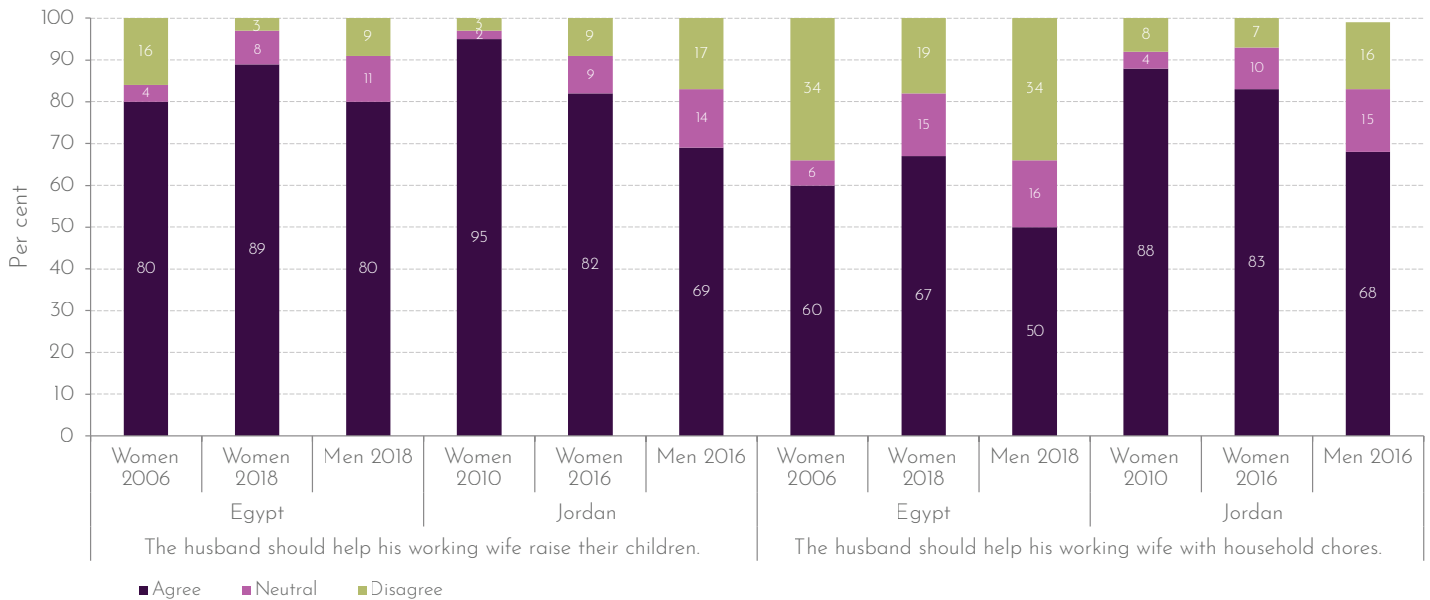
Men's participation in unpaid care work

One fundamental aspect of the redistribution of unpaid care is the greater participation of men in indirect and direct care activities at home. Given the current, highly unequal ratio of women's to men's time spent on unpaid care work, initiatives to promote men's greater involvement in care are essential. To this end, it is useful to have a picture of

what care work men currently do – and what both men and women believe they *should* do – at home.

Available data from countries in the region indicate that men participate, and are more willing to participate, in direct rather than indirect care activities. In Egypt, over 80 per cent of women and men agreed that men should help their working wives with raising the children, but only 60–67 per cent of women and 50 per cent of men agreed that men should help their working wives with household chores (Figure 1.9).

FIGURE 1.9: SUPPORT FOR HUSBANDS HELPING THEIR WORKING WIVES WITH DIRECT AND INDIRECT CARE ACTIVITIES, EGYPT AND JORDAN



Source: Authors' calculations from the ELMPS 2006 and 2018 and the JLMPS 2010 and 2016.

Note: Measures were not collected from men in Egypt in 2006 or Jordan in 2010.

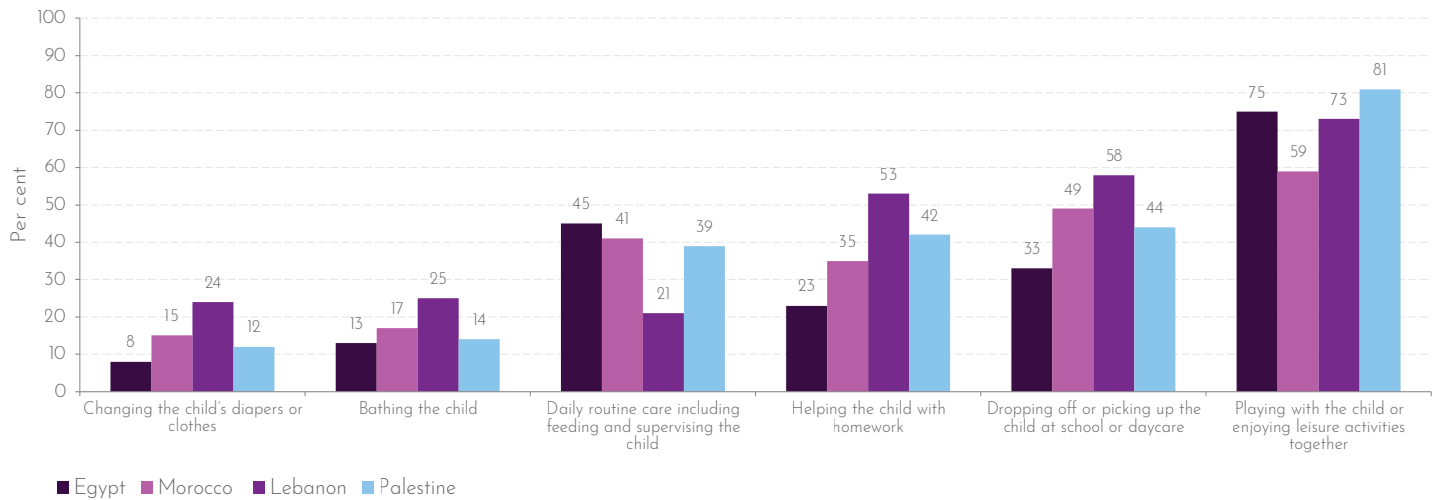
In Jordan, 68–69 per cent of men said that husbands should help their working wives with either raising children or household chores, but women had much higher rates of agreement with both statements. Change in attitudes was again mixed over time. Support for men's help in direct and indirect care work rose among women over both time periods in Egypt but fell among women in Jordan.

More favourable attitudes towards men's participation in direct care work appear to correspond with the tasks that men actually perform. Figure 1.10 presents data extracted from the 2016–2017 IMAGES survey, which captured the percentage of fathers in Egypt, Morocco, Lebanon and Palestine who reported participating in specific direct care activities in the month prior to the survey.⁸⁹ The results show a strong pattern across

all countries, in which fathers were more likely to participate in educational or leisure activities with their child but had very low rates of participation in other care activities, such as changing diapers or bathing children.

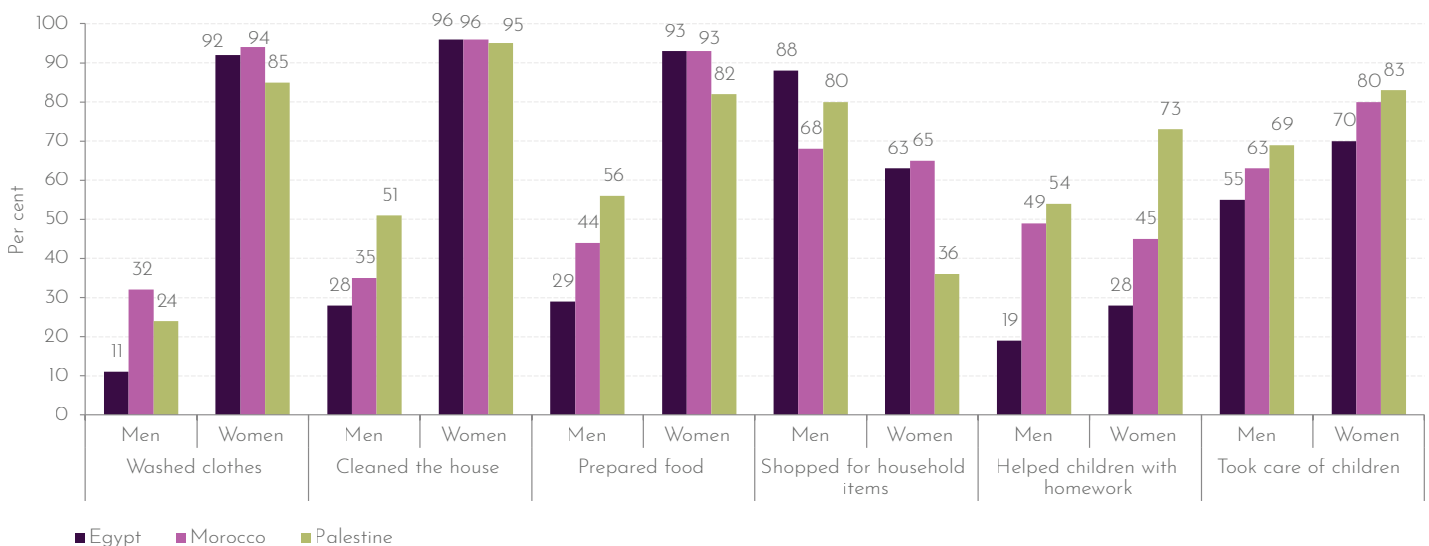
The IMAGES data also demonstrate that the gendered division of unpaid care starts early in life. Both men and women aged 18–59 reported which activities they did when aged 13–18 (Figure 1.11). Although there was some national variation, in general, boys were least likely to do indirect care activities within the home, such as cleaning the bathroom, washing clothes and cleaning the home, which only 16 to 20 per cent did. Boys were much more likely to participate in shopping, an activity outside the home, and taking care of other children. Girls had much higher rates of participation in care activities as adolescents.

FIGURE 1.10: FATHERS' PARTICIPATION IN DIRECT CARE ACTIVITIES IN THE MONTH PRIOR TO THE SURVEY, EGYPT, MOROCCO, LEBANON AND PALESTINE



Source: Authors' elaboration from Promundo and UN Women 2017. *Understanding Masculinities: Results from the International Men and Gender Equality Survey (IMAGES) - Middle East and North Africa*. New York: UN Women.

FIGURE 1.11: PARTICIPATION IN INDIRECT AND DIRECT CARE ACTIVITIES WHEN AGE 13-18, MEN AND WOMEN IN EGYPT, MOROCCO AND PALESTINE, 2016-2017



Source: Authors' elaboration from Promundo and UN Women 2017.

The early establishment of gendered care roles in the home also leads to the early establishment of a gendered time gap. Sixty-three per cent of women in Egypt and 44 per cent in Morocco agreed that

they and their sisters had less free time as children because they were expected to do care work at home.⁹⁰ The time that girls spend on unpaid care during childhood and adolescence can restrict their

time for education and recreational activities, with negative long-term consequences for their human capital development and well-being. Gender roles established early in life are also likely to persist into adulthood. Changing norms and practices around unpaid care in the region thus requires interventions that address the gendered care gap early in life.

1.4 AN OVERVIEW OF CARE POLICIES AND SERVICES IN THE ARAB STATES

Care policies allocate resources towards the recognition, redistribution and reduction of unpaid care work.⁹¹ A comprehensive approach to investing in the care economy requires addressing national care needs across the life course, while ensuring quality of services and employment conditions in the paid care sector. While many countries implement selected care policies, national-level coordination is often lacking. This leads to gaps in both legal and effective coverage of care services and benefits, exacerbating the vulnerabilities of those with the least access to resources to support care needs.⁹²

This section provides an overview of key care policies to support women and their families in the Arab States. These policies include care leaves, ECCE and elder-care services. Care policies can also be conceptualized more broadly⁹³ to include health-care services, primary and secondary education, care-related infrastructure, social protection transfers related to care⁹⁴ and flexible work arrangements. The three focus areas for care policies in this report were selected based on an assessment of regional needs and discussions regarding priority policy areas for the four case study countries. Several countries in the region have also made recent investments or reforms in these policy areas, particularly ECCE; the analysis

in this report aims to build on this momentum to identify promising areas for continued development. In recognizing care as a public good, and to capitalize on its economic potential, all countries in the region will need to move towards a comprehensive and unified approach to closing gaps in existing care policies and services.

Paid care leaves

Paid care leaves give individuals the time and income to temporarily leave the labour market in order to care for a child or an elderly, disabled or ill family member. Care leaves are a critical policy instrument for promoting the health and well-being of women and their families while maintaining women's participation in the labour market. Yet the existence of care leaves in laws alone will not yield these positive outcomes. Gaps in the legal coverage of care leaves (which types of workers are entitled) as well as effective coverage (the percentage of workers who actually benefit from leaves to which they are entitled) can reinforce existing inequalities in the labour market. For example, the ILO estimates that while nearly all countries have legal maternity leave provisions, globally only 45 per cent of employed women are covered by these laws and only 41 per cent of employed mothers with newborns actually receive maternity benefits.⁹⁵ This is particularly concerning in the Arab States, where labour markets are characterized by high levels of informality and weak labour law enforcement.

Eligibility for and financing of paid leaves can also reinforce gender biases. In some countries, only women workers are eligible for certain types of care leave, which reinforces social norms that privilege women's unpaid caregiving roles and provide little flexibility for men to exercise such roles. When care leaves are financed by employers, based only on the number of female employees or benefits provided to women workers, this can also create a disincentive to hire women, or incentives

to let women employees go when they marry or get pregnant. Important gaps in these aspects of the coverage and structuring of paid leaves exist throughout the Arab States, which limit their efficacy.

Maternity leave

Maternity leave is essential for promoting maternal, as well as newborn and infant, health.⁹⁶ Sufficient paid maternity leave may also reduce drop-out from the labour force when women have a child, by protecting their right to temporarily leave work around childbirth.⁹⁷ Conversely, insufficient maternity leave provisions, or lack of enforcement of those provisions, may contribute to women withdrawing from the labour market upon marrying or having children – a common pattern in the Arab States.

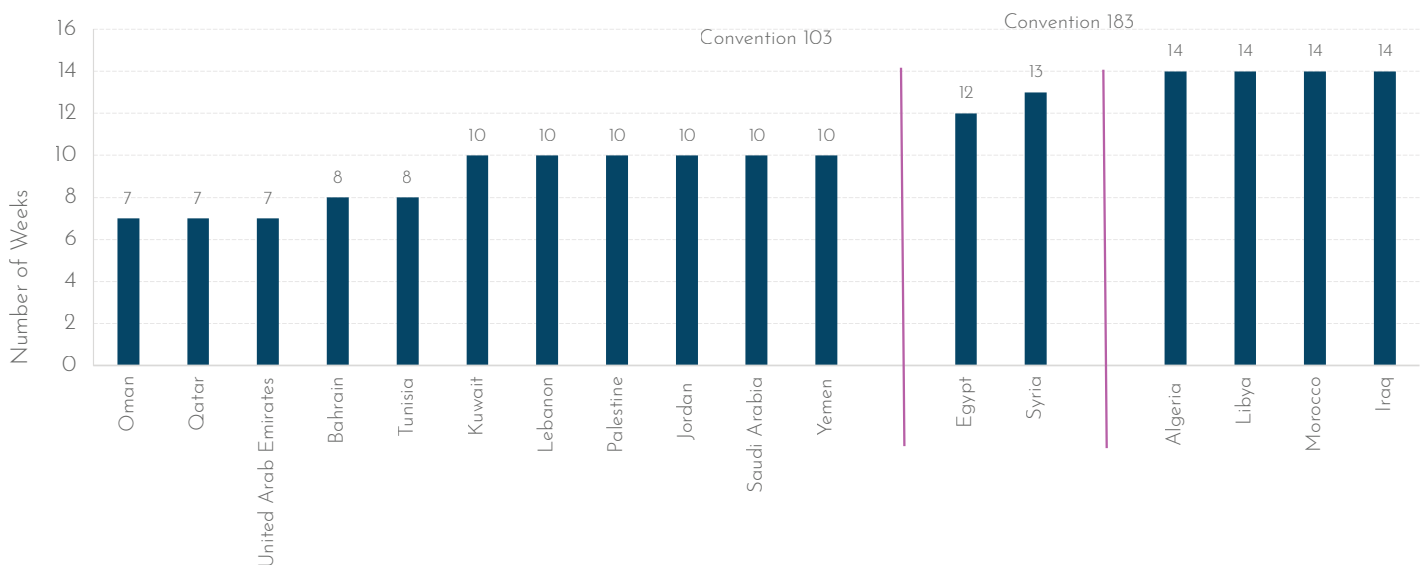
The ILO has several conventions aimed at guaranteeing sufficient maternity leave for working women. The first (No. 103), issued in 1952, recommended that maternity leave should be of

at least 12 weeks duration.⁹⁸ In 2000, the ILO issued Convention No. 183, raising the minimum length of paid maternity leave to 14 weeks. It also stipulated that the income-replacement rate during maternity leave should be at least two-thirds of earnings and that at least two-thirds of the income paid to women during the leave should be supported by the social security system.⁹⁹ The Arab States are the only major world region in which no country meets all three standards of Convention 183.¹⁰⁰

Globally, maternity leave duration is less than the Convention 183 standard of 14 weeks in 47 per cent of countries.¹⁰¹ Among the 17 Arab States, only four countries (24 per cent) meet this standard: Algeria, Libya, Morocco and Iraq (Figure 1.12).¹⁰²

Regional performance on Convention 183's income-replacement standard is much better, with all 17 countries providing a minimum two-thirds of wages. In fact, 16 countries provide 100 per cent income-replacement – the only exception being Tunisia, which provides only 66 per cent for women in the private sector.

FIGURE 1.12: PAID MATERNITY LEAVE DURATION IN THE ARAB STATES, IN WEEKS



Source: Authors' compilation from US Social Security Administration (2016, 2018 and 2019) and national labour laws. See Appendix Table A3.

In contrast, on the maternity leave financing standard, only four Arab countries (Algeria, Morocco, Tunisia and Jordan) cover paid maternity leaves through the social security system. Egypt applies a mixed system in which 75 per cent of the leave cost is covered by social insurance and 25 per cent by the employer. All of the remaining countries have systems that place the full cost of maternity leave on private employers. This form makes women workers more expensive and can discourage employers from hiring women, particularly those of reproductive age.¹⁰³

Jordan is an example of a country in the region that has recently changed its maternity leave financing from an employer–liability to a social insurance system. After a 2010 reform to the social insurance law, employers now contribute 0.75 per cent of their total payroll (for both men and women employees) to the social security system for maternity insurance.¹⁰⁴ Evaluation of this reform’s impact on compliance with the law, employer attitudes towards hiring women and women’s employment rates is needed to provide lessons learned and encourage similar reforms across the region.

There are other important gaps and inequalities in maternity leave provisions around the region. A few Arab countries have better coverage for women in the public sector, which creates a gap between the private and public sectors. For example, in Egypt, maternity leave is generally 12 weeks, but as of 2016, certain public sector workers receive 16 weeks.¹⁰⁵ In Jordan, maternity leave is nearly 13 weeks long (90 days) in the public sector versus 10 weeks in the private sector. In Tunisia, the income–replacement level for women working in the public sector is 100 per cent but it is only 66 per cent for those working in the private sector. In addition, most Arab countries do not extend maternity leave benefits to self–employed women.

The public–private sector gap is further exacerbated by the high level of informality in the

private sectors of many Arab countries. Women working in the informal sector are unlikely to benefit from legal employment entitlements such as maternity leave, even where these exist by law. Data from Egypt and Jordan illustrate this effective gap: 40 and 67 per cent, respectively, of working women in the private sector took maternity leave during their last pregnancy.¹⁰⁶ Shifting to a social insurance system for funding maternity, as well as other paid leaves, is thus also an opportunity to expand coverage of these leaves to women outside the formal sector.¹⁰⁷ Countries including Chile and Uruguay have taken measures to extend maternity leave coverage to women who are self–employed or have only intermittently contributed to the social insurance scheme.¹⁰⁸ In Chile, self–employed women who have accumulated one year of contributions to the social insurance system, including six months in the year prior to leave, are eligible for maternity benefits. The calculation of the wage replacement is based on invoices issued in the three months prior to the leave.¹⁰⁹

South Africa extends maternity coverage to domestic and seasonal workers, who are often informal, through the Unemployment Insurance Fund, and other countries allow informal workers to voluntarily enrol in the social insurance scheme.¹¹⁰ International evidence indicates that it is important to take into account the financial ability of informal workers to contribute to social insurance. Subsidization of both workers’ and employers’ contributions may help overcome access barriers, as well as measures to simplify administrative procedures.¹¹¹

Some countries provide women who meet eligibility criteria with replacement income during pregnancy and the immediate post–childbirth period through non–contributory cash–transfer schemes funded through the public budget. These programmes have the disadvantage, however, that they are often not part of national legislation and do not have as stable a legal basis as social insurance

schemes. Transfer amounts and targeting criteria can also vary substantially with such programmes.¹¹²

Paternity and parental leave

There is growing global recognition of the need to encourage fathers to provide care for newborns and infants through paternity or parental leave. Paternity leave specifically allows fathers to stay home with a newborn or young child. Parental leave may be taken by either parent.

Studies from high-income countries show positive impacts of paternity and parental leave on fathers' involvement in unpaid care.¹¹³ Evidence also shows that fathers' greater involvement in care during this early period tends to persist later in the child's life. The early establishment of paternal involvement helps to set a more gender-balanced division of childcare within the household. Greater involvement in childcare also has positive benefits for the health and well-being of both the child and the father.¹¹⁴

Providing paternity and parental leave may also benefit women's employment, because when leaves are provided (and taken) more equally between men and women, this lessens employers' disincentives to hire and retain women.¹¹⁵ Nevertheless, legal provisions for paternity or parental leave are lacking in many countries and there is no international standard for these types of leave. As of 2014, among 167 countries, 53 per cent did not have a paternity leave policy and 21 per cent allowed a paternity leave of just one to six days. An additional 23 per cent of countries provided for paternity leave of 7–15 days and only 3 per cent for 16 days or more.¹¹⁶

In the Arab States, only four countries (Jordan, Tunisia, Morocco and Saudi Arabia) provide paternity leave. However, this leave is provided for only a few days, which is too short to allow fathers

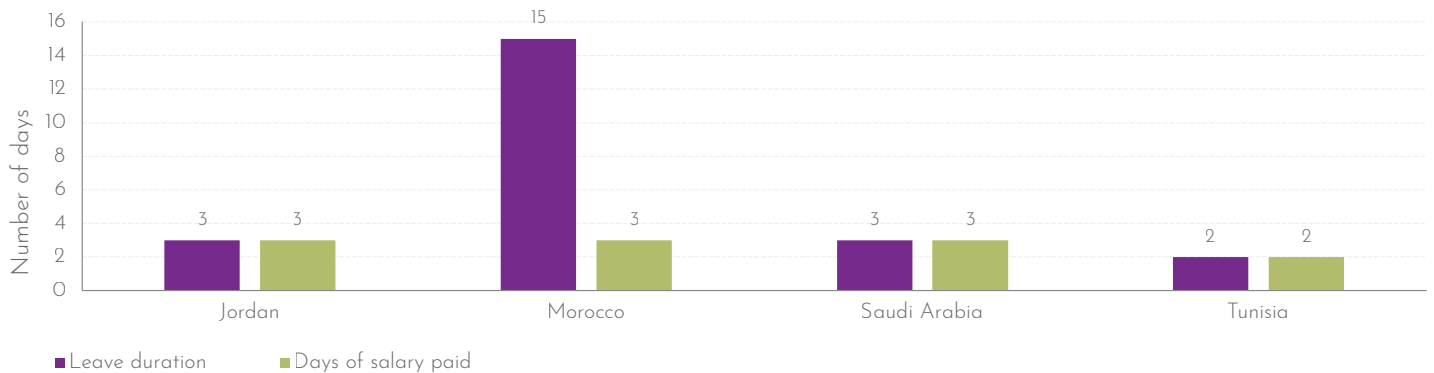
to establish a caregiving role for a newborn child (Figure 1.13).¹¹⁷ Morocco has the longest allowed leave (15 days), but the paid portion is only three days. This may prevent fathers from taking the full leave possible, due to financial reasons. No countries in the region have a parental leave law.

Another challenge to implementing paternity and parental leave around the world is low uptake of leave rights among men.¹¹⁸ In the Arab region, there is no available data on the extent to which men in these few countries actually use their paternity benefits, or the extent to which they spend leave time caring for the newborn child. Given the strong social norms around caregiving roles, research is needed around men's use of paternity leave and what might motivate them to take advantage of it, when it exists. This research could build on the attitudinal data presented above that shows more positive attitudes towards men's involvement in childcare relative to indirect care work. Innovative approaches adopted by some countries, such as "daddy quotas" that reserve and label some paid leave time for fathers – leave time that is lost to the couple if the father does not take it – have been shown to increase men's uptake of parental leave.¹¹⁹ Such approaches could be tested to assess their potential to encourage men to take paid childcare leave in the region, particularly in the public sector, where coverage of paid leaves is currently higher than in the private sector.

Breastfeeding breaks

Breastfeeding greatly improves early childhood health, and the World Health Organization (WHO) recommends six months of exclusive breastfeeding for all newborns. However, maternity leaves in many countries are shorter than six months, which means employed women's ability to continue breastfeeding after returning to work depends on having appropriate time and facilities for breastfeeding breaks.

FIGURE 1.13: PATERNITY LEAVE DURATION IN THE ARAB STATES, IN DAYS



Source: Authors' compilation from US Social Security Administration (2016, 2018 and 2019) and national labour laws. See Appendix Table A4.

Note: Paternity leave in Tunisia is two days in the public sector. In the private sector, it is only one day.

Comprehensive maternity protection policies, including such breaks, improve economic opportunities for women and their attachment to the labour market.¹²⁰

Breastfeeding breaks, or shortened work hours to accommodate breastfeeding, are included in Convention 183.¹²¹ However, their number and duration is left to national labour laws. As of 2014, about 75 per cent of countries around the world provided paid or unpaid breastfeeding breaks or reduced working hours.¹²² Although the Convention does not have a recommended duration for such breastfeeding breaks, about half of the world's countries allow breastfeeding breaks for 12–23 months after childbirth.¹²³

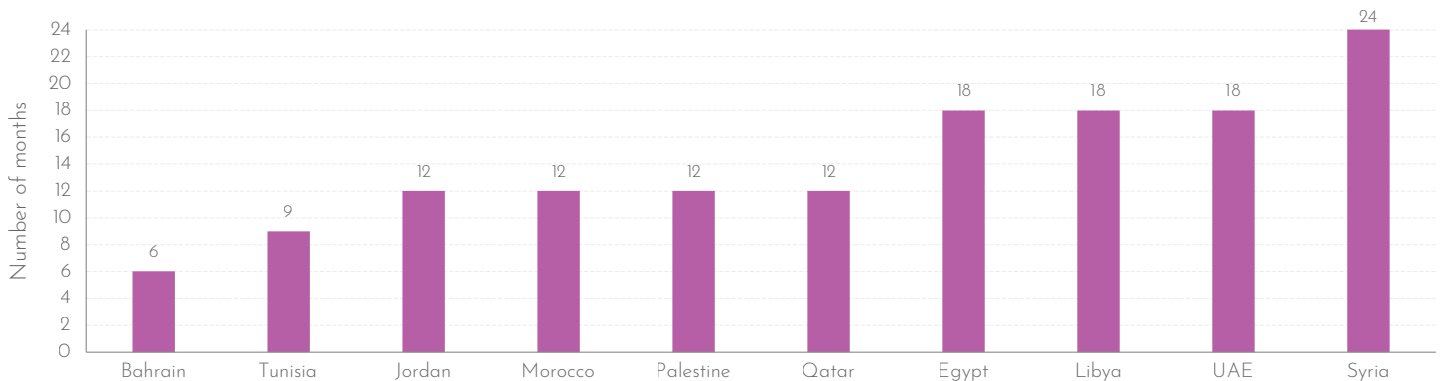
Fourteen of the 17 Arab States allow breastfeeding breaks at work – the exceptions being Lebanon, Oman and Yemen.¹²⁴ In all countries for which data are available, women are allowed two paid breaks per day, each lasting half an hour. The duration of such breastfeeding breaks differs across countries, but generally conforms to the global average of 12–23 months. Only Tunisia and Bahrain allow breastfeeding breaks for less than a year.

Childcare leave

Leave to care for children beyond the immediate postnatal period can give parents the flexibility to balance work and family needs. When such leaves are paid, they can also allow families to care for sick children without jeopardizing needed income, which can positively impact the child's health.¹²⁵

Childcare leaves take different forms across the region. Eight of the 17 Arab States allow employed women to take additional unpaid leave to care for children under a certain age. The conditions vary according to the labour laws of each country. Morocco provides the shortest leave, of up to three unpaid months. Bahrain permits an unpaid leave of up to six months that can be taken a maximum of three times. Palestine, Iraq, Syria and Jordan allow an unpaid leave for childcare for up to one year. Egypt provides the longest unpaid leave, at a maximum of two years, for up to three times in the public sector and two times in the private sector. In Egypt's private sector, unpaid leaves are also restricted to women in establishments with more than 50 workers.

FIGURE 1.14: PERIOD AFTER BIRTH DURING WHICH PAID BREASTFEEDING BREAKS ARE PROVIDED (MONTHS), SELECTED ARAB STATES



Source: Authors' compilation from US Social Security Administration (2016, 2018 and 2019) and national labour laws.

Note: Duration data are not available for Algeria, Iraq, Kuwait and Saudi Arabia. See Appendix Table A5.

Qatar provides the most generous childcare leaves for women, with three years of fully paid leave and each additional year paid at half the salary. Still, providing unpaid childcare leaves only to women reinforces gendered norms around care roles. Long periods of unpaid leave may also negatively impact women's pension contributions, contributing to gender disparities in pensions among the elderly. In order to address this issue, several countries outside the Arab region have introduced pension credits for individuals who take unpaid leave for caregiving.¹²⁶

Beyond the mostly unpaid, longer-term early childcare leaves provided for in these countries, the World Policy Center highlights two different types of leaves for children's health.¹²⁷ The first, specific to children's urgent health needs and hospitalization, is provided by only three countries in the region: Iraq and Kuwait allow such leaves only for women, whereas Morocco offers unpaid leave for both parents. Another, broader form of leave is discretionary: family needs or emergency leave that can be used for children's health or other purposes. Bahrain, Egypt, Libya, Oman, Syria and Yemen allow both employed fathers and mothers to take paid leave to care for family or children's health needs. Morocco also provides emergency

leave for both parents, but unpaid.¹²⁸ However, little data exist on the duration of these leaves or the percentage of workers who actually benefit from them in countries where they exist.

Leaves to care for elderly family members

Similar to leaves granted to parents to take care of children, some countries allow workers to take time off to care for adult family members. This type of leave will become increasingly important in countries with a rapidly aging population. Some leaves are granted specifically for a severe illness or hospitalization of an adult family member. A more general type of leave is one that is for an unspecified discretionary or emergency situation, but that could be used for elder family members' health needs.¹²⁹ Leaves to care for adult family members are very limited in the Arab States. No Arab country provides a specific leave for taking care of adult family members. Those that provide a general form of leave that could be used for elder care are the same seven countries identified above (Bahrain, Egypt, Libya, Oman, Syria, and Yemen – paid; and Morocco – unpaid).¹³⁰

Care services

Early Childhood Care and Education

Early childhood extends well beyond infancy, and children's care needs are substantial throughout this period. As shown in the next section, having a child under the age of 3 in the household is one of the main predictors of women's time spent on unpaid care work. ECCE services can help redistribute some of this unpaid care, allowing parents more time for employment, education or other activities. ECCE is a highly effective policy tool for promoting women's labour force participation.¹³¹ The benefits of redistributing time in early childhood care may also extend to older siblings, typically older sisters, who often contribute to childcare activities, as shown earlier, in Figure 1.11.

ECCE also has important benefits for the social, cognitive and health outcomes of young children. Particularly for children from the most disadvantaged households, universal, quality ECCE can be part of an approach that reduces inequalities in children's learning and cognitive development.¹³² Accessible, affordable and high-quality ECCE is thus a critical element of a comprehensive care policies package.

ECCE is typically divided into two stages. Early Childhood Development (ECD) programmes, such as nurseries, in most countries target children aged 0–2. Pre-primary education, such as kindergarten, typically spans age 3 until the official age of primary-school entry. However, data – particularly on the ECD period – are not available for many countries in the region. As of 2015, pre-primary education generally began from age 3 and was not compulsory in any of the 17 Arab States, with compulsory schooling beginning at age 6 in all countries.¹³³ However, in 2019, Jordan made pre-primary education compulsory for children aged 5 and above, beginning in the 2020–2021 academic year.¹³⁴

Coverage of ECCE is typically assessed by enrolment rates. Figure 1.15 shows gross enrolment ratios for pre-primary education over time in those countries in the region for which data is available. Overall, the Arab region has seen an increase in pre-primary enrolment from 16 per cent in 2005 to 27 per cent in 2018 – an increase of 68 per cent, although from very low levels. There is also wide variation across countries. A number of countries, including Egypt, Jordan and Saudi Arabia, have seen very slow growth in ECCE at low levels of enrolment. Even among countries with gross enrolment ratios of 30–60 per cent in 2018, progress over the past decades has been slow and these enrolment rates remain well below universal. A few countries have, in contrast, improved enrolment ratios since 2005, including Palestine and most notably, Algeria. Algeria's gross enrolment rates among 5-year-olds increased dramatically (from 6 per cent in 2006 to 80 per cent by 2009) through the expansion of public pre-primary education that is attached to primary schools.¹³⁵

Since ECCE is neither compulsory nor universally provided, it may exacerbate inequalities between children – and those who care for them – if disadvantaged children are less likely to attend. These social and economic inequalities may persist throughout the life course. Although pre-primary enrolment rates have improved in the region overall, there are severe inequalities in ECCE access (Figure 1.16).¹³⁶ Whereas the most advantaged children across seven Arab countries had an 18 to 97 per cent chance of attending ECCE, the least advantaged had chances ranging from 0 to 13 percent.¹³⁷ This means that even where chances of attending ECCE are most equal, in Palestine, the most advantaged children are five times more likely to attend ECCE than the least advantaged. These inequalities may relate in part to the costs of ECCE. Although systematic data are not available, an analysis in Jordan found that the mean monthly cost of childcare was equivalent to 88 per cent of women's mean monthly wages.¹³⁸

In addition to curtailing children's opportunities to attend, the financial and in some cases geographic inaccessibility of childcare facilities – including both distance and lack of safe, adequate public transportation – affects women's ability to engage in paid employment.

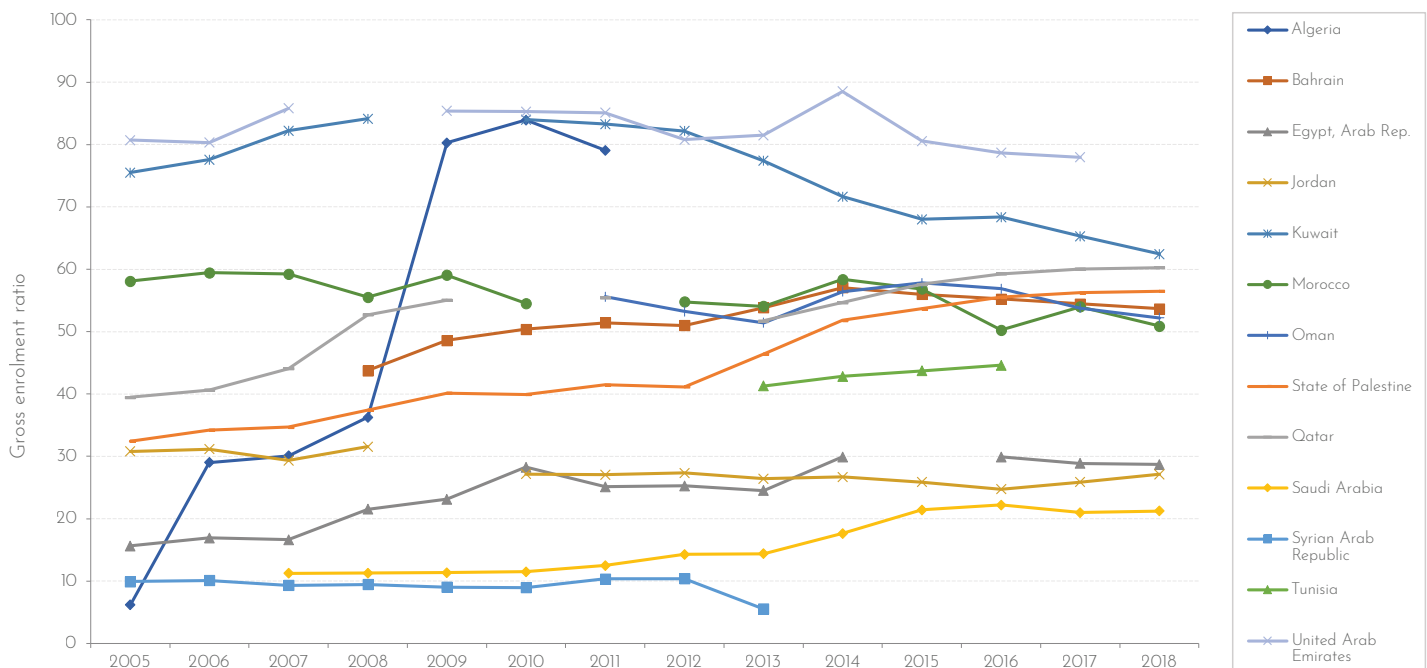
Beyond coverage, the quality of ECCE also has important implications for children's development as well as families' willingness to enrol their children. Quality is also a reflection of the level of investment in and regulation of ECCE, which in turn affects the working conditions of care workers in this sector. Smaller pupil–teacher ratios are an indicator of higher quality, as this allows teachers more time to focus on each child. Overall, the Arab States averaged 19 children per ECCE teacher in 2005 and 21 children per teacher in 2018. As of 2018, the pupil–teacher ratio ranged from 8 (Kuwait)

to 26 (Egypt) in the eight countries for which data were available.¹³⁹ Teacher qualifications are another important indicator of the quality of ECCE. The share of trained ECCE teachers in the region overall declined from 93 per cent in 2005 to 83 per cent in 2017, but data were only available for a few countries.¹⁴⁰ Besides improving coverage of ECCE, investments in quality are equally important to ensure both the health and safety of children and decent conditions for care workers in this sector.

Establishment of nurseries in workplaces

ECCE services are provided by the public, private and non–profit sectors. Having such facilities in or near workplaces can make it easier for mothers to return to work.

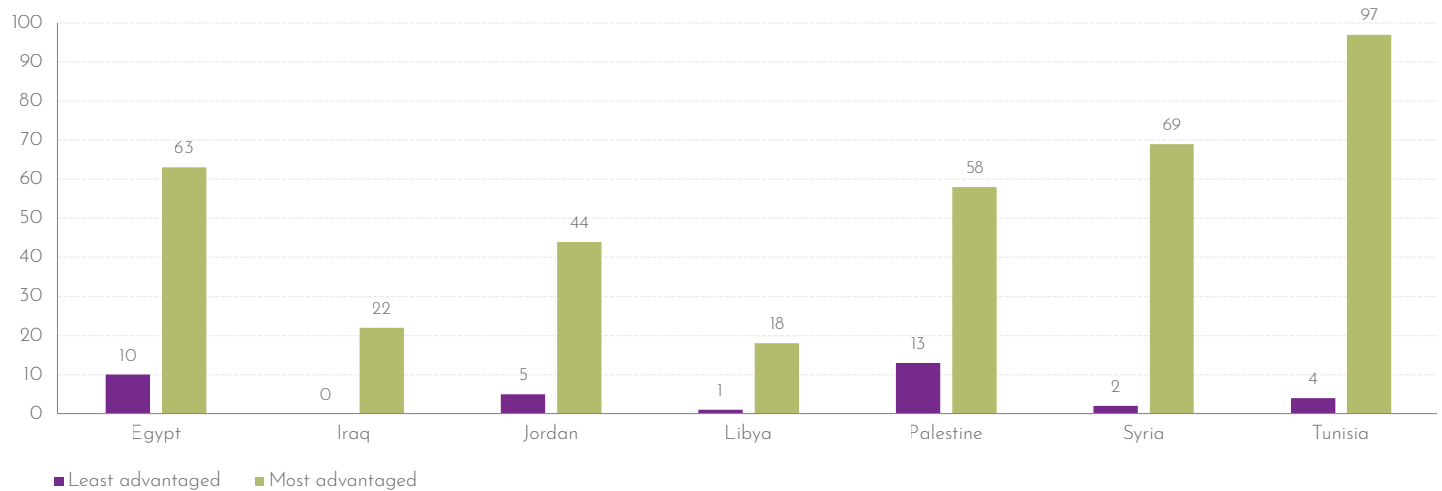
FIGURE 1.15: GROSS ENROLMENT RATIOS FOR PRE-PRIMARY EDUCATION, 2005–2018, SELECTED ARAB STATES



Source: Authors' elaboration from World Bank 2019.

Note: The gross enrolment ratio is the total number of children enrolled in the level of schooling, regardless of age, over the total number of children who are of age to be in that level, multiplied by 100. The ratio can therefore exceed 100.

FIGURE 1.16: THE CHANCES OF THE MOST AND LEAST ADVANTAGED CHILDREN TO ATTEND ECCE-SELECTED ARAB COUNTRIES



Source: Authors' elaboration from El Kogali, Safaa and Caroline Krafft. 2015. *Expanding Opportunities for the Next Generation: Early Childhood Development in the Middle East and North Africa*. Washington, DC: World Bank.

A number of Arab States have provisions in their labour law that require employers to establish nurseries or arrange for a professional nanny or external nursery if certain conditions are met regarding number and characteristics of employees. An important issue with the formulation of such policies is that in most cases they are based on the number of female employees only, which may dissuade employers from hiring women.

Seven Arab States require nurseries in the workplace when certain conditions are met.¹⁴¹ In most, the requirement begins when the employer hires a minimum of 50 or 100 women. An important exception is Jordan, which bases the establishment of nurseries on the number of children of all employees, not just women. The standard that all employees of the establishment have a minimum of 15 children aged 5 or below to require a nursery service aims to avoid discouraging employers from hiring women.

Regardless of the requirement to establish workplace-based nurseries, these provide only

a small share of ECD care. For example, they account for less than 2 per cent of nurseries in Egypt and 4 per cent in Jordan.¹⁴² Nurseries based in workplaces are also inaccessible to the large population of women who do not work, or who work in the informal sector and/or in smaller establishments that do not meet the threshold number of workers for requiring a nursery. In parallel with labour law reforms to encourage the establishment of nurseries or childcare services by employers, parallel initiatives are therefore needed to expand ECD services through other delivery models that can encourage more universal access. These may include expanding public provision of ECCE, as in Algeria, or investing in expanding and accrediting nurseries, as in Egypt. Other models, adopted by countries such as Ecuador, expanded ECCE coverage and improved quality through agreements between local governments and civil society organizations (CSOs) that directly provided services.¹⁴³

Elder-care services

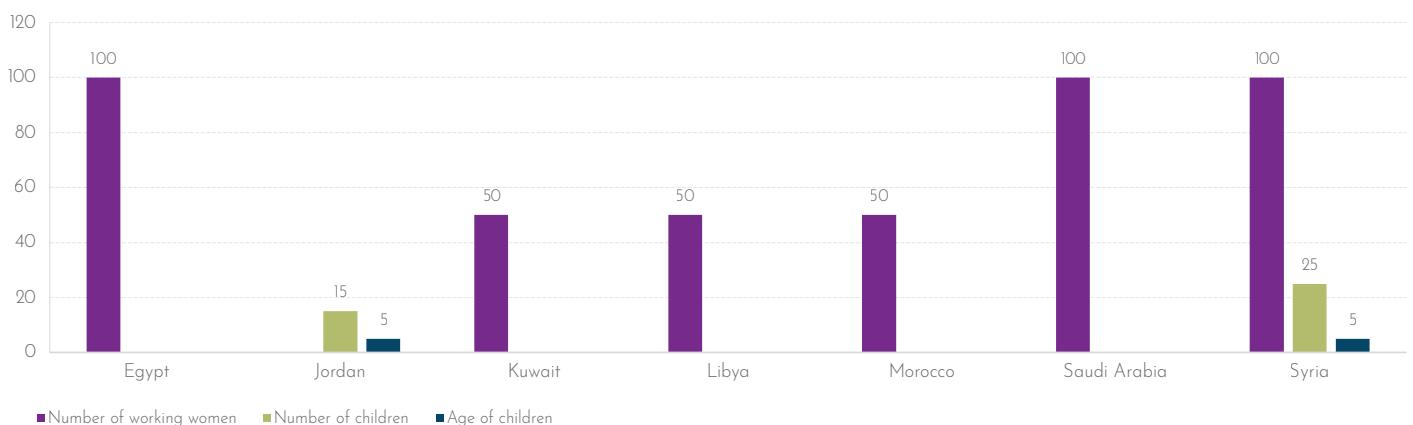
Aging has not yet figured on the policy agendas of many Arab States. Of the 17 countries, only seven have national strategies or legal frameworks to improve the situation of older persons.¹⁴⁴ Social-care services for the elderly, including residential and non-residential long-term care (LTC) are underdeveloped. In addition to placing the responsibility for unpaid care for the elderly on family members, usually women, the lack of LTC services in the region will disproportionately affect elderly women. As in other parts of the world, women in the Arab States have a longer life expectancy and experience higher rates of disability and non-communicable diseases than men.¹⁴⁵ Elderly women are also less likely than men to remarry, which makes them more likely to be left without a spouse to care for them in old age and placing them in greater need of qualified care services.¹⁴⁶

A continuum of residential and non-residential care services for the elderly, including community- and home-based services, is needed for a sustainable and equitable national LTC system.¹⁴⁷ A number of countries have begun initiatives to support or

develop such facilities, most of which fall under Ministries of Social Affairs. For example, Jordan and Saudi Arabia have small numbers of residential nursing homes¹⁴⁸ and Oman has established initiatives to develop old-age clubs and help families prepare their dwelling for elder care.¹⁴⁹ The UAE, Bahrain, Egypt, Morocco, Palestine and Tunisia are among countries that have begun establishing mobile home-based services, including health services, to reach the elderly in their homes.¹⁵⁰

Although these are positive developments, more coordinated efforts are needed in the Arab States to expand the variety and coverage of elder-care services as the population ages. Financing of such services is also critical for their accessibility to a wide range of families and to the most vulnerable elderly. If elder-care services are left for families to finance on their own, these services will remain inaccessible to the majority of the population. Public financing options therefore need to be explored.¹⁵¹ Equally important is ensuring the quality of social-care services, whether residential or non-residential. In addition to protecting the health and well-being of elders and preventing abuse, quality regulation is essential for ensuring decent working conditions for social-care workers.¹⁵² A large portion

FIGURE 1.17: CONDITIONS FOR ESTABLISHING NURSERY SERVICES IN THE WORKPLACE



Source: Authors' compilation from national labour laws. See Appendix Table A8.

of the social-care workforce in the region consists of women, often with lower levels of education than other care workers (see country chapters). Investing in the capacities of these workers will benefit both the elderly and the growing care workforce that will be needed in this sector in the decades to come.

1.5 KEY COMPARATIVE FINDINGS FROM THE COUNTRY CASE STUDIES

The four country case studies highlight broad similarities across the region in terms of women's prominent role in the care economy, which includes near exclusive responsibility for unpaid care work as well as a high level of participation in the paid care sector.

The ratio of women's to men's time on unpaid care work reaches as high as 19:1

As found by global comparisons with the Arab region,¹⁵³ the distribution of unpaid care work in the four selected countries is highly unequal. Data from LMPS surveys indicate that women in Egypt, Jordan and Tunisia perform on average 24, 19 and 17 hours of unpaid care work, respectively, each week (Figure 1.18). Total hours spent on unpaid care work are highest in Palestine, where women reported doing 34 hours per week of unpaid care work – although the estimates from Palestine are the only ones drawn from a full time-use survey, and it is therefore possible that they are higher due to the survey methodology, and not necessarily to differences in actual time spent on such work. LMPS surveys may underestimate women's time in unpaid care work compared to a full time-use approach.¹⁵⁴ Notably, 66 – 75 per cent of women's unpaid care time was spent in indirect care work,

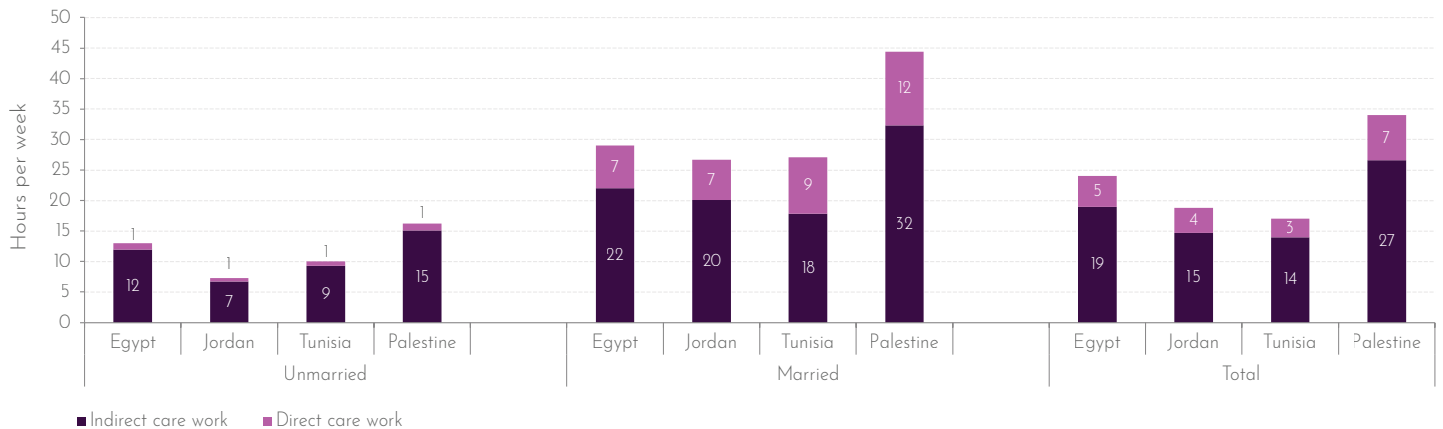
which while somewhat lower than other estimates from the region,¹⁵⁵ points to the potential for time-saving household devices to lower women's unpaid care time.

Across all countries, men, in contrast, spend only a few hours per week on unpaid care work. The figure is again highest in Palestine, but at only five hours per week, followed by Tunisia at three hours per week. The country-level analyses therefore find that the ratio of women's to men's time spent on unpaid care work reaches 12:1 in Egypt, 19:1 in Jordan, 6:1 in Tunisia and 7:1 in Palestine. The strongly gendered division of unpaid care labour is also likely to mean that when added care responsibilities arise, these fall primarily on women. Estimations of the impact of the COVID-19 pandemic on women's unpaid time in Jordan have indicated that this may increase by 18–24 hours per week, compared to 1–3 hours for men.¹⁵⁶ The goal of more equal distribution of unpaid care remains a long way off in the region.

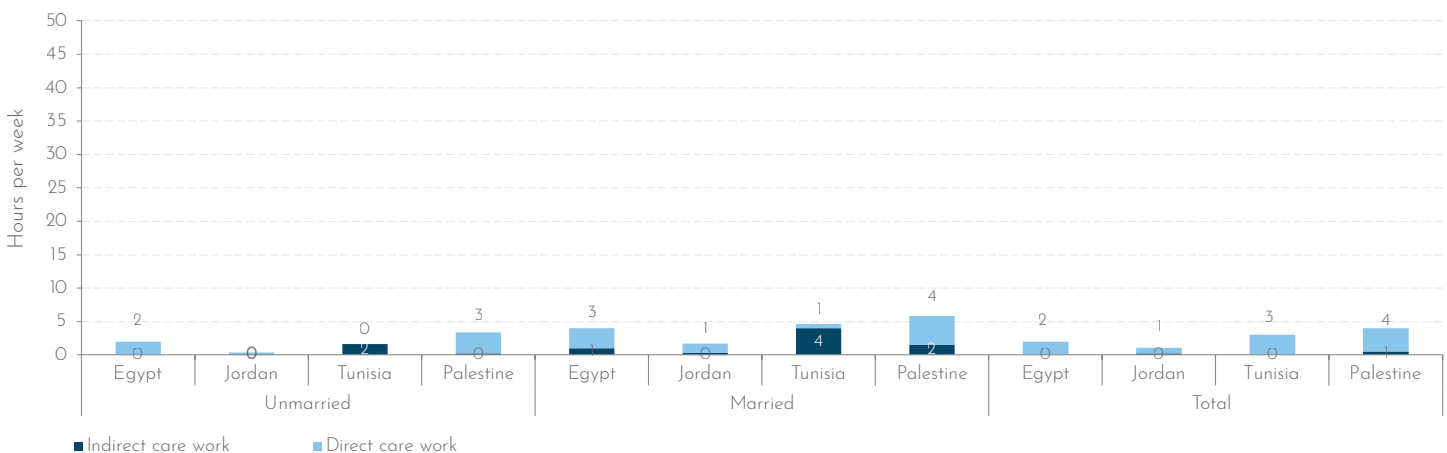
Married women also consistently spend more time on unpaid care work than unmarried women. In all countries, married women spend around twice as much time on unpaid indirect work as unmarried women and at least seven times as much time in direct care work, which is largely driven by caring for children. Yet there were also differences across countries. Women's hours in unpaid care were lowest in Tunisia, which may be due in part to lower fertility rates and higher rates of ECCE enrolment (Figure 1.15) as compared to Jordan and Egypt. The greater amount of time that Palestinian women spend on unpaid care, particularly direct care, may also reflect the higher fertility rate in Palestine compared to the other countries, as well as the methodological issues noted above.

FIGURE 1.18: CROSS-NATIONAL COMPARISON OF WEEKLY HOURS SPENT IN DIRECT AND INDIRECT CARE WORK, BY SEX AND MARITAL STATUS

PANEL A: WOMEN



PANEL B: MEN



Sources: ELMPS 2012; JLMPS 2016; Tunisia Labour Market Panel Survey (TLMPS) 2014; Palestine Central Bureau of Statistics (PCBS) Time- Use Survey 2012/2013.

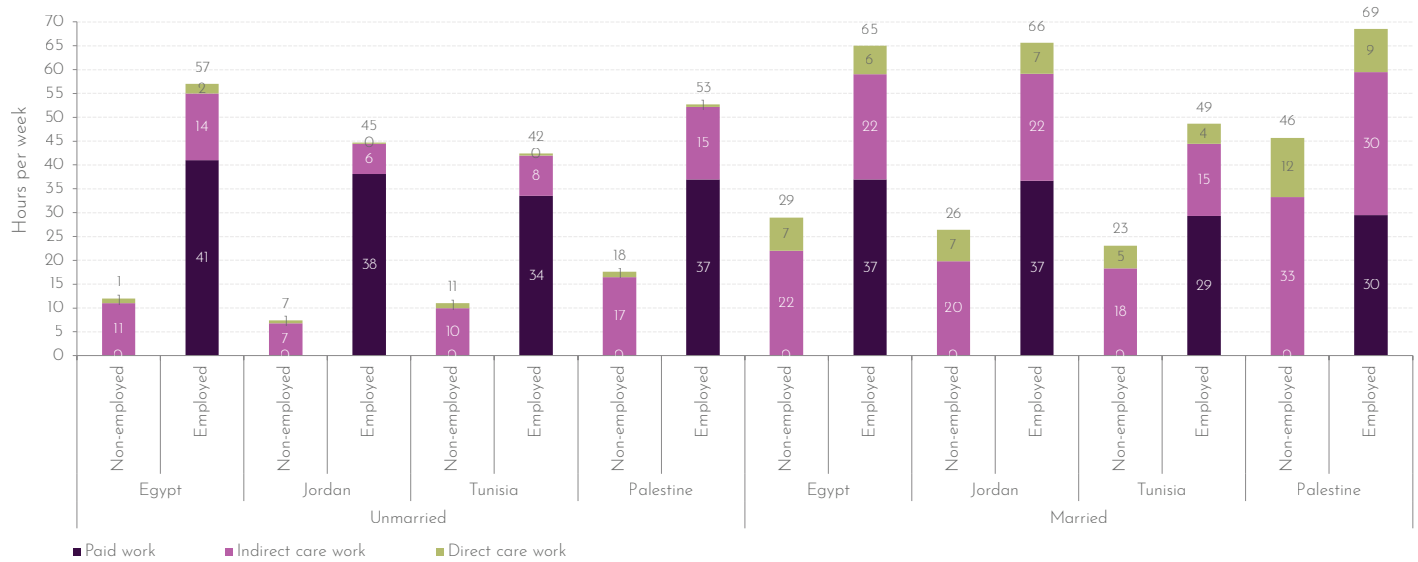
The gender gap in total work highlights the drastic undervaluation of women's economic contributions.

Reduction or redistribution of women's unpaid care responsibilities does not occur even when they have paid employment outside the home. Employed and non-employed women spend the same amount of time in unpaid care. Across the four case-study countries, this results in a higher amount of total time spent in work (paid and unpaid) for women than for men, regardless of marital and

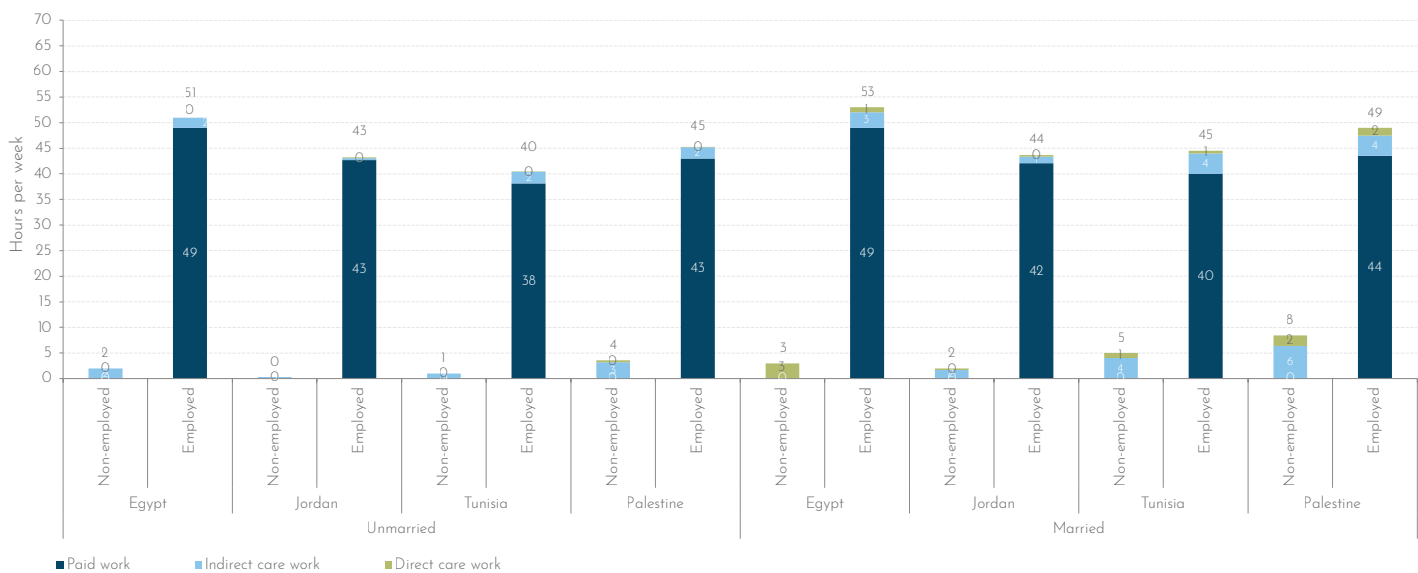
employment status (Figure 1.19). Married, employed women spend the greatest total time in work of any population group – at over 65 hours per week in Egypt, Jordan and Palestine, and 49 hours per week in Tunisia. The lower total work hours among married, employed women in Tunisia is due both to fewer hours spent on unpaid care work and shorter paid working hours, averaging 29 hours per week (similar to the 30 hours per week in Palestine) as compared to 37 hours for employed women in Egypt and Jordan.

FIGURE 1.19: TOTAL WEEKLY HOURS OF WORK PERFORMED BY WOMEN AND MEN

PANEL A: WOMEN



PANEL B: MEN



Sources: *ELMPS 2012; JLMPS 2016; TLMPS 2014; PCBS Time-Use Survey 2012/2013 and Palestine Labour Force Survey (LFS) 2013.*

The difference in paid work hours between unmarried and married women in Tunisia and Palestine suggests that there may be more opportunities in these countries to engage in part-time and flexible work that allows married women to reconcile paid work and family responsibilities. Despite lower hours in both unpaid and paid work, the FLFP in Tunisia (27 per cent) is not substantially higher than Egypt (25 per cent), where employed women have longer total work weeks. There is evidence, however, that Tunisian married women are more able to return to private sector employment after childbearing than either Egyptian or Jordanian married women.¹⁵⁷

Total weekly hours of work did not exceed 53 hours among married, employed men in Egypt and are lower in the other three countries. Although employed men spend somewhat more time in paid work per week than employed women, their very minimal contributions to unpaid care work means that their total hours of work are consistently lower. This applies equally to a comparison between unmarried men and women as to one between married men and women, but much more in the case of the latter. Since men who are not employed also contribute very minimally to unpaid care work, there is a substantial gender gap in total working hours, even among those not active in the labour force. This persistent gender gap in total work highlights the drastic undervaluation of women's economic contributions in the Arab region, where the focus on low rates of FLFP can give the impression that women are economically inactive. Recognition of the hidden value of women's unpaid care work for both social and economic functions in the region is thus critical to bringing the care economy higher up on the policy agenda.

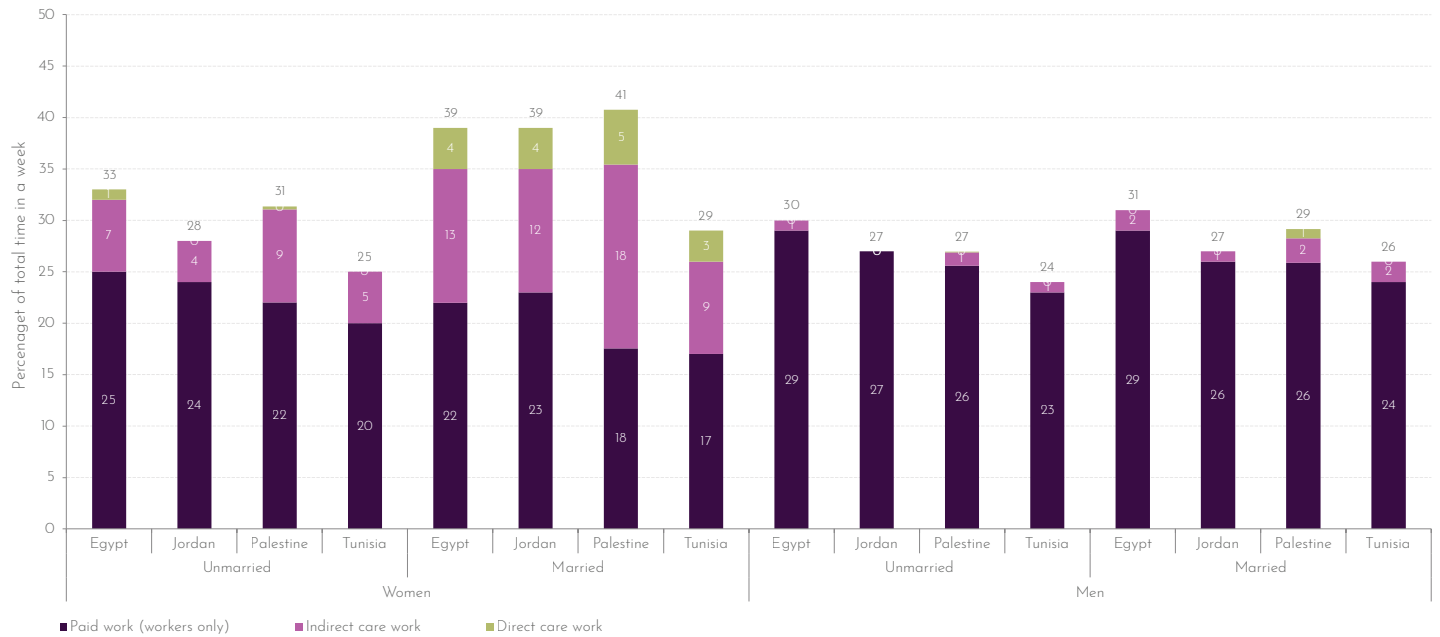
It is also important to recognize the opportunity cost of the time that women spend on unpaid care work. Figure 1.20 shows time spent on all forms of work among employed women and men as a

percentage of the week. Employed, married women in Egypt, Jordan and Palestine spend around 40 per cent of their week in some form of work, compared to 24–33 per cent of the week among employed, unmarried men and women and among employed, married men. The time crunch facing employed married women reflects the “double shift” of unpaid care work they perform, and is an important disincentive for women to engage in the paid labour market. It is also a marker of time poverty, which restricts women's ability to engage in other activities that are important for health and well-being.

Care services can play an important role in redistributing women's unpaid care work

Married women consistently bear the heaviest responsibility for unpaid care work in the region, but there are variations in household structure that influence the amount of time they spend. These variations have important implications for the potential role of care services in redistributing some of that responsibility. Across the four focus countries, having a child under the age of 3 was the strongest predictor of time spent on unpaid care work among married women, leading to 5–10 more hours per week of care work (Figure 1.21). By contrast, having a child aged 3–5 only significantly increased women's time in care work in Egypt (by 7 hours) and Palestine (by 3 hours). The greater time associated with having a very small child is likely in part due to the needs of this age group. Higher rates of ECCE enrolment among 4–5-year-olds may also partly explain the lesser additional time associated with having a child in this age group, and points to the importance of encouraging the expansion of ECCE services as part of efforts to redistribute some unpaid care work from households to the public sphere.

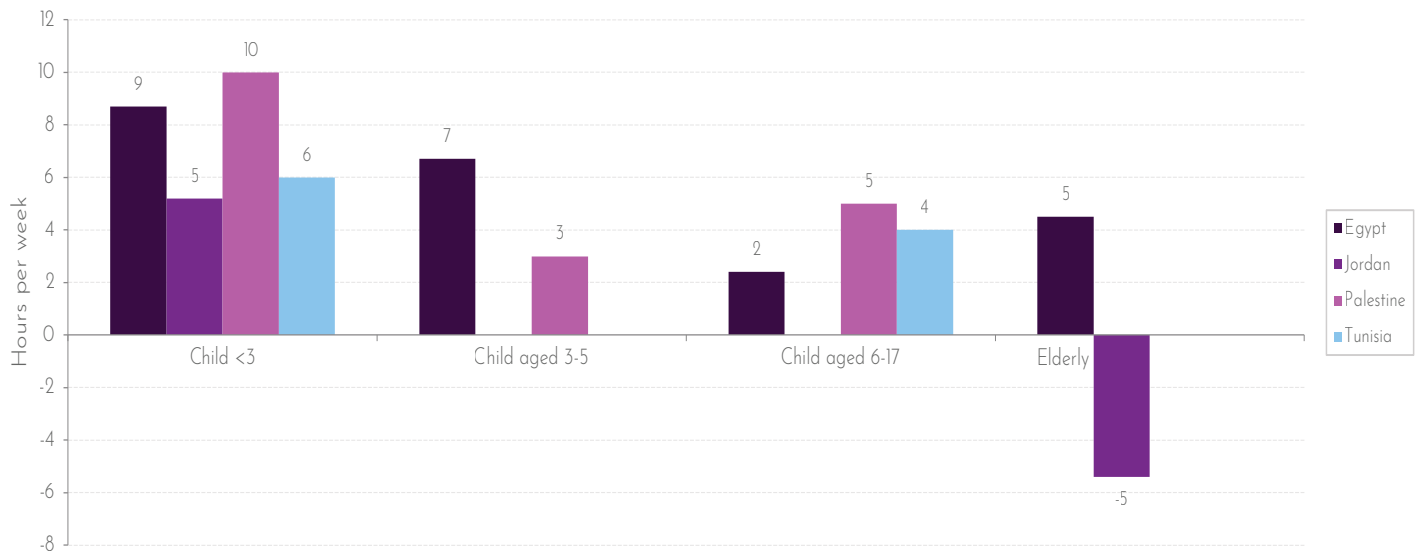
FIGURE 1.20: PERCENTAGE OF TOTAL HOURS IN A WEEK SPENT ON ALL FORMS OF WORK, EMPLOYED MEN AND WOMEN



Sources: ELMPS 2012; JLMPS 2016; TLMPS 2014; PCBS Time-Use Survey 2012/2013 and Palestine LFS 2013.

Note: Percentage of time is expressed in terms of hours out of a total 168 hours in a week.

FIGURE 1.21: THE EFFECT OF DIFFERENT HOUSEHOLD STRUCTURES ON MARRIED WOMEN'S TIME SPENT IN UNPAID CARE WORK



Sources: ELMPS 2012; JLMPS 2016; TLMPS 2014; PCBS Time-Use Survey 2012/2013.

Notes: Estimates presented are marginal effects based on a regression model that controls for individual and household-level characteristics (see Methodological Appendix). Missing estimates for the effect of children indicate that the estimate was statistically insignificant. The effect of having an elderly person in the household could not be calculated for Palestine due to sample size, and was insignificant for Tunisia.

Having a child aged 6–17 significantly increased women’s time in unpaid care work in all countries except Jordan, but by fewer hours per week. This may be related in part to time spent helping children with schoolwork.

Having an elderly member of the household led to an increase in married women’s unpaid care time in Egypt, but a decrease in Jordan, which suggests that in some contexts co-resident grandparents help with care work, reducing the burden on married women. The variation in results with regards to elderly household members across countries points to the need for a diversity of residential and non-residential elder-care services that can meet the changing needs of the region’s growing elderly population and their families.

Paid care sectors constitute an important part of regional economies

The paid care sector contributes substantially to employment in the region, constituting between 12–15 per cent of total employment in all countries but Jordan, where the paid care sector accounted for 18 per cent of employment. The latter figure is relatively high by global standards. A cross-national comparison of the size of the paid care sector in 47 countries found that it ranged from 3.5–27 per cent of employment.¹⁵⁸ The large majority of countries in which the care sector accounted for more than 15 per cent of employment were high-income countries. Many middle-income countries in Latin America and high-income countries in Eastern Europe also had a range of 10–15 per cent of total employment in paid care sectors.¹⁵⁹

The role of the paid care sector is largest in the public sector, which is driven by employment in public education and to a lesser degree in health systems. In the private sector, the paid care sector represents a much smaller share of employment,

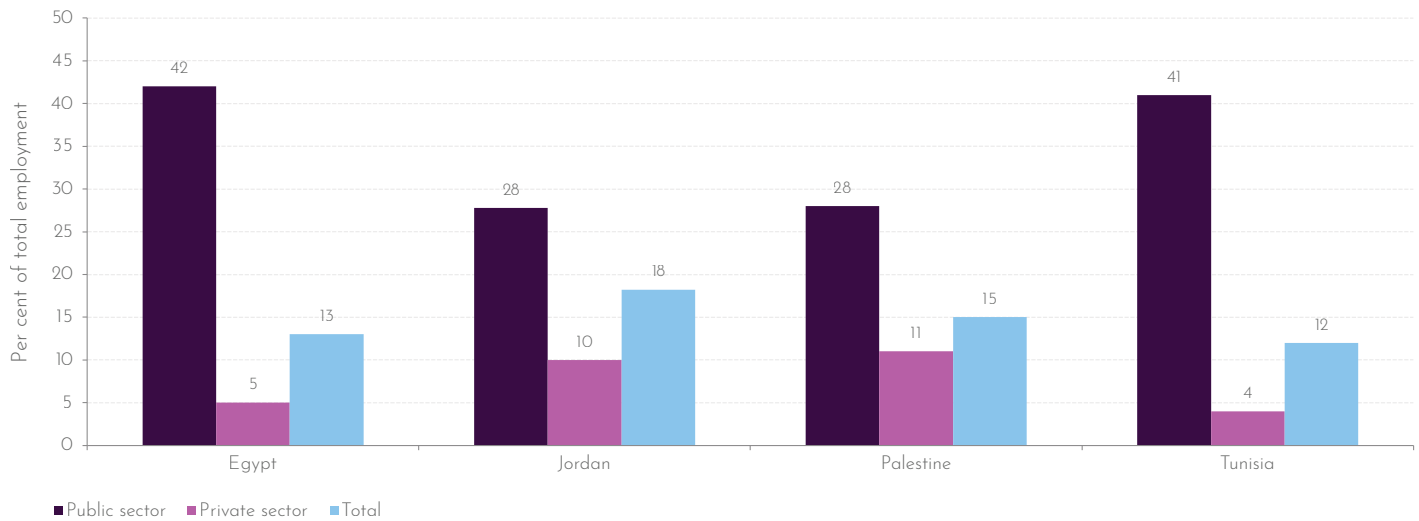
but notably the role of the private sector in paid care employment in Egypt, Jordan and Tunisia has been growing gradually over time. There is thus substantial room to encourage further investment in expanding private sector care services, particularly ECCE and social care, where the public sector’s role tends to be smaller.

The paid care sector is a main source of employment for women but job quality is a critical issue

Employed women in the region are concentrated in paid care sectors. Particularly in the public sector, paid care work accounts for two-thirds or more of women’s employment. Among men, by contrast, it accounted for 16 per cent of public sector employment in Jordan, 18 per cent in Palestine and 31 per cent in Egypt. Employment in the paid care sector constituted a much smaller percentage of women’s private sector employment in Egypt and Tunisia. However, in Jordan and Palestine, a striking 41–42 per cent of women employed in the private sector worked in care sectors (Figure 1.23). The high representation of women in Jordan is driven by their predominance in ECCE and other education sectors (see Figure 1.24), which have grown at fairly strong rates in the past decade. As shown below, women’s participation in private sector care employment has in general seen strong growth over the past decade.

A further measure of women’s participation in paid care work is the share of workers in care sectors that are women, relative to non-care sectors. In the public sector, there is near gender parity in the largest paid care occupations of educators and health-care workers (Figure 1.24). Women make up 47–51 per cent of educators above the early childhood level in the public sector, and a more variable percentage (39–63) of health-care workers.

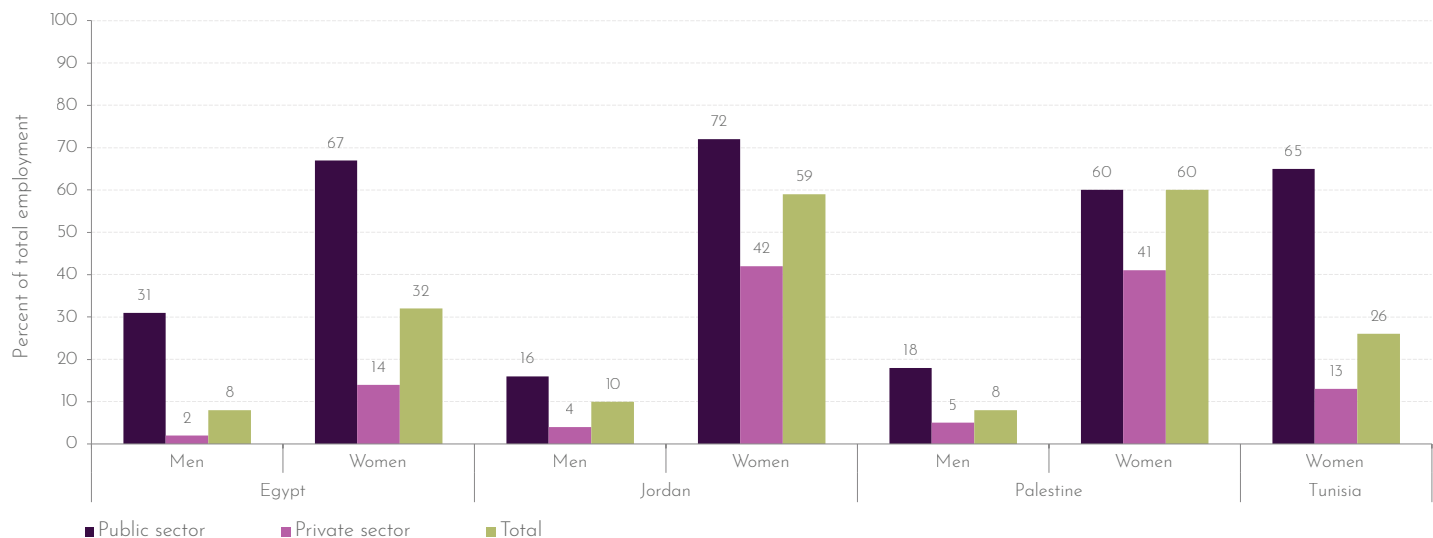
FIGURE 1.22: THE SHARE OF CARE SECTORS IN TOTAL EMPLOYMENT IN SELECTED ARAB STATES



Sources: Egypt LFS 2015–2017; Jordan LFS 2015–2018; PCBS Population, Housing and Establishments Census 2017; Tunisia LFS 2019.

Notes: Share of employment is calculated at the sectoral level, except for Palestine, which is calculated at the occupation level. Figures for Jordan and Tunisia do not include domestic work.

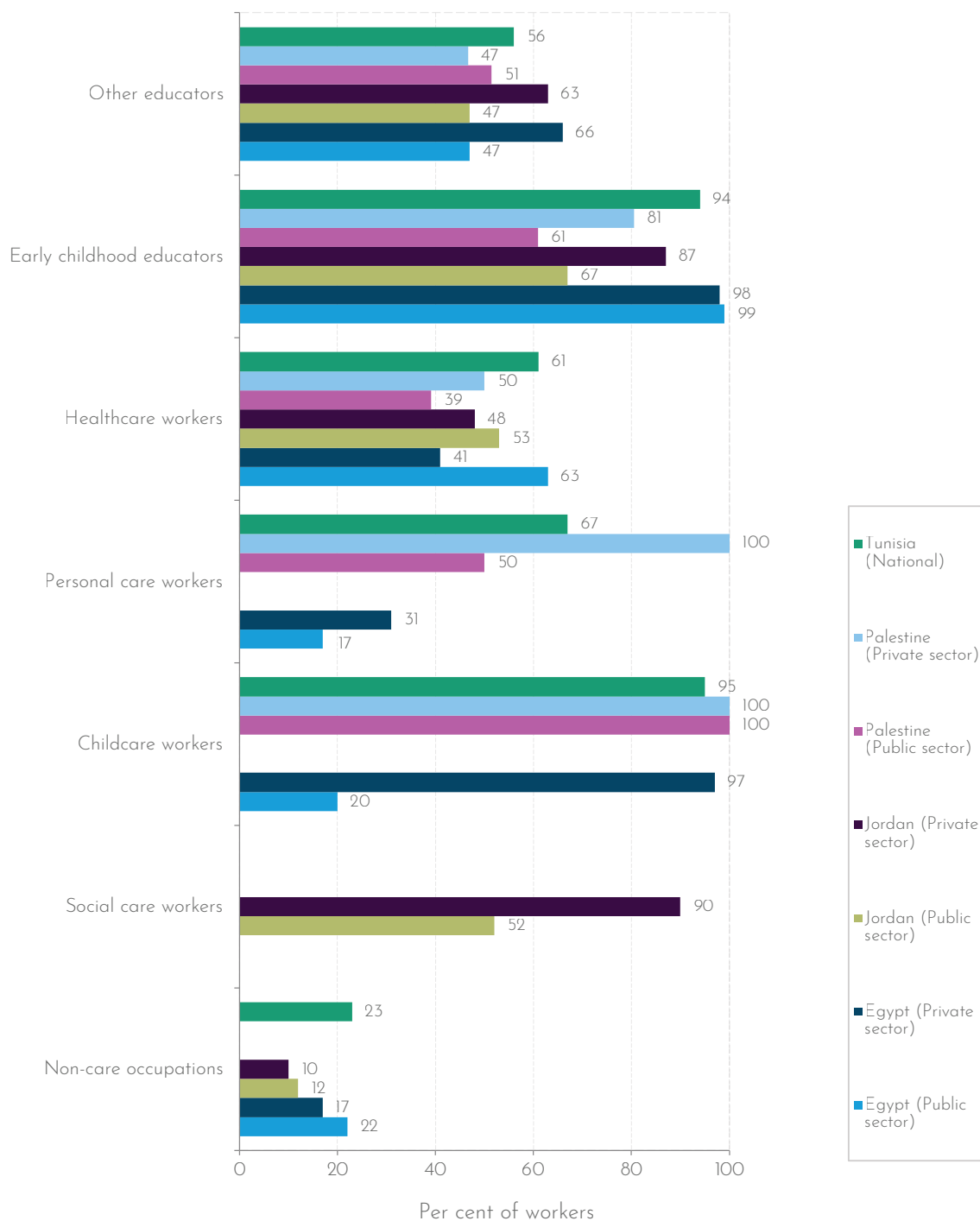
FIGURE 1.23: EMPLOYMENT IN CARE SECTORS AS A PERCENT OF TOTAL MALE AND FEMALE EMPLOYMENT



Source: Egypt LFS 2015–2017; Jordan LFS 2015–2018; Palestine Population, Housing and Establishments Census 2017; Tunisia LFS 2019.

