

STATE OF THE WORLD'S FATHERS 2021



Structural Solutions to Achieve Equality in Care Work



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EXECUTIVE SUMMARY

Our societies and economies depend on care, whether at home, in childcare or elder care, or in broader social structures and economies. However, care work has long been invisible, unpaid or underpaid, and underfunded.

It is also disproportionately performed by women. Globally, women do three to ten times more unpaid care and domestic work^a than men.¹ They also make up 70 percent of the global paid care workforce but represent only 25 percent of senior roles.² In fact, at the current rate of change, the world is at least 92 years away from achieving equality in unpaid care work between men and women.³

COVID-19 has thrown these care inequalities into stark relief. Women have continued to do the lion's share of care work around the world under the pandemic, and the increase in unpaid care work, combined with a surge in domestic violence, as well as job losses and economic stress, has meant added strain on mental health, particularly among women.⁴

There is some good news, though: Men are participating more in unpaid care during the pandemic. Surveys with women and men in 47 countries affirm that as a result of COVID-19 lockdowns, men have been carrying out more hands-on care work than any time in recent history.⁵ The

pandemic provides us with an opportunity to engage men in making that shift permanent – and sharing the care equally.

The report addresses this challenge from three angles. First, it examines what “men's involvement in care” looks like now and what it could look like if equality is achieved. Second, it hones in on COVID-19's impact on unpaid care work and whether national COVID-19 policies are promoting equal care. Finally, it provides seven key actions to promote more equitable care and, ultimately, a more caring world.

BY THE NUMBERS

Factor by which the average **time spent on unpaid care work** by women worldwide exceeds the time spent by men:

3+

At the current rate of change, estimated **number of years before we reach equality in unpaid care in the home** between men and women:

92

^a “Caregiving” and “care work” refer to the care of children, older adults, people with disabilities, or ill family members in the home setting. “Paid care work” and “paid caregiving” refer to care provided in the context of work, payment, or as a profession. “Domestic work” refers more specifically to cleaning, food preparation, and similar tasks that are related to care work.

VALUING CARE: IMAGINING THE WORLD ANEW^b

In many countries, the current “crisis of care” has been largely due to inadequate care systems and the disproportionate share of care work carried out by women, which long predate COVID-19. A study by the International Labour Organization (ILO) found that prior to the pandemic, 42 percent of women of working age said their unpaid care and domestic work responsibilities left them unable to do paid work – compared to just 6 percent of men.⁶ The lack of value given to care, and the inequality in who is responsible for it, represents one of the major drivers behind women’s lower income and lower labor force participation compared to men, with the harshest effects faced by low-income women and women from historically disadvantaged groups.^c

Equality in unpaid care has been difficult to achieve. Even in Europe, despite years of policy advances to support equality in care work – most notably equitable, paid, parental leave and access to subsidized childcare – only about one-third of households say they share unpaid care work equally.⁷ Why is change so slow? There are a number of underlying reasons, including – among others – centuries of policies, workplace norms, media, and educational curricula that have reinforced the norm that unpaid care work is mostly women’s and girls’ responsibility, whereas labor force participation or income generation is viewed as men’s responsibility, even as women are increasingly part of the paid labor force.

Importantly, though, many men say they want to do more. Across seven middle- and higher-income countries, 85 percent of men said they would “do whatever it takes to be very involved” in the early stages of caring for a newborn or adopted child.⁸ As this ambitious intention is often far from what men and households are able to achieve, it is also essential to name the structural conditions that influence whether men do an equal share. Barriers to men’s full participation include, for example, restrictive gender norms that equate care with “women’s work” and the widespread beliefs that women are more competent caregivers and that men should be the breadwinners, as well as a lack of access to adequate, paid leave and other supportive workplace policies.

Achieving men’s greater participation in caregiving involves both holding individual men accountable for their actions and, more crucially, transformations in the structural factors that drive and influence the value of care in society and who undertakes that work. These factors include changes in laws and policies, with adequate resourcing and clear implementation plans; changes in institutions, such as schools, workplaces, and health facilities, and the ways that they work; changes in culture, narratives, and gendered norms around care work; and changes in our public and private lives and livelihoods.

