



The Care Gap: Reducing Gender Inequality in the Realm of Unpaid Work

Chapter Summary

Caregiving is vital to the social and economic development of all societies. The development of a nation's human capital—the productivity and creativity of its workforce—is a direct result of the care that children receive. Yet caregiving is taken for granted because it is seen as women's work. This chapter argues for collecting more data about women's care responsibilities, a better accounting of the value of caregiving, and for “care-sensitive” policies that remove barriers to women's empowerment.

Care responsibilities drain many national economies of their female workforce. Market-based activities account for only one-third of women's work in developing countries, compared to three-quarters of men's.¹ The gap is widest for workers between the ages of 25 and 49, when childcare responsibilities make it difficult for women to continue their paid work.² One reason that elderly women are so vulnerable to hunger and poverty is they were providing unpaid care during their most productive years.

As the Millennium Development Goals (MDGs) draw to a close in December 2015, advocates are organizing to ensure that the issue of unpaid care work remains front and center in the post-2015, post-MDG development framework that is now emerging in global negotiations. “Recognize, reduce, and redistribute”³ is a veritable mantra of top advocacy priorities.⁴ Care is a public good in the same way that education, clean water, clean air, and a safe food supply are all public goods. Every country should measure and thus recognize the amount of time women and men spend on unpaid care work. Public services can reduce the amount of unpaid care work women do by taking on a greater share of the responsibility for providing it.

But improvements in public services are not enough—caregiving duties must be divided up so that no one has to do more than her or his fair share. Unfortunately, women's willingness to share men's breadwinning responsibilities has not been matched by men's willingness to share unpaid caregiving responsibilities. Redressing the inequality will require public initiatives that lead both men and women to examine and challenge their perceptions of what an equitable division of labor looks like. Equally important, public policies should not, consciously or unconsciously, reinforce and strengthen stereotypes that force men into breadwinner roles and women into caregiver roles. Men stand to gain from closer family ties as well as from women's increased earning power.

MAIN RECOMMENDATIONS IN THIS CHAPTER

- Challenge male and female stereotypes that perpetuate gender inequalities and discrimination.
- Recognize the economic and social value of unpaid care by counting it as work that contributes to economic output.
- Share care responsibilities more equitably between men and women in a household and between the state and families.
- Reduce the burden of unpaid care by investing in labor-saving technology and infrastructure; social protection and cash transfers; and childcare and early education.

Recognizing Unpaid Care Work

Around the world, women are the caregivers. They take care of children, look after sick and elderly family members, and prepare meals for the family—but these are only a few of many care responsibilities. Care work encompasses all activities that are necessary to maintain a household, including chores such as fetching water and firewood.⁵ Social norms dictate

that women do these things for their families. (In this chapter, we are talking only about unpaid care work—although paid caregivers are overwhelmingly women as well). Low-income women in developing countries must struggle to balance unpaid care work with earning income, usually from agriculture or a small enterprise.

It is true that many women gain fulfillment from some of their care work. But this does not justify caregiving's status as a socially prescribed and unequal responsibility, with women having no choice but to assume most or all of it. According to time-use surveys in developing countries, women are responsible for 85-90 percent of the time their households dedicate to unpaid care.⁶ In low-income house-

holds, this adds up to many more hours than in middle- or high-income households that can afford to hire help and purchase labor-saving technology. It takes up to 13 hours to pound enough maize to feed an average family in sub-Saharan Africa.⁷ The time required to fetch water is a perfect illustration of the old expression “a woman's work is never done.” A woman or girl with a jug of water balanced atop her head is a fixture in the landscape of rural poverty. In Africa alone, women spend an average of 200 million hours a day collecting water⁸—that is 8,333,330 days or 22,816 years' worth of water carrying every single day that could have been put to better use.

A study in South Africa found that women who collect water and firewood spend only 25 percent of the time in paid employment as women who do not have these responsibilities.⁹ In addition to the routine tasks associated with fetching water to cook and clean, caring



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In 2014, women were more than twice as likely as men to become infected and die from Ebola. Because women are the main caregivers in their family, they are especially vulnerable to infection from contagious diseases.

Globally, women devote **1 to 3** hours more a day to housework than men; **2 to 10** times the amount of time a day to care for children, elderly, and the sick; and **1 to 4** hours less a day to income-earning activities.¹



In some countries, women and girls spend up to **6 hours** of every day just fetching water.²

for a family member with AIDS increases the workload substantially. Another study found it takes an additional 24 buckets of water each day to care for an AIDS-affected family member.¹⁰

Economist Marzia Fontana of the University of London calls women the “safety net of last resort to ensure their family’s well-being when household income is reduced and social provision by state and local institutions is insufficient.”¹¹ When public services are reduced or not available at all, it creates a double bind for women, forcing them to take on more unpaid care work that limits their ability to do work that generates income¹²—and this, in turn, further jeopardizes the family’s economic security.

Often, “women’s empowerment” programs do not fully recognize these tradeoffs. They risk undermining their own effectiveness by not taking into account participants’ unpaid care responsibilities when they promote increased participation in market-based activities. For households in poverty, it is never an inconsequential decision to sacrifice paid work. It could cost the household its food security. But when a woman begins to spend more time earning income, caregiving still needs to be done. She cannot neglect fetching firewood or cooking or looking after young children. This work often shifts to an eldest daughter, whose education may be interrupted or simply end, and who is often not able to fulfill all the responsibilities of her mother. It is difficult to make lasting progress against hunger and malnutrition in a context that overlooks unpaid work and the time it takes.