Notes: Share of employment is calculated at the sectoral level, except for Palestine, which is calculated at the occupation level. Figures for Jordan and Tunisia do not include domestic work.

FIGURE 1.24: SHARE OF WORKERS THAT ARE WOMEN, BY OCCUPATION



Sources: Egypt LFS 2015–2017; Jordan LFS 2015–2018; Palestine Population, Housing and Establishments Census 2017; Tunisia LFS 2019.

Note: Percentage of workers is calculated at the occupational level.

However, women are overrepresented in the private care sector, particularly in Egypt and Jordan, where they comprise over 60 per cent of educators above the early childhood level. In all countries, the vast majority of early childhood educators and childcare workers in the private sector are women (as well as social-care workers in Jordan, where childcare workers and personal care workers are not disaggregated).

Women's overall share of paid care employment in the region is somewhat low by international standards, as in many high- and middle-income countries women's share of paid care employment is over 70 per cent.¹⁶⁰ Nevertheless, women's share of paid care employment is striking given their low levels of participation in the labour market. In non-care sectors, women's share of employment is much lower, ranging from 10–23 per cent across the public and private sectors. By comparison, in many other countries, women's share of non-care employment ranged from 30–50 per cent.¹⁶¹ The substantial gap in women's care versus non-care employment illustrates the degree to which care employment is attractive to women and one of the few avenues of employment that is accessible to them, especially in the private sector.

Although the paid care sector is a key area for women's employment, it is also important to consider the potential downsides of women's concentration in this sector. Women tend to make up a greater share of employment in education (particularly ECCE) and social-care sectors, as opposed to health. Concentration of women in certain sectors may reflect occupational sex-segregation and barriers to women's entry into the health-care sector (such as longer working hours) and non-care sectors. The concentration of women in care sectors may also leave them vulnerable to changing employment conditions in times of crisis, including during the ongoing COVID-19 pandemic (see Box 1.3).

The feminization of economic activities, including social care and domestic work, is also often associated with the devaluation of these forms of work.¹⁶² Each country chapter notes concerns about job quality in the care sector, and particularly private sector care work, including deteriorating levels of formality in Egypt (Chapter 2), gender wage gaps in Jordan (Chapter 3), lack of adherence to minimum wage policy in Palestine (Chapter 4), and high levels of informality in the social-care sectors in Tunisia and Jordan (Chapters 5 and 3) and in the ECCE sector in Tunisia (Chapter 5). Efforts to expand private care services, particularly in social care and ECCE, where worker education levels also tend to be lower, must take into consideration the need for decent working conditions. Job quality is recognized as a key determinant of women's occupational choices, so promoting decent work in the paid care sector is essential to encouraging women's employment, as well as to improving the quality of services for care recipients.

Growth in the paid care sector has outpaced growth in non-care sectors

Beyond representing a source of growth for women's employment, the paid care sector has the potential to power overall economic growth across the region. Analyses from the country case studies show that employment growth in the paid care sector has generally been stronger than in non-care sectors over the past decade. This is particularly true for women and for the private sector. Egypt, for example, saw remarkable employment growth in the private paid care sector, at 12.9 per cent annually from 2009–2017 (17.1 per cent for women). This was compared to a growth rate of 1.8 per cent the private non-care sector and a small contraction (–0.3 per cent growth per annum) in the public care sector (see Chapter 2).

BOX 1.3: CARE WORK DURING THE COVID-19 PANDEMIC

Existing inequalities in the provision and receipt of care may be exacerbated in times of crisis, a fact that the ongoing COVID-19 pandemic has highlighted on a global scale. The impacts of the pandemic are widespread and gendered.¹⁸⁷ Although rigorous data to measure its impacts on the care economy in the Arab States are not yet available, the pandemic is likely to have numerous implications for paid and unpaid care work.

Emerging evidence from around the world indicates that unpaid care responsibilities have increased during the pandemic.¹⁸⁸ A key contributing factor is school and nursery closures, and disruption of informal childcare arrangements (such as leaving children with grandparents). Families may also face added care responsibilities for elderly or other members who fall sick during the pandemic.¹⁸⁹ Particularly given the highly unequal division of unpaid care work that currently prevails in the Arab region, the majority of these increased care responsibilities are likely to fall on women.¹⁹⁰ The consequences of increased time spent on unpaid care during the pandemic are likely to include greater time poverty and lower well-being among women. They may also include job losses or reduced paid work hours for employed women who do not benefit from care leaves and/or cannot maintain their normal work schedules due to their increased care responsibilities at home.

Women are also vulnerable to the effects of COVID-19 and associated lockdown measures because of their high levels of participation in the paid care workforce. Globally, women make up a large percentage of the health workforce and particularly front-line health-care workers, which puts them at greater risk of contracting the virus.¹⁹¹ The analysis in this report has shown that women's share of employment in the health-care sector in the Arab States is lower than this global average. Nevertheless, women make up a larger share of the health workforce than of the labour force overall. Women are also heavily represented among private sector education, ECCE and childcare workers. This sector is expected to experience losses due to closures during the pandemic, and, for example, in Jordan, employers in the sector have been accused of not paying employees.¹⁹² Domestic workers are also at risk of job losses due to lockdown and social distancing measures.¹⁹³ Some of the most vulnerable care workers in the region may therefore disproportionately bear the economic effects of the pandemic.

The impact of COVID-19 on both women's unpaid and paid care work in the region is exacerbated by the low levels of coverage of care leaves and institutionalized flexible work arrangements. As shown in this chapter, few countries in the region provide legal provisions for dedicated leaves for the care of sick children or elderly family members. Although some countries in the region have implemented temporary care leave measures during the pandemic, these are unlikely to apply to the large number of women (and men) working in the informal sector and may therefore exacerbate existing labour market inequalities. Some temporary care leave provisions also only apply to women, which reinforces gendered norms around care roles. In Egypt, for example, exceptional paid leaves were granted for working mothers with children aged 12 and under during the pandemic, but not for working fathers.¹⁹⁴ Work-from-home and other flexible work arrangements are also uncommon in the Arab States.¹⁹⁵ While some countries and employers have again instituted temporary measures for flexible work during the pandemic, these types of provisions may not be applicable to some of the most vulnerable forms of care work that are based on face-to-face contact (e.g. personal care and childcare services).

The global crisis prompted by the COVID-19 pandemic and the gaps it has revealed in current care systems can serve as a catalyst for a more comprehensive approach to the care economy.¹⁹⁶ As recommended in this report, in the Arab States this should begin with concerted efforts to develop national strategies on the care economy. These strategies should build on detailed analysis of current gaps in not only legal but also effective coverage of key care policies and services, including paid care leaves and childcare services. The expansion of social protection systems to cover both employed women and men in the formal and informal sectors with more flexible care leave options is also critical to supporting families to meet their care needs. Finally, institutionalization of provisions for flexible working arrangements as part of national labour laws should be explored.

Tunisia saw annual growth rates of 5–6 percent in the private health and educator sectors from 2010–2019, and rapid growth in childcare workers in both the public (16.3 per cent) and private sectors (19.1 per cent; see Chapter 5). Investments in expanding paid care services can thus provide multiple benefits: offering families options to redistribute some of women’s unpaid care responsibilities; developing high-quality care services that support the needs of children, the elderly and the disabled; expanding employment opportunities for women; and contributing to overall economic growth.

1.6 RECOMMENDATIONS: INVESTMENT IN THE CARE ECONOMY AS A PATH TOWARDS GENDER EQUALITY

Regional analysis of the care economy and the current state of care policies points to cross-cutting priorities across the Arab States in order to recognize, reduce and redistribute unpaid care work while fostering the growth of decent and adequately rewarded employment in the paid care sector.

Adopt coordinated national strategies on the care economy

Countries in the Arab region do have a set of policies and public services – of varying comprehensiveness – that implicitly address the recognition and redistribution of unpaid care work. However, the policies and services in place are largely uncoordinated and fall under the jurisdiction of different ministries, leading to serious gaps in their legal and effective coverage. Adopting a national, coordinated strategy for the care economy is therefore a first step for Arab States to invest wisely in this critical sector. Previous policy analyses by UN Women have highlighted that such

national strategies should be based on the guiding principle of equality. This entails both equality in care provision – through co-responsibility of women and men, the State and families – and equality in the care received – through universal access to quality care services.¹⁶³ As highlighted by the findings and subsequent recommendations of this report, coordinated national care strategies should also adopt a life course approach to meeting the care needs of individuals and families, and place critical emphasis on the interrelated issues of the quality of care services and the quality of employment in the care sector.

Given the low levels of female labour force participation and high levels of employment informality, national care strategies must not only enact care policies but also effectively monitor and enforce their implementation. It is critical that policies avoid disincentivizing women’s employment, as is currently the case with some care leave policies in the region, or further exacerbating coverage gaps between the public and private sectors. Policies that do so may have unintended negative consequences on women’s employment. Models of care service-provision that do not ensure widespread financial and geographic access also risk deepening inequalities in who receives care.

Invest in national time-use surveys and other sources of data on the care economy

Developing an evidence-based national care strategy requires data. This report demonstrates the potential for data to reveal women’s hidden economic contributions through measurement of unpaid care work. At the same time, the LMPS data point to some of the limitations of using standard survey methodologies to develop time-use estimates. Accurate estimation and valuation of the care economy requires national time-use

data. Regularly collected time–use data is also essential for measuring the impact of changes in care policies or services on women’s time in unpaid care work. Time–use surveys remain very limited in the region,¹⁶⁴ and some of those that have been conducted are not publicly available. Investment in collecting and disseminating time–use surveys should therefore be a priority for national statistical offices and their partners throughout the region.

This report also highlights other critical evidence gaps related to the care economy in the region. Regularly collected, standardized data are needed on essential care policies and services, including rates of coverage and uptake of maternity leave, enrolment rates in ECCE by level and children’s age, and use of elder–care services. Provider–level data on ECCE and elder–care services, particularly in the private sector, are also critically needed in order to provide a basis for monitoring the growth and quality of these establishments, as well as the characteristics of their employees. Data on domestic workers in the region are also a critical gap to addressing the needs of workers in this highly vulnerable care sector.

Bring maternity leave policies in line with ILO recommendations and introduce paternity or parental leave

Although maternity leave is the most widely implemented care leave policy in the region, in most countries it does not meet the standards of ILO Convention 183. In addition to increasing the length of maternity leave in some countries, its financing is a major barrier to achieving international standards. There is a need for the region to move towards international best practices and adopt the ILO recommendation to finance maternity leave through the social insurance system. Measures also need to be explored for expanding coverage of maternity leave to women

who are self–employed or working in the informal sector, building on the experiences of other countries that have taken steps in this direction.

The implementation of paternity leave in the region is a long–term goal to promote men’s greater involvement in caregiving. It requires, first, that countries enact paternity leave of sufficient duration to allow men to establish a caregiving role for their child. As demonstrated by international evidence,¹⁶⁵ effectively implementing paternity leave also requires targeted communication and advocacy to encourage men to take the leave to which they are entitled and to actually use it to contribute to care activities at home. These efforts are part of a broader approach to addressing gender norms around care roles, discussed further below.

Expand Early Childhood Care and Education

Governments should invest in expanding ECCE, which can have multiple positive effects that are critical to achieving the SDGs, including: improved early childhood development outcomes; redistribution of some of women’s unpaid care responsibilities; and expansion of an economic sector that provides job opportunities for women. Analyses from other middle–income countries show that a substantial proportion of the costs of public investment in universal, high–quality ECCE services are offset by returns from increased employment, particularly among women.¹⁶⁶

ECCE expansion can take multiple forms, with provision through public, private, non–governmental or civil society organizations. In order to avoid widening the substantial socioeconomic inequalities in access to ECCE, several key principles should be taken into consideration. Evidence indicates that universal, free ECCE is more likely to achieve higher levels of enrolment,

particularly among disadvantaged groups.¹⁶⁷ Thus, if ECCE expansion takes the form of private sector provision, some form of public financing or subsidization is necessary in order to keep costs within reach of the majority of families. ECCE provision through the private or non-profit sectors also requires effective government regulation and oversight in order to maintain the quality of services for children and decent working environments for ECCE workers.¹⁶⁸ Given the low quality of public primary education in a number of countries of the region, quality is a cross-cutting concern for the expansion of ECCE that must be addressed through any provision model.

In terms of impacts on women's labour force participation, the structure of ECCE provision is also important. Half-day pre-primary education or nursery schedules may conflict with working hours such that ECCE expansion does not facilitate women's employment.¹⁶⁹ The flexibility of ECCE provision – as well as flexibility of work arrangements – should also be considered in expansion strategies.

Start to plan for a range of long-term care options

The elder-care sector remains highly underdeveloped in the Arab region. Although the share of the elderly population is currently small in many countries, and time spent on unpaid care for the elderly is low, this will change rapidly over the coming decades. Now is the time to plan for long-term care systems that can meet the diverse needs of older persons and their families. In the absence of LTC options, the responsibility for elder care will likely add to women's unpaid care time. LTC systems should involve a range of residential and non-residential care options, including home-based nursing services and day centres for the elderly. They should also include supports for

family members to care for the elderly when this is the best option for the family, including paid care leaves for elder care.¹⁷⁰ As with ECCE, the costs of these services cannot fall exclusively on households, or they will remain inaccessible to the vulnerable elderly who need them most.

Address professionalization and job quality in particularly vulnerable care sectors

The expansion of ECCE and elder-care coverage in the region also depends on the quality of services and employment in these sectors. Social care and ECCE have the most vulnerable employment, as measured by levels of informality and the education levels of workers. Professionalization and regulation of these sectors is important to ensure service quality, job quality and for changing social views that devalue these forms of paid care work.

Professionalization of ECCE and elder-care services requires establishing corresponding areas of specialization as degree programmes in post-secondary education institutions.¹⁷¹ Professional certifications and on-the-job training opportunities also need to be available to individuals entering or interested in entering these fields.

Efforts to professionalize ECCE and elder-care services will be reinforced by the regulation and enforcement of quality and working standards, including formality (contracts and social insurance registration). These measures are critical for the safety and well-being of care recipients and care workers. The quality of care services is also likely to influence households' willingness to entrust their loved ones to these services, and so will affect demand as well as supply.

Finally, domestic work, although not a focus area of this report, is one of the most vulnerable

employment sectors globally and in the region. As a sector that employs large numbers of women, and particularly migrant women, improving the rights and employment conditions of domestic workers must be part of any agenda to address gender equality in the care economy.

Seek to change gender norms

The stark gender division in unpaid care work in the Arab States is driven by social norms as well as economic incentives. Until prevailing views that caregiving is ‘a woman’s role’ change, redistribution will be an uphill battle and women will continue to bear the brunt of the double burden of paid and unpaid work. Changing trends in women’s economic roles – such as increased FLPP – may drive normative change, but it is likely a two-way street, where changing norms will also accelerate changes in behaviour. Efforts to address gender norms around caretaking roles are therefore needed to accompany policy initiatives.

There are a number of innovative approaches to addressing gender norm change. Several recent studies have found that both men and women in the region sometimes overestimate the rigidity of norms in their communities. When presented with evidence about the level of support for women’s employment in the community, for example, individuals may be more willing to express similar support or change behaviours.¹⁷² Normative change is a slow and complex process, evidenced by the fact that nowhere in the world do men perform as much unpaid care work as women.¹⁷³ Yet it is a prerequisite to achieving true gender equality that cannot be overlooked in a comprehensive approach to the care economy.



THE EVOLUTION OF PAID AND UNPAID CARE WORK IN EGYPT

THE NEED TO RECOGNIZE, REDISTRIBUTE AND SUBSIDISE

2.1	OVERVIEW	82
2.2	CARE POLICIES AND SERVICES IN EGYPT	83
2.3	RECOGNIZING UNPAID CARE WORK	90
2.4	CHARACTERISTICS AND GROWTH OF THE PAID CARE ECONOMY	99
2.5	FROM KEY FINDINGS TO INFORMED POLICY RECOMMENDATIONS	106

KEY MESSAGES

- 1** In Egypt, married women spend seven times as much time on unpaid care work as married men; while unmarried women spend 6.5 times as much as unmarried men.
- 2** Women spend almost the same amount of time on unpaid care work whether or not they are employed.
- 3** There is a mismatch between care needs and existing services, which limits the ability to redistribute unpaid care responsibilities.
- 4** Between 2009–2017, private sector employment grew faster in paid care sectors (education, health and social work) than in the rest of the economy.
- 5** Within care jobs, the private sector has become more feminized than the public, while seeing rising informality and declining job quality.
- 6** There is a need to expand quality early childhood care and education services, ensuring affordability and decent working conditions.
- 7** Implement family-friendly labour market regulations for care leave and flexible work. Labour market provisions that only apply to women can be costly to employers and might discourage employers from recruiting women.
- 8** Change in gender roles and traditional attitudes is essential to the success of other policies and interventions to redistribute unpaid care work.

2.1 OVERVIEW

Egypt continues to face challenges to achieving gender equality, especially in terms of economic participation and opportunity. As of 2020, Egypt has made progress in closing the gender gap¹⁹⁷ in education. However, the gender gap in labour force participation remains large, with Egypt ranking 143rd out of 153 countries.^{198 199} Around 76 per cent of working-age men (15–64 years) are in the labour force compared to only 21 per cent of working-age women.²⁰⁰

There is a trade-off between paid work and unpaid domestic work. Countries with significant gender imbalances in unpaid work also see low female labour force participation, and Egypt is no exception.^{201 202} Because of the gendered division of labour inside the household, women perform the overwhelming majority of unpaid care work, leaving them with little time for paid employment. In 2018, around 88 per cent of women aged 15–64 years old were involved in unpaid domestic care work, compared to 29 per cent of men.²⁰³ Moreover, Egyptian women spend 22.4 per cent of their day on unpaid domestic chores, more than nine times what men spend (2.4 per cent).²⁰⁴ Correspondingly, about 60 per cent of Egyptian women describe their primary economic activity as “housewife”.²⁰⁵

The relationship between unpaid care work in the household and economic participation in the labour market is complex. Unpaid domestic responsibilities that fall primarily on women have been one of the major factors explaining women’s weak economic participation.²⁰⁶ At the same time, reduced women’s employment is identified as an important cause of rising fertility;²⁰⁷ the latter, in turn, may lead to women performing more unpaid care work for young children. Therefore, understanding the drivers of unpaid and paid care work in Egypt is a first step towards advancing gender and economic equity. Such an understanding should

nurture policy-level and social norm changes that recognize and redistribute unpaid care work, and reward paid care work to enable women to participate fully in the Egyptian economy. Without proper investment in the paid care economy – through promoting more and decent work for care workers, investing in social care infrastructure, especially quality care services – and guaranteeing care workers’ representation, gender imbalances in both unpaid care work and paid work will continue, taking their toll on human capital, social justice and economic growth.

The gendered distribution of unpaid care work has been associated with gender norms, fertility rates, dependency ratios (explained below), and the availability of quality care services. All of these aspects contribute to the amount of unpaid domestic work, as well as the different degrees of women’s and men’s involvement in paid work versus unpaid care.

Key social ingredients in the gendered division of household labour are gender roles and attitudes towards women’s employment and unpaid care roles. In Egypt, women are more likely to be confined to reproductive roles and domestic work. A recent survey of Egyptians’ perceptions found that 44 per cent of respondents thought women’s employment has a negative impact on family.²⁰⁸ A further two-thirds (68 per cent) of respondents thought the household duties that women perform should not be compensated.²⁰⁹ This finding reflects a lack of awareness and recognition of the value of unpaid care work in Egyptian society. Recognition of its value and its important role is a pivotal step towards gender equality.²¹⁰

Attitudes towards women’s employment and care roles remain highly gendered and differ between men and women. For instance, men are less likely than women to support the idea of husbands’ help in unpaid care work. While 80 per cent of men supported the idea of husbands helping their

working wives in raising children, 89 per cent of women did. There was less agreement among men and women about whether or not a husband should help with household chores. Again, men (50 per cent) were less supportive of husbands' help in domestic chores than were women (69 per cent).²¹¹

A sizeable share of the Egyptian population is likely to need care both now and in the future. A first indicator of that magnitude is the dependency ratio.²¹² In 2018, there were 64 dependents (children under the age of 14 or seniors above age 65) for every 100 persons of working age (15–64 years). However, since gender norms assign women as the primary caregivers, a more accurate measure compares the number of dependents to the number of women (aged 15–64) who are most likely to provide care. For every 100 working-age women, there were around 129 dependents in 2018.

The reduction in fertility rates achieved in the past three decades (down from 4.1 in 1991 to 3.1 in 2018) has played an important role in reducing the number of dependents (from as high as 80 dependents for every 100 persons of working-age in 1991 to 64 dependents in 2018).^{213 214} However, Egypt's fertility rate remains high, contributing to high dependency ratios and care needs for young children.

These needs are coupled by a limited, although growing, supply of childcare facilities and a much lower number of nursing homes or special assistance alternatives for the elderly and disabled. The mismatch between care needs and the availability and adequacy of care services in the market limits the ability of women and of households to redistribute some of their unpaid care responsibilities to the market. Developing such alternatives to unpaid domestic care is critical to reducing women's unpaid care burden.

This analysis presents a comprehensive view of

the care economy in Egypt by analysing both the amount and distribution of unpaid care work within households and the extent to which the paid care sector and care policies match the magnitude of the country's care needs. In this respect, the paid care sector is strategic for two reasons. First, it provides important services, including childcare and elder care, that can substitute some of the unpaid care work performed inside households. Second, the care sector is by far the largest employer of working women.²¹⁵ The expansion of the care sector, and assurance of decent working conditions, therefore has the potential not only to reduce unpaid care work but also to offer alternatives for women to join the labour force.²¹⁶

The analysis begins with an overview of care policies in Egypt, including early childhood care and education, care for the elderly and the legal framework for paid leaves, while identifying coverage gaps in each of these areas. It then analyses unpaid care work while the fourth section examines the size, characteristics and growth of the paid care sector. The chapter concludes with policy recommendations for redistributing some of women's unpaid care responsibilities and growing the paid care economy in Egypt.

2.2 CARE POLICIES AND SERVICES IN EGYPT

Early childhood care and education

Egypt distinguishes between nurseries and kindergartens as providers of early childhood care and education (ECCE). Article 31 of the Egyptian Child Law of 1996 defines a nursery as a designated place to provide childcare services for children under the age of 4. The same article indicates that the Ministry of Social Solidarity (MoSS) is the supervisory body that technically and financially

monitors nurseries. Children aged 4 to 6 years old are entitled to join preschool education institutions, referred to as kindergartens (KGs),²¹⁷ which fall under the responsibility of the Ministry of Education and Technical Education (MoETE).

There is no consolidated data on the number of childcare institutions and the number of enrolled children. As such, this section builds on many data sources, including establishment censuses, household surveys and data reported by MoSS and MoETE. The number of childcare institutions in Egypt is limited and has grown considerably slower than the number of children. The number of children aged 0–3 grew rapidly between 2006 and 2017, at an annual rate of 3.6 per cent, to reach over 11 million children by 2017 (Table 2.1).²¹⁸ This was much faster than the 0.8 per cent annual growth in the preceding decade (1996–2006). By comparison, the number of childcare facilities in the private sector exhibited the opposite pattern of growth, with a much faster increase during 1996–2006 than 2006–2017.²¹⁹ The number of childcare facilities expanded from around 790 to 18,088 establishments from 1996–2006, growing at an annual rate of 31.3 per cent. Yet, from 2006–2017,

the number of nurseries only increased by 1.2 per cent per year, to reach 20,679 establishments.

There were around 0.01 nurseries for every 100 children aged 0–3 in 1996, which improved to 0.25 nurseries/100 children in 2006, then deteriorated to 0.19 in 2017, due to the more accelerated growth of children aged 0 through 3 compared to the number of nurseries. This limited number of childcare facilities relative to the number of potential children needing care yields a very low ECCE enrolment rate among children aged 0–3. According to MoSS,²²⁰ registered nurseries serve around 847,423 children aged 0–3²²¹ – which results in an enrolment rate of around 8 per cent.²²² Less than 2 per cent of registered nurseries were provided by employers while the majority were private sector nurseries (56 per cent) or nurseries operated by NGOs (42 per cent).²²³

It is not clear why private childcare facilities exhibited this inverted U-shaped growth. This pattern could be associated with rising female labour force participation in the first period – from 21 per cent in 1998 to 27 per cent in 2006 – followed by a decline in the second period – to reach 23

TABLE 2.1: EVOLUTION IN THE NUMBER OF CHILDREN AGED 0-3 VERSUS THE SUPPLY OF DAY-CARE ESTABLISHMENTS, EGYPT, 1996, 2006, 2017

Year	Children aged 0-3 (in thousands)	Annual growth rate in the number of children aged 0-3 (%)	Non-residential social care establishments in the private sector (units)	Annual growth rate in number of establishments (%)	Nursery establishment per 100 children
1996	6,545.7	0.8	790	31.3	0.012
2006	7,110.6	3.6	18,088	1.2	0.254
2017	10,608.434		20,679		0.195

Source: Column 1 is retrieved from United Nations World Population Prospects.²⁹¹ Column 2 is retrieved from Establishment Census data 1996, 2006 and 2017. Columns 2, 4, and 5 are authors' calculations. Column 5 is the result of dividing column 3 on column 1.

Note: Non-residential social care establishments in the private sector give an approximate number of childcare facilities in Egypt. Census data show that there was only one establishment in this industry group in 2006 and 2017 that belonged to the public sector.²⁹²

per cent in 2012 and 20 per cent in 2018.²²⁴ The direction of causality is two-way. The expansion of childcare can be a driver for, or a result of, women's increased labour supply.²²⁵ This represents an important area of future research. Another reason is that childcare facilities are not easily profitable,²²⁶ with many nurseries risking closure in their first five years. This could be the case for Egypt, yet there is no evidence to support this idea.

In addition to registered nurseries, a number of informal, home-based nurseries exist. There is a multi-layered structure with different types of nurseries, even among those that are registered. Yet little is known about the different modalities of nurseries, cost and variation in access. A market study of ECCE, including informal nurseries, is strongly needed to bridge the gap in knowledge and to better inform policymaking in this area.

Enrolment rates for KG-aged children (age 4–6) are much higher than for children aged 0–3. Nationally, there are 11,250 schools with KG classes serving 1,244,052 children in this age range.²²⁷ This results in an enrolment rate of around 26 per cent, for a total of 4,797,821 children aged 4–6 years in 2017. Pre-primary education is integrated in the education system and KG classes are within schools. In 2017, Table 2.2 shows that the majority of schools with KG classes were public (79.6 per cent),

whereas the rest belong to the private sector (20 per cent).²²⁸ Consequently, the majority of children enrolled in pre-primary education (75 per cent in 2017) went to public kindergartens (Table 2.2). Public school fees for children in KG were about EGP 145 yearly (USD 9) in 2019.²²⁹ In comparison, little is known about the fee structure of private schools, which varies by type of school and region, but is generally way higher than public school fees.

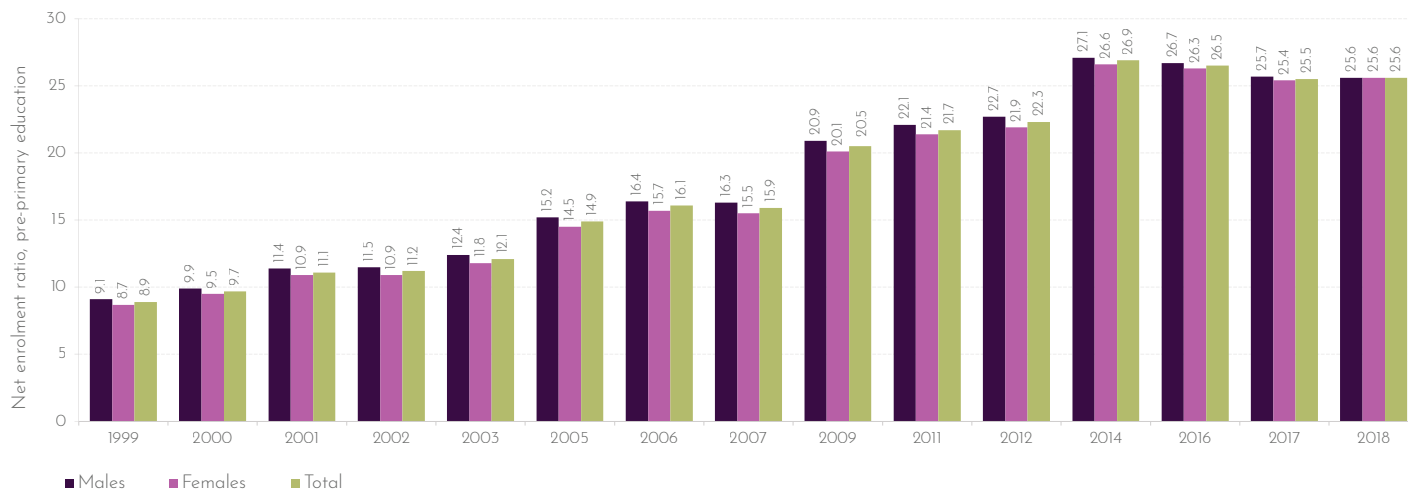
Figure 2.1 demonstrates that the enrolment rate in pre-primary education increased substantially, from 11 per cent in 2000 to peak at 26 per cent in 2017–2018. This increase reflects the expansion of pre-primary education in Egypt, with boys slightly more likely to attend KGs than girls. Despite this increasing trend in enrolment, there is a severe shortage of KGs, especially in poor and rural areas of Upper and Lower Egypt.²³⁰ KG-aged children in these areas are often enrolled in nurseries for younger ages, because they cannot find schools with KG classes in their proximity. Both the supply of KGs and the fee structure are important obstacles for children in poor or rural areas to attend. Even where there is public provision, children from poorer families are considerably less likely to attend KGs (4 per cent) than children from wealthier families (10 per cent), due to the question of fee affordability.²³¹

TABLE 2.2: PRE-PRIMARY ENROLMENT DATA BY TYPE OF KG PROVISION AND GENDER

Type of pre-primary provision	Number of students enrolled in pre-primary education	Share of all students (%)	Number of schools	Share of schools (%)
Public school	932,879	75.0	8,955	79.6
Private school	311,173	25.0	2,295	20.4
Gender				
Boys	645,172	51.9		
Girls	598,880	48.1		
Total	1,244,052	100.0	11,250	100.0

Source: Constructed by the authors based on data from The World Bank, 2018.

FIGURE 2.1: NET ENROLMENT RATIO IN PRE-PRIMARY EDUCATION, AGES 3-5, EGYPT, 1999-2018



Source: Constructed by the authors, adapted from UNESCO Institute for Statistics (UIS).²⁹³
 Accessed 28 February 2020. <http://data.uis.unesco.org/#>

This leads to a strong variation in access by region and wealth. In short, nursery enrolment for children age 0–3 is around 8 per cent, while pre–primary education enrolment for children aged 4–6 is nearly 26 per cent, although increasing. Given that Egypt has a 92 per cent net enrolment rate in primary education for children aged 6+,²³² this shows an important coverage gap due to a lack of supply in nurseries and kindergartens.

The affordability of ECCE is another crucial determinant, especially in a context of striking inequality in access to early childhood education in Egypt.²³³ Most advantaged children coming from wealthier families in urban governorates with educated parents are six times more likely to attend ECCE than the least advantaged ones, coming from poorer families in rural Upper Egypt with uneducated parents.²³⁴

In addition to availability and affordability, the quality of ECCE represents another key challenge. Although information about the quality of ECCE in Egypt does not exist, it is expected that pre–primary education, especially in public schools, would suffer from the same quality issues as the overall

education system. The quality of primary education in Egypt is ranked 133rd out of 137 countries – according to the Global Competitiveness Index 2017–2018.²³⁵

Facing this shortage in nurseries, MoSS adopted a national early childhood development programme to extend the scale of educational services to children aged 0–4 years.²³⁶ This programme is in line with Sustainable Development Goal target 4.2, which aims to provide quality early childhood development, care or pre–primary education to all girls and boys under age 5. The MoSS programme aims to improve the quality of nurseries – in terms of curricula, accreditation, staff, educators and infrastructure. It is also reviewing regulation and licensing procedures to encourage the registration of nurseries, while promoting and encouraging the establishment of private sector nurseries, especially through Nasser Social Bank funding initiatives.²³⁷

The Government of Egypt also introduced a recent education reform programme in 2018 that aims to expand access to kindergartens and enhance the quality of kindergarten education, among other goals. The programme includes training

for kindergarten educators, along with updating curricula and developing strong quality assurance.²³⁸ The 2019/2020 budget specifies, for the first time, the amount of public spending targeted to pre-primary education (KGs) – EGP 4.2 billion (USD 265 million), representing 0.26 per cent of GDP. This has never been explicitly stated in the state budget. This amount was allocated to increase the number of kindergarten classrooms, especially in disadvantaged areas in Upper Egypt and to fund programmes to develop the cognitive abilities of children. The 2020/2021 budget highlights that EGP 1.5 billion (USD 95 million) will be allocated to improve the conditions of teachers and inspectors in kindergarten and first and second grades.²³⁹

Such reforms are greatly needed to encourage the expansion of childcare facilities. Quality and affordability remain two key challenges. There is strong evidence that early childhood education is essential for developing cognitive, physical, social, emotional skills and school readiness.²⁴⁰ The expansion of quality ECCE serves the dual goals of supporting children’s development and women’s ability to join and remain in the labour force. Yet employed women face difficulties arranging for childcare,²⁴¹ because high-quality facilities are either not available or not affordable. Employed women were less likely to rely on nurseries for childcare between 2006 and 2018,²⁴² which is consistent with the finding that the supply of childcare facilities did not keep up with the increased population of small children.

Reforms to develop early childhood education must ensure that all children are offered equal opportunities to learn and thrive. Therefore, expanding quality and affordable ECCE is necessary for Egypt to fuel its children’s potential, but also to advance towards social justice goals and equality of opportunities.

Elder care

Information about elder care in Egypt is scarce and at times contradictory. As in other countries in the region, elder care supply has received relatively little attention, and thus remains quite underdeveloped. This is a critical gap in the evidence base, as the elderly population in Egypt is growing. The population over 65 years of age grew at 2.0 and 2.6 per cent per year between 1996–2006 and 2006–2017, respectively – rising from 3,750,475 in 2006 to 5,003,431 individuals by 2017. The share of the elderly population is also projected to continue growing.²⁴³

Elder-care services fall under the responsibility of MoSS. As of June 2020, there were around 169 active and formal elder-care organizations in Egypt,²⁴⁴ which served around 2 per cent of the elderly population.²⁴⁵ Given the size of this population, this reflects a very low rate of development and use of elder-care services.

The main channels of income support for the elderly in Egypt are employment-related contributory pension schemes. Around 63 per cent of individuals aged 65 and above receive this type of pension, and slightly more are elderly men (66 per cent) than women (60 per cent).²⁴⁶ However, the percentage of workers covered by social insurance has declined since 2006, reaching only 32 per cent of all workers;²⁴⁷ hence, the proportion of elderly receiving employment-related pensions is expected to drop substantially in the coming years.

In addition, several non-contributory schemes aim to cover the poor elderly, such as the unconditional cash-transfer programme “*Karama*” (dignity) and the comprehensive scheme (*Ma’ash al-daman*) formerly known as Sadat/Mubarak pensions.²⁴⁸ Nevertheless, these programmes cover just 8.5 per cent of individuals aged 65+.²⁴⁹ Importantly, these pensions can also serve as a means of financial support for elderly persons’ primary caregivers,

who in the absence of formal care services are mostly daughters or wives, who live with them in the household and who do not have other income.

Labour market regulations and care-related provisions

Historically, public employment policies and their associated benefits have strongly influenced women's employment preferences in Egypt.^{250 251} Women prefer to work in public sector jobs as they provide safer workplaces and require shorter working hours that suit care responsibilities, which make them compatible with the social obligations on women to be dedicated to do housework and to raise children.²⁵² The public sector also provides job security, and various care-related benefits, including maternity leave and paid vacations, as explained in this section. Whereas private sector workers are legally entitled to some of the same benefits, they are much less likely to have access to any of these benefits in reality, due to the high level of informal employment (i.e. employment with neither legal contract nor social security coverage). In 2018, two-thirds of women employed in the private sector had informal jobs.²⁵³ This is why private sector employment is considered inhospitable to women, relative to the public sector. Thus, reduced public sector hiring since the 1990s and the lack of decent jobs in the private sector has reinforced weak labour force participation among women.²⁵⁴ This, in turn, has contributed to rising fertility rates,²⁵⁵ which fuel care needs. Thus, labour market policies and regulations play an important role in women's engagement in paid work. They also shape the extent to which unpaid care responsibilities can be redistributed through benefits available to working parents. The quality of jobs, including care jobs, is another component that labour market policies and regulations can determine. Job quality is one of the most important determinants for women's employment.

Care-related provisions

The Labour Law of 2003 and the Child Law of 1996 combine several provisions for working mothers, including paid maternity leave, unpaid childcare leave, the right to paid daily nursing breaks or shortened hours of work, arrangement of childcare facilities, and a guaranteed right to return to work.²⁵⁶ Exceptions from these entitlements include domestic workers, dependent family members of the employer and agricultural workers.²⁵⁷ The Labour Law applies to private sector employees, while government workers have different provisions under the public sector labour law.

Maternity and unpaid care leave

Both public and private sector workers are entitled to paid maternity leave through Child Law no.12 of 1996 (amended by Law no. 126 of 2008), but public sector employees benefit from more generous provisions. Women who have spent more than 10 months in a particular job (i.e. who contributed to the social insurance scheme during that time) are entitled to paid maternity leave, which can be taken twice throughout the worker's period of service. During paid maternity leave, wages are fully paid by the employer. The maternity leave duration is 12 weeks.²⁵⁸ It is worth mentioning that there are no provisions for paternity leave.

In addition, employed women in private sector establishments with more than 50 workers and all public sector employees are entitled to an unpaid leave to care for young children, for a period of up to two years.^{259 260} While public sector workers have the right to claim this leave up to three times during their period of service, private sector workers have the right to claim it up to two times.²⁶¹ Employed women in firms with less than 50 workers are excluded from this right.

There are also specific provisions for pregnant women. Starting from their sixth month, they can have their daily working hours reduced by (at least) one hour.²⁶² The law does not provide for part-time work after childbirth. However, it gives women the right to take two paid daily breaks of 30 minutes each, which can be combined into one one-hour break, for the purpose of breastfeeding for the 24 months following childbirth.²⁶³

These maternity benefits only apply to formal employees, so a limited share of employed women in the private sector take advantage of them. Only 40 per cent of women who worked in the private sector at the time of their first pregnancy took paid maternity leave,²⁶⁴ versus 92 per cent of women who worked in the public sector. With regards to paid vacations, the situation is even worse: only 28 per cent of women working in the private sector have access to paid leave, as opposed to a majority of public sector workers (92 per cent).²⁶⁵

Childcare provisions

According to the law, employers who hire 100 female workers or more in the same establishment are required to either found a nursery or commission another nursery for the children of their female employees.²⁶⁶ These nurseries are to be supervised by the concerned ministry.²⁶⁷ Again, as with other benefits, clauses related to nursery facilities do not apply to agricultural workers.

As mentioned, employer-initiated nurseries represent just 2 per cent of overall registered nurseries. Several factors could explain this. It is possible that employers do not comply with this labour law provision even when they hire more than 99 female workers, reflecting weak labour law enforcement in Egypt. It is also possible that

employers avoid employing more than 99 women to begin with, in order to avoid establishing nurseries. Both propositions relate to the cost (and responsibility) of establishing and monitoring these nurseries. Some employers might also believe that the productivity of their female employees would be affected if they have their kids in the same location. This is an area that requires further research into employer compliance with the nursery requirement.

Egyptian labour law also lacks sufficient measures to prevent discrimination against pregnant women employees. The law requires employers to do a medical examination on their future workers; however, it does not prohibit pregnancy testing. Thus, private sector employers could use this clause to discriminate against hiring pregnant women if they discover that they are pregnant as part of this medical check. Employers may avoid hiring pregnant women because they incur higher costs (maternity leave). Moreover, while the law prohibits the employer from firing a female worker during her maternity leave, the law does not prevent employers from terminating a pregnant woman's employment before giving birth. Together with women's low propensity to benefit from maternity leave in the private sector, these factors help to explain why women are much more likely to end their employment in the private than in the public sector before giving birth.²⁶⁸ Exiting the labour force may be a voluntary decision from women who expect not to be able to take maternity leave, or a decision forced by their employer to avoid paying the full salary during the paid maternity leave.

As seen above, care provisions, whether in the labour law or the child law, are only specific to mothers. Paternity leave is not stipulated by law, but there is a practice of granting fathers three paid parental leave days after childbirth. This practice is limited to formal employment

in reputable private firms or organizations. Information about the prevalence and frequency of these paternity leaves is scarce and requires further investigation. Modifying the laws to indicate that care provisions can apply to working parents, rather than only working mothers, is an important area of improvement that can ignite a change in social norms, and a promotion of the important role of fathers in caring for their children.

2.3 RECOGNIZING UNPAID CARE WORK

Gender and marital status are key determinants of time spent in unpaid care work

Women in Egypt, especially married women, perform the overwhelming majority of unpaid

BOX 2.1: DATA AND METHODS

To analyse unpaid care work, this chapter relies on the Egypt Labour Market Panel Survey (ELMPS), which is carried out by the Economic Research Forum (ERF) in collaboration with the Egyptian Central Agency for Public Mobilization and Statistics (CAPMAS). The analysis uses data from two waves of the ELMPS: 2006 and 2012. The analysis focuses on the working-age population (age 15-64). Both ELMPSs collected individual-level data on weekly hours and minutes spent in unpaid direct and indirect care work during a one-week reference period.

It is noteworthy that the 2006 wave of the ELMPS asked about 13 time-use activities while the 2012 wave combined these activities into only six questions. This potentially underestimates the time spent on unpaid care work in 2012. Therefore, comparisons of time spent on unpaid care work between 2006 and 2012 are not ideal. Also, the domestic work module in the 2006 wave was only asked to men under the age of 18. Therefore, in parts of the analysis where the authors compare men and women's time spent in unpaid work, the 2012 wave is used. Otherwise, all analysis related to women relies on the 2006 wave, primarily because its domestic-work module included a more comprehensive list of care activities. Since the time spent on unpaid care work is largely stable over time,²⁹⁴ the use of the 2006 wave, although less recent, does not bias the results. For further details on the ELMPS, see the Methodological Appendix.

Time spent in paid work and unpaid care work is descriptively analysed by measuring the number of hours per week. The percentage of time spent on unpaid care work is measured as the total hours per week spent on care work divided by the total hours available in a week (168 hours). Unless otherwise specified, the hours of unpaid work are averaged for the entire working-age population (15-64), including those who do not perform unpaid work (i.e. those for whom time in unpaid care activities equals zero hours). Likewise, the hours of paid work are averaged across employed and non-employed individuals. The analysis addresses how women's time spent in unpaid work varies with key socioeconomic characteristics – such as age, educational attainment, household wealth and size, and region. The authors also analyse the effect of having children of different ages on women's time spent in unpaid care work (see the Methodological Appendix for further details). As marriage is a key determinant of women's time spent on care work, the analysis is disaggregated between women who are married and unmarried.

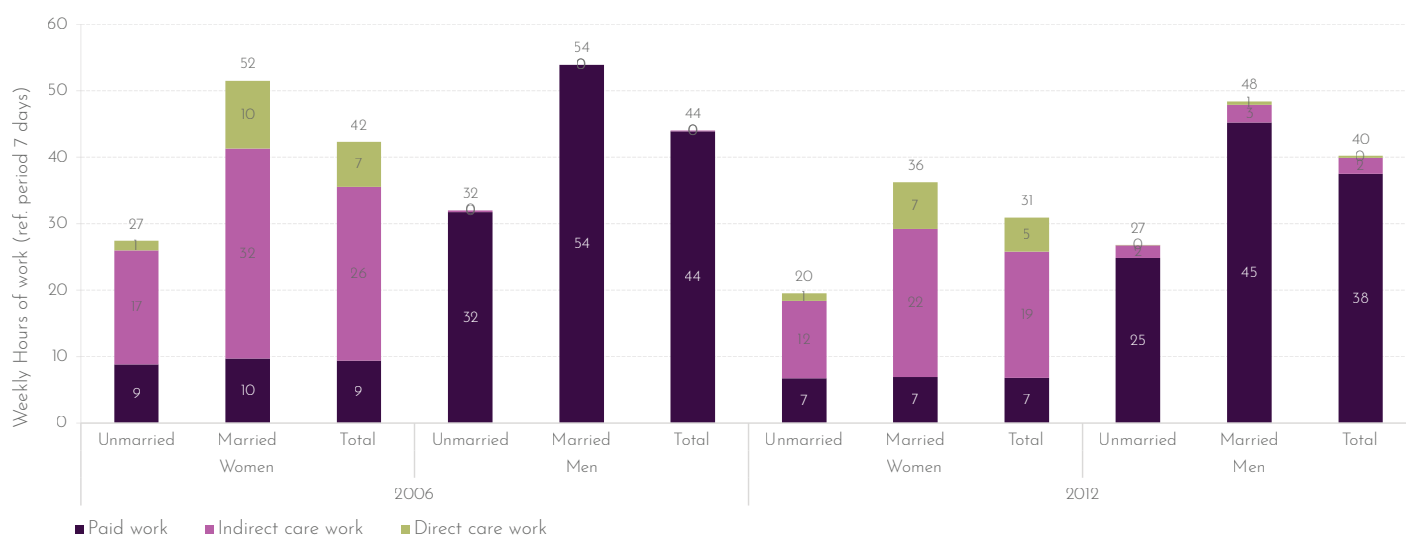
The analysis of the paid care sector relies on Egypt's Labour Force Surveys (LFS), which are nationally representative and quarterly produced by CAPMAS. The yearly, harmonized LFS waves from 2009 to 2017²⁹⁵ are used to analyse the characteristics of paid care workers as well as establishments (workplaces) in paid care sectors. The sample consists of the working-age population (15-64) and the analysis is undertaken separately for men and women working in the public and private sectors. Data are pooled over 2009-2011, 2012-2014 and 2015-2017 in order to have an adequate sample size. The analysis also considers growth in the public and private paid care sectors from 2009-2017.

care work. On average, women spent 33 hours per week doing unpaid care work in 2006 (Figure 2.2). Comparison between women's and men's time-use shows that whereas women, on average, spent 24 hours per week on unpaid care work in 2012, men spent only two hours per week.²⁶⁹ Most of the time spent on such work is on indirect care activities (e.g. cooking, cleaning). In 2006, women spent around 26 hours per week in indirect care work, as opposed to seven hours per week in direct care work (e.g. caring for children and elderly). By contrast, men spent considerably more hours on paid work than women. Men spent an average of 44 hours per week on paid work in 2006, which declined to 38 hours per week in 2012. Women, on the other hand, spent nine hours per week in paid work in 2006, which similarly declined to seven hours in 2012.²⁷⁰ These hours of paid work are averaged across non-employed and employed individuals, which explains why women's time in paid work tends to be low, since the majority of women are not employed. The sharp differences in

women's and men's time spent on unpaid care work and paid work reflect the continued adherence in Egypt to traditional 'male breadwinner-female caregiver' gender roles.

Time spent on unpaid care work also varies substantially with marital status. Married women spent much more time on unpaid care work than unmarried women (Figure 2.3). In 2006, married women spent 42 hours per week doing unpaid care work, while unmarried women spent just 18 hours a week. In 2012, married men spent twice as much time on unpaid care work (4 hours per week) as unmarried men (2 hours per week), although at much lower levels than women who spent 29 hours per week on unpaid care work when married, and 13 hours per week when unmarried. Thus, in 2012, in terms of the gender gap in unpaid care work, married women spent seven times as much time on unpaid work as married men. This difference slightly drops to 6.5 times for unmarried women and men.

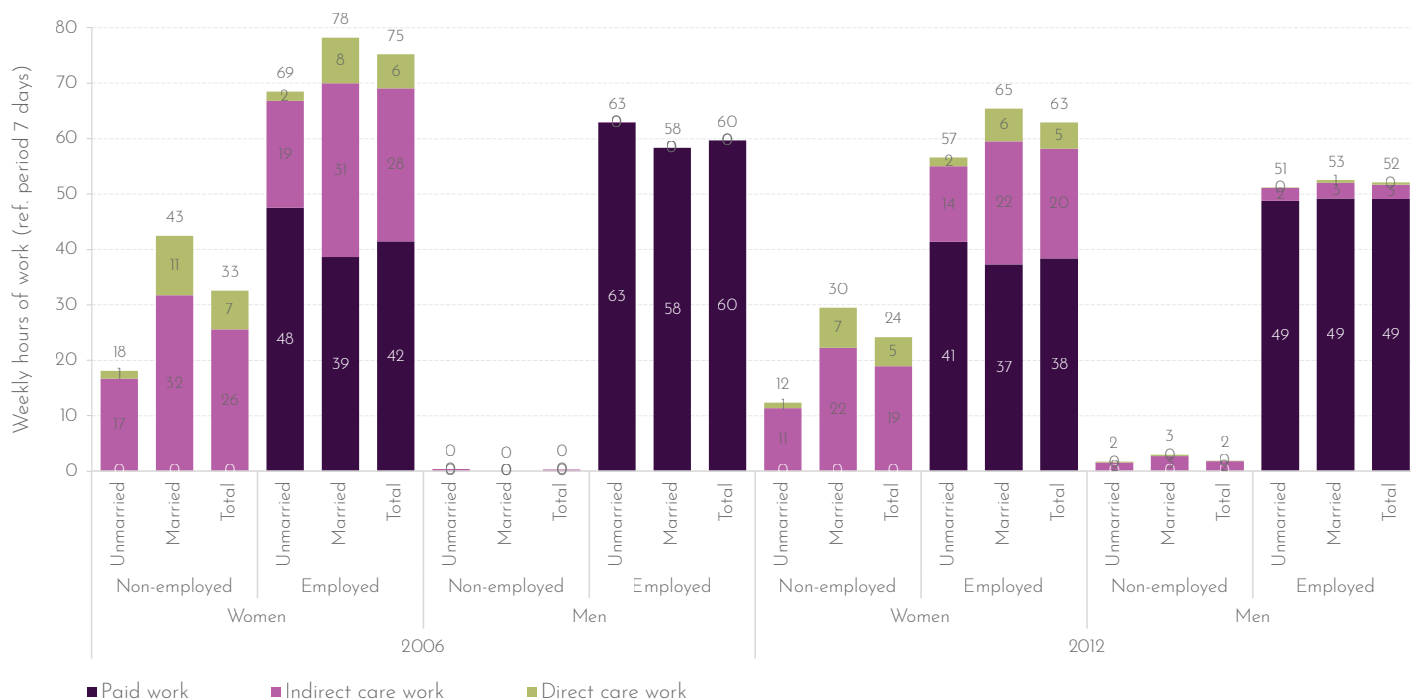
FIGURE 2.2 AVERAGE WEEKLY HOURS OF PAID WORK AND UNPAID CARE WORK (DIRECT AND INDIRECT) BY SEX AND MARITAL STATUS, AGES 15-64, ELMPS 2006 AND 2012



Source: Authors' calculation, based on ELMPS 2006 and 2012.

Note: There is no available data on the time that men spent in unpaid care work in 2006.

FIGURE 2.3: WEEKLY HOURS OF PAID WORK AND UNPAID CARE WORK (DIRECT AND INDIRECT) BY SEX, EMPLOYMENT AND MARITAL STATUS, AGES 15-64, ELMPS 2006 AND 2012



Source: Authors' calculation based on ELMPS 2006 and 2012.

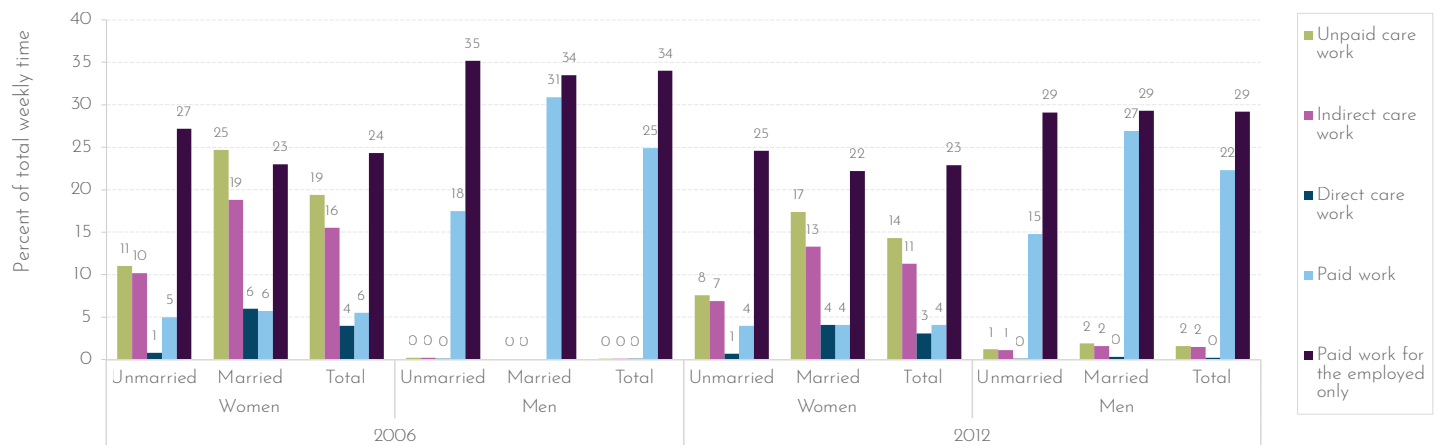
For paid work, there was little variation in the hours of work between married and unmarried women, with unmarried women doing slightly fewer hours of paid work in 2006 (9 hours for unmarried women and 10 hours for married women). For men, marital status strongly affects the number of hours of paid work, with married men spending much longer hours on paid work than unmarried men. In 2006, whereas married men spent 54 hours on paid work per week, unmarried men spent 32. In 2012, paid work hours decreased for both married and unmarried men, while maintaining the same gap. Married men did approximately 20 more hours of paid work per week than unmarried men.

Another striking feature of the gendered division of unpaid care work is that women's time spent on such work does not vary much whether or not they are employed (Figure 2.3). In 2006, employed women spent 34 hours per week while

non-employed women spent 33 hours per week on unpaid care work. Unpaid care work thus acts as a rigid constraint on women's time use. When women engage in paid employment, their hours of total work peak, reaching 75 hours per week in 2006, while employed men worked only 60. This demonstrates the "double shift" that employed women face.²⁷¹ As a result, employed married women spend somewhat fewer hours on paid work per week than employed, unmarried women. Even for women who remain in the labour market after marriage, unpaid care work responsibilities thus serve as a limitation on paid economic activity.

Expressing the results in terms of the percentage of total time spent on all types of work demonstrates the extent to which unpaid care responsibilities also impinge upon women's time for other activities, including leisure and self-care, relative to men (Figure 2.4).

FIGURE 2.4: PERCENTAGE OF WEEKLY TIME SPENT ON DIFFERENT TYPES OF WORK BY SEX, AGES 15-64, ELMPS 2006 AND 2012



Source: Authors' calculation based on ELMPS 2006 and 2012.

Note: Percentage of time is reported out of total hours available in the week (168 hours).

Married women spent the highest percentage of weekly time on unpaid care work (17 per cent in 2012). The share of time men spent on unpaid work, irrespective of their marital status, was negligible. In contrast, the percentage of total time per week devoted to paid work was higher among men than among women, mainly because few women engage in paid work. However, employed married women spent 23 per cent of their weekly time on paid work, in addition to their unpaid care work responsibilities (39 hours) which accounted for almost the same amount of their weekly paid time (23 per cent). Hours spent on work thus represent 46 per cent of employed, married women's total time in a week (not limited to waking hours). This is an important indicator of "time poverty"²⁷² among employed, married women, which limits their ability to engage in other activities, and may be a reason for leaving the labour market.

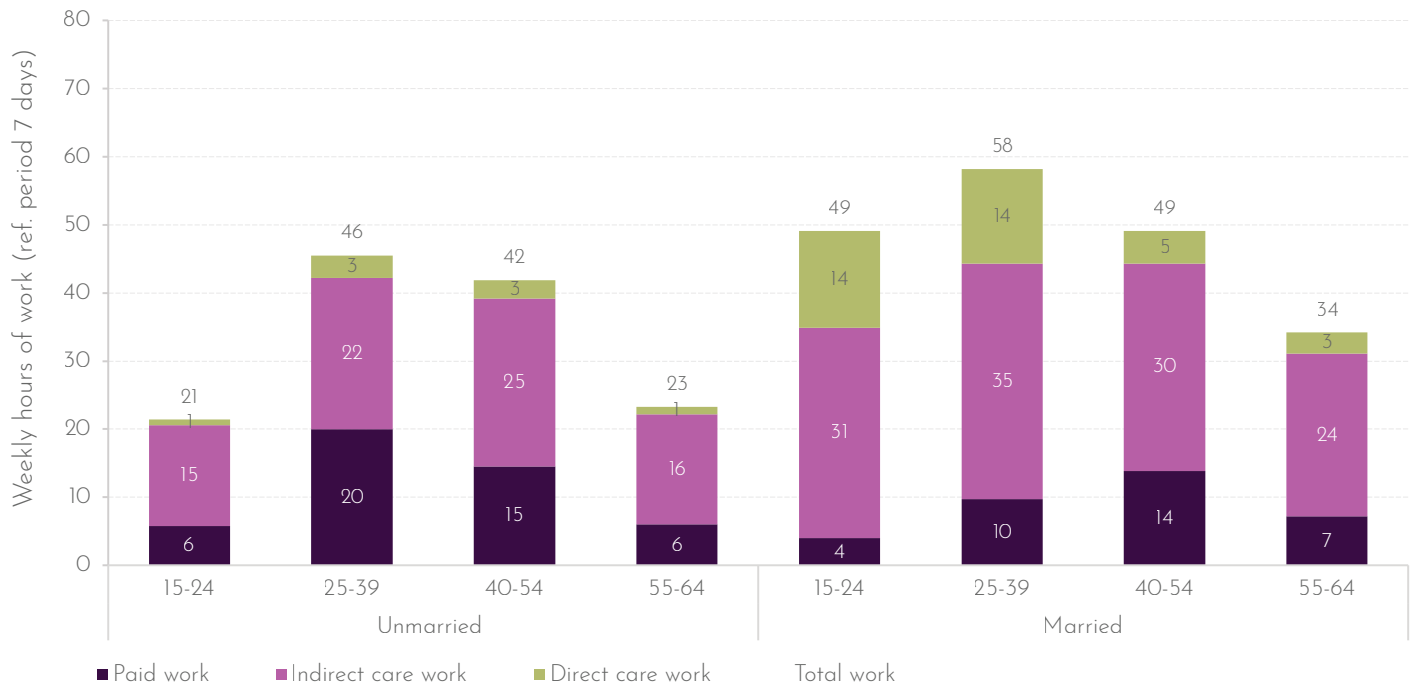
Women's time in unpaid care work and socioeconomic characteristics

While marital status is the key determinant of women's time in unpaid care work, other

characteristics of women and their households also impact their care responsibilities.²⁷³ Unpaid care work is strongly predicted by women's age. Married women aged 25–39 spent the longest hours per week on unpaid care work, at around 49 hours (35 hours on indirect care work and 14 hours on direct care work). Young married women aged 15–24 spent the same number of hours in direct care work (14 hours per week). These age groups cover the peak childbearing years, making them more likely to have small children in the household and thus spend the greatest amount of time on direct care. By contrast, unmarried women in the 25–39 age group spent considerably more time in paid work and less time on unpaid care work, again indicating the extent to which unpaid care responsibilities are a barrier to women's employment.

Married women aged 40–54 spent more time in paid work compared to their married peers in younger or older age groups (14 hours in 2006). This is likely due to the higher propensity of this cohort of women to have public sector employment. Another reason is that children of married women aged 40–54 are probably older, which considerably reduces their hours of unpaid work to 35 hours (Figure 2.5).

FIGURE 2.5 WEEKLY HOURS OF PAID WORK AND UNPAID CARE WORK (DIRECT AND INDIRECT) BY MARITAL STATUS AND AGE GROUP, AGES 15-64, ELMPS 2006



Source: Authors' calculation based on ELMPS 2006.

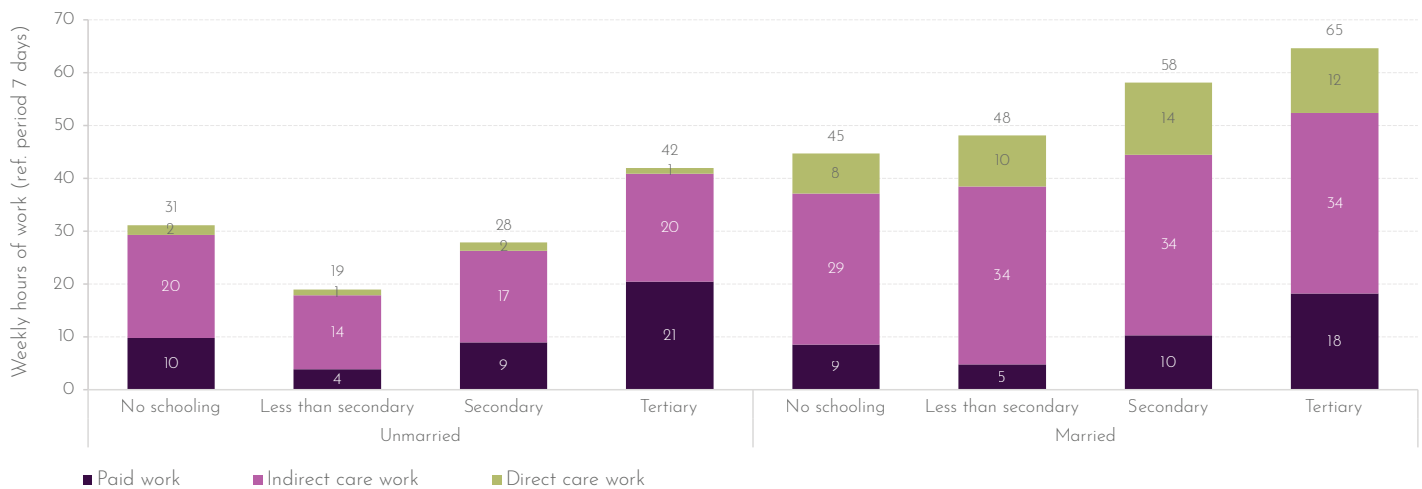
This also eases the time crunch for this age group and enables them to join the labour market.

Time allocation between paid and unpaid work also varies by education level (Figure 2.6). Women with tertiary education spent longer hours per week on paid work, irrespective of their marital status. This reflects the higher propensity to engage in paid work among women with a university education or above.²⁷⁴ Moreover, consistent with the literature, the amount of time that married women spent in direct care work (caregiving for children or elderly) is positively correlated with their education level.²⁷⁵ Married women with secondary and tertiary education spent more time on direct caregiving (14 and 12 hours per week, respectively) than married women with less than secondary (10 hours) or their peers with no education (8 hours). These results could reflect that when the level of education rises, mothers become more aware of the importance of spending time with their children and consequently

spend more time on caregiving. It is also possible that more educated women report more precisely the number of hours spent on such activities.²⁷⁶ An additional reason could be that mothers with higher education spend more time with children on schoolwork.

Given the strong association between household wealth and education, participation in unpaid care work and paid work also varied by wealth. Married women from wealthier households, who are likely to have more education, spent more time on paid work (9 hours per week and 14 hours per week, respectively) than those in the middle wealth quintiles. Married women from the lowest wealth quintile (poorest households) also spent longer hours on paid work (11 hours), likely due to the need to engage in paid employment. Married women from higher wealth quintiles reported spending more time on unpaid care work than women in the first and second quintiles (Figure 2.7). This

FIGURE 2.6: WEEKLY HOURS OF PAID WORK AND UNPAID CARE WORK (DIRECT AND INDIRECT) BY MARITAL STATUS AND EDUCATION, AGES 15-64, ELMPS 2006



Source: Authors' calculation based on ELMPS 2006.

can be attributed to the difference in household composition across wealth quintiles. Poorer households might be bigger, with more female members who can help with some of the domestic activities. These differences could also reflect better reporting of hours of unpaid care work among women in wealthier families.

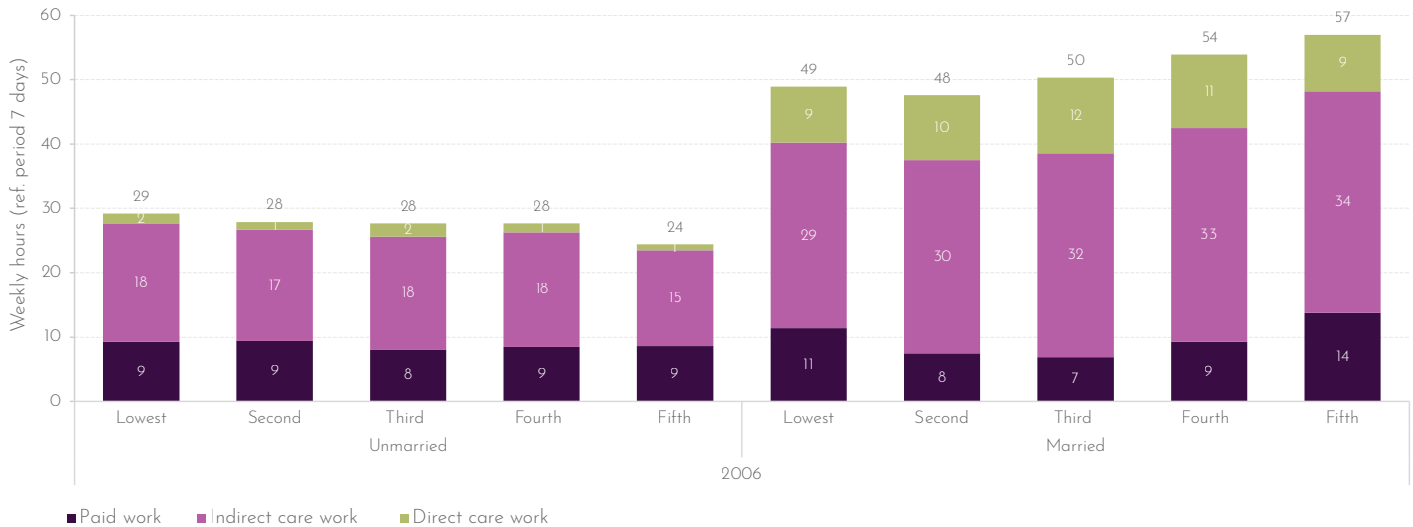
One might expect wealthier households to have greater ability to substitute women's unpaid care labour with paid care substitutes, including domestic work. However, hiring a domestic worker was not common among ELMPS respondents, this being the case in only 2 per cent of households in 2012. Having a domestic worker was associated with fewer hours of indirect care work among women in the household (Figure 2.8). Married women who hired a domestic helper spent, on average, 19 hours per week on indirect care work and 5 hours on direct care work, compared to 22 hours and 7 hours per week among married women with no domestic help, respectively. It is worth noting that in the context of Egypt, many domestic workers are probably not full-time.

The effect of children and the elderly on women's time in unpaid care

This section examines the effect of household structure and the presence of potential care recipients on women's unpaid work. All analyses were conducted by marital status, since unmarried women may spend time caring for younger siblings as well as elderly household members. However, none of the results for the impact of having children in the household on unmarried women's time in unpaid care work were statistically significant, so for these analyses only the results for married women are presented.

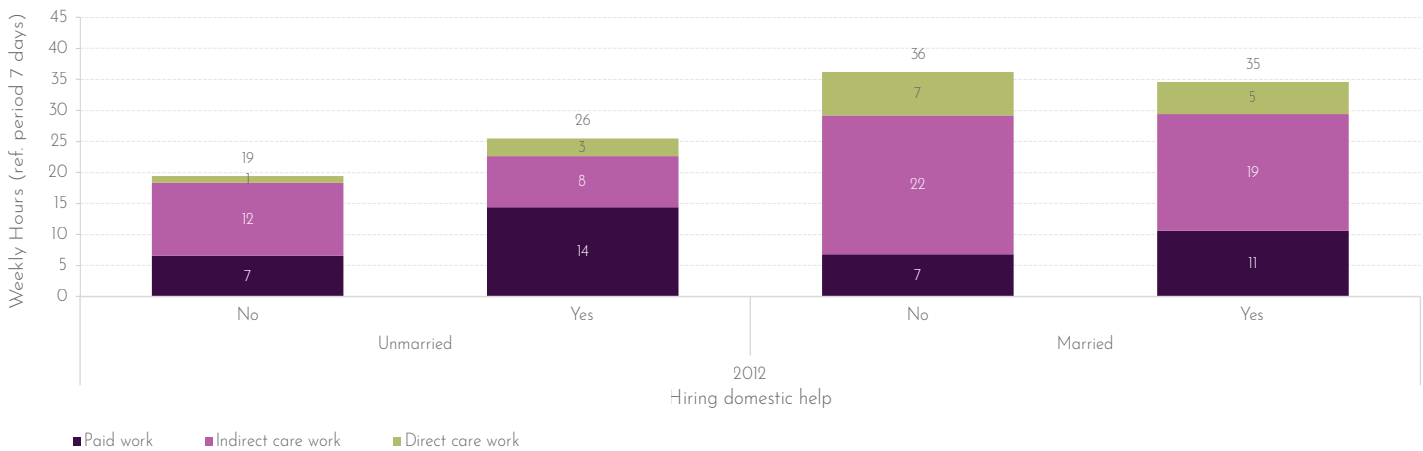
Having a child under the age of 3 in the household had the biggest impact on women's time spent in unpaid care work (Figure 2.9). For married women, it increased that time by 9 hours per week. This additional care time varied by education levels and was particularly great among women with secondary or university education.

FIGURE 2.7: WEEKLY HOURS OF PAID WORK AND UNPAID CARE WORK (DIRECT AND INDIRECT) BY MARITAL STATUS AND WEALTH QUINTILES, AMONG WOMEN, AGES 15-64, ELMPS 2006



Source: Authors' calculation based on ELMPS 2006

FIGURE 2.8: WEEKLY HOURS OF PAID WORK AND UNPAID CARE WORK (DIRECT AND INDIRECT) BY MARITAL STATUS AND HIRING A DOMESTIC WORKER, AGES 15-64, ELMPS 2012



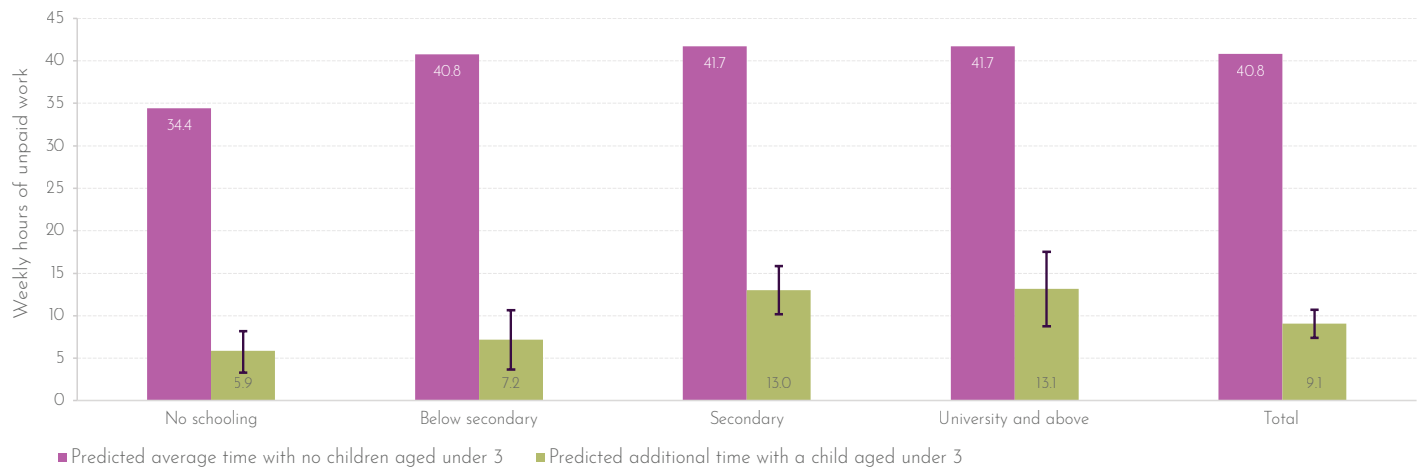
Source: Authors' calculation based on ELMPS 2012.

Note: The 2012 ELMPS is used because the 2006 wave did not include data on hiring domestic workers.

A married woman with no education and one child aged 0–3 spent 5.9 hours per week more on care work than a married woman with no education and no children of that age. By comparison, married women with secondary or university education who have one child aged 0–3 spent 13 hours per week

more on care work than a married woman with the same education but no children of that age. So, holding all factors constant, women with secondary or higher education spend more time caring for small children than those with below secondary or no education.

FIGURE 2.9: PREDICTED ADDITIONAL WEEKLY HOURS OF CARE WORK WITH A CHILD UNDER AGE 3 IN THE HOUSEHOLD, BY EDUCATION, MARRIED WOMEN AGE 15-64, ELMPS 2006



Source: Authors' predictions using ELMPS 2006.

Note: The grey bars indicate 95 per cent confidence intervals on the estimates of additional time.

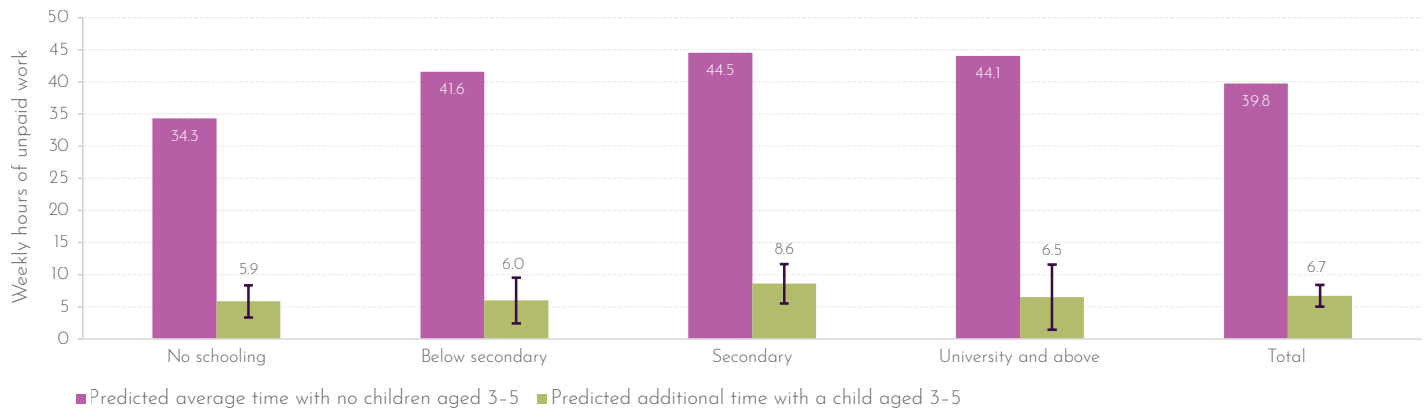
Having one child aged 3–5 in the household also significantly increased married women's hours of care work (Figure 2.10). But the additional time was less than that resulting from the presence of a child under 3, especially for women with secondary or university education. Having a child age 3–5 increased time spent on unpaid work by 8.5 hours per week for women with secondary education and by 6.5 hours per week for women with university education – much less than the 13 additional hours for those with one child aged 0–3. The fact that university-educated women spent less additional time than women with secondary education could reflect their greater propensity to enrol their children in nurseries (for those under 4 years), and preschool education (4–5 years). ECCE enrolment may also explain the somewhat lower impact of children aged 3–5 on women's unpaid care time, as well as the different care needs of this age group.

The effect of having one child of school age (6–17) on women's time spent in unpaid care work was significant only for women with university education (Figure 2.11). They spent 7.1 hours per week more on unpaid care work than their peers with no children in this age group, holding all factors constant.

This supports the idea that women with university education are more likely than women with lower educational attainment to spend more time assisting their children in schoolwork. The impact of having children in this age group on women's unpaid care time may otherwise be small, in part because older children also help out with domestic care tasks.

For both married and unmarried women, time spent on unpaid care work increased significantly if one elderly member (aged 65+) lived in the household (Figure 2.12). Their presence increased the time spent on unpaid care work by 4.5 hours per week among married and 3.6 hours per week among unmarried women. As the elderly population in Egypt is projected to increase substantially over the coming decades, the impact of elder care on women's unpaid care work will become increasingly important, particularly given the dearth of paid care services for the elderly.

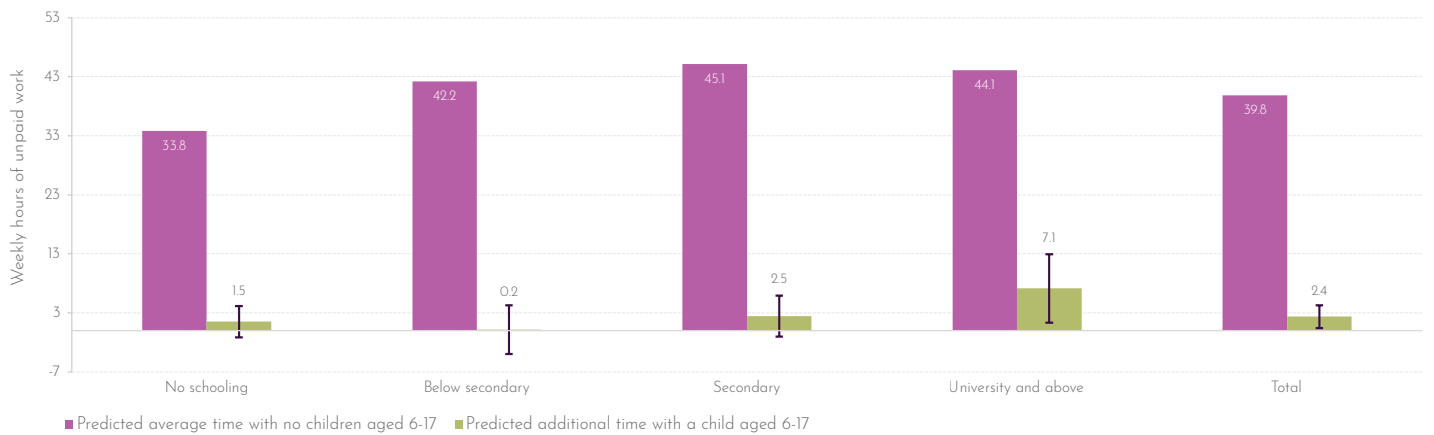
FIGURE 2.10: PREDICTED ADDITIONAL WEEKLY HOURS OF CARE WORK WITH A CHILD (3-5 YEARS) IN THE HOUSEHOLD, BY EDUCATION, MARRIED WOMEN AGED 15-64, ELMPS 2006



Source: Authors' predictions using ELMPS 2006.