^b Sources for “By the Numbers” boxes appear in Appendix 1.

^c They may be disadvantaged, for example, by gender, race, class, caste, disability, sexual orientation, and/or location

THE COVID-19 PANDEMIC AND CARE WORK

Around the world, the aggregate economic effects of COVID-19 have been disproportionately felt by women, who have experienced 1.8 times more job loss than men, although in some countries men have experienced high job loss as well, particularly low-income men.⁹ This gendered inequality of job loss during COVID-19 is partly due to increased unpaid care responsibilities with schools shut and many families in lockdown, but also because women are more likely to be in part-time or insecure jobs or to be employed in sectors such as retail and hospitality that have been the most vulnerable in the pandemic. Women and men who are further structurally **marginalized due to racism, xenophobia, classism, and ableism** were the most likely to lose their jobs, again often at higher rates for women, or had to continue working in situations that put them at heightened risk for COVID-19.¹⁰

Looking specifically at COVID-19's impact on unpaid care work, research has consistently found the brunt of increased hours has been concentrated with women and girls, aggravating or maintaining existing inequalities.¹¹

For the lowest-income women and girls, unpaid care work has been part of a cycle of poverty and vulnerability both before and during COVID-19. One study of informal-sector workers in 12 cities representing the Global North and South found that those who had greater increases in unpaid care work during the first COVID-19 lockdown were less likely to return to paid work, requiring them to deplete savings or other assets; they were also the women and households least likely to have access to social protection.¹²

BY THE NUMBERS

At the end of Q2 2020, based on a sample of 55 countries, the **ratio of women out of work due to COVID-19 compared to men:**

1.8:1

Among women with children in 16 countries, average increase in time per week spent on **childcare** during COVID-19:

5.2
HOURS

Average increase among men:

3.5
HOURS

COVID-19 brings both risks and opportunities for the future of gender equality, but many national-level policies enacted in response to COVID-19 have failed to take gender into account, as extensive research by UN Women and the United Nations Development Programme (UNDP) shows.¹³ The two organizations introduced a “gender tracker” to assess several thousand measures and policies introduced in over 200 countries on COVID-19. The tracker found that while many measures could be considered gender-sensitive, roughly 15 percent of countries had no gender-sensitive measures and few had a holistic response in terms of gender equality. In particular, social protections and job recovery/response remain largely gender-blind.¹⁴

THINKING STRUCTURALLY: SEVEN ACTIONS TOWARD A MORE CARING WORLD

Men's full participation in care work is part of a necessary and urgent revolution to center care in economies, societies, and lives. The following seven recommended actions to achieve those ends are inspired by the vital work of hundreds of feminists, women's organizations and their allies, and social justice organizations that have articulated clear roadmaps for a more caring, equitable, environmentally sustainable, livable, and economically just world post-COVID-19.

BY THE NUMBERS

Estimated annual **financial value** of unpaid care and domestic work:

\$10.8
TRILLION

Number of countries that **guarantee paid parental leave for mothers**, as of 2020:

115

For fathers, as of 2014:

71

ACTION 1: Put in place national care policies and campaigns that recognize, reduce, and redistribute care work equally between men and women. What specific policy components should be part of a national care plan? Clearly, every country has its own realities, but these are key aspects for government action, which should also include provisions for parental leave as outlined in Action 2:

- **Encourage and support active engagement of fathers and male caregivers** to redistribute care work, through community engagement and public campaigns to shift norms.
- **Set national targets** and a target date for achieving full equality of men's participation in unpaid care work.
- **Fund or subsidize universal childcare** that is either in-home or is community-based or in childcare institutions.
- **Build and coordinate existing services and programs** e.g., childcare with the education sector and with social development or family support programs.
- **Include unpaid care work in funds or benefits** that had previously only been allocated to paid work (e.g., pension funds).
- **Pay care workers**, including those who care for children, older adults, or those with disabilities or illness, a wage that recognizes the importance of care. Also provide them with adequate training, and where appropriate, encourage men's greater participation in the paid care work force.
- **Define care to include nontraditional families**, such as families by choice, aunts, uncles, cousins, and close family friends, with an emphasis on supporting LGBTQIA+ individuals, single parents, and historically excluded communities.