The first step in making unpaid care an integral and essential part of development is to ensure that reliable information on the scope of the issue is available to policymakers. Currently, there are yawning gaps in the data; advocates in some countries are working in what amounts to a vacuum. “Collecting data on all women’s work, both paid and unpaid, is critical to improving the design of social policies and the allocation of resources to address poverty and inequality,” write Deborah Budlender and Rachel Moussié for ActionAid.¹³ Until unpaid care is made plainly visible to policymakers, it will not attract the attention it deserves or the investments that are needed in sharing care responsibilities more equitably.



Richard Lord

In rural areas of developing countries, women and girls are responsible for retrieving water used in cooking, drinking, cleaning, and washing.

**four
per
minute**

Two million women and children, four per minute, die prematurely every year due to illnesses caused by indoor air pollution, primarily from smoke produced while cooking.³

Women exposed to intimate-partner violence are **twice as likely** to be depressed, **almost twice as likely** to have alcohol use disorders, and **1.5 times more likely** to have HIV or another sexually transmitted infection.⁴

WATER: FUEL FOR WOMEN'S LEADERSHIP

Church World Service

Lobuin Lokadio Lokol is 43 years old and a mother of seven children. She lives in Naipa village of Turkana, in Kenya, and is the first wife in an extended family of three wives and 18 children.

In 2011, during the election of the village water management committee, she challenged the men in the village who felt that only a few women should be included as token members of the committee. Per their customs and tradition, men are the leaders and therefore should make up the majority of the committee.

Of all the groups in the area, Lobuin remarked, none has had women in leadership. She pointed out that water is predominantly women's responsibility and they should therefore be allowed to manage it. With remarkable confidence she explained how all tasks involving access to water in the community are done by the women: walking 7.5 miles round trip to fetch water; carrying 5 gallon containers on their heads for cooking and to ensure the entire family has water to drink; watering the livestock; and bringing water to their husbands while they work in the grazing fields. She concluded by saying that since the program was aimed



Curt Carnemark/World Bank

Traditionally, women in the Turkana community in Kenya have not been asked to engage in decision-making nor to speak their mind.

at alleviating the suffering of women and children—especially girls, who help in fetching water—women were therefore supposed to manage the water project as they are the ones who feel the thorn in their flesh. She added that when the men do not get drinking water at home they beat their wives.

All present agreed with Lobuin's argument and applauded her for speaking up. Now women lead the water management committee of Naipa village.

Church World Service works with local organizations worldwide to support sustainable development, meet emergency needs, help the displaced, and address the root causes of poverty, hunger and powerlessness.

Counting Unpaid Care

Assigning monetary value to unpaid care recognizes it as an essential component of human societies and economies. When it is clear that unpaid care makes vital contributions to nations, businesses, and families, the rationale will also be clear for more equitable sharing of responsibility for care among government, employers, and households, and between men and women.

There are two main ways of calculating the value of unpaid care. One way some countries handle the question is to figure the amount that the unpaid caregiver could have earned in paid work. That of course depends on the type of work each caregiver is qualified to do. The opportunity costs for a lawyer are not the same for a small-holder farmer. The other method—the one used in countries such as India and South Africa¹⁴—is to calculate the value based on the wage rates of paid caregivers.

Among all countries that are now trying to measure the value of unpaid care work, estimates range between 15 percent and 60 percent of the country's Gross Domestic Product (GDP).¹⁵ In India, unpaid care is estimated to be 35 percent of GDP; in South Africa, it is estimated at 15 percent.¹⁶ High-income countries are more likely

to analyze the value of unpaid care than developing countries. The problem for developing countries is related to their capacity to collect the data, but this is no different than the challenges they face collecting data on other development indicators such as income, nutrition, health, or education.

Despite its role in maintaining the labor force and assuring the functioning of a market economy, unpaid production of services for consumption in one's home is not counted in measures of GDP. GDP is said to be a measure of all goods and services produced, but presently care work counts only if it is done in other people's homes or in public or private institutions. Rosalind Eyben of the Institute of Development Studies, along with other economists and advocates, points out the absurdity: "When a man marries his housekeeper, he no longer has to pay her and therefore the nation experiences a decline in GDP."¹⁷ Rules do change. Some unpaid production of goods is included in measures of GDP. In 1993, after intensive advocacy, subsistence agriculture (production of a good (food) to be consumed primarily in the home) was added to measures of GDP.¹⁸