Note: The grey bars indicate 95 per cent confidence intervals on the estimates of additional time.

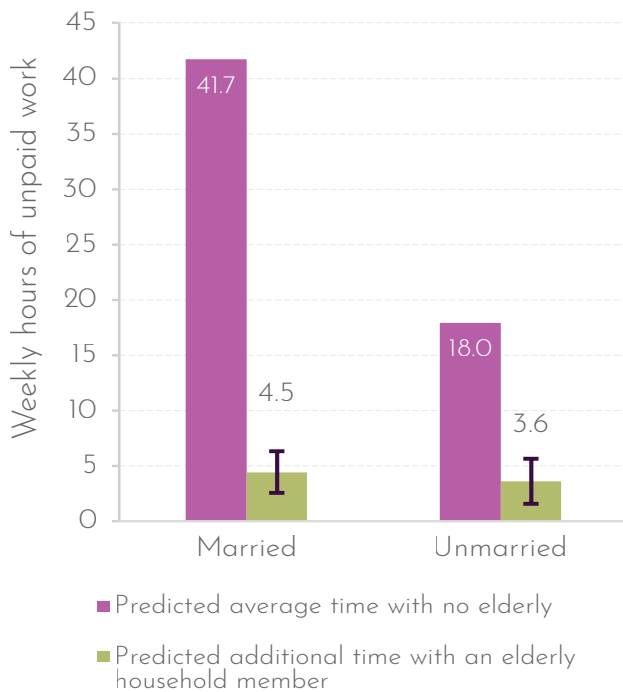
FIGURE 2.11: PREDICTED ADDITIONAL WEEKLY HOURS OF CARE WORK WITH A CHILD (6-17 YEARS) IN THE HOUSEHOLD, BY EDUCATION, MARRIED WOMEN AGED 15-64, ELMPS 2006



Source: Authors' predictions using ELMPS 2006.

Note: The grey bars indicate 95 per cent confidence intervals on the estimates of additional time.

FIGURE 2.12: PREDICTED ADDITIONAL WEEKLY HOURS OF CARE WORK WITH AN ELDERLY IN THE HOUSEHOLD, BY MARITAL STATUS, WOMEN AGED 15–64, ELMPS 2006



Source: Authors' predictions using ELMPS 2006.
 Note: The grey bars indicate 95 per cent confidence intervals on the estimates of additional time.

2.4 CHARACTERISTICS AND GROWTH OF THE PAID CARE ECONOMY

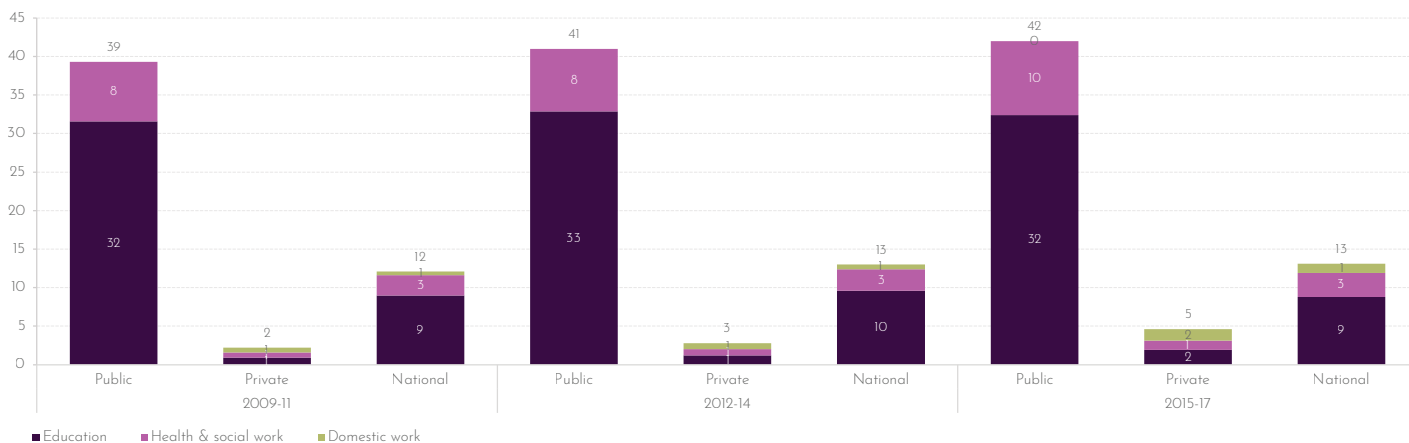
This section examines the paid care economy – which consists of education, health, social care and domestic work – analysing the size and characteristics of these sectors. The generally strong growth in the private care sector between 2009–2017 may indicate that it is increasingly providing alternatives to public care services in education, health and social work. This trend has important implications not only for women's employment opportunities, but also the availability

of paid care services. The upside of this trend is the potential role of care jobs as a job-creation engine in the private sector, especially for women. Yet, it seems that unmarried women are the most likely to benefit from this growth in private sector care jobs, possibly because of deteriorating working conditions and job quality. Thus, the focus should be on how to improve working conditions in the private sector. Also, the greater role of the private sector in care-provision would benefit those who can afford these paid services, whereas poorer families would potentially be left out, leading to rising inequalities. This raises the question: What are adequate forms of State intervention to strengthen care services and create decent jobs for women?

Employment in Egypt's paid care sector hovered around 12–13 per cent of total employment between 2009 and 2017.²⁷⁷ Care employment makes up a tiny share in the private sector (2–5 per cent), whereas it represents around two-fifths (39–42 per cent) of public sector employment (Figure 2.13).

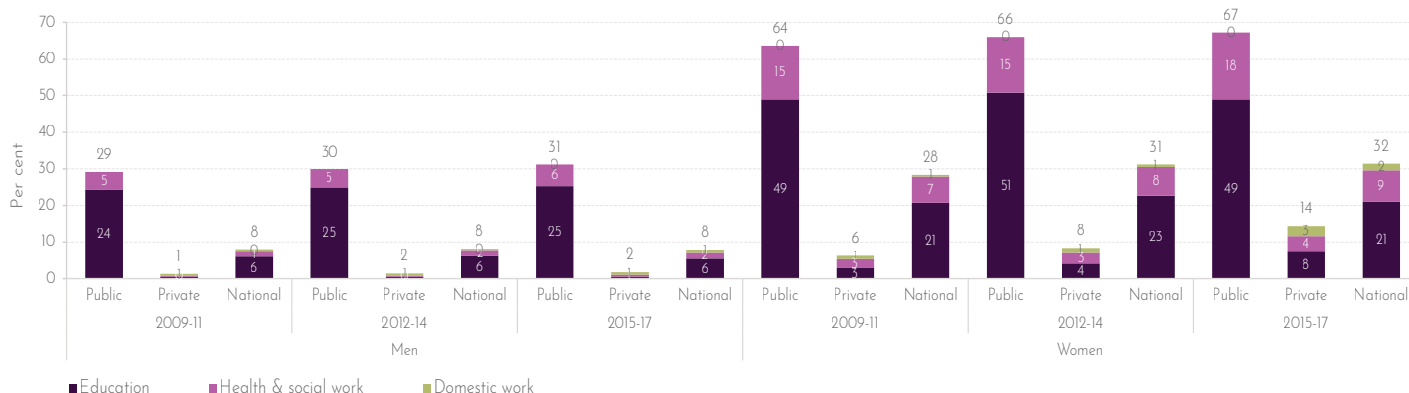
Disaggregating by sex reveals that women were almost four times more likely than men to work in the paid care sector. Between 2009 and 2017, around 28–32 per cent of employed women worked in the paid care sector, compared to around 8 per cent of employed men (Figure 2.14). Men employed in the paid care sector represent less than a third of the public sector male workforce (around 29–31 per cent), compared to around 1–2 per cent of the private sector male workforce. Meanwhile, two-thirds of women employed in the public sector work in the paid care sector (64–67 per cent) compared to 6–14 per cent of women employed in the private sector. It is noteworthy that women employed in the private sector became twice as likely in 2015–2017 to work in paid care jobs (14 per cent) than in 2009–2011 (6 per cent). This notable growth suggests that the care sector can be an important source of private sector job opportunities.²⁷⁸

FIGURE 2.13: THE SIZE OF THE CARE SECTOR AS A PERCENTAGE OF TOTAL EMPLOYMENT BY INSTITUTIONAL SECTOR, LFS 2009-2017



Source: Authors' calculations based on LFS 2009-2017.

FIGURE 2.14: THE SIZE OF THE CARE SECTOR AS A PERCENTAGE OF TOTAL EMPLOYMENT BY INSTITUTIONAL SECTOR, LFS 2009-2017



Source: Authors' calculations based on LFS 2009-2017.

Increasing private sector care provision

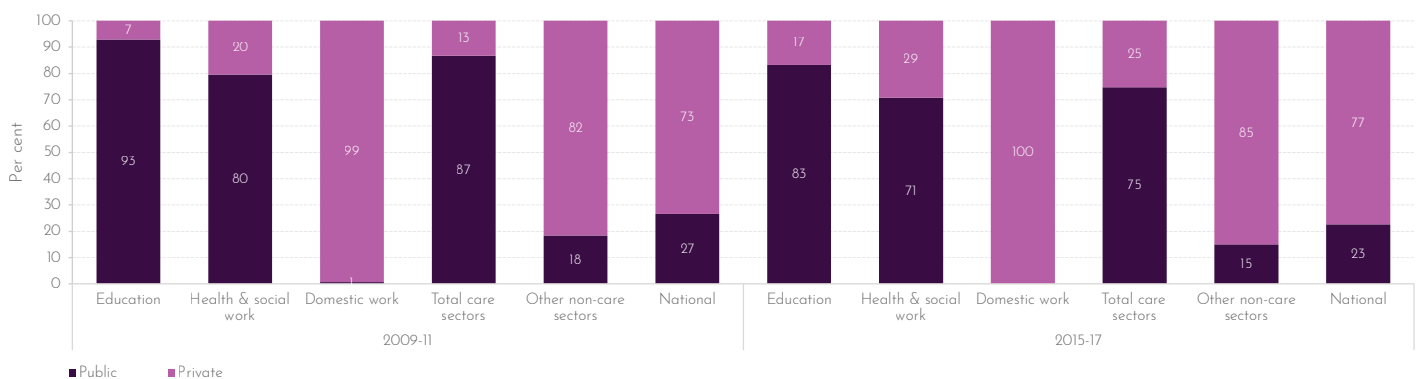
Most paid care jobs (75 per cent) are concentrated in the public sector. Yet the share of the private sector in total care jobs grew substantially from 13 to 25 per cent during 2009-2017 (Figure 2.15). Moreover, private sector employment grew faster in paid care sectors (by 13 per cent per year) than in non-care sectors (which grew 1.8 per cent per year). Among paid care sectors, it was education that exhibited the fastest growth, rising at 15 per

cent a year, followed by health and social work which grew at 10.1 per cent.

Feminization of the paid care sector took place faster in the private sector

Within paid care employment, women became more concentrated in the private sector than in the public sector due to such rapid growth in private sector care jobs.

FIGURE 2.15: THE SECTORAL COMPOSITION OF PAID EMPLOYMENT BY INDUSTRY, LFS 2009-2017



Source: Authors' calculations based on LFS 2009-2017.

Not only was the proportion of women in care jobs higher than average in the private sector, it also became higher than that in the public sector. In 2015–2017, while women represented around 18 per cent of overall private sector employees, they represented 63 per cent of the care workforce in the private sector (up from 49 per cent in 2009–2011). Conversely, the proportion of women employed in the public care sector hovered around 48 per cent (Figure 2.16).

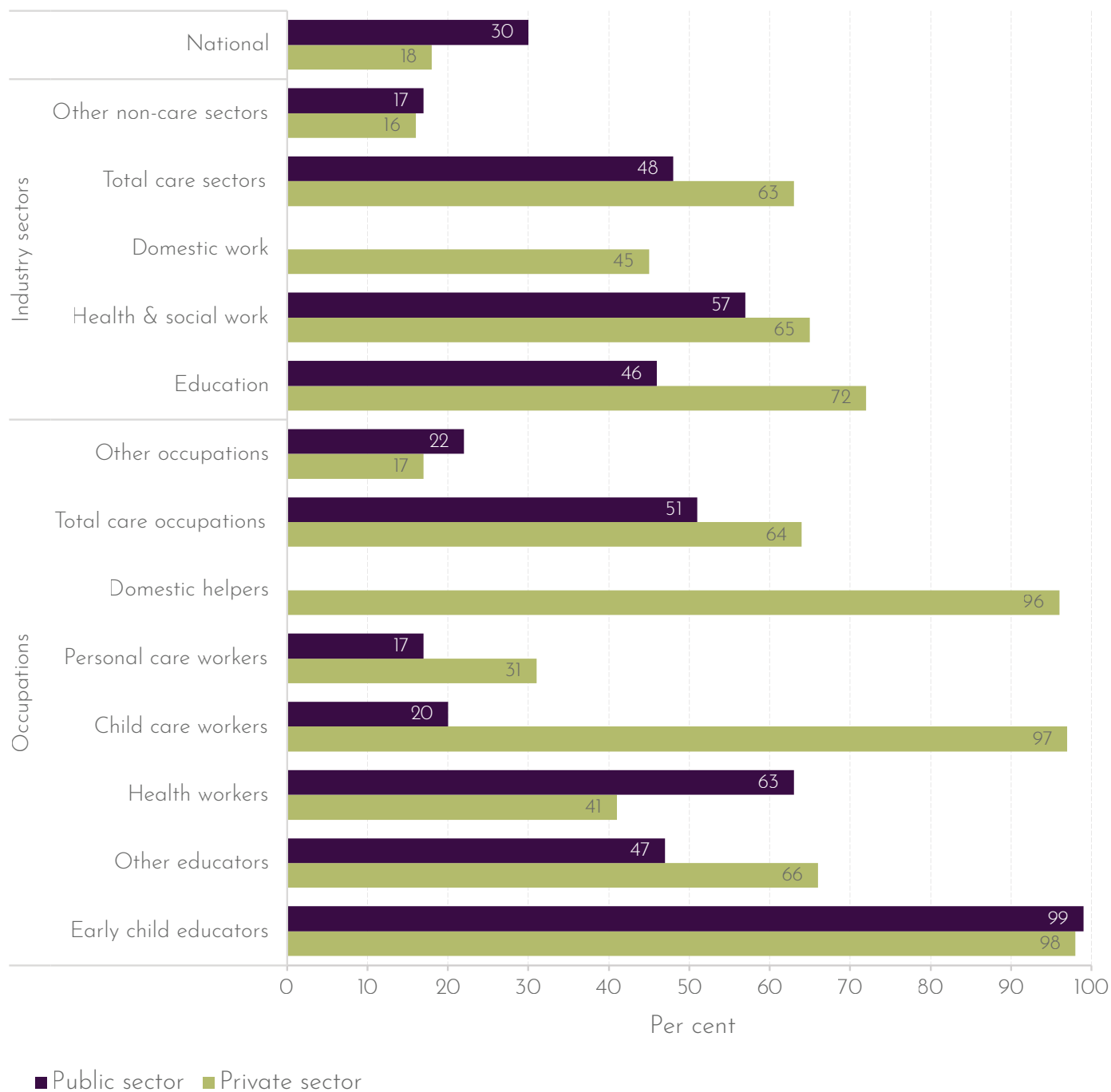
In the private paid care sector, women were mostly employed in pre–primary and primary education mainly as early childhood educators and childcare workers, likely because this sector better suits their domestic responsibilities in terms of hours of work, the nature of workplaces, and eventually regular vacations. It is also possible that this sector indirectly offers women the opportunity to arrange for childcare, since women can enrol their children in pre–primary and primary education institutions. Employers may also prefer to hire women for positions in pre–primary and primary education due to the stereotypical association of childcare with women's gendered care roles. Health, nurseries and domestic work represented the next-largest care sectors, after education, where women were most likely to be employed in the private sector. While concentrated in education for young

children, women do participate in a range of care occupations and sectors that have potential for growth.

The care sector has driven the increase in women's private sector employment

Women experienced faster employment growth in the private sector than men over the 2009–2017 period, primarily due to their accelerated employment growth in care jobs (Figure 2.17). Women's employment in the private paid care sector increased at an annual rate of 17.1 per cent, compared to an annual growth rate of 2.0 per cent in non–care sectors. Figure 2.17 shows the care industry groups that exhibited the fastest employment growth among men (Panel A) and women (Panel B). There was particularly rapid growth in women's employment in higher education (35.4 per cent per year), secondary education (21.1 per cent), pre–primary and primary education (17.5 per cent) and domestic work (23 per cent). For men, the number of jobs in the private sector also expanded faster in the paid care sector (at 7.5 per cent yearly) than non–care sectors (at 1.8 per cent). Yet, overall, men's employment in the private sector grew at 1.9 per cent a year, versus 3.5 per cent for women.

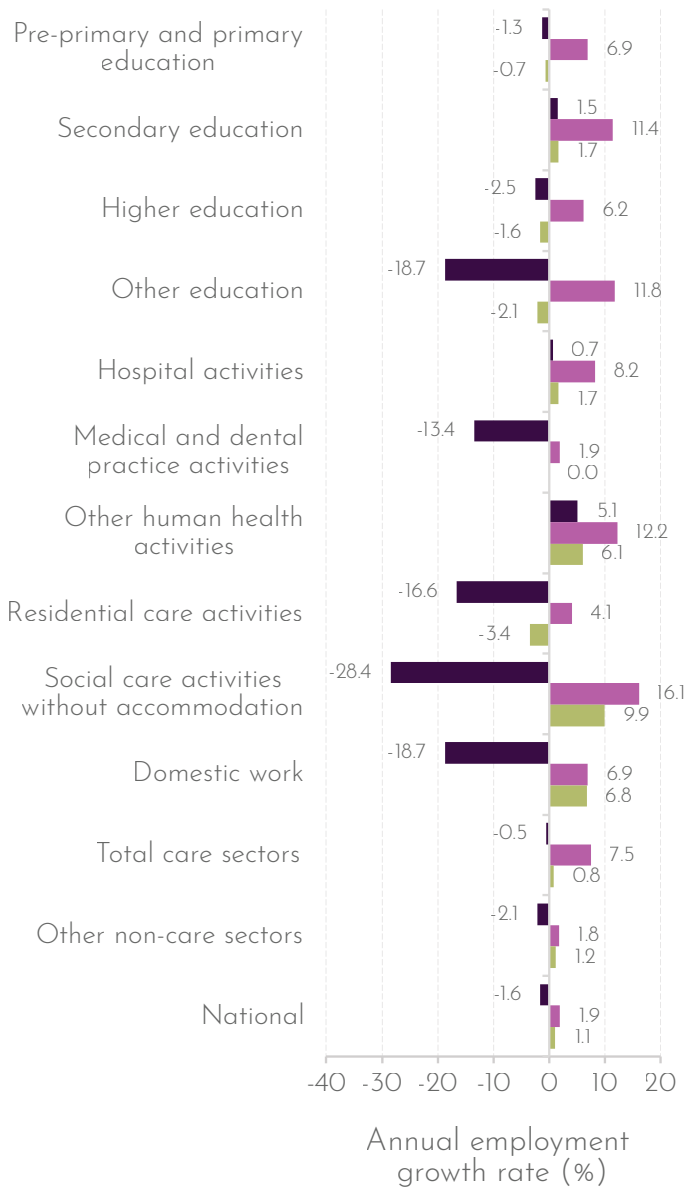
FIGURE 2.16: THE PROPORTION OF WOMEN BY CARE SECTOR/OCCUPATION AND INSTITUTIONAL SECTOR, AGES 15-64, LFS 2015-2017



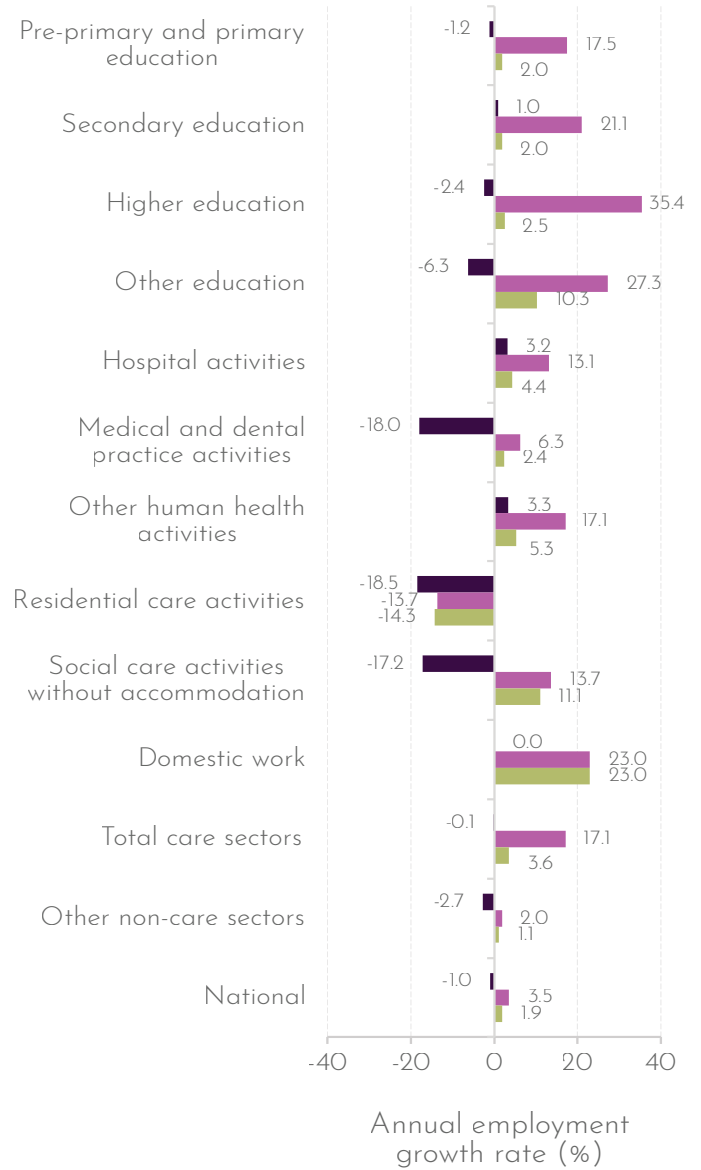
Source: Authors' calculations based on LFS 2009-2017.

FIGURE 2.17: ANNUAL EMPLOYMENT GROWTH RATE BY INDUSTRY GROUP AND INSTITUTIONAL SECTOR FOR MEN AND WOMEN BETWEEN 2009-2017, LFS

PANEL A: MEN



PANEL B: WOMEN



■ Public ■ Private ■ National

■ Public ■ Private ■ National

Source: Authors' calculations based on LFS 2009-2017.

The feminization of the private sector happened mostly among unmarried women

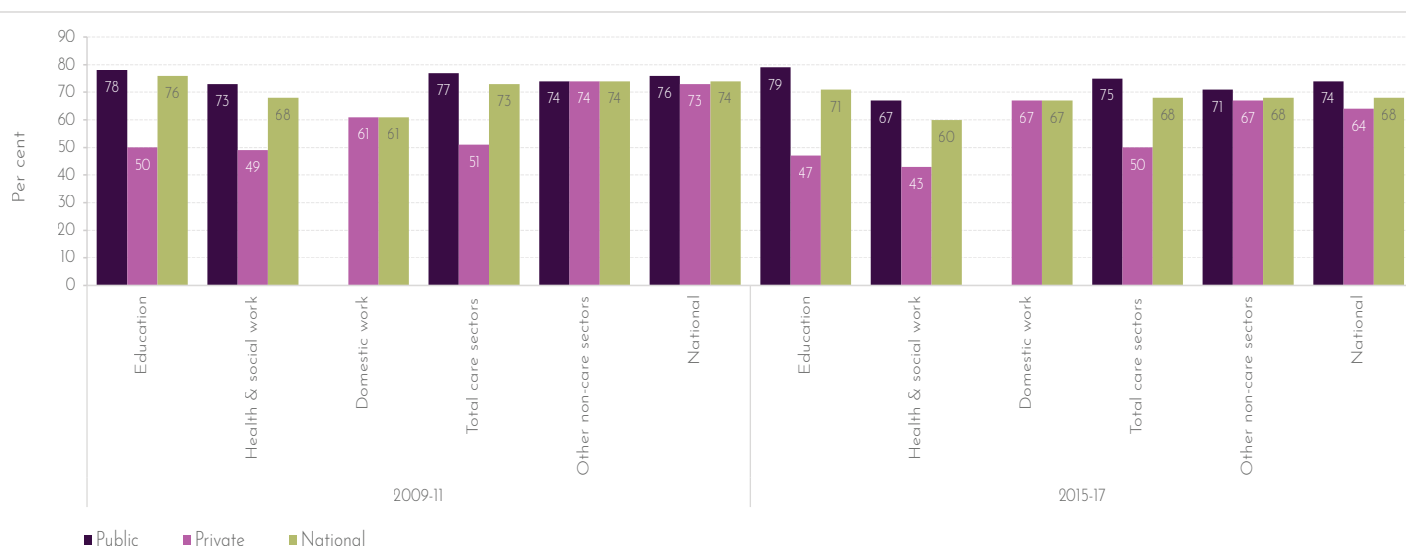
Married women are not likely to benefit from the increased propensity for women to work in the private sector overall, and in the paid care sector in particular. While the proportion of female employees in the private sector increased, the proportion of those who are married among employed women declined substantially, from 73 per cent in 2009–2011 to 64 per cent in 2015–2017 (Figure 2.18). Women employed in the private paid care sector are much less likely to be married (from 51 to 50 per cent between 2009–2011 and 2015–2017) than women in the public paid care sector (77 to 75 per cent). This means that the increase in women’s employment in the private sector in general, and in the paid care sector in particular, happened mostly among unmarried women, while there are still barriers to married women’s employment in the sector.

Worsening job quality in paid care sectors

The lower participation of married women in private sector care work may be related to job quality, which is an important determinant of employment decisions among married women in particular.²⁷⁹ One important indicator of job quality is formality, defined through the presence of a work contract or social insurance enrolment. Private sector jobs are more formal in the paid care sector than in non-care sectors. Figure 2.19 shows the proportion of formally hired workers by industry in the private sector only, since almost 100 per cent of workers in the public sector are formal. By 2015–2017, around 51 per cent of workers in the paid care sector were formally employed, versus 23 per cent of private sector workers in non-care sectors.

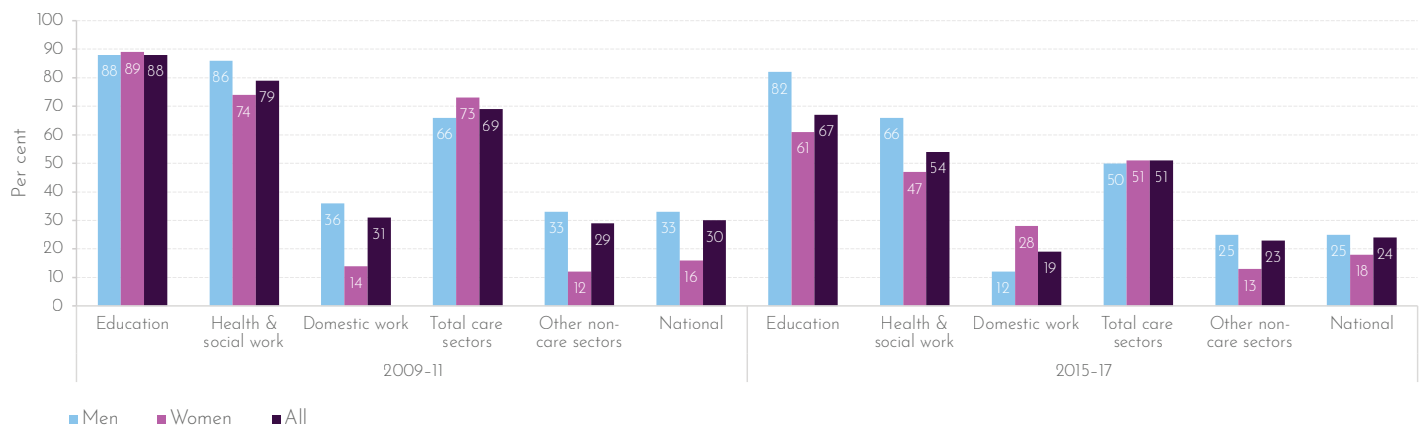
The proportion of workers who were formally employed in the private sector as a whole was higher among men (25–33 per cent) than among women (16–18 per cent).

FIGURE 2.18: THE PROPORTION OF THOSE WHO ARE MARRIED AMONG EMPLOYED WOMEN BY INDUSTRY SECTION AND INSTITUTIONAL SECTOR, LFS 2009-2017



Source: Authors’ calculations based on LFS 2009–2017.

FIGURE 2.19: THE PROPORTION OF FORMALLY EMPLOYED WORKERS BY SEX AND INDUSTRY SECTION IN THE PRIVATE SECTOR, LFS 2009-2017



Source: Authors' calculations based on LFS 2009-2017.

In care sector jobs, the proportion of formal workers was much higher for both men and women (66 and 73 per cent respectively in 2009–2011). Yet over time, women experienced a sharp drop in their chances of getting a formal job. The proportion of formal female workers fell to 51 per cent during 2015–2017 – a drop of almost 20 percentage points. Pre-primary, primary and higher education experienced one of largest declines in the proportion of formal workers over time, even though these were the fastest-growing industry groups. Social care activities without accommodation, being the third-largest employer of women in the private care sector, also became much less likely to offer formal jobs.

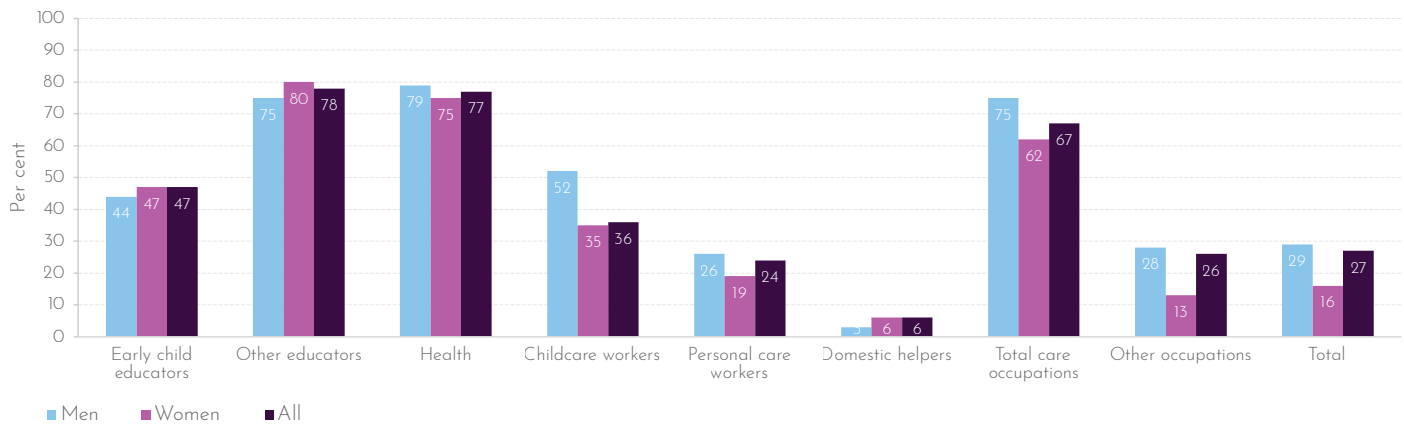
Although women became more likely to work in the private paid care sector, which increased their participation in the private sector overall, these expanding industries became less likely to offer formal jobs. Meanwhile, the proportion of married women in these expanding industries fell, also below the national average.

A number of factors could explain these findings. The deterioration of job quality in care jobs may lead married women to withdraw from the

labour market, in anticipation of increased child responsibilities, given that they expect to receive no benefits in a highly informalized work environment. Another factor relates to differences in labour law enforcement or compliance rates across industries. Care sectors were much more likely than other sectors to offer formal jobs as of 2009–2011, indicating that establishments in these sectors might be more compliant with labour laws. In light of labour market regulations, the recruitment of married women is associated with higher costs for employers than the recruitment of unmarried women. Therefore, employers who comply with labour law may prefer not to hire married women due to the associated costs. Another possibility is that employers still expect women to quit when they marry.

It is important to note that job quality varies substantially within care jobs (Figure 2.20). Some groups of workers are considerably less likely to have formal work, such as domestic women workers (only 3 per cent), personal care workers (19 per cent), and childcare workers (35 per cent). This reflects the vulnerability of these groups of care workers, not all of whom enjoy good working conditions or better job quality.

FIGURE 2.20: PROPORTION OF FORMAL WORKERS BY SEX AND BY CARE OCCUPATIONS IN THE PRIVATE SECTOR, LFS 2009–2017



Source: Authors' calculations based on LFS 2009–2017.

Without appropriate measures to improve the working conditions and to ensure decent work, increasing reliance on private care services would lead to more women abstaining from the labour market.

2.5 FROM KEY FINDINGS TO INFORMED POLICY RECOMMENDATIONS

Summary of key findings

Unpaid care work

Women in Egypt perform the vast majority of unpaid care work, which consumes an important proportion of their time that could be allocated to paid work, education, leisure, self-care activities, or other pursuits. Women also spend considerably more time than men on unpaid care, reaching up to 33 hours per week in 2006, which is nearly the equivalent of a standard paid working week. Most of the time spent on unpaid care work is spent on

indirect care activities (e.g. cooking, cleaning). Marriage is the key determinant of how much time women spend on unpaid care activities, with married women spending twice as much time as unmarried women. This reflects social obligations on married women and the widespread adherence to 'male breadwinner–female caregiver' inspired gender roles.

Another critical finding is that women spend almost the same amount of time on unpaid care work when they are employed in the paid labour force as when they are not. This demonstrates the double burden that employed married women face in Egypt.²⁸⁰ Employed married women perform the highest number of hours per week of total work (between paid work and unpaid care work), far exceeding the number of hours of their male peers. The double burden is thus an important barrier to women's participation in the labour force and will continue to be unless policy measures are taken to reduce indirect care work and redistribute women's unpaid care responsibilities.

Women's time spent on unpaid care work also depends on family structure and the presence

of care recipients such as young children or the elderly. The largest effect on married women's time use results from having a child aged 0–3 or 3–5 in the household. This is an area that needs further research, but that highlights the potential for expansion of quality ECCE services, not only to improve children's development outcomes but to redistribute some of the responsibility for unpaid care towards paid care services.

Efforts to increase pre–primary education for children aged 4–6 have been successful in Egypt, as demonstrated by increasing net enrolment rates in ECCE for this age group. This trend has had a positive effect on the size of the care sector, where employment in pre–primary education in the private sector has rapidly increased. Yet, the enrolment rate of children aged 4–6, at 26 per cent in 2017, is far from universal. Furthermore, the number of nurseries grew more slowly than the number of children under 3. Little is known about the reasons of such slow growth and generally the different modalities of nurseries, cost structure, and variation in access. A market study of ECCE, including informal nurseries, is strongly needed to bridge the gap in knowledge and better inform policymaking on how to expand quality childcare facilities. Developing ECCE provisions, through quality nurseries and pre–primary education, can have positive child effects, but also can enable women to engage in paid work through redistributing their time in care work or by providing employment opportunities for women in the ECCE sector.

The paid care sector

As women perform most of the unpaid care work, they are also more likely to perform paid care work. Women were almost four times more likely than men to be employed in the paid care sector. Employment in paid care sectors is mostly concentrated in the public sector. However, private

sector employment in paid care grew considerably between 2009–2017, from 13 to 25 per cent of all care–sector jobs. During this period, private sector employment grew faster in paid care sectors than in the rest of the economy. This led to an expansion in the share of care employment in the private sector and demonstrates the potential for the care sector to be a major driver of private sector employment growth.

Within care jobs, the private sector became more feminized than the public sector. Not only is the proportion of women in care occupations higher than average in the private sector, it is also higher than that in the public sector. Over time, the proportion of women employed in the private sector has also grown faster in paid care sectors than in non–care sectors. Given the weak participation of women in Egypt's private sector in general, the care economy can be an important source of expanding job opportunities for women. Yet, while being the largest employer of women and the one with highest formality rates, the care sector experienced deteriorating job quality – captured by rising informality. Thus, any expansion of the paid care sector must focus on job quality. Efforts to reverse the trend of declining job quality are critically needed to encourage the expansion of decent care jobs. Also, there is a strong association between working conditions in paid care jobs and the quality of service provided. While there is little information on the quality of ECCE and elder–care services, worsening job quality may indicate heightened quality issues in ECCE provision as well.

Another development is that the proportion of married women in the expanding private paid care sector fell. This is either because labour market regulations lead to higher costs to employers when they recruit a married woman than an unmarried one, or because married women abstain more from the labour market as they fail to find formal jobs in the private sector. Thus, reforms should be centred around how to improve private sector working

conditions and job quality – including working hours, care provisions, social security benefits and safety of workplaces – to make such work more hospitable to women, and reconcilable with domestic care responsibilities and social values. There are many dimensions to ensuring decent work in the labour market generally, and in the paid care sector particularly. It is crucial to fix the structural problems of the labour market, namely deterioration of the business climate, high taxes/ social security contribution rates, and limited access to finance that micro-, small- and medium-sized enterprises suffer – as these types of enterprises are likely to constitute the majority of nurseries and elder-care facilities. Also, interventions to ensure quality in nurseries are needed, a reform that MoSS has already started piloting.

Policy recommendations

Addressing gender imbalances in unpaid care work and investing in the paid care sector is expected to affect women's economic empowerment and reduce gender disparity in the Egyptian labour market. It is estimated that increasing female employment rates in Egypt to match male employment rates would result in an increase of 34 per cent in the Gross Domestic Product (GDP).²⁸¹ The policy actions suggested by this chapter provide a framework for accelerating the achievement of SDG 5 “Achieve gender equality and empower all women and girls”. The policies are structured under the ‘5R Framework for Decent Care Work’, which seeks to: recognize, reduce and redistribute unpaid care work; reward paid care work, by promoting more and decent work for care workers; and guarantee care workers’ representation.²⁸² Failing to recognize and redistribute unpaid care work, reduce indirect care work, and promote decent care jobs, will affect women’s participation in the labour force, leading

to a loss of human capital and skills that will also take its toll on the growth of the economy.²⁸³

Expand quality Early Childhood Care and Education services

In addition to its importance in children’s development and potentially improving future educational outcomes, expanding quality ECCE is necessary to redistribute the amount of unpaid care work undertaken by women, which is most intensive when women have young children. Expanding quality ECCE services would give women choices for childcare, thus enabling them to join the labour market, while providing *nurturing* care for young children.²⁸⁴ The challenges that women currently face in arranging for childcare due to lack of quality or affordability, especially for children aged 0–5, will eventually push more employed women to leave their jobs, and discourage non-employed ones from seeking employment. Without careful policy design of ECCE provisions and without guaranteeing a minimum level of quality, efforts to expand ECCE could lead to undesirable effects. In Algeria, rapid mandatory expansion of public KG2 classes actually reduced female labour force participation.²⁸⁵ This was likely because public pre-primary education was introduced as a half-day shift and thus did not match the needs and schedules of employed women.²⁸⁶

A strong regulatory framework, in terms of quality, monitoring and governance, can play an important role in reducing unpaid care work and creating an enabling environment for the private sector to invest in high-quality ECCE services. Such a framework is much needed to create decent job opportunities for women in the ECCE sector, with equitable wages and working conditions. Accordingly, the Government of Egypt should build on the ongoing reforms introduced by MoSS

to review regulations and licensing procedures for nurseries, while adopting and maintaining a rigorous monitoring and accreditation system to check their quality standards.

Direct public ECCE provision is not promising in this area, given the low quality of Egypt's public education, as measured by the WEF Global Competitiveness Index 2017–2018. Countries that have adopted public provision in ECCE services (e.g. Chile in 2006) ranked much better in the quality of primary education (Chile was ranked 103rd, compared to Egypt's 133rd ranking among 137 nations). Thus, the success of public provisions strongly hinges on the quality of public education. Yet, public financing is certainly important. A key policy action is to create programmes that incentivize private sector investment in care institutions and encourage businesses to establish nurseries at workplaces through tax deductions or preferential pricing of utilities. This could also help the private sector provide better quality jobs by alleviating hiring costs.

Moreover, any expansion in the number of childcare institutions should be accompanied with means to facilitate access of children from poor families. This is crucial to reduce gender and social inequalities and break the cycle of intergenerational poverty. Subsidizing quality childcare for the poor is an important area for public interventions to support the outreach of ECCE services to different vulnerable groups. Children from wealthier families are six times more likely to enrol in pre–primary education than those from poorer families, negatively affecting the latter's chances for strong early childhood development and the opportunities of their mothers to engage in paid employment.²⁸⁷ Evidence from Kenya shows that offering subsidized early childcare can positively affect women's employment and economic participation.²⁸⁸ Such

interventions could also ensure that reliance on private services does not exacerbate gender or socioeconomic inequalities.

Develop a national strategy for elder care

Public and private provision of elder care in Egypt is quite underdeveloped (as it currently reaches just 2 per cent of the elderly population). Moreover, information and data about this sector is scarce and often contradictory. Yet, it is one of the most important areas of improvement because the elder population will continue to grow considerably in Egypt in the coming decades. Without policies to develop adequate elder-care services, this expected increase will lead to higher unpaid care workloads. This chapter demonstrates that this workload will fall primarily on both married and unmarried women, whose additional unpaid care time rises significantly with the presence of an elderly member in the household. More efforts are thus needed to develop and strengthen policies to support the growing elderly population. First, it is important to address the falling rates of workers covered by social insurance to ensure a decent level of pension coverage in old age. The new social insurance scheme, introduced in 2019,²⁸⁹ is the first reform measure to curb the rising proportion of socially uncovered workers. Second, there is a strong need to expand high-quality residential and non-residential care services for the elderly. This could be achieved by encouraging the private sector to invest in these services by improving the business climate, simplifying tax procedures, and providing access to adequate funding. Another area of action is to encourage and promote professional nursing, so as to increase the availability of quality home-based care services.

Implement family-friendly labour market regulations for care leave and flexible work

Women's care responsibilities shape their decisions regarding paid employment. As a result, family-friendly policies aimed at redistributing unpaid care work should include labour market regulations that promote flexible and part-time work arrangements to improve work-life balance, particularly for married women. However, labour market provisions that only apply to women can be costly to employers and might discourage employers from recruiting women. For example, the current labour law stipulates that employers must establish a nursery once they hire 100 female workers or more. This may be one of the reasons that the share of employer-initiated nurseries does not exceed 2 per cent of total nurseries, as this policy has probably disincentivized employers from hiring more than 99 female workers. Thus, although the policy aimed to help employed women, it actually may have unintentionally curtailed their chances of employment. A reform such as that recently implemented in Jordan, which based the requirements for opening a nursery on the total number of young children of all employees, rather than just female employees, could help to reduce this disincentive.²⁹⁰

Care leaves, including paternity or parental leave, constitute an important pillar for any comprehensive approach to care policy. Maternity leaves, which are currently financed by the employer, may also discourage employers from hiring women. Accordingly, there is room to restructure the financing scheme of maternity leave to move from a system that puts the main liability on employers and reduces incentives for hiring women, to a maternity insurance system. Yet, such reforms still have to be evaluated. Moreover, some legal provisions could leave room for discrimination against hiring pregnant women, or to terminate

the work of pregnant women. The solution to these policy gaps is not to add more provisions that apply to women only, as this would further discourage women's employment. Rather, solutions should be geared towards resolving the main bottleneck – the cost of hiring women – by encouraging the private sector to invest in care but maintain the quality of jobs and promote work arrangements compatible with care roles and responsibilities. Care leaves and related provisions should be offered to all employees, regardless of gender, to avoid further reinforcing the prevailing norm that care work is exclusively women's work.

Changing attitudes

Involving men in unpaid care work is instrumental in redistributing unpaid care work. Increasing men's involvement will require intensive communication and advocacy campaigns to address the barriers related to attitudes and stereotypes towards women and gender roles in Egypt and to promote behavioural change. More research on gender norms is required to understand the drivers of these attitudes and how to change them.

Conduct regular, national time-use surveys

This analysis showed the importance of data in recognizing unpaid care work in Egypt. The ELMPS provides a reliable and rich source of data on domestic work. It allowed for an exploration of the linkages between unpaid care work and other economic and social indicators, such as labour force participation, individual and household characteristics. Unpaid care work could also be analysed in correlation with GDP, inequalities and time poverty. Accordingly, the significance of data is magnified during times of crisis, like the COVID-19 pandemic, when it is more crucial than ever to

examine its impact on the care economy and on women's unpaid care roles, specifically. Therefore, it is critical to conduct regular national time-use surveys, to accurately measure and recognize the amount and value of unpaid domestic work. Time-use surveys will serve to measure the scope of unpaid work and how its distribution is evolving among men and women. Furthermore, providing data on unpaid care work is a prerequisite for placing a value on it, which can contribute to policy efforts to adequately reward care work and properly count it within the GDP. An additional data gap identified by this chapter is updated information on the coverage of childcare facilities, fee structures, types of nurseries and enrolment patterns, as well as elder-care services.

PROMOTING QUALITY EARLY CHILDHOOD CARE AND EDUCATION IN EGYPT



Expanding access to quality Early Childhood Care and Education (ECCE) can have multigenerational impacts, by improving child development and learning outcomes, increasing women's employment and boosting investment in human capital. In Egypt, nurseries provide care for children under the age of 4 under the supervision of the Ministry of Social Solidarity (MoSS).²⁹⁶ The number of nurseries currently available in Egypt is limited, with enrolment rates of around 8 per cent.²⁹⁷

To address this remarkable coverage gap and lack of supply in quality ECCE services, MoSS initiated the policy reform process by launching a national early childhood development programme in 2018. It aims to improve the quality of early childhood care services through multiple avenues, including the development of a national standard curriculum for nurseries as well as offering trainings to build a qualified childcare workforce. The programme includes a pillar related to renovating the infrastructure of nurseries, particularly in rural and deprived areas, in addition to setting national quality assurance standards and accreditation criteria. Raising awareness among parents about the importance of enrolling children in nurseries during this early stage of their life is another pillar of the programme.²⁹⁸

In order to map early childhood care facilities, MoSS created a national geographic database documenting information and quality measures for both formal and informal nurseries. Fieldwork and data collection took place in different governorates to synthesize evidence and identify policy solutions to stimulate the growth of the sector and reduce informality.

A key challenge identified was the need to simplify licensing regulations and procedures. Accordingly, MoSS is working with different entities on reviewing regulation and licensing procedures

in addition to automating the process for obtaining licenses. Creating a supportive regulatory environment is expected to encourage the registration of nurseries, especially in the private sector.²⁹⁹

Providing access to finance is another important aspect addressed by the programme, to entice investment in ECCE services. Through the “Hadanaty” (My Nursery) initiative, managed by Nasser Social Bank, MoSS is providing soft loans with lenient terms for the establishment of new nurseries. For existing nurseries, loans are offered for the purpose of renovating the space or satisfying licensing requirements and accreditation criteria to facilitate the transition to formality.³⁰⁰

The affordability of ECCE is a crucial aspect, given the noticeable inequality in access to ECCE in Egypt.³⁰¹ The potential role of home-based childcare in deprived areas is being considered. However, there are various challenges to this model, mostly related to quality assurance criteria and awareness of the importance of nurseries. Moreover, MoSS is offering grants and subsidies to selected nurseries managed by NGOs.³⁰² Consequently, there is a need to explore further opportunities and design delivery models that provide affordable early childcare solutions for low-income families in rural areas or urban slums.

Engaging multiple stakeholders was a key element of national efforts to expand ECCE services. In addition to working with governmental entities on regulatory

frameworks, MoSS partnered with international organizations and the private sector, such as McDonald’s and Alex Bank, to support the national early childhood development programme. Additionally, MoSS signed different agreements with civil society organizations, including Sawiris Foundation, Misr El Kheir, Sonaa El Hayah and Kheir wa Baraka. These agreements aimed to improve the infrastructure of more than 1,000 nurseries and offer trainings to staff to improve outreach in poor and rural areas.³⁰³

Expanding early childcare services requires a comprehensive approach to develop a sustainable system and an enabling environment that can ensure the quality and affordability of the expansion. Setting a supportive regulatory framework, monitoring quality and ensuring equitable access to early childcare services for low-income households are essential roles played by the Government. Furthermore, the private sector could substantially support innovation in service-provision and scaling-up facilities. Multiple opportunities could be leveraged to assess and recognize the potential positive effects of expanding access to childcare in Egypt, including the improvement of child development outcomes and female employment. Accordingly, these recent efforts by MoSS should be sustained and supported by evaluations to assess the impact of the programme on key outcomes.



THE CARE ECONOMY IN JORDAN

TOWARDS POLICY INTERVENTIONS TO RECOGNIZE AND REDISTRIBUTE UNPAID CARE WORK

3.1	OVERVIEW	116
3.2	CARE POLICIES AND SERVICES IN JORDAN	118
3.3	UNPAID CARE WORK	125
3.4	THE PAID CARE SECTOR	132
3.5	TOWARDS POLICY INTERVENTIONS TO RECOGNIZE AND REDISTRIBUTE UNPAID CARE WORK	142

KEY MESSAGES

- 1** Women in Jordan, and particularly married women, bear nearly all of the responsibility for unpaid care work.
- 2** Women's time in unpaid care does not vary by their employment status, so employed women face a "double shift" of housework after their paid workday.
- 3** The paid care sector is significant to Jordan's economy, constituting over a quarter of public sector employment and a growing share of private sector jobs.
- 4** The expansion of employment in the paid care sector is of particular importance to women, for whom it represents nearly 60 per cent of total employment.
- 5** Efforts to invest in the care economy should be underpinned by programmes and campaigns to address gender norms regarding women's roles.
- 6** Monitoring and evaluation of recent reforms to maternity leave, paternity leave and childcare provision in workplace policies are essential.
- 7** The care economy has substantial potential for growth and could absorb some new labour-market entrants, particularly if investments in the sector are made.

3.1. OVERVIEW

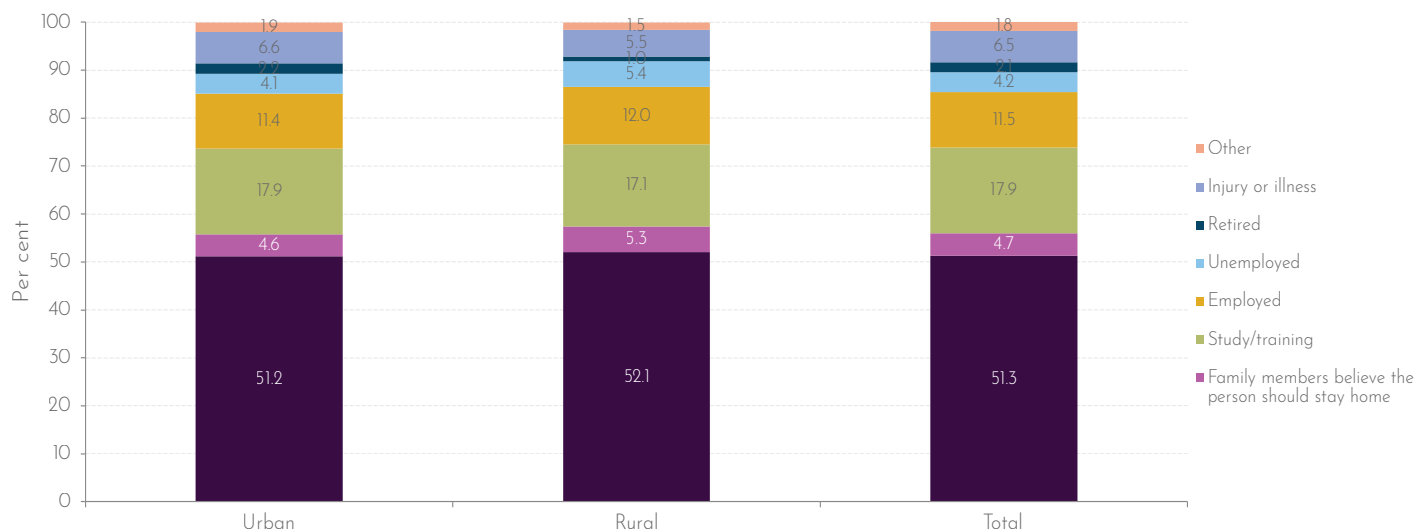
Jordan has one of the lowest female labour force participation (FLFP) rates in the Arab States. FLFP was 14.2 per cent in 2019, placing Jordan 182nd out of 185 countries in terms of women’s participation in the labour market.³⁰⁴ Such low labour force participation rates, even by regional standards, constitute a substantial challenge to national development as well as a key barrier to women’s economic empowerment.

Unpaid care work is a key contributor to low FLFP rates. Just over half of Jordanian women aged 15 years and above (51.3 per cent) are engaged in domestic household work as their primary activity, compared to only 11.5 per cent who are employed and 17.9 per cent who are studying or in training (Figure 3.1).³⁰⁵ Household work was women’s most common economic activity across both rural and urban areas. Both social norms about women’s roles in paid work versus unpaid care work and the time constraint posed by unpaid care responsibilities play a role in shaping low FLFP rates and women’s high dedication to housework.

Women’s time spent on unpaid care work increases substantially upon marriage in Jordan and does not vary based on whether or not they are employed.³⁰⁶ The double burden of paid employment and unpaid care work is thus an important disincentive for women to enter and remain in the labour market. This dynamic may be further intensified in periods of crisis, such as the ongoing COVID-19 pandemic, when demands on women’s unpaid care time tend to increase.³⁰⁷

At the same time, attitudes regarding men and women’s roles in paid work versus unpaid care work are conservative in Jordan. About 5 per cent of Jordanian women do not engage in paid employment because members of their household think they should stay home (Figure 3.1). Jordan is also one of the countries in the region where support for giving men priority in obtaining jobs is highest (84 per cent of men and 81 per cent of women agreed with the statement), as well as support for the opinion that being a housewife is as fulfilling as employment (84 per cent of men and 78 per cent of women agreed with the statement).³⁰⁸

FIGURE 3.1: DISTRIBUTION OF JORDANIAN WOMEN AGED 15+, BY ECONOMIC ACTIVITY STATUS AND AREA OF RESIDENCE, 2018



Source: Authors’ elaboration, based on data from the Department of Statistics 2018b.

Previous studies have shown that job characteristics strongly influence attitudes about women's work; for example, whereas 96 per cent of Jordanians (men and women) thought it was acceptable for women to work in general, only 38 per cent thought it was acceptable for them to work in mixed-gender environments.³⁰⁹ As discussed further below, such attitudes about women's employment have important implications for their participation in the paid care sector.

Even when women do work, there is mixed support for men taking on greater care roles at home. This is especially true among men themselves. In 2016, 69 per cent of men and 82 per cent of women agreed that a husband should help his working wife in raising their children, and 68 per cent of men and 83 per cent of women agreed that a man should help his working wife with housework.³¹⁰ Support for women working also decreases when they are married, and when working would mean that they have to leave a child under age 5 with relatives.³¹¹

Recognizing, reducing and redistributing the responsibility for unpaid care on Jordanian women will be critical to encouraging higher FLFP rates in the future. The demand for care in Jordan is likely to grow in the coming decades, both for the very young and older populations. Fertility rates remain high, at over 3.5 children per woman until recently, when the total fertility rate declined to 2.7 children per woman in 2018.³¹² The percentage of the population under the age of 5 is thus projected to decline only slowly in the coming decades, from 10.4 per cent in 2020 to 6.8 per cent in 2050.³¹³ At the same time, increasing life expectancy, which reached 74.4 years in the 2007–2013 period, has led to an increase in the number of elderly persons.³¹⁴ As of 2020, the population aged 60+ made up 6.1 per cent of the total Jordanian population, and the

population aged 65+ 4.0 per cent. These figures are expected to rise rapidly over the next decades, such that by 2050, 16.6 per cent of the population is projected to be 60+ and 11.8 per cent will be 65+.³¹⁵ Correspondingly, between 2020 and 2050, the number of young-age (age 0–14) dependents per 100 working-age population is projected to decline from 52 to 32, whereas the old-age (age 65+) dependency ratio is expected to increase from 6 to 18 during the same period.³¹⁶ Thus, while there will be a continued need for investment in early childhood care and education services, Jordan will also face a growing need for care services and policies to support the elderly. In the absence of policy developments, the increased need for care is likely to fall on women.

Faced with the need to address care as a policy priority, Jordan has implemented a number of initiatives to expand early childhood care and education, provide a stronger care system for the elderly and reform care leave policies. This chapter begins with an overview of these recent policy initiatives before turning to an analysis of time spent on unpaid care work among men and women in Jordan. The analysis of unpaid care focuses in particular on how marital status, paid employment and household composition affect women's time in unpaid care work. The chapter then analyses the characteristics and dynamics of the paid care sector in Jordan. The growth of this sector is critical not only for the availability of services that can redistribute some of the responsibility for unpaid care, but also for women's employment opportunities. The chapter conclusions focus on further policy directions to support the care economy and measures to strengthen the implementation and evaluation of recent policy reforms.

3.2 CARE POLICIES AND SERVICES IN JORDAN

Early childhood care and education (ECCE)

Jordan is committed to delivering quality education to its citizens and has been enhancing its education system for the past 30 years. As part of its educational reform, Jordan included Early Childhood Development (ECD) on its policy agenda.³¹⁷ ECD in the Kingdom consists of nursery for children aged three months to 4 years, Kindergarten (KG)1 for children aged 4–5 years and KG2 for children aged 5–6 years. The nursery and KG1 levels are voluntary and are under the supervision of the Ministry of Social Development (MoSD). KG2 falls under the responsibility of the Ministry of Education (MoE), including quality assurance, licensing and supervision of private KG2 classes. In 2017, MoE and UNICEF launched a plan to universalize KG2 access³¹⁸, and in December 2019, MoE announced that KG2 would become compulsory for children aged 5+, beginning in the 2020–2021 academic year.³¹⁹

KG1 and KG2

Jordan's first *National Early Childhood Development Strategy* was launched in December 2000.³²⁰ The strategy covered numerous aspects of child development, including care for children in nurseries, preschool education, basic education in the first three primary years, children with special needs, curricula and programmes for KG2 and school health–care services, child culture, the role of the media in ECD and human resources. The strategy aimed to identify the needs of young children in Jordan, improve ECD, and increase family and community awareness about ECD.³²¹

A number of large scale–initiatives have subsequently been implemented in Jordan to promote ECCE, enhance institutional capacity and professional development, and encourage parent and community engagement in promoting ECCE.³²² In its 2018–2022 Strategic Plan, MoE integrated objectives from the *National Strategy for Human Resource Development (2016–2025)*, *Jordan Vision 2025* and the *2030 Agenda for Sustainable Development*.³²³ It has placed greater emphasis on ECCE by increasing the preschool enrolment rate, especially in the most densely populated areas. The Kingdom expects an increase in demand for KG2 due to the increasing population, increased awareness of the importance of ECD, and more working mothers.

The current Government strategy sets the year 2025 as the target for all children to have access to quality early childhood learning and development experiences that promote primary school readiness, ensure healthy lives and promote their future well-being. The current national economic stimulus plan, for 2018–2022, is based on the *National Strategy for Human Resource Development*, with investments in health and education. The stimulus plan seeks to construct new KG2 classes and schools in order to achieve a better level of human development. Specifically, by 2025, the Government plans to build 2,800 new KG2 classes and 600 basic and secondary schools with a total budget amounting to almost 1.25 billion Jordanian Dinars (JOD) – USD 1.76 billion.³²⁴ The plan incorporates other measures related to early childhood education, notably developing better curricula and quality training for teachers. MoE is the governmental entity responsible for fulfilling the parts of the plan pertaining to public education.³²⁵

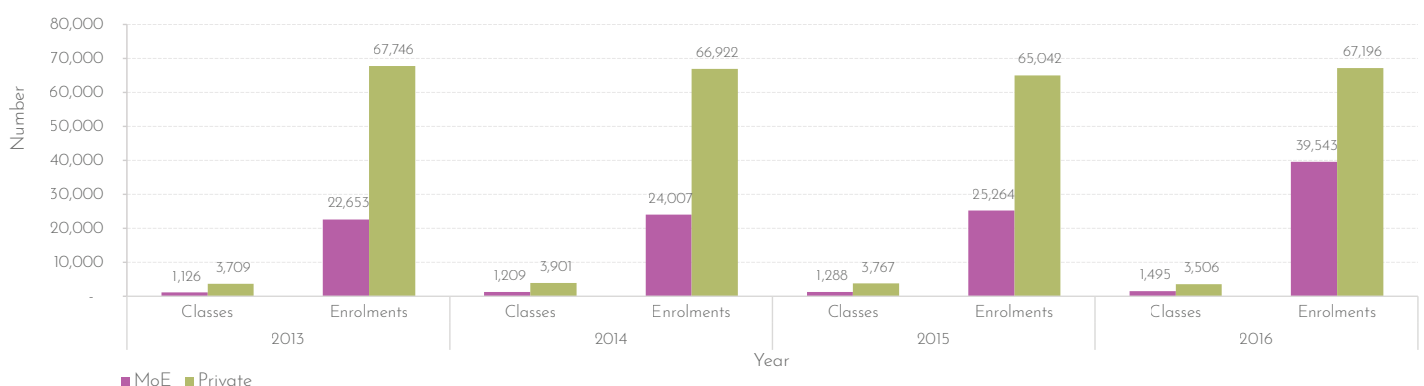
Despite this increasing policy attention, there are continued challenges to ECCE access and provision in Jordan. The majority of KG provision (82 per cent)

is currently through the private sector; 76 per cent of KG2 classes and 100 per cent of KG1 classes were provided by the private sector as of 2014–2015. Public provision of ECCE is growing but is still not universally available in the Kingdom.³²⁶ The share of the public sector in KG2 enrolments increased from 25 per cent to 37 per cent between 2013 and 2016³²⁷, which suggests strong demand, when it is available. At the same time, it appears that the increased role of MoE in preschool education has been accompanied by higher class sizes, as the number of children enrolled has outpaced the growth in the number of classes (Figure 3.2). Average class sizes in 2016 were also substantially larger in MoE kindergartens, at 26 children per class, compared to private kindergartens, at 19. Although Figure 3.2 suggests an expansion of ECCE, consistent data on enrolment rates by age of the child and level of ECCE are unavailable to assess change over time. It does appear that enrolment rates are higher for KG-aged children than those of nursery age. The gross enrolment rate in KG2 was 79.5 per cent for Jordanian children in 2015–2016, with boys (80.6 per cent) having a slightly higher rate than girls (78.3 per cent).³²⁸ However, the 2012 Jordan Population and Family Health Survey found that 35 per cent of children aged 4–5 were currently enrolled in an ECCE programme, and 10 per cent of children aged 3.³²⁹

There are also substantial socioeconomic differences in access to ECCE. A recent analysis found the least advantaged child in Jordan has a 5 per cent chance of attending ECCE, whereas the most advantaged child has a 44 per cent chance. In other words, the most advantaged child is almost nine times more likely than the least advantaged child to attend. Given the benefits of ECCE for children’s cognitive, social and emotional development, this is a critical gap in early life opportunities for the most vulnerable children, who need it most.³³⁰

In addition to moving towards universal and compulsory KG2, the MoE strategy seeks to improve the quality of public and private KG by: developing and implementing a quality assurance framework and accreditation standards; increasing the number of qualified KG teachers; modernizing the curriculum; and better integrating children with special needs.³³¹ Accordingly, the quality of KG2 education in Jordan has improved in recent years. In 2012–2013, 78 per cent of public KGs achieved a total quality rating, whereas in 2016–2017, almost 95 per cent achieved this rating. In 2016, 99 per cent of government KG2 teachers were qualified through a functioning pre-service teacher education programme.³³² There is no corresponding data available for private KG classes.

FIGURE 3.2: NUMBER OF KG2 CLASSES AND STUDENT ENROLMENTS IN JORDAN, BY SECTOR OF PROVISION, 2013–2016



Source: Authors’ elaboration, based on MoE. 2018. *Education Strategic Plan: 2018–2022. Jordan.*

Nurseries

MoSD sets the regulations to license nurseries in Jordan – on areas ranging from infrastructure, to health and safety, learning resources, student ages, caregiver and director qualifications, inspection visits, and issuance of warnings. In 2018, licensing bylaws for nurseries in different sectors were replaced by a revised and unifying bylaw for all providers, regardless of sector.³³³ The bylaw also dictates that nurseries should integrate children with disabilities.³³⁴ In 2019, an electronic registration system for nurseries was introduced to reduce registration times.³³⁵ MoSD is currently drafting a bylaw for the licensing of home daycares.³³⁶

Similar to the national strategy for KG, the National Council for Family Affairs (NCFA), in collaboration with UNICEF and through the Early Childhood Development Strategy, aims to improve nursery quality and access, including guaranteeing equal access to children from different backgrounds and geographic areas.³³⁷ The expansion of nurseries in Jordan has received increased attention, both as part of the ECD strategy and as a way to encourage FLFP. At a government level, a JOD 3.5 million (USD 4.9 million) project was announced in 2018 to build 80 nurseries across all governorates by 2020. In addition to encouraging women to join the labour market by offering childcare services, the nurseries were expected to create 700 jobs directly.³³⁸

In 2019, Jordan also amended Article 72 of the Labour Law, which mandated private employers to establish a nursery when they had at least 20 female employees in the workplace. To remove disincentives this policy might create to hiring women, the 2019 amendment revised the criteria such that any private company whose employees (male or female) collectively have at least 15 children aged 5 or under must provide a nursery in the workplace.³³⁹ These nurseries should follow the regulations set by MoSD, to have one caregiver per

six children under the age of 1, one caregiver per eight children aged 1–2 years, and one caregiver per 10 children aged 2–4 years. Eligible caregivers need to work exclusively at the nurseries, be older than 20, have reached the secondary level of education, and have a training certificate or similar in special education.³⁴⁰

The attention to expanding nurseries responds partly to continued low rates of child enrolment in this form of ECCE. The Queen Rania Foundation did a situation analysis of ECD in Jordan through a nationally representative survey of nurseries registered by MoSD in 2015, which found that only 2 per cent of children aged 3 months to 4 years of age were enrolled.³⁴¹ Another recent survey explored the reasons why children are not enrolled in nurseries, with the most common response being: that the mother is a housewife (73 per cent), nurseries are expensive (12 per cent), a family member can take care of the child at home (4 per cent), and not feeling safe in nurseries (3 per cent).³⁴²

The situation analysis found a variety of registered nursery types in Jordan: private independent nurseries (38 per cent); MoE school-based nurseries located in public schools and run by the school teachers for their own children only (50 per cent); workplace-based or institutional nurseries established by private institutions for the children of their female employees (4 per cent); community-based organization (CBO) nurseries operated by charities that sometimes offer free or subsidized care (7 per cent); and nurseries based in private schools (2 per cent).³⁴³

The distribution of nurseries also showed a geographic bias towards urban areas – particularly the large cities of Amman and Irbid (Table 3.1) – although a somewhat larger proportion of CBO-based nurseries were in rural areas and more underserved governorates.

In sum, for many young children and their families,

TABLE 3.1: DISTRIBUTION OF NURSERIES BY TYPE OF NURSERY AND LOCATION, JORDAN, 2017

		Private	MoE-based	Work-based	CBO-based	
Area Type	Urban	83.6%	74.3%	70.6%	64.5%	
	Rural	16.4%	25.7%	29.4%	35.5%	
Region	Middle	80.7%	54.1%	64.7%	32.3%	
	North	16.4%	25.7%	29.4%	35.5%	
	South	2.9%	20.2%	5.9%	32.3%	
Governorate	Amman	57.9%	31.7%	52.9%	16.1%	
	Zarqa	8.2%	13.8%	11.8%	6.5%	
	Balqa	10.5%	6.0%	-	6.5%	
	Madaba	4.1%	2.8%	-	3.2%	
	Irbid	14.6%	20.2%	17.6%	12.9%	
	Jarash	-	0.5%	-	6.5%	
	Mafraq	1.2%	2.8%	5.9%	6.5%	
	Ajloun	0.6%	2.3%	5.9%	9.7%	
	Karak	-	1.4%	5.9%	9.7%	
	Tafelh	-	10.1%	-	12.9%	
	Ma'an	1.8%	3.7%	-	6.5%	
	Aqaba	1.2%	5.0%	-	3.2%	
Total number		171	218	17	31	

Source: Ghawi and others 2017. "Nurseries in Jordan: Findings from The Queen Rania Foundation National Early Childhood Development Survey 2015." Jordan: Queen Rania Foundation.

nursery care remains geographically inaccessible. The cost of nurseries is also a key factor in whether families can take advantage of this important care service. The mean monthly cost of childcare in Jordan is equivalent to 88 per cent of the median monthly wage for women, and over 100 per cent of the median monthly wage for women with a secondary degree or less.³⁴⁴ Without subsidization of nurseries, the costs of childcare thus offset income gains through women's work, further disincentivizing women's employment. There is also a need for further professional

development of nursery caregivers. The MoSD standard is that they should hold either a two-year post-secondary diploma in an ECCE-related field, or secondary-level education with two years of experience. Yet an estimated 38 per cent of caregivers do not meet these standards. Furthermore, the majority of caregivers had not specialized in ECCE-related fields at a post-secondary level, which is likely to negatively affect the quality of service. The Jordanian education system discourages high-performing students from selecting ECCE as a career, such

that nursery caregiving may become a chosen profession due to lack of other options.³⁴⁵ Although there are Bachelors degree programmes in ECCE, there is only one private university that offers post-graduate training in ECCE. Between 70–90 per cent of caregivers at different types of nurseries reported not receiving any professional development opportunities in the previous two years, and more than 60 per cent reported not receiving any pre-service training. Other quality issues include that there is no national curriculum for nurseries, or KG1.³⁴⁶

Elder care

The increasing demand for elder care projected in Jordan is particularly important since a large proportion of the elderly report being financially independent, although they are no longer working.³⁴⁷ This independence is related to the increasing nuclearization of households in Jordan, meaning that the elderly are more likely to live on their own or with elderly spouses, rather than in intergenerational households.³⁴⁸ The prevalence of disability among the elderly is 2.8 per cent, and approximately 86 per cent of the elderly suffer from chronic disease, most of which are non-communicable diseases.³⁴⁹ Almost half of the elderly are covered by some type of health insurance, with military insurance being the most common, but the remaining half lack health insurance.³⁵⁰ There is thus a substantial need for care among the elderly population, as well as a lack of financial protection against health complications for many. The scarcity of research and data on elderly-related issues – such as income, poverty, employment and education – also undermines efforts to develop policies that meet their needs.³⁵¹

In 2008, Jordan began addressing these issues when it launched the National Strategy for Senior Citizens, which was the first of its kind to address their needs in-depth and to tackle the formulation of national policies to improve the lives of senior

citizens.³⁵² The strategy promotes interventions to improve quality of life and reduce dependence among senior citizens, provide appropriate medical and social services and raise awareness about issues related to the elderly population.³⁵³

In addition, a key national policy priority in Jordan has been reform of the retirement system.³⁵⁴ A 2010 special legislation on retirement, further amended in 2014, sought to reduce the incidence of early retirement and increase participation in the pension system. The reform increased the required number of years of pension contributions, modified accrual rates, and raised the early retirement age. Importantly, the reforms also implemented unemployment and maternity insurance, discussed further below, and extended voluntary coverage of the social insurance system to the self-employed and housewives.³⁵⁵ The Government has also taken the initiative to create a senior citizens' fund. It is crucial to set up a national plan for social security and pensions, as many seniors are receiving pensions below the poverty line and there are even more with no retirement pensions.³⁵⁶ As of 2016, social insurance coverage rates were 59 per cent among male workers and 78 per cent among female workers.³⁵⁷ Thus, there are a substantial number of workers who are uncovered by the pension system, in addition to the fact that the large majority of Jordanian women do not work and thus will not have a contributory pension. Whereas 38.3 per cent of men aged 65+ received a contributory pension in 2016, only 20.1 per cent of elderly women did.³⁵⁸

Steps have also been taken to improve health services for the elderly. Senior health care in Jordan is governed by the Ministry of Health (MoH), under Public Health Law No. (47) of 2008, which requires the MoH to organize elderly health-related activities and monitor centres and their associated entities.³⁵⁹ In 2007, senior citizens were included in the civil health insurance programme.³⁶⁰ In 2017, the Prime Minister exempted all seniors (70+) from

annual health insurance fees.³⁶¹ The following year, health coverage and government-subsidized medication were extended to people aged 60–69 who were without pension benefits or insurance and attending public hospitals.

National strategies also seek to expand and improve residential and nursing care services for the elderly.³⁶² Regulations regarding the licensing and supervision of elderly nursing homes and daytime elderly clubs (by MoSD), were updated in 2014.³⁶³ The national *Jordan 2025* document aims to strengthen existing elderly nursing homes based on international best practices, and in 2016 an in-house health-care accreditation system was established for institutions.³⁶⁴

Jordan's nursing homes, nevertheless, are scarce and concentrated in Amman. As of 2008, there were 11 across the country for both sexes, six of which were run by the voluntary sector and five by the private sector, serving a total of 282 elderly persons.³⁶⁵ MoSD pays for some of the centres run by the voluntary sector to care for underprivileged elderly.³⁶⁶ In 2016, there were only 10 establishments, none of which were public. However, the Government supports this service by devoting monthly payments (JOD 260, or USD 367) to support poor elderly residents of nursing homes.³⁶⁷ There is very little information available on caregiving arrangements for the elderly in Jordan, whether inside or outside of institutional settings. One study in Amman found that the vast majority (86 per cent) of caregivers for elderly relatives were women, primarily daughters or spouses, but also sisters or daughters-in-law, of the person receiving care.³⁶⁸ The role of women in providing elder care for family members in Jordan is thus an area where further research is needed.

Home health-care services are operated by the private sector, and there are about 51 institutions registered and licensed by MoH. There is a shortage of specialized home-care

service-providers and the high cost of these services, coupled with the fact that they are typically not covered by insurance, puts them out of reach for many.³⁶⁹ Furthermore, these services are not monitored, and quality standards are not in place.³⁷⁰

Paid leaves

Jordanian Labour Law No. (8) of 1996 is the major legislation governing the employment relationship, amended by Law No. (14) of 2019. Labour laws in Jordan provide for a variety of leaves, including maternity and paternity leave. However, it is worth noting that, as of 2016, 17 per cent of Jordanian workers were employed in the informal sector and an additional 14 per cent were self-employed.³⁷¹ These workers may not benefit from social security and labour law regulations. Among non-Jordanians working in Jordan, 68 per cent were employed in the informal sector,³⁷² making this a group particularly vulnerable to the lack of paid leave and social insurance. Whether workers benefit from such regulations also depends partly on government enforcement.

Maternity leave in Jordan is 10 weeks with full pay in the private sector and 90 days in the public sector. Of this period, a minimum of six weeks should be post-partum while the other weeks could be allocated to maternal rest pre-birth. After the end of her maternity leave, a mother is allowed a maximum of one hour off, or two half-hour breaks per day for the next year, for nursing her newborn. If a working mother is employed by an establishment with more than 10 employees, she is entitled to one-year of unpaid leave to care for her children.³⁷³ However, whether women benefit from these paid leaves is again a question of adherence to the labour law. Among women who were employed in the private sector during their first pregnancy, 33 per cent did not take any paid maternity leave, whereas 35 per cent reported taking less than six weeks.³⁷⁴

As part of its social security reform in 2010, Jordan changed the structure of maternity benefit financing from an employer–liability system, in which the cost of maternity leave falls entirely or primarily on the employer, to a social–insurance system.³⁷⁵ Women on maternity leave receive their benefits at 100 per cent of their salary for the mandated 10 weeks. Employers contribute 0.75 per cent of their total payroll (for both men and women employees) to the social security system for maternity insurance; with any deficit covered by the Government.³⁷⁶ By shifting the financing of maternity leave to an all–employee–based, rather than female–employee–based system, the reform aimed to reduce financial disincentives to hiring

women.³⁷⁷ In addition to increasing compliance to maternity leave law, the reform aimed to increase FLFP rates.³⁷⁸

As a new initiative, the 2019 Amended Law also gives new fathers three days of leave from work with full pay after the birth of a child. Previously, Jordan had no paternity leave provisions. Monitoring of adherence and uptake of the new paternity law will be essential to assess whether it increases men’s involvement in unpaid care work. However, due to a shortage in labour and social security inspectors, Jordan is characterized by weak enforcement of social security and labour laws in general.³⁷⁹

BOX 3.1: DATA AND METHODS

Time-use surveys are the preferred data source for analysing the amount and distribution of unpaid care work in a society. They are thus an important tool for recognizing and valuing unpaid care. However, no time-use survey has been conducted in Jordan to date. This chapter therefore relies on the Jordan Labour Market Panel Surveys (JLMPS) 2016, conducted by the Economic Research Forum in collaboration with Jordan’s Department of Statistics (DoS).⁴²³ The JLMPS do not follow standard time-use methodology. Rather, the surveys ask respondents how many hours they spent in the past week on indirect and direct care activities. How the report categorizes the JLMPS data is further detailed in the Methodological Appendix.

The analysis of unpaid care focuses on the Jordanian working-age population (aged 15–64) and does not include non-Jordanians because this population changed substantially over recent years due to the arrival of a large Syrian refugee population. Most of the analyses are presented as the hours per week that men and women spend on unpaid care work. Since marital status is a key determinant of women’s overall time spent in care work, all of these analyses are disaggregated by marital status. Due to the very small amount of time that men spend in unpaid care work in Jordan, only results for women are presented for some analyses.

The analysis of the paid care economy relies primarily on Jordan’s Employment and Unemployment Surveys (EUS), conducted by DoS, for 2005–2018.⁴²⁴ The EUS are carried out four times annually and collect data on different aspects of the labour market in Jordan. Using this data, this chapter analyses the characteristics of paid care workers as well as of establishments (workplaces) in paid care sectors. To assess change and growth in the paid care economy, the analysis is divided into three periods: 2005–2009, 2010–2014 and 2015–2018. An important limitation of the EUS is that it is not representative of non-Jordanian workers, who comprise the majority of Jordan’s domestic workers. The analysis therefore excludes the domestic work subsector of the paid care economy. For further details on the EUS, see the Methodological Appendix.

To analyse employment growth in care and non-care sectors, the chapter relies on data from the DoS Employment and Compensations of Employees Survey (ECES) database. The ECES is designed to survey economic establishments in the private and public sectors. It collects data from all large establishments, whether private or public, and from a representative sample of smaller establishments. The ECES therefore provides annual aggregate numbers of workers across all economic activities.