ACTION 2: Provide equal, job-protected, fully paid parental leave for all parents as a national policy. Parental leave, in conjunction with other policy changes, can transform gendered patterns of care and support all parents in their roles as caregivers and in developing lifelong patterns of equality in caregiving. For this to happen, governments and employers must ensure that parental leave:

- **Is available for all parents** in the formal workplace, whether full time or part time, and for those in the informal sector or gig economy through income support and social protection programs.
 - **Is fully paid** at the rate of the individual taking the leave to incentivize fathers who are often earning more than their female partners.
 - **Is guaranteed** by national legislation.
 - **Offers job protection** on return to work.
 - **Offers paternity leave in addition to maternity leave**, never taking days from women to offer for men.
 - **Is equal for women and men** but with specific non-transferable days for men or male caregivers.
 - **Is at least 16 weeks long.**
 - **Is available for all family and care arrangements**, including same-gender parents, adoptive parents, single parents, and unmarried parents.
 - **Is combined with access** to high-quality early childhood education, flexible work arrangements, and care support for all children, as well as other measures to alleviate the burden of care and to change gender norms around caregiving.
- **Is monitored** to ensure that men take the leave they are entitled to and adjusted based on that monitoring to address obstacles to men's use of leave.^d
 - **Is framed in gender-neutral or gender-inclusive language**, which would extend entitlements to all parents, inclusive of their gender identity, partnership status, and/or biological parent status.

^d Interested readers are encouraged to read the more comprehensive overview of the types of parental leave systems worldwide in the 2015 State of the World's Fathers report at www.stateoftheworldsfathers.org. Readers may also make use of the MenCare Parental Leave Platform for their advocacy purposes, available at men-care.org.

ACTION 3: Design and expand social protection programs to redistribute care equally between women and men, while keeping a focus on the needs and rights of women and girls. Social protection programs must have a focus on care, including specific measures aimed at promoting men's unpaid care work, such as campaigns and the inclusion of indicators on men's involvement in the home, as the Pantawid Familyang Pilipino Program in the Philippines (4Ps) does.¹⁵ To achieve this, social protection programs should:

- **Integrate different social protection elements** (i.e., cash transfers, subsidies, and leave policies) to ensure that, as an aggregate, they aim to reduce and redistribute care more equitably.
- **Remove conditionalities** from cash transfers that add additional burdens to women's time use.
- **Expand the targeting of cash transfers** or other forms of social protections to specifically include paid and unpaid care workers.
- **Include a care lens in social protection systems** and ensure measures to address childcare needs, including voucher schemes or cash transfers to pay for external childcare support.
- **Carry out campaigns and other education and gender norms change efforts to promote men's unpaid care work.** For example, cash transfer programs can include activities aimed at changing discriminatory social and gender norms and promoting progressive masculinities.¹⁶
- **Incorporate the voices of all beneficiaries** into strategies to achieve equality in care work.
- **Include equality in household care work as an indicator** for success in social protection programs.

ACTION 4: Transform health sector institutions to promote fathers' involvement from the prenatal period through birth and childhood and men's involvement as caregivers.

While men are less likely than women in much of the world to seek primary healthcare, they are nevertheless likely to interact with the health sector in some way, particularly when their partner is pregnant.¹⁷ Hospitals and clinics are, therefore, key sites for involving men in more positive experiences and understandings of care. However, not all health sectors are welcoming to men or to fathers. For this to change:

- Governments and health ministries should ensure that **men are integrated into health and care around the birth of a child** and that a positive approach to men's care is institutionalized throughout.
- Governments and health ministries should develop **cross-departmental strategies** to support men's involvement in care and encourage services (e.g., antenatal, child welfare, education, and health) to engage with fathers actively and routinely.¹⁸
- Healthcare services should **address barriers to men's involvement** (for example, limited opening hours) and engage with men and boys in their communities in gender-sensitive and gender-transformative ways about physical and mental health.¹⁹
- Health institutions should **train and sensitize staff on the diversity of men and male parents**, including gay, bisexual, transgender, and queer parents, as well as those from other historically excluded groups that experience discrimination in healthcare.
- Health institutions should develop protocols for responding to cases of **men's violence against female partners**.