UN Photo/Tobin Jones

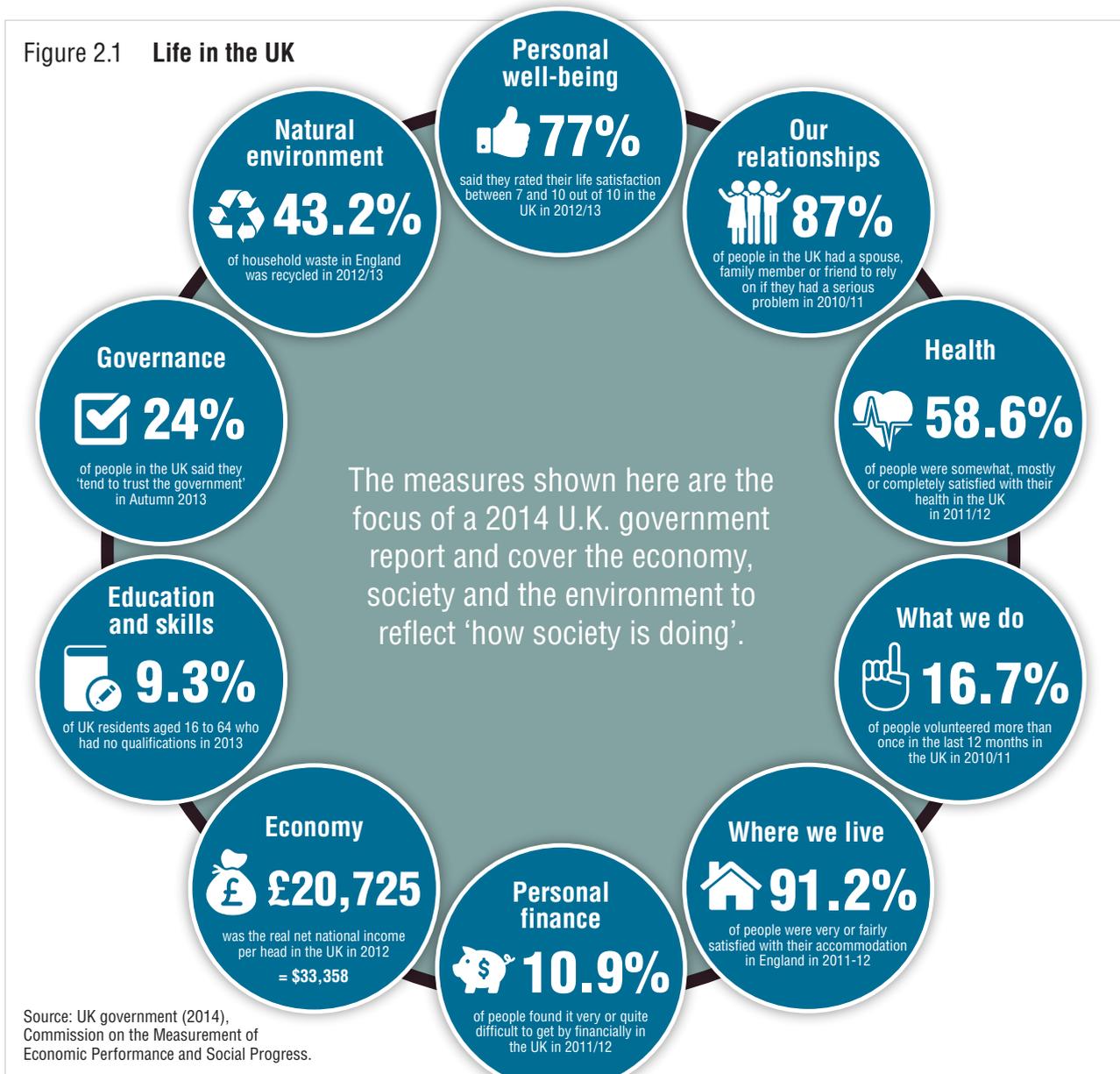
In order to ensure that girls are able to attend school, they must be liberated from the time-consuming tasks such as fetching water every day.

Why is unpaid care not part of GDP? According to international standards, it does not qualify because (1) it has limited repercussions on the rest of the economy; (2) it is difficult to impute monetary values to unpaid care services; and (3) its inclusion will disturb the historical trends.¹⁹

A substantial body of research challenges the first claim.²⁰ Care produces wellbeing and is a critical input in human capital formation. We don't have a lot of quantitative data or metrics to help researchers understand its precise role, but the attitude that it is not important to collect this information appears to be waning.

In 2010, Prime Minister David Cameron of the United Kingdom announced the establish-

Figure 2.1 Life in the UK



ment of the Measuring National Well-Being program. “This measure that we are setting out today reaffirms the fact that our success as a country is about more than economic growth,” he said. “It will open a national debate about how together we can build a better life. It will help bring about a re-appraisal of what matters, and in time, it will lead to government policy that is more focused not just on the bottom line, but on all those things that make life worthwhile.”²¹

Cameron’s announcement followed the release of a report by the Commission on the Measurement of Economic Performance and Social Progress, established in 2008 by Nicolas Sarkozy, then president of France. The commission had a similar objective—coming up with a more expansive set of metrics to give countries more information about how they’re doing than just their GDP. Both Cameron and Sarkozy are conservative politicians; their initiatives indicate that alternate measures of social and economic progress already have broad support. Figure 2.1 shows the results of a nationwide survey conducted by the U.K. government on a range of well-being indicators. Twenty-eight other countries in the European Union collect data on well-being.

Beyond these explorations of “measuring beyond GDP,” several countries are already showing how monetary values can be assigned to unpaid services. The main tool being used to collect data is the time-use survey, which quantifies how much time a person spends on various activities over the course of a day or a week. Such surveys have been used far more widely since the Beijing Platform for Action was launched in 1995, because it called on all countries to “recognize and make visible the full extent of the work of women and all their contributions to the national economy, including their contribution in the unremunerated and domestic sectors.”²²

Time-use surveys do have well known limitations.²³ For example, people tend to under-report the time dedicated to care work. For example, someone may not be actively engaged in caregiving but must still be required to be present in a supervisory role—what is often described as “passive care.”²⁴ She may fail to report this as caregiving—but it is still a constraint on her time for doing other types of work.