The country has a small number of labour inspectors (214 as of 2018) compared to the number of registered establishments.³⁸⁰ This is coupled with insufficient financial and other resources for inspection, as well as insufficient training opportunities and technology, which constrain inspectors' ability to enforce the law.³⁸¹ Of additional importance to the care economy is that the domestic work sector in particular suffers from lack of proper labour inspection.³⁸²

3.3 UNPAID CARE WORK

Women do the vast majority of care work in Jordan

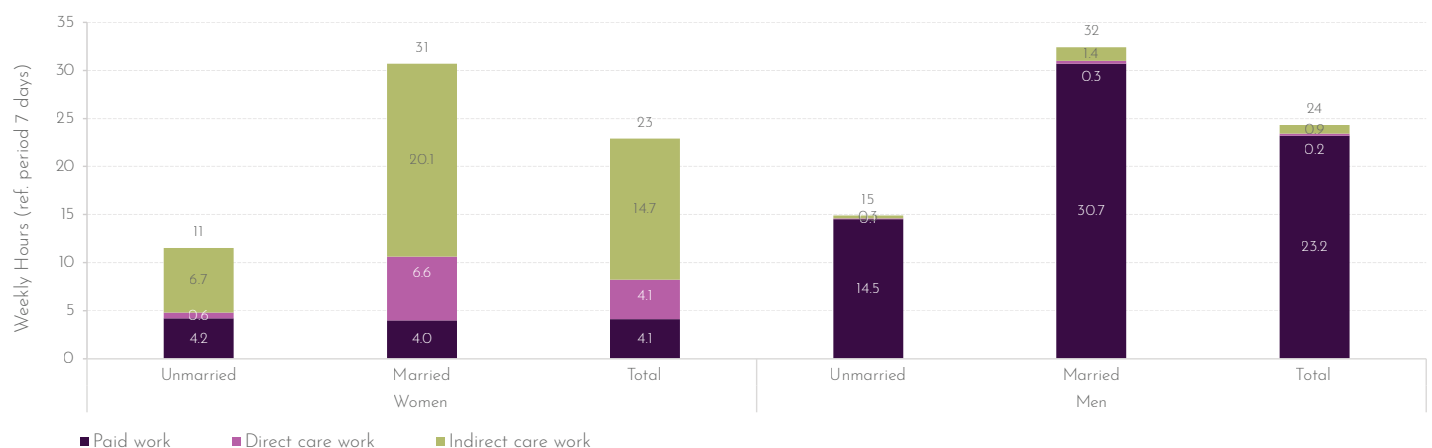
Analysis of the 2016 JLMPS reveals that the overwhelming responsibility for unpaid care work in Jordan lies with women, and particularly married women. Whereas women spent on average 19 hours on unpaid care work per week in 2016, men spent only 1 hour per week (Figure 3.3). Women spent the majority of their unpaid care time on indirect care work, at nearly 15 hours per week on average as compared to about 4 hours spent on unpaid direct care work.

Marital status strongly affects the number of hours in unpaid care work for women. In 2016, married women spent 27 hours per week on unpaid care work while unmarried women spent only 7 hours. Involvement in both direct and indirect care work increases for married women. For direct care work, this is due to childcare. Both married and unmarried women spent an average of only 0.1 hours per week on elder care in 2016, whereas unmarried women spent an average of 0.3 hours on childcare – likely for younger siblings – and married women spent 6 hours. By contrast, marriage was not a strong determinant of time spent in care work among men. Men's time in direct care work, whether for children or the elderly, was minimal in both periods.

The degree to which the male breadwinner–female caregiver model prevails in Jordan is reflected in time spent on paid and unpaid work by gender. Women in Jordan spend little time in paid work – 4 hours on average – with unmarried women doing slightly more compared to married women.

These numbers average over all women and therefore are strongly affected by the fact that most women in Jordan do not perform paid work.

FIGURE 3.3: WEEKLY HOURS OF PAID AND UNPAID (DIRECT AND INDIRECT) WORK AMONG JORDANIANS AGED 15-64, 2016



Source: Authors' calculations based on the JLMPS 2016.

By contrast, married men spent an average of about 30 hours per week on paid work, whereas unmarried men spent 15.

Women’s time spent on care work does not decrease if they are employed

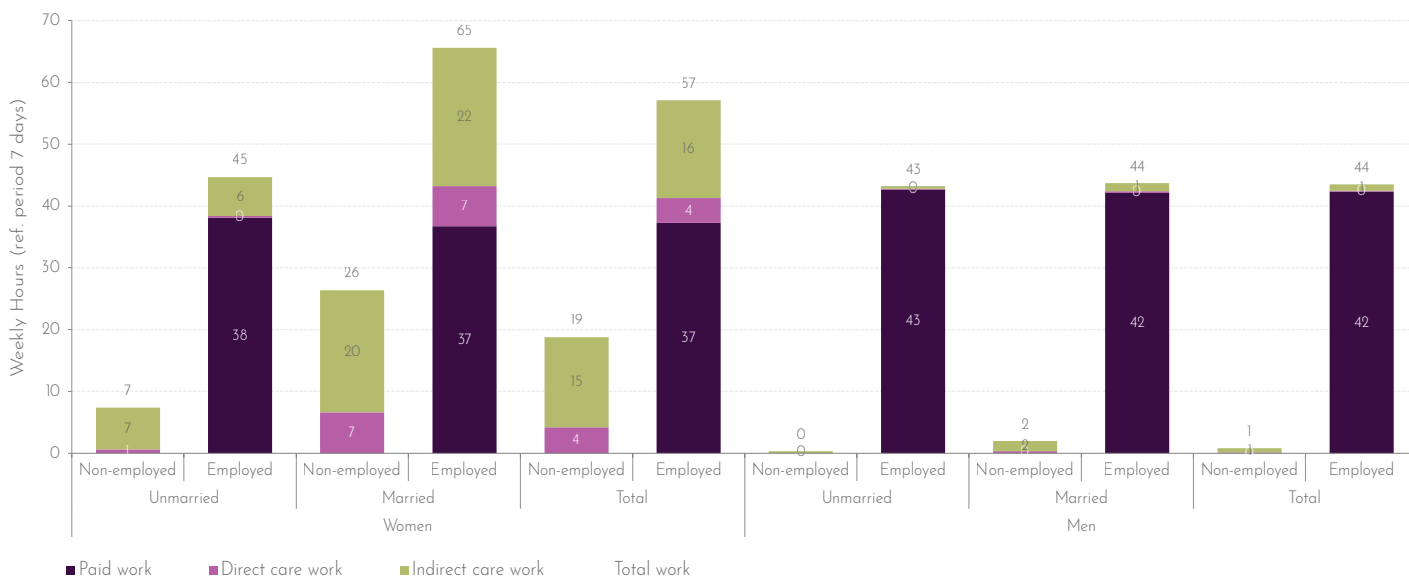
In 2016, employed Jordanian women were engaged in approximately the same number of unpaid care work hours as non-employed women (20 hours and 19 hours, respectively; Figure 3.4). In addition to the hours spent on unpaid care work, employed women did an average of 37 hours of paid work per week. Employed women thus spent an average of 57 hours per week on paid and unpaid work combined, considerably more than men, who spent on average 44 hours per week in work, the vast majority of which was paid.

Due to the association of marriage with increased care responsibilities for women, employed married women thus spent the greatest total time in work, at 65 hours per week, compared to unmarried

employed women (45 hours per week) and married employed men (44 hours per week). Unmarried, non-employed women spent the least amount of time in overall work (7 hours) among women, and men who were not employed spent almost no time in any form of work, regardless of marital status.

The strong gendered division of care labour is likely to be exacerbated when additional demands are placed on women’s unpaid care time, such as by the ongoing COVID-19 pandemic. Estimations based on the JLMPS suggest that married women with children may spend 18 to 24 additional hours on unpaid care work during the pandemic, due to the combination of school closures, additional care needs of elderly or ill household members, and closures of services that can substitute indirect care work (e.g. food-delivery services). For men, by contrast, the estimated increases in unpaid care time range from only 1–3 hours per week.³⁸³

FIGURE 3.4: WEEKLY HOURS OF PAID AND UNPAID WORK BY MARITAL AND EMPLOYMENT STATUS AND BY SEX, JORDANIANS AGED 15–64, 2016



Source: Authors’ calculations based on the JLMPS 2016.

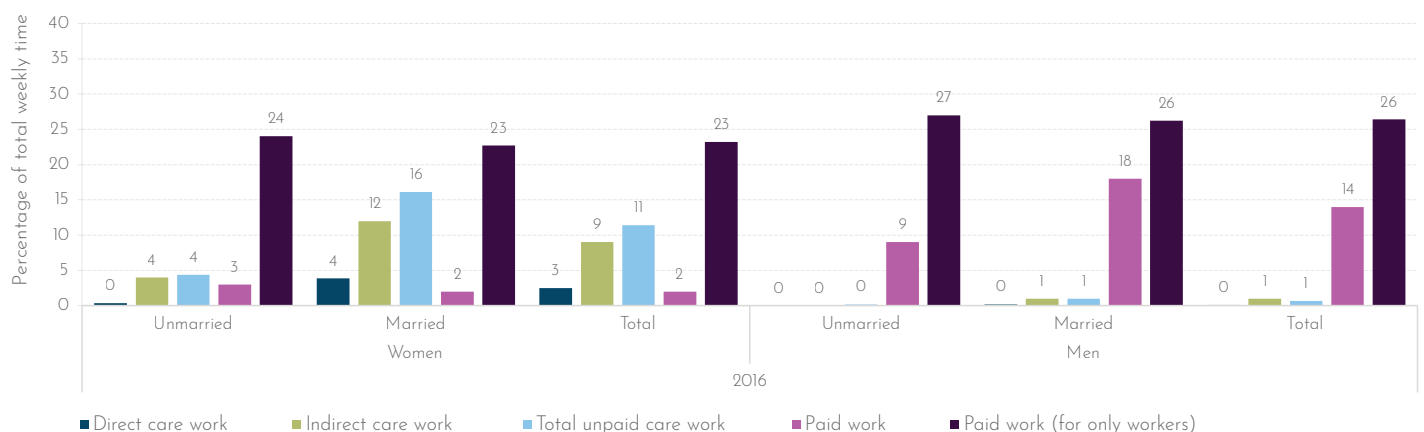
The gap in women's and men's time spent on different forms of work can also be expressed in terms of percentage of total time (hours) in a week (Figure 3.5). Married women spent 16 per cent of their total time in care work, compared to 4 per cent among unmarried women and less than 1 per cent among men. Across gender and marital status, employed Jordanians spent between 23 and 27 per cent of their total time in paid work. For married women who were employed, the combination of unpaid care work and paid work thus constituted 39 per cent of their total time. The considerable amount of time that married, employed women spent in work overall has negative implications for time poverty, including women's ability to engage in leisure and self-care activities. The lack of redistribution of unpaid care work when married women engage in paid work is also an important disincentive for labour force participation, which substantially increases women's overall time spent working.

Variation in women's time spent in care work

Although women spend much more time in care work than men in Jordan, women are not a homogenous group and their time spent may be affected by the composition of their households, as well as characteristics such as education or wealth. This section examines how participation in unpaid direct and indirect care work varies with the characteristics of women and their households, focusing on the most recent data from 2016. Due to the minimal participation of Jordanian men in care work, this section presents results for women only.

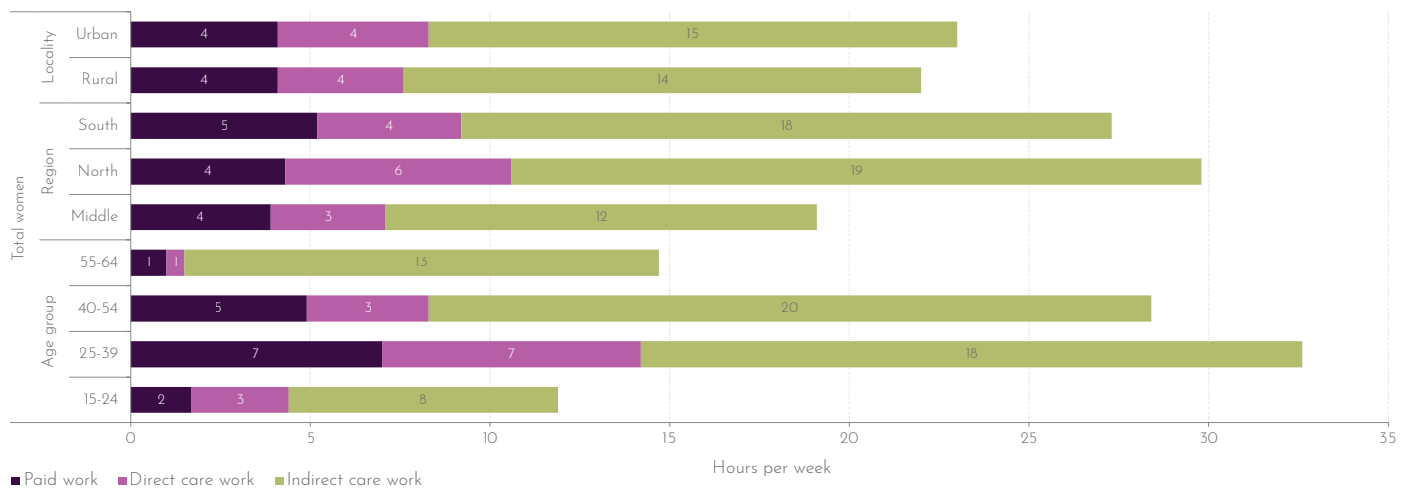
Women's time spent in unpaid care work varied little by urban versus rural residence but was higher in northern and southern regions as opposed to the middle region (Figure 3.6). Access to basic services such as improved water and sanitation is nearly universal throughout Jordan,³⁸⁴ which may partly explain the lack of urban versus rural variation in time spent in indirect care work.

FIGURE 3.5: PERCENTAGE OF TIME SPENT ON DIFFERENT TYPES OF WORK PER WEEK, BY MARITAL STATUS AND SEX, JORDANIANS AGED 15-64, 2016



Source: Authors' calculations based on the JLMPS 2016. The percentage of time is calculated out of a total 168 hours in a week and is thus not limited to waking hours.

FIGURE 3.6: HOURS OF PAID AND UNPAID (DIRECT AND INDIRECT) WORK BY AGE, REGION AND LOCALITY, JORDANIAN WOMEN AGED 15-64, 2016



Source: Authors' calculations based on the JLMPS 2016.

There may also be other differences in the composition of households in Jordan's regions, including size and wealth, that affect time in unpaid care work; for example, rural households tend to be larger, which may allow women to distribute unpaid care work between family members.

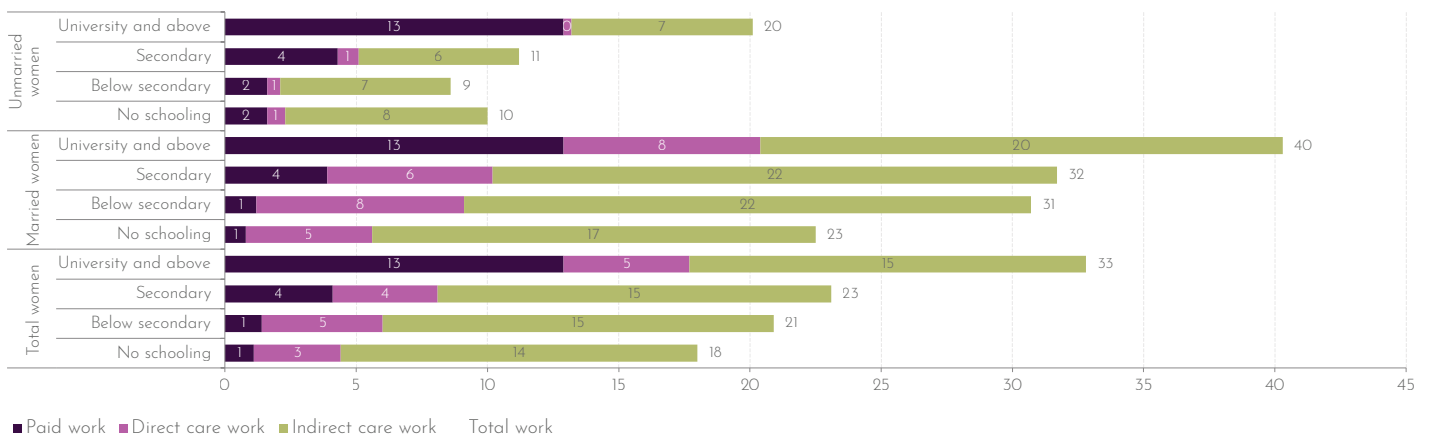
Among married women, time spent on care work peaked in the 25–39 age group, at 31 hours per week. Married women in the 15–24 and 25–39 age groups, who are more likely to have small children living at home with them, spent the greatest amount of time on direct care work, at 11 and 10 hours per week, respectively. Unmarried women in these age groups spent considerably less time on care work, but unmarried women aged 25–39 and 40–54 spent more time on paid work, which likely reflects a greater propensity of unmarried women of these ages to participate in the labour market. Older women, aged 55–64, spent the most time on indirect care, regardless of marital status.

Consistent with previous literature,³⁸⁵ women with university education and above were much more likely to engage in paid work (Figure 3.7). Women

with higher education also spent more time on direct care work (5 hours per week) and women with no education the least (3 hours per week), but women with below–secondary education spent somewhat more time on direct care work than those with secondary education. These overall patterns were driven primarily by the greater time spent on unpaid care work among more educated married women. Among unmarried women, time spent on unpaid care work was low across all educational categories and unmarried women with the least education spent the most time on indirect care work (8 hours per week).

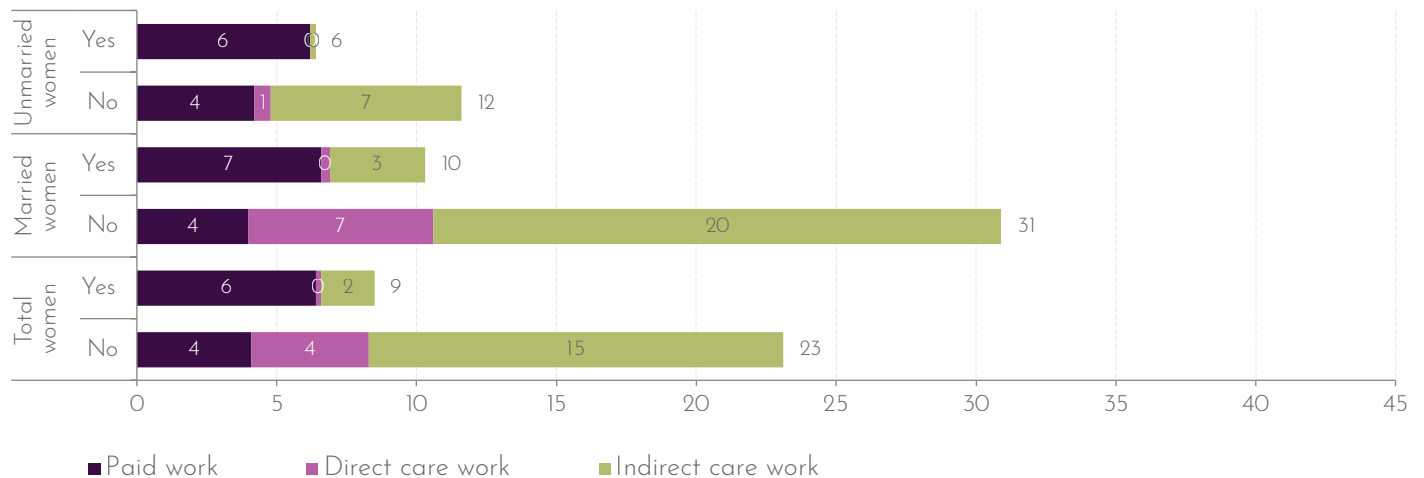
The greatest difference in women's time spent on unpaid care work, however, is seen in the small percentage of households (around 1.3 per cent) that report hiring domestic help. In these households, married women performed on average 0.3 hours per week of direct care work and 3 hours of indirect care work, as compared to women without domestic help who performed 7 and 21 hours, respectively. Among unmarried women, the presence of domestic help reduced their contribution to care work to nearly zero.

FIGURE 3.7: HOURS OF PAID AND UNPAID (DIRECT AND INDIRECT) WORK, BY EDUCATION AND MARITAL STATUS, JORDANIAN WOMEN 15-64, 2016



Source: Authors' calculations based on the JLMPS 2016.

FIGURE 3.8: HOURS OF PAID AND UNPAID (DIRECT AND INDIRECT) WORK, BY HOUSEHOLD HIRING OF DOMESTIC HELP AND BY MARITAL STATUS, JORDANIAN WOMEN 15-64, 2016



Source: Authors' calculations based on the JLMPS 2016.

In the absence of substantial contributions towards care work among men, the main way in which families achieve reallocation of care work within the household therefore appears to be by hiring a domestic worker who takes over most of these tasks. Yet that option is only available to households with sufficient resources.

The effect of children, elderly and disabled household members on women's time in unpaid care

To further examine how household structure and women's education affect their time use, this section analyses Jordanian women's time spent on

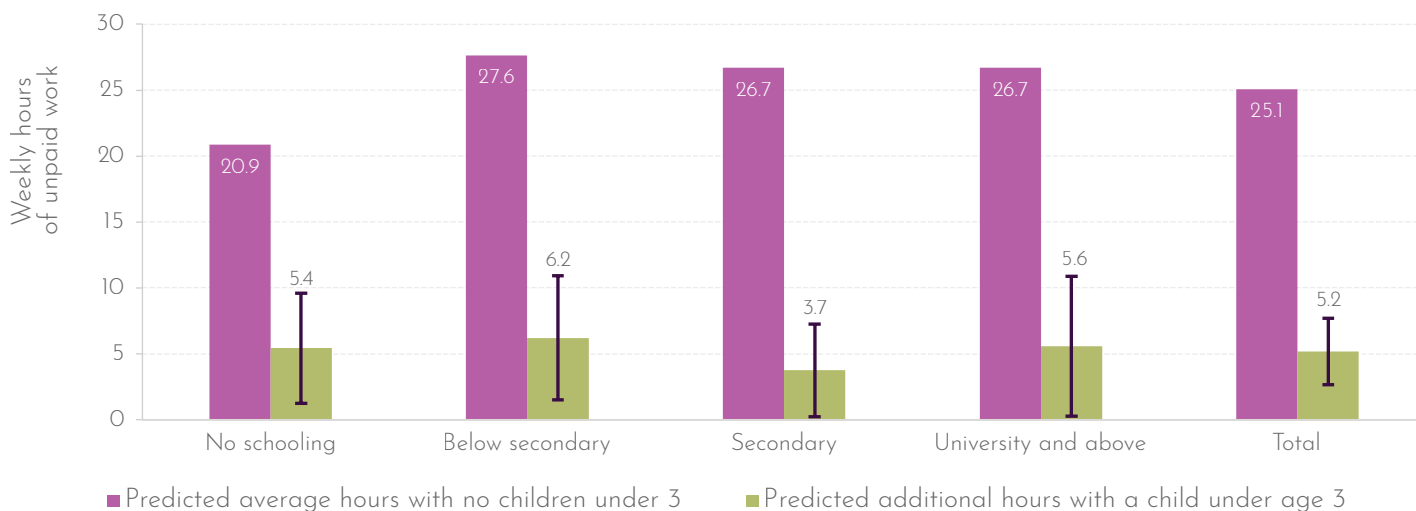
care work based on the presence of children in their households. The results are based on the marginal effects analysis described in Chapter 1 and the Methodological Appendix. Holding all other factors constant, including women’s household wealth, household size, region and age, the analyses show the average effect on women’s time in unpaid care work of having one child aged 0–3, 3–5, and 6–17 in the household. The analysis is disaggregated by marital status, since the effects likely differ for married women, who tend to perform the bulk of childcare, and unmarried women, who may spend time caring for younger siblings. The analysis is also disaggregated by women’s education to further explore why women with higher educational attainment appear to spend more time on care work. If this is because more educated women tend to invest greater time in childcare and education, having children should more greatly impact their time.

The largest and most consistent effect on women’s time spent in care work results from having a child under age 3 in the household (Figure 3.9). Overall,

having a child under 3 in the household increased married women’s time in unpaid care work by 5.2 hours per week. Thus, while a married woman with no children under 3 spent on average 25.1 hours per week on unpaid care, a married women with the same characteristics but one child under 3 spent 30.3 hours. The analysis does not suggest that women with more education invested more time in care work for small children. The additional time spent on care work among unmarried women living in households with a child under age 3 varied considerably by education, but overall was an additional 3.6 hours per week (results not shown).

The effect of having a child aged 3–5 or 6–17 on women’s time use was not statistically significant, holding other factors constant, whether for married or unmarried women. This may be because the 3–5 age group starts to overlap with the recommended ages for KG1 and particularly KG2, when ECCE enrolment increases substantially among Jordanian children. Having children in ECCE likely lowers the time spent on unpaid care work among both mothers and potentially older siblings.

FIGURE 3.9: PREDICTED ADDITIONAL WEEKLY HOURS OF UNPAID CARE WORK WITH A CHILD UNDER 3 IN THE HOUSEHOLD, MARRIED JORDANIAN WOMEN AGED 15–64, 2016



Source: Authors’ calculations based on the JLMPS 2016.

Note: The grey bars indicate 95 per cent confidence intervals on the estimates of additional time.

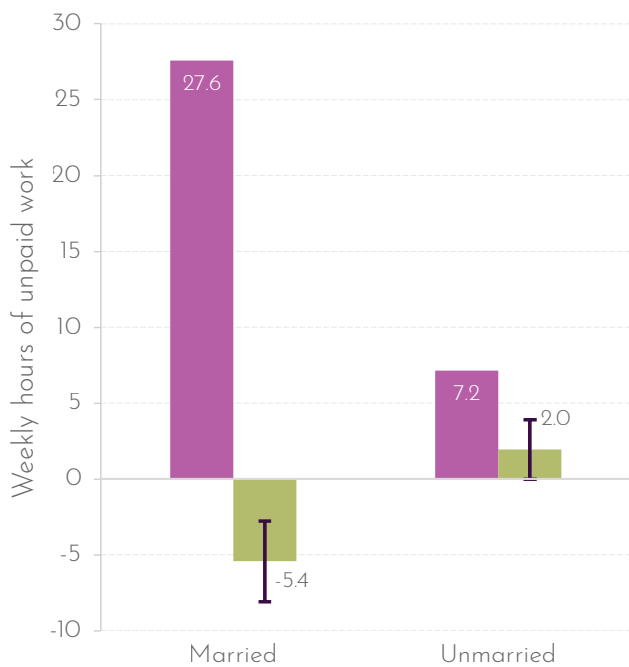
Similarly, children aged 6–17 are likely in school. Older children may also be contributing to unpaid care work at home – whether through household chores or care for younger siblings.

The final analysis in this section uses the same approach to examine the effect of having an elderly or a disabled/chronically ill household member on women’s time spent on care work. Panel A of Figure 3.10 demonstrates that having an elderly member (aged 65+) in the household actually reduced

married women’s time spent in unpaid care work by an average of 5.4 hours per week, holding other factors constant. This suggests that when grandparents or other elderly household members live in the household, they share in housework and childcare responsibilities in a way that reduces the time married women spend on these tasks. For unmarried women, in contrast, the presence of an elderly household member increased time spent on unpaid care by two hours per week, although the result is only marginally significant.

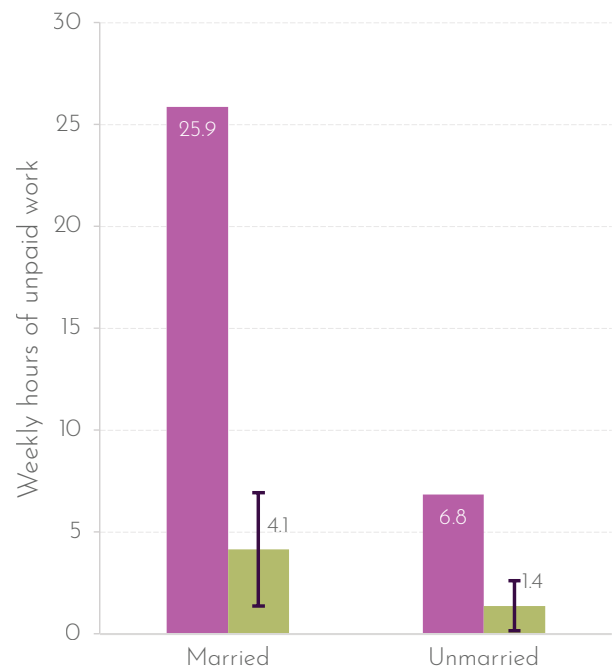
FIGURE 3.10: PREDICTED ADDITIONAL WEEKLY HOURS OF UNPAID CARE WORK WITH AN ELDERLY OR DISABLED/CHRONICALLY ILL HOUSEHOLD MEMBER, BY MARITAL STATUS, JORDANIAN WOMEN AGED 15-64, 2016

PANEL A: ELDERLY HOUSEHOLD MEMBER



- Predicted average hours with no elderly household member
- Predicted additional hours with an elderly household member

PANEL B: DISABLED/CHRONICALLY ILL HOUSEHOLD MEMBER



- Predicted average hours with no disabled/chronically ill household member
- Predicted additional hours with a disabled/chronically ill household member

Source: Authors’ calculations based on the JLMPS 2016.

Note: The grey bars indicate 95 per cent confidence intervals on the estimates of additional time.

In these cases, younger female household members may spend more time caring for elderly relatives.

For both married and unmarried women, the presence of a chronically ill or disabled household member increased the average time spent on care work per week. For married women, the added effect was 4.1 hours per week, and for unmarried women, 1.4 hours per week. This finding is particularly important as the burden of chronic, non-communicable diseases in Jordan is high and likely to increase with population aging.

3.4 THE PAID CARE SECTOR

Affordable, quality paid care services are a critical measure to redistribute the responsibility for unpaid care work, which overwhelmingly rests on women in Jordan. This section analyses the size and characteristics of the paid care economy in Jordan, focusing on the education, health and social work sectors.

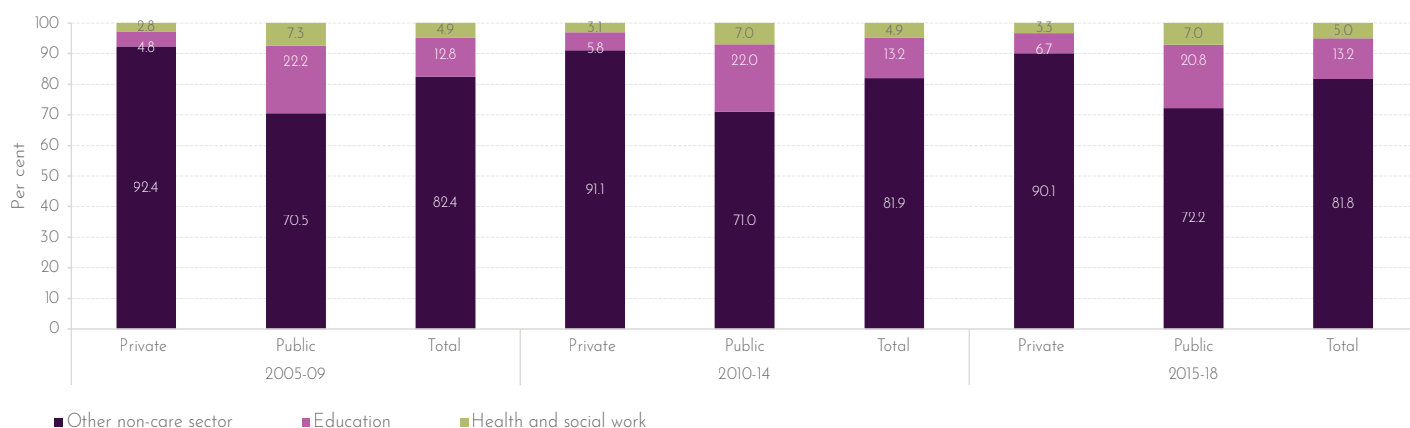
The size of the paid care sector

The care economy constitutes a substantial share of employment in Jordan. Nationally, the paid

care sector hovered around 18 per cent of total employment between 2005 and 2018, excluding domestic workers (Figure 3.11). This share is high relative to the average in other countries in the region. The International Labour Organization (ILO) reports that the total contribution of the care sector to employment is 16.5 per cent in the Arab States, including domestic workers.³⁸⁶ The share of employment in care sectors was also higher in Jordan than in Egypt, Tunisia or Palestine. The prominent role for the care sector in Jordan is due to the fact that the country has a large public sector, which is comprised mainly of education and health services in a service-based economy. Although decreasing slightly over time, care activities' share of total public sector employment exceeded 27 per cent.³⁸⁷

Among care sectors, at the national level, education represented almost 13 per cent of total employment, whereas health and social care sectors represented around 5 per cent together. Overall, the size of the care workforce in education, health and social care – across private and public establishments – amounted to 292,310 workers in 2017.³⁸⁸ Care sectors' share in private sector employment was considerably smaller but grew steadily between 2005–2018, particularly in private education.

FIGURE 3.11: THE PERCENTAGE OF CARE AND NON-CARE SECTORS IN TOTAL EMPLOYMENT, BY INSTITUTIONAL SECTOR, 2005-2018



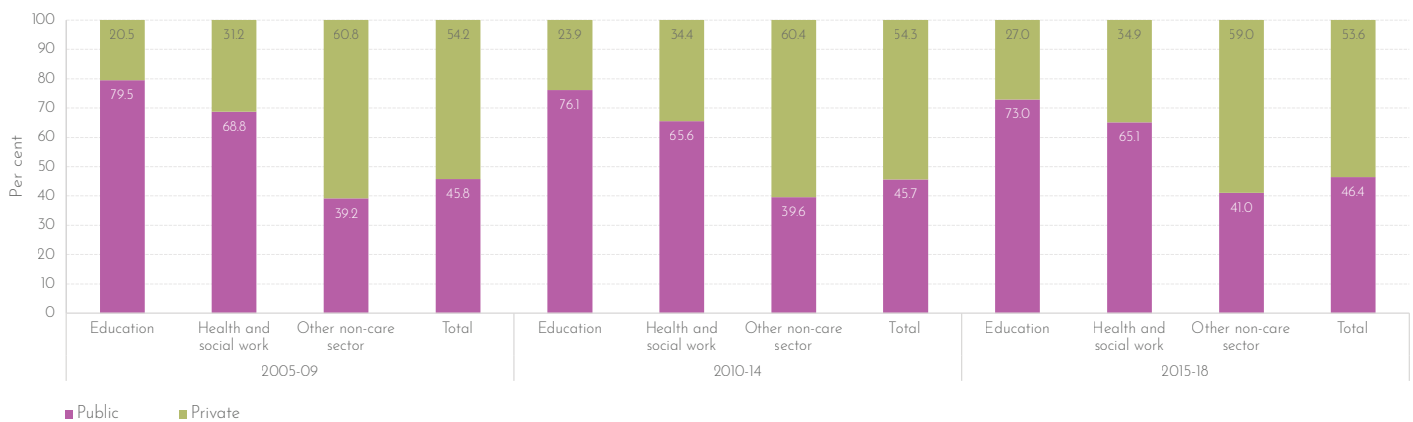
Source: Authors' calculations based on the EUS 2005-2018.

The evolution of the role of Jordan’s public and private sectors in care employment, contrasted with non-care sectors, can be seen in Figure 3.12. In 2005–2009, public sector care establishments employed 79.5 and 68.8 per cent of those working in the education and health and social work sectors, respectively, compared to 39.2 per cent of workers in non-care sectors. Still, the role of the private sector in care services has been increasing gradually over time. The public sector’s share in education and in health and social work decreased by 6.5 and 3.7 percentage points, respectively, between 2005–2009 and 2015–2018 (Figure 3.12).

Thus, the private sector has gradually taken on an increasing role in providing care services.

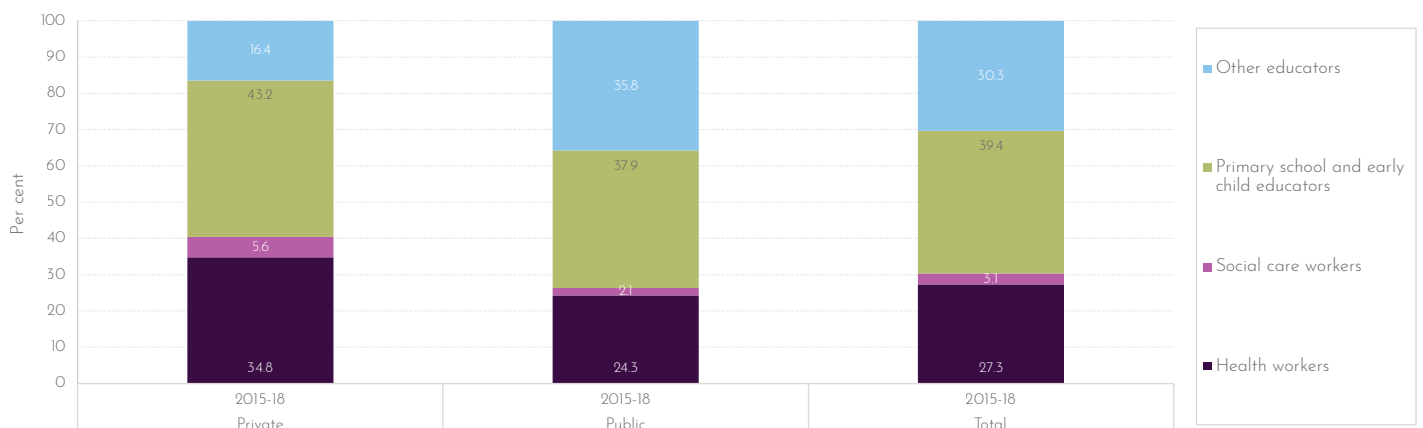
Primary school and early childhood educators, regardless of sector, represent a considerable share of care occupations, at around 40 per cent in 2015–2018. Educators at other levels of education similarly constituted nearly 40 per cent of care employment in the public sector, but less than 20 per cent in the private sector (Figure 3.13). Health-care workers made up a larger proportion of private sector care jobs (around 35 per cent) than of public sector jobs (22–24 per cent).

FIGURE 3.12: SECTORAL COMPOSITION OF JOBS BY INSTITUTIONAL SECTOR, 2005–2018



Source: Authors’ calculations based on the EUS 2005-2018.

FIGURE 3.13: COMPOSITION OF CARE OCCUPATIONS BY INSTITUTIONAL SECTOR, 2015–2018



Source: Authors’ calculations based on the EUS 2015-2018.

Social care was by far the smallest of the care sectors in terms of employment. Out of the 5.6 per cent share of social-care activities in the private sector, personal care workers were the majority (4.2 per cent). The remaining 1.4 per cent were childcare workers. In the public sector, the share of childcare workers (1.8 per cent) was larger than the share of personal care workers (0.3 per cent). This may be a result of the growth in public nurseries.

Care sectors are a major source of employment for women

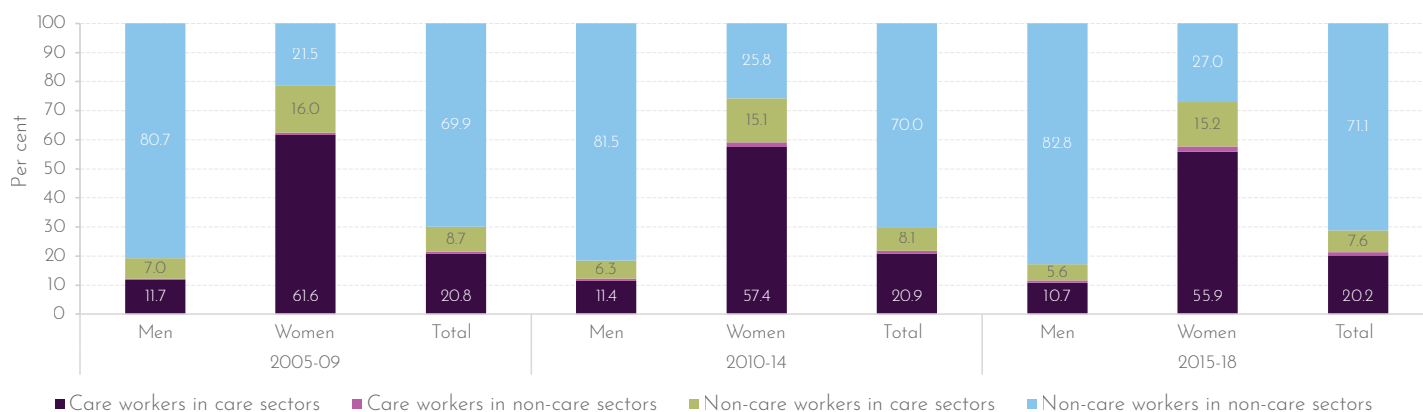
Care sectors are the primary source of employment for women in Jordan, which is particularly important given women’s overall low rate of labour force participation. Overall, between 2005–2018, the proportion of care workers in the public care sector ranged from 20–21 per cent (Figure 3.14). An additional 9 per cent of workers were either non-care workers employed in care sectors (about 8 per cent) or care workers in non-care sectors (about 1 per cent). Yet for women, care work in care sectors constituted well over half of female employment in the public sector, and non-care work in care sectors an additional 15 per cent. The role of care

work in women’s employment in the public sector declined slightly over time, but by 2015–2018 still accounted for nearly one in four working women in the public sector. Among men, by contrast, the care sector overall accounted for less than 20 per cent of public sector employment.

The role of care work in women’s employment in the private sector is perhaps even more important given the substantial barriers to women’s participation in private employment documented throughout the region. In the private sector, care work in care sectors accounted for an increasing proportion of female employment over time, reaching nearly one-third of private sector employment in 2015–2018, compared to about 5 per cent of male employment in the private sector (Figure 3.15). There was also some increase in the percentage of women employed in non-care jobs in care sectors.

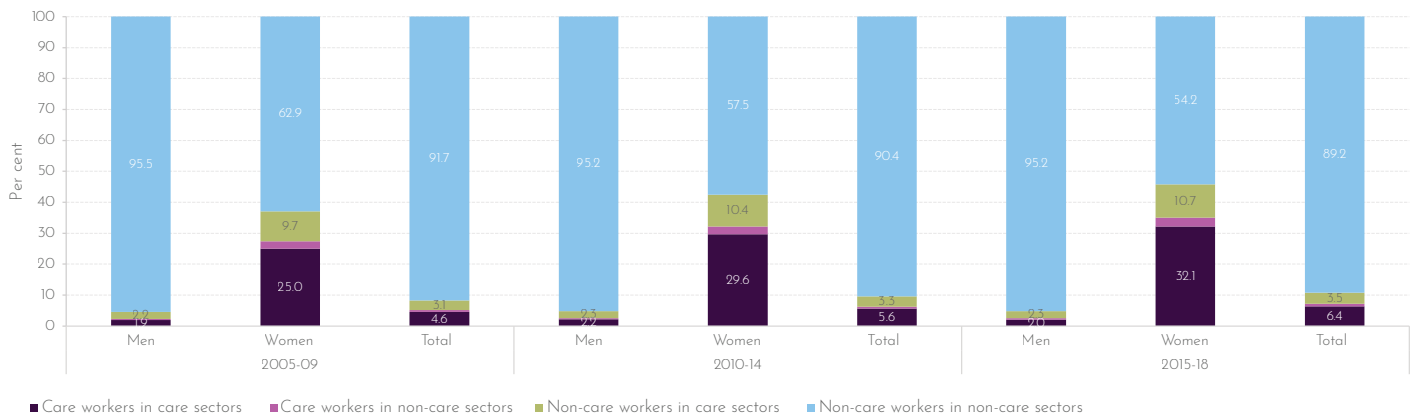
Among the reasons behind the high concentration of women in care sectors, and the public sector specifically, is that such occupations are viewed as socially more appropriate in Jordan.

FIGURE 3.14: DISTRIBUTION OF WORKERS IN JORDAN BY SEX, IN CARE AND NON-CARE OCCUPATIONS, PUBLIC SECTOR, 2005–2018



Source: Authors’ calculations based on the EUS 2005–2018.

FIGURE 3.15: DISTRIBUTION OF WORKERS BY SEX, IN CARE AND NON-CARE SECTORS, PRIVATE SECTOR, 2005-2018



Source: Authors' calculations based on the EUS 2005-2018.

Women and their relatives tend to be deterred from jobs that involve mixing with men, fieldwork, working at night and long working hours.³⁸⁹ In addition, the share of women workers with jobs requiring vocational education or apprenticeship is minimal.³⁹⁰ The concentration of women in jobs that align with socially ascribed gender roles is thus an important consideration for investment in the care sector. While such investment can increase job opportunities for women, it is also important to address barriers to women's entry into jobs that are seen as less socially acceptable, which may include certain care professions – such as in the health-care sector – that do not offer preferred conditions for women's employment.

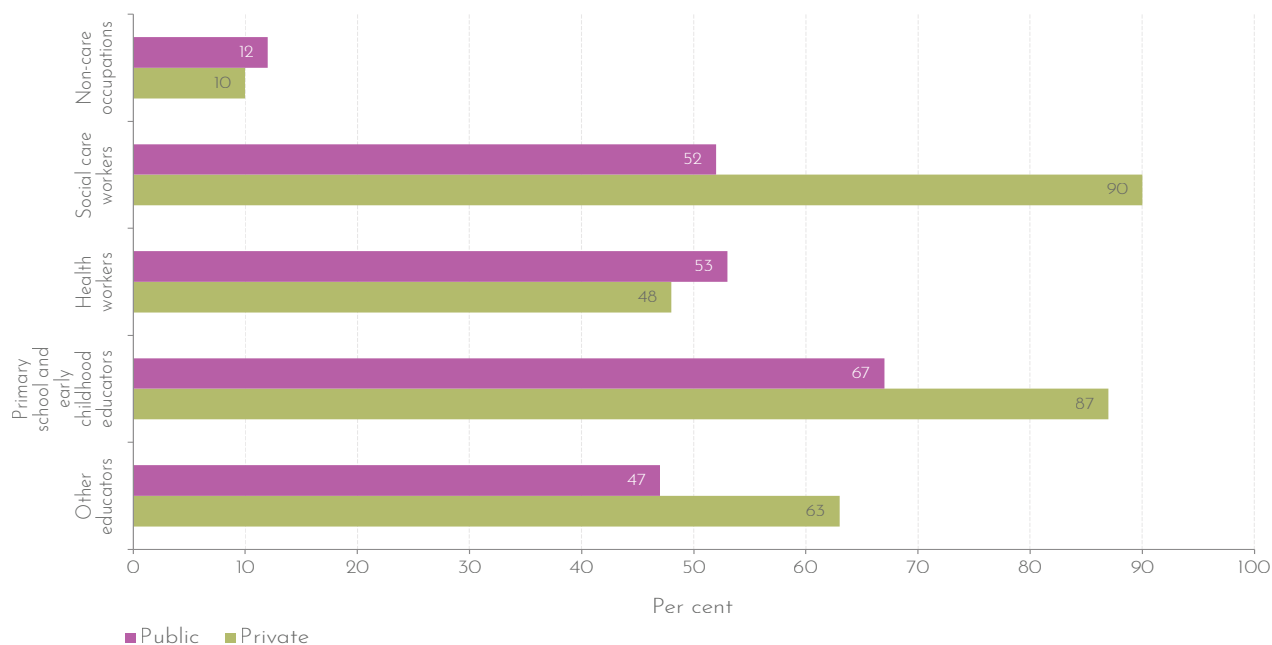
There is a particularly high level of feminization of care work in the social care and ECCE subsectors (Figure 3.16). For example, in the private sector, women comprised 90 per cent of social-care workers and 87 per cent of ECCE workers. Women also constituted around half of health-care workers in both the public and private sectors, and about half of other educators in the public sector. In the private sector, women constituted over 60 per cent of educators at other levels.

While the strong role for women in paid care sectors indicates that the care economy can be an important source of growth for women's employment, the persistence of high gender occupational segregation may also have some negative implications for women's labour force participation. Women's concentration in the paid care sector may indicate that they face challenges in entering other, potentially better-paid, occupations. Feminization of the paid care sector is also associated with this sector's devaluation globally.³⁹¹ The conditions of work in paid care sectors, explored further below, are thus critically important for women's economic opportunities.

Employment growth in paid care sectors

Growth in paid care sectors can be an important source of employment generation for women, as well as a driver of economic growth overall. Over the last two decades, economic growth in Jordan has fluctuated considerably. After a period of expansion from 2004–2008, the economy stalled, particularly after the Arab Spring and the Syrian conflict in 2011.

FIGURE 3.16: PROPORTION OF JORDANIAN WORKERS WHO ARE WOMEN, BY OCCUPATION AND INSTITUTIONAL SECTOR, 2015-2018

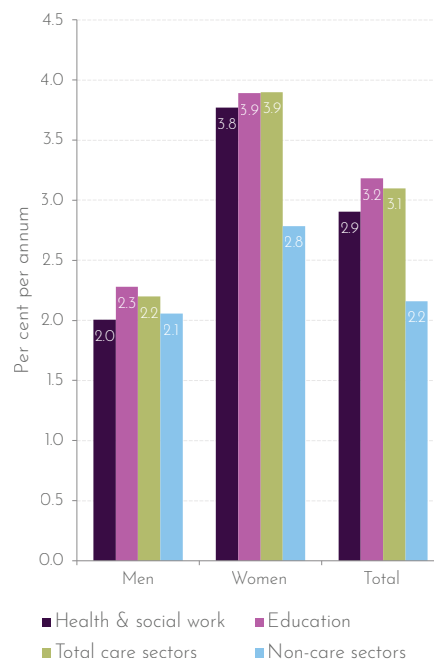


Source: Authors' calculations based on the EUS 2005-2018.

According to the Central Bank of Jordan, economic growth declined dramatically, from as high as 8.2 per cent in 2005 to 5.5 per cent in 2009, and finally to 2.1 per cent in 2017. The average annual economic growth for the period 2005–2017 stood at 4.4 per cent.³⁹²

Against this general picture of sluggish economic growth, care sectors appear to have outperformed non-care sectors in job growth – measured as annual percentage change in the number of workers from 2005–2017 (Figure 3.17). This is particularly true for the female workforce. Employment growth in the health and social work sector was 2.9 per cent per year during this period, and 3.2 per cent in education, compared to 2.2 per cent in non-care sectors. Only women's employment in care sectors grew at a rate near that of overall economic growth, likely due to the fact that women cluster in such activities.

FIGURE 3.17: AVERAGE ANNUAL EMPLOYMENT GROWTH (PERCENTAGE) IN CARE AND NON-CARE ACTIVITIES, JORDANIAN WORKERS, 2005-2017



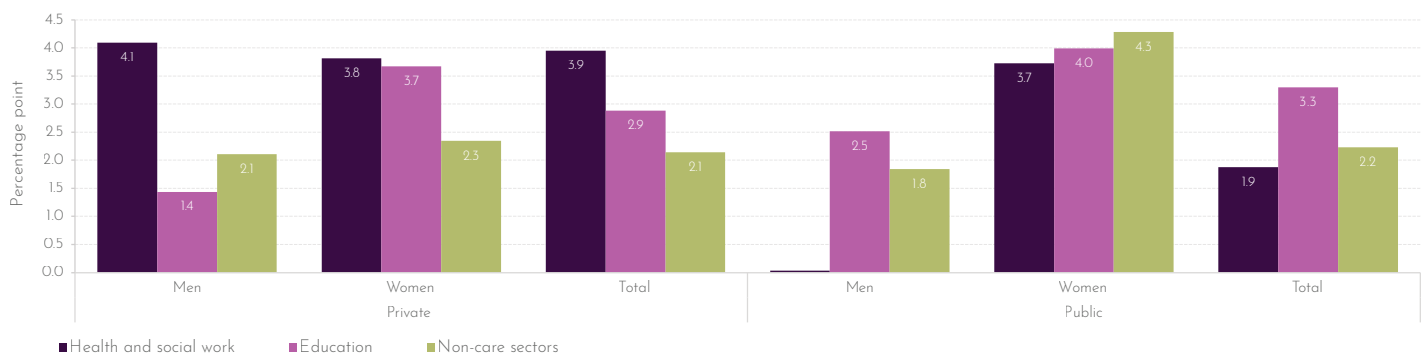
Source: Authors' calculations based on the ECES database (2005-2017).

The demographic shock caused by the Syrian refugee influx may have contributed to this trend, as it fuelled increased demand for schooling and thus for teachers. This may also be the case for health–care services. The important role of care sectors in job growth over the past decade is confirmed by DoS, which reported the total net number of jobs created in Jordan in 2017 based on the Job Creation Survey.³⁹³ Education activities contributed to about 16 percent of total net job creation. On the other hand, the contribution of health and social care subsectors stood at almost 8 per cent of new jobs.

Growth in the care sector from 2005–2017 followed different patterns for the public and private sectors. First, the public sector contributed relatively more to employment growth among women than among men. However, across both public and private sectors, employment growth in care sectors was higher for women than it was for men. Private sector employment growth in care sectors also outpaced employment growth in non–care sectors, with the exception of the education sector for men. These findings again confirm the importance the care economy in job growth, particularly for women.

Second, while the public sector drove employment growth in educational activities, the influence of the private sector was stronger in creating health and social care jobs. As the public sector salary ladder is rigid, the public health sector suffered from staff drain to the private sector during this period. In MoH’s *Strategic Plan for 2018–2022*, this factor was considered among the main threats facing public health provision.³⁹⁴ In 2018, MoH reported that of the 30,336 physicians in Jordan, 80 per cent were men, whereas the distribution in nursing was less imbalanced (men accounted for almost 43 per cent of the 30,625 nurses).³⁹⁵ That men tend to be more occupationally mobile and are overrepresented among physicians offers a possible explanation as to why men’s employment growth in public health activities was almost nonexistent (0.03 per cent in Figure 3.18). Men are more likely to get better job opportunities and wages in the private health sector, inducing them to leave the public sector. Private sector employment growth among men in health and social care services amounted to 4.1 per cent. Bearing in mind that the labour market offers limited opportunities and less mobility to women, growth in employment generated by health activities for women did not vary much between the public and private sectors.

FIGURE 3.18: AVERAGE ANNUAL EMPLOYMENT GROWTH (PERCENTAGE) IN CARE AND NON-CARE ACTIVITIES BY INSTITUTIONAL SECTOR, JORDANIAN WORKERS, 2005–2017



Source: Authors’ calculations based on the ECES database 2005–2017.

The quality of care jobs

Growth in the care economy alone is not sufficient to improve either women's overall economic position or to redistribute care work from the household to the public sphere. The quality of jobs in the care sector has huge implications for women's well-being, given their overrepresentation in this sector, as well as for the quality of care services and families' willingness to use them.³⁹⁶ Quality, decent employment includes factors such as social insurance coverage, hours of work, commuting time, occupational safety, work schedules, rest periods, wages and the overall workplace environment. Gender equality lies at the heart of job quality, as women globally are less likely to have jobs and access to decent work.³⁹⁷

Generally speaking, working conditions are of concern in Jordan. One in two workers who lost or left their job in 2018 reported work conditions as the reason (Table 3.2). Among women, about 40 per cent identified work conditions as the reason for leaving, which may reflect women's limited opportunities for other employment and their concentration in the public sector. Marriage was also a reason for leaving work among women

(3.3 per cent), although not among men, which further illustrates the role of care responsibilities in dampening women's employment.

The remainder of this section uses the EUS data to elaborate further on two dimensions of job quality among care and non-care workers – namely, formality and working hours. The EUS of 2017 and 2018 asked respondents whether their establishments or employers were registered with the social security system, and whether the employee had signed a written contract with their employer.³⁹⁸ A worker is considered 'formal' if they have a written contract and/or a social security account. Since social security coverage is nearly universal in the public sector, the analysis considers only care workers in the private sector.

Compared to non-care occupations, paid care jobs enjoy higher levels of formality, exceeding 93 per cent in education, regardless of year or gender (Figure 3.19). In 2017, 83 per cent of women health workers had formal jobs versus 69 per cent of male health workers in the same year. The prevalence of formality among women improved further in 2018, to around 86 per cent. By contrast, women social-care workers were considerably less likely to have formal jobs (67 per cent in 2017).

TABLE 3.2: DISTRIBUTION OF THOSE WHO LEFT THEIR WORK, BY REASON AND GENDER, 2018

Reasons for leaving work	Men	Women	Total
Economic	6.8	3.1	6.1
Incentives	6.9	8.4	7.2
Working conditions	52.4	40.3	50.0
Social	0.7	1.7	0.9
Personal	5.6	13.4	7.1
Marriage	0.0	3.3	0.7
Retirement	12.6	14.7	13.0
Health	6.7	5.3	6.4
Others	8.4	9.9	8.7
Total jobs left	57 258	14 003	71 261

Source: Author's calculations based on DoS. 2018a. "Distribution of Those Who Left Their Work by Reason and Gender 2018 [in Arabic]."

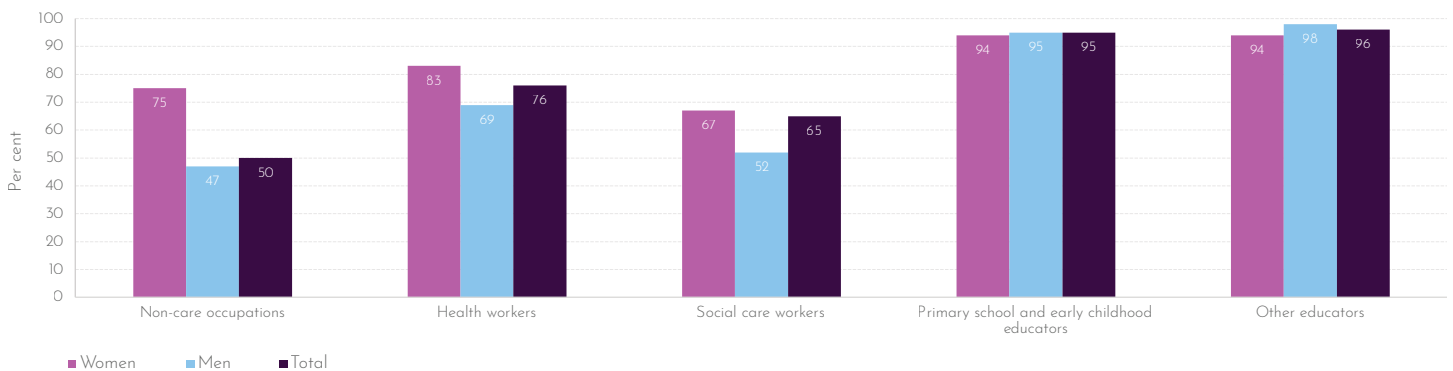
Among care workers, those in the social-care subsector had the least job formality.

Although care workers in Jordan enjoy relatively high levels of formality, that does not necessarily guarantee job quality. Hours of work are a key element of job quality, especially in emotionally and at times physically intensive work such as care professions. Longer working hours may come at the expense of free time and family responsibilities, including unpaid care work. Jobs with long working hours may correspondingly discourage women from participating in the labour market. On the other hand, low working hours may

imply underutilization of labour resources and result in lower income, particularly if workers are involuntarily working fewer hours.

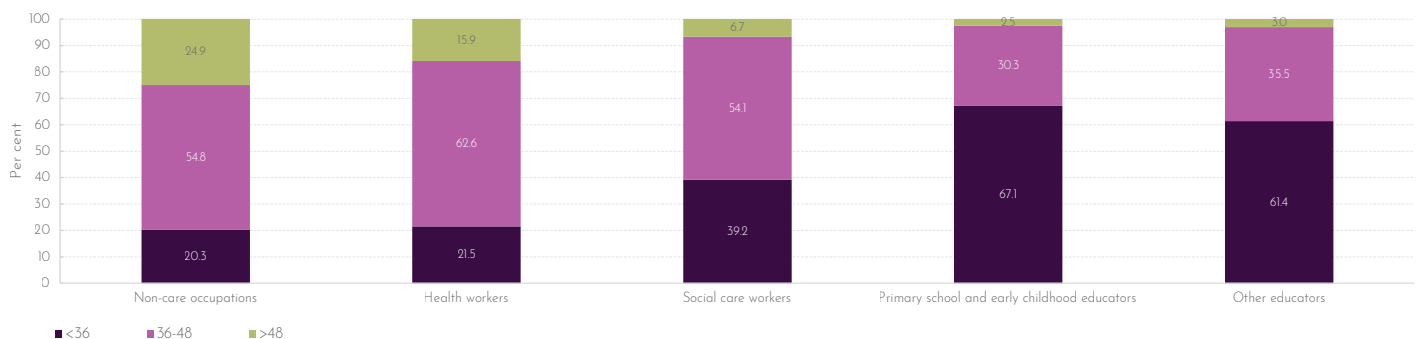
Of those working more than 45 hours/week, care workers appeared to have shorter hours compared with their non-care counterparts (Figure 3.20).³⁹⁹ This was particularly true for education, where workers were concentrated in the 36-hours-per-week-or-fewer category, which may explain part of the attraction of this field to women. Among care occupations, health workers were those most likely to work longer hours. However, the proportion of health-care workers working more than 45 hours/week has declined over time.

FIGURE 3.19: PROPORTION OF PRIVATE SECTOR WORKERS WHO ARE FORMAL, BY GENDER AND OCCUPATION, 2017



Source: Authors' calculations based on the EUS 2017.

FIGURE 3.20: DISTRIBUTION OF WORKERS IN JORDAN, BY WEEKLY WORKING HOURS AND OCCUPATION, 2015-2018



Source: Authors' calculations based on the EUS 2015-2018.

Those working longer hours in non-care sectors, which are dominated by men, revolved around one quarter in the period (2015–2018). This is another impediment to equal sharing of domestic work between women and men in the household.

Characteristics of care workers

Age structure

The distribution of care and non-care occupations reflects Jordan’s demographic structure, as youth and the early-middle-aged (under 40) are the majority of the population. Around 70 per cent of employed individuals were under 40 (Figure 3.21). Early childhood educators (63.4 per cent) and health-care workers (60.2 per cent) were mostly aged 25–39, whereas social-care workers and other educators tended to be a bit older. The same general age patterns held for both men and women care workers.

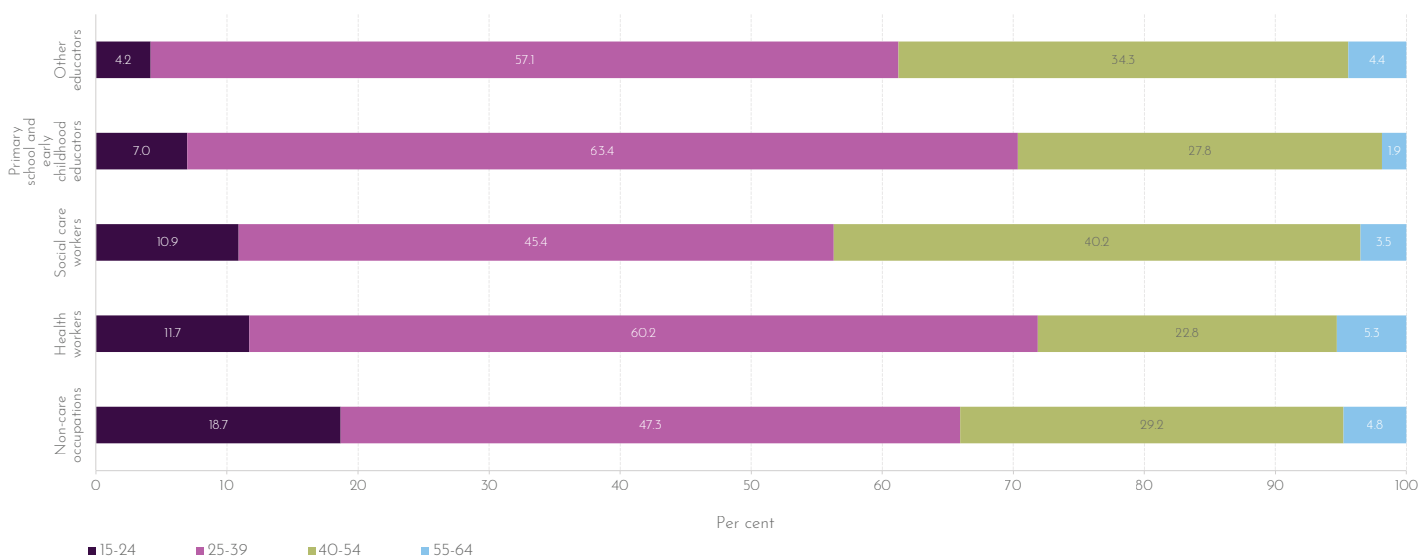
The distribution of care workers by age appears to have shifted over time in favour of older generations, particularly in education. In other

words, care workers are aging. This may arise from the difficulties Jordan faces in creating jobs for new labour-market entrants, in both care and non-care sectors. The mismatch between the skills required in the labour market and educational outcomes results in prolonged structural unemployment, making the youth unemployment rate in Jordan among the world’s highest (39.2 per cent).⁴⁰⁰ The prevalence of this pattern in care sectors requires additional analysis, but a possible explanation is the large share of the public sector in the care economy, and the inability of the Government to create new jobs. The limited public sector jobs in Jordan are distributed through a queue system, applying date of graduation as a main determinant of employment. This is of concern because older graduates queueing long periods for such opportunities may suffer skill decay. This may ultimately affect the quality of care services provided by the public sector.

Education

Jordanians working in health and education jobs are well-educated overall.

FIGURE 3.21: DISTRIBUTION OF WORKERS IN JORDAN, BY AGE AND OCCUPATION, 2015–2018



Source: Authors’ calculations based on the EUS 2015–2018.

Nearly all health-care workers, primary and early childhood educators and other educators had a university degree (99 per cent), compared to 25.5 per cent of those employed in non-care occupations in 2015–2018. The educational attainment of care workers has also improved over time. An abundance of educated care providers, if matched with better quality of education, leads to better care services. On the other hand, only 10.9 per cent of social workers had a university degree, and 44.9 per cent had a secondary-level degree. This may be due in part to the older profile of social-care workers (particularly women), the hiring practices of employers in the social-care sector, or the desirability of social-care jobs among women.

At the aggregate level, the number of graduates with majors in care fields has grown exponentially over the last two decades, resulting in increased unemployment among new graduates. This problem even extends to graduates with health specializations. As many nursing departments and colleges have been established, the number of trained nurses outnumbers available vacancies in public and private institutions.⁴⁰¹

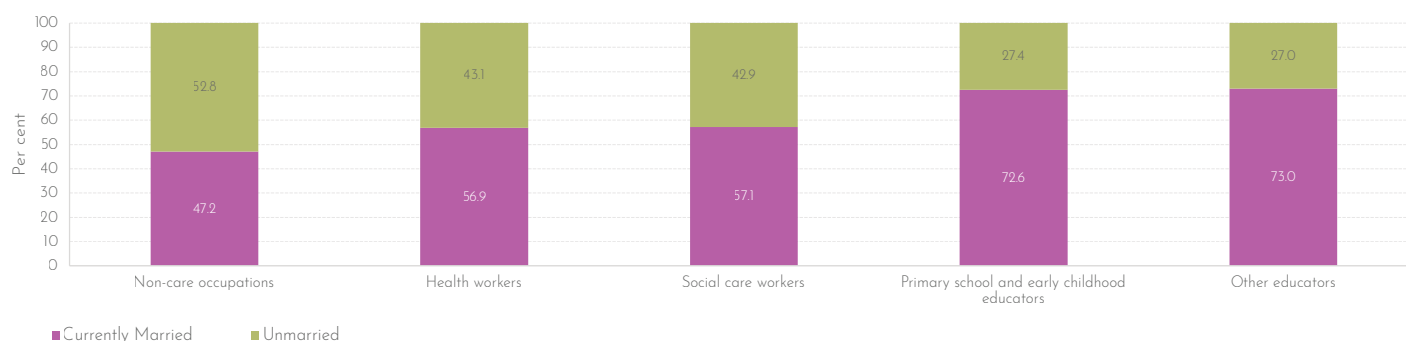
Although women care workers are as educated as men, a considerable wage gap exists in the care economy, a traditionally female-oriented sector. DoS reports average wages of women and men workers in various economic sectors covered by social security. In 2018, men working in health and social-care professions earned on average JOD 689 compared to 741 among those in education (USD 972 and 1,045, respectively). Women earned considerably less: JOD 507 on average in health and social care and 416 JOD in education (USD 715 and 587, respectively).⁴⁰² This translated into around 26 per cent and 44 per cent wage gaps in the aforementioned sectors, respectively. One

possible explanation for this pattern is the limited female leadership in both sectors. Other evidence suggests that women are more likely than men to earn less than the minimum wage in Jordan, particularly in education occupations.⁴⁰³ Thus, while women constitute a large share of early childhood education workers, women workers in private primary schools and kindergartens do not have equal and transparent wage policies. For example, during the COVID-19 pandemic, private schools and kindergartens were among the main sectors accused of delaying, and in some cases not paying, the salaries and compensations of teachers.

Marital status

As demonstrated, marriage increases time spent on unpaid care work for Jordanian women. This is likely one of the reasons why research has consistently found that women in Jordan and across the region leave the labour market, and particularly private sector employment, at high rates upon marriage.⁴⁰⁴ The fact that married women participate in paid care work at higher rates than other sectors suggests that it may be more compatible with their household roles. Compared with non-care workers, women care workers were more likely to be married (Figure 3.22). This was particularly true for women in the education sector. Importantly, the proportion of married women in health and social-care sectors was lower than that among women working in education activities. In the most recent period, the difference stood at nearly 16 percentage points. These patterns may result from individual preferences towards marriage among workers in different sectors, the inability of women in such sectors to reconcile domestic responsibilities with work, and negative social beliefs about women engaging in health careers.

FIGURE 3.22: DISTRIBUTION OF WOMEN WORKERS IN JORDAN, BY MARITAL STATUS AND OCCUPATION, 2015–2018



Source: Authors' calculations based on the EUS 2015–2018.

3.5 TOWARDS POLICY INTERVENTIONS TO RECOGNIZE AND REDISTRIBUTE UNPAID CARE WORK

Key findings

Unpaid care

Women in Jordan, and particularly married women, bear nearly all of the responsibility for unpaid care work, including both direct care for children and the elderly and indirect care for the household. Meanwhile, men make almost no contribution to unpaid care work. Women's time in unpaid care work does not vary by their employment status, such that employed women continue to work a full "double shift"⁴⁰⁵ of housework after their paid workday. Employed, married women therefore spend the greatest total hours in all forms of work, at 65 hours per week, as opposed to 44 hours per week among employed, married men. The responsibility for unpaid care is therefore a strong disincentive for women to participate in the labour market, particularly after marriage, contributing to Jordan's very low FLFP rate.

In addition to marital status, there are a number of household-level factors that predict women's time spent on unpaid care work and point to the importance of developing care services to redistribute some of this responsibility to the public or private sectors. Having a child aged 0–3 in the household is one of them; although there is no such effect for having a child aged 3–5 or 6–17 (which may reflect the expansion of ECCE for children aged 3–5 and school enrolment for older children). The presence of an elderly household member reduced married women's time on unpaid care work, which suggests that co-resident grandparents help with children and housework, a form of support that is being lost with the increasing nuclearization of households in Jordan. Finally, the presence of a disabled or chronically ill household member increased time in unpaid care work for both married and unmarried women. With the aging of Jordan's population and increasing prevalence of chronic illness, this will become an area of increasing concern and need for policy attention to develop care services for the elderly.

The paid care economy

The paid care sector is a highly significant sector of the Jordanian economy, constituting over a

quarter of public sector employment and a small but growing share of private sector employment in Jordan. Employment in care sectors, particularly for women, also grew faster than in other sectors of the economy between 2005–2017. This growth reflects the increased demand for care services, and particularly for education. Policy measures to expand care services may further stimulate employment growth.

The expansion of employment in the paid care sector is of particular importance to women, for whom it represents nearly 60 per cent of total employment. This level of feminization is striking, given the very low FLFP rate among women in Jordan in general and in the private sector in particular. The quality of jobs in the paid care sector is also of particular importance to women given their overrepresentation in the sector. Care work may be attractive to women because of its relatively high levels of formality compared to other sectors, as well as shorter working hours, especially in education. However, there is a substantial wage gap in care sectors, and women are more likely than men to earn below the minimum wage, particularly in education.⁴⁰⁶ This pattern may reflect overall devaluation of paid care work – particularly in highly feminized subsectors that are often low-paid because of their association with women’s unpaid care work.⁴⁰⁷ Ensuring fair wages in care sectors, including the domestic work sector, is therefore an important priority.

Policy recommendations

Jordan has made considerable care-related policy efforts in recent years, particularly in expanding ECCE and reforming paid care leaves. However, there is little evidence as to whether the maternity leave reform has increased women’s labour force participation, which may be linked to Jordan’s economic situation and persistent gender inequalities in attitudes towards unpaid care work.

Evaluation of this and other more recent reforms are greatly needed. For care policies to be effective, implementation and monitoring mechanisms are needed, as well as communication strategies to address the social norms surrounding unpaid care.

Implement programmes and campaigns to address gender roles

Social norms and practices in Jordan contribute to lower female labour force participation,⁴⁰⁸ and to strong imbalances in the division of unpaid care work. The country needs to adopt serious efforts to gradually change adherence to gender-stereotyped roles, by focusing on education curricula and social development programmes as well as policies. Research has shown that Jordanians also tend to overestimate the level of social disapproval of women’s employment, relative to their own general support for women engaging in paid work.⁴⁰⁹ Campaigns that aim to provide accurate information about public opinion regarding women’s employment, as well as those that address specific barriers to employment – such as working hours, gender-mixing and the impact of employment on women’s caregiving roles, may thus begin shifting attitudes towards more egalitarian gender roles.⁴¹⁰

Conduct a national time-use survey and strengthen other data sources on the care economy

Recognition of the extent of unpaid care, its role in supporting other areas of social and economic life, and the value of unpaid care to the economy requires measurement.⁴¹¹ The best source of data for a full accounting of unpaid care and particularly the value of women’s unpaid care work is a time-use survey. The UN Women Jordan Country Office and DoS are planning to conduct the country’s first time-use survey in 2021, which will be an important

source of data on the care economy. Additional initiatives to strengthen data collection on key care sectors – including ECCE, social care and domestic work sectors – should also be undertaken as part of a national effort to support the policy initiatives discussed below with additional data should be a key priority.

Monitor and evaluate reforms to maternity and paternity leave policies and implement supporting programming to address social norms

Although reform of the financing mode for maternity insurance was a positive step, it is unclear whether it has had the intended effect of reducing employers' disincentives to hire women and increasing FLFP. A rigorous evaluation of the reform is needed in order to understand its impacts on both labour supply (women's choices) and demand (employer's hiring practices). This will help determine whether amendments are needed and provide evidence for other countries that might consider moving to a social-insurance-based maternity-financing scheme.

The recent adoption of a paternity leave policy is also very positive and places Jordan among pioneering countries in the region. Yet evidence from countries that have implemented paternity or parental leave policies demonstrates that their availability does not guarantee that men will use them.⁴¹² Given the persistence of norms that discourage men's involvement in childcare, efforts are needed to normalize the idea of men taking paternity leave. It is also unclear whether men will actually invest their paternity leave in care activities. Its duration, at only three days, is insufficient to establish a more equal unpaid care distribution within the household in the long-term. Nevertheless, communication efforts to promote the importance of involvement in early childcare, for both children and their fathers, may help to support

the adoption, and potential future expansion, of paternity leave.

Enforcement and monitoring similarly needs to be improved to ensure that new maternity and paternity leave laws are followed. The Government and the Social Security Corporation need to enhance their capabilities by recruiting more labour inspectors and investing in on-the-job training.

Continue to expand Early Childhood Care and Education

Expanding quality ECCE services has the potential to improve early childhood development outcomes, redistribute some of women's unpaid time in childcare, and increase employment opportunities for women, who dominate this sector. Correspondingly, the recent policy decision to make kindergarten mandatory for children aged 5+ should be evaluated for its impact not only on children but also on women's time spent on unpaid care and the FLFP rate.

Efforts are also needed to increase the participation of younger children in ECCE, as enrolment rates in nursery are much lower than in KG. At the same time, a large proportion of families do not enrol their young children in nurseries because the mother is a housewife.⁴¹³ Encouraging ECCE enrolment therefore requires a combined approach to improve the supply, quality and affordability of nurseries, while also testing innovative ways to encourage households to use these services. In Kenya, a pilot intervention that provided women with vouchers to pay for early childcare successfully increased women's employment rates.⁴¹⁴ Yet evidence also shows that the structure of ECCE is important; short pre-primary school days may conflict with mothers' working schedules.⁴¹⁵

The recent policy requiring employers to establish nurseries for the small children of their employees is a positive development, particularly in its formulation based on the number of children of all female and male employees. Enforcement and monitoring of the policy are nevertheless required to determine how employers react to its implementation and their degree of compliance. Furthermore, institutional nurseries constitute only a small percentage of all nurseries⁴¹⁶ and even with an increase in FLFP, will only be available to a relatively small number of women given their low labour force participation rates. Expansion of institutional nurseries is therefore unlikely to be sufficient to increase ECCE enrolment rates at a national level. Innovative examples in countries such as Ecuador, which expanded ECCE coverage and improved quality through a coordinated programme with agreements between local governments and civil society organizations,⁴¹⁷ could be a model for expanding nurseries in Jordan. Regardless of the delivery model, investment in achieving universal coverage of ECCE is needed. The reallocation of funds from maternity insurance revenues away from investment in childcare services during the COVID-19 pandemic⁴¹⁸ is a setback in this regard and should be restudied.⁴¹⁹

Expand elder care

Investment in elder-care services is particularly important given Jordan's ageing population and the impact of having a disabled or chronically ill household member on women's time in unpaid care. As in most countries of the region, elder-care services are underdeveloped in Jordan. To meet the diverse needs of a growing elderly population, investment in both residential and non-residential elder-care services is needed.⁴²⁰ These investments should also focus on the quality of elder-care services, which is closely linked to the quality of jobs in this sector. Social-care workers, which include elder-care workers as well as some ECCE

workers, are the most vulnerable private sector care workers, with lower levels of education and job formality than other care sectors.

Invest in the care economy more broadly as a potential source of economic growth

Policies to encourage a more equal division of unpaid work, coupled with enhanced market-based care services, may broaden women's labour market opportunities. These could be catalysts to improve labour market opportunities for women, if the country invests more in decent employment in the care sector. Investment in the care economy may also serve as an overall driver of economic growth, by increasing demand in other, non-care sectors (e.g. construction and materials for new facilities). The Jordanian economy as a whole requires higher economic growth and job creation in order to absorb the number of people entering the labour market every year. The unemployment rate, which has been in the double-digits since 1990, reached 18.6 per cent in 2018.⁴²¹ But the rate was twice as high among youth, and a considerable share of youth (28.7 per cent in 2015) are not in education, employment or training.⁴²²

This analysis demonstrates that the care economy could absorb some of these labour-market entrants, particularly if investments in the sector are made in combination with efforts to encourage young people to be trained in and enter care professions. Improved professionalization of care occupations must be accompanied by measures to match graduates to labour market opportunities, in order to improve the qualifications of care workers and the quality of care services.

MATERNITY LEAVE AND ITS FINANCING IN JORDAN



Maternity leave is one of the essential paid leaves promoting the health of infants and mothers. Sufficient maternity leave can also reduce dropout rates of working mothers.

International Labour Organization (ILO) Convention No. 183 requires a minimum duration of maternity leave of 14 weeks and an income replacement rate of at least two-thirds; however, Jordan's Labour Law provides just 70 days (10 weeks) of fully paid maternity leave for the private sector and 90 days (13 weeks) for the public sector. As for the financing scheme, the ILO specifies that maternity leave could rely on a social security system – optimally – or an employer liability system. Yet, applying an employer liability system often discourages employers from hiring women to avoid the related costs.

A national dialogue was launched in 2008 to discuss potential maternity leave reforms aimed at reducing the burden on employers for the financing of maternity leave. The Jordanian National Commission for Women (JNCW) led the initiative, in cooperation with various stakeholders, including the Ministry of Labour (MoL), MoSD, labour unions and civil society organizations.⁴²⁵

As a result of this process, in 2011, the employer liability system was transformed into a social security system. A Maternity Insurance Fund was created, to which employers contributed 0.75 per cent of their total payroll, regardless of whether they hired women or not, as a translation of the social solidarity principle. Such a mechanism sought to mitigate any potential increase in the inequality of opportunities between men and women in the labour market. All employers are charged a significantly smaller percentage of their payroll than the cost of financing 70 days of maternity leave.

Consequences of the policy change

Altering the source of financing for Jordanian maternity leave aimed to improve the FLFP rate and modify employers' perceptions of

women workers as a financial burden.⁴²⁶ Hence, employers could take advantage of women's capabilities and experience without having to incur any additional costs compared to employing men.