ACTION 5: Promote an ethic of male care in schools, media, and other key institutions in which social norms are created and reinforced. Numerous studies affirm that boys learn to care by seeing men around them do care work and by doing it, and that men and women as well are influenced by their perceptions of the care-related norms around them. To that end, specific social norms change efforts should work to change the widely held social norm that care and caregiving are female attributes and tasks:

- Governments, employers, trade unions, educational institutions, civil society, and media should **promote a cultural shift toward valuing care.**
- Campaigns should be implemented and evaluated to **promote a shared sense of responsibility for care**, particularly in spaces where these ideas around masculinities are formed, such as social media, gaming platforms, schools, and workplaces.
- Schools and early childhood care centers should build off experiences such as Roots of Empathy and evidence-based healthy masculinity curricula to **integrate care and care work as a part of a holistic education** for young people, particularly boys and young men.
- Parenting programs, particularly those that target fathers and male caregivers, should integrate **care and caring as a key skill.**
- Media should design content that embraces diversity, **shows men and boys as both caring and caregivers**, and shows empathy as a positive male emotion.

ACTION 6: Change workplace conditions, culture, and policies to support workers' caregiving – and mandate those changes in national legislation. Governments and employers must act to create a world where care is considered a central value of our economic systems.²⁰ This can help prevent women from leaving their jobs because of responsibilities at home, promote more equitable sharing of unpaid care and domestic work between women and men, and support equality at home and in the workplace.²¹ In addition to the vital advocacy being carried out mostly by women-led organizations, we need specific engagement by men as allies to:

- **Demand that governments adopt minimum decent work standards** advocated by the ILO.
- **Work together with feminist-led organizations** to demand that employers put into place a culture in which care is valued and supported for all workers and which has policies and practices such as flexible working, remote working where possible, and family leave – including caring for older or sick relatives, as well as babies and children.
- **Make flexible leave, part-time work, and remote work**, as well as other efforts to support workers' caregiving needs, part of national workers' rights legislation.
- **Demand that men, especially those in senior positions, model change** by sharing care work equally with their partners and advocate in the workplace for more care-friendly policies.
- **Demand that companies and business leaders be vocal and visible** in the media about their care-supportive policies and workplace culture, including when individual high-profile leaders prioritize parental leave or care work in their own lives.

ACTION 7: Hold male political leaders accountable for their support of care policies, while advocating for women's equality in political leadership. Equity and diversity in leadership are critical to achieving these policies. However, what is often missing from this agenda is encouraging male politicians to speak up together with the women feminist policymakers and activists who have led this agenda. Specific actions to achieve this include:

- Male politicians must do more to show their support for care work by **signing on to and voting for an intersectional, feminist care agenda.**
- Civil society organizations should **hold female and male politicians accountable** for how they vote on the care agenda.
- Men holding senior positions in government, business, trade unions, NGOs, and beyond should provide **high-profile and proactive support for gender equality measures and encourage other men to play their part.**
- Male politicians and policymakers should also **model good practices for men** in organizations, working collaboratively with and supporting female colleagues in relation to gender issues.
- Male political leaders should lead by **living equality in their personal lives**, taking parental leave, and actively showing the importance of caregiving and gender equality in their family lives.

When done by individual men, caregiving changes those men, their families, and their communities. When done by millions of men, it changes societies. When taken up by state-level institutions, it shifts power structures – not by itself, but as part of the still-unfulfilled gender equality revolution led by feminist and feminist-allied activists, leaders, and civil society organizations around the world.

Many leaders have called for the world to “build back better” after the pandemic. “Better” must mean that we finally reach the goal of gender equality, including equality in care work. We must seize this as a once-in-a-century chance to build a more caring, more care-equal world.

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