Lastly, it may well be the case that inclusion of unpaid care will disturb historical trends in GDP, but that is not a reason to exclude important data and prevent policymakers and the public from seeing its true economic value. A gradualist approach is sometimes a workable compromise. For example, one way to promote change without calling into question the validity of the historical data is to use side-by-side measures for a time. In the United States,



UN Photo/Muzafar Ali

Women in Afghanistan gather bundles of kindling to heat their homes.

researchers' dissatisfaction with the methodology used to calculate the official U.S. poverty rate led to the creation of a Supplemental Poverty Measure. This is now released alongside the official measure,²⁵ and it is a matter of time until the Supplemental Poverty Measure replaces the older measure and becomes the new official version.

GDP is at best an inexact measure of social and economic progress. A 2014 study by a team of researchers from the United States, Germany, Switzerland and India found that economic growth (measured in GDP) has little to no effect on the nutritional status of the world's poorest children.²⁶ The study covered 36 low- and middle-income countries and data from national health surveys from 1990 to 2011. It traced the effects of GDP growth on the proportion of children younger than 3 suffering from stunting, underweight, and wasting.

"Our study does not imply that economic development is not important in a general sense, but cautions policymakers about relying solely on the trickle-down effects of economic growth on child nutrition," said Sebastian Vollmer, assistant professor of development economics at the University of Göttingen, Germany, and lead author of the study.²⁷ Getting the right nutrients to very young children is an absolutely essential part of caring for them. The results of this research and earlier studies with similar findings tell us that we must start looking carefully at unpaid care—beyond counting how many hours it takes, we need to know what shapes the quality of care that families provide and how this care can be improved.

Why Improving Care Is Central to Ending Hunger

"Care practices must be integrated into our understanding of context and causes of malnutrition," states Cécile Bizouerne in her 2005 study *Conceptual Models of Child Malnutrition*.²⁸

Malnutrition kills more than three million children each year—that's nearly half of all the children under 5 who die.²⁹ Those who survive malnutrition as babies or toddlers usually suffer stunting, the effects of which include permanent damage to their health and develop-

ment. The damage extends to how well they do in school and even their lifetime earnings.

With mounting evidence that economic growth by itself will not ensure improvements in children's nutrition, community-level and household-level efforts to prevent malnutrition, such as behavior change communication (BCC), become more important than ever. BCC trains caregivers in good nutrition practices and in how to incorporate such practices into care practices and norms. The nutrition principles that are emphasized include, for example, regular prenatal care for pregnant women, exclusive breastfeeding for

A mother and child at a hospital in Cambodia built with the support of the World Bank.



Chhor Sokunthea/World Bank

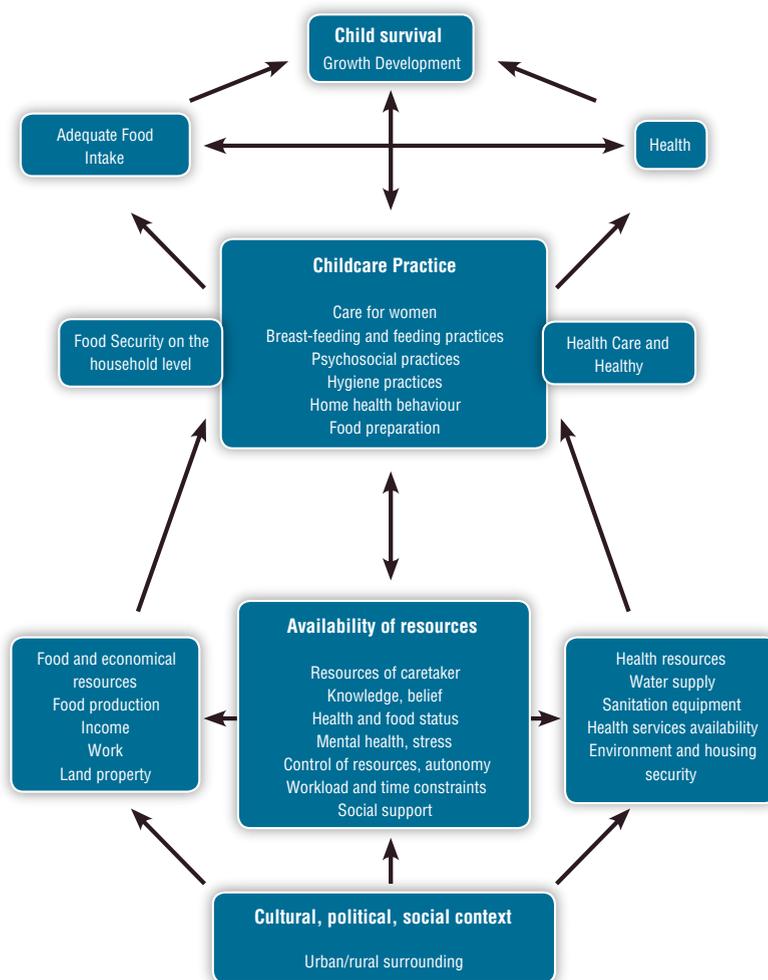
six months after birth, adequate complementary foods, proper hygiene, and identifying and responding to hunger cues. In other words, BCC is about improving the quality of care as it affects nutrition. Figure 2.2, reproduced from *Conceptual Models of Child Malnutrition*, illustrates how care practices and nutrition are interrelated.