Yet, according to the Secretary General of the JNCW, Salma Nims, the policy change in question did not significantly increase women's labour force participation.⁴²⁷ She attributed this to the persistence of stereotypical gender roles that prohibit women from increasing their time in paid work due to their unpaid care responsibilities. She equally blames the absence of decent work environments, which often oblige women to face sexual harassment with no policies in place to protect them – especially in small and medium-sized enterprises, which represent 95 per cent of Jordan's private sector. Meanwhile, the gender wage gap pushes many women to leave the labour market. Nims also suggested that women cannot keep full-time paid jobs after returning from maternity leave due to the non-enforcement of the Nurseries Establishment Law at many workplaces.

Moreover, she said the unequal duration of maternity leave between the public and private sectors discourages many women from working in the private sector. Nims said there has been discussion about the possibility of extending the duration of maternity leave in the private sector to 90 days (as in the public sector), and it has been suggested that this could be covered by the Maternity Insurance Fund, although

there are no concrete plans to this effect.

The aforementioned outcomes have driven the Jordanian Government, through the JNCW, to work on a more integrated framework based on the Women's Economic Empowerment Action Plan 2019. This has entailed launching additional programmes and policies, including:

- different JNCW campaigns to raise women's awareness of their rights in private sector working environments while encouraging them to take on different leading roles.
- collaboration with the World Bank on additional campaigns to address stereotypical social norms towards women and supporting positive gender relations within the family.
- MoL issued a new law requiring any company with more than 10 workers to implement policies to respond to sexual harassment.
- the Jordanian National Committee for Pay Equity was formed to reduce inequalities between men and women in the labour market in 2011.
- the regulation on childcare in the workplace was amended in 2019 to oblige employers to establish a nursery in the workplace whenever its workers (male or female) collectively have at least 15 children under the age of 5. Hence, it has become a family- rather than a woman-related service, as it is no longer based on the number of employed women.

- paternity leave of three days – instead of a suggested leave of 10 days – was introduced in 2019 to highlight the responsibility and the right of fathers to care for their newborns.

older than age 5.⁴²⁹ However, it is not known whether this measure will be extended beyond the pandemic and further studies will be needed to understand its impact.

The Maternity Insurance Fund and COVID-19

In the light of the deteriorated economic situation due to COVID-19, in March 2020, Defence Order No. 1 declared that 50 per cent of Maternity Insurance Fund resources would be utilized to finance in-kind assistance to the most vulnerable Jordanians (day-wage workers, the elderly, etc.).⁴²⁸ According to Nims, there has also been discussion of allowing the Maternity Insurance Fund to provide vulnerable women with specific funds to cover the cost of nursery fees for a limited period in the absence of nurseries in the workplace. Temporary assistance for childcare was introduced on 20 October 2020. Under the new plan, mothers working in the private sector who can obtain maternity leave benefits are allowed to receive an amount ranging from JOD 25 to 60 monthly (USD 35 to 85) for a maximum of 6 months to pay for childcare services at home or at a nursery – with the higher end of these subsidies directed towards women with lower earnings who opt for nursery care, and the lower end for mothers who choose to care for their children at home. Finally, these benefits are available for children no



THE CARE ECONOMY IN PALESTINE

EXPLORATORY ANALYSIS AND POLICY IMPLICATIONS

4.1	OVERVIEW	151
4.2	BRIEF OVERVIEW OF THE PALESTINIAN CONTEXT	151
4.3	CARE POLICIES AND SERVICES IN PALESTINE	153
4.4	UNPAID CARE WORK IN PALESTINE	157
4.5	CHARACTERISTICS OF THE PALESTINIAN PAID CARE SECTOR	167
4.6	FORMALITY AND COMPLIANCE WITH MINIMUM WAGE REGULATION IN PAID CARE OCCUPATIONS	172
4.7	CONCLUSIONS AND POLICY RECOMMENDATIONS	175

KEY MESSAGES

- 1** Unpaid care in Palestine is disproportionately performed by women. Time spent on unpaid care varies among women by demographic and socioeconomic characteristics, with marital status as the most influencing factor.
- 2** Palestine lacks universal access to early childhood care and education services, particularly for children aged three and younger. This represents a main obstacle to reducing time-use imbalances, as married and employed women spend substantially more hours in total paid and unpaid work.
- 3** The paid care sector employs about 15 per cent of total workers and half of employed women. By gender, over half of paid care workers are women.
- 4** Most paid care workers in Palestine are formal. However, the prevalence of formality, as well as wages, are lower among employed women in the private sector, reflecting lower-quality care and jobs among private care providers.
- 5** The Government should enforce the newly ratified education law to make kindergarten (KG) education universal and expand nursery services, both in the private and public sector.
- 6** In collaboration with stakeholders, the Government should raise awareness about gender equality to encourage the redistribution of the responsibility of unpaid care work from women to men.
- 7** To improve working conditions in the private sector and at the same time reduce the associated costs, the currently frozen social security scheme should be renegotiated to pave the way for a widespread approval by employers and employees. Compliance with the minimum wage law should also be enhanced.

4.1 OVERVIEW

Similar to other countries in the Arab States, the Female Labour Force Participation (FLFP) rate in the State of Palestine⁴³⁰ is low. FLFP has stalled over the past decade at around 20 per cent.⁴³¹ Existing literature cites weak labour market demand in Palestine and other countries in the Middle East and North Africa (MENA) as a main determinant of low FLFP.⁴³² However, sociocultural factors also likely contribute to women's low levels of employment outside the home. There is widespread support for attitudes that frame men's roles as breadwinners, while women are primarily viewed as caregivers. Findings from a recent report published by UN Women documenting the attitudes and perceptions of individuals from Palestine on gender roles and gender equality, show that 80 per cent of men and 60 per cent of women agree that women's most important role is taking care of the home.⁴³³

There is also a highly gendered division of labour in Palestine. For instance, labour force participation is much higher for men, at 82 per cent, than for women. In addition, differences in FLFP between married and never-married women are substantial (21 versus 47 per cent, respectively),⁴³⁴ which is in part related to the role of unpaid care, as more housekeeping responsibilities are expected from the former. The link between marital status and lower female labour force participation is well documented in countries in the MENA region.⁴³⁵ For example, commitment to children's education may sway women's decision to take up paid full-time work.⁴³⁶ Research therefore suggests that the responsibility for unpaid care is a main barrier for women to join the labour market in MENA countries. In this respect, lack of sufficient care services that could reduce time women spend engaged in care responsibilities is likely another detrimental factor.

This analysis explores the scope and distribution of unpaid care work in Palestine, with a focus

on estimating the extent of time allocated to unpaid care work by gender, employment status, and by other demographic and socioeconomic characteristics. It also explores the size and characteristics of the paid care sector (education, health and social care services) and examines the extent to which this sector provides decent jobs, a necessary condition to ensure that care services provided are of high quality. The findings of the analysis set the stage to recommend policies to reduce and redistribute unpaid care work as well as to promote decent employment within the paid care sector. They also help explore policies supporting the expansion of the paid care economy to promote women's economic empowerment through employment.

To present the broader context for care needs and provision, the following section presents the main economic and demographic characteristics of Palestine. Section three then reviews the current state of care policies and services. Section four presents the findings regarding time spent on unpaid care and explores underlying differences by region as well as by household and individual-level characteristics. Section five addresses the characteristics of the paid care sector and section six compares working conditions in the care and non-care sectors. Section seven discusses policy recommendations stemming from the analysis.

4.2 BRIEF OVERVIEW OF THE PALESTINIAN CONTEXT: ECONOMIC AND DEMOGRAPHIC FACTORS

The economic and demographic situation of Palestine is shaped by its unique geopolitical context. According to the World Bank's ranking, Palestine belongs to the lower-middle income countries.⁴³⁷ In 2018, GDP amounted to \$16,276 million. Over the past decade, real GDP

– measured using 2015 constant prices – grew at an average annual rate of 5.2 per cent. However, given Palestine’s high annual population growth rate – about 2.7 per cent – real GDP per capita has grown at an annual rate of 0.9 per cent, leveling at \$4,292 in 2018. Unlike any other country in the world, the performance of the Palestinian economy has been largely driven by impediments created by a prolonged Israeli occupation. These include trade barriers, restrictions of movement, expansion Israeli settlements, and economic inaccessibility of area “C”.⁴³⁸

Participation in the labour market in Palestine is gendered. Labour market outcomes for women also differ substantially based on educational attainment, where FLFP for educated women (those with tertiary education)⁴³⁹ was 67 per cent in 2018 compared to 10 per cent for the less-educated.⁴⁴⁰ The corresponding unemployment rate was 54 per cent and 44 per cent, respectively. For men, by contrast, labour market outcomes are not highly correlated with education and differences in labour force participation between the educated and less-educated are not substantial (87 per cent vs. 81 per cent, respectively). The same holds for the unemployment rate (21 per cent for the educated versus 27 per cent for the less-educated).

Despite their relatively high LFP rates, the lack of employment opportunities for educated women are related to the decrease in employment demand from the public sector, which has been the main employer of this group.⁴⁴¹ Generally, educated women prefer to seek employment in this sector to benefit from shorter working hours and other work benefits that are not well enforced in the private sector (see the discussion below), including paid vacations and maternity leave. Such working conditions are more aligned with societal and family values framed for women in Palestine, as in many other Arab countries.

The weak labour demand from the public sector is directly linked to the fiscal stress that the Palestinian Government has encountered over the past years. Chronically, the Government has depended on international aid to finance its budget. In 2010, the contribution of international aid represented 34 per cent of Government expenditures, which plummeted to 18 per cent in 2017.⁴⁴² Also, the Government finances about two-thirds of the budget from trade (import taxes), mainly with Israel. The Protocol on Economic Relations, signed in 1994 by the Israeli Government and the Palestinian Liberation Organization (PLO), entails that Israel collects import taxes on behalf of the Palestinian Authority (PA). This arrangement has exposed the PA to recurrent pressure from Israel, often in the form of freezing tax transfers.

The population of Palestine is 4.78 million, with 2.88 million residing in the West Bank (including east Jerusalem) and 1.9 million in the Gaza Strip. The Palestinian population has grown, since 2014, at an annual growth rate of 2.6 per cent; about 0.5 percentage points greater than the rate of the Arab States. While still high, population growth has been declining, from about 3 per cent in 2000, while household size has decreased from an average of 6.4 members in 1997 to 5.1 members in 2017.⁴⁴³

Palestine is a young nation, such that the share of individuals younger than 30 years old in 2017 was 68 per cent, with a median age of 27. The total dependency ratio is 74, which is mainly accounted for by a high child dependency ratio of 67, versus 7 for the old-age dependency ratio. Future shifts in age structure will slightly increase old-age dependency rates while child dependency will continue to dominate care needs.⁴⁴⁴ This dependency pattern helps to explain the time Palestinians spend on unpaid care, as shown below, in which little time is allocated to care for the elderly as opposed to caring for children.⁴⁴⁵ This is

one indication of the need to expand care services, such as KGs and nurseries, mainly for young children. The current dependency ratio for the 0–4 age group stands at 24.

4.3 CARE POLICIES AND SERVICES IN PALESTINE

Early childhood care and education (ECCE)

Palestine’s first national Early Childhood Development and Intervention Strategy and Implementation Framework was only adopted in 2017, for the period from 2017–2022, through collaboration between the Ministries of Education (MoE), Health (MoH), and of Social Development (MoSD), in partnership with regional and international NGOs and UN agencies. The main challenges facing ECCE in Palestine include low enrolment rates and lack of qualified kindergarten teachers. The national strategy identified these weaknesses as stemming in part from inadequate coordination and engagement among the different agencies and ministries with an interest in early childhood development (ECD), and the lack of financial and technical resources allocated by the State to this sector.⁴⁴⁶ With the aim of improving ECCE in Palestine, the ECD strategy aims to ensure sustainable access and equity to all children receiving education while upholding quality services; capacity–building of service–providers for families with children under age 6; supporting innovative services for early childhood development and interventions; and developing a monitoring and evaluation system for early childhood development and intervention services.⁴⁴⁷

Nurseries

Nursery licences are granted by MoSD. In collaboration with the MoH, Ministry of Public Works, Ministry of Local Government, Civil Defense and Governor’s Office in each governorate, MoSD oversees service–delivery based on the nurseries’ bylaws of 2011.⁴⁴⁸ These bylaws set the physical, environmental, educational and personnel qualifications for nurseries to legally operate. Under the law, nurseries in Palestine must accommodate children aged 0 to 4 years, including those with disabilities, and have a specified number of caregivers per child based on age group. Caregivers need to have at least passed the Tawjihi exam and have some qualifications in ECCE or a degree in early childhood education or a similar field. Continuous training of caregivers on child education and children with special needs is the responsibility of MoSD, as per the bylaws.⁴⁴⁹

The absence of adequate and accurate data remains among the major challenges facing this sector.⁴⁵⁰ Based on the most recent available data, there were 94 licensed nurseries in 2005. The number increased to 111 in 2010 and declined to 95 in 2014. The sector also faces quality challenges. In reality, caregivers in nurseries often do not meet qualification requirements. Furthermore, some nurseries, such as home–based nurseries, operate without a license and do not meet the criteria set by the bylaws. At a macro level, there is a shortage of personnel to monitor nurseries, as MoSD lacks the logistics of transportation and other procedures for nursery inspection and licensing committees.⁴⁵¹

Kindergarten (KG)2

Early childhood care and education in Palestine is provided by multiple organizations, including the

private sector, community-based organizations (CBOs), religious organizations, as well as NGOs and government agencies.⁴⁵² KG targets children aged 4–6. Both the MoE and MoH are responsible for developing specifications and criteria for KGs and to grant licences.⁴⁵³ While KGs are mostly managed by the private sector and NGOs/CBOs, the MoE's role is to provide pedagogical supervision, staff training and development of relevant curricula.⁴⁵⁴ A newly ratified law in 2017 stipulated that KG is part of the formal education system, and parents should enrol their children in this level of education for a maximum of two years prior to elementary education.⁴⁵⁵ For this reason, the MoE took the initiative to open some KG classes in public schools.⁴⁵⁶

Nationally, about 54 per cent of children between 3 and 5 years old are enrolled in KGs.⁴⁵⁷ Official

data on the number of KGs and total children enrolled also show consistent increases since 2014 (Table 4.1).⁴⁵⁸ Nevertheless, enrolment rates remain below universal. Parents' low awareness of the importance of preschool education and the absence of free preschools in the non-public sector contribute to low enrolment rates.⁴⁵⁹

Elder care

Although Palestine will experience some population aging over the coming decades, it remains one of the younger countries in the region, and the proportion of the population above age 65 is not projected to exceed 8 per cent by 2050.⁴⁶⁰ According to the 2017 Census, 15.9 per cent of households were headed by an elderly person aged 60 or above (16.8 per cent in the West Bank

TABLE 4.1: KINDERGARTEN ENROLMENTS BY REGION, FOR SCHOLASTIC YEARS 2014-2019

	Number of kindergartens	Total number of children enrolled	Average number of students per class
Palestine			
2014/2015	1,620	135,117	23.9
2015/2016	1,665	141,396	23.9
2016/2017	1,808	146,833	..
2017/2018	1,954	150,850	22.7
2018/2019	2,017	148,253	22.4
West Bank			
2015/2016	1,147	78,721	21.7
2016/2017	1,195	79,908	21.2
2017/2018	1,263	81,316	20.8
2018/2019	1,332	82,066	20.7
Gaza Strip			
2015/2016	518	62,675	27.6
2016/2017	613	66,925	..
2017/2018	691	69,534	25.4
2018/2019	685	66,187	24.9

Source: Palestinian Central Bureau of Statistics (PCBS) 2019.

Notes: The source does not clarify whether the kindergartens are public or private.

and 14.4 per cent in the Gaza Strip). The proportion of those who support themselves financially among the elderly was 11.6 per cent, whereas 29.8 per cent supported themselves and others and 58.6 per cent were supported exclusively by others.⁴⁶¹ The income sources of the elderly vary, but reliance on family is a very common phenomenon, as the family is the broader framework for their care.⁴⁶² Poor elderly may also benefit from the general cash assistance programme, based on qualification criteria that are set and administered by the MoSD. The number of elderly people in the programme reached about 71,000 in 2017, who constituted about 31 per cent of the total elderly in Palestine, and 10.3 per cent of the total beneficiaries of the programme.⁴⁶³ Yet data indicate that financial support for the elderly is not necessarily sufficient. In 2017, poverty affected 27 per cent of the total elderly population (18 per cent in the West Bank against 47 per cent in the Gaza Strip), which is equivalent to 5 per cent of the total number of poor people in Palestine.⁴⁶⁴

The Elderly Department of MoSD is responsible for caring for the elderly in Palestine, but this department lacks financial and human resources, as the director is its sole employee. There are a small number of other governmental, private or international organizations that provide care for the elderly, including housing services, day clubs, and some in-kind and cash assistance.⁴⁶⁵ As per a MoSD survey in 2015, there were 24 registered non-governmental institutions (21 in the West Bank and three in the Gaza Strip) concerned with the elderly. These were mainly charities and religious institutions that provided overnight long-term care services (15 institutions) or day services (nine institutions). It is worth noting that half of governorates lacked these services.⁴⁶⁶ In 2017, MoSD was working to provide service packages for the elderly suffering from difficult social, health and economic conditions. It was able to accommodate 60 elderly in a government care

home. Furthermore, it purchased residential and day services for the elderly from local community institutions and was able to accommodate another 70 people in this way.⁴⁶⁷

According to MoSD, there is a need for legislation that addresses poverty reduction and pensions, healthcare, abuse and neglect, literacy and education, care for people with disabilities, tax exemption, long-term care and other issues related to the elderly.⁴⁶⁸ In 2010, the 2010–2015 Strategic Plan for the Elderly in Palestine was launched, including a mission, vision, strategic goals and initiatives that were determined by a set of identified challenges. Revision of the strategy has shown that the achievements are very modest and include the formation of the National Committee for the Elderly, which is almost inactive, and preparing an elderly draft law which has not been approved yet. The most prominent challenges were lack of political prioritization and the lack of financial and human resources to carry out the actual implementation of the proposed activities in addition to the weak interest of funders.⁴⁶⁹

MoSD renewed its will to restore the strategic planning process for the 2016–2020 period. For this purpose, it relied on its Analysis of the Situation of Rights of Older People in Palestine 2015, in addition to drawing on the previous Strategic Plan for the care of the elderly in Palestine 2010–2015.⁴⁷⁰ The goals of the strategy are to: create a legal and legislative environment that guarantees the rights of the elderly, especially autonomy, participation and decent living; build a society that harnesses all its energies and capabilities in serving the issues of the elderly; provide comprehensive and integrated quality services for the elderly; and build alliances at regional and international levels on issues of the elderly in Palestine. These objectives were coupled with targets and indicators to monitor progress.⁴⁷¹

Paid leaves and employment benefits

Palestinian Labour Law No. 7 was adopted in 2000 to govern the employment relationship in both the West Bank and Gaza Strip as part of reforms to unify the fragmented legal systems in the State of Palestine. The law covers paid leaves as well as numerous other aspects of the employment relationship.⁴⁷²

The Law provides for paid maternity leave of 10 weeks, including at least six weeks post-delivery. It is granted for pregnant women who have spent 180 days at work prior to each delivery. Breastfeeding mothers are entitled to breastfeeding breaks during work hours, the total of which shall not be less than one hour per day for a period of one year after the date of delivery. This breastfeeding hour is to be counted as part of the daily working hours. Also, the law prohibits additional working hours during pregnancy and during the first six months after delivery or during night hours, except as approved by the Council of Ministers.⁴⁷³

Workers are also entitled to a number of other benefits. These include a pension/end of service bonus for workers who complete a year at work, the amount of which shall be one month's wage for each year of service. Workers are entitled to two weeks of annual paid leave and three weeks if they are working in hazardous or health-damaging occupations, as well as for those workers who have spent five years or more at the institution. Workers are also entitled to 14 days of paid sick leave each year and an additional 14 days of sick leave at half the wage. Finally, there are provisions in the labour law that prohibit the employment of women under the following conditions: 1. Dangerous or hard work, as defined by the Minister. 2. Extra working hours during pregnancy and during the first six months after delivery. 3. During night hours, except for work defined by the Council of Ministers.

In 2012, the minimum wage was set at 1,450 New Israeli Shekel per month (approximately USD 423) – 65 shekels per day and 8.5 shekels per hour.⁴⁷⁴ Major shortcomings noted of the labour law are that it excludes large segments of the Palestinian labour force, including self-employed workers, seasonal workers, unpaid family workers, domestic workers and those involved in unpaid domestic care and reproductive work at home.⁴⁷⁵ Surveys of working conditions have revealed that enforcement of the law is extremely lax, with large numbers of workers not being paid minimum wage nor receiving other protections.⁴⁷⁶

Social security law

A framework for a new social security system was developed in 2013 by the National Social Security Committee, in consultation with workers' and employers' organizations, representatives from line ministries, and members of civil society. As a result, a Social Security Law for private sector workers and their family members was endorsed in September 2016.⁴⁷⁷ This law provided for the first time a legal framework for the first private sector social security system.

In 2016, the Palestinian President ratified the social security law, which is based on a cost-sharing principle by employer and employees, covering safety, retirement and maternity insurance. Wages are utilized as a base to calculate the contribution of employers (8.5 per cent) and employees (7.5 per cent) in order to cover the cost of these mandated benefits. The period of maternity leave under the law would increase to 12 weeks (with a maximum of five weeks prior to delivery and a minimum of seven weeks post-delivery) at an income replacement level equal to the average monthly wage for the three months of contributions prior to the birth. This is conditional on the payment of three contributions in the year that preceded the maternity leave.⁴⁷⁸

However, the State of Palestine halted the implementation of the law after months of civil protests. A wide spectrum of workers has raised reservations regarding a number of issues, including employees' contribution, maturity time for workers to receive the benefits, and the terms of benefits to legal heirs.

4.4 UNPAID CARE WORK IN PALESTINE

Women assume the responsibility for unpaid care

The average time allocated to unpaid care work at the national level is displayed in Table 4.2. The

BOX 4.1: DATA AND METHODS

To explore the characteristics of unpaid care work, the analysis relies on the most recent time-use survey from 2012/2013, which was conducted by the Palestine Central Bureau of Statistics (PCBS).⁴⁸⁹ This nationally representative survey collected data on individuals' time allocation on a given day following a daily time record, which collected information on activities performed in 10-minute intervals. To make comparison easier with other countries included in the report, the daily time-use data (minutes per day) are aggregated to the weekly level (hours per week). These time estimates reflect the average time use of the entire population - both those who spent time on unpaid care and those who did not.

Descriptive analysis is presented in terms of the average time spent on unpaid care by individuals, covering direct and indirect care work across a number of household and individual characteristics. The latter include age, educational attainment, marital status, employment status, number of hours worked and sector of employment. The time-use analysis is also presented by region (the West Bank vs. Gaza Strip) and by type of locality (urban, rural and refugee camp). The analysis is disaggregated by gender and marital status, two key predictors of time spent on unpaid care work and is limited to the working-age population (aged 15-64).

The analysis further examines the amount of time that married women of different education levels allocate to unpaid care work based on the presence of children of different ages in the household. The underlying methodology utilizes a multivariate regression technique to estimate the additional time spent on care work based on having children of different ages, holding other demographic and socioeconomic characteristics constant. The methodology for this analysis is described in further detail in the Methodological Appendix.

The analysis of the paid care sector relies on the PCBS Population, Housing and Establishments Census from 2007 and 2017.⁴⁹⁰ The size and characteristics of the paid care sector, encompassing education, health care, social care and domestic work, are examined both at occupation and establishment levels. The establishment-level analysis includes establishments (firms) providing care services in the public, private and NGO sectors, as well as the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA). The establishment-level data include employers, the self-employed, waged employees and unpaid family workers. In this context, the establishment-level data explore the full extent of the paid care sector, encompassing those who are directly involved in the paid care activities (care workers) as well as those in supporting roles (non-care workers in care sectors). The establishment-level analysis also addresses growth of the paid care sector over the past decade.

The occupation-level analysis is limited to waged workers and focuses on the size of employment and distribution by gender, education and formality status. Informal workers are identified as those who are not entitled to severance payment, paid vacation, paid sick leave, and maternity leave for women.⁴⁹¹ In this respect, formality status serves as a proxy for job quality.

data show that, on average, Palestinians spend close to 20 hours a week on unpaid care work. More than three-quarters of this time is allocated to indirect unpaid care, and almost all of the time allotted to direct unpaid care is dedicated to children. The time allocated to care for the elderly is relatively little, with an average of 11 minutes.⁴⁷⁹ This is possibly due to the small size of this cohort, as those aged 60+ represented only 4.4 per cent of the Palestinian population in 2012.⁴⁸⁰ In other words, many Palestinian households have no elderly members.

Time use varies considerably by gender (Table 4.2). Women spend about 35 hours on unpaid care work versus about 5 hours for men, for a ratio of roughly 7 to 1. A similar gender gap holds for unpaid childcare and indirect unpaid care. This wide gender gap is affected in part by the fact that women are much more likely to engage in unpaid care work. Overall, 42 per cent of women engaged in direct unpaid care work and 94 per cent in indirect care work, compared to 18 and 49 per cent of men, respectively. The documented gender gap, either in the extent of time use or in the level of participation, reflects the stereotypical image that frames the household division of labour in Palestine.

Time allocation at the regional level (West Bank versus the Gaza Strip) is detailed in Figure 4.1, below. People in the Gaza Strip spend slightly more time (almost one hour more) on total unpaid care work compared with the West Bank. Women in the West Bank spend 34 hours on unpaid care work, while women in the Gaza strip spend 36. That is a ratio of 8 to 1 and 7 to 1 relative to time spent by men in the West Bank in the Gaza Strip, respectively. On average, urban residents spend slightly more time on unpaid care work (slightly above the national average) relative to residents in rural areas and refugee camps. Residents of refugee camps spend slightly more time on direct unpaid care, while spending the least amount of time on indirect care activities. As for differences by gender, the data show the same pattern of household division of labour reported above.

Marriage is a key determinant of women's time spent on unpaid care

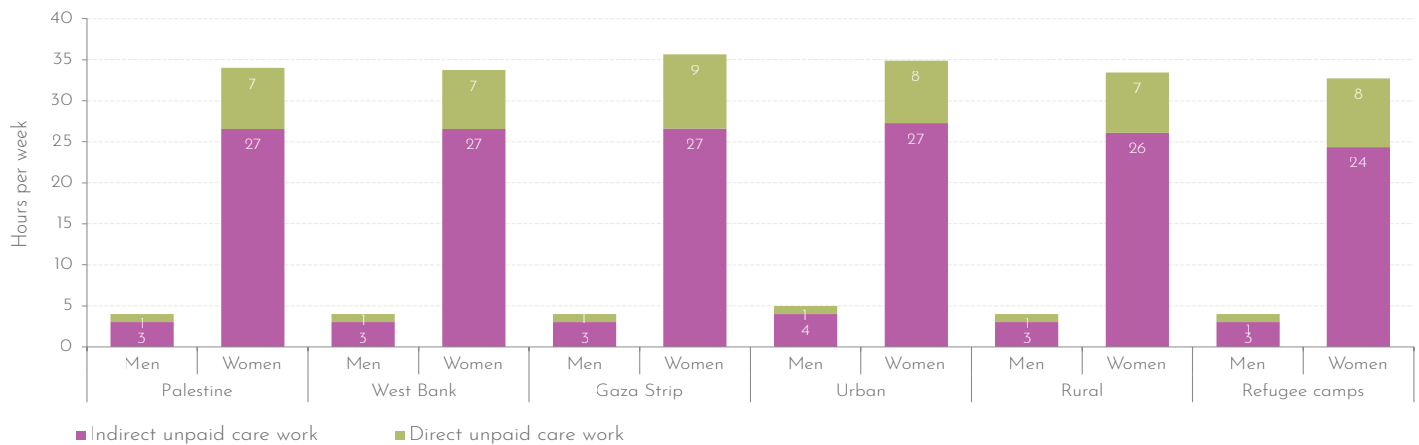
Marriage was the key determining factor in how much time women spend on unpaid care work in Palestine. Married women spent 44 hours a week on unpaid care work – 28 hours more than never-married women (Figure 4.2).

TABLE 4.2: TIME ALLOCATED TO UNPAID CARE AT THE NATIONAL LEVEL (HOURS PER WEEK), 2012/2013

	All	Men	Women
	Hours:Mins	Hours:Mins	Hours:Mins
Unpaid care work (total)	19:38	4:55	34:55
Direct unpaid care work	4:30	1:11	7:57
Unpaid childcare	4:13	0:53	7:41
Unpaid elder care	0:11	0:08	0:11
Indirect unpaid care work	15:07	3:45	26:58

Source: Author's calculations based on PCBS's Time-Use Survey of 2012/2013.

FIGURE 4.1: WEEKLY TIME SPENT IN UNPAID CARE WORK (HOURS PER WEEK), MEN AND WOMEN BY REGION AND LOCALITY, 2012/2013, PALESTINE



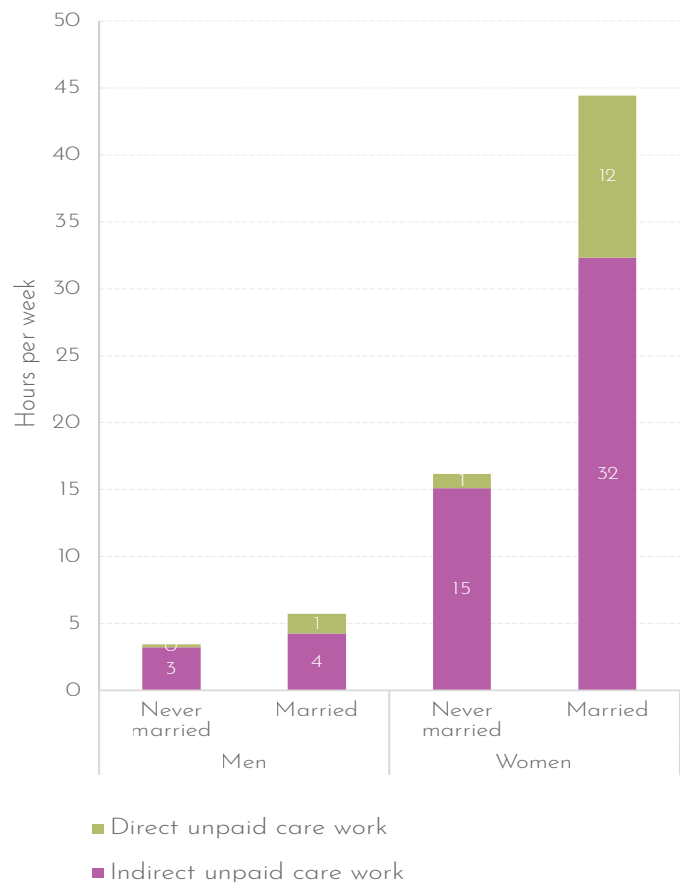
Source: Author's calculations based on PCBS's Time-Use Survey of 2012/2013.

While a marital-status gap is also documented for men, the time difference is much smaller (two and a half hours). Markedly, indirect unpaid care work takes up most of the time allocated to total unpaid care work, particularly for men and never-married women.

Married women who are employed spend an average of 39 hours a week on unpaid care work, about six hours less than married women who are not employed (those who seek employment or are out of the labour force; Figure 4.3).⁴⁸¹ The former group spends close to three hours more on both childcare and indirect unpaid care, respectively. Never-married women who are not employed spend about 17 hours on indirect care activities; two hours more than those who are employed. Both groups spend about the same time, one hour, on childcare. As for men, the data show no substantial differences by employment status, although married men who are not employed contribute more to unpaid care work (8 hours per week) than other men.

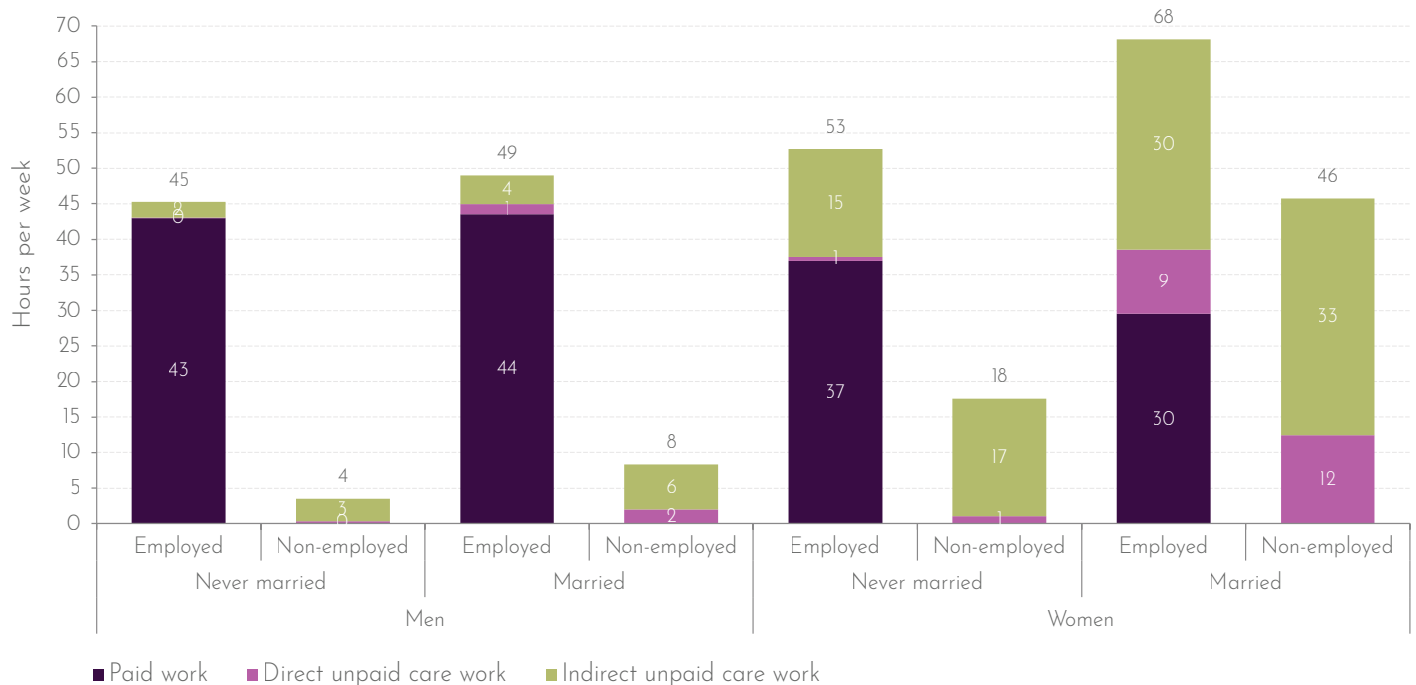
Figure 4.3 also shows the average number of hours spent on paid work by employment and gender.⁴⁸²

FIGURE 4.2: WEEKLY TIME SPENT IN UNPAID CARE WORK (HOURS PER WEEK) AMONG MEN AND WOMEN, AGE 15-64, 2012/2013, PALESTINE



Source: Author's calculations based on PCBS Time-Use Survey of 2012/2013.

FIGURE 4.3: WEEKLY TIME SPENT IN UNPAID CARE WORK AMONG MEN AND WOMEN, AGE 15-64, BY MARITAL STATUS AND EMPLOYMENT STATUS, 2012/2013, PALESTINE



Source: Author's calculations based on the PCBS Time-Use Survey of 2012/2013 and the Palestine LFS 2013.

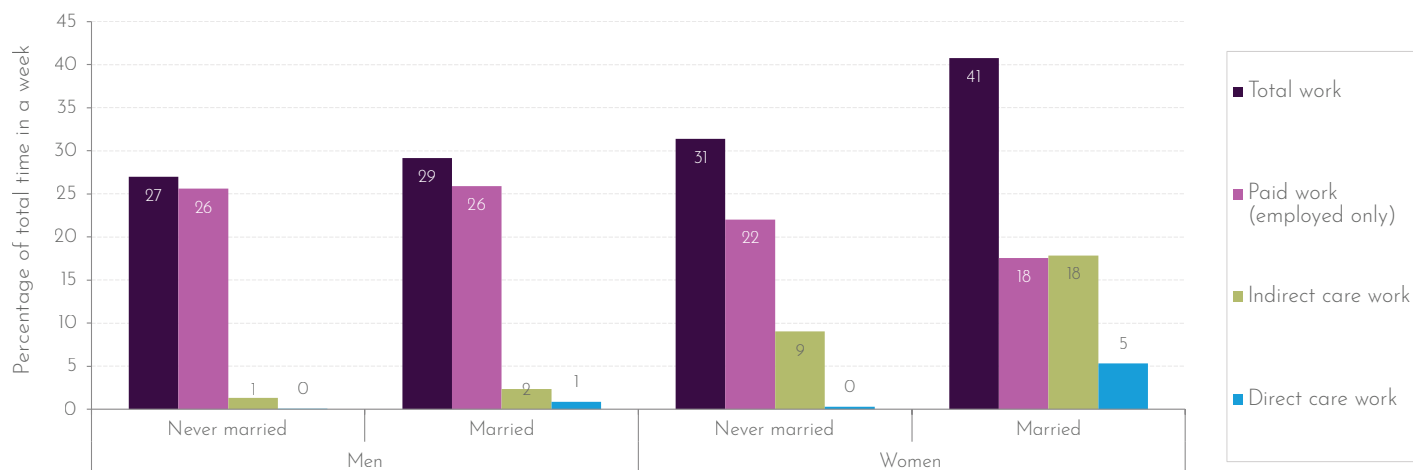
Unmarried women spend about seven hours more in paid work than married women, whereas the difference among men is minor. This suggests that married women may reduce their paid work hours, or seek employment with shorter work hours, at least in part due to their care responsibilities. Overall, the allocation of time to paid and unpaid work reveals substantial imbalances in time allocation. Married women who are employed spend nearly 20 more hours in total work (caring for the household and earning a living) than married men who are employed. This gap is also documented for the never-married, but to a lesser extent (eight hours difference).

Expressed as a percentage of total time in a week, married, employed women spend 41 per cent of their weekly hours in all forms of work combined, compared to 27–31 per cent of the week among

unmarried men and women, and married men (Figure 4.4). This gap is indicative of time poverty among women, which may detract from their ability to engage in other activities.

Notably, men's allocation of time to unpaid care work shows little variation not only by employment status and marital status, but also by other demographic characteristics. For example, men with high school education spend about four hours on unpaid care work compared to five hours for the higher-educated. The following analyses therefore focus on married and never-married women and emphasizes how their allocation of time to unpaid care work varies by other individual and household characteristics.

FIGURE 4.4: PERCENTAGE OF TOTAL WEEKLY TIME SPENT IN UNPAID CARE WORK AMONG MEN AND WOMEN, AGE 15-64, BY MARITAL STATUS AND EMPLOYMENT STATUS, 2012/2013, PALESTINE



Source: Author's calculations based on the PCBS Time-Use Survey of 2012/2013 and the Palestine LFS 2013.

Note: Percentage of time is calculated out of a total 168-hour week.

Women's time allocation varies by demographic and socioeconomic characteristics

Differences in time allocated to unpaid care work are analysed according to household size in Figure 4.5. This variable classifies women into those living in: 1) households with fewer than five members; 2) households with five to seven members; and 3) households with more than seven members. The findings show that married women in the smallest households spend 38 hours on unpaid care work, 8–10 hours less than those in the other groups. An opposite pattern holds among unmarried women; women with the smallest households spend 19 hours on unpaid care work – about two hours more than the two other groups. The results also show that indirect, unpaid care work accounts for these differences.

Level of income is another factor that could explain differences in time allocation to unpaid care work. It is expected that women in wealthier households spend less time on unpaid care, as

they are more able to rely on the market to satisfy their care needs. To address this, the sample of households is split into three income categories: a low-income category for those earning 2,400 shekels (approximately USD 700) or less per month; a middle-income category earning 2,401–5,000 shekels (USD 700–1,457); and an upper-income category – earning more than 5,000 shekels (USD 1,457).

Women, whether married or unmarried, in upper-income households do in fact spend less time on unpaid care work (Figure 4.6). Interestingly, the distribution across types of unpaid activities differs by marital status. Married women in upper-income households spend less time on unpaid childcare, whereas their never-married peers spend less time on indirect unpaid care work. It is not straightforward to explain this finding. Wealthier households might be smaller or tend to buy the associated services from the market; i.e. children in wealthier households might be more likely to be enrolled in ECCE.

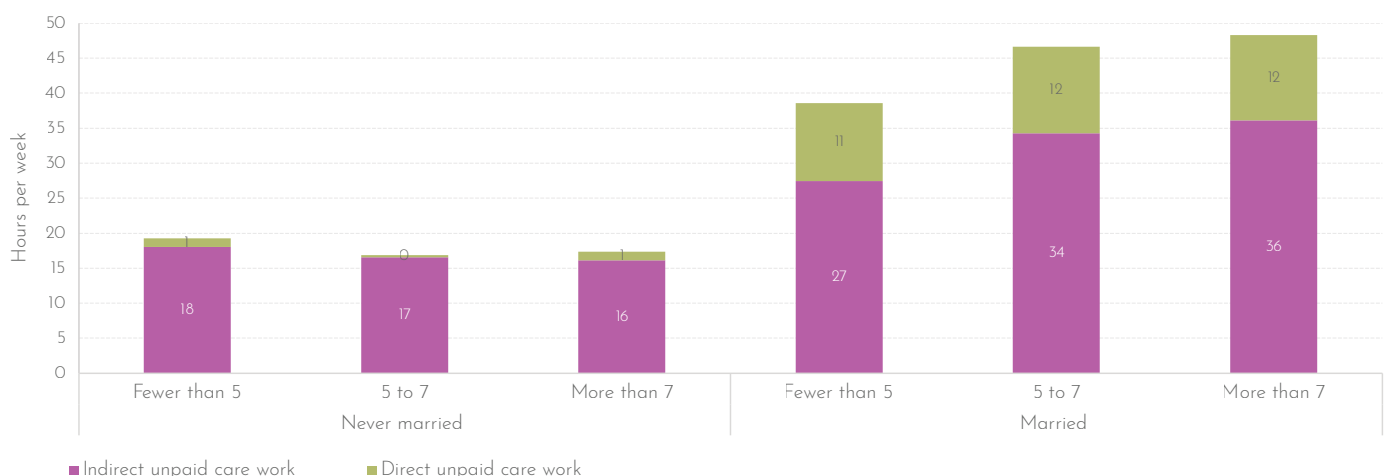
Box 4.2: REDISTRIBUTING RESPONSIBILITY FOR UNPAID CARE: RAISING AWARENESS REGARDING GENDER EQUALITY

Redistributing part of the responsibility for unpaid care work from women to men is key to enhancing gender equity and women's linkages to the labour market. To this end, paternity leave is commonly used, for example in European Union countries, to promote shared childcare responsibilities between women and men. Nevertheless, the short-term efficacy of a paternity leave policy in Palestine is questionable, as the stereotypical image of men as breadwinners and women as caregivers is deeply rooted. Literature from Europe and North America has demonstrated that paternity leave policies need to be accompanied by measures to induce normative change so that men actually take advantage of the leaves offered to them.⁴⁹² Put differently, introducing paternity leave regulation first requires instilling a structural change in social norms regarding the household division of labour. In this respect, introducing policies to promote gender equality in the household, workplace and society would be the first step towards achieving such a change.

The Palestinian Government, represented by the Ministry of Women's Affairs and the Ministry of Labour (MoL), can cooperate with civil society organizations, businesswomen's associations, and international institutions such as UN Women, on public awareness campaigns and capacity-building to redistribute unpaid care work and make it more gender-balanced. This may include highlighting the benefits of men further sharing unpaid care responsibilities with women, the societal returns of economically empowering women and the significant contributions of employed women to family income. Experiences from other countries show that using a mix of traditional and online media is most effective to convey these messages to the public.⁴⁹³ Awareness-raising should also target younger generations, introducing gender equality and the redistribution of unpaid care work within curricula at various educational levels.

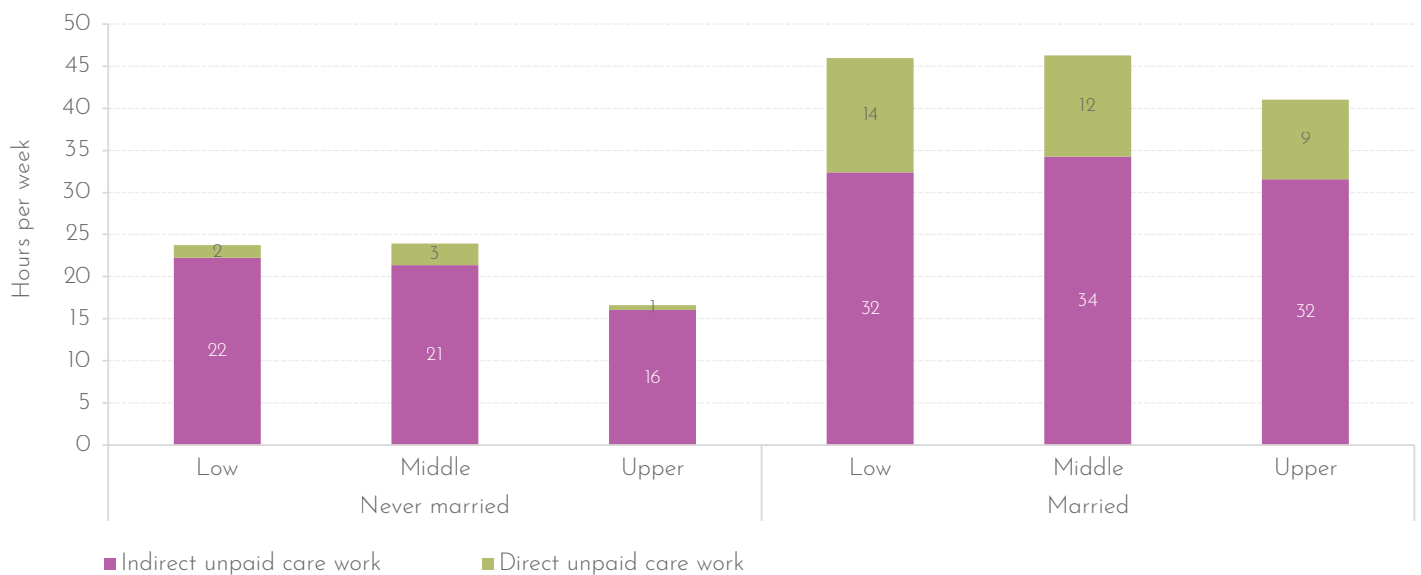
These efforts can capitalize on various positive attitudes that have recently surfaced in Palestinian society. Findings from a recent UN Women report⁴⁹⁴ show that although women hold more gender-egalitarian attitudes than men in Palestine, about three-quarters of women and half of men agree that married women should have the same right as men to join the labour market. The report also shows that fewer than 20 per cent of men and women think that men's engagement in caring for children is shameful. Consistent with the need to change women's perceived roles in the household, about three-quarters of men and close to 90 per cent of women agree that Palestinians need to do more to promote gender equality. Greater awareness-raising could further sway men towards gender equality.

Figure 4.5: WEEKLY TIME SPENT ON UNPAID CARE WORK (HOURS PER WEEK), BY WOMEN, ACCORDING TO HOUSEHOLD SIZE AND MARITAL STATUS, 2012/2013



Source: Author's calculations based on PCBS's Time-Use Survey of 2012/2013.

FIGURE 4.6: TIME SPENT ON UNPAID CARE WORK (HOURS PER WEEK), BY WOMEN, ACCORDING TO HOUSEHOLD INCOME CATEGORY AND MARITAL STATUS, 2012/2013



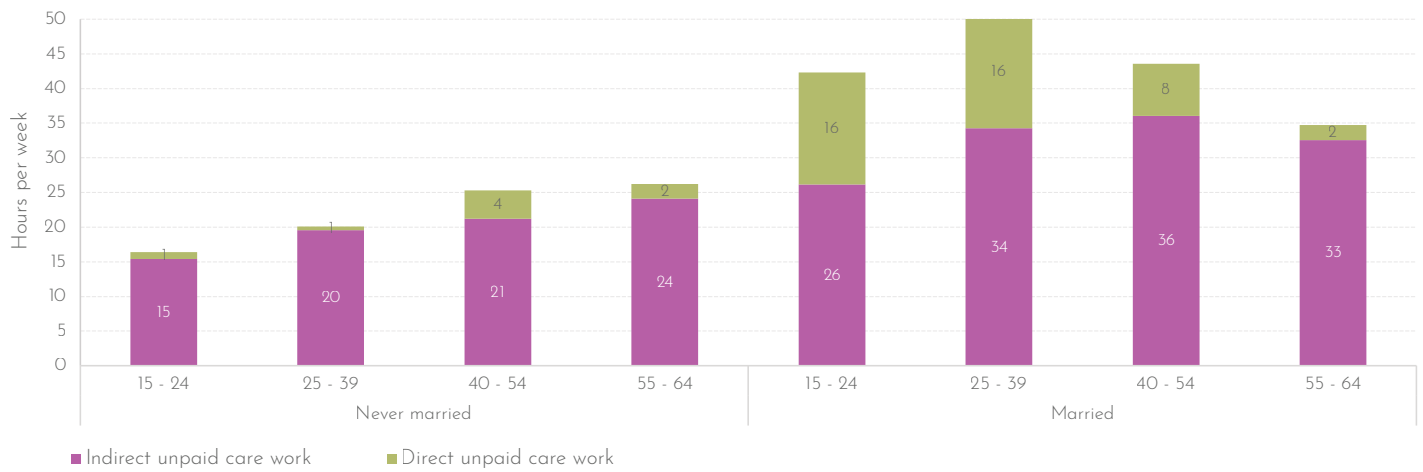
Source: Author's calculations based on PCBS's Time-Use Survey of 2012/2013.

Time spent on different forms of unpaid care also varies by age and marital status among women (Figure 4.7). Married women aged 15–24 and 25–39 spend a similar amount of time on childcare (about 16 hours per week). Time allocated to childcare drops significantly for older women, likely as their children grow older and become more independent. In addition, the time that married women spend on indirect unpaid care follows an inverse U-shape, peaking at 36 hours for the 40–54 age group. Overall, time in unpaid care work peaks among married women aged 25–39. This is again likely related to the presence of small children in the household, which increases indirect as well as direct care activities. Women who are somewhat older may also have older children who are able to contribute to care activities for younger siblings or the household as a whole. As for unmarried women, time spent on indirect unpaid care increases by age, while time spent on direct unpaid care, though minimal, peaks among women aged 40–54. Here results for the never-married women should be interpreted with caution due to the small sample size for the 40–54 and 55–64 age groups.

Time allocated to unpaid care also varies by level of educational attainment. On the one hand, more educated women are more likely to be employed and may thus spend less time on care activities relative to the less educated.⁴⁸³ On the other hand, more educated women may spend more time with their children on education-related activities. Consistent with the latter argument, the data show that women with more education spend progressively more time on childcare, with a particularly large increase between those with no education and women with at least some education (Figure 4.8). By contrast, level of educational attainment appears to have a small effect on time allocated to indirect care. It also has a small effect among unmarried women. Cautious interpretation is warranted for never-married women with no education due to the small sample size.

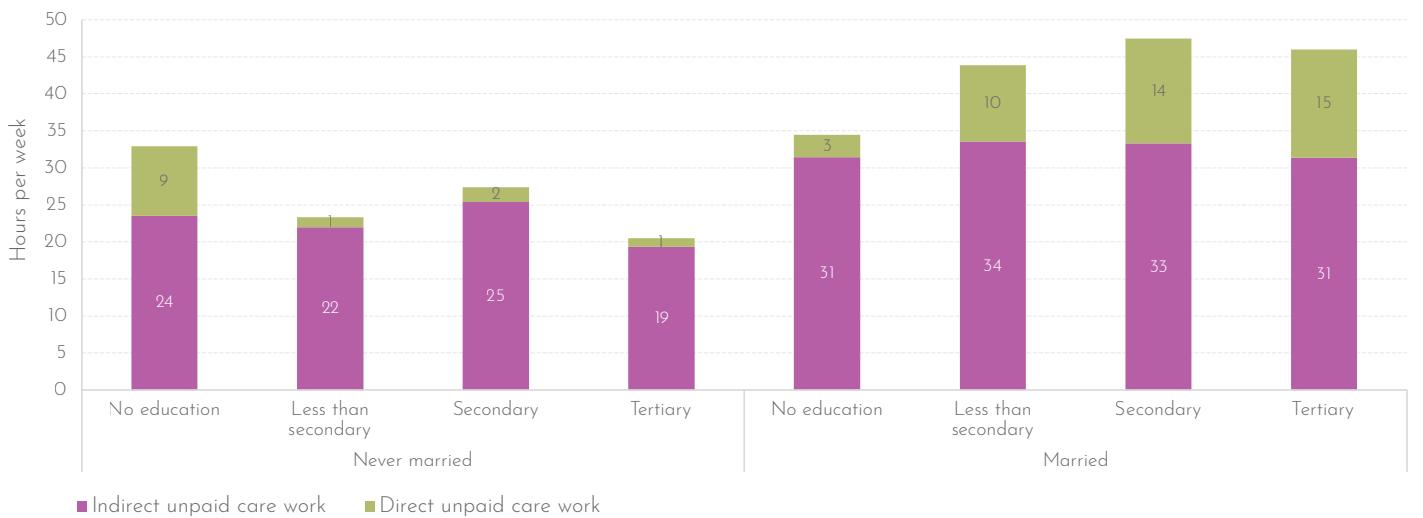
So far, the analysis shows that the responsibility for unpaid work is considerably greater for married women. The following analysis highlights the extent to which the number of children in a household contributes to how much time married women spend in total on unpaid care.

FIGURE 4.7: WEEKLY TIME SPENT ON UNPAID CARE WORK FOR WOMEN, BY AGE STRUCTURE AND MARITAL STATUS, 2012/2013



Source: Author's calculations PCBS's Time Use Survey of 2012/2013.

FIGURE 4.8: WEEKLY TIME SPENT ON UNPAID CARE WORK FOR WOMEN, BY EDUCATIONAL LEVEL, 2012/2013



Source: Author's calculations based on PCBS Time-Use Survey of 2012/2013.

The analysis groups children by age: under 3, 3–5 and 6–17 years old. It estimates the average time spent on unpaid care work among married women with no children belonging to each of these age groups. Then, predictions show by how much, on average, time in unpaid care increases, based on having a child in each age group (see the Methodological Appendix of the report for full details on the multivariate analysis approach).

The predictions show that married women with

no children spend an average of 40 hours a week on unpaid care work (Figure 4.9). Compared to this group, married women with one child below 3 years of age spend an extra 10 hours on total unpaid care, as opposed to three hours for women with a child 3–5 years old, and five hours for women with a child between 6 and 17 years old. The lower additional time spent for children aged 3–5 may be related to the higher ECCE enrolment rates among this group, as well as needs of children this age.

BOX 4.3: OPTIONS FOR EXPANDING ECCE IN PALESTINE: HIGHLIGHTS FROM INTERNATIONAL EXPERIENCE

Expanding early childhood education is often used as a policy to reduce the burden of unpaid care work and induce more women to join the labour market. For many countries, ECCE is a public good, as the economic and social benefits it generates accrue to children as well as society at large.⁴⁹⁵ Also, ECCE is often considered as a child's right and thus should not be conditioned on characteristics such as parents' income and employment status.⁴⁹⁶ On this ground, countries like Brazil, China and France finance ECCE using public funding. Other countries, like Germany, adopt cost-sharing schemes whereby families cover between 15–30 per cent, depending on income, number of children and type of ECCE services. Nonetheless, other countries, like Indonesia and South Korea, do not consider ECCE part of formal education and ECCE financing is privately paid by households.⁴⁹⁷

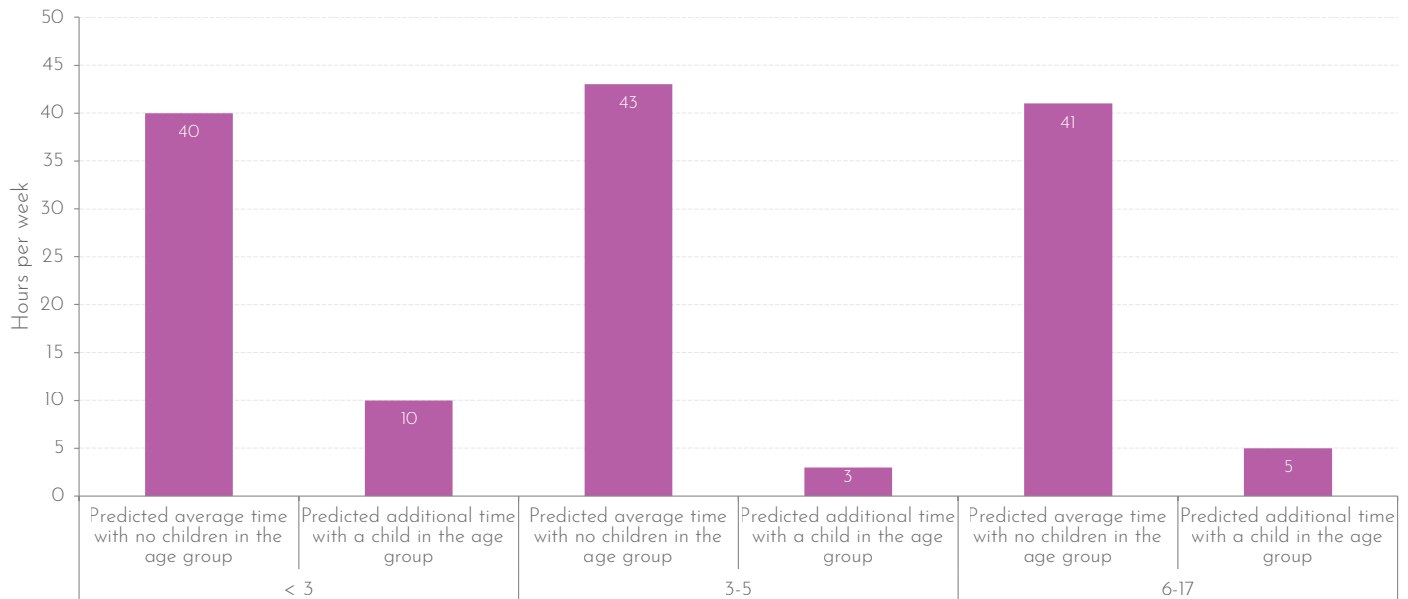
As noted above, the Palestinian President recently ratified a new Education Law, which extended mandatory education to cover KG for a maximum of two years prior to elementary education. According to data from PCBS's 2017 Population, Housing and Establishments Census, about 54 per cent of children between 3 and 5 years old are enrolled in KGs. Within this group, the enrolment rate increases by age – rising from 15 per cent for the 3-year-old group to 67 and 79 per cent, respectively, for the 4- and 5-year-old groups. Enrolment data on younger children are not available, but similar to 3-year-olds, it is expected to be low.

It can thus be concluded that while enrolment of KG-age children is still below universal and warrants increase, only a fraction of younger children benefit from nursery services. Households with children 3 years old or younger, that wish to receive childcare (nursery) services may not have access to relevant nurseries due to lack of such services or because they lack the financial resources to cover associated expenses.

Establishing public KG facilities, as stipulated in the new education law, will help expand ECCE coverage. Still, establishing nursery facilities by the public sector or/and the private sector is a necessary prerequisite to reduce responsibilities of unpaid childcare, increase women's linkages to the labour market, and improve early childhood development. Notably, the low enrolment rate of children aged 0–3 suggests that the market (private sector) has failed to expand care services for this child cohort. Correcting for this market failure warrants government intervention to expand nursery services.

The provision of nursery services can be channeled via the public and private sector. For the private sector, incentive mechanisms, such as subsidies or tax cuts, can be provided to privately owned nurseries or those administered by NGOs. Importantly, the Palestinian Government has faced chronic fiscal challenges and given the country's high-young dependency ratio, which warrants mobilizing substantial resources to meet the ECCE need. The question is how to finance the expansion of KGs nursery services. Various financing mechanisms need to be explored in order to determine how to expand nurseries in a manner that will ensure equitable access to quality services.

FIGURE 4.9: PREDICTED ADDITIONAL WEEKLY HOURS OF UNPAID CARE WORK WITH A CHILD OF DIFFERENT AGE GROUPS IN THE HOUSEHOLD, MARRIED WOMEN, 2012/2013



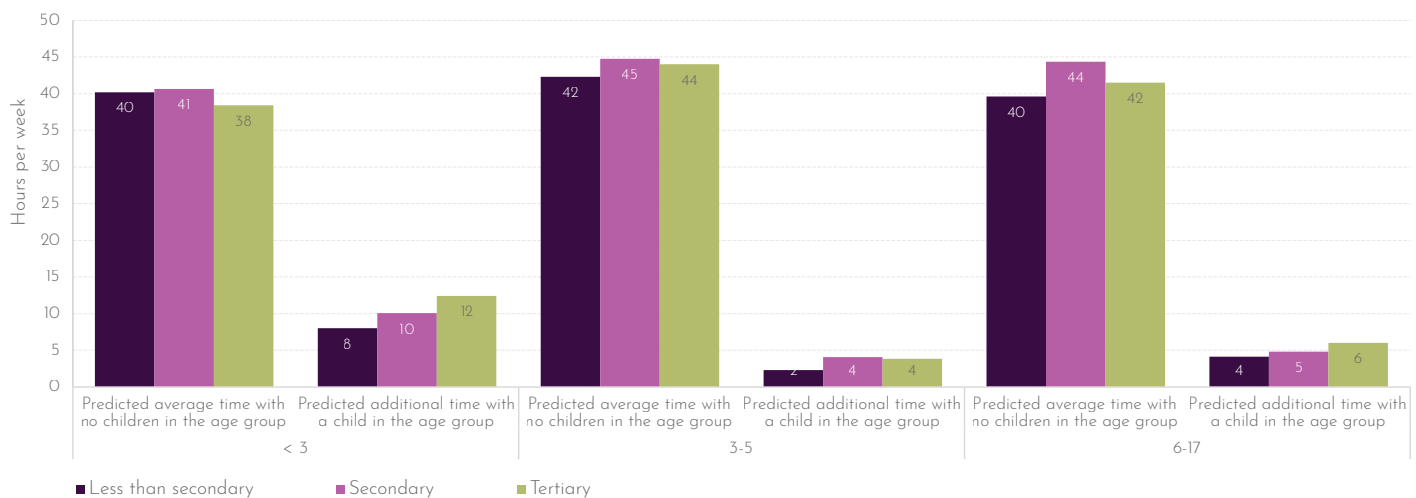
Source: Author's calculations based on PCBS Time-Use Survey of 2012/2013.

Note: All estimates for additional time are statistically significant.

The predictions also show that the additional time associated with having a child in each age group increases linearly by the mother's level of education, ranging from 8 to 12 hours for a

woman with one child younger than 3 years old (Figure 4.10). The findings are similar for the other age groups of children, but the magnitude of the additional time is much smaller.

FIGURE 4.10: PREDICTED ADDITIONAL WEEKLY HOURS OF UNPAID CARE WORK WITH A CHILD OF DIFFERENT AGE GROUPS IN THE HOUSEHOLD, MARRIED WOMEN, BY EDUCATIONAL ATTAINMENT 2012/2013



Source: Author's estimations based on PCBS Time-Use Survey of 2012/2013.

Note: All estimates for additional time are statistically significant.

These findings are again consistent with the argument that more educated women spend more time on education-related activities with their children. Time spent in schoolwork may explain, for example, why the added time of having a child aged 6–17 is greater than that for a child aged 3–5.

4.5 CHARACTERISTICS OF THE PALESTINIAN PAID CARE SECTOR: A MAIN EMPLOYER OF EDUCATED WOMEN

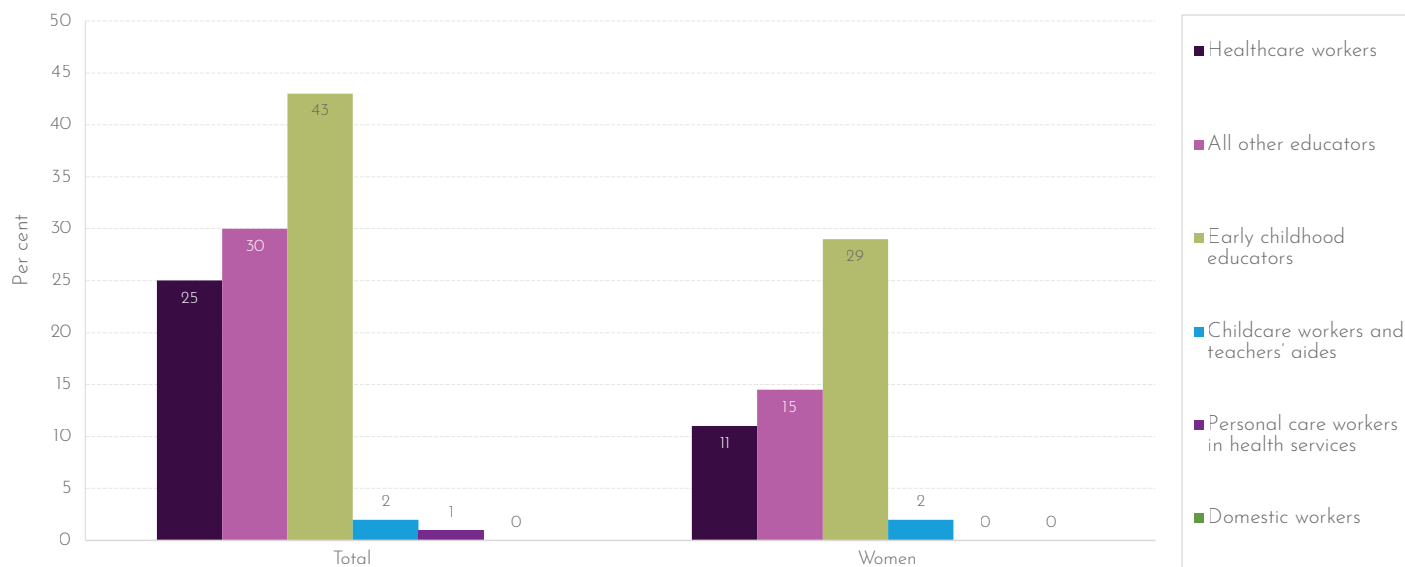
Educators and health-care workers comprise the majority of paid care workers

According to the PCBS Population, Housing and Establishments Census in 2017, the total number of paid care workers in Palestine is 98,000, comprising 15 per cent of the overall waged workers. The majority of paid care workers (73 per cent) are

educators, including primary school and early childhood educators and all other educators (Figure 4.11). In total, educators and health workers constitute 97 per cent of total paid care occupations, whereas social care and domestic workers constitute only 3 per cent combined. Domestic workers constituted less than 1 per cent of paid care workers. About 57 per cent of the paid care workers are women. Except for health occupations, women represent the majority in each of the paid care occupations. In fact, about half of all employed women are paid care workers.

The Palestinian Government hires half of all paid care workers (50 per cent), followed respectively by the private sector (34 per cent), UNRWA (11 per cent) and the ‘other’ sector, which mainly includes NGOs (5 per cent). The distribution of paid care workers across type of employers (sectors) and type of occupation is documented in Table 4.3. In terms of distribution by gender, the majority of early childhood educators are women, while the gender distribution in the other occupations differs by type of employer.

FIGURE 4.11: DISTRIBUTION OF PAID CARE WORKERS BY OCCUPATION AND WOMEN, 2017



Source: Author’s calculations based on 2017 PCBS Population, Housing and Establishments Census.

TABLE 4.3: DISTRIBUTION OF WAGED EMPLOYMENT ACROSS PAID CARE WORK, 2017

	Private		Government		UNRWA		Other sector	
	All	Woment	All	Woment	All	Woment	All	Woment
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	%	%	%	%	%	%	%	%
Healthcare workers	28	14	23	9	10	6	47	19
All other educators	30	14	35	18	4	1	23	13
Primary school & early childhood educators	36	29	41	25	85	55	25	20
Childcare workers and teachers' aides	4	4	0.2	0.2	0	0	4	3.8
Personal care workers in health services	1	1	0.2	0.1	0	0	0	0
Domestic workers	1	1	0	0	0	0	2	1.5
Total	100%	63%^{tt}	100%	52%^{tt}	100%	62%^{tt}	100%	57%^{tt}

Source: Author's calculations based on the 2017 PCBS Population, Housing and Establishments Census.

^t This column represents women's share of employment in each occupation relative to total employment.

^{tt} Represents women's share of employment in each paid care sector.

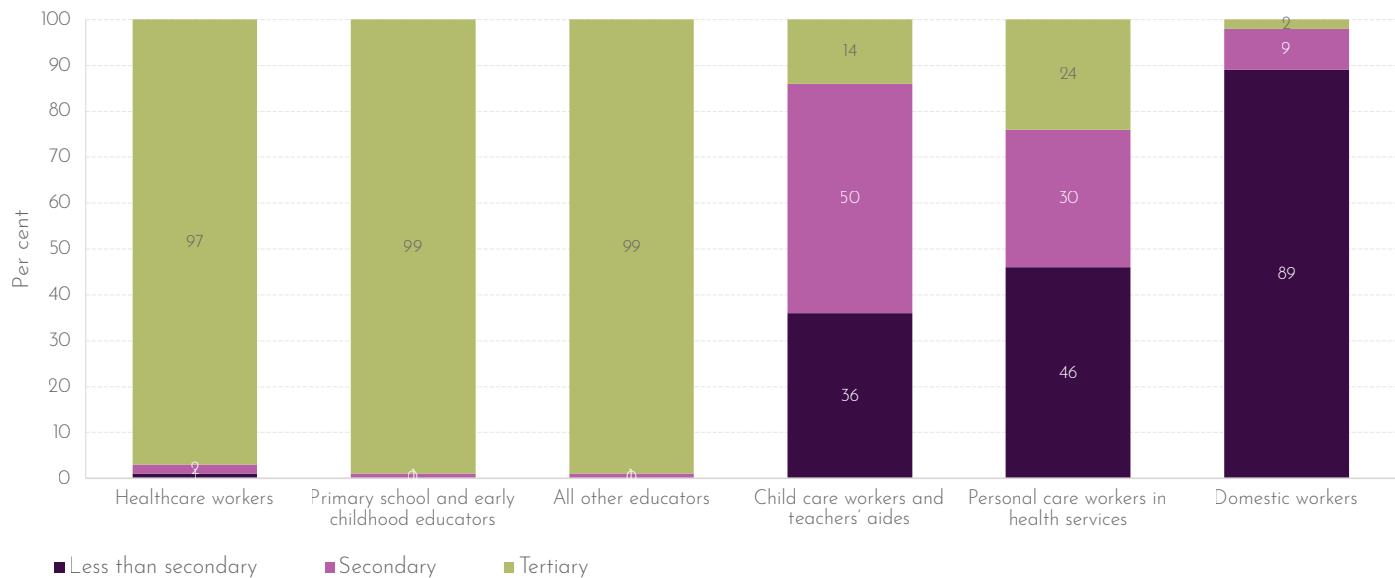
In the private sector, the health and “all other education” occupations are gender-balanced, although women make up almost all childcare workers as well as personal and domestic workers. These occupations only constitute 6 per cent of total paid care workers. In total, women fill about two-thirds of paid care occupations in the private sector. On the other hand, men are well represented in all government-paid care occupations – especially health occupations, where they make up more than a half. As for the UNRWA, early education constitutes most of the total paid care occupations, and they are largely filled by women. In a nutshell, most paid care workers employed in the private sector and in the UNRWA are women, whereas gender is more balanced in the government and other sectors. By comparison, in non-care occupations, women represent 11 per cent of private sector workers, 14 per cent in the government sector, and 28 per cent of UNRWA workers.

The distribution of paid care occupations by level of education attainment is detailed in Figure 4.12. Almost all workers, both men and women, in the health and education occupations are highly educated (with tertiary education). As for the other paid care occupations, most of the workers are less educated, especially domestic workers, the majority of whom do not have secondary education.

The paid care sector: Establishment-level analysis

The above analysis focused on paid care occupations. This section further discusses the characteristics of the paid care economy using employment and establishment data at the sector level, which include care workers as well as those in supporting roles (non-care workers in care sectors). This dimension of analysis explores the distribution and size of establishments.

FIGURE 4.12: EDUCATIONAL DISTRIBUTION OF WORKERS, BY PAID CARE OCCUPATION, 2017



Source: 2017 PCBS Population, Housing and Establishments Census.

It also allows the examination over time of changes in the paid care sector.

The total number of paid care establishments, covering private, NGO and government establishments, amounted in 2017 to 10,300 establishments, an increase of 57 per cent over the previous decade. Paid care establishments constituted 7 per cent of all establishments. Paid care establishments employ approximately 60,000 workers, about 47 per cent more relative to the past decade. The findings also show that women in these establishments comprise 64 per cent of all employees. Over the past decade, the total number of employed men and women has grown by 59 and 69 per cent, respectively.

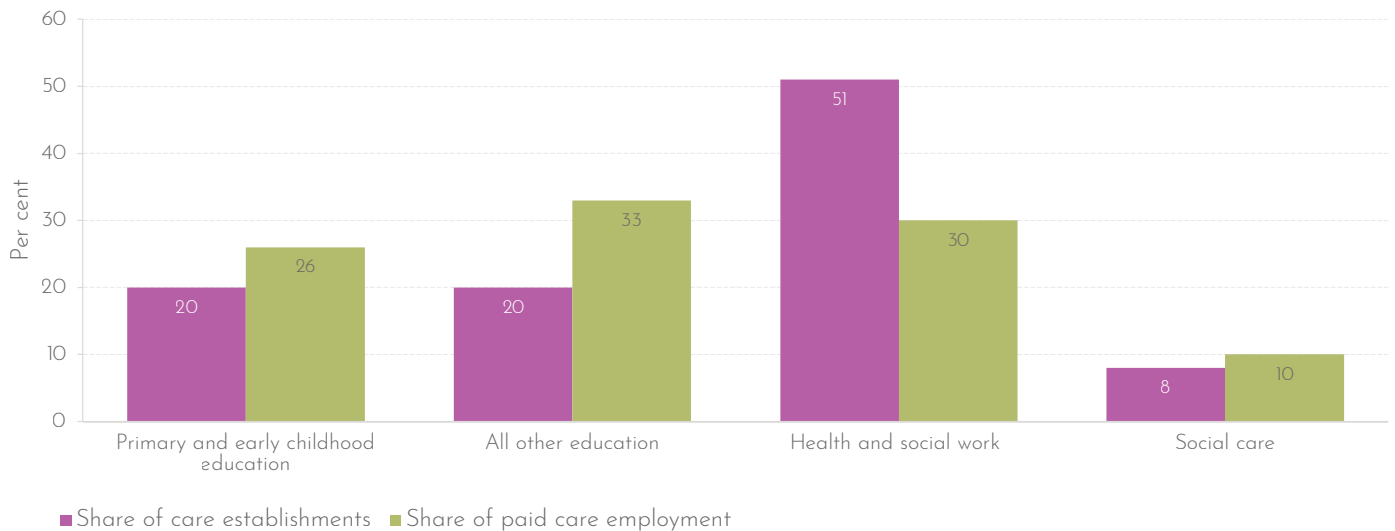
In terms of employment distribution within the paid care sector, Figure 4.13 shows that the 'all other education' category is the largest employer, followed by a narrow margin by health and early childhood education. As for the number of establishments, the health and social work

subsector constitutes half of total paid care establishments, followed by primary and early childhood education and 'all other education', which together make up 40 per cent of total paid care establishments. Social care is the smallest subsector, representing 8 per cent of establishments and 10 per cent of employment (Figure 4.13).

Women's share of employment in the different paid care subsectors varied considerably. Most of those employed in the primary and early childhood education sector and social care sector are women, constituting 80 per cent and 57 per cent, respectively (Figure 4.14). Yet, men represent the majority in the 'all other education' sector (58 per cent), as well as the health and social work sector (61 per cent).

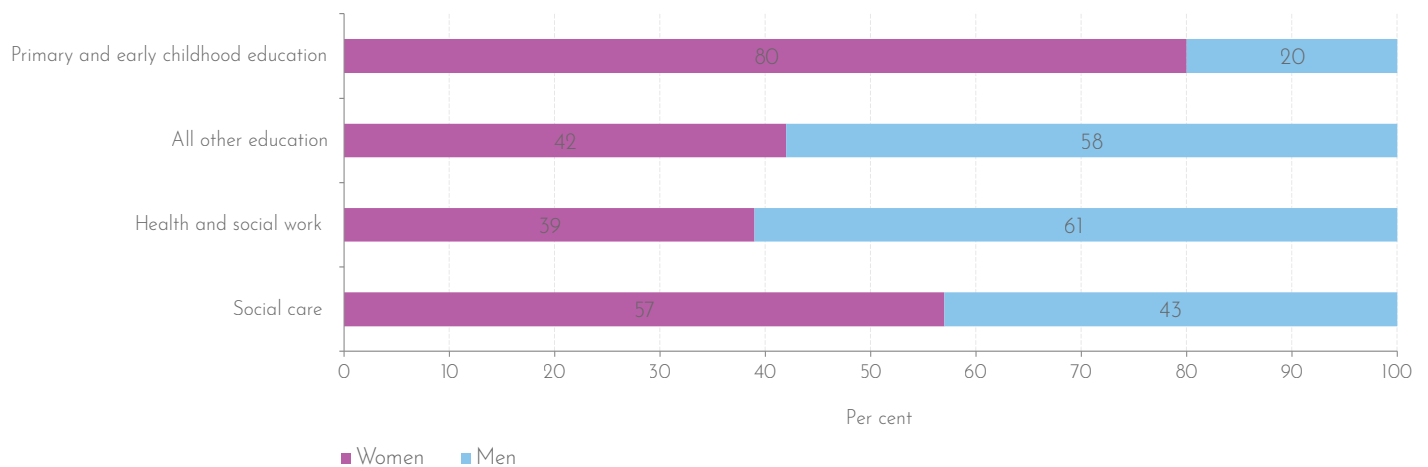
Over the past decade, employment in the 'all other education' sector has grown the most (by 95 per cent), followed by primary and early childhood education (60 per cent), social care (57 per cent), and health and social work (44 per cent).

FIGURE 4.13: DISTRIBUTION OF ESTABLISHMENTS AND EMPLOYMENT ACROSS THE PAID CARE SECTOR, 2017



Source: 2017 PCBS Population, Housing and Establishments Census.

FIGURE 4.14: WOMEN'S SHARE OF EMPLOYMENT IN PAID CARE SECTORS, 2017



Source: Author's calculations based on the 2017 PCBS Population, Housing and Establishments Census.