By the “context” of malnutrition, Bizouerne means the environment in which children are raised, which of course varies from culture to culture. Cultural norms have a strong impact on the nutrition context. In Vietnam, for example, where nearly one-third of children under the age of 5 are stunted, 97 percent of mothers breastfeed their babies, but only 17 percent breastfeed exclusively for the first six months as the medical experts recommend. Somehow the culture has grabbed onto—and does not want to let go of—the misperception that Vietnamese women cannot produce sufficient breast milk for six months.³⁰

Decisions about birth spacing are another area where cultural norms impact the quality of nutritional care. A cultural preference for sons, for example, may cause a woman to stop breastfeeding an infant-daughter too soon in order to conceive again in hopes of having a son. This puts the baby girl’s health at risk. “Kwashiorkor,” a clinical term for a dangerous type of child malnutrition, has a much different meaning in the language of the Ashanti, a people who live predominantly in West Africa. There, kwashiorkor means a young child who has become sick due to her mother ceasing to breastfeed when she becomes pregnant again.³¹

The deep poverty and isolation of some contexts virtually creates the conditions for poor care practices. For example, imagine the context for a young mother in Niger, a country with one of the highest rates of child marriage in the world. Some people there believe that malnourished children stop eating as a result of sorcery, so taking a child to a health clinic is

Figure 2.2 **Extended Care Model**



Source: Cécile Bizouerne (2005), *Conceptual Models of Child Malnutrition: The ACF Approach in Mental Health and Care Approaches*, ACF International. Adapted from Patricia L. Engle, Purnima Menon, and Lawrence Haddad (1997), *Care and Nutrition—Concepts and Measurement*, International Food Policy Research Institute.

regarded as shameful. After all, the family must have done something egregious to provoke the sorcerer's spell.³² How effective will it be for a "wife and mother" who is 14 or 15 to argue? How does a young mother, as Bizouerne asks, "have the courage to go against the fears and beliefs of her family circle by bringing her child to hospital, and furthermore facing the shame of getting her child treated for malnutrition?"³³

As mentioned earlier, social and cultural norms are hard to change, and so are the mistaken nutritional care practices that stem from them. This does not mean, of course,

that care methods do not need to change, nor does it mean that no one should bother trying to change them. In some cases, in fact, national efforts have caused care to improve rather suddenly. In Vietnam in 2012, for example, the advocacy efforts of UNICEF, the World Health Organization, Alive and Thrive, and others, combined with support from the Ministry of Health, convinced the government to enact legislation banning breast milk substitutes for children younger than 24 months and extending the right to paid maternity leave for up to six months. Both provisions remove barriers so that women may continue to breastfeed.³⁴

Nepal achieved dramatic progress

against childhood stunting in only 10 years. From 2001 to 2011, the rate of stunting fell from 57 percent to 21 percent³⁵—all during a protracted civil conflict. One of the keys to Nepal's success was scaling up its Female Community Health Volunteer (FCHV) program, a government initiative first launched in 1988. With financial support from the U.S. Agency for International Development (USAID) and several nongovernmental partners, Nepal had nearly 50,000 FCHVs working all over the country by 2006. That year the FCHVs distributed Vitamin A capsules to more than 90 percent of the country's preschool-age children—an especially impressive accomplishment given Nepal's mountainous terrain.

The volunteers also educated pregnant women, parents, and caregivers about nutrition; distributed micronutrient powders; provided iron and folic acid tablets to pregnant women; and participated in community-based integrated management of childhood illnesses (diarrhea, acute respiratory infections, and measles).³⁶

The success of the FCHV program is due in large part to the support provided by local communities.³⁷ The community's role in training caregivers is crucial, particularly in rural areas where the number of professional health care providers is limited. The support of other women can also enable individuals to overcome lack of bargaining power in their household,



UNFPA/Anna Adhikari

In Nepal, women who are about to or have recently given birth meet with community health volunteers.

which in turn help them to better nourish their children. A 2003 study by the International Food Policy Research Institute (IFPRI), using data from sub-Saharan Africa and South Asia, looked at what factors determined whether babies of ages 6 months to 12 months were given complementary foods to supplement breast milk, as the medical community recommends. The study found a direct correlation between a woman's decision-making power and the probability that her child received complementary foods. Unlike breastfeeding, complementary feeding depends on a woman's control of resources and on her options when it comes to selecting foods for her children.³⁸

"A mother's ability to make decisions at home and in her community not only affects the care she receives and thus her own nutritional well-being," said the IFPRI report, "but also enables her to provide better care and nutrition for her children."³⁹

Community is perhaps even more important in extremely difficult times. Few Americans can imagine living through the 2004 genocide in Rwanda. When Bread for the World Institute staff visited in March 2014, a woman explained to us how the community enabled her to care for her child. In 2004, she had been barely more than a child herself when she survived rape by genocide perpetrators. She

became pregnant as a result. After her child's birth, she refused to breastfeed at first, unable to bear the shame and stigma of raising a child fathered by a perpetrator. It was through the support of other women in her community, many of whom had endured similar crimes, that she was able to accept and raise her child. In a sense, her community taught her how to love her child despite the horrific circumstances.⁴⁰ For more on Rwanda, including our meeting with rape survivors who have supported each other as a group since 1994, see Chapter 3.

The Rwandan genocide is an extreme example, but it illustrates the fact that good mental health is essential to parenting. Parents who have witnessed or been victims of violence are far less able to care for their children, who are at much higher risk of malnutrition than their peers.

In late 2013, the Central African Republic descended into chaos as ethno-religious violence uprooted communities of Muslims targeted by Christian militias. The NGO Action Contre la Faim (ACF/Action Against Hunger) began to collect data at its clinic for severely malnourished children. Most of the parents of the children being treated for malnutrition were suffering from post-traumatic stress, according to an ACF psychologist who worked at the clinic. As one mother explained, "I often have flashbacks about my brother and the



Crystaline Randazzo for Bread for the World

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way that they killed him. I lost my appetite and couldn't care for the child when it had difficulties eating."⁴¹

Post-traumatic stress resulting from exposure to violence is associated with severe depression.⁴² A review of 20 years of research in the United States linked maternal depression with lack of adequate care and supervision of children.⁴³ "Even if they are present

physically, they are not psychologically available," says Bizouerne. "They do not respond adequately to other people and, consequently, to their own child and misinterpret their needs or do not meet them at all."⁴⁴

Sadly, survivors of war or other large-scale violence are a huge group of people at risk for post-traumatic stress and whose children are therefore at risk of hunger and malnutrition.

But an even larger group is women who have been the victims of violence, particularly gender-based violence, in peacetime. Based on data from 86 countries compiled by UN Women, up to 70 percent of women experience physical or sexual violence in their lifetimes, and the majority of the offenders are husbands, intimate partners, or someone the women knew.⁴⁵ Among women between



UN Photo/Martine Perret

In Timor Leste, mothers and their children wait to receive health services from a mobile clinic.

the ages of 15 and 44, acts of violence cause more death and disability than cancer, malaria, traffic accidents, and war *combined*.⁴⁶ There can be little doubt that battered women, by definition subjected to repeated abuse, are at greater risk of depression. Studies reviewed for this report show that they suffer depression at two to four times the rate of women who are not abused.⁴⁷

Clearly, the persistence of gender-based violence, especially on such a staggering scale, is a major problem in and of itself. A human rights violation that is suffered by *most* people who fit into the targeted category (in this case, females) demands urgent and concerted action. It is now clearer than ever that gender-based violence perpetuates hunger and malnutrition. That is just one more reason for the international community, national governments, communities, and individuals from every walk of life to make the problem a priority. The post-2015 development agenda negotiations, and the goals that ultimately emerge, are an important opportunity to elevate gender-based violence as a priority for everyone.

Men Who Care

There are many men who feel they should—and want to—be involved in caring for their children, but admit they are inhibited by cultural norms. And those norms are instilled beginning at an early age, as the following exchange demonstrates.

“What do you boys think about this man washing a baby?” asks the researcher.

“People would say he is mad, why would he wash a baby when there is a woman?”

“Do fathers here cook?” asks the researcher.

“No they don’t cook.”

“Why?”

“They will lose their dignity.”⁴⁸

Murgesu Steven from Sri Lanka, a husband and father of two small children, initially felt depressed and isolated as his children’s primary caregiver. His wife Jeevarani migrated to find work so that they could afford to build a home for their family. They had been asked to leave the home where they were living with extended family because it was too crowded for all of them. His wife suggested she find work abroad where the wages are better. Nearly one in four Sri Lankan adults works abroad and the majority of them are women. The Middle East is the most common destination, where about nine in 10 are employed as housemaids.⁴⁹ On a visit to a clinic when his children were ill with fever, the doctor asked, “Don’t they have anyone to look after them?” and then laughed when Steven explained that it was he who looked after them.⁵⁰

Eduardo Munyamaliza, Executive Director of Rwanda Men’s Resource Center (RWAMREC), shares a story of how the women at the health clinic where he brought his child took pity on him. He was the only man among 300 to 400 women there with the children on the designated vaccination day. The women thought he must be a widower. When they learned that was not the case, they advised him that his wife must have bewitched him. Eduardo shares this story because it not only says something about the women’s attitudes, but it also explains why men would feel self-conscious or embarrassed about bringing their children to the clinic.⁵¹



Crystaline Randazzo for Bread for the World

Rwandan men participate in a training program to prevent gender-based violence and learn how to be more actively involved in caring for their children.

SISTERHOOD IS POWERFUL: HIV-POSITIVE WOMEN IN MOZAMBIQUE STAY HEALTHY THROUGH COMMUNITY ADHERENCE

Eric Bond, Elizabeth Glaser Pediatric AIDS Foundation

Lily Tivane is a proud mother of three living with her husband in a village 10 kilometers from the Chicumbane Health Center in Mozambique. Although she is living with HIV, her two older daughters, Lucia, 14, and Emilia, 9, were born without the virus thanks to Lily's adherence to antiretroviral (ARV) treatment.

But Lily sometimes struggled to maintain her treatment because of difficulties getting to her clinic. In this rural community, the main mode of transportation is feet. In addition, farming and childrearing duties make it hard to visit the clinic regularly. During a period when Lily was not receiving her treatment, she became pregnant and transmitted HIV to her youngest child, Rudivania, who is now 4 years old. This was a wake-up call.