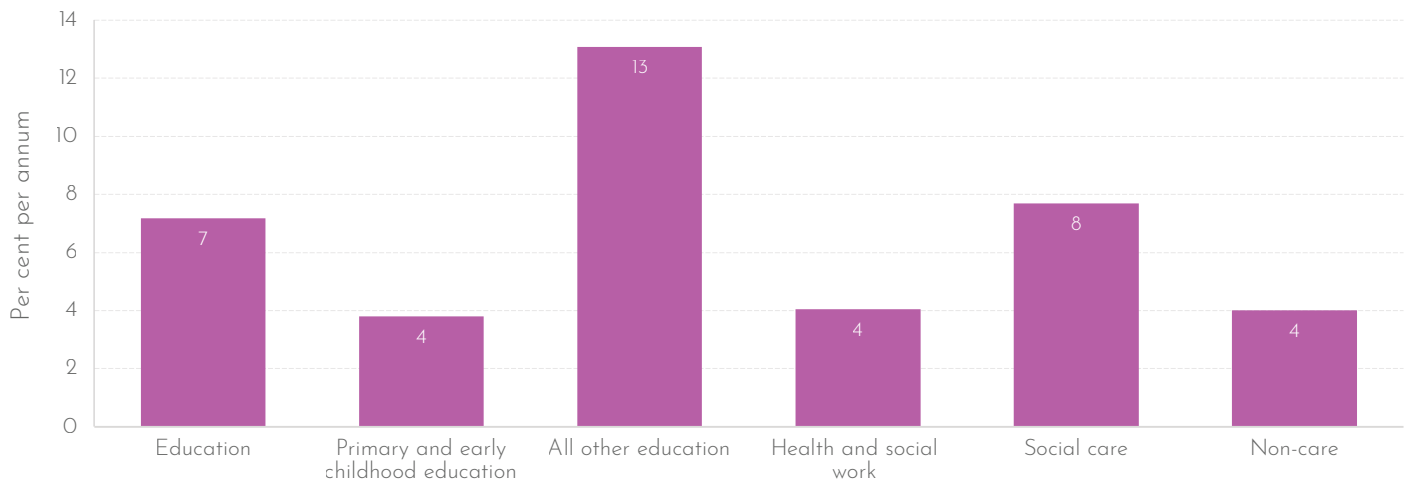
As for the number of establishments, 'all other education' has grown the most (by 140 per cent), followed by social care work (81 per cent), health and social work (42 per cent), and early childhood education (39 per cent). Figure 4.15 shows the

annual growth rate and compares it to the non-care sector, assuming constant yearly growth, in the number of establishments per paid care sector over the past decade.

Interestingly, employment growth has been highest for men in the early childhood education and social care sectors (Figure 4.16). For women, employment growth was strongest in the ‘other education’ sector. There was very minimal employment growth

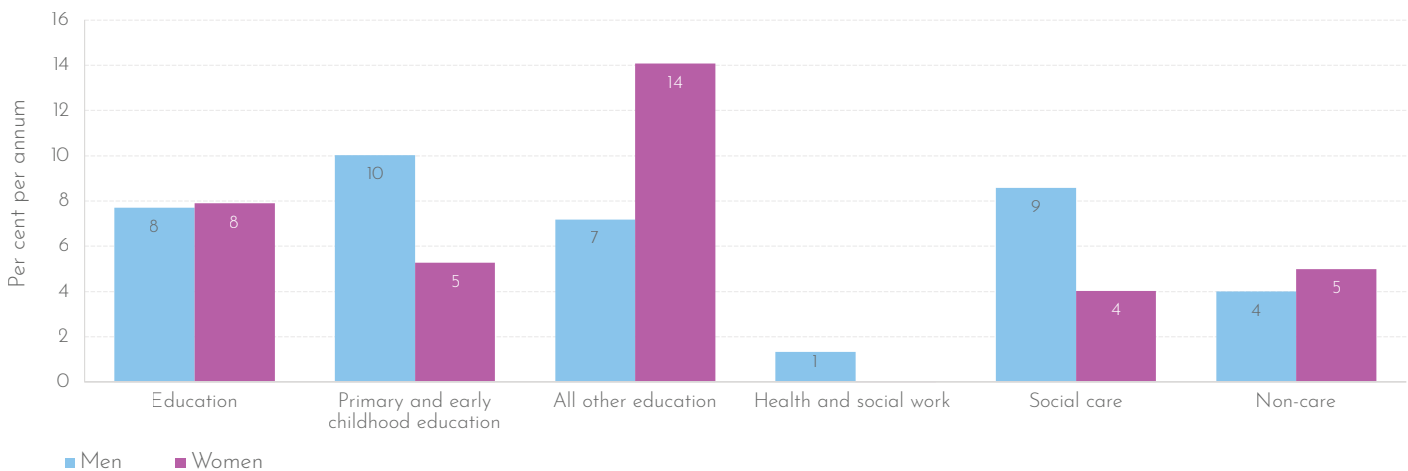
in the health and social work sector for men during this period, and zero employment growth for women. Notably, the annual employment growth rate for the main paid care occupation (education) exceeded that of non-care employment.

FIGURE 4.15: ANNUAL GROWTH RATE IN THE NUMBER OF ESTABLISHMENTS ACROSS PAID CARE AND NON CARE SECTORS, 2007-2017, PALESTINE



Source: Author’s calculations based on the 2007 and 2017 PCBS Population, Housing and Establishments Census.

FIGURE 4.16: ANNUAL EMPLOYMENT GROWTH RATE ACROSS PAID CARE AND NON-CARE SECTORS, 2007-2017, PALESTINE



Source: Author’s calculations based on the 2007 and 2017 PCBS Population, Housing and Establishments Census.

4.6 FORMALITY AND COMPLIANCE WITH MINIMUM WAGE REGULATION IN PAID CARE OCCUPATIONS

This section estimates the prevalence of formality among paid care workers and explores employers' compliance with minimum wage regulations. As outlined in the data and methods box, formal workers are identified as those receiving retirement/severance payment, annual paid leave, paid sick leave and maternity leave for women. The outcome of this exercise helps to assess the quality of working conditions in paid care occupations, a matter that is vital to ensure high quality of provided services as well as the well-being of women workers, who are overrepresented in care sectors.

Formality levels are lowest for private sector and social care workers

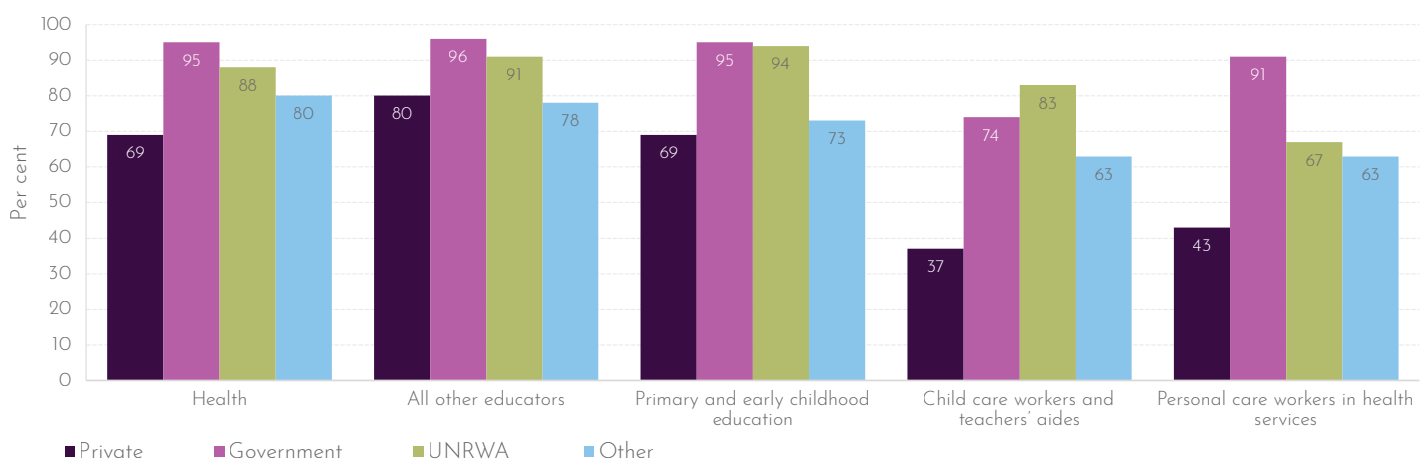
The findings show that most paid care workers (85 per cent) in Palestine are formal. By type of employer, the share of formal workers is lowest in

the private sector (70 per cent) and in the 'other' sector (77 per cent), as compared to 95 per cent in the government and 93 per cent in UNRWA. Workers who are informally employed in UNRWA are likely hired on temporary contracts. The prevalence of formality across paid care occupations differs little among those employed in the government and UNRWA (Figure 4.17). However, there was considerable variation in the private sector, where the prevalence of formality is lowest among childcare and personal care workers.

The prevalence of formality was slightly lower for women employed in care work (82 per cent for women as opposed to 89 per cent for men). The gender gap is more prevalent in the private sector, mainly among those employed in the education sector which make up most of those employed in paid care work (see Table 4.4). Overall, 79 per cent of men in private sector care occupations were formally employed, versus just 65 per cent of women.

Employment formality among paid workers is compared to the rest of the Palestinian economy (non-care activities) in Figure 4.18.

FIGURE 4.17: PREVALENCE OF FORMALITY BY TYPE OF EMPLOYER AND TYPE OF PAID CARE OCCUPATION, 2017, PALESTINE



Source: Author's calculations based on the 2017 PCBS Population, Housing and Establishments Census.

The prevalence of formality is modestly higher among women employed in paid care compared to women in the rest of the economy in the government and UNRWA sectors. The same conclusion also holds for men. However, the difference between paid care work and non-care work in the private sector is substantial, with paid care workers of both genders experiencing higher

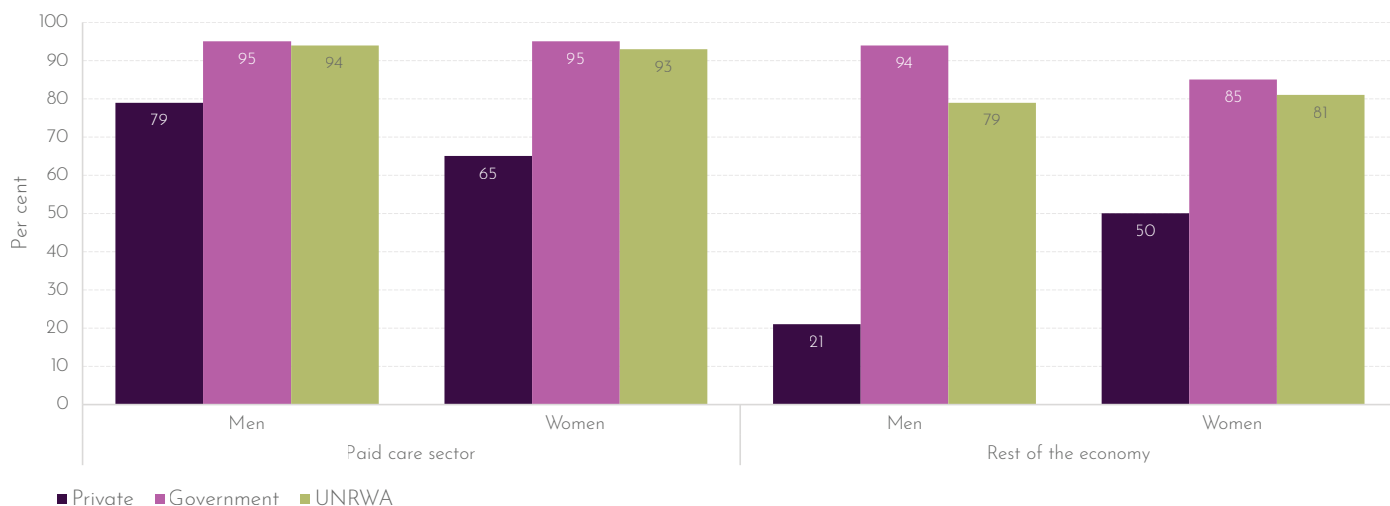
rates of formality, particularly among men. To ensure widespread coverage of these benefits (expand employment formality), one option the Government may undertake is to widely enforce the imposition of sanctions on non-compliance, as stipulated in Palestinian labour law. However, such an intervention might come at a cost, mainly for less productive firms.

TABLE 4.4: PREVALENCE OF FORMALITY BY GENDER, TYPE OF EMPLOYER AND TYPE OF PAID CARE OCCUPATION, 2017, PALESTINE

Occupation	Private		Government		UNRWA		Other	
	Men	Women	Men	Women	Men	Women	Men	Women
Health	70%	69%	94%	95%	89%	88%	80%	80%
All other educators	85%	73%	96%	96%	96%	83%	83%	75%
Primary and early childhood education	89%	65%	95%	94%	95%	94%	81%	71%
Childcare and teacher aides	76%	36%	100%	68%	94%	50%	43%	64%
Personal care in health services	45%	42%	100%	84%	40%	86%	55%	66%
Domestic work	11%	15%						
Total	79%	65%	95%	95%	94%	93%	81%	74%

Source: 2017 PCBS Population, Housing and Establishments Census.

FIGURE 4.18: PREVALENCE OF FORMALITY IN PAID CARE SECTOR AND NON-CARE SECTORS, 2017, PALESTINE



Source: Author's calculations base on the 2017 PCBS Population, Housing and Establishments Census.

This category of firms might reduce employment as a strategy to minimize the cost of providing employee benefits. In other words, as socially attractive as it may look, full-fledged law enforcement might have unintended consequences.⁴⁸⁴ A potential avenue to address this concern is by adopting a social security scheme in which the cost of mandated benefits is mutually shared between employers and employees. To this end, revisiting the frozen social security law, as discussed above, and successfully renegotiating the labour relations terms and financial contributions will pave the way for wide approval and eventual effective implementation.

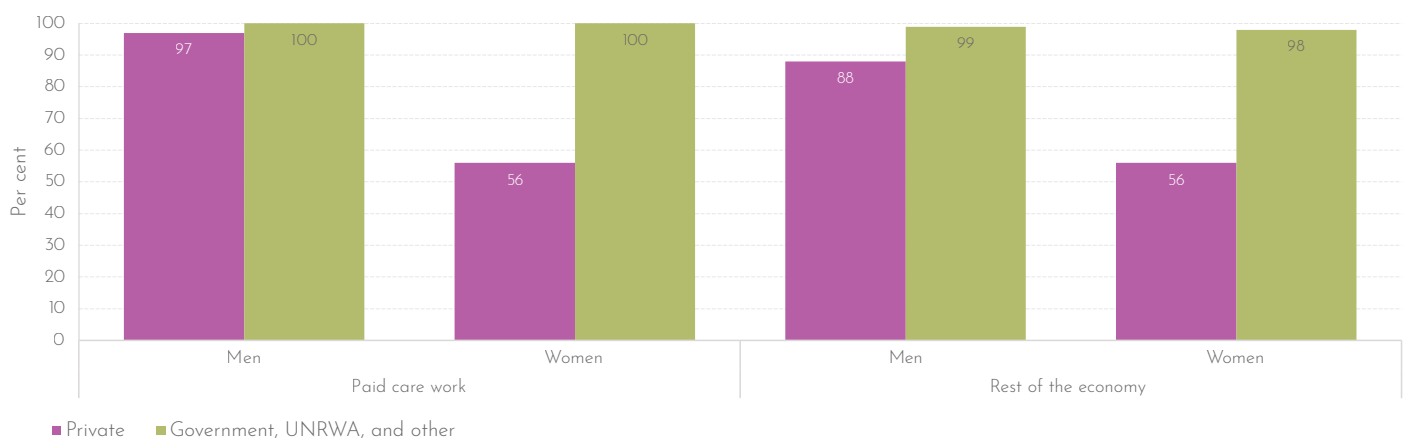
Compliance with minimum wage: Women in the private sector are more likely to suffer from low wages

The remainder of this section evaluates the extent of compliance with minimum wage regulations. The minimum wage analysis is limited to the West Bank. Minimum wage is practically not applied in the Gaza Strip due to the political polarization and harsh economic conditions stemming from the continuous Israeli blockade since 2005. Evaluation of compliance with the minimum wage is based

on estimating the share of workers earning above the minimum wage (the minimum wage share). A greater share of workers above the minimum wage reflects greater compliance with the law.

Among all paid care workers, the minimum wage share is 90 per cent, which was about three percentage points higher than in the rest of the economy. The minimum wage share for women care workers was 85 per cent as opposed to 70 per cent for women employed in the rest of the economy. The corresponding shares for men are 99 versus 90 per cent, respectively. Figure 4.19 shows the minimum wage share by gender and type of employer – private versus non-private (Government, UNRWA and other sectors).⁴⁸⁵ The data show that all workers in the latter earn above minimum wage. Nonetheless, the corresponding share for women in the private sector, both for care and non-care workers, is just 56 per cent. On the contrary, almost all men in the private sector earn above the minimum wage. The reason that women earn lower wages in the private sector is likely related to high unemployment rates (excess labour supply, with the number of job applicants far exceeding vacancies), which reduces wage bargaining power to the benefit of employers.

FIGURE 4.19: MINIMUM WAGE SHARE IN THE PAID CARE SECTOR AND NON-CARE SECTORS, 2017, WEST BANK



Source: Author's calculations from the PCBS Labour Force Survey of 2018.

Enhance compliance with the national minimum wage

Existing literature shows that low compliance with minimum wage regulations in the West Bank can be attributed to a lack of government enforcement.⁴⁸⁶ In particular, the Ministry of Labour has lacked sufficient human capital and the logistical capacity to ensure high compliance rates and has not applied stringent penalties for violating the minimum wage law. While the law states that non-compliance is subject to immediate sanctions (fines), inspectors often issue a warning and only use sanctions as the last option. Furthermore, the fine (USD 70 to 100 per employee paid below the minimum wage) is insufficient to deter non-compliance.⁴⁸⁷

In light of this section's findings of weak compliance with the minimum wage, mainly for women employed in the private sector, a key recommendation to enhance compliance is for MoL to strictly implement sanctions, as mandated by the labour law. It is also vital to raise the cost of sanctions to a level that would eventually deter non-compliance. Previous estimates indicate that an optimal fine should be 2,400 shekels (USD 700) per employee.⁴⁸⁸ In parallel to law enforcement, a dialogue should be reinitiated with private sector representatives to encourage employers to comply with minimum-wage rules.

In addition to strictly enforcing sanctions, MoL should cooperate closely with civil society organizations and labour unions to raise awareness about fair pay and mobilize the local community to denounce minimum wage violations. It is also crucial to raise employees' awareness regarding their rights, including to a minimum wage, and encourage them to file complaints against non-complying employers. Nevertheless, many unempowered employees, particularly women, may choose not to do so for fear of retaliation and potential job loss. To address this, it is

recommended that the Government issue a decree obliging employers to pay salaries via cheques/ bank deposits and grant MoL inspectors access to firms' payroll records. This would allow for direct spotting of non-compliance.

To conclude, the analysis shows that, as far as working conditions are concerned, most of those employed in care work enjoy some employment rights. However, more efforts should be exerted to expand coverage in the private sector. Low pay, mainly among women, is the main caveat. The last section of this chapter recommends a number of measures to mitigate the gender wage gap in paid care work and in the rest of the economy.

4.7 CONCLUSIONS AND POLICY RECOMMENDATIONS

Summary of main findings

This chapter explored the scope and distribution of the care economy, with an emphasis on estimating the extent of time allocated to unpaid care work by gender, employment status, education level, income level, and other demographic and socioeconomic characteristics. It also explored the size and characteristics of the paid care sector (education, health and social care services), mainly focusing on working conditions and the extent to which this sector provides decent jobs.

The findings show that unpaid care in Palestine is disproportionately the responsibility of women. Markedly, time spent on unpaid care varies among women by demographic and socioeconomic characteristics showing, for example, differences by income, level of education, employment status, and age of children. Still, marital status is considered the most influencing factor. The findings also show that little time is allocated to care for the elderly. The

reason is possibly related to the age composition of the Palestinians, in which elderly represents a small fraction of the population.

This chapter also shows that while enrolment in KG education is relatively high, mostly provided by non-public institutions, Palestine lacks early childhood care services, especially for children younger than 4 years old. This obstacle likely contributes to the extensive time that married women spend in unpaid care. Reflecting time-use imbalances, married and employed women spend many more hours than married and employed men earning a living and caring for the family.

The paid care sector employs about 15 per cent of total employment and half of all employed women, and the majority of paid care workers are educators. Except for health occupations, women represent the majority in each of the paid care occupations. The findings also show that the Government hires half of all paid care workers, followed by the private sector, and the UNRWA.

Most of the paid care employees in Palestine are formal, though formality is lower in the private sector relative to the public sector and the UNRWA. Barriers in regulation and weak enforcement are key factors. Most notably, only half of women, as opposed to almost all men, employed in the care sector earn above the minimum wage.

Policy recommendations

Based on these findings, this chapter provides a number of policy recommendations that aim to reduce and redistribute time allocated to unpaid care, and improve working conditions in the paid care sector. For ease of exposition, the rationale and nature of these recommendations were discussed separately in the corresponding parts of the chapter. This section provides a brief summary of these recommendations.

Expand ECCE to reduce the time married women allocate to unpaid care

This is vital to boost women's participation in the labour market. It is recommended that the Government mobilize resources to enforce the newly ratified education law, such that KG education becomes universal. Furthermore, since the market has failed to expand nursery services, as only a fraction of young children are enrolled in nurseries, the Government should intervene to expand this sector – either by establishing more public nurseries or providing financial incentives to the private sector and NGOs to deliver these services. Given Palestine's high young-age dependency ratio, the financial resources needed to expand ECCE are likely substantial. In this respect, given the fiscal challenges facing the Palestinian Government, different provision models and financing options should be explored.

Improve working conditions for women in the care sector

Expanding coverage of minimum wage and other work benefits, including maternity leave, severance payment, paid vacation, and health coverage, is vital to enhance women's linkages to the labour market and ensure a high quality of service provided by the paid care sector. This is particularly important given the overrepresentation of working women in the paid care sector as compared to other forms of employment.

To this end, the frozen social security law should be revisited, with renegotiated terms to ensure widespread approval of employers and workers. Social security allows cost-sharing of work benefits and thus provides incentive to employers in the private care sector to hire more women. It is also recommended that the Government impose higher sanctions on employers who violate the minimum wage law. Furthermore, initiating dialogue with

employers to encourage compliance and raise workers' awareness of their minimum wage rights is expected to enhance the coverage of minimum wage.

Work to change gender norms around care work

Redistributing the responsibility of unpaid care work from women to men is key to enhancing gender equality. To this end, paternity leave policy is commonly utilized other countries. Although such a policy might be ineffective in Palestine in the short-term, as the gender labour division is deeply rooted, it could be effective in the long-run, if coupled with structural change. A key recommendation is for the Government to cooperate with local and international stakeholders to embark on public awareness campaigns and introduce capacity-building initiatives to promote gender equality. Awareness-raising should also target younger generations, introducing gender equality within curricula at various educational levels.

LESSONS FROM THE 2017-2022 NATIONAL STRATEGY ON EARLY CHILDHOOD DEVELOPMENT IN PALESTINE



Effective early childhood development is an essential component for the well-being and healthy development of children and can have significant implications on long-term development trajectories. Yet, the ECCE services offered in Palestine are not always complete or well coordinated among the different ministries and relevant stakeholders. As a result, Palestinian children in early childhood face inequality in the access to and quality of available ECCE services. According to the 2017 Population, Housing and Establishments Census, only 54 per cent of children aged 3–5 were enrolled in kindergartens. These enrolment rates increased by age, with only 15 per cent of 3-year-olds enrolled in kindergarten, compared to 67 per cent for 4-year-olds and 79 per cent for 5-year-olds.⁴⁹⁸ Furthermore, data indicate acute disparities in ECCE access between the least and most advantaged children.⁴⁹⁹ Evidence from ECD interventions indicate that investments in the cognitive development of children aged 5 and under have high rates of return in terms of educational, behavioural and health outcomes and also help to improve equity by mitigating disparities in development trajectories that stem from a child's socioeconomic background.

Given that the 0–5 age bracket constitutes roughly 14 per cent of the population in Palestine, large-scale investment in ECCE could redirect development trajectories and enhance human capital formation, while reducing costs by mitigating the incidence of later health and social problems. To capitalize on this opportunity, the Government of Palestine launched the 2017 National Strategy for Early Childhood Development and Intervention in order to prioritize investment in ECD, increase momentum towards policy intervention and accelerate progress on ECD outcomes. The Strategy calls for a multisectoral service-delivery system that is capable of providing high-quality,

accessible, integrated services to children and families.⁵⁰⁰ Mothers are mentioned as a specific target group, as well as women of reproductive age, and a special focus is placed on marginalized poor families and families with children with development delays and disabilities.⁵⁰¹

Given the interdisciplinary nature of ECD, progress on outcomes requires an integrated and comprehensive array of interventions across the health, education, and protection sectors. MoSD spearheaded the effort, in partnership with MoH and MoE, and worked together with nurseries and kindergartens (in cities, villages and camps), universities, NGOs and international organizations. This cooperation between government agencies and civil society organizations, including local and international NGOs and community-based organizations (CBOs), was paramount to the successful design and adoption of the strategy.⁵⁰²

The ECD National Strategy provides a framework for coordination and collaboration across the diverse range of stakeholders in order to streamline interventions and administrative processes and ensure adequate advancement of early childhood development throughout the country. The Strategy enumerates five strategic objectives to guide multisectoral action and intervention on ECCE services. These objectives include: 1) to ensure access to equitable and comprehensive services; 2) offer high-quality services; 3) ensure sustainable delivery of services

through strengthened commitment and partnerships among relevant stakeholders; 4) design policies and regulations; 5) develop an effective monitoring and evaluation system for services. Under each of these strategic objectives, the implementation framework identifies several specific practical objectives, and outlines the interventions, target outputs and designated actors responsible for carrying them out (including the three government ministries, NGO sector, civil society organizations and relevant international organizations).

Given the high levels of inequality in ECCE services and outcomes, ensuring inclusivity in the policymaking process was an essential feature of the successful design and adoption of the ECD Strategy. A full participatory approach was used to design and adopt the Strategy and provide a framework for further intervention. It engaged all of the target groups – including children, youth councils, NGOs, civil society actors and women – and involved a wide array of workshops and discussions with all partners. This participatory approach ensured that the resulting Strategy reflected the needs of different groups of children and helped to ensure the participation of marginalized voices.

The adoption of the Strategy has helped to accelerate action to develop new ECD activities. Several initiatives and tools have been developed since the adoption of the Strategy, including the creation

of the national ECD Working Group, establishing a database for monitoring ECD indicators, training of education and health professionals, publishing of a guide for developmental behavioural scales and educational materials for parents and educators, among others.⁵⁰³

The monitoring and evaluation framework outlines a range of specific indicators under each objective to assess the impact and results of the interventions, to be carried out in coordination between the three main ministries responsible for collecting the data for the agreed indicators. The adoption of the Strategy led to the creation of the Palestinian National ECD committee, comprised of members from the three relevant ministries (MoSD, MoE, MoH), in order to institutionalize the coordination mechanisms outlined in the Strategy's implementation framework.

Yet, the ministries still face significant obstacles to fully implementing the Strategy's objectives and improving the efficacy of interventions. One of the primary challenges hindering its effectiveness is the lack of sufficient human and financial resources to implement and evaluate its interventions. Without sufficient data collection and monitoring, interventions cannot be adequately assessed, implemented and improved in order to have meaningful impact. The challenges faced in implementing the National Strategy indicate the benefits of starting at the micro level with small pilot programmes that can generate more robust evidence of

impact. By focusing attention and resources on one specific geographic area, resources can be maximized throughout the process of designing, implementing, monitoring and evaluating the results of the intervention, and the policy toolkit can be refined while more funding is generated to scale-up the successful elements of the pilot to other regions.

While evidence on the effects of these ECD interventions is still limited, given difficulties with monitoring and data collection, it is clear that the adoption of the National Strategy for Early Childhood Development has galvanized State efforts to improve outcomes and established ECD as an important priority within Palestine's national development agenda. Developing a national strategy has helped raise awareness among the community and relevant stakeholders about the importance of quality ECCE services and has brought significant momentum towards addressing ECD challenges. The success of the process relied on the relevant agencies and ministries agreeing to work together and build effective partnerships with external organizations in order to develop a unified vision and coherent implementation framework capable of achieving development targets.



THE CARE ECONOMY IN TUNISIA

MAIN PATTERNS AND FUTURE CHALLENGES

5.1	OVERVIEW	183
5.2	CARE POLICIES AND SERVICES IN TUNISIA	184
5.3	UNPAID CARE WORK IN TUNISIA	187
5.4	PAID CARE WORK	197
5.5	KEY FINDINGS AND POLICY RECOMMENDATIONS	205

KEY MESSAGES

- 1** The ratio of women's-to-men's time spent on unpaid care work per week in Tunisia is nearly 6:1.
- 2** Despite their low overall participation in the labour market, women are highly represented in paid care sectors.
- 3** Most paid care-sector jobs are in the public sector, primarily in education and health, while the private sector dominates in personal care and early childhood education.
- 4** The care sector suffers two major limitations that require government intervention: 1) the quality of services (reflected by the qualifications of its workers), and 2) the poor quality of employment (reflected by levels of informality).
- 5** There is a need for a coordinated national care strategy to identify priorities in terms of the care economy and to coordinate investment in this critical sector.

5.1 OVERVIEW

In 2010, Tunisia was one of very few countries in the Arab States that had reached the peak of its demographic dividend, with nearly 2.3 working-age individuals for every dependent. The beginning of this new phase of population aging marks an increase in the dependency ratio, which will bring its share of new challenges to a country struggling to find a path towards economic growth. Over the past decade, Tunisia has faced substantial economic challenges. According to the published official numbers by the National Institute of Statistics (INS), economic growth has not exceeded 2 per cent over the past decade. The unemployment rate, which has been stagnant at around 15 per cent since 2013, particularly affects young people and women.⁵⁰⁴ The last decade has also been marked by a deterioration in the quality of public services in the health and education sectors.⁵⁰⁵

Despite these challenges and the growing need to improve and extend education and health services to the entire population, Tunisia lacks a comprehensive national care policy based on an objective assessment and identification of national needs. Indeed, a review of public programmes reveals scattered strategies managed by several ministries, without clear linkages and objectives to address the care sector as a whole. Care services are little known and not well studied in Tunisia. The impact of care provision on the well-being of the population is little discussed, despite strong empirical evidence linking the well-being of several population groups to the availability of quality care services in several countries.⁵⁰⁶ Investment in the care economy could be an effective channel for poverty reduction. By providing households with the necessary social care services, women's chances of engaging in income-generating activities would increase considerably. At the same time, better-quality care would strengthen the conditions for the

accumulation of children's human capital. The lack of a comprehensive national care strategy has important implications for the economy. The low participation of women in the labour market is strongly determined by social norms that impose a gendered pattern of time use within the family. Unpaid domestic work and care for the family are tasks that fall on women, which greatly reduces their opportunity to engage in income-generating activity outside the home. The labour market participation rate of married women does not exceed 19 per cent compared to the national average of 27 per cent.⁵⁰⁷ Moreover, inequalities begin very early in childhood and are largely determined by the economic and social conditions in which people grow up. Access to quality early childhood education and health services determine children's chances for human development and affects them through their adult lives. Investment in these forms of care thus has long-term implications for the country's development.

It is important to reconsider the care sector from a development perspective in order to determine policy priorities, identify appropriate solutions to meet the aspirations of the population, and capitalize on the potential of the care sector to create more and good quality jobs in the future. Indeed, unemployment poses one of the most pressing challenges for Tunisia. Official data from INS show that the total number of people in the labour force increased from 3.7 million to 4.1 million from 2008–2019. The unemployment rate has recorded a notable increase since 2005 and remains fairly high at 15.4 per cent (21.7 per cent for women and 12.1 per cent for men).⁵⁰⁸ Meanwhile, investment in the care economy has the potential to generate employment while providing essential services for the population.

This analysis of the care economy in Tunisia includes an overview of the current state of care policies and services, followed by an analysis of time spent on unpaid care work among women

and men, including differences in unpaid care work according to the characteristics of women and their households. It focuses on the paid care sector, assessing the size of public and private paid care sectors, the prevalence of informality, and the sociodemographic characteristics of workers in care sectors. Finally, it concludes with policy recommendations for investment in the care economy in Tunisia.

5.2 CARE POLICIES AND SERVICES IN TUNISIA

Early Childhood Care and Education (ECCE)

A multisectoral national strategy for early childhood development for 2017–2025 was developed by the Ministry of Women, Family, Childhood and Seniors (MWFCs) and adopted by the Ministerial Council in 2018. The strategy outlines a vision for early childhood development (ECD) to ensure integrated physical and cognitive development services for all young children, especially the most disadvantaged. It is based on five strategic goals,⁵⁰⁹ namely: development of early childhood services through the equitable and large-scale expansion of integrated and quality services in health, nutrition and ECCE; fostering a favourable family environment, primarily through parental education; strengthening the institutional environment and the skills and competencies of professionals in the early childhood sector; promoting community approaches to ECD; and monitoring, evaluation, governance and financing for implementing the strategy.

Specifically, ECCE exists in various forms in Tunisia, with services according to children's ages and needs. Kindergarten (KG) 1 and 2 are provided for children aged 0–3 years and 3–6 years, respectively, administered by the MWFCs. Koranic

schools are also available for children aged 3–5 for initiation to learning the Koran, reading and writing, but they fall under the jurisdiction of the Ministry of Religious Affairs. Preparatory classes for children aged 5–6 years (similar to KG2) are offered in public, non-governmental and private primary schools, which fall under the Ministry of Education (MoE). Preparatory classes for 5-year-old children are an integral part of basic education and strongly recommended, but they are not compulsory.

Although multiple options are available for ECCE, it is actually not mandatory for children of any age. One third of Tunisian children were not enrolled in any form of ECCE (Figure 5.1).

Enrolment rates are very low among the youngest children – with only 1 per cent of children aged 0–3 years who are eligible for KG1 services actually enrolled. By comparison, 32 per cent of children aged 3–6 are in KG2. Also, for the latter age group, 25 per cent of children were enrolled in public preparatory classes and 10 per cent were in Koranic schools.

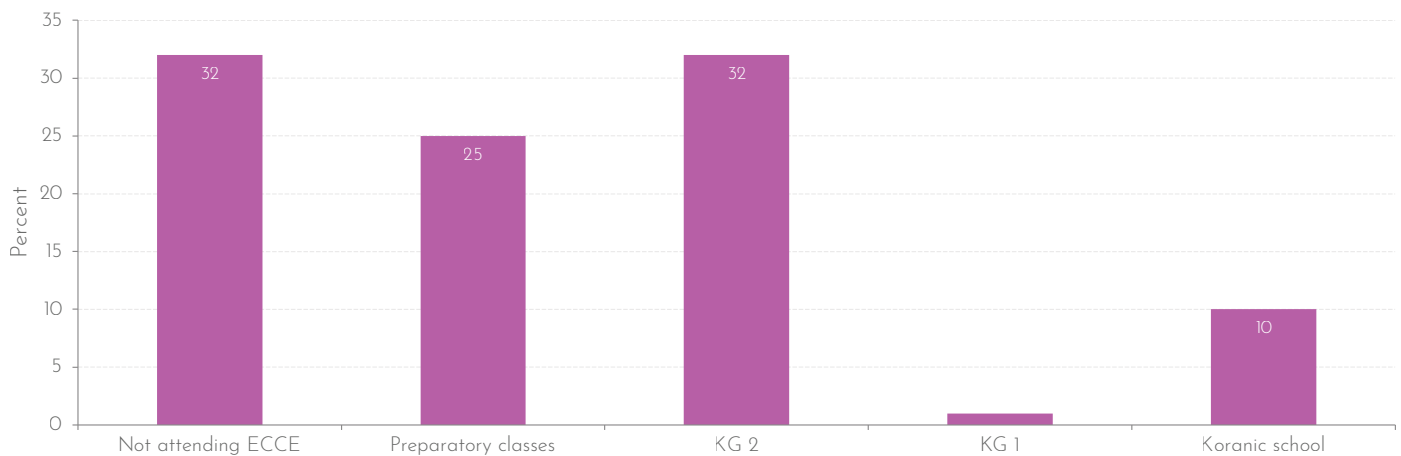
There are significant regional disparities in access to KG2. For kindergartens, MWFCs data indicate that in 2017 enrolment varied from 10 to 60 per cent across the 24 administrative governorates of Tunisia. In addition to regional disparities, strong socioeconomic inequalities are observed in access. Whereas 13.1 per cent of children from the poorest households attend ECCE, the rate increases to 81 per cent of children in the richest households. Striking inequalities are also observed in the availability of teaching materials at home and adult support for early learning. According to the Tunisia Multiple Indicator Cluster Survey, 82.8 per cent of children in the richest wealth quintile had more than three books at home, compared to only 30.2 per cent in the poorest quintile. Among the children in the latter group, 60.6 per cent received parental help with their homework, compared to 86.9 per cent in the former group.⁵¹⁰

As of 2015, there were 313 KG1, 4,118 KG2, 1,497 Koranic, and 2,000 preparatory classes nationally. Kindergarten is predominantly provided by the private sector (90 per cent of all classes), 9 per cent of classes are public (managed by municipalities) and 1 per cent are managed by civil society organizations (CSOs). The relevant ministries establish the quality standards for ECCE, curricula, minimum qualifications of ECCE professionals, and the infrastructure. The number of educators required is based on the children's age group: 15 children per educator for the 0–2 age group, 20 children per educator for the 3–5 age group, and

25 children per educator for the 5–6 age group. KG1 and KG2 institutions have two unannounced inspection visits per year, and Koranic schools have one (often announced) visit per year.

The actual qualifications of ECCE professionals are not aligned with the minimum qualifications required – which is to have a university degree in ECD – as more than 44 per cent of those working in the sector had a secondary level education or less in 2015 (Table 5.1). Another 32 per cent of practitioners had a vocational training diploma and only 19 per cent had a university degree.

FIGURE 5.1: DISTRIBUTION OF CHILDREN AGED 0-5 YEARS BY ECCE ENROLMENT, 2015



Source: Authors' elaboration based on the World Bank 2015.⁵²⁶

TABLE 5.1: DISTRIBUTION OF ECCE PROFESSIONALS BY EDUCATION LEVEL

	Number of professionals	Per cent
Primary education	260	2
Secondary education lower cycle	6 072	42
Secondary education upper cycle	758	5
Vocational training in ECD	4 684	32
University degree (general)	2 383	16
University degree (specializing in ECD)	404	3
Total	14 561	100

Source: World Bank 2015.⁵²⁷

Of all the teachers, only 3 per cent had a university degree specializing in ECD.

The ECCE sector faces a range of challenges, including price regulation, quality of services and availability across locations. Numerous establishments in the sector do not comply with the required standards and authorizations. Hence, the MWFCs has published a list of authorized kindergartens and nurseries by governorates to enable parents to check the legal status of establishments before enrolling their children.

Elder care

At the demographic level, population ageing is accelerating in Tunisia. The proportion of people aged 60 and over has increased from 9.3 per cent in 2004 to 11.7 per cent in 2014. It will rise to 17.8 per cent by 2030 and reach 24.2 per cent of the total population in 2044. The old-age dependency ratio will rise from 1.8 in 2014 to 2.2 in 2020, reaching 3 in 2030 and 4.2 in 2044, according to population projections of the INS.

The prevalence of non-communicable diseases (NCDs) is high and is becoming the main cause of morbidity and mortality. The prevalence of hypertension is 63.9 per cent for people aged 60 to 69 years and 73.4 per cent for people aged 70 and over.⁵¹¹ The prevalence of diabetes is respectively 37.5 per cent and 36.3 per cent for these same age groups. Thus, in addition to an increasing elderly population, Tunisia faces a substantial health burden among the elderly that is likely to affect their care needs.

In Tunisia, national health policies, strategies and plans include care for elderly people with a loss of autonomy and the strengthening of community-based care, including home visits and home care

for the elderly or seriously ill. The reform of the social protection system undertaken by the Tunisian Government, through the establishment of the National Social Protection Fund in accordance with ILO Recommendation 202 of 2012,⁵¹² includes a minimum income for the elderly and universal health coverage for all Tunisians. In Tunisia, there are 12 residential care centres, with a capacity of 830 beds, in which indigent elderly persons without family support are placed. Others may be placed with foster families for a monthly allowance of TND 150 dinars (approximately USD 50) paid to the family. The programme is managed by the MWFCs.

Nevertheless, Tunisia's health and social protection systems face several challenges to adequately meet the needs of the elderly in the face of the country's demographic and epidemiological transition. The health insurance system in Tunisia covers nearly 90 per cent of the population through its contributory and non-contributory components.⁵¹³ Poor households headed by elderly persons and households with limited incomes benefit respectively from free medical assistance or medical assistance at reduced rates, allowing them access to public health services. Chronic diseases are fully covered by the health insurance scheme. However, the system does not cover citizens fairly in terms of the quality of services and the costs incurred. Several illnesses are not covered by health insurance, especially for those receiving free medical assistance. There are strong regional disparities in terms of access to university hospitals, which are generally better equipped and offer better-quality services. Despite widespread coverage by the health insurance system, these gaps lead to a relatively high level of direct costs incurred – out-of-pocket expenditures account for 38 per cent of spending on health⁵¹⁴ – exposing households to the risk of falling into poverty.

Box 5.1: DATA AND METHODS

The statistical analysis herein is based on two data sources. The first is the 2014 Tunisia Labour Market Panel Survey (TLMPS), which was conducted by the Economic Research Forum (ERF) in collaboration with the INS.⁵²⁸ The TLMPS includes information on time spent in unpaid care activities during the week prior to the interview. Time-use surveys are considered the optimal data source to analyse the distribution of paid and unpaid work among household members. In the case of Tunisia, a single time-use survey, the Time Budget Survey of Women and Men in Tunisia 2005–2006 (TBSWM) was carried out in 2005 by the MWFC and INS with the support of UN Women Tunisia. Unfortunately, only the aggregate statistics from the report,⁵²⁹ published by the MWFC, are available. The chapter compares the published TBSWM estimates with the analysis of the TLMPS, where appropriate.

The TLMPS data are used to estimate the time devoted by women and men of working age (15–64) to unpaid care work. The data distinguish between direct and indirect care work but cannot distinguish between direct care work provided for children versus elderly or disabled members of households. Patterns of unpaid care work are analysed by several factors that affect the division of roles between men and women, such as the place of residence, region, age, level of education, the number of children in the household, the number of dependent elderly persons, and household wealth.

The other main data source used is the Tunisian Labour Force Survey (LFS). The survey is conducted on a quarterly basis by the INS and allows for an accurate estimation of labour market indicators and characteristics of the labour force. The analysis focuses on the working-age population, aged 15–64 years. It considers four years: 2010, 2012, 2016 and 2019. The first year reflects the situation just before the political change in 2011, and the following periods reflect the situation during the political and economic transition that the country is experiencing. Analysis of the LFS focuses on the size, characteristics and growth rate of the paid care economy in Tunisia, including the health, education and social care sectors. It is important to note that in the case of Tunisia, the data did not make it possible to distinguish the occupations of domestic workers from those working as cleaners in public and private enterprises. Domestic work is therefore not included in the analysis.

Paid leaves

In the public sector, mandatory maternity leave of two months is paid at 100 per cent of the salary, with the possibility of maternity leave paid at half the salary, not exceeding four months. Two breaks of half an hour each during working hours are allowed for breastfeeding for up to nine months after childbirth. In the private sector, maternity leave is 60 days, part of which is paid by social security funds, with the rest borne by the worker (i.e. the income replacement level from social security is less than 100 per cent). Paternity leave is two days in the public sector and one day in the private sector.⁵¹⁵

5.3 UNPAID CARE WORK IN TUNISIA

Gender disparities in unpaid care work

On average, Tunisians aged 15–64 spent 10.2 hours per week on unpaid care activities (Table 5.2). A small part of this time was devoted to caring activities for children and the elderly or disabled (1 hour, 42 minutes per week). The largest share of time was devoted to indirect care activities, in which Tunisians spent about 8.6 hours per week. The most time-intensive indirect care activities were washing dishes, laundry and cleaning the house (6.3 hours per week) and travel related to domestic activities, particularly shopping and accompanying a family member (2 hours per week).

TABLE 5.2: AVERAGE TIME SPENT ON DIRECT AND INDIRECT CARE WORK BY SEX AND MARITAL STATUS, TUNISIANS AGED 15-64, TLMPS 2014

Indicator	Men			Women			Total
	Married	Unmarried	Total	Married	Unmarried	Total	Total
Average hours spent on direct care work per week for children/sick/elderly	0.6	0.0	0.3	4.7	0.7	3.0	1.7
Average hours spent on indirect care work per week	4.0	1.6	2.9	17.8	9.3	14.2	8.6
Average hours spent on grocery-shopping/ accompanying family members per week	3.1	1.0	2.2	2.1	1.4	1.8	2.0
Average hours spent on maintenance activities per week	0.2	0.2	0.2	0.1	0.1	0.1	0.2
Average hours spent on cooking, dishes, laundry, cleaning the house per week	0.5	0.3	0.4	15.3	7.6	12.0	6.3
Average hours spent collecting water/firewood/other fuel per week	0.1	0.1	0.1	0.3	0.2	0.3	0.2
Total average hours spent on care work per week	4.6	1.6	3.2	22.4	10.1	17.2	10.2
Average hours spent on paid work per week	32.6	17.1	25.3	5.3	7.8	6.4	15.7
Number of observations	2 180	1 673	3 853	2 567	1 919	4 486	8 339

Source: Authors' calculations based on the TLMPS 2014.

Although the TLMPS data are not fully comparable with data from the TBSWM 2005, the results relating to direct care provided to household members are in line. The TBSWM data showed that Tunisians devoted 1.98 hours per week to direct care work (17 minutes per day), compared to 1.7 hours in the TLMPS 2014. However, a considerable gap was observed in indirect care activities between 2005 and 2014. The 2005 survey showed that household tasks took up an average of 19 hours per week, compared to 12.7 hours per week in the TLMPS 2014. However, these numbers must be compared with caution given that the 2005 survey covered a full 24-hour time-use calendar. It is possible that the TLMPS methodology underestimates time spent on unpaid care work relative to a full time-use methodology (see Chapter 1).

The most striking feature of the unpaid work distribution is the gender disparity. Despite the political, social, economic and family changes that have taken place in Tunisia,⁵¹⁶ tasks traditionally assigned to women (childcare and domestic work) are still performed mainly by women. The results obtained were similar to other Arab States, where women devoted more time than men to these activities. Men spent only 0.3 hours on direct care work compared to 3 hours per week (around 26 minutes per day) among women. The results also showed that the time spent by women on indirect care work is five times higher than that of men (14.2 hours per week compared to only 2.9 hours per week).

For all unpaid care work together, women spent an average of 17.2 hours compared with only 3.2 hours per week for men. Although the numbers

reported in TBSWM 2005 were higher than those of the TLMPS 2014, the gender gap in terms of unpaid work remained almost unchanged. The TBSWM found that women spent more than six times as many hours on care work as men (37 hours/week for women compared to 5 hours/week for men).

Marital status is a key determinant of time spent in care work. Married women spent 13 per cent of their week (168 hours) on unpaid work compared to 6 per cent among unmarried women (Figure 5.2). The largest share of this work was devoted to indirect care work, which took up 11 per cent of married women’s and 6 per cent of unmarried women’s time. These results are very similar to those reported for the Egyptian case study (see Chapter 2), which showed that time spent by married women on unpaid care work is almost twice the time spent by unmarried women.

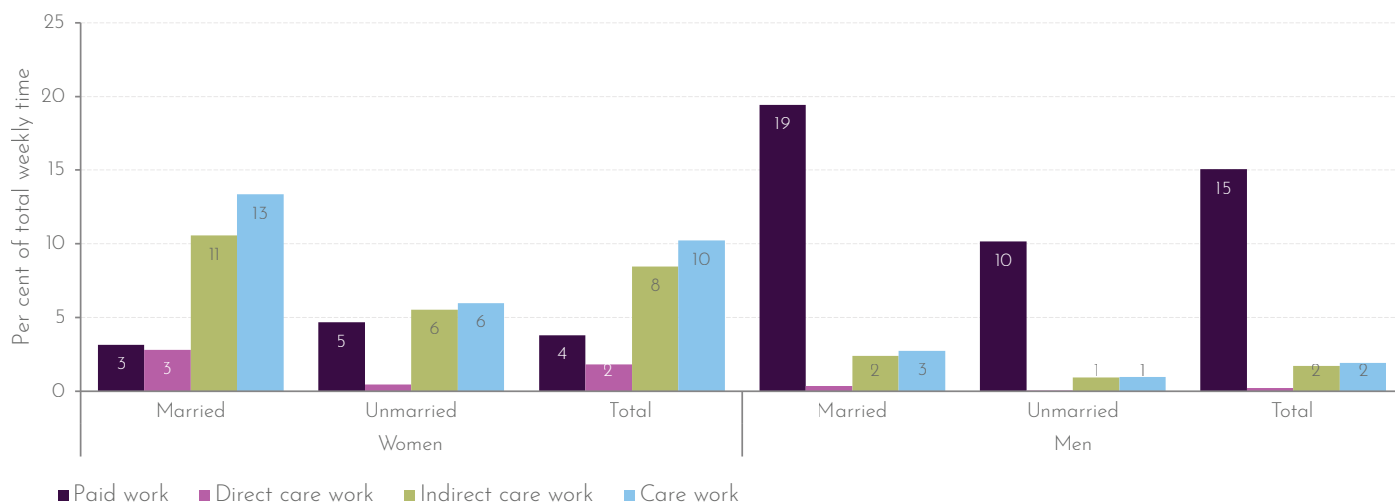
When it comes to paid work, married men spent six times more hours working than married women (19 per cent of weekly hours compared to only 3 per cent). These figures are strongly influenced by the fact that the majority of women are not employed,

and suggest that unpaid care work responsibilities, which are mainly assumed by women (especially married ones), reduce women’s presence in the formal labour market and allow men to have relatively more time for paid work. This finding is confirmed by Figure 5.3. Employed women spent 19 per cent of their week on paid work compared to 23 per cent for employed men. Women’s involvement in paid work reduced somewhat their time in unpaid care work. Among employed women, care work represented 9 per cent of their weekly time compared to 11 per cent for non-employed women. Nevertheless, employed married women spent a larger percentage of their total weekly time on work (29 per cent of weekly hours on paid and unpaid work combined) than employed married men (27 per cent of weekly hours).

Regional disparities in unpaid care work

Despite success on many fronts, Tunisia still faces persistent regional disparities.⁵¹⁷ Development levels in the country’s coastal areas, which include 56 per cent of the population and 92 per cent of

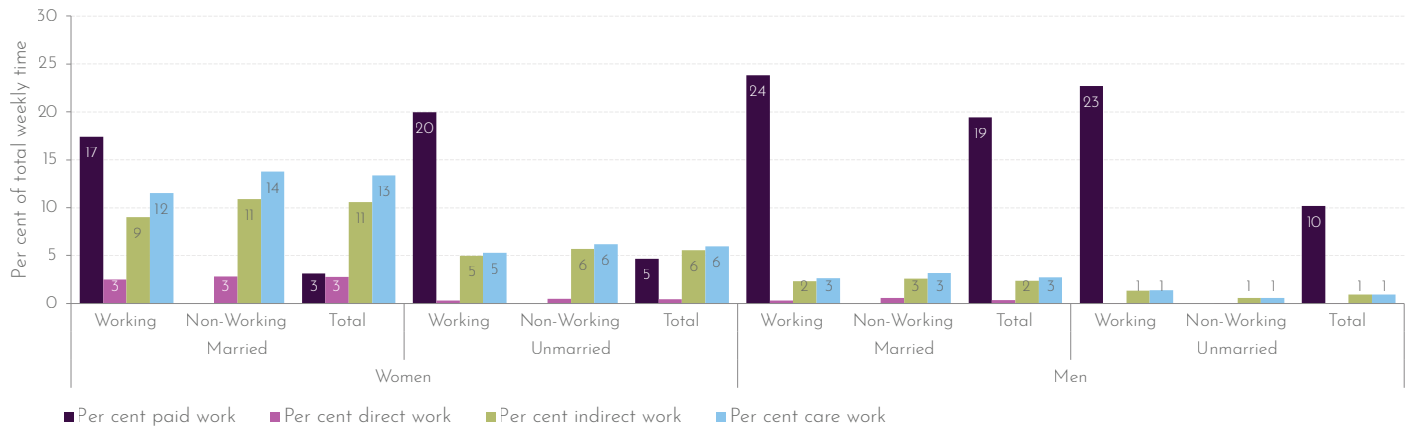
FIGURE 5.2: PERCENTAGE OF WEEKLY TIME SPENT IN DIFFERENT TYPES OF WORK, BY GENDER AND MARITAL STATUS, AGE 15-64



Source: Authors’ calculations based on the TLMPS 2014.

Notes: Percentage of total weekly time is calculated based on a 168-hour week.

FIGURE 5.3: PERCENTAGE OF WEEKLY TIME SPENT IN DIFFERENT TYPES OF WORK BY GENDER, MARITAL AND WORKING STATUS, AGE 15-64



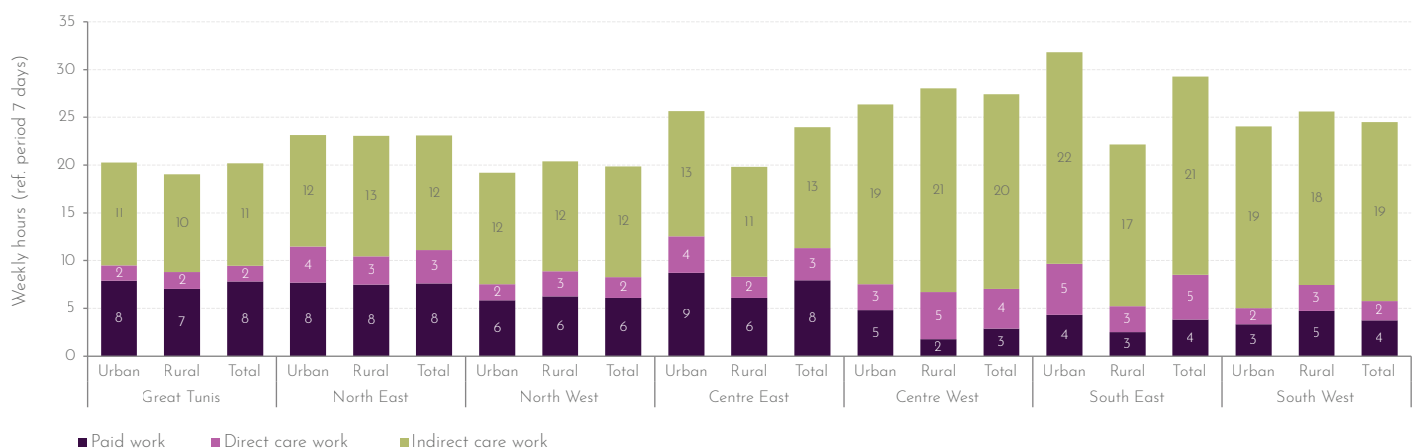
Source: Authors' calculations based on the TLMPS 2014.

Notes: Percentage of total weekly time is calculated based on a 168-hour week.

all industrial firms, are considerably higher than in other areas with the fewest non-agricultural employment opportunities and the highest levels of poverty. Women in those areas face particular difficulties finding work and accessing basic services (such as access to water, education and transport). These barriers can impact time allocated by women to paid and unpaid work.

The average weekly hours spent by women on paid and unpaid work did not differ substantially across geographic regions except the South (East and West) and Centre West (Figure 5.4). On average, women in the latter regions devote 20 hours to indirect care, 4 hours to direct care, and 4 hours to paid work, compared respectively to 12, 3 and 8 hours per week in the rest of regions.

FIGURE 5.4: WEEKLY HOURS SPENT IN PAID WORK AND UNPAID CARE WORK (DIRECT AND INDIRECT) AMONG WOMEN, BY REGION AND AREA OF RESIDENCE, AGE 15-64



Source: Authors' calculations based on the TLMPS 2014.

Differences in paid and unpaid work distributions could be explained in part by the labour market patterns in each region, and the availability of care services. However, such conclusions should be taken with caution, as women’s behaviour is strongly shaped by other individual characteristics, such as age, marital status, the presence of children in the household, etc. The role of each factor in the allocation of women’s time will be discussed in more details below.

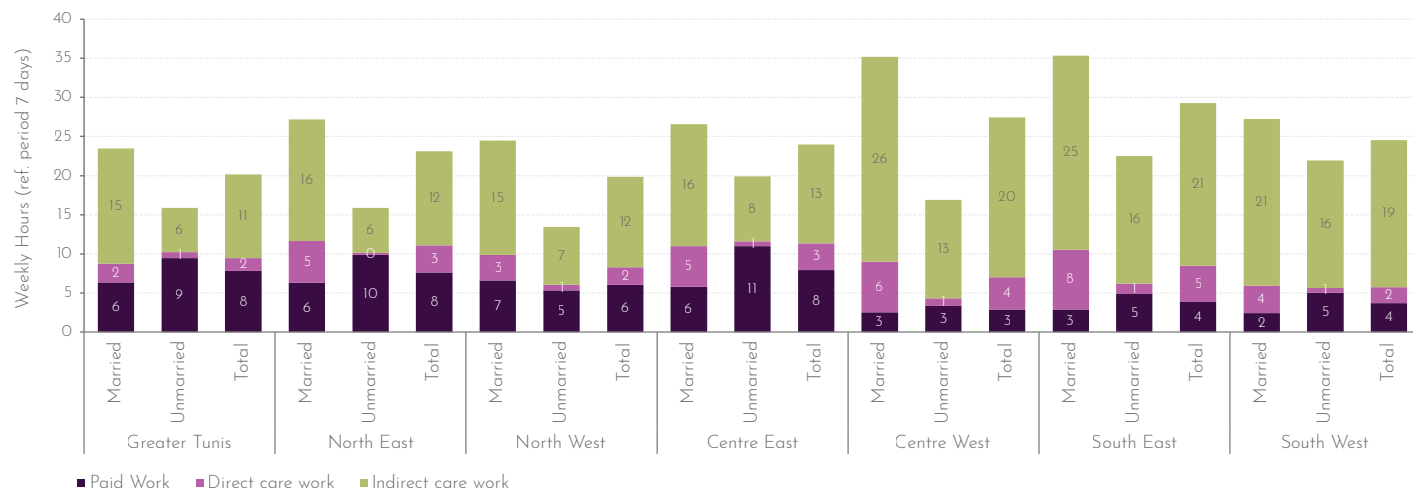
Regional gaps in women’s paid and unpaid work were stronger when considering marital status (Figure 5.5). The time spent on unpaid work by married women living in coastal regions (Great Tunis, North East or Centre East – the fastest-growing areas in economic terms) reached around 17 to 21 hours per week, compared to 32 hours for married women living in the Centre West region. On the other hand, the time spent on paid work among all women (married and unmarried) in the Centre West region did not exceed 3 hours per week, compared to 6 hours per week for married and 9 to 11 hours per week for unmarried women living in coastal regions. The lack of job opportunities in the economically lagging areas, which are mainly the

western regions, compared to the spatial clustering of firms along the coast may explain the observed gap in time spent on paid work.

Unpaid care work by age and marital status

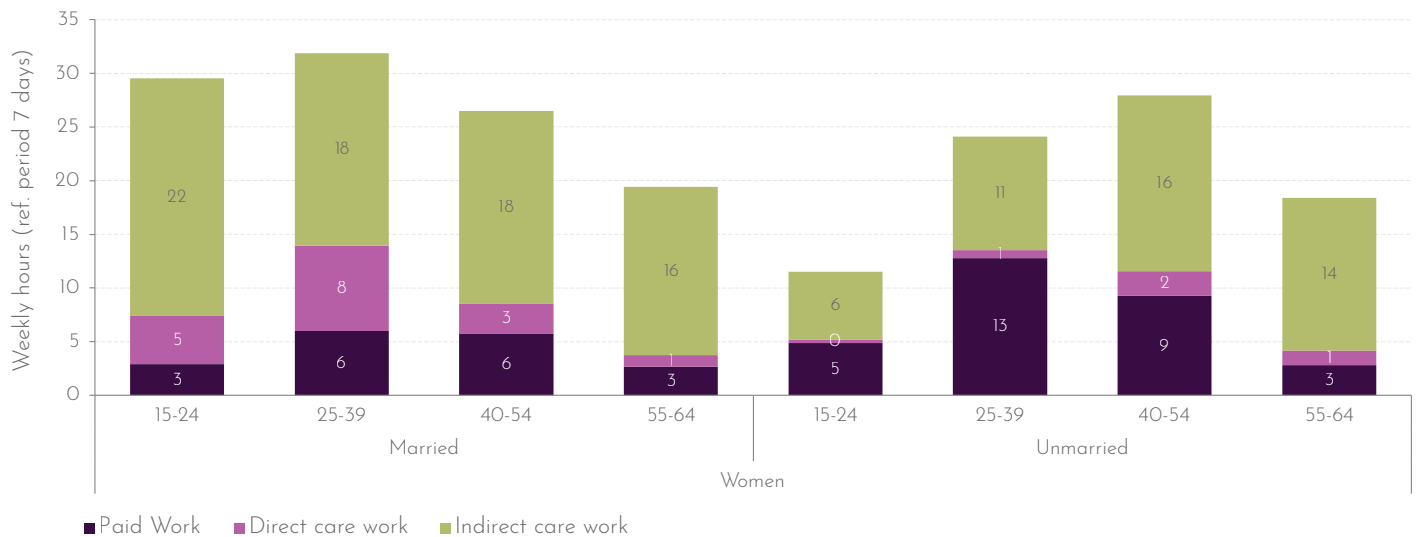
Globally, working-age adults in general (both sexes), spend more time not only on paid work but also on unpaid care work, than both their younger and older counterparts.⁵¹⁸ This is true for women in Tunisia, as there was an inverse U-shaped relationship between age and time spent on paid and unpaid care work (Figure 5.6). For married women, the peak time spent on direct care work was reached in the 25–39 age group, at 8 hours per week, compared to 5 hours for youth aged 15–24 years and only 3 hours for the 40–54 age group. The higher number of hours spent in direct care work by the 25–39 age group is likely due to the fact that a large proportion of married women at this age have dependent children. Married women aged 55–64 spend on average one hour per week on direct care.

FIGURE 5.5: WEEKLY HOURS SPENT IN PAID WORK AND UNPAID CARE WORK (DIRECT AND INDIRECT) AMONG WOMEN, BY REGION AND MARITAL STATUS, AGE 15-64



Source: Authors’ calculations based on the TLMPS 2014.

FIGURE 5.6: WEEKLY HOURS SPENT IN PAID WORK AND UNPAID CARE WORK (DIRECT AND INDIRECT) AMONG WOMEN, BY AGE GROUP AND MARITAL STATUS



Source: Authors' calculations based on the TLMPS 2014.

Older women are generally expected to spend time caring for grandchildren and other household members. However, with changes in the living arrangements of young couples and increasing rates of independent households, time devoted to caring for children among older women is greatly reduced. Contrary to direct care work, the peak of indirect care work was observed for married women aged 15–24 years (22 hours per week).

When it comes to paid work, however, unmarried women spent more time than married women, regardless of the age group (Figure 5.6).

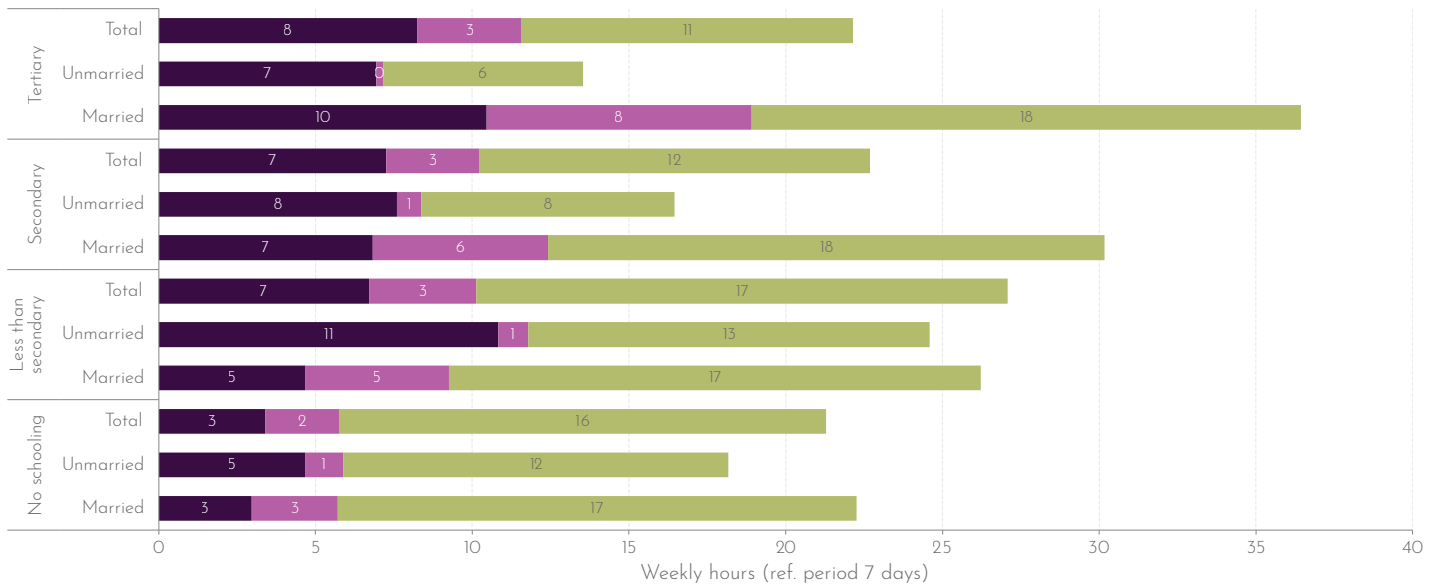
More educated women spend more time on direct care work but less time on indirect care work

The time devoted to care for children and other dependent family members increases with the level of education (Figure 5.7). Women with university-level education spent on average 3.3 hours per week on direct care work, compared to 2.4 hours

for women with no education. Differences were even greater when considering marital status. For instance, married women with tertiary education spent 8.4 hours per week on direct care work, more than three times that spent by married women with no education (2.8 hours per week).

The positive relationship between time spent on direct care and level of education may reflect a higher value placed by those with higher education on interaction with children and other household members in need of care, and potentially greater time spent supporting children's educational activities, among more educated parents. A growing body of research has found that higher-educated parents spend more time with their children.⁵¹⁹ For example, Guryan et al. (2008) used American Time-Use Surveys to show that mothers with a college education or greater spend roughly 4.5 hours more time per week on childcare than mothers with a high school degree or less, despite the fact that they engage in more hours of paid work.⁵²⁰

FIGURE 5.7: WEEKLY HOURS SPENT ON PAID WORK AND UNPAID CARE WORK (DIRECT AND INDIRECT) AMONG WOMEN, BY EDUCATION AND MARITAL STATUS



■ Paid Work ■ Direct care work ■ Indirect care work

Source: Authors' calculations based on the TLMPS 2014.

In contrast to direct care work, the time spent on indirect care work is inversely related to women's level of education. Women with no education spent more time on housework (15.5 hours per week) compared to women with a university education (10.6 hours). Unmarried women with no education spent about twice the time on indirect work compared to unmarried women with tertiary education (12.3 hours per week compared to 6.4 hours).

The inverse relationship between women's level of education and the time allocated to household activities can be explained by the fact that more educated women are more involved in paid work. The time spent on paid work by educated women was more than twice as much as that spent by uneducated women (8.2 hours per week as opposed to 3.4 hours for women with no education). Conversely, married women spent

three times as much – with married women with a tertiary education spending 10.5 hours per week on paid work in comparison to 3 hours per week for married women with no education.

The results of the 2005 TBSWM similarly found that the most highly educated women performed much less domestic work than less-educated women (26 hours per week for women with tertiary education, as opposed to 40 hours for women with primary education). The decrease in time devoted to indirect unpaid care work for women with higher education could be explained by the fact that education is highly correlated with household wealth. More educated, wealthier women are likely to have greater access to time-saving devices (i.e. electrical appliances) and greater opportunities to use market services to reduce their own time spent on unpaid care (i.e. domestic workers).

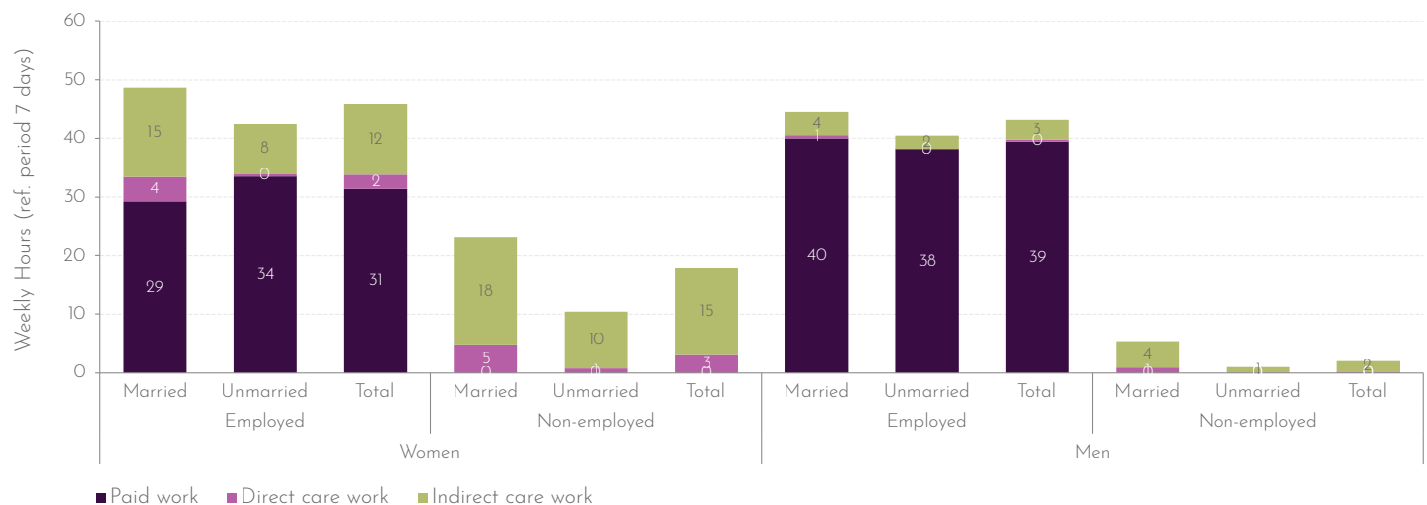
Distribution of unpaid care work by labour market status

The time spent on unpaid work was shaped more by women's marital status than their employment status (Figure 5.8). The difference between employed and non-employed women in time spent on unpaid work per week was less than 2 hours for unmarried women and 4 hours for married ones. The time spent on unpaid work by married, working women remained twice that of unmarried women, regardless of their working status. Conversely, employed married women spent less time on paid work than employed women who were unmarried (29 hours per week compared to 34 hours). This indicates that married women may seek out forms of employment that require shorter working hours to allow for time for unpaid care work. Nevertheless, the total hours of work (paid and unpaid) completed by employed, married women in a week exceeded that of all other groups. Employed, married women spent a total of 48 total hours in work, compared to 42 hours among employed, unmarried women and 45 hours among employed, married men.

A large body of literature suggests that time spent on paid and unpaid care work are closely related to household economic well-being.⁵²¹ As observed in many developing countries, the poor spend a lot of time (paid or unpaid) on work to meet their needs (water collection, fuel wood collection, etc.) and hope to escape poverty.⁵²² However, more time spent working in paid and unpaid work means less time for leisure and therefore a greater risk of suffering from 'time poverty'.⁵²³

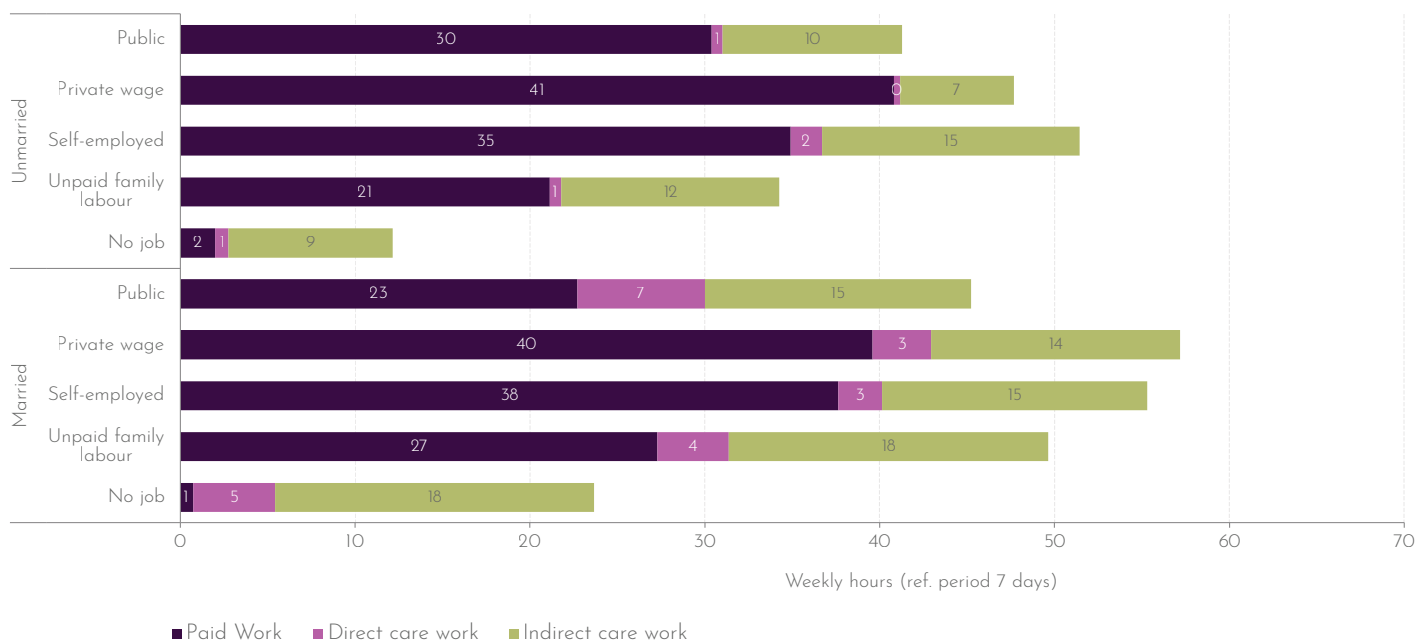
Women employed in the private sector, independent of their marital status, devoted substantially more hours to paid work, and fewer hours to unpaid care work, compared to those in the public sector or who were self-employed or unpaid family labourers (Figure 5.9). Married women working in the public sector or in unpaid family labour, and those without jobs, spend more time on unpaid work (22 to 23 hours per week) compared to unmarried women in similar roles (10 to 13 hours per week).

FIGURE 5.8: WEEKLY HOURS OF PAID AND UNPAID CARE WORK (DIRECT AND INDIRECT) BY SEX, WORKING AND MARITAL STATUS, AGES 15-64



Source: Authors' calculations based on the TLMPs 2014.

FIGURE 5.9: WEEKLY HOURS OF PAID AND UNPAID CARE WORK PERFORMED BY WOMEN, BY MARITAL STATUS AND TYPE OF EMPLOYMENT, AGES 15-64



Source: Authors' calculations based on the TLMPS 2014.

Household structure and women's time spent in unpaid care work

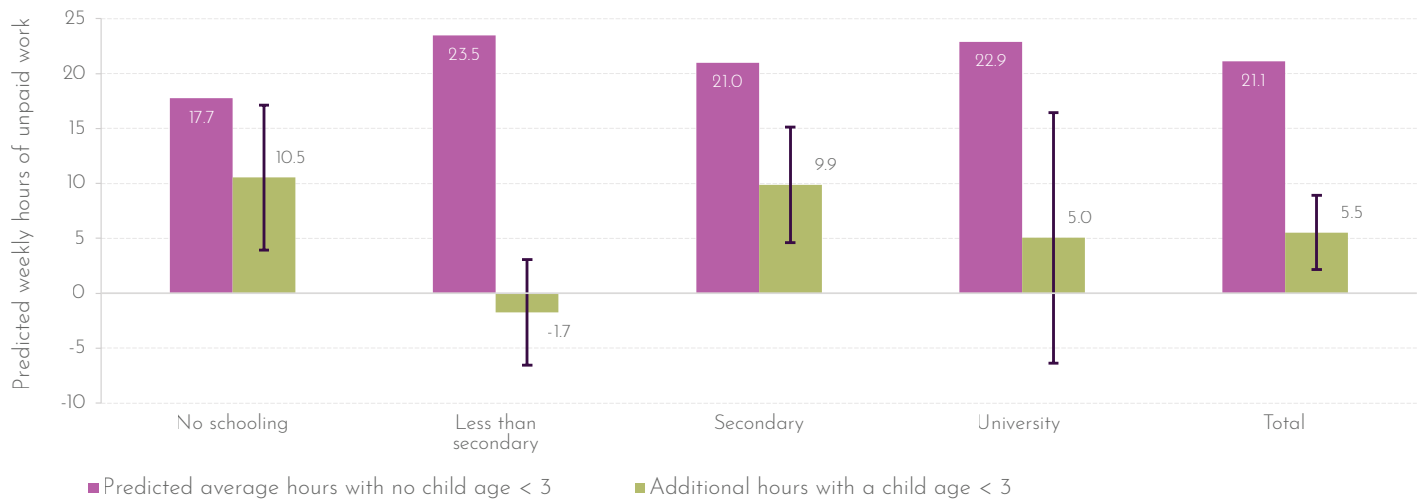
Although women, and especially married women, perform the bulk of unpaid care work, different household structures can affect the distribution and amount of time spent on these activities. Caring for dependents, including care for children in different age groups, the elderly and ill or disabled persons has different implications on women's time, based on the needs of each group. This section describes the effect of household structure on women's time spent on unpaid care work, using the multivariate methodology described in Chapter 1 and the Methodological Appendix. The analysis is disaggregated by marital status, since the effects of having children in the household likely differ for married and unmarried women, who may spend time caring for younger siblings. The analysis is also disaggregated by women's education, to further explore the finding above that more educated women have different patterns of time use in

direct and indirect care work than women with less education.

Adding one child under 3 years of age increased the weekly hours married women spent on care work by an average of 6 hours per week across all educational levels (no significant effect was detected for unmarried women). A child under age 3 increased the weekly hours devoted to unpaid care work by married women with no education by 11 hours, and by 10 hours for married women with secondary education (Figure 5.10). The presence of children under age 3 had a lower impact (5 hours per week) on the weekly hours of unpaid care work among married women with tertiary education (although the result was not statistically significant).

The time allocated by married women to unpaid care work decreased with the age of their children (no significant effect was detected for unmarried women for children of any ages) (Figures 5.11 and 5.12).

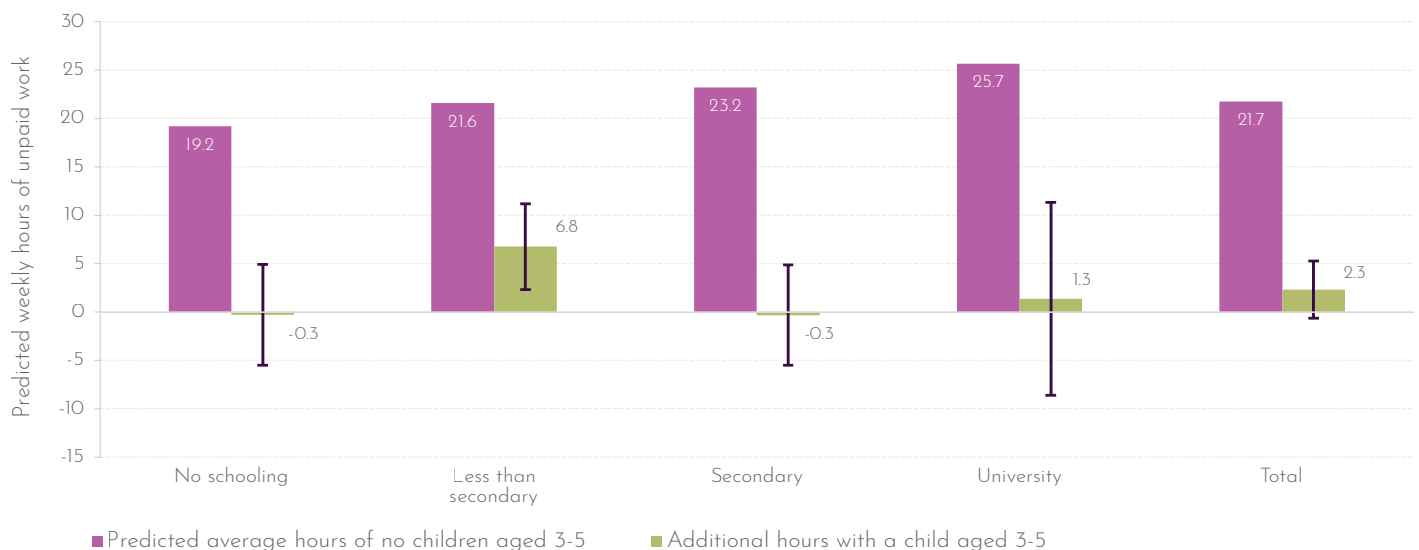
FIGURE 5.10: PREDICTED ADDITIONAL WEEKLY HOURS OF UNPAID CARE WORK WITH A CHILD UNDER 3 IN THE HOUSEHOLD, BY EDUCATION, TUNISIAN MARRIED WOMEN 15-64



Source: Authors' estimations based on the TLMPS 2014.