Lily wanted to keep her daughter alive and maintain her own health, so she became a pioneer member of an HIV/AIDS community adherence support group, which ensures that she and Rudivania take their ARVs regularly. *Grupos de Apoio a Adesão Comunitária* (GAAC) bring women together for emotional and logistical support with the primary aim of collecting and distributing medication to families affected by HIV. GAAC is based on a model established by Doctors Without Borders and implemented through the Elizabeth Glaser Pediatric AIDS Foundation.

While pediatric AIDS has been nearly eliminated in the United States, around the world nearly 700 children are born with the virus each day. Without treatment, a child with HIV has a 50 percent chance of dying before the age of 2.

Women are the front line in this battle. More than 13 percent of Mozambican women of childbearing age are living with HIV. Fortunately, transmission of the virus from mother to child can be virtually eliminated if an HIV-positive woman adheres to treatment during pregnancy and breastfeeding. And a child who becomes infected can expect to live a long, healthy life if he or she receives treatment.

However, as Lily's situation makes clear, distribution of medication can be difficult in rural locations—where the virus has the strongest hold. GAAC groups improve the odds by bringing

“We decided to create this group once we understood how it works and its importance.”

together women, the traditional caregivers in the communities, to organize and lead support efforts. They gather at a common point of contact—in their neighborhood, at work, or at church.

Every month, one person from the group visits the local health center and picks up antiretroviral medication for herself and for the other members of the group. While she is at the facility, the designated group member will consult with her provider for her six-month check-up. Upon returning from the clinic, she then distributes the ARVs to her peers. Each month a different group member makes the trip to the health facility.

“We decided to create this group once we understood how it works and its importance,” said Cristina Cuna, the leader of Lily’s GAAC group. “The time spent before on ARV pickup is now spent on other activities, such as farming, selling in the market, and sewing,” she said.

In addition to benefits to their own health, budgets, and schedules, group members say that they are pleased that GAAC helps them educate their neighbors about the importance of HIV testing and treatment.

The women in Lily’s village are taking a traditional and common occurrence, the gathering of women, and using it to save lives.

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The Elizabeth Glaser Pediatric AIDS Foundation has provided 20 million women with services to prevent transmission of HIV to their babies.



Arne Hoel/World Bank

RWAMREC was formed to help men cope with these emotions and encourage them not to reject the natural caregiving urge they feel. RWAMREC is spearheading MenCare's campaign in Rwanda. Now operating in more than 20 countries, MenCare was launched in 2011 by the Sonke Gender Justice Network and Instituto Promundo, nongovernmental organizations founded in South Africa (2006) and Brazil (1997) respectively. Both now have offices internationally. MenCare is an extension of the work the groups were already doing to more actively engage men in promoting gender equality, recognizing the need for a campaign that is global in scope. The objectives are threefold: inspiring men to become full partners in maternal and child health, empowering fathers to raise daughters and sons equally, and reducing gender-based violence.⁵²

Gender roles in Rwanda have undergone a rapid transformation since the 1994 genocide, especially regarding women's involvement in government decision-making (see Chapter 3 for more on this). Rwanda ranks highest among sub-Saharan countries on key gender-equality indicators.⁵³ And yet a 2010 nationally representative household sample found that traditional attitudes about men's and women's household and social roles remained strong.⁵⁴

Women and men both stand to gain as gender inequalities break down. But that message is not usually shared with men. Gender equality seems like a zero-sum

game, with men expected to make concessions but receive nothing in return. "The norms are there to protect a man's privileges," says Eduardo of RWAMREC. "If you tell him to give these up, what are you giving him in its place?" When men do not see how they gain, women become vulnerable to reprisals. Men who already feel marginalized economically may attempt to hold onto their role as head of the household more tightly than ever and lash out against what they experience as one more form of humiliation. A multi-country survey of more than 15,000 men in 10 countries—the International Men and Gender Equality Survey (IMAGES), coordinated by Instituto Promundo and the International Center for Research on Women—found that men who commit violence against women "tend to buy into stereotypical notions of masculinity."⁵⁵

What men stand to gain by participating more in caregiving are happier, closer relationships with their wives and children. Beyond these less tangible benefits, men's own mental and physical health will improve as maternal health-related outcomes improve and child development outcomes improve.⁵⁶ A man we spoke with who is training other men in the MenCare campaign in Rwanda discussed his transformation since participating in Men-



Crystaline Randazzo for Bread for the World

Cultural norms discourage men from sharing their emotions, but the group provides them with a safe environment to do this.

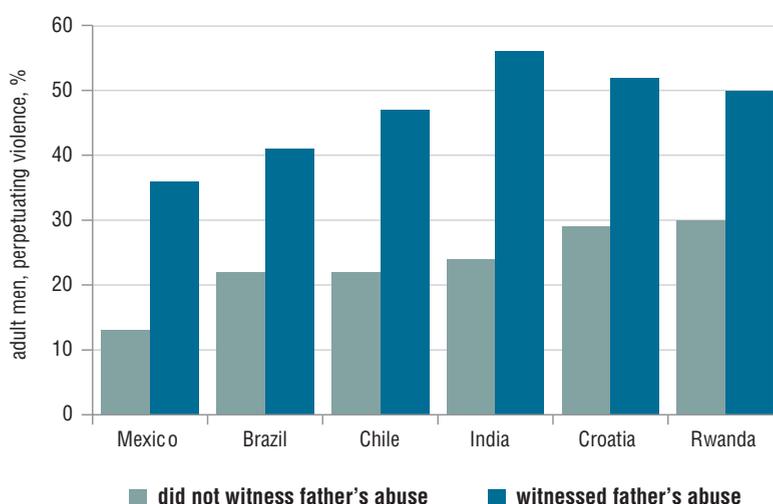
Care. His father was a violent man who had ruled the household by force during his childhood. Although he was not a violent man like his father, he thought of his role as strictly providing his wife with financial support to manage the household. He used not to think it was his responsibility to accompany his wife on visits to the clinic. But he was there with her when their son was born. He had felt conflicted about what seemed to be expected of him as a man in caring for his wife and child. MenCare helped him to realize there is no shame in wanting to hold his baby. He now bathes the baby. He even sings to the baby, something his father would never have done.⁵⁷