Note: The grey bars indicate 95 per cent confidence intervals on the estimates of additional time.

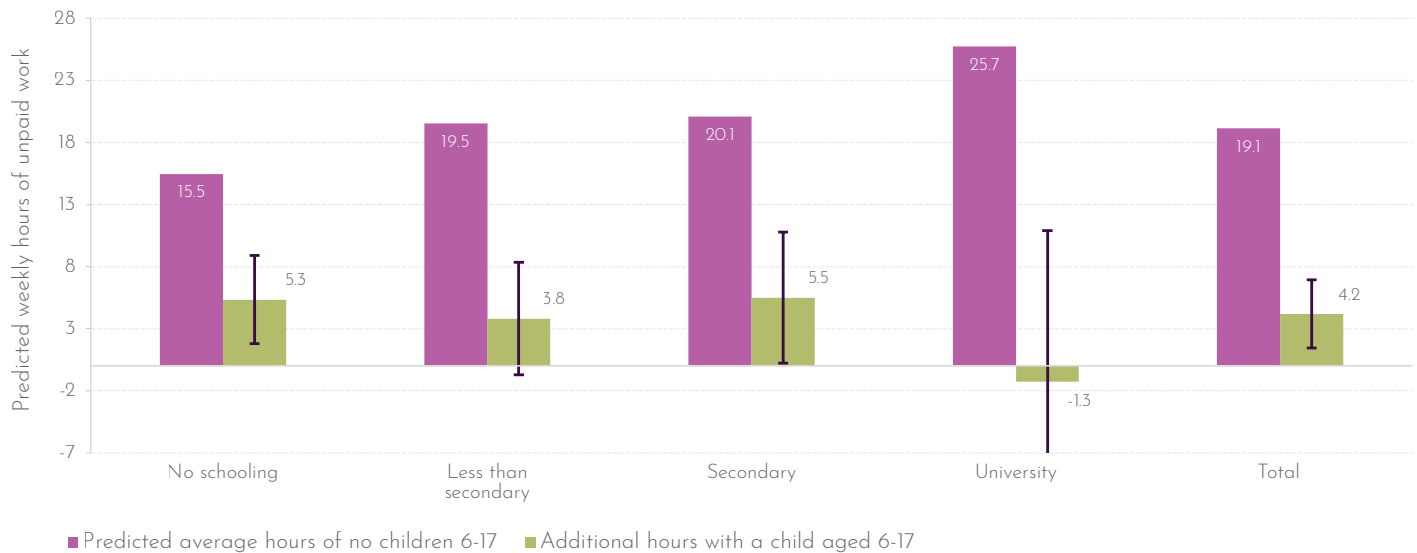
FIGURE 5.11: PREDICTED ADDITIONAL WEEKLY HOURS OF UNPAID CARE WORK WITH A CHILD AGED 3-5 IN THE HOUSEHOLD, BY EDUCATION, TUNISIAN MARRIED WOMEN 15-64



Source: Authors estimations based on the TLMPS 2014.

Note: The grey bars indicate 95 per cent confidence intervals on the estimates of additional time.

FIGURE 5.12: PREDICTED ADDITIONAL WEEKLY HOURS OF UNPAID CARE WORK WITH A CHILD AGED 6–17 IN THE HOUSEHOLD, BY EDUCATION, TUNISIAN MARRIED WOMEN 15–64



Source: Authors' estimations based on the TLMPS 2014.

Note: The grey bars indicate 95 per cent confidence intervals on the estimates of additional time.

Adding one child aged 3–5 years increased hours of unpaid care work only for women with primary education (by 7 hours per week on average). Meanwhile, the presence of children aged 6–17 in the household increased the time spent on unpaid work for uneducated married women (by 5 hours per week) and for women with secondary education (by 6 hours per week). The use of childcare centres provided by the private and public sectors may explain such patterns, especially for children between 3 and 5 years of age.

For married women, the presence of elderly or ill/disabled persons in the household had a relatively lower effect (2 hours per week) on hours of unpaid care work compared to the presence of children; the effects were also not statistically significant.

5.4 PAID CARE WORK

This section examines the characteristics of the paid care sector, which covers education, health and social work. The composition of the care sector in terms of size, the role of the private and public sectors, the sociodemographic characteristics of workers, and the role of women are compared with the rest of the economy (non-care sectors). The analysis emphasizes the quality of employment in the care sector, focusing on social security coverage. The analyses presented are mainly based on the distribution of care workers by occupation, but some are based on the sector of activity.

The contribution of the care sector to the overall economy

At the national level, the total number of care-related occupations represented nearly 9 per cent of total employment, or 300,000–345,000 workers between 2010 and 2019 (Table 5.3). The proportion of employment in care sectors remained stable during the period under consideration. The shares of the different occupations within care work were also stable – with education representing the greatest, at nearly 6 per cent of all employment (210,000 workers), followed by health care, at around 2 per cent.

Viewed in terms of sector (in which case non-care workers in care sectors are included in the total share of employment in care sectors), care sectors accounted for nearly 12 per cent of economic activities, with 7 to 8 per cent concentrated in the education sector. The subsectors of domestic work and social care represented only 1 per cent of all activities. The relatively stable trend observed in the evolution of employment in care work remained the

same when viewed either in terms of occupation or sector. These initial figures reveal the low number and weight of activities related to personal (social care) and childcare. In 2019, the number of workers in ECCE, personal care and childcare did not exceed 20,000 for a total population of around 12 million Tunisians.

Type of employment differs substantially between the public and private sectors (Figure 5.13). The public sector is characterized by a strong presence of education (31 per cent) and health care (9 per cent), with 60 per cent for the rest of the sectors. In contrast, care work accounted for only 4 per cent of private sector employment. This relative composition remained constant throughout the study period. It is not surprising that the public sector plays a predominant role in sectors related to human capital development. This also reflects the Government's commitment to the health and education. However, these figures do not reveal anything about the quality or level of access of the population to the services offered.

TABLE 5.3: OCCUPATIONAL DISTRIBUTION IN TUNISIA 2010-2019, TUNISIANS (AGE 15-64)

Occupational distribution in %								
	Health occupations	Early childhood educators	Other educators	Childcare workers	Personal care workers	Domestic workers, and cleaners ¹	Non-care workers	Total
2010	2.0	0.3	6.1	0.0	0.2	0.6	90.8	100
2012	2.1	0.2	5.9	0.1	0.3	0.7	90.7	100
2016	2.3	0.3	5.8	0.1	0.3	0.8	90.5	100
2019	2.4	0.3	6.0	0.1	0.2	0.8	90.2	100
Total numbers of workers (in 1000s)								
2010	64.9	8.4	200.6	1.2	7.5	20.1	2 975	3 277
2012	67.7	7.8	191.8	1.5	8.5	22.7	2 932	3 232
2016	77.9	10.4	198.1	3.4	8.8	25.8	3 093	3 418
2019	83.3	11.9	211.1	5.0	5.1	28.2	3 183	3 528

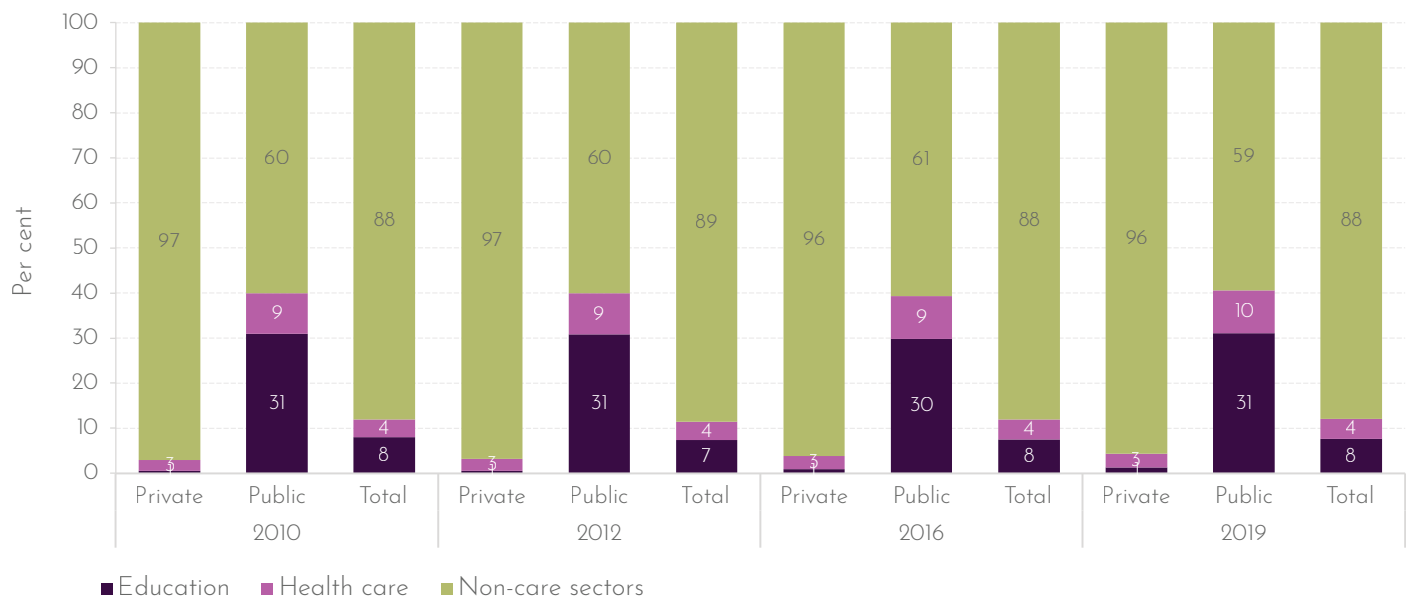
Source: Authors' calculation based on the LFS 2010-2019.

Notes: Domestic workers cannot be distinguished from cleaners in establishments in the LFS. As the latter are not care workers, this category is not distinguished in subsequent analyses.

TABLE 5.4: ECONOMIC ACTIVITIES DISTRIBUTION 2010-2019

Distribution of economic activities in %						
	Early Childhood Education	All other education	Health	Social care	Non-care sectors	Total
2010	0.1	7.5	2.6	0.4	89.4	100
2012	0.1	7.3	2.7	0.4	89.5	100
2016	0.3	7.3	3.1	0.5	88.9	100
2019	0.3	7.3	3.1	0.4	88.9	100
Distribution of employment by economic activities (in 1,000s)						
2010	4.6	244.8	84.8	13.2	2,930	3,277
2012	4.1	234.4	88.3	13.7	2,891	3,232
2016	9.2	248.8	104.2	17.8	3,038	3,418
2019	11.5	258.4	107.8	15.5	3,135	3,528

Source: Authors' calculation based on the LFS 2010-2019.

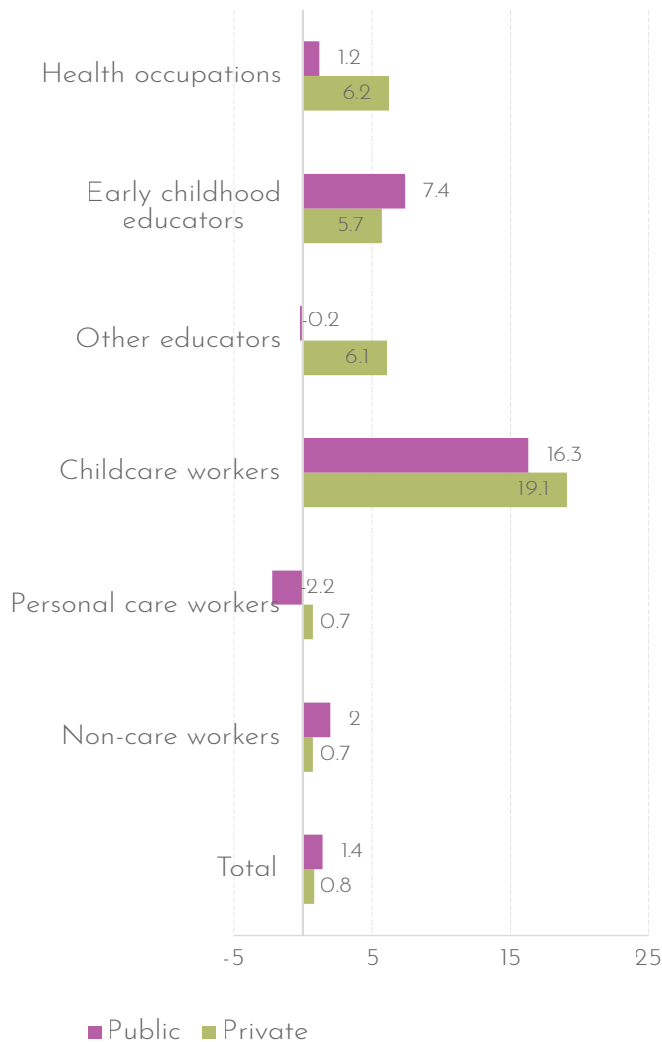
FIGURE 5.13: THE DISTRIBUTION OF CARE AND NON-CARE SECTORS IN TOTAL EMPLOYMENT, BY INSTITUTIONAL SECTOR, 2010-2019


Source: Authors' calculation based on the LFS 2010-2019.

Such an analysis is beyond the scope of this report, but requires further study. During the 2010-2019 period, employment growth in Tunisia was relatively low. In the public sector, employment grew at an average annual rate of 1.4 per cent, compared to 0.8 per cent in the private sector. This

modest growth in employment reflects the weak performance of the Tunisian economy during the past decade of political and economic transition. However, the growth rate varied greatly by type of occupation and in the public versus private sectors (Figure 5.14).

FIGURE 5.14: AVERAGE ANNUAL EMPLOYMENT GROWTH BY OCCUPATION, 2010-2019



Source: Authors' calculation based on the LFS 2010-2019.

Occupations in the private health and 'other' education sector grew by almost 6 per cent per year, compared to 1.2 per cent and -0.2 per cent respectively in the public sector. These contrasting patterns likely reflect the recruitment freeze in the public sector, which affected several vital sectors, such as education and health. Employment growth for early childhood educators and especially childcare (nursery) workers was strong in both

the public and private sectors, which may reflect growing investment in and demand for ECCE. Although employment growth in care occupations was on average higher compared to other occupations, the absolute increase (in terms of number of jobs) remained small due to their low impact on the economy.

Women have a strong role in the paid care economy

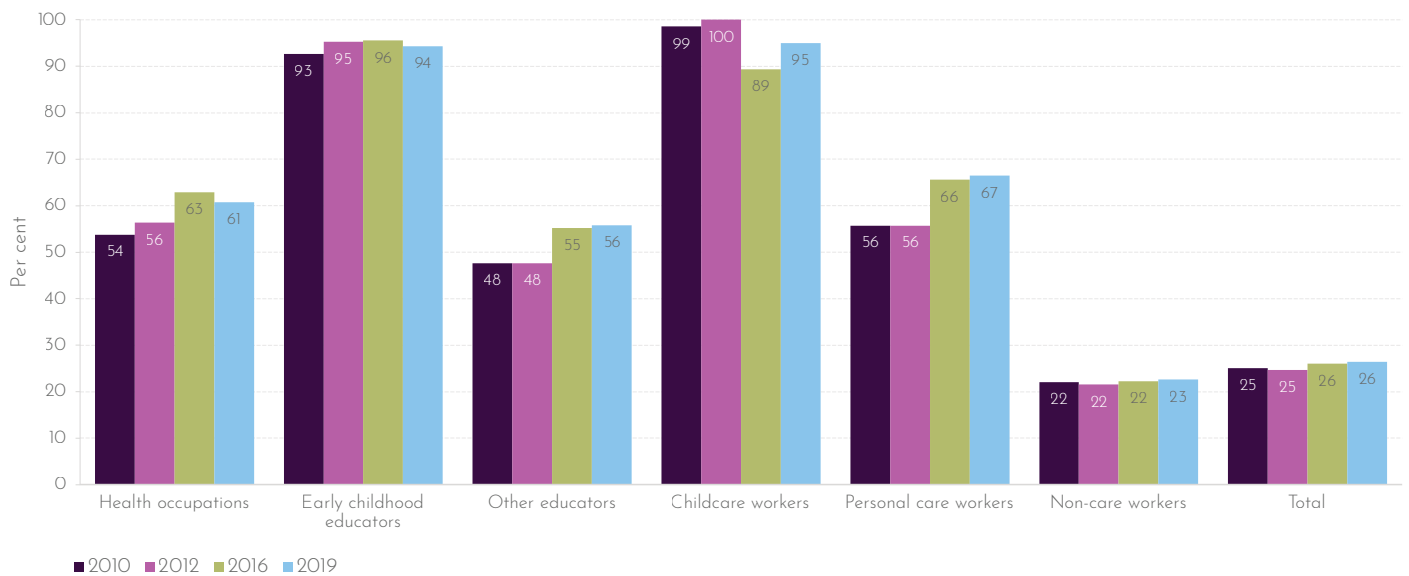
Women held 26 per cent of jobs in Tunisia in 2019, reflecting their low participation in the labour market, which has not changed much over the past decade (Figure 5.15). Comparatively, the presence of women in care sectors was remarkable. The share of women in health and education sectors exceeded that of men, at 61 per cent and 56 per cent, respectively. In addition, almost all ECCE and social care employment is held by women and their share has increased over the past decade. In fact, the strong presence of women, particularly in the education and health sectors, reflects the composition of the available workforce. Indeed, as we shall see later, these two sectors are based essentially on skilled workers (university graduates). The latest statistics for the year 2019 show that the number of postsecondary students in Tunisia stands at 267,154, of whom 169,096 are women (63.3 per cent). In the health sector, female students account for 73 per cent, and in the social services sector they account for 89 per cent. Thus, the strong presence of women in university reflects their strong presence in the education and health sectors. Thus, alongside unpaid care work, women are also more involved than men in paid care work.

Another snapshot of the extent to which women are concentrated in care sectors, particularly in the public sector, is provided in Figure 5.16. In total, a quarter of women's employment was in the care sector (compared to 12 per cent of total employment in the care sector, Figure 5.13).

There was a large gap between the public and private sectors, with care sectors accounting for 65 per cent of women’s employment in the public sector (46 per cent in education and 18 per cent in health care) compared to 13 per cent of women’s

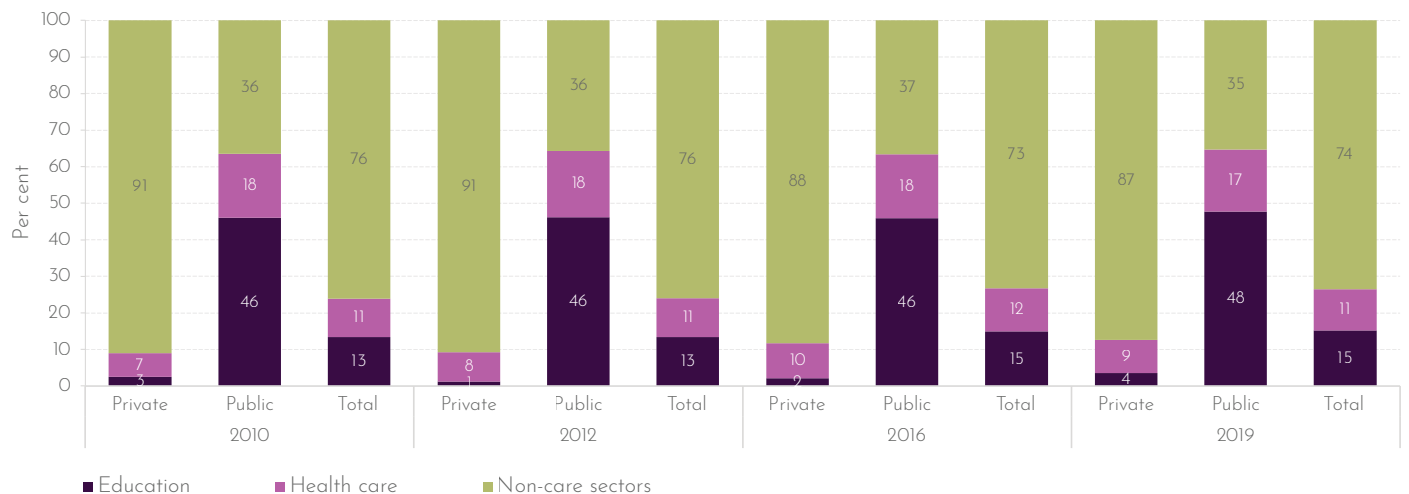
employment in the private sector. Yet in the private sector, the share of women’s employment in care sectors increased by 4 percentage points between 2010 and 2019.

FIGURE 5.15: SHARE OF WOMEN IN DIFFERENT ECONOMIC SECTORS, 2010-2019



Source: Authors’ calculation based on the LFS 2010-2019.

FIGURE 5.16: SHARE OF TOTAL EMPLOYMENT IN CARE AND NON-CARE SECTORS, BY INSTITUTIONAL SECTOR, AMONG WOMEN, 2010-2019



Source: Authors’ calculation based on the LFS 2010-2019.

The care sector correspondingly offers a good opportunity to further integrate women into the labour market, given the potential demand and growth in the sector, particularly subsectors that predominantly employ women. Creating decent work opportunities remains, however, a major challenge, as discussed in the subsequent section on quality of employment in the care sector.

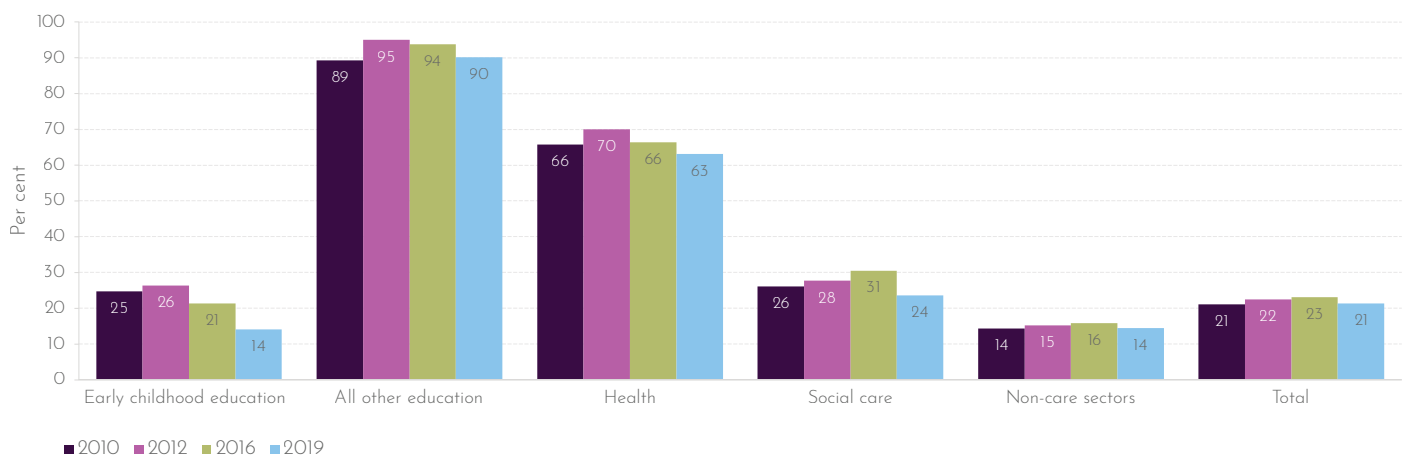
Role of the public sector

Overall, the share of employment in the public sector has remained constant over the last decade, at around 21 per cent. The role of the public sector in non-care employment has also remained constant, but in some care sectors the share of public employment has declined, reflecting growth in the private sector. The public sector's share in health sectors has fallen from 66 to 63 per cent, and in social care from 26 to 24 per cent (Figures 5.17). Most notably, the share of the public sector in early childhood education dropped from 25 to 14 per cent. This decline was not due to job losses but

rather to the rapid growth in the private sector, as discussed above.

The weak presence of the private sector in health-care activities is certainly a weakness, but it also reveals opportunities to be seized to offer quality services. Increasing the supply of this type of employment could reduce acute unemployment among young graduates and women. These considerations should be taken into account in any comprehensive policy addressing the care sector. Encouraging the growth of the private care sector does not in any way imply a call for the State to disengage from the care sector. On the contrary, the public sector must continue to play an active, parallel role and ensure equitable access to care services for different categories of the population and to different regions, potentially through financing mechanisms that also cover services provided in the private sector.

FIGURE 5.17: PERCENTAGE OF EMPLOYMENT IN THE PUBLIC SECTOR, BY ECONOMIC SECTOR, 2010-2019



Source: Authors' calculation based on the LFS 2010-2019.

Age and education structure of care workers

For all sectors, the age distribution of employment reflects the composition of the labour force, but it also reveals the absence of young people, who are more subject to unemployment. Nearly 53 per cent of the total employed population is 40 years of age or older. However, occupations related to health, ECCE and childcare seem to attract more young people. Slightly more than half of the workers in these occupations were between the ages of 25 and 39, compared to a national average of 37 per cent. For health occupations, only 43 per cent of workers were over 40 years of age (Figure 5.18).

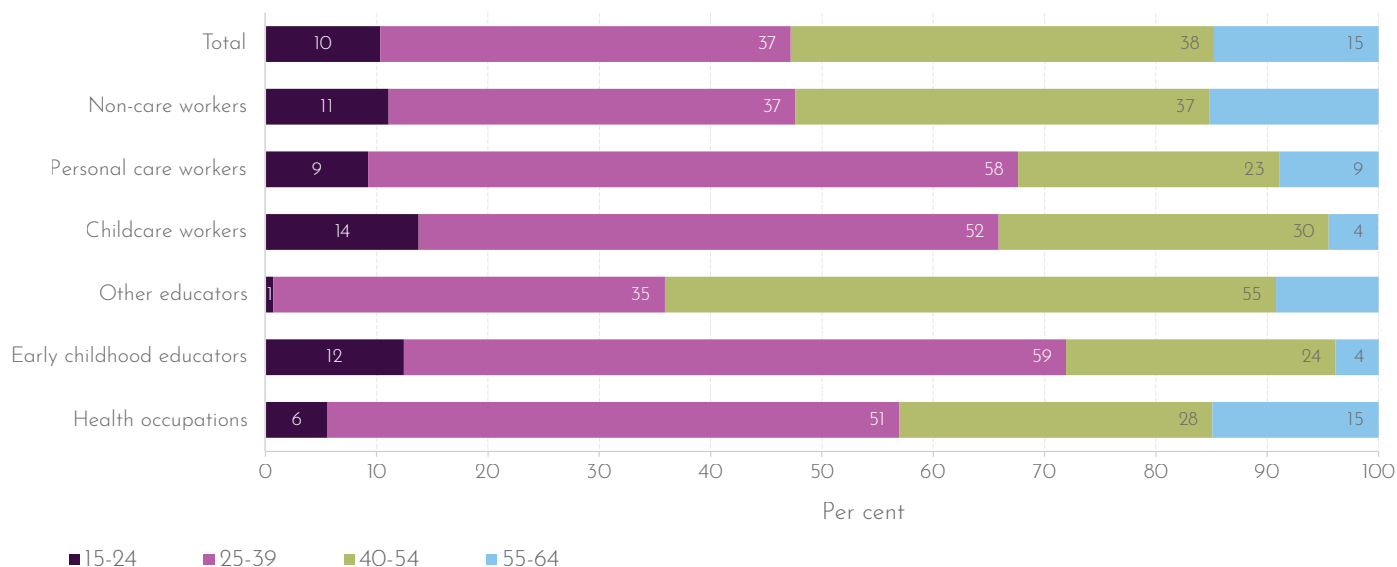
The educational profile of care workers varies considerably by occupation. In Tunisia, only 20 per cent of the employed population has a university-level education, and 37 per cent have secondary education (Figure 5.19). The remaining 43 per cent have a primary level of education or less. Health and education occupations have the highest share of care workers with a university

degree, at over three-quarters of workers. This is consistent with the qualifications required for these types of occupations. By contrast, only half (52 per cent) of ECCE practitioners have a university degree according to the LFS data. This result casts considerable doubt on the quality of these services, which require a minimum amount of training. Other negative consequences for students' later learning could be caused by inadequate preschool training. The same applies to childcare and personal care services, where the majority of workers have a secondary degree or less. It should be noted that this distribution did not change significantly from 2010–2019. When focusing only on women care workers, the same educational distribution was observed (data not shown).

The quality of paid care jobs is variable

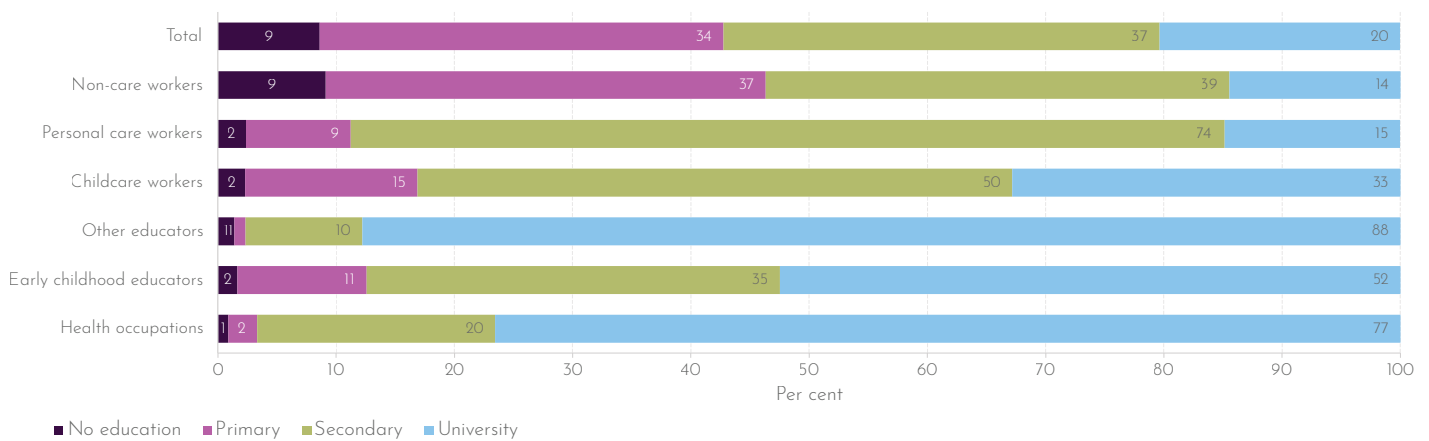
For the economy as a whole, nearly one-third of jobs are informal, which has negative consequences in terms of the quality of work, wage levels, productivity and employment precariousness.⁵²⁴

FIGURE 5.18: COMPOSITION OF PAID CARE OCCUPATIONS, BY AGE GROUP, 2019



Source: Authors' calculation based on the LFS 2019.

FIGURE 5.19: COMPOSITION OF PAID CARE OCCUPATIONS, BY EDUCATION LEVEL, 2019



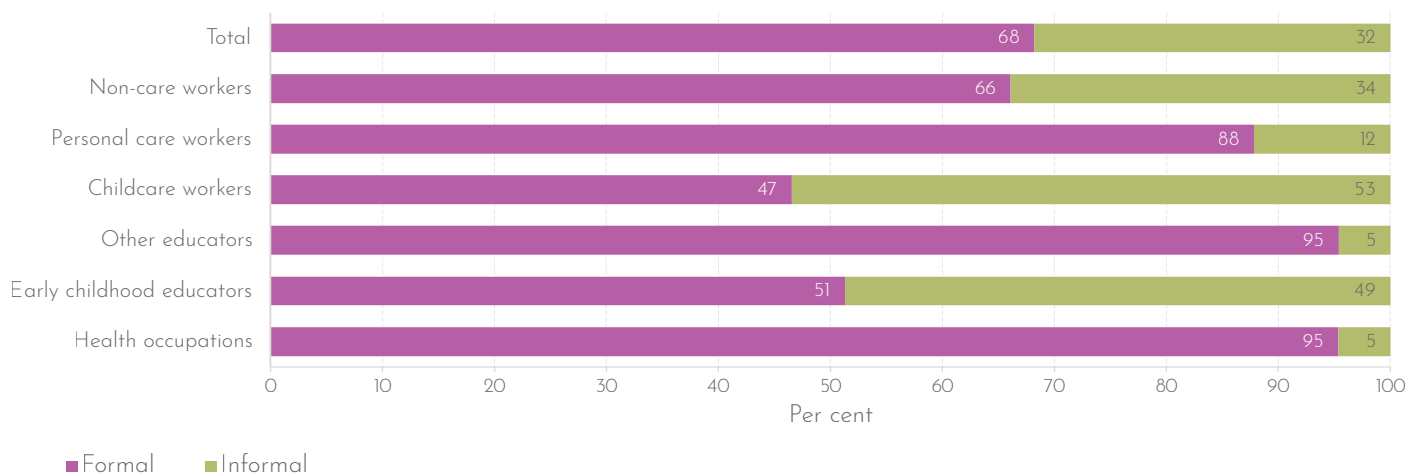
Source: Authors' calculation based on the LFS 2019.

The care sectors least affected by informality are health, education and personal care, with rates of 5.5 and 12 per cent respectively (Figure 5.20). ECCE services and childcare had very high rates of informality. These results coupled with the relatively low level of education of workers in these activities suggest vulnerability of workers and poor quality of services offered.⁵²⁵ It is highly doubtful that early childhood promotion could be effective under the conditions described in this report. These initial

findings require more analysis and attention from policymakers.

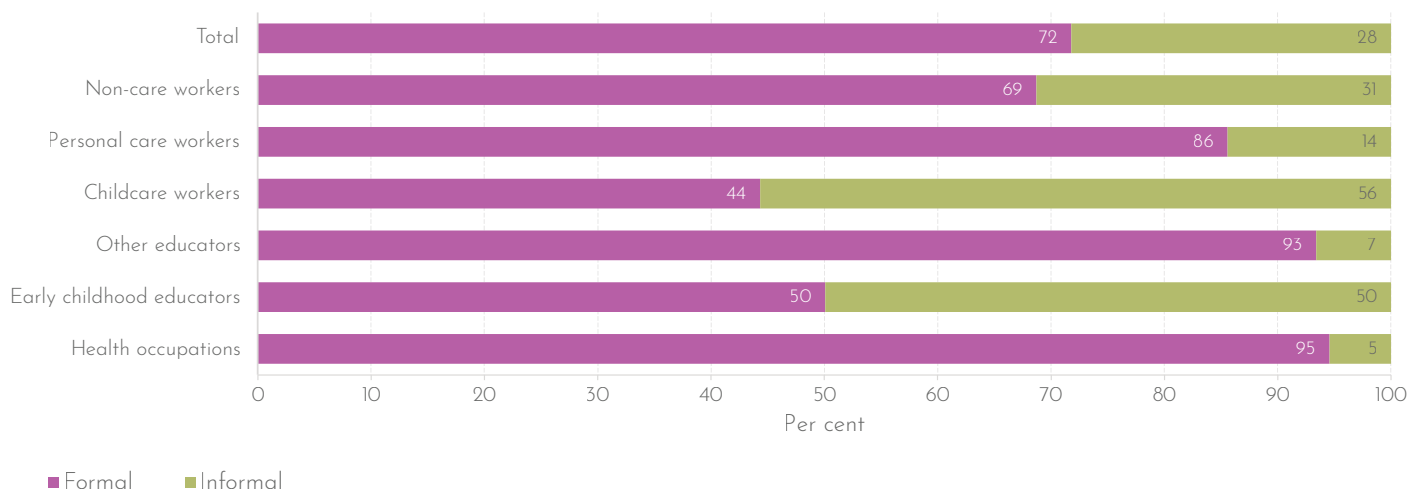
Moreover, it was surprising that the results did not reveal significant gender differences in informal work. Indeed, as can be seen in Figure 5.21, the rate of informal work for women is around 28 per cent, less than 4 percentage points below the national average.

FIGURE 5.20: SHARE OF WORKERS THAT ARE FORMAL, BY OCCUPATION, 2019



Source: Authors' calculation based on the LFS 2019.

FIGURE 5.21: SHARE OF WORKERS THAT ARE FORMAL, BY OCCUPATION, WOMEN, 2019



Source: Authors' calculation based on the LFS 2019.

When we consider the different types of activities, women in the care sector are no more affected by informality than men and certainly much less than rural women who are in agriculture, for example. It would seem that the gender dimension of informality is less important than other issues of discrimination or access to work opportunities.

5.5 KEY FINDINGS AND POLICY RECOMMENDATIONS

Tunisia's demographic structure is characterized by an increasing proportion of elderly people and a significant presence of children. These two population groups have the greatest need for care, both inside and outside the home, and their numbers will continue to increase in the coming years. On the other hand, female labour market participation remains low, as many women withdraw from the labour market to care for their children, due to the lack of, and/or low quality of, care facilities and the cost of care services. Similar to the majority of women in Arab States, fewer than 3 out of 10 women are engaged in

paid economic activities. Women bear the brunt of combining paid and unpaid work and this generates obstacles to entering the labour market. Care provision should not be the sole responsibility of the family or of women, but rather a public policy issue with multidimensional individual and collective implications. The challenge is to create an institutional environment that recognizes, on the one hand, the efforts of caregivers and, on the other hand, the rights of care recipients to access these services.

Key findings: Unpaid care

Working-aged Tunisian women devoted at least 17 hours per week to unpaid care work. The responsibility for unpaid care work did not vary considerably with the place of residence (urban or rural). Marriage significantly increased the burden of care work and at the same time reduced the likelihood of women engaging in paid activities. At the same time, women's involvement in the labour market did not substantially reduce the time spent on domestic work. Thus, women's overall time spent in work was higher than men's. On the other

hand, inequitable access to basic services may considerably increase the time spent on home care work and at the same time multiply access barriers to the labour market.

The time devoted to caring for household members (especially children) was strongly shaped by women's level of education, with more time invested in direct care work among women with a higher level of education. These divergent investments could create a form of inequity between children whose parents are better educated and children whose parents have a low level of education, particularly since children from more privileged socioeconomic backgrounds are also more likely to attend ECCE.

The inequitable sharing of unpaid work between women and men was accentuated by the presence of children in the household, which may be particularly the case in areas where there are no kindergarten services. It is also likely that the predominance of care provided within the household reflects a preference for care provided by the family rather than poor quality paid care services. The latter statement, however, would merit further investigation.

Entrenched social norms that care is the responsibility of women are likely one reason behind the large gender gap in unpaid care activities. Another factor that would exacerbate this problem is that women have little ability to express themselves and influence public policy. A pressing issue that arises is how to redistribute the allocation of time in care work between genders and population groups.

Key findings: The paid care sector

At another level, the paid care sector was characterized by a strong public sector presence, particularly in education and health. The private sector was more present in personal care and early

childhood education. Women were particularly dominant in these sectors despite their low overall participation in the labour market.

Moreover, the weight of the care sector is relatively small and does not meet the needs of the population. There is real potential to further develop care services and provide employment opportunities for a considerable number of young graduates. In its current configuration, despite the low supply of services, the care sector suffers from two major limitations: 1) the quality of the services provided (as reflected by the average qualification of its workers), and 2) the poor quality of employment (as reflected by levels of informality). These problems require intervention by public authorities.

Policy recommendations

Establish a comprehensive national care policy

This chapter has shed light on the care sector in Tunisia and argued for the need to establish a comprehensive care policy as part of a new development model. Such a policy should: (i) ensure access, at affordable costs, to childcare and elder-care services and put in place transfers, fiscal measures and other social protection benefits for workers with family responsibilities; (ii) review current labour market legislation to improve working conditions, which are essential to provide quality services to care recipients; and (iii) endeavour to reduce the influence of current social norms in the sharing of paid and unpaid workloads.

Any new care policy must be based on an objective and thorough assessment of the current state of affairs and must answer several fundamental questions, some of which have been raised in this report: (i) Who are the care recipients and where do they live? (ii) What are the conditions of access

to care and what is its cost? (iii) What quality of care is offered to beneficiaries? (iv) Are there any disparities or inequities related to gender or income in access to care? (v) Does fiscal policy encourage access to care and to what extent can it alleviate the burden of unpaid work? (vi) What are the concrete legislative barriers that reduce women's participation in the labour market? (vii) To what extent does the paid care sector comply with decent work conditions, beyond informality? Thorough study of these additional questions is fundamental to developing an evidence-based and equitable national care policy. Finally, it is important to note that there is no single model for promoting the expansion of care services in the economy. The role of different stakeholders, both public and private, must arise from an inclusive dialogue on national care policies.

Establish an inclusive national dialogue on care priorities

Upgrading the care sector and developing a comprehensive national care policy has a cost and will require a coherent vision to meet the growing needs and ensure quality services while respecting equitable access to these vital services for the entire population. The firm commitment of public authorities is indispensable. In particular, the public sector must continue and increase its investments in childcare services and early childhood education, which are key determinants of human capital accumulation and the reduction of future inequalities. All these reforms require a serious and inclusive dialogue bringing together all stakeholders, especially in the context of the difficult economic conditions Tunisia is currently experiencing.

Conduct regular time-use surveys

Tunisia is one of the leading countries in the region in the promotion of women's rights. However, this analysis has shown that much remains to be done to reduce gender inequalities in the area of unpaid care work and in women's participation in the labour market. In order to support these efforts, it is important to improve the quality of national and regional statistics to recognize and measure the burden of unpaid care. Thus, it would be important to conduct regular time-use surveys similar to the one conducted in 2005. Specific time-use surveys would allow a better understanding and monitoring of the trends in unpaid work.

Address women's working conditions, particularly in the private sector

The review of the current legislative framework suggests that working conditions, particularly in the private sector, are not conducive to decent conditions for women and do not facilitate an equitable allocation of unpaid work between genders and individuals, particularly for women working in the private sector. Even current activities do not appear to comply with existing legislation: for example, in terms of working conditions and the qualifications of staff in the ECCE sector.

Mobilize resources to develop ECCE and elder-care services

In concrete terms, the State must mobilize more resources to develop quality ECCE services. This would generate positive and permanent effects on children's human capital, while reducing the quantity of their mothers' unpaid work. Making access to early childhood education compulsory,

while ensuring equitable and affordable access for all, would thus have a double impact on children and parents. Greater participation of women in the labour market also means additional household income, greater women's empowerment and improved well-being. Similar arguments can be developed for the expansion of care services for the elderly. It has been argued in this report that the care sector offers real opportunities for economic growth.

Introduce gender equality in educational programmes and programming

The promotion of gender equality outside and within the household is a long-term objective and requires in-depth and long-term work at several levels, particularly in the education system. Civil society organizations should be encouraged to take part in such efforts to address social norms. Efforts must begin by targeting young people within the school system. The promotion of gender equality, respect and equitable sharing of work should also be introduced into educational programmes and programming.

THE EXPANSION OF PRESCHOOL EDUCATION IN ALGERIA



Early childhood is the most important phase of human development and early childhood care and education (ECCE) improves the health, cognitive and psychosocial development of children.⁵³⁰ It can equally act as an equalizer between the poor and the wealthy, insofar as children from more disadvantaged households benefit more from ECCE attendance.⁵³¹ Yet gaps in early childhood care and education have always been a challenge in the MENA region.

Algeria was the first country in the region to dramatically expand ECCE in a relatively short period of time. In January of 2008, the country's National Education Guideline Law No. 08–04 made an important recognition of pre–primary education, stating that preschool education prepares children for primary education by bringing together the various stages of socio–educational care for children aged 3 to 4. Under the 2008 law, 'preparatory education' refers to the final stage of preschool, which prepares 5–year–old children to attend primary education. Such preschool education thus began to be provided in preparatory schools, kindergartens and open kindergarten classes in primary schools across Algeria.

The State ensures the development of preparatory education and its generalization with the help of several actors, including the: Ministry of Education, Ministry of Religious Affairs, Ministry of the Interior and Local Authorities, Ministry of Solidarity and the private sector. However, the two most important Ministries are the Ministry of Education and the Ministry of Religious Affairs. Note that in recent years, preschool education (for children aged 3 and 4) is offered mainly by the private sector (56 per cent for the 2015–2016 school year).

Impact of the policy

Algeria has made enormous progress in ECCE attendance in recent years. Since the 2008 law on national education, the number of

children enrolled in preparatory school has continued to increase. According to the Ministry of Education, it has risen steadily from 7 per cent in 2001 to 21.9 per cent in 2005, then 43.7 per cent in 2008, to finally exceed 79 per cent in 2019.

Touhami and Lassassi have analysed the impact of enrolment in preschool programmes in Algeria, and found a positive effect on cognitive, emotional and social development of children enrolled in preschool. These children score higher on all development indicators compared to children not enrolled in preschool.⁵³² Lassassi has also found that preschool has a positive effect on the quality of parent-child interactions, which has a direct effect on child development. As such, children attending preschool benefit more from development activities, not only while in school but also when they have parents at home, compared to children not attending preschool.⁵³³ This result is particularly important for raising awareness among policymakers about the importance of extending preschool access – especially to the poorest households, most vulnerable children and those living in remote areas.

Meanwhile, Krafft and Lassassi examine whether public pre-primary education can increase women's labour force participation as an indirect effect of the programme, given the assumption that women disproportionately care for children. Thus, policies that offer care alternatives

or lower their cost should theoretically improve female labour force participation (FLFP) – which stood at 17.3 per cent in 2019.⁵³⁴ However, Krafft and Lassassi found that increased pre-primary education did not have this effect.

The fact that the policy has not increased women's labour force participation yet does not mean that it failed (it is important to recall that its main objective was to improve the cognitive development of children), but that there are other factors constraining women's employment in Algeria. This result may reflect the reality that pre-primary education is only a half-day long, making it harder for women to work than if they used full-day nursery care. The cost and quality of current preschool programmes may also be contributing factors, although this will require further research. This overall outcome is telling, however, as it underlines the importance of careful policy design, and results monitoring, when attempting to increase FLFP in low-FLFP contexts.⁵³⁵

Recommendations

Algeria's path-breaking experience with the expansion of preschool education can serve both as a good practice and a lesson learned for other countries before they implement similar programmes. In order to yield the most positive impacts of such policies – on various fronts (cognitive, emotional, social development of children and also on increased female labour force

participation) – close attention should be paid to policy design.

To successfully expand preschool education, various measures are needed, such as cash transfers to ensure inclusive preschool services for all eligible children and to increase enrolment especially for children from poor households, as well as measures to facilitate children's access to preschool, particularly in rural areas, such as by providing free transportation.

To increase FLFP, programmes could use a full-day model, or at least offer the option to include after-school care for working mothers. Given the increased reliance on paid private preschools, cost and quality are other important considerations to monitor – both to ensure that children have equitable access, and so that the cost of care will not outweigh the earnings and/or potential benefits of such care for working mothers (or those who may be considering paid employment). Furthermore, other efforts are needed to increase FLFP, such as public campaigns to challenge and change traditional gender norms and roles to allow for a greater redistribution of childcare responsibilities within the family, as well as greater engagement of the private sector to promote the availability and access to more decent jobs for women.

APPENDIX 1: METHODOLOGICAL APPENDIX

Each country case study in the report relies on multiple data sources to present a comprehensive analysis of the national care economy, including both unpaid and paid care work. Within the limits of the available data, definitions, operationalization of variables, and analyses have been standardized across countries to ensure comparability to the greatest extent possible. The details of the microdata analysis are described in this Appendix, with a focus on cross-cutting methodological issues underpinning the report.

Unpaid care work

Definitions

Unpaid care work is defined as the **own-use provision of services**. Own-use production of goods (i.e. subsistence or non-market production) is not included as unpaid care work, nor are any activities oriented towards the market.⁵³⁶ Voluntary care services provided to people outside the household also fall within the standard definition of unpaid care services.⁵³⁷ However, unpaid care work provided to individuals outside the household is excluded from the definition used in this report because it is not captured in the data sources used. Typically, this type of unpaid care work constitutes a very small portion of total time spent on unpaid care.⁵³⁸

Standardized classifications for activities included under direct and indirect unpaid care work were developed based on the International Classification of Activities for Time-Use Statistics (ICATUS) 2016 revision.⁵³⁹ **Direct unpaid care work** (ICATUS Major Division 4) consists of “personal and relational” activities to care for children, the elderly and the disabled or chronically ill. Common activities include: childcare and instruction; care for dependent adults; help to non-dependent

adult household/family members; travelling and accompanying goods or persons related to unpaid caregiving services for household and family (e.g. taking someone to the doctor). **Indirect unpaid care work** (ICATUS Major Division 3) consists of activities that are needed to sustain care for individuals and households. The ICATUS activities under indirect unpaid care work include: food and meals management and preparation; cleaning of own dwelling and surroundings; maintenance and repair of own dwelling and surroundings; care and maintenance of clothes and footwear; household management for own final use (e.g. household accounts); shopping for own household and family members; travelling, moving transporting or accompanying goods or persons related to unpaid domestic services for household and family members.

Derivation of time-use estimates from the Labour Market Panel Surveys (LMPS)

In the absence of full time-use surveys, the country case studies on Egypt, Jordan and Tunisia rely on the Labour Market Panel Surveys conducted by the Economic Research Forum in collaboration with national statistical offices in the region. The main LMPS surveys used are: the Egypt Labour Market Panel Surveys (ELMPS) 2006 and 2012,⁵⁴⁰ the Jordan Labour Market Panel Survey (JLMPS) 2016, and the Tunisia Labour Market Panel Survey (TLMPS) 2014.⁵⁴¹

The LMPS surveys do not include a full time-use module, but targeted data based on the respondent’s recall of time spent on direct and indirect care work activities in the week prior to the survey. These items were administered as part of a survey module designed to detect subsistence work among household members. Survey respondents were asked first whether or not they participated in the given activity, and then only if the response was

positive, how much time they spent on the activity. Time spent on the activity for respondents who did not report participating in it at all is therefore zero.

The format of collecting the care work activities also varied across the four LMPS surveys used. As shown in Table M1, the ELMPS 2006 and JLMPS 2016 collected more activities as separate items, whereas the ELMPS 2012 and TLMPS 2014 aggregated several items together. The level of aggregation of different activities may affect the accuracy of respondents' recall of time spent on the activity. Nevertheless, the majority of activities are common across the surveys. One exception is fetching water, which is only included in the ELMPS surveys, and an item in the TLMPS 2014 that included time spent to accompany a family member, which is classified with indirect care activities because the survey item also covers shopping. In principle, the time spent on accompanying a family member should be classified in the same category as the activity to which it relates, but this was not possible given the way that the data was collected. In addition, for the ELMPS 2006, the subsistence and domestic work module was only asked to men if they were under the age of 18.

Another limitation of the LMPS surveys relates to the detection of direct unpaid care work. None of the surveys distinguish between time spent on elder care versus care for the ill or disabled. Furthermore, the ELMPS 2012 and TLMPS 2014 combine one item for childcare and care for the elderly and ill/disabled together, so it is not possible in those years to distinguish for whom direct care is being provided. The module also does not follow a standard time-use methodology in terms of capturing simultaneous activities, which in many time-use surveys are recorded for all activities performed. This is particularly important for detecting time spent on childcare, which is often done while doing other tasks. All the LMPS surveys included a measure of time spent on direct care,

while not performing other activities. The ELMPS and TLMPS also collected a separate item on time spent on direct care work, while also doing other activities. However, to ensure comparability with the JLMPS, and since the method for collecting simultaneous activities was not standard, this item was not included in the estimations of time on direct care work.

As a result of these limitations in terms of the one-week recall period, more aggregated activity categories than a standard time-use survey, and recording of simultaneous activities, it is possible that the LMPS surveys underestimate time spent on unpaid care work. As shown in Chapter 1, the results of the Palestine time-use survey show a higher number of hours spent on unpaid care per week among both sexes, but particularly women. A cross-national analysis of time-use survey reports also found that the time spent on unpaid care work by women in Arab countries (Qatar, Oman, Palestine, Iraq, Morocco, Algeria and Tunisia) as well as Turkey were closer to 3.5–5 hours per day, or 25–35 hours per week, in most contexts.⁵⁴² This would support the conclusion that the LMPS surveys tend to somewhat underestimate women's time in unpaid care work, and so the estimates produced from these surveys should be considered as a lower range of women's time spent on unpaid care. It is also important to note that the extent of underestimation could vary by country and may affect direct and indirect care work differently.

The LMPS surveys also contain measures of time spent on paid work that are derived from the employment module. These are used to compare time spent on paid employment and unpaid care work, but it is important to note that the format of the question is different. The LMPS surveys include detailed modules to detect employment, or work for pay or profit, in a short reference period (one week prior to the interview) and a long reference period (three months prior to the interview).

TABLE M1: CLASSIFICATION OF ACTIVITIES CAPTURED IN THE LMPS SURVEYS, ACCORDING TO ICATUS CARE WORK DEFINITIONS

	ELMPS 2006	ELMPS 2012	JLMPS 2016	TLMPS 2014
Subsistence work (not care work)	Agricultural activities for the purpose of your own household consumption	Agriculture, processing	Agricultural activities for the purpose of your own household consumption	Agricultural activities, raising poultry/livestock, producing ghee/butter/cheese for the purpose of your own household consumption
	Raising poultry/livestock for the purpose of your own household consumption		Raising poultry/livestock for the purpose of your own household consumption	
	Producing ghee/butter/cheese for the purpose of your own household consumption		Producing ghee/butter/cheese for the purpose of your own household consumption	
Indirect care work activities	Collecting firewood or other fuel	Collecting water, firewood	Collecting firewood or other fuel	Collecting firewood or other fuel
	Collecting water			
	Cooking	Cooking, washing, laundry, cleaning	Cooking	Cooking, washing dishes, doing laundry and ironing, cleaning your house
	Washing dishes		Washing dishes	
	Doing laundry and ironing		Doing laundry and ironing	
	Cleaning your house		Cleaning your house	
	Helping in construction work or small repairs for the household	Maintenance, construction	Helping in construction work for the household	Maintenance activities or helping in construction work
	Shopping for food, clothing, household items	Shopping	Shopping for food, clothing, household items	Shopping for food, clothing, household items, accompanying family members to their activities
Direct care work activities	Caring for the sick or the elderly (while not doing other chores)	Caring for children, sick, elderly (while not doing other chores)	Caring for the sick or the elderly (while not doing other chores)	Caring for children, the sick or the elderly (while not doing other chores)
	Taking care of children (while not doing other chores)		Taking care of children (while not doing other chores)	

These employment–detection modules start with a direct question about working at least one hour during the reference period, and in case of a negative answer, follow up with a question about being attached to a job but not supplying any hours during the reference period. This is then followed by a series of 16 keyword questions about whether or not the individual has engaged in a long list of activities that meet the definition of work for pay or profit, but that many individuals would not consider employment. If the individual responds in the affirmative to either the direct questions or the follow-up questions in the short reference period, they are asked how many days they worked in the past week and how many hours they worked on average on each of these days and the total number of weekly hours. If the individual answers in the affirmative to the direct or follow up questions in either the short or the long reference period, they are referred to the characteristics of employment in the past three months module, where a different set of questions about hours of work is asked to regular and irregular workers. Regular workers are asked the number of days they work per week and the average number of hours they work per day. Irregular workers are asked separately for each of the past three months about the number of weeks of work during the month and the number of hours per week.

The PCBS 2012/2013 time–use survey

For the analysis of unpaid work in Palestine, the most recent Palestine Central Bureau of Statistics (PCBS) time–use survey of 2012/2013 is used.⁵⁴³ The survey used a time record methodology, in which respondents' activities were recorded in 10-minute intervals. The collection of the time–use data started at the end of September 2012 and lasted for a calendar year, including seasonal holidays. For each household in the sample, two members with a minimum age of 10 were randomly chosen to fill the time records of their activities. Thus, the

sampling does not estimate the distribution of time–use among all household members. In total, the target sample size of the time–use survey was 5,903 households, with a response rate of 79.6 per cent, leading to a final sample size of 4,605 households. The coding of the activities in the time–use survey for 2012/2013 is similar to the 2005 version of the ICATUS.⁵⁴⁴ Unpaid care is divided into two categories: the first is direct unpaid care (ICATUS 2005 Major Division 7); the second is indirect unpaid care (ICATUS 2005 Major Division 6). Time spent in paid work is estimated using the Palestine Labour Force Survey (LFS) of 2013. Estimation of time spent in paid work from the LFS was more straightforward than from the time–use survey, because the time–use survey collected paid work time in categories of 1–14 hours, 15–34 hours, and 35+ hours, and using non–standard categories of employment for more detailed time estimates.

Sample sizes for time–use estimates

Table M2 summarizes the sample sizes of the surveys used for the unpaid care analyses. All of the surveys are nationally representative.

Key indicators

Two key indicators are used to calculate individuals' time spent on unpaid care work and paid work: 1) hours per week spent in the activity, and 2) the percentage of total time in a week spent performing the activity. For comparability, estimates of time use from the PCBS time–use survey, which were collected in minutes per day, are converted to hours per week. As the LMPS surveys do not have a full 24-hour time–use calendar, the percentage of time spent in activities is calculated by dividing time spent on unpaid care or paid work by the total hours in the reference period (a 168 hour–week).

TABLE M2: SAMPLE SIZES OF THE SURVEYS USED FOR THE UNPAID CARE ANALYSIS

Country	Survey	Sample Size
Egypt	ELMPS (2006)	8,351 households
	ELMPS (2012)	12,060 households,
Jordan	JLMPS (2016)	4,850 households
Palestine	PCBS TUS (2012/2013)	4,605 households
Tunisia	TLMPS (2014)	5,160 households

All analyses of unpaid work are restricted to the working-age population, aged 15–64. Both indicators are calculated as population averages, and so include individuals who did not participate in the activity in the denominator (and whose actual hours performed are equal to zero). For some estimates of time spent on paid work, the conditional average is presented; in other words, the amount of time spent only among those who engaged in paid work. This is to adjust for the fact that, especially among women, substantial proportions of the population do not participate in paid work, which deflates the population averages.

Descriptive and multivariate analyses

Descriptive analyses of differences in the distribution of unpaid care work are presented by gender, marital status and other key individual- and household-level characteristics, including age, education, employment status and household wealth. Household wealth is calculated using an asset index in the LMPS surveys. Households are then assigned a wealth quintile (from poorest to richest 20 per cent) based on their position in the household wealth distribution. For Palestine, households are categorized into low-, middle- and upper-income groups using an item in the PCBS time-use survey that captured household income.

To examine the role of household composition on women's time spent on unpaid care work, a

multivariate analysis using ordinary least squares regression is conducted to predict women's time spent in care work. The results of this analysis are presented in terms of marginal effects – in other words, the additional time women spend on unpaid care work when the household has one child under the age of 3, a child aged 3–5 and a child aged 6–17, respectively, as compared to women in households with no children in these age groups. Marginal effects are calculated while controlling for other individual- and household-level characteristics, including women's education, age, household wealth, family size, region and the number of adult women in the household.

The analyses are disaggregated by marital status, because while married women perform the majority of direct care work, unmarried women may spend time caring for the elderly, ill/disabled, or their younger siblings. The analyses are also disaggregated by women's education, to test in a multivariate framework the descriptive finding that in several of the case study countries more educated women spent more time on care work. The estimates are presented in a graphical format, for ease of understanding. The grey bars on the graphs represent the 95 per cent confidence intervals for the estimates. Estimates for which the confidence intervals cross zero are statistically insignificant; for ease of reading, analyses for which all estimates were statistically insignificant are not presented.

Paid care work

Definitions of paid care workers and sectors

The forms of paid care work covered in this report are employment in the areas of: 1) education; 2) health care; 3) social care (care for children, elderly, disabled or ill); and 4) domestic work. Analyses are conducted both at the occupational level and the sector level; the latter is based on the main economic activity (or industry) of the establishment in which the individual works or the nature of the activity when the individual does not work in an establishment.

The identification of care workers is based on the International Standard Classification of Occupations (ISCO–2008)⁵⁴⁵ definitions of workers in the education, health care, social care and domestic work fields. When possible, based on the data sources, the three–digit level of the ISCO classification is used in order to identify relevant forms of care work more precisely. The relevant ISCO codes are:

Education: ISCO 23. Where possible, disaggregated between:

Early childhood educators (ISCO 2344)

All other educators (all other ISCO 23xx subcodes)

Health: ISCO 22 subcodes 221, 222, 223, 224 and 226 + ISCO subcodes 321, 322, 323, 325 (225 veterinarians and 324 veterinary technicians are excluded)

Social care: ISCO 53. Where possible, disaggregated between:

Childcare workers: ISCO 531 “Childcare workers and teachers’ aides”

Personal care workers: ISCO 532 “Personal care workers in health services”

Domestic work: ISCO 9111 domestic cleaners.

In some cases, analyses are carried out at the two–digit level, based on data availability. A key

challenge with regards to the analyses is that domestic work cannot be distinguished from cleaners in establishments at the two–digit level. As this is the only level available in some data sets, and cleaners in establishments are not considered to be care workers, domestic work is not included in most of the analyses.

Care sectors are identified based on the International Standard Industrial Classification of all Economic Activities (ISIC, Revision 4)⁵⁴⁶ definitions of the education, health care, social care and domestic work sectors. The relevant ISIC codes are:

Education: ISIC 85. Where possible, disaggregated between:

Early childhood education: ISIC 851

All other education (ISIC 852 – 855)

Health: ISIC 86 “Human health activities”

Social care: ISIC 87: “Residential care activities” + ISIC 88: “Social work activities without accommodation”

Domestic work: ISIC 97 “Activities of households as employers of domestic personnel.”

Given the stigma associated with domestic work in the countries of the region, domestic work is likely to be severely underreported in the official labour force surveys used for this analysis. Most women who engage in domestic work for hire would likely report themselves as not working.

In a few cases, earlier years of the data sets rely on earlier versions of the ISCO or ISIC classifications. These were mapped to the most recent revisions for comparability. Overlap between care workers and care sectors is determined through the cross–tabulation of the individual’s occupation (based on ISCO) and the sector of economic activity of the establishment in which s/he works (based on ISIC).

Description of data sources from each country

The majority of the paid care analyses in the report are based on the Labour Force Surveys (LFS) of the respective country. The LFS are conducted by the relevant national statistical offices and vary in their scope and sampling procedure; each of which is described in turn.

Egypt

The analysis for Egypt relies on Egypt's Labour Force Surveys, which are nationally representative, carried out quarterly, and produced by the Central Agency for Public Mobilization and Statistics (CAPMAS). Yearly harmonized LFS waves from 2009 to 2017, retrieved from the ERF data portal, were used.⁵⁴⁷ The LFS includes: labour force status, categorized as in-labour-force (employed or unemployed) or out-of-labour-force; the employment status, categorized as: wage worker, employer, self-employed or unpaid family worker; sector of economic activity (up to the four-digit level) of the primary job; occupation (up to the four-digit level) of the primary job; and institutional sector of primary job, categorized as: government, public enterprises or private sector. Data are also collected on formality of employment, captured through the legal status of the primary job (the existence of a contract and/or social security coverage), as well as individual characteristics such as age, education level, region and gender. In the Egypt LFS, sectors are defined using ISIC Rev. 4, while occupations are classified according to the ISCO-88 – both of which are adopted by CAPMAS. Data were pooled over 2009–2011, 2012–2014, and 2015–2017 in order to have adequate cell sizes.

Jordan

The analysis of the paid care economy in Jordan relies primarily on Jordan's Employment and Unemployment Surveys (EUS) from 2005–2018,

which are conducted by the Department of Statistics (DoS). The EUS are nationally representative, carried out quarterly, and collect data on different aspects of the labour market in Jordan, including labour force status, employment status, sector of occupation and economic activity, and sociodemographic characteristics of the worker. The yearly, harmonized EUS waves from 2005–2018 retrieved from the ERF data portal were used.⁵⁴⁸

The EUS data were pooled into three periods covering 2005–2009, 2010–2014 and 2015–2018 due to sample size considerations, and because the data are based on different classification standards. Until 2010, the EUS followed ISCO-88 for classifying occupations, whereas for years 2010 onwards the EUS used ISCO-08. The data before 2010 also lack some of the important paid care work types, specifically detailed data on childcare workers. Furthermore, some dimensions of paid care work cannot be observed in full in the data due to sampling or coding considerations. For the whole period under study, the EUS datasets do not allow for the identification of domestic workers separately from other cleaners. The EUS data are also not representative of non-Jordanian labour in Jordan; as domestic work positions are typically occupied by non-Jordanians, domestic work is thus excluded from the analysis to avoid presenting underestimated figures.

To analyse employment growth in the care and non-care sectors, the chapter relies on data from the Employment and Compensations of Employees Survey (ECES) database of DoS. The ECES survey is designed to survey economic establishments in the private and public sectors. It covers all public establishments, large private sector establishments and collects nationally representative data from the other establishments. The ECES thus provides annual aggregate numbers of workers across all economic activities. The ECES data does not include employment outside fixed establishments.

Palestine

The analysis of the paid care sector in Palestine relies on the PCBS Population, Housing and Establishments Census from 2007 and 2017.⁵⁴⁹ The size and characteristics of the paid care sector, encompassing education, health care and social care, are examined at both the occupation and establishment level. Domestic work is analysed at the occupation but not establishment level, due to coding limitations. The establishment-level analysis includes establishments providing care services in the public, private and non-governmental organization sectors, as well as UNRWA. The establishment-level data includes employers, the self-employed, waged employees and unpaid family workers. The occupation-level analysis is limited to waged workers and focuses on the size of employment and distribution by gender, education and formality status.

Tunisia

The paid care analysis for Tunisia relies on the nationally representative Tunisian Labour Force Survey, which is conducted on a quarterly basis by the National Institute for Statistics (INS). The analysis uses the second-quarter survey data for the years 2010, 2012, 2016 and 2019. The advantage of the second-quarter survey is that it covers a sample of more than 130,000 households (compared to only 25,000 households for the other quarters). The data allow for an accurate estimation of all labour market indicators and characteristics of the labour force. These surveys provide information on labour market status, categorized as: active (employed or unemployed), or not active (not in the labour market); the status of employment (employee, employer, self-employed, unpaid family worker); the sector of activity; the occupation; the institutional sector (categorized as government, public enterprises, private sector); the legal status of employment (i.e. formality, measured through existence of a contract and social security coverage); as well as

individual-level characteristics such as age, level of education, region and gender. The coding of the Tunisia LFS does not allow domestic workers to be distinguished from those working as cleaners in public and private enterprises, so domestic work is not included in the analysis.

Analysis

The analysis of paid care sectors is presented descriptively, disaggregated by sex and public versus private sectors, to the extent possible. All analyses cover the working-age population, 15–64 years of age. The analyses address the size of the paid care sector as a percentage of total employment in each country and of male and female employment, respectively; the share of the public and private sectors in care employment; and the share of women in care employment. Growth of the paid care sector, relative to other economic sectors, is also calculated for approximately the past 10 years, depending on data availability in each country. Growth rates are presented as per cent per annum.

Analyses also cover the characteristics of paid care workers, including composition of different care occupations by education and age. Job quality is another focus of the analysis. The common measure of job quality used across all chapters is job formality. In Egypt, Jordan and Tunisia, a formal job is defined as one in which the employee has a contract or is registered with social security. In Palestine, informal workers are identified as those who are not entitled to retirement/severance payment, paid vacation, paid sick leave and maternity leave for women. The presence of a work contract is not utilized to identify informal workers, since Palestinian labour law extends workers' rights to all workers.

APPENDIX 2: SUPPLEMENTARY TABLES

TABLE A1: DEPENDENCY RATIOS IN THE ARAB STATES, 2020, 2035 AND 2050

	Total dependency (0-14 plus 65+)			Young age dependency (0-14)			Old age dependency (65+)		
	2020	2035	2050	2020	2035	2050	2020	2035	2050
Algeria	60.1	52.0	59.5	49.3	36.3	34.1	10.8	15.7	25.4
Bahrain	26.5	30.1	35.4	23.1	20.6	17.9	3.4	9.5	17.5
Egypt	64.6	56.4	56.9	55.8	45.6	42.2	8.8	10.8	14.8
Iraq	69.9	59.2	55.6	64.1	52.0	44.6	5.9	7.2	11.0
Jordan	58.2	48.3	49.7	52.0	37.9	31.9	6.3	10.4	17.7
Kuwait	32.4	37.4	59.0	28.4	21.9	27.6	4.0	15.4	31.4
Lebanon	48.4	52.4	58.8	37.2	30.2	25.5	11.2	22.3	33.3
Libya	47.7	42.0	54.1	41.0	29.9	28.9	6.7	12.1	25.2
Morocco	52.4	52.7	57.2	40.8	33.3	29.8	11.6	19.4	27.4
Oman	33.3	32.4	40.2	30.0	24.6	22.2	3.3	7.8	18.0
Qatar	18.1	24.2	33.1	16.1	14.9	14.2	2.0	9.3	18.9
Saudi Arabia	39.3	37.4	50.5	34.4	26.1	24.5	4.9	11.3	25.9
State of Palestine	71.2	57.7	52.3	65.7	50.0	40.8	5.5	7.7	11.5
Syrian Arab Republic	55.4	48.5	52.9	47.8	37.9	32.3	7.6	10.6	20.6
Tunisia	49.6	51.1	61.1	36.3	29.3	28.5	13.3	21.8	32.5
United Arab Emirates	19.2	28.8	45.2	17.7	18.1	21.8	1.5	10.7	23.4
Yemen	71.7	54.7	46.3	66.7	49.1	37.7	5.0	5.6	8.6

Source: UN-DESA, Population Division 2019.

**TABLE A2: FEMALE LABOUR FORCE PARTICIPATION RATES (PERCENTAGE OF WOMEN AGED 15-64)
IN THE ARAB STATES, 2000-2019**

Year	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
Algeria	13	13	13	13	14	14	14	14	15	15	15	16	18	18	17	17	16	16	16	16	
Bahrain	36	37	38	38	39	40	41	42	43	44	45	44	45	45	45	45	46	46	46	46	46
Egypt	22	22	20	21	21	22	23	24	23	24	24	24	24	25	26	24	25	25	25	25	25
Iraq	10	11	11	11	12	12	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13
Jordan	13	13	14	13	13	13	13	16	16	16	16	16	16	15	15	15	15	15	15	15	15
Kuwait	51	50	50	50	50	50	51	51	52	53	55	56	57	58	59	60	59	59	59	59	59
Lebanon	22	22	22	22	22	23	23	24	24	24	25	25	25	25	25	26	26	26	26	26	27
Libya	21	21	22	22	23	23	23	23	23	24	24	27	24	26	28	28	28	28	27	27	27
Morocco	26	27	26	28	28	28	28	28	27	27	27	27	26	26	25	25	24	23	23	23	23
Oman	24	25	25	26	26	26	26	26	27	28	28	29	29	30	31	32	32	32	32	32	32
Palestine	14	11	11	13	14	14	15	16	16	16	15	17	18	18	20	20	20	20	20	20	21
Qatar	42	43	44	45	45	46	48	49	50	50	52	53	55	57	58	60	60	59	59	59	59
Saudi Arabia	17	17	17	17	18	19	19	19	18	18	19	21	21	21	22	23	24	24	25	25	25
Syria	21	21	20	20	18	17	16	15	16	14	14	14	14	13	13	13	13	13	13	13	13
Tunisia	25	25	25	25	25	25	26	27	27	27	27	27	28	28	28	28	27	27	27	27	27
UAE	34	35	35	36	37	38	39	40	42	43	45	46	47	48	49	50	51	52	52	52	52
Yemen	21	20	19	17	16	15	14	13	12	11	10	9	8	7	6	6	6	6	6	6	6

Source: World Bank 2019.

TABLE A3: MATERNITY LEAVE PROVISIONS IN THE ARAB STATES

	Algeria	Bahrain	Egypt	Iraq	Jordan	Kuwait
Existence	√	√	√	√	√	√
Conditions	<p>Must have been employed for at least half a month in the last 3 months or for 2 months in the last 12 months before childbirth.</p>	<p>No required conditions.</p>	<p>- Private sector employees must have undergone contributions for the last 10 months</p> <p>- No conditions for public sector.</p>	<p>No required conditions.</p>	<p>- Must have at least 6 months of covered work before childbirth.</p>	<p>- Must be working and provide a medical certificate.</p>
Benefits	<p>- 100% of the last monthly earnings are paid, up to 14 weeks, including 6 weeks before childbirth.</p>	<p>- 100% of the salary is paid for 60 days. (9 weeks)</p> <p>- Could be extended for 15 unpaid days.</p>	<p>- 100% of the salary is paid for 60 days. (9 weeks)</p> <p>- Could be extended for 15 unpaid days.</p>	<p>- 100% of the salary is paid for 14 weeks, including 8 weeks before childbirth.</p> <p>- Could be extended to 9 months, in case of multiple births or complications.</p> <p>- Maternity grant: paid lump sum for the mother in case of leaving work because of pregnancy for one month for each contribution year.</p>	<p>- 100% of the salary is paid for 10 weeks in the private sector and 90 days in the public sector.</p>	<p>- 100% of the salary is paid for 10 weeks.</p> <p>- Could have 4 more unpaid months.</p>
Coverage	<p>- Social insurance system</p> <p>- Self-employed persons are excluded; they only receive medical benefits.</p>	<p>- Employer-liability system.</p> <p>- Self-employed persons are excluded.</p>	<p>- Mixed (75% social insurance system, 25% employer).</p> <p>- Self-employed persons are excluded.</p>	<p>- Employer liability system</p> <p>- Self-employed persons are excluded.</p>	<p>- Social insurance system covering all employees including self-employed persons.</p>	<p>- Employer-liability system for private sector employees.</p> <p>- Self-employed persons are excluded.</p> <p>- Special systems for public sector employees.</p>

Maternity leave

TABLE A3 (CONTINUED): MATERNITY LEAVE PROVISIONS IN THE ARAB STATES

	Qatar	Saudi Arabia	Syria	Tunisia	United Arab Emirates	Yemen
Existence	√	√	√	√	√	√
Conditions	<ul style="list-style-type: none"> - Must have been working for the same employer for at least one year. 	<ul style="list-style-type: none"> - Must have been working for the same employer for at least one year. 	<ul style="list-style-type: none"> - Must have been working for at least 6 months for the same employer. 	<ul style="list-style-type: none"> - Must have 2 months and 20 days of covered employment in the four quarters before childbirth. 	<ul style="list-style-type: none"> - Must have been working for at least a year for the same employer. 	<ul style="list-style-type: none"> - No required conditions.
Benefits	<ul style="list-style-type: none"> - 100% of the salary is paid for 50 days (around 7 weeks). - The leave must include 35 days after childbirth (5 weeks). 	<ul style="list-style-type: none"> - 100% of the salary is paid for 120 days (17 weeks) for the 1st child, 90 days (13 weeks) for the 2nd child, 75 days (11 week) for the 3rd child. - Could have 30 additional days of unpaid leave. 	<ul style="list-style-type: none"> - 100% of the salary is paid for two months in the public sector - In the private sector, 66.7% of the average daily covered wage is paid for 60 days. 	<ul style="list-style-type: none"> - 100% of the salary is paid for 45 days (6.5 weeks). - If the woman has been working for less than one year, she obtains 50% of the salary. 	<ul style="list-style-type: none"> - 100% of the salary is paid for 70 days (10 weeks). - May be extended to 90 days (13 weeks) in case of multiple births. 	<ul style="list-style-type: none"> - Employer liability system. - Excludes: self-employed persons, household workers, foreign workers, family labour, athletes, agriculture workers. - Special systems for public sector employees.
Coverage	<ul style="list-style-type: none"> - Employer-liability system for private sector employees. - Self-employed persons are excluded. - Special systems for public sector employees. 	<ul style="list-style-type: none"> - Employer-liability system. - Excludes: self-employed persons, household workers, foreign workers, family labour, athletes and agriculture workers. 	<ul style="list-style-type: none"> - Employer liability system for private sector employees. - Self-employed persons are excluded. - Special systems for public sector employees. 	<ul style="list-style-type: none"> - Social insurance system for self-employed, private sector employees and public sector employees. 	<ul style="list-style-type: none"> - Employer liability system. 	<ul style="list-style-type: none"> - Employer liability system.

TABLE A3 (CONTINUED): MATERNITY LEAVE PROVISIONS IN THE ARAB STATES

	Lebanon	Libya	Morocco	Oman	Palestine
Existence	√	√	√	√	√
Conditions	- Medical certificate must be provided.	- If self-employed, must have at least 6 months of self-employment before childbirth and 4 months of contributions in the last 6 months. - If employed, must provide medical certificate.	- Must have at least 54 covered workdays in the last 10 months before stopping work at the time of childbirth.	- Must have been working for the same employer for at least 12 months.	- Must have been working for at least 180 days for the same employer.
Benefits	- 100% of the salary is paid for 10 weeks.	- If self-employed, 100% of the last monthly covered earnings for 3 months before childbirth and 3 after. - If employed, 100% of last monthly covered earnings for 14 weeks including 6 weeks after childbirth.	- 100% of the monthly wage in the last 6 months before childbirth is paid for 14 weeks.	- 100% of the salary is paid for 7 weeks.	- 100% of the salary is paid for 10 weeks, including 6 weeks after childbirth.
Coverage	- Employer liability system.	- Self-employed mothers are covered by social insurance system. - Employed mothers are covered by an employer-liability system.	- Social insurance system. - Certain self-employed persons are excluded.	- Employer-liability system. - Exclusion of self-employed persons, family labour and household workers.	- Employer liability system.

Source: Authors' compilation using data from USA Social Security Administration (2016, 2018 and 2019), ILO (2014), and Palestinian Labour Law.

TABLE A4: PATERNITY LEAVE PROVISIONS IN THE ARAB STATES

	Algeria	Bahrain	Egypt	Iraq	Jordan
Existence	X	X	X	X	✓
Benefits					-100% of the salary is paid for 3 days.
	Kuwait	Lebanon	Libya	Morocco	Oman
Existence	X	X	X	✓	X
Benefits				-15 days of leave are allowed. -A lump sum of the daily wage for 3 days is paid.	
	Qatar	Saudi Arabia	Syria	Tunisia	Yemen
Existence	X	✓	X	✓	X
Benefits		-100% of the salary is paid for 3 days.		-100% of the salary is paid for 2 days in the public sector and 1 day in the private sector	

Source: Authors' compilation using data from USA Social Security Administration (2016, 2018 and 2019).

TABLE A5: LEGAL PROVISIONS FOR PAID BREASTFEEDING BREAKS IN THE ARAB STATES

	Algeria	Bahrain	Egypt	Iraq	Jordan
Existence	-	√	√	√	√
Benefits	No available information.	- Women are allowed to take two breastfeeding breaks during working hours. - Each break lasts an hour. - Allowed for 6 months after childbirth.	- Women are allowed to take two breastfeeding breaks during working hours. - Each break lasts half an hour. - Allowed for 18 months after childbirth.	- Women are allowed to take two breastfeeding breaks during working hours. - Each break lasts half an hour.	- Women are allowed to take two breastfeeding breaks during working hours. - Each break lasts half an hour. - Allowed for 12 months after childbirth.
	Kuwait	Lebanon	Libya	Morocco	Oman
Existence	√	X	√	√	X
Benefits	- Women are allowed to take two breastfeeding breaks during working hours. - Each break lasts half an hour.		- Women are allowed to take two breastfeeding breaks during working hours. - Each break lasts half an hour. - Allowed for 18 months after childbirth.	- Women are allowed to take two breastfeeding breaks during working hours. - Each break lasts half an hour. - Allowed for 12 months after childbirth.	

Source: Authors' compilation from national labour laws.

TABLE A5 (CONTINUED): LEGAL PROVISIONS FOR PAID BREASTFEEDING BREAKS IN THE ARAB STATES

	Palestine	Qatar	Saudi Arabia	Syria	United Arab Emirates	Tunisia	Yemen
Existence	√	√	√	√	√	√	X
Breast-feeding breaks	<p>Women are allowed to take two breast-feeding breaks during working hours.</p> <p>-Each break lasts half an hour.</p> <p>-Allowed for 12 months after childbirth.</p>	<p>- Women are allowed to take two breast-feeding breaks during working hours.</p> <p>-Each break lasts half an hour.</p> <p>-Allowed for 12 months after childbirth.</p>	<p>- Women are allowed to take two breast-feeding breaks during working hours.</p> <p>-Each break lasts half an hour.</p>	<p>- Women are allowed to take two breast-feeding breaks during working hours.</p> <p>- Each break lasts half an hour.</p> <p>-Allowed for 24 months after childbirth.</p>	<p>- Women are allowed to take two breast-feeding breaks during working hours.</p> <p>- Each break lasts half an hour.</p> <p>-Allowed for 18 months after childbirth.</p>	<p>- Women are allowed to take two breast-feeding breaks during working hours.</p> <p>- Each break lasts half an hour.</p> <p>-Allowed for 9 months after childbirth.</p>	

Source: Authors' compilation from national labour laws.

TABLE A6: CHILDCARE LEAVE PROVISIONS IN THE ARAB STATES

		Algeria	Bahrain	Egypt	Iraq	Jordan	Kuwait
Existence	X	✓	✓	✓	✓	✓	X
Benefits		Unpaid leave provided for mothers for a duration of 6 months.	Unpaid leave provided for mothers for a duration of 2 years.	Unpaid leave provided for mothers for a duration of 1 year.	Unpaid leave provided for mothers for a duration of 1 year.	Unpaid leave provided for mothers for a duration of 1 year.	
Coverage		Can be taken a maximum of three times.	Can be taken a maximum of 3 times in the public sector; twice in the private sector. In the private sector, only applies to women in establishments with more than 50 workers.				
Existence	X	Libya	Morocco	Oman	Palestine	Qatar	✓
Benefits		Unpaid leave provided for mothers for a duration of 3 months.	Unpaid leave provided for mothers for a duration of 3 months.	Unpaid leave provided for mothers for a duration of 1 year.	Unpaid leave provided for mothers for a duration of 1 year.	Paid leave provided for mothers for a duration of 3 years.	
Coverage							
Existence	X	Saudi Arabia	Syria	Tunisia	United Arab Emirates	Yemen	
Benefits		Unpaid leave provided for mothers for 1 year.	Unpaid leave provided for mothers for 1 year.				
Coverage							

Source: Authors' compilation from national labour laws.

TABLE A7: LEAVE PROVISIONS FOR CHILDREN'S HEALTH NEEDS IN THE ARAB STATES

Country	Specific for children's health needs	Can be used for children's health needs
Algeria	X	X
Bahrain	X	Paid for both parents
Iraq	Only for mothers	Only for mothers
Jordan	X	X
Kuwait	Only for mothers	Only for mothers
Lebanon	X	X
Libya	X	Paid for both parents
Morocco	Unpaid for both parents	Unpaid for both parents
Oman	X	Paid for both parents
Palestine	No data	No data
Qatar	X	X
Saudi Arabia	X	X
Syria	X	Paid for both parents
Tunisia	X	X
UAE	X	X
Yemen	X	Paid for both parents

Source: Authors' compilation from World Policy Center (2020).

TABLE A8: REQUIREMENTS FOR THE ESTABLISHMENT OF NURSERIES IN WORKPLACES IN THE ARAB STATES

	Algeria	Bahrain	Egypt	Iraq	Jordan	Kuwait	Lebanon	Libya
Existence	-	X	✓	X	✓	✓	X	✓
Conditions	No available information		A nursery is established if 100 women or more are employed		If the number of employees' children is at least 15 and they are younger than 5, the employer must establish a nursery.	A nursery is established if 50+ women (or 100 employees in total) are employed.		A nursery is established if 50 women or more are employed.
Existence	✓	X	X	X		✓		✓
Conditions	A nursery is established if 50+ women older than 16 years old are employed.							
Existence								
Conditions								

Source: Authors' compilation from national labour laws.

APPENDIX 3: LIST OF NATIONAL LABOUR LAWS CONSULTED

The following national labour laws were used to compile the Appendix Tables.⁵⁵⁰

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ENDNOTES

Executive summary

¹ UN Women. 2019. *Progress of the World's Women 2019–2020: Families in a Changing World*. New York: UN Women.

² The Arab States as defined in this report encompass the 17 countries covered by the UN Women Regional Office for the Arab States, namely: Algeria, Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Syria, Tunisia, the United Arab Emirates and Yemen.

³ UN–ESCWA (United Nations Economic and Social Commission for Western Asia). 2013. *A Review of Literature on the Changing Role of the Family in Care Provision in Arab Countries*. Beirut: UN–ESCWA.

⁴ UN Women. 2020. “COVID–19 and the Care Economy: Immediate Action and Structural Transformation for a Gender–Responsive Recovery.” New York: UN Women.

⁵ ILO. 2018. *Care Work and Care Jobs for the Future of Decent Work*. Geneva: ILO.

⁶ World Bank. 2019. “World Development Indicators.” Washington, D.C.: World Bank Group.

⁷ ILO 2018.

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⁹ UN–DESA (United Nations Department of Economic and Social Affairs), Population Division. 2019. *World Population Prospects: The 2019 Revision*. New York: United Nations.

¹⁰ World Bank 2019.

¹¹ ILO 2018.

¹² See also UN Women. 2018a. *Promoting Women's Economic Empowerment: Recognizing and Investing in the Care*

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¹⁴ ILO. 2014b. “Maternity and Paternity at Work: Law and Practice across the World.” Geneva: ILO.

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¹⁶ De Henau, Jérôme, and others. 2019. *Investing in Free Universal Childcare in South Africa, Turkey and Uruguay: A Comparative Analysis of Costs, Short–Term Employment Effects and Fiscal Revenue*. New York: UN Women.

¹⁷ El–Kogali, Safaa and Caroline Krafft. 2015. *Expanding Opportunities for the Next Generation: Early Childhood Development in the Middle East and North Africa*. Washington, D.C.: World Bank Group.

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¹⁹ World Bank 2019.

²⁰ El–Kogali and Krafft 2015.

²¹ UN–ESCWA. 2018. *Population and Development Report Issue No. 8: Prospects of Ageing with Dignity in the Arab Region*. Beirut: UN–ESCWA. The seven countries are: Iraq, Jordan, Kuwait, Oman, Palestine, Sudan and Tunisia.

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²³ Ibid.

²⁴ Duffy, Mignon and Amy Armenia. 2019. “Paid Care Work around the Globe: A Comparative Analysis of 47 Countries Prepared for UN Women.” LIS Working Paper Series.

²⁵ UN Women 2018a.

²⁶ Charmes, Jacques. 2015. “Time Use across the World: Findings of a World Compilation of Time Use Surveys,” Hu–

man Development Report Office Background Paper. New York: UNDP.

²⁷ UN Women 2019.

²⁸ World Economic Forum. 2018. *Global Competitiveness Index*. <http://reports.weforum.org/global-competitiveness-index-2018-2017/competitiveness-rankings/#series=EOSQ129>

²⁹ UN–ESCWA 2018.

³⁰ World Bank. 2020b. *State of the Mashreq Women Flagship 1: Women's Economic Participation in Iraq, Jordan and Lebanon* (Executive Summary). Washington D.C.: World Bank Group; Bursztyn, Leonardo, Alessandra L. González and David Yanagizawa–Drott. 2018. “Misperceived Social Norms: Female Labor Force Participation in Saudi Arabia.” NBER Working Paper. Cambridge, MA: National Bureau of Economic Research.

³¹ Charmes 2015.

Chapter 1

³² UN Women. 2019. *Progress of the World's Women 2019–2020: Families in a Changing World*. New York: UN Women.

³³ Ibid.

³⁴ ILO (International Labour Organization). 2018. *Care Work and Care Jobs for the Future of Decent Work*. Geneva: ILO.

³⁵ Oxfam. 2020. *Time to Care: Unpaid and Underpaid Care Work and the Global Inequality Crisis*. Oxford: Oxfam International.

³⁶ Ibid.

³⁷ UN Women. 2020. *COVID–19 and the Care Economy: Immediate Action and Structural Transformation for a Gender–Responsive Recovery*. New York: UN Women.

³⁸ UN Women 2020; UN Women Jordan. 2020a. *COVID–19 and Women's Economic Empowerment: Policy Recom–*

mendations for Strengthening Jordan's Recovery. Amman: UN Women Jordan Country Office.

³⁹ ILO 2018.

⁴⁰ *Ibid.*

⁴¹ The World Bank. 2019. "World Development Indicators." Washington, D.C.: World Bank Group.

⁴² ILO 2018.

⁴³ *Ibid.*

⁴⁴ UN-ESCWA (United Nations Economic and Social Commission for Western Asia). 2013. *A Review of Literature on the Changing Role of the Family in Care Provision in Arab Countries*. Beirut: UN-ESCWA.

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⁴⁶ Elder, Glenn. 1977. "Family History and the Life Course," *Journal of Family History* 2 (4), pp. 279–304.

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⁴⁸ UN Women 2019.

⁴⁹ ILO 2018.

⁵⁰ *Ibid.*

⁵¹ *Ibid.*

⁵² ILO 2018.

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⁵⁴ Barsoum, Ghada. 2007. "Egypt Labor Market Panel Survey 2006: Report on Methodology and Data Collection," Working Paper 0704. Cairo: Economic Research Forum; Assaad, Ragui and Caroline Krafft. 2013. "The Egypt Labor Market Panel Survey: Introducing the 2012 Round." *IZA Journal of Labor & Development*. 2 (1): 8; Assaad, Ragui and others. 2016. "Introducing the Tunisia Labor Market Panel Survey 2014," *IZA Journal of Labor & Development*. 5 (1): 15; Krafft, Caroline and Ragui Assaad. 2018. "Introducing the Jordan Labor Market Panel Survey 2016," Economic

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⁵⁵ UNSD. 2017. "International Classification of Activities for Time Use Statistics 2016 (ICATUS 2016)." New York: UNSD.

⁵⁶ ILO. 2012. "International Standard Classification of Occupations 2008 (ISCO-08): Structure, Group Definitions and Correspondence Tables" Geneva: ILO.

⁵⁷ UNSD. 2008. "International Standard Industrial Classification of All Economic Activities (ISIC) Rev. 4." New York: UNSD.

⁵⁸ ILO 2018.

⁵⁹ ILO 2018; UN Women 2018a.

⁶⁰ ILO 2018; UN Women 2018a; Elson, Diane. 2017. "Recognize, Reduce, and Redistribute Unpaid Care Work: How to Close the Gender Gap." *New Labor Forum*. 26 (2), pp. 52–61.

⁶¹ ILO 2018.

⁶² UN-ESCWA. 2018. Population and Development Report Issue No. 8: Prospects of Ageing with Dignity in the Arab Region. Beirut: UN-ESCWA.

⁶³ *Ibid.*

⁶⁴ The young-age dependency ratio is low in the Gulf States because of the presence of many migrant workers who are often unaccompanied by their children.

⁶⁵ Dependency ratios for all 17 Arab States are presented in Appendix Table A1.

⁶⁶ UN-ESCWA 2018.

⁶⁷ *Ibid.*

⁶⁸ *Ibid.*

⁶⁹ *Ibid.*

⁷⁰ UN-ESCWA. 2014. *Disability in the Arab Region: An Overview*. Beirut: UN-

ESCWA.

⁷¹ Sieverding, Maia and Rasha Hassan. 2019. "Associations between Economic Vulnerability and Health and Well-being in Egypt," *Economic Research Forum Working Paper*, No. 1364. Cairo: ERF.

⁷² World Bank 2019.

⁷³ UN-ESCWA 2018.

⁷⁴ Olivetti, Claudia and Barbara Petrongolo. 2017. "The Economic Consequences of Family Policies: Lessons from a Century of Legislation in High-Income Countries," *Journal of Economic Perspectives*. 31 (1), pp. 205–30.

⁷⁵ Kabeer, Naila. 1994. *Reversed Realities: Gender Hierarchies in Development Thought*. London: Verso Publications.; Hochschild, Arlie and Anne Machung. 1989. *The Second Shift: Working Parents and the Revolution at Home*. New York: Viking.

⁷⁶ ILO 2018.

⁷⁷ World Bank 2019.

⁷⁸ *Ibid.*

⁷⁹ Assaad, Ragui, and others. 2018. "Explaining the MENA Paradox: Rising Educational Attainment, Yet Stagnant Female Labor Force Participation." *IZA Discussion Paper* No. 11385. Bonn: IZA.

⁸⁰ Moghadam, Valentine M. 2015. "Women, Work and Family in the Arab Region: Toward Economic Citizenship," *DIFI Family Research and Proceedings 2013, Protecting the Arab Family from Poverty: Employment, Social Integration and Intergenerational Solidarity*: 7; Nazier, Hanan and Racha Ramadan. 2018. "What Empowers Egyptian Women: Resources versus Social Constraints?," *Review of Economics and Political Science*; Barsoum, Ghada, Ali Rashed and Dahlia Hassanien. 2009. "When There Is 'No Respect' at Work: Job Quality Issues for Women in Egypt's Private Sector," *Gender and Work in the MENA Region Working Paper Series: Poverty, Job Quality and Labor Market Dynamics*. Cairo: Population Council;

Assaad, Ragui and Melanie Arntz. 2005. "Constrained Geographical Mobility and Gendered Labor Market Outcomes Under Structural Adjustment: Evidence from Egypt," *World Development*. 33 (3), pp. 431–54; Duflo, Esther. 2012. "Women Empowerment and Economic Development," *Journal of Economic Literature*. 50 (4), pp. 1051–79.

⁸¹ Sieverding, Maia and Rasha Hassan. 2016. *'Her Future Is Marriage': Young People's Attitudes towards Gender Roles and the Gender Gap in Egypt*. Cairo: Population Council, 2016; Nazier and Ramadan 2018.

⁸² Assaad, Ragui, Caroline Krafft, and Irene Selwaness. 2017. "The Impact of Early Marriage on Women's Employment in The Middle East and North Africa," Economic Research Forum Working Paper, No. 1086. Cairo: ERF.

⁸³ Assaad, Ragui and Fatma El Hamidi. 2009. "Women in the Egyptian Labor Market: An Analysis of Developments, 1988–2006," In *The Egyptian Labor Market Revisited*. Ragui Assaad (Ed.) Cairo: American University in Cairo Press, pp. 117–56; Assaad, Ragui. 2008. "Unemployment and Youth Insertion in the Labor Market in Egypt," In *The Egyptian Economy: Current Challenges and Future Prospects*, ed. Hana Khayr al-Din Cairo: American University in Cairo, pp. 133–78; Assaad and others 2018.

⁸⁴ Consistent, cross-national attitudinal data on gender roles are scarce in the Arab region. This section therefore relies on data from several international and regional sources. These include a Gallup and ILO poll conducted in 2017, the World Value Surveys Waves 5 (2005–2009) and 6 (2010–2014), the Labour Market Panel Surveys of Jordan (2010 and 2016) and Egypt (2006 and 2018), and the International Men and Gender Equality Surveys (IMAGES) report of 2017. Data for different Arab countries are available in each source, and most attitudinal measures are not comparable across the different sources.

⁸⁵ Diwan, Ishac and Irina Vartanova. 2017. "The Effect of Patriarchal Culture on Women's Labor Force Participation," Economic Research Forum Working

Paper, No. 1101. Cairo: ERF.

⁸⁶ Gallup and ILO. 2017. *Towards a Better Future for Women and Work: Voices of Women and Men*. Geneva: ILO and Gallup. The 14 Arab countries included are: Algeria, Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Palestine, Morocco, Saudi Arabia, Tunisia, UAE and Yemen.

⁸⁷ Inglehart, R., and others. 2014. "World Values Survey: Round Five (2005–2009)." Madrid: JD Systems Institute. Accessed 22 May 2020, <http://www.worldvaluessurvey.org/WVSDocumentationWV6.jsp>.

⁸⁸ Ibid.

⁸⁹ Promundo and UN Women. 2017. *Understanding Masculinities: Results from the International Men and Gender Equality Survey (IMAGES) – Middle East and North Africa*. New York: UN Women.

⁹⁰ Ibid.

⁹¹ ILO 2018.

⁹² UN Women 2018a.

⁹³ See ILO 2018; UN Women 2018a.

⁹⁴ Although there are non-contributory social protection programmes in some Arab States that target transfers based on criteria that could be related to a household's care needs – such as the presence of young children, elderly or disabled household members – none of the countries in the region provide cash transfers specifically for the purpose of caring for those household members.

⁹⁵ ILO. 2010. *World Social Security Report 2010/11: Providing Coverage in Times of Crisis and Beyond*. Geneva: ILO. There was insufficient data for the ILO to estimate the effective coverage rate for the Arab region.

⁹⁶ Heymann, Jody, and others. 2017. "Paid Parental Leave and Family Wellbeing in the Sustainable Development Era," *Public Health Reviews*. 38 (1): 21.

⁹⁷ ILO 2010.

⁹⁸ ILO. N.D. "Convention C103 – Maternity Protection Convention (Revised), 1952 (No. 103)." Accessed 4 May 2020. https://www.ilo.org/dyn/normlex/en/f?p=NORML-EX PUB:12100:0::NO::P12100_INSTRUMENT_ID:312248.

⁹⁹ ILO. N.D. "Convention C183 – Maternity Protection Convention, 2000 (No. 183)," Accessed 4 May 2020. https://www.ilo.org/dyn/normlex/en/f?p=1000:12100:0::NO::P12100_ILO_CODE:C183.

¹⁰⁰ ILO 2018. Figure 3.7.

¹⁰¹ ILO. 2014b. *Maternity and Paternity at Work: Law and Practice across the World*. Geneva: ILO.

¹⁰² US Social Security Administration and ISSA (International Social Security Association). 2016. *Social Security Programs Throughout the World: Asia, 2016*. Geneva: ISSA; US Social Security Administration and ISSA. 2018. "Social Security Programs Throughout the World: Asia, 2018." Geneva: ISSA.; US Social Security Administration and ISSA. 2019. "Social Security Programs Throughout the World: Africa, 2019." Geneva: ISSA. For full details on the maternity leave policies of the Arab States, see Appendix Table A3.

¹⁰³ Olivetti and Petrongolo 2017.

¹⁰⁴ ILO. 2014b; Brodmann, Stephanie, and others. 2014. *Social Insurance Reform in Jordan: Awareness and Perceptions of Employment Opportunities for Women*. Washington, D.C.: World Bank.

¹⁰⁵ ILO. N.D. "Egypt – Law No. 18 of 2015 Concerning the Civil Service," NATLEX Database of national labour, social security and related human rights legislation. Accessed 11 June 2020. https://www.ilo.org/dyn/natlex/natlex4.detail?p_isn=102504&p_lang=en.

¹⁰⁶ See Chapter 2 for Egypt and Chapter 3 for Jordan. Effective coverage of maternity leave in the public sector is nearly 100 per cent.

- ¹⁰⁷ ILO. 2016a. *Maternity Cash Benefits for Workers in the Informal Economy*. Social Protection for All Issue Brief. Geneva: ILO.
- ¹⁰⁸ UN Women 2019.
- ¹⁰⁹ Bosch, M.J. 2019. 'Chile country note,' in Koslowski, A. and others. (eds.). *International Review of Leave Policies and Research 2019*. http://www.leavenetwork.org/lp_and_r_reports/
- ¹¹⁰ ILO 2016a.
- ¹¹¹ Ibid.
- ¹¹² Ibid.
- ¹¹³ Rehel, Erin M. 2014. "When Dad Stays Home Too: Paternity Leave, Gender, and Parenting," *Gender & Society*. 28 (1), pp. 110–132; OECD. 2016. "Parental Leave: Where Are the Fathers?" OECD Policy Brief. Paris: OECD.; Wray, Dana. 2020. "Paternity Leave and Fathers' Responsibility: Evidence From a Natural Experiment in Canada," *Journal of Marriage and Family*. 82 (2), pp. 534–49.
- ¹¹⁴ OECD 2016.; Heymann and others 2017.
- ¹¹⁵ OECD 2016.
- ¹¹⁶ ILO 2014b.
- ¹¹⁷ For the full details of paternity leave provisions, see Table A4 in the Appendix.
- ¹¹⁸ Heymann and others 2017.
- ¹¹⁹ OECD 2016.; Heymann and others 2017.
- ¹²⁰ ILO 2014b.
- ¹²¹ ILO "Convention C183."
- ¹²² ILO 2014b.
- ¹²³ Ibid.
- ¹²⁴ For full details of the breastfeeding breaks regulations in the 17 countries, see Appendix Table A5.
- ¹²⁵ Heymann and others 2017.
- ¹²⁶ ILO 2014b.
- ¹²⁷ World Policy Center. 2020. "Family," World Policy Analysis Center. <https://www.worldpolicycenter.org/topics/family/policies>.
- ¹²⁸ For a summary of the three forms of childcare leave and the availability in each country, see Appendix Tables A6 and A7.
- ¹²⁹ World Policy Center 2020.
- ¹³⁰ Ibid.
- ¹³¹ UN Women 2019.
- ¹³² El-Kogali, Safaa and Caroline Krafft. 2015. *Expanding Opportunities for the Next Generation: Early Childhood Development in the Middle East and North Africa*. Washington, D.C.: World Bank Group.
- ¹³³ UNESCO. 2015. *Education for All 2000–2015: Achievements and Challenges*. Paris: UNESCO.
- ¹³⁴ Altarawana, Mahmoud and Alaa Mazhar. 2019. "Razzaz: 50% of capital spending will be on the sectors of education, transportation and health [in Arabic]," *Alghad*, 24 December. <https://alghad.com/-من-الإنفاق-50-من-الرأسمالي-سيكون-على>.
- ¹³⁵ Krafft, Caroline and Moundir Lassassi. Forthcoming. "Public Preschool and Maternal Labour Supply in Algeria: Evidence from a Natural Experiment." Economic Research Forum Working Paper.
- ¹³⁶ El-Kogali and Krafft 2015.
- ¹³⁷ The most and least advantaged child is defined somewhat differently for each country in this analysis. According to the study authors: "The most-advantaged child is from the wealthiest 20 per cent of households and has parents with secondary (or higher) education, while the least-advantaged child is from the poorest 20 per cent of households and has illiterate parents. Rural/urban and regional differences are country specific, although the least advantaged child tends to live in a rural area while the most advantaged child tends to live in an urban area. Krafft, Caroline and Safaa El-Kogali. 2014. "Inequalities in Early Childhood Development in the Middle East and North Africa." Economic Research Forum Working Paper, No. 856. Cairo: ERF.
- ¹³⁸ UN Women Jordan. 2020b. *Fiscal Policy, Taxation and Gender Equality in Jordan*. Amman: UN Women Jordan.
- ¹³⁹ World Bank 2019.
- ¹⁴⁰ Ibid.
- ¹⁴¹ For the full details of the relevant national labour laws, see Appendix Table A8.
- ¹⁴² See Chapter 2 for Egypt and Chapter 3 for Jordan.
- ¹⁴³ UN Women 2019.
- ¹⁴⁴ UN-ESCWA 2018. The seven countries are: Iraq, Jordan, Kuwait, Oman, Palestine, Sudan and Tunisia.
- ¹⁴⁵ Ibid.
- ¹⁴⁶ UN Women 2019; UN-ESCWA 2018.
- ¹⁴⁷ UN Women 2019.
- ¹⁴⁸ NCFA (National Council for Family Affairs). 2017. *Situation Analysis of the Elderly in Jordan*. Amman: NCFA.; Ministry of Human Resources and Social Development, Kingdom of Saudi Arabia. N.D. "Elderly Care [in Arabic]." Accessed 10 June 2020. <https://mlsd.gov.sa/ar/services/619>
- ¹⁴⁹ Ministry of Social Development, Sultanate of Oman. N.D. "The Elderly's Affairs." Accessed 10 June 2020. <https://mosd.gov.om/index.php/en/social-care-3/the-elderly-s-affairs>.
- ¹⁵⁰ UN-ESCWA 2018; United Arab Emirates Government Portal. N.D.
- ¹⁵¹ UN Women 2019.
- ¹⁵² Ibid.

- ¹⁵³ Ibid.; Charmes 2019.
- ¹⁵⁴ A cross-national analysis of time-use survey reports (Charmes 2019) also finds that the time spent in unpaid care work by women in Arab countries (Qatar, Oman, Palestine, Iraq, Morocco, Algeria and Tunisia) as well as Turkey tends to be closer to 3.5–5 hours per day, or 25–35 hours per week. This would support the conclusion that the LMPS surveys tend to somewhat underestimate women's time in unpaid care work, which is likely due to the format of their data collection, which has a longer (one-week) reference period and less detailed activity categories (see the Methodological Appendix).
- ¹⁵⁵ Charmes 2019.
- ¹⁵⁶ UN Women Jordan 2020a.
- ¹⁵⁷ Assaad, Krafft and Selwaness 2017.
- ¹⁵⁸ Duffy, Mignon and Amy Armenia. 2019. "Paid Care Work around the Globe: A Comparative Analysis of 47 Countries Prepared for UN Women." LIS Working Paper Series.
- ¹⁵⁹ Ibid.
- ¹⁶⁰ Ibid.
- ¹⁶¹ Ibid.
- ¹⁶² ILO 2018.
- ¹⁶³ UN Women 2018a.
- ¹⁶⁴ Charmes 2015.
- ¹⁶⁵ Heymann and others 2017; OECD 2016.
- ¹⁶⁶ De Henau, Jérôme and others. 2019. *Investing in Free Universal Childcare in South Africa, Turkey and Uruguay: A Comparative Analysis of Costs, Short-Term Employment Effects and Fiscal Revenue*. New York: UN Women.
- ¹⁶⁷ UN Women 2019.
- ¹⁶⁸ World Economic Forum. 2018. *Global Competitiveness Index*. <http://reports.weforum.org/global-competitiveness-index-2017-2018/competitiveness-rankings/-series=EOSQ129>
- ¹⁶⁹ Krafft and Lassassi. Forthcoming.
- ¹⁷⁰ UN Women 2019; UN-ESCWA 2018.
- ¹⁷¹ For a more extensive discussion specific to the professionalization of elder care services, see UN-ESCWA 2018.
- ¹⁷² World Bank. 2020b. *State of the Mashreq Women Flagship 1: Women's Economic Participation in Iraq, Jordan and Lebanon* (Executive Summary). Washington D.C.: World Bank Group; Gauri, Varun, Tasmia Rahman and Iman Sen. 2019. "Measuring Social Norms About Female Labor Force Participation in Jordan." Policy Research Working Paper. Washington, D.C.: The World Bank.; Bursztyn, Leonardo, Alessandra L. González and David Yanagizawa-Drott. 2018. "Misperceived Social Norms: Female Labor Force Participation in Saudi Arabia." NBER Working Paper. Cambridge, MA: National Bureau of Economic Research.
- ¹⁷³ Charmes 2019.
- ¹⁷⁴ Charmes, Jacques. 2019. *The Unpaid Care Work and the Labour Market. An Analysis of Time Use Data Based on the Latest World Compilation of Time-Use Surveys*. Geneva: ILO.
- ¹⁷⁵ UN Women. 2018a. *Promoting Women's Economic Empowerment: Recognizing and Investing in the Care Economy*. New York: UN Women.
- ¹⁷⁶ UNSD (United Nations Statistics Division). N.D. "Gender Statistics Manual: Integrating a Gender Perspective into Statistics." New York: UNSD. Accessed 1 May 2020. <https://unstats.un.org/unsd/genderstatmanual/>.
- ¹⁷⁷ Charmes, Jacques. 2015. *Time Use Across the World: Findings of a World Compilation of Time-Use Surveys*. Background paper for the Human Development Report. New York: UNDP.
- ¹⁷⁸ PCBS. 2000. "Time Use Survey 1999/2000: Key Results [in Arabic]"; PCBS. 2014. "Time Use Survey 2012/2013: Final Results [in Arabic]." Ramallah: PCBS.
- ¹⁷⁹ ILO. 2015. *ILO Global Estimates on Migrant Workers: Results and Methodology*. Special Focus on Migrant Domestic Workers. Geneva: ILO.
- ¹⁸⁰ Ibid.
- ¹⁸¹ UN-ESCWA 2013; ILO. 2017a. *Domestic Workers and Employers in the Arab States: Promising Practices and Innovative Models for a Productive Working Relationship*. Beirut: ILO Regional Office for the Arab States.
- ¹⁸² ILO 2018.
- ¹⁸³ ILO 2017a.
- ¹⁸⁴ Ibid.
- ¹⁸⁵ Ibid.
- ¹⁸⁶ ILO 2018; ILO 2017a.
- ¹⁸⁷ United Nations. 2020. *Policy Brief: The Impact of COVID-19 on Women*. New York: United Nations.
- ¹⁸⁸ Ibid.
- ¹⁸⁹ Ibid.
- ¹⁹⁰ UN Women Jordan 2020a.
- ¹⁹¹ United Nations 2020.
- ¹⁹² El Hbal, Ayat. 2020. "The nursery sector sees losses during the period of closure due to 'corona' [in Arabic]," *Al Masry Al Youm*, 21 April. <https://www.almasryalyoum.com/news/details/1970387>; see also Chapter 2 on Jordan.
- ¹⁹³ UN Women 2020.
- ¹⁹⁴ As per decree No. 719 of 2020.
- ¹⁹⁵ OECD/CAWTAR. 2014. *Women in Public Life Gender, Law and Policy in the Middle East and North Africa: Gender, Law and Policy in the Middle East and North Africa*. OECD Publishing.

¹⁹⁶ UN Women 2020.

Chapter 2

¹⁹⁷ Egypt ranks 134th out of 153 countries on the 2020 Global Gender Gap Index. World Economic Forum. 2019. "Egypt". In *Global Gender Gap Report 2020: Insight Report*. http://www3.weforum.org/docs/WEF_GGGR_2020.pdf

¹⁹⁸ Ibid.

¹⁹⁹ The gender gap in labour force participation is measured as the ratio of female-to-male labour force participation.

²⁰⁰ Krafft, Caroline, Ragui Assaad and Caitlyn Keo. 2019. "Evolution of Labor Supply in Egypt from 1998–2018: A Gendered Analysis." *ERF Working Paper Series*. No. 1358.

²⁰¹ Ferrant, Gaëlle, Luca Maria Pesando, and Keiko Nowacka. 2014. "Unpaid Care Work: The Missing Link in the Analysis of Gender Gaps in Labour Outcomes," OECD Development Centre.

²⁰² World Economic Forum. 2019. "Unpaid work includes domestic work and volunteer work, and is expressed as a share in a 24-hours period." *Global Gender Gap Report 2020: Insight Report*.

²⁰³ Authors' calculations from the ELMPS 2012.

²⁰⁴ World Economic Forum. 2019.

²⁰⁵ Authors' calculations from the ELMPS 2018.

²⁰⁶ Selwaness, Irene and Caroline Krafft. 2018. "The Dynamics of Family Formation and Women's Work: What Facilitates and Hinders Female Employment in the Middle East and North Africa?" *Economic Research Forum Working Paper Series* (Cairo, Egypt); Assaad, Ragui, Caroline Krafft, and Irene Selwaness. 2017. "The Impact of Early Marriage on Women's Employment in The Middle East and North Africa," *Economic*

Research Forum Working Paper Series, no. 1086; Spierings, Niels, Jeroen Smits, and Mieke Verloo. 2010. "Micro- and Macrolevel Determinants of Women's Employment in Six Arab Countries," *Journal of Marriage and Family* 72, no. 5. pp. 1391–1407.

²⁰⁷ Krafft, Caroline. 2020. "Why Is Fertility on the Rise in Egypt? The Role of Women's Employment Opportunities," *Journal of Population Economics*, 13 April 2020, <https://doi.org/10.1007/s00148-020-00770-w>.

²⁰⁸ Osman, Magued. 2019. "Egyptians' Perception Regarding Women's Economic Participation in Egypt." Cairo.

²⁰⁹ Ibid.

²¹⁰ Marphatia, Akanksha A. and Rachel Moussié. 2013. "A Question of Gender Justice: Exploring the Linkages between Women's Unpaid Care Work, Education, and Gender Equality," *International Journal of Educational Development*. <https://doi.org/10.1016/j.ijedudev.2013.05.005>.

²¹¹ Authors' calculations from the ELMPS 2018. See also Chapter 1.

²¹² A classic measure to calculate the care needs in a given country is the dependency ratio, which reports the number of children (ages 0–14) and of the elderly (ages 65+) to the number of individuals (ages 15–64). Children (ages 0–14) and the elderly (ages 65+) are considered 'dependents', who are likely to receive care. Working-age individuals (15–64) are more likely to be care providers.

²¹³ For the evolution of dependency ratios in Egypt, see Chapter 1 and UN-DESA (United Nations Department of Social and Economic Affairs). 2019. *World Population Prospects*.

²¹⁴ Krafft 2020.

²¹⁵ World Bank. 2018c. *Women Economic Empowerment Study*. Washington, D.C.: World Bank, <https://doi.org/10.1596/31351>.

²¹⁶ Duffy, Mignon and Amy Armenia. 2019. "Paid Care Work around the Globe: A Comparative Analysis of 47 Countries Prepared for UN Women," *LIS Working Paper Series* No. 758, <https://doi.org/10.20955/r.85.67>.

²¹⁷ MoSS (Ministry of Social Solidarity). 2020. "The Ministry of Social Solidarity official website". <https://www.moss.gov.eg/ar-eg/Pages/default.aspx>.

²¹⁸ This is according to the Egypt Population Censuses of 1996, 2006 and 2017. Accessed 11 May 2020. https://www.capmas.gov.eg/Pages/StatisticsOracle.aspx?Oracle_id=1966&year=2017&page_id=5109&YearID=23354.

²¹⁹ This is according to the establishment censuses of 1996, 2006 and 2017. The number of childcare facilities is captured by the number of non-residential social care activities. These include non-residential social work activities without accommodation for the elderly and disabled, which are almost inexistent in Egypt, and other social care activities not classified elsewhere (including day-care facilities, counselling and rehabilitation, which represent tiny proportions of these activities). Therefore, non-residential social care activities provide a good approximation of the number of childcare facilities.

²²⁰ UNICEF (United Nations Children's Fund). 2017. "UNICEF Annual Report 2017: Egypt".

²²¹ Ibid. It is worth noting that there is a disparity between the number of registered nurseries published by MoSS and the number of childcare institutions listed in the establishment census. In 2017, according to MoSS, there were 14,273 licensed and registered nurseries. This is lower than the number of nurseries in the 2017 establishment census (20,679 nurseries, as shown in Table 2.1). The latter tracks all childcare facilities, whether or not they are licensed by and registered with MoSS. This disparity points to the potential presence of some nurseries that operate informally or without being registered with MoSS. In addition, it indicates that some nurseries could be

registered as kindergartens under the supervision of MOETE if, besides serving children age 0 through 3, they can also enrol children 4 through 6.

²²² We calculate enrolment rate as the number of enrolled children aged 0–3 (847,423) to the total number of children in this age range in 2017 (10,608,434), multiplied by 100.

²²³ EBRD and ICRW. 2019. “Policy Report: Making the Case for Care”.

²²⁴ Krafft, Assaad and Keo 2019.

²²⁵ Grimshaw, Damian and Jill Rubery. 2015. ‘The motherhood pay gap: A review of the issues, theory and international evidence’, in *Conditions of Work and Employment Series No. 57*, Geneva: International Labour Office.

²²⁶ Staab, Silke. 2016. “Gender Equality, Child Development and Job Creation: How to reap the ‘Triple Dividend’ from Early Childhood Education and Care Services.” UN Women Policy Brief No. 2.

²²⁷ World Bank. 2018a. “Project Appraisal Document on A Proposed Loan for Supporting Egypt Education Reform Project”. (Table E.1)

²²⁸ Ibid.

²²⁹ Egypt Independent. 2019. “Education minister announces public school fees, exempted groups.” Egypt Independent. 12 September. <https://egyptindependent.com/minister-of-education-issues-public-schools-fess-names-of-exempted-groups/>

²³⁰ El-Kogali, Safaa El Tayeb and Caroline Krafft. 2015. *Expanding Opportunities for the Next Generation: Early Childhood Development in the Middle East and North Africa*. Washington, DC: World Bank.

²³¹ Ibid. See Figure 6.8

²³² UNICEF 2017; World Bank. 2018c.

²³³ El-Kogali and Krafft 2015.

²³⁴ Ibid.

²³⁵ World Economic Forum. 2018. Global Competitiveness Index. <http://reports.weforum.org/global-competitiveness-index-2017-2018/competitiveness-rankings/#series=EOSQ129>

²³⁶ MoSS (Ministry of Social Solidarity). 2020. “The Ministry of Social Solidarity official website”. <https://www.moss.gov.eg/ar-eg/Pages/default.aspx>.

²³⁷ Based on personal communication with Dina Abdel Wahab, former advisor to the Minister of Social Solidarity. This is also documented in <https://www.moss.gov.eg/ar-eg/Pages/program-details.aspx?pid=19>. [Accessed 24 April 2020.]

²³⁸ World Bank 2018a.

²³⁹ Ministry of Finance. 2020. The State General Budget. Accessed 16 August 2020. http://www.mof.gov.eg/English/Papers_and_Studies/Pages/The-State-Budget.aspx

²⁴⁰ El-Kogali and Krafft 2015.

²⁴¹ Constant, Louay et al. 2020. *Barriers to Employment That Women Face in Egypt: Policy Challenges and Considerations*, Rand (RAND Corporation). <https://doi.org/9781977404640>.

²⁴² See Table 2.1

²⁴³ UN-DESA 2019.

²⁴⁴ MoSS. 2020. Internal Database.

²⁴⁵ Abowd, Maryclaire. 2009. “IN DEPTH: Elderly Care On The Rise,” American Chamber of Commerce in Egypt, July. <https://www.amcham.org.eg/publications/business-monthly/issues/115/July-2009/118/elderly-care-on-the-rise>. Data from the establishment census of 2017 shows that there are only 69 homes for the elderly with nursing care and 11 units providing residential care for the elderly, which include homes for the elderly with minimal nursing care, rest homes without nursing care, or continuing care retirement communities.

²⁴⁶ Authors’ calculations from the ELMPS 2018.

²⁴⁷ Selwaness, Irene and Maye Ehab. 2019. “Social Protection and Vulnerability in Egypt: A Gendered Analysis,” *ERF Working Paper Series No. 1363*.

²⁴⁸ *Karama* was implemented by MoSS and co-financed by the Government of Egypt and the World Bank, to provide unconditional cash assistance to poor elderly (65 years+), as well as orphans and disabled. The benefit level of this programme is 450 EGP per beneficiary with a maximum of three beneficiaries per household. Breisinger, Clemens and others. 2018. “Impact Evaluation Study for Egypt’s Takaful and Karama Cash Transfer Program: Part 1: Quantitative Report,” no. October; ILO. 2017. “Launching the SPF in Egypt: The Egyptian Social Protection Floor Assessment”; Selwaness and Ehab 2019. *Karama* coverage is still low; around 52,338 poor elderly have been benefiting from it. Kurdi, Sikan-dra and others. 2018. “Targeting Social Safety Nets Using Proxy Means Tests : Evidence from Egypt’s Takaful and Karama Program,” in *ReSAKSS Annual Trends and Outlook Report*. Washington, D.C.: International Food Policy Research Institute (IFPRI), pp. 135–53; World Bank. 2018b. “The Story of Takaful and Karama Cash Transfer Program.” This is consistent with authors’ estimates, based on ELMPS 2018, that 0.8 per cent of individuals age 65+ received *Karama*. It is noteworthy that all other non-contributory schemes (i.e. *Daman*) are planned to be dissolved and merged into *Karama*.

²⁴⁹ Authors’ calculations based on data from ELMPS 2018.

²⁵⁰ Assaad, Krafft and Selwaness 2017; Selwaness and Krafft 2018.

²⁵¹ Assaad, Ragui. 2014. “Making Sense of Arab Labor Markets: The Enduring Legacy of Dualism.” *IZA Journal of Labor & Development*. 3 (1), pp. 1–25. <https://doi.org/10.1186/2193-9020-3-6>

²⁵² Assaad, Ragui and Ghada Barsoum. 2019. “Public Employment in the Middle East and North Africa.” *IZA World*

of Labor. 463 (A), pp. 1–9. <https://doi.org/10.15185/izawol.463>

²⁵³ Authors' calculations based on data from ELMPS 2018.

²⁵⁴ Assaad, Ragui and others. 2018. "Explaining the MENA Paradox: Rising Educational Attainment, Yet Stagnant Female Labor Force Participation," *IZA Discussion Paper Series* (Bonn, Germany); Assaad and Barsoum 2019; Barsoum, Ghada. 2015. "Young People's Job Aspirations in Egypt and the Continued Preference for a Government Job," in *The Egyptian Labour Market in an Era of Revolution*. Ragui Assaad and Caroline Krafft (Eds.). Oxford: Oxford University Press, pp. 108–26; Assaad 2014.

²⁵⁵ Krafft 2020.

²⁵⁶ ILO. 2011a. "ILO Working Conditions Laws Database. ILO, Geneva." <http://www.ilo.org/dyn/travail>.

²⁵⁷ Ibid.

²⁵⁸ A new law was stipulated in 2015 (Law no. 18) for civil servants (i.e. those employed in the Government, ministries, and other State institutions such as taxes authorities, etc.) that provided longer maternity leaves of 16 weeks. Yet, this law does not apply to other public sector workers, such as those in education, health, etc. ILO. N.D. "Egypt – Law No. 18 of 2015 Concerning the Civil Service."

²⁵⁹ ILO 2011a; World Bank. 2018c.

²⁶⁰ ILO 2011a.

²⁶¹ Ibid.

²⁶² Ibid.

²⁶³ Ibid.

²⁶⁴ Authors' calculation based on data from ELMPS 2018. The latter included a question on whether women who were employed during their first pregnancy took a maternity leave, and its duration. There was no information, however, on the institutional sector (private/

public) of employment of these women at that time. In order to identify the sector of employment of women who worked during their first pregnancy, the authors used retrospective information on women's job history and the year of their first child's birth. This allowed them to retrieve the sector of employment during the year of birth (and the year before).

²⁶⁵ Ibid.

²⁶⁶ ILO 2011a.

²⁶⁷ The law does not indicate the specific Ministry. The concerned ministry could be either MoSS if it is a nursery designed for children age 0–3, or MOETE if the nursery can enrol children aged 4–6 and thus be eligible for a kindergarten registration.

²⁶⁸ The authors decided to exclude the most recent ELMPS wave (2018) from the analysis. Although it provides accurate information on time spent in indirect care work, the time spent in direct care work is quite underestimated. This is because the question about whether the individual has spent time on direct care work included very few responses, likely due to a problem during data coding or fieldwork. Due to this problem, it is not possible to have reliable estimates about the participation and amount of time spent in direct care work in 2018.

²⁶⁹ In 2012, women spent less time on unpaid care work (24 hours per week) than in 2006. This is potentially due to combining several activities in the 2012 questionnaire, as explained in the previous section, rather than a real drop in the hours of unpaid care work.

²⁷⁰ This represents the average of hours of paid work for both non-employed women who have zero hours of paid work and employed women whose hours of paid work are different than zero.

²⁷¹ Kabeer, Naila. 1994. *Reversed Realities: Gender Hierarchies in Development Thought*. London: Verso Publications.

²⁷² Oxfam. 2020. *Time to Care: Unpaid and Underpaid Care Work and the Global Inequality Crisis*. Oxford: Oxfam International.

²⁷³ Women's time spent on unpaid care work varies little by urban versus rural residence. Women in urban areas spent slightly more time in unpaid work (35 hours per week) than women in rural areas (32 hours per week). A plausible explanation for this is that women in rural areas tend to live in larger families, with more adult female members who can share in household care tasks.

²⁷⁴ Kabeer, Naila, Ashwini Deshpande and Ragui Assaad. 2019. *Women's Access to Market Opportunities in South Asia and the Middle East & North Africa: Barriers, Opportunities and Policy Challenges*. London: London School of Economics and Political Science, Department of International Development, <http://eprints.lse.ac.uk/102946/>.

²⁷⁵ Hendy, Rana. 2010. "Rethinking Time allocation of Egyptian Women: A Matching Analysis." Cairo: Economic Research Forum Working Paper Series 526, 2010; UN Women. 2019. *Progress of the World's Women 2019–2020: Families in a Changing World*. New York: UN Women; Budig, M. J. and N. Folbre. 2004. "Activity, Proximity, or Responsibility? Measuring Parental Childcare Time." In *Family Time: The Social Organization of Care*. M. Budig and N. Folbre (Eds.). London: Routledge, pp. 51–68.

²⁷⁶ UN Women. 2018b. *Turning Promises Into Action: Gender Equality in the 2030 Agenda for Sustainable Development*.

²⁷⁷ This is in line with Duffy and Armenia 2019, who found a similar size for the paid care sector in Egypt.

²⁷⁸ The makeup of care sectors is different between the public and private sector. Within the public sector, most jobs are concentrated in education (representing around 75 per cent of the public care sector) followed by health, which makes up the rest of the public care sector. Private sector jobs show more diversification. Pre-primary and primary education provides nearly half of jobs for women, and a third of jobs

for men. In private sector care jobs, the next-largest industry group for women is health care, whose share of jobs fluctuated between 24 and 14 per cent from 2009–2017. Social care without accommodation, reflecting nurseries, and domestic work each represented the third-largest activity for women in the paid sector in 2009 (13 per cent). By 2015–2017, the size of social care without accommodation dropped to 11 per cent of jobs in the care sector, while that of domestic work increased to 19 per cent.

²⁷⁹ Dougherty, C. 2014. *The Labour Market for Youth in Egypt: Evidence from the 2012 School to Work Transition Survey*. Silatech Working Paper, No 14–2; Krafft, Caroline and Ragui Assaad. 2015. “Promoting Successful Transitions To Employment For Egyptian Youth.” Cairo: Economic Research Forum Policy Perspective No.15; HENDY, Rana. 2015. “Women’s Participation in the Egyptian Labor Market: 1998–2012” Cairo: Economic Research Forum Working Paper Series 907; World Bank 2018c.

²⁸⁰ Kabeer 1994.

²⁸¹ World Bank 2018c.

²⁸² UN Women. 2018a. *Promoting Women’s Economic Empowerment: Recognizing and Investing in the Care Economy*. New York: UN Women.

²⁸³ Sultana, N., Gammage, S., Kes, A. 2019. Policy Report: Making the Case for Care. International Center for Research on Women.

²⁸⁴ Constant and others 2020; Duffy and Armenia 2019.

²⁸⁵ Krafft, Caroline and Moundir Lassassi. Forthcoming. “Public Preschool and Maternal Labor Supply in Algeria: Evidence from a Natural Experiment.” ERF working paper Series.

²⁸⁶ Ibid.

²⁸⁷ El-Kogali, Safaa and Caroline Krafft. 2015. “Expanding Opportunities for the Next Generation: Early Childhood Development in the Middle East and North Africa.” Washington,

D.C.: World Bank Group. <https://open-knowledge.worldbank.org/bitstream/handle/10986/21287/9781464803239.pdf?sequence=1&isAllo>.

²⁸⁸ See Clark, Shelly and others. 2019. “The Impact of Childcare on Poor Urban Women’s Economic Empowerment in Africa.” *Demography* (56), pp.1247–1272.

²⁸⁹ See the New Social Insurance and Pension Act (Law No. 148 for 2019). National Organization for Social Insurance, MoSS. 2020. <https://www.nosi.gov.eg/ar/Pages/NOSIlibrary/NOSIlibrary.aspx?n-cat=7>

²⁹⁰ Stefanie Brodmann, Irene Jillson and Nahla Hassan. 2014. *Social Insurance Reform in Jordan: Awareness and Perceptions of Employment Opportunities for Women*. Washington, D.C.: World Bank.

²⁹¹ UN–DESA 2019.

²⁹² This is according to the establishment censuses of 1996, 2006 and 2017. The number of childcare facilities is captured by the number of non-residential social care activities. These include non-residential social work activities without accommodation for the elderly and disabled, which are almost inexistent in Egypt, and other social care activities not classified elsewhere (including day-care facilities, counselling and rehabilitation, which represent tiny proportions of these activities). Therefore, non-residential social care activities provide a good approximation of the number of childcare facilities.

²⁹³ UNESCO. 2020. “UNESCO Institute for Statistics.” <http://data.uis.unesco.org/>.

²⁹⁴ We compare the time spent in unpaid care work between the 2006 and 2018 waves, since they have a comparable list of time-use activities and since indirect care work in 2018 was accurately reported. There was little variation in the time spent in indirect care work in the two waves. Thus, basing this analysis on 2006, although not the most recent, would not bias our results.

²⁹⁵ OAMDI. 2019. Harmonized Labor

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²⁹⁶ Child Law No. 126 of 2008. http://www.nccm-egypt.org/e7/e2498/e2691/info-boxContent2692/ChildLawno126english_eng.pdf

²⁹⁷ UNICEF (United Nations Children’s Fund). 2017. “UNICEF Annual Report 2017: Egypt”.

²⁹⁸ MoSS (Ministry of Social Solidarity). 2020a. The Ministry of Social Solidarity official website. Accessed on 10 October 2020. <https://www.moss.gov.eg/ar-eg/Pages/default.aspx>.

²⁹⁹ MoSS. 2020b. The Ministry of Social Solidarity official Facebook page. Accessed on 10 October 2020. <https://www.facebook.com/MoSS.Egypt/posts/2611750438934641> and based on communication with Dina Abdel Wahab, former advisor, ministry of social solidarity.

³⁰⁰ Nasser Social Bank. 2020. “Nasser Social Bank official website”. Accessed on 20 October 2020. <https://nsb.gov.eg/> and based on communication with Atef El Shabrawy, advisor, ministry of social solidarity.

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³⁰² Based on communication with Ahmed Ismail, Kheir wa Baraka NGO

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Chapter 3

³⁰⁴ World Bank. 2019. "World Development Indicators." Washington, D.C.: World Bank Group. <https://data.worldbank.org/indicator/SL.TLF.TOTL.FE.ZS?locations=JO&view=chart>.

³⁰⁵ DoS (Department of Statistics). 2018b. "Percentage Distribution of Jordanian Females Aged 15 Years and above by Economic Activity Status and Urban/Rural, 2018 [in Arabic]." Jordan: DoS. http://www.dos.gov.jo/dos_home_e/main/population/woman/2018/status8/king.pdf?newurl=status8&newurl0=0&newurl1=%2Fking.pdf. The response categories were mutually exclusive.

³⁰⁶ Assaad, Ragui, Caroline Krafft and Irene Selwaness. 2017. "The Impact of Early Marriage on Women's Employment in The Middle East and North Africa." Economic Research Forum Working Paper.

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³⁰⁸ Inglehart, R., and others. 2014b. "World Values Survey: Round Six." Madrid: JD Systems Institute. Accessed 22 May 2020. <http://www.worldvaluessurvey.org/WVSDocumentationWV6.jsp>.

³⁰⁹ Gauri, Varun, Tasmia Rahman and Iman Sen. 2019. "Measuring Social Norms About Female Labor Force Participation in Jordan." Policy Research Working Paper. Washington, D.C.: The World Bank.

³¹⁰ Authors' calculations from the JLMPS 2016. See also Chapter 1.

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³¹⁴ The Higher Health Council and WHO. 2015. *The National Strategy of Health Sector in Jordan 2015-2019*. Jordan. http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/jordan/jordan_national_health_sector_strategy_2015-2019_.pdf.

³¹⁵ UN-DESA 2019.

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³¹⁸ Queen Rania Foundation. 2017. "Early Childhood Care and Education in Jordan - Fact Sheet." Jordan: Queen Rania Foundation. <https://www.qrf.org/en/what-we-do/research-and-publications/early-childhood-care-and-education-jordan-fact-sheet>.

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³²⁶ MoE. 2015. "Statistical Report 2014-2015 [in Arabic]." Jordan. <http://www.moe.gov.jo/ar/node/18929>.

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⁴²³ OAMDI (Open Access Micro Data Initiative). 2019. "Labor Market Panel Surveys (LMPS)." Version 2.0 of Licensed Data Files. JLMPS 2016. Egypt: Economic Research Forum. <http://erf.org.eg/data-portal/>.

⁴²⁴ OAMDI. 2019b. "Harmonized Labor Force Surveys (HLFS)," Version 1.0 of Licensed Data Files; EUS 2004–2018 – Department of Statistics (DOS). Jordan. Egypt: Economic Research Forum. <http://erf.org.eg/data-portal/>.

⁴²⁵ Interview with Eman Akour, Head of the Gender Directorate at MoL. 22 October 2020.

⁴²⁶ Ibid.

⁴²⁷ Interview with Salma Nims, Secretary General of the JNCW. 25 October 2020.

⁴²⁸ UNICEF Jordan. 2020. Jordan's National Social Protection Response during COVID–19. August. <https://www.unicef.org/jordan/media/3921/file/Jordan's%20National%20SP%20Response%20During%20COVID-%20UNICEF%20%20JSF.pdf>

⁴²⁹ Social Security Corporation. 2020. ["The issuance of the social protection system connected to maternity insurance and its entry into force: in-cash support to the insured with a value ranging from (25) to (60) dinars per month for a period of six months".] الضمان

صدر نظام الحماية الاجتماعية المرتبط بتأمين الأمومة ودخوله حيز التنفيذ دعماً نقدياً للمؤمن عليهن بقيمة تتراوح من (25) إلى (60) ديناراً شهرياً و لمدة ستة أشهر <https://www.ssc.gov.jo/arabic/%d8%a7%d9%84%d8%b6%d9%85%d8%a7%d9%86-%d8%b5%d8%af%d9%88%d8%b1-%d9%86%d8%b8%d8%a7%d9%85-%d8%a7%d9%84%d8%ad%d9%85%d8%a7%d9%8a%d8%a9-%d8%a7%d9%84%d8%a7%d8%ac%d8%aa%d9%85%d8%a7%d8%b9%d9%8a%d8%a9-%d8%a7/>

Chapter 4

⁴³⁰ Henceforth "Palestine."

⁴³¹ PCBS (Palestinian Central Bureau of Statistics). 2018a. "Labour Force Survey 2018 [in Arabic]." Palestine: PCBS. <http://www.pcbs.gov.ps/Downloads/book2433.pdf>.

⁴³² Fallah, Belal and others. 2019. "The Effect of Labor–Demand Shocks on Women's Participation in the Labor Force: Evidence from Palestine." Partnership for Economic Policy Working Paper No. 2019–08. <http://dx.doi.org/10.2139/ssrn.3410521>; Krafft, Caroline and Ragui Assaad. 2017. "Employment's Role in Enabling and Constraining Marriage in the Middle East and North Africa." Economic Research Forum Working Paper. No. 1080. Cairo: Economic Research Forum. <https://erf.org.eg/publications/employment-role-in-enabling-and-constraining-marriage-in-the-middle-east-and-north-africa/>

⁴³³ Promundo and UN Women. 2017. *Understanding Masculinities: Results from the International Men and Gender Equality Survey (IMAGES) – Middle East and North Africa*. New York: UN Women. <https://www.unwomen.org/en/digital-library/publications/2017/5/understanding-masculinities-results-from-the-images-in-the-middle-east-and-north-africa>.

⁴³⁴ PCBS 2018a.

⁴³⁵ Ragui Assaad, Caroline Krafft and Irene Selwaness. 2017. "The Impact of Early Marriage on Women's Employment in the Middle East and North Africa." Economic Research Forum Working Paper. No. 1086. Cairo: Economic Research Forum.

⁴³⁶ Salehi–Isfahani, Djavad and Sara Taghvatalab. 2019. "Education and the Allocation of Time of Married Women in Iran," *Review of Economics of the Household*. 17 (3), pp. 889–921.

⁴³⁷ World Bank. 2020. "West Bank and Gaza." <https://data.worldbank.org/country/PS>.

⁴³⁸ Based on the Oslo accords, signed by the Government of Israel and the Palestine Liberation Organization in

1993–1995, the West Bank is divided into three areas (“A”, “B”, and “C”). The Palestinian Authority assumes civil and security control of Area A, which encompasses only 18% of the West Bank, representing the main populous areas. The Palestinian Authority also assumes civil control over Area “B”, which is mostly rural and makes up 22 per cent of the West Bank. On the other hand, Israel assumes security control over area “B” and fully controls Area “C”, which is largely unpopulated and constitutes 60 per cent of the West Bank.

⁴³⁹ The same definition of educated workers is used throughout this paper.

⁴⁴⁰ In this chapter, FLFP is measured excluding those enrolled in education.

⁴⁴¹ Fallah, B. and others 2019.

⁴⁴² Palestine Economic Policy Research Institute. 2018. “Economic Monitor”. Ramallah: Palestine Economic Policy Research Institute. <http://www.mas.ps/files/server/Monitor/monitor%2053%20arabic.pdf>.

⁴⁴³ PCBS. 2018c. “Population, Housing and Establishments Census 2017 [in Arabic].” Ramallah: Palestine Central Bureau of Statistics. http://www.pcbs.gov.ps/pcbs_2012/Publications.aspx.

⁴⁴⁴ UN–DESA (United Nations Department of Economic and Social Affairs). 2019. *World Population Prospects 2019*, Online Edition. Rev. 1. New York: DESA, Population Division.

⁴⁴⁵ Time spent in care for the disabled cannot be distinguished in the data used for this report. However, estimates from the 2017 Census show that only 2 per cent of the population is disabled, so time spent in care for this population group would likely be reported as quite minimal.

⁴⁴⁶ MOEHE, MOH and MOSD. 2017. *The National Strategy for Early Childhood Development and Intervention: Palestine*. Palestine: UNICEF.

⁴⁴⁷ Ibid.

⁴⁴⁸ Institute of Law at Birzeit University. 2011. “Cabinet Resolution No. (11) of 2011: The Regulation of Nurseries 2011”

⁴⁴⁹ Ibid.

⁴⁵⁰ MOEHE, MOH and MOSD 2017.

⁴⁵¹ Ibid.

⁴⁵² Ibid.

⁴⁵³ Ibid.

⁴⁵⁴ Ibid.

⁴⁵⁵ MoE (Ministry of Education). 2017. Education Law 2017. Palestine: Council of Ministers. <https://www.wattan.net/data/uploads/bafce6842e81cbbec9fd6a-7f5a5dfdd.pdf>.

⁴⁵⁶ MOEHE, MOH and MOSD 2017.

⁴⁵⁷ PCBS. 2018c.

⁴⁵⁸ PCBS. 2019b. “Selected Indicators for Education in Palestine by Level of Education and Region for Scholastic Years 1994/1995 – 2018/2019.” http://www.pcbs.gov.ps/Portals/_Rainbow/Documents/Education-1994-2018-E.html.

⁴⁵⁹ MOEHE, MOH and MOSD 2017.

⁴⁶⁰ UN–DESA (United Nations Division of Economic and Social Affairs). 2019. *World Population Prospects: The 2019 Revision*. New York: UN–DESA Division of Population Affairs; See also Chapter 1.

⁴⁶¹ Daeis, Maen, Shahda. 2018. *The Elderly between the Rights Umbrella and the Neglect Hammer*. 96. Palestine: Third Dimension.

⁴⁶² MoSD (Ministry of Social Development). 2016. National Strategy for the Elderly in Palestine 2017–2020” [in Arabic]. <http://www.mosa.pna.ps/ar/content/%D8%B1%D8%B9%D8%A7%D9%8A%D8%A9-%D8%A7%D9%84%D9%85%D8%B3%D9%86%D9%8A%D9%86>

⁴⁶³ MoSD. 2017. “First Annual Statistical Report 2017 [in Arabic].” Palestine. http://www.mosa.pna.ps/en/studies_research_list?title=&field_study_research_date_value%5Bvalue%5D%5Byear%5D=2018.

⁴⁶⁴ PCBS. 2019a. “The International Day of Older Persons 2019.” <http://www.pcbs.gov.ps/post.aspx?lang=en&ItemID=3563#>.

⁴⁶⁵ Daeis Maen and Shahda 2018.

⁴⁶⁶ MoSD. 2015. Analysis of the Situation of Rights of Older People in Palestine 2015 [in Arabic]. Palestine. <http://www.mosa.pna.ps/en/node/569>.

⁴⁶⁷ MoSD 2017.

⁴⁶⁸ MoSD 2016.

⁴⁶⁹ Ibid.

⁴⁷⁰ Ibid.

⁴⁷¹ Ibid.

⁴⁷² ILO (International Labour Organization) Regional Office for the Arab States. 2018a. *The Occupied Palestinian Territory: An Employment Diagnostic Study*. Beirut: ILO Regional Office for the Arab States. https://www.un.org/uni-spjal/wp-content/uploads/2018/04/ILOS-TUDY_040418.pdf.

⁴⁷³ MoL (Ministry of Labour). 2000. “Labour Law No. (7) of 2000.” Palestine. [http://legal.pipa.ps/files/server/ENG%20Labour%20Law%20No_%20\(7\)%20of%202000.pdf](http://legal.pipa.ps/files/server/ENG%20Labour%20Law%20No_%20(7)%20of%202000.pdf).

⁴⁷⁴ ILO 2018a.

⁴⁷⁵ Ibid.

⁴⁷⁶ ETF (European Training Foundation). 2013. *Labour Market and Employment Policies in Palestine*. Palestine: ETF. https://www.etf.europa.eu/sites/default/files/m/49583C88B3C1AD0DC1257CD-1003DA5FC_Employment%20policies_Palestine.pdf.

⁴⁷⁷ ILO Regional Office for the Arab States. 2018b. *The Palestinian Decent Work Programme 2018–2022*. ILO. https://www.ilo.org/wcmsp5/groups/public/---ed-mas/---program/documents/genericdocument/wcms_629011.pdf.

⁴⁷⁸ The Democracy and Workers’ Rights Center. 2017. “Basic Information on The Palestinian Law by Decree No 19 of the Year 2016 Regarding Social Secu-

riety." Palestine. <https://www.dwrc.org/en/1/30/344/The-Palestinian-Law-by-Decree-no-19-of-the-Year-2016-regarding-Social-Security.htm>.

⁴⁷⁹ Only 2 per cent of individuals are engaged in unpaid care work for the elderly.

⁴⁸⁰ PCBS. 2012. "On the Eve of World Elderly Day." <http://pcbs.gov.ps/post.aspx?lang=en&ItemID=599#>.

⁴⁸¹ The time-use data allow time variation to be explored by the number of hours worked per week. The results show that time allocated to unpaid work slightly decreases by this factor in the following fashion: 42 hours for the '1-14 hours worked' group, 39 hours for the '15-34 hours worked' group, and 38 hours for those working more than 34 hours. This pattern is mainly driven by time allocated to indirect paid care. In terms of type of employment (waged worker, employer/self-employed, and unpaid family workers), the data show little time variation in the overall unpaid care work.

⁴⁸² The source of data is the PCBS LFS of 2013. The time-use survey provides data on the number of hours worked in a categorical fashion, for those working 1 to 14 hours, 15 to 34 hours, and more than 35 hours.

⁴⁸³ According to the LFS of 2018, the share of employed, educated women with tertiary education constitutes two-thirds of all employed women.

⁴⁸⁴ Fallah, B. 2016. "Labor Market Efficiency in Palestine." Palestine Economic Policy Research Institute.

⁴⁸⁵ The LFS sample size does not allow estimation of the minimum wage share separately for workers in the Government, UNRWA and 'other' sector.

⁴⁸⁶ Fallah, Belal. 2014. "Evaluation of Employers' Compliance to Minimum Regulation in the West Bank." The extent of Minimum Wage Compliance in West Bank. Palestine Economic Policy Research Institute; Fallah 2016.

⁴⁸⁷ Ibid.

⁴⁸⁸ Fallah 2014.

⁴⁸⁹ PCBS. 2014. "Time-Use Survey 2012/2013: Final Results [in Arabic]." Ramallah: PCBS.

⁴⁹⁰ PCBS. 2007. "Population, Housing and Establishments Census 2007 [in Arabic]." Palestine. <http://www.pcbs.gov.ps/Downloads/book1313.pdf>; PCBS 2018c.

⁴⁹¹ The presence of a work contract is not utilized to identify informal workers, since the Palestinian Labour Law extends workers' rights to all workers.

⁴⁹² OECD. 2016. "Parental Leave: Where Are the Fathers?" OECD Policy Brief. Paris: OECD; Heymann, Jody and others. 2017. "Paid Parental Leave and Family Wellbeing in the Sustainable Development Era." *Public Health Reviews*. 38 (1).

⁴⁹³ ILO and OECD. 2019. *Gender Equality in the G20 – Additional Analysis from the Time Dimension*. ILO. http://www.ilo.org/global/about-the-ilo/how-the-ilo-works/multilateral-system/g20/reports/WCMS_713376/lang--en/index.htm.

⁴⁹⁴ Promundo and UN Women 2017.

⁴⁹⁵ UN Women. 2019. *Progress of the World's Women 2019-2020: Families in a Changing World*. New York: UN Women.

⁴⁹⁶ Committee on Financing Early Care and Education with a Highly Qualified Workforce et al. 2018. *Transforming the Financing of Early Care and Education*. La Rue Allen and Emily P. Backes (eds.). Washington, D.C.: National Academies Press. <https://doi.org/10.17226/24984>.

⁴⁹⁷ Belfield, Clive R. 2006. "Financing Early Childhood Care and Education: An International Review – UNESCO Digital Library". UNESCO. <https://unesdoc.unesco.org/ark:/48223/pf0000147443>.

⁴⁹⁸ PCBS. 2019b. "Selected Indicators for Education in Palestine by Level of Education and Region for Scholastic Years 1994/1995 – 2018/2019."

⁴⁹⁹ PCBS (Palestinian Central Bureau of Statistics). 2015. Palestinian Multiple Indicator Cluster Survey 2014. Ramallah, Palestine. http://mics.unicef.org/news_entries/32.

⁵⁰⁰ World Bank. 2019. Improving Early Childhood Development in the West Bank and Gaza. 16 January. <http://documents1.worldbank.org/curated/en/539691550014651809/pdf/Concept-Project-Information-Documents-PID-Improving-Early-Childhood-Development-in-the-West-Bank-and-Gaza-P168295.pdf>

⁵⁰¹ State of Palestine. 2017. National Strategy for Early Childhood Development and Intervention 2017-2022. 22 February. <https://reliefweb.int/report/occupied-palestinian-territory/state-palestine-national-strategy-early-childhood-development#:~:text=The%20MOEHE%2C%20MOH%20and%20MOSD,with%20the%20aim%20of%20ensuring>

⁵⁰² Interview with Asem Khamis, General Manager of the ECD/Nurseries Department at MoSD. Palestine. 24 September 2020.

⁵⁰³ United Nations Children's Fund (UNICEF). 2017. "New Training Program Designed to Improve Child Health and Development in the State of Palestine." 11 April. <https://www.un.org/unispal/document/new-training-program-designed-to-improve-child-health-and-development-in-the-state-of-palestine-unicef-media-release/>

Chapter 5

⁵⁰⁴ INS (National Institute of Statistics). 2020. "Unemployment Rate in Tunisia," Tunis: INS. <http://www.ins.tn/fr/themes/emploi>.

⁵⁰⁵ MoH (Ministry of Health). 2016. "La Santé des Tunisiens : Résultats de l'enquête « Tunisian Health Examination Survey-2016 »". Tunisia: MoH. <http://www.santetunisie.rns.tn/images/rapport-final-enquete2020.pdf>; World Bank. 2014. "Tunisia – Surmonter les obstacles à l'inclusion des jeunes [Tunisia – Breaking the barriers to youth inclusion]." Washington, D.C.:

World Bank. <http://documents.worldbank.org/curated/en/120511468305646014/Tunisie-Surmonter-les-obstacles-a-l'inclusion-des-jeunes>.

⁵⁰⁶ See, for example, OECD. 2017. "Caring for Quality in Health: Lessons Learnt from 15 Reviews of Health Care Quality." In *OECD Reviews of Health Care Quality*. Paris: OECD Publishing. <https://www.oecd.org/health/caring-for-quality-in-health-9789264267787-en.htm>.

⁵⁰⁷ World Bank. 2020. "Labor Force, Female (% of Total Labor Force) – Tunisia," World Bank Data. <https://data.worldbank.org/indicator/SL.TLF.TOTL.FE.ZS?locations=TN>.

⁵⁰⁸ INS 2020.

⁵⁰⁹ See <https://www.onu-tn.org/uploads/actualites/15375266011.pdf> for quantitative targets set by the MWFCs.

⁵¹⁰ INS and UNICEF. 2018. "Enquête par grappes à indicateurs multiples (MICS)." Tunisia: Ministère du Développement de l'Investissement et de la Coopération Internationale (MDICI). https://mics-surveys-prod.s3.amazonaws.com/MICS6/Middle%20East%20and%20North%20Africa/Tunisia/2018/Survey%20findings/MICS%20Tunisia%202018-SFR_French.pdf.

⁵¹¹ MoH 2016.

⁵¹² ILO. 2012. "R202 – Social Protection Floors Recommendation, 2012 (No. 202)," https://www.ilo.org/dyn/normlex/en/?p=NORMLEXPUB:12100::NO::P12100_ILO_CODE:R202.

⁵¹³ Economic Research Forum and National Institute of Statistics. 2005. "Tunisia – National Survey on Household Budget, Consumption and Standard of Living, EBCNV 2005." <http://www.erfdata-portal.com/index.php/catalog/46/study-description>.

⁵¹⁴ MoH. 2015. Comptes Nationaux de la Santé. http://www.sante.gov.ma/Publications/Etudes_enquete/Documents/Comptes%20Nationaux%20de%20la%20Sant%C3%A9%20Rapport%202015.pdf

⁵¹⁵ Source: Article 122 of the 1966 Labour Code, recently amended in 2017; Article 40(4) of Law No. 83–122 of 12 December 1983.

⁵¹⁶ Budget Survey of Women and Men in Tunisia]. Tunisia: Ministry of Women, Family, Childhood and Seniors.

Tunisia had established a solid legislative and institutional framework to combat gender discrimination and to promote equality between men and women in the various spheres of economic, social, cultural and political life. In 1956, it adopted the Personal Status Code (CSP) which proclaims the principle of equality of men and women in terms of citizenship. The CSP abolishes polygamy, institutes judicial divorce and sets the minimum age of marriage at 17 for women. It also opens the door to education, freedom of choice of a spouse and civil marriage. In 1985, Tunisia was one of the first Arab countries to ratify the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). The new Constitution of 27 January 2014 stipulates that male and female citizens are equal in rights and duties. They are equal before the law without any discrimination (Article 21).

⁵¹⁷ World Bank. 2014b. "Young People in Tunisia Still Frustrated by Social and Economic Obstacles." <https://www.worldbank.org/en/news/press-release/2014/10/02/world-bank-report-young-people-tunisia-frustrated-social-economic-obstacles>.

⁵¹⁸ ILO. 2018. *Care Work and Care Jobs for the Future of Decent Work*. International Labour Organization. http://www.ilo.org/global/publications/books/WCMS_633135/lang--en/index.htm.

⁵¹⁹ Dotti, Giulia M., and Judith Treas. 2016. "Educational Gradients in Parents' Child-Care Time Across Countries, 1965–2012: Educational Gradients in Parents' Child-Care Time." *Journal of Marriage and Family*. 78 (4), pp. 1083–96. <https://doi.org/10.1111/jomf.12305>; Guryan, Jonathan, Erik Hurst, and Melissa Kearney. 2008. "Parental Education and Parental Time with Children," *Journal of Economic Perspectives*. 22 (3), pp. 23–46. <https://doi.org/10.1257/jep.22.3.23>; Gimenez-Nadal, Jose Ignacio, and Almudena Sevilla. 2012. "Trends in Time Allocation: A Cross-Country Analysis." *European Economic Review*. 56 (6), pp. 1338–59. <https://doi.org/10.1016/j.euroecrev.2012.02.011>.

⁵²⁰ Guryan, Hurst and Kearney 2008.

⁵²¹ Antonopoulos, Rania and Indira Hirway. 2020. "Unpaid Work and the Economy." In *Unpaid Work and the Economy – Gender, Time Use and Poverty in Developing Countries*. Rania Antonopoulos and Indira Hirway (Eds.). London: Palgrave Macmillan. <https://www.palgrave.com/gp/book/9780230217300>; Charmes, Jacques. 2000. "African Women in Food Processing: A Major, but Still Underestimated Sector of Their Contribution to the National Economy." International Development Research Centre. https://www.wiego.org/sites/default/files/migrated/publications/files/Charmes_African_Women_Food_Processing_2000.pdf; Charmes, Jacques. 2006. "A Review of Empirical Evidence on Time Use in Africa from UN Sponsored Surveys." *Gender, Time Use and Poverty in Sub-Saharan Africa*. Washington, DC.: World Bank.; Qi, Liangshu and Xiao-yuan Dong. 2018. "Gender, Low-Paid Status, and Time Poverty in Urban China." *Feminist Economics*. 24 (2), pp. 171–93. <https://doi.org/10.1080/13545701.2017.1404621>.

⁵²² Hirway, Indira. 2010. "Understanding Poverty: Insights Emerging from Time Use of the Poor." In *Unpaid Work and the Economy: Gender, Time Use and Poverty in Developing Countries*. Rania Antonopoulos and Indira Hirway (Eds.). London: Palgrave Macmillan UK, pp. 22–57. https://doi.org/10.1057/9780230250550_2; Bardasi, Elena and Quentin Wodon. 2006. "Measuring Time Poverty and Analyzing Its Determinants: Concepts and Application to Guinea." World Bank. <https://core.ac.uk/download/pdf/213903033.pdf>.

⁵²³ Time poverty or time stress is defined as "the fact that some individuals do not have enough time for rest and leisure after taking into account the time spent working, whether in the labour market, for domestic work, or for other activities such as fetching water and wood." Bardasi and Wodon 2006. Bardasi and Wodon (2010) later redefined time poverty in a more restrictive way by introducing the 'freedom of choice' concept to distinguish between those who work long hours because 'of need' rather than because 'of choice'. Bardasi, Elena and Quentin Wodon. 2010. "Working

Long Hours and Having No Choice: Time Poverty in Guinea." *Feminist Economics*. 16 (3), pp. 45–78. <https://doi.org/10.1080/13545701.2010.508574>.

⁵²⁴ The results did not reveal significant differences when analysed by occupations or industries; results are therefore presented for occupations only.

⁵²⁵ It should be noted that statistics on educational attainment by sector vary somewhat from one study to another.

⁵²⁶ World Bank. 2015. "Développement de la Petite Enfance– Tunisie [Early Childhood Development–Tunisia]." System Approach for Better Education Results. Washington, D.C: World Bank Group. <http://documents.worldbank.org/curated/en/986461492508159495/pdf/114297-WP-PUBLIC-FRENCH-SABER-ECD-Tunisia.pdf>.

⁵²⁷ World Bank 2015.

⁵²⁸ Assaad, Ragui, and others. 2016. "Introducing the Tunisia Labor Market Panel Survey 2014," *IZA Journal of Labor & Development*. 5 (1), p. 15. <https://doi.org/10.1186/s40175-016-0061-y>.

⁵²⁹ Draoui, Mahfoudh, and others. 2011. "Enquête Budget–Temps Des Femmes et Des Hommes En Tunisie. [Time Budget Survey of Women and Men in Tunisia]." Tunis: Ministry of Women, Family, Childhood and Seniors.

⁵³⁰ Mustard, F., 2007. "Experienced–based brain development: Scientific underpinning of the importance of early child development in a global world." In M. Young & L. Richardson (Eds.). *Early child development: From measurement to action*. (pp. 43–86). Washington, D.C.: The World Bank.

⁵³¹ Irwin, L. G., Siddiqi, A., Hertzman, C., 2007. *Early childhood development: A powerful equalizer*. Geneva, Switzerland: World Health Organization.

⁵³² Touhami, A. and Lassassi, M. 2018. "Inequality of Opportunity in Early Childhood Development in Algeria over Time." ERF Working Paper No. 1254. Economic Research Forum (ERF).

⁵³³ Lassassi, M. 2020. "Does Pre–School

Improve Child Development and Affect the Quality of Parent–Child Interaction? Evidence from Algeria." GLO Discussion Paper Series 557, Global Labor Organization (GLO).

⁵³⁴ Krafft, C. and Lassassi, M. 2020. "Public Preschool and Maternal Labor Supply in Algeria: Evidence from a Natural Experiment." ERF Working Paper, ERF.

⁵³⁵ Ibid.

Appendices

⁵³⁶ ILO. 2018. *Care Work and Care Jobs for the Future of Decent Work*. Geneva: ILO.

⁵³⁷ Charmes, Jacques. 2019. *The Unpaid Care Work and the Labour Market. An Analysis of Time Use Data Based on the Latest World Compilation of Time–Use Surveys*. Geneva: ILO.

⁵³⁸ Ibid.

⁵³⁹ UNSD (United Nations Statistics Division). 2017. *International Classification of Activities for Time Use Statistics 2016* (ICATUS 2016). New York: UNSD.

⁵⁴⁰ There is a more recent wave of the ELMPS, from 2018, which was excluded from the analysis. Although it provides accurate information regarding time spent on indirect care work, the time spent on direct care work is quite underestimated. This is because the question about whether the individual has spent time on direct care work included very few responses, likely due to a problem during data coding or fieldwork. Due to this problem, it is not possible to have reliable estimates about the participation and amount of time spent on direct care work.

⁵⁴¹ Barsoum, Ghada. 2007. "Egypt Labor Market Panel Survey 2006: Report on Methodology and Data Collection," Working Paper 0704. Cairo: Economic Research Forum; Assaad, Ragui and

Caroline Krafft. 2013. "The Egypt Labor Market Panel Survey: Introducing the 2012 Round," *IZA Journal of Labor & Development*. 2 (1), p. 8.; Assaad, Ragui, and others. 2016. "Introducing the Tunisia Labor Market Panel Survey 2014," *IZA Journal of Labor & Development*. 5 (1), p. 15; Krafft, Caroline and Ragui Assaad. 2018. "Introducing the Jordan Labor Market Panel Survey 2016." Working Paper No. 1186. Cairo: Economic Research Forum.

⁵⁴² Charmes 2019.

⁵⁴³ PCBS. 2014. "Time Use Survey 2012/2013: Final Results [in Arabic]." Ramallah: PCBS.

⁵⁴⁴ UNSD. 2005. "Guide to Producing Statistics on Time Use: Measuring Paid and Unpaid Work (ICATUS 2005)." New York: UNSD.

⁵⁴⁵ ILO (International Labour Organization). 2012. "International Standard Classification of Occupations 2008 (ISCO–08): Structure, Group Definitions and Correspondence Tables." Geneva: ILO.

⁵⁴⁶ UNSD. 2008. "International Standard Industrial Classification of All Economic Activities (ISIC) Rev. 4." New York: United Nations Department of Economic and Social Affairs.

⁵⁴⁷ OAMDI (Open Access Micro Data Initiative). 2019a. "Harmonized Labor Force Surveys (HLFS)," Version 1.0 of Licensed Data Files; LFS 2009–2017; Central Agency for Public Mobilization and Statistics. Egypt: Economic Research Forum. <http://erf.org.eg/data-portal/>.

⁵⁴⁸ OAMDI. 2019b. "Harmonized Labor Force Surveys (HLFS)," Version 1.0 of Licensed Data Files; EUS 2004–2018 – Department of Statistics (DOS). Jordan. Egypt: Economic Research Forum. <http://erf.org.eg/data-portal/>.

⁵⁴⁹ PCBS. 2018. "Population, Housing and Establishments Census 2017 [in Arabic]." Ramallah: PCBS. http://www.pcbs.gov.ps/pcbs_2012/Publications.aspx.

⁵⁵⁰– Algeria's labour law is unavailable.

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