“Men remain mostly invisible in discussions of gender equality,” according to the World Bank’s 2012 World Development Report, *Gender Equality and Development*. “Programs and policies for gender equality are generally designed for women, and if they involve men it is often to limit or constrain their behavior.”⁵⁸ Men such as those participating in the MenCare campaign are the keys to reaching other men and changing attitudes, about caregiving specifically and gender inequality more broadly. Their own transformation occurred when they worked in a group with other men wrestling with similar issues. Cultural norms discourage men from sharing their emotions, but the group provides them with a safe environment to do this.

In sharing their experiences, they can also help each other cope with the emotions associated with experiences that are common but have scarred them emotionally and continue to exert a powerful influence over their behavior. According to a 2010 study by UNICEF, three out of four children between the ages of 2 and 14 in low- and middle-income countries experience violent discipline at home.⁵⁹ Girls are more at risk of sexual abuse than boys, but boys are more likely to experience violent physical punishment.⁶⁰ Research shows that men from homes where their father used violence are more than twice as likely to use violence against their own partners as men who did not experience such violence growing up.⁶¹ See Figure 2.3.

Now is the time to ask what men’s role will be in moving toward gender equality, because the post-2015 development agenda is being debated and targets for a gender equality goal are on the table. The achievements of the MDGs, which end in December 2015, give us several reasons to believe that a gender equality goal is more important than ever. The positive trends in girls’ school enrollment, a direct result of the MDGs, will almost certainly translate into rising professional aspirations. These young women saw how care responsibilities

Figure 2.3 Witnessing Violence as a Child is Associated with Perpetrating Violence as an Adult



Source: World Bank (2011), *Gender Equality and Development*.

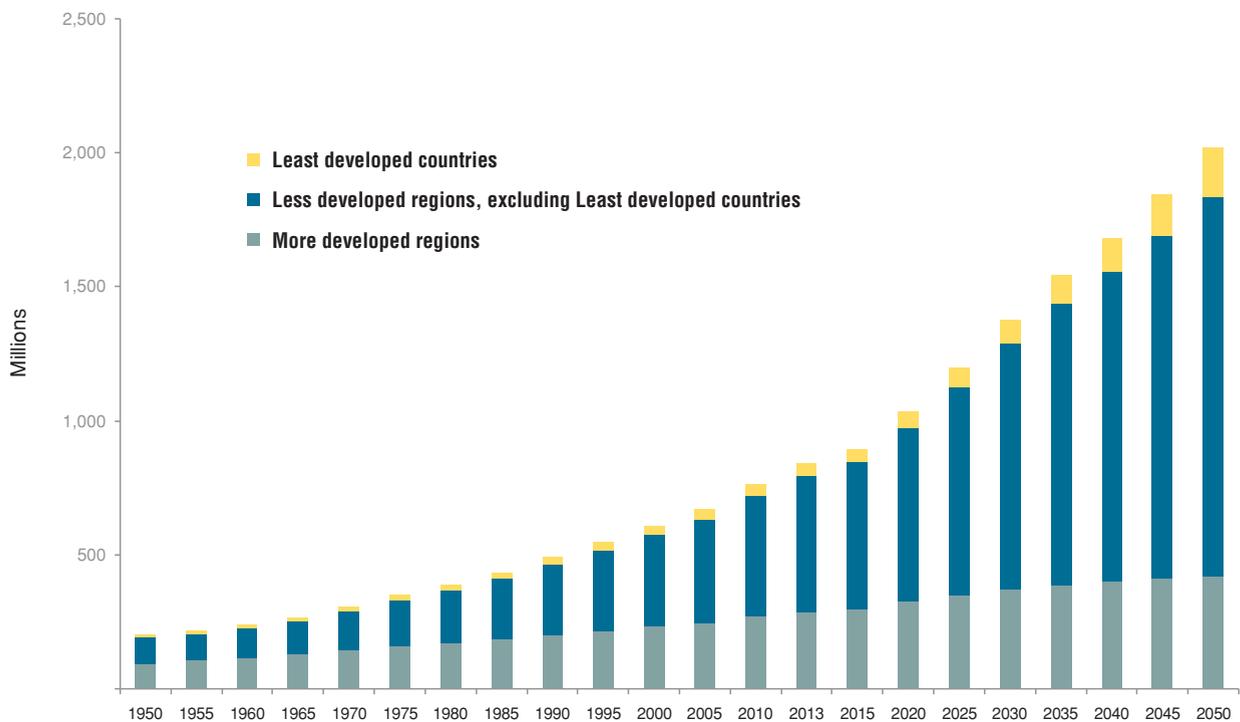
made their mothers economically dependent on men, and how unpaid care made it more difficult to leave abusive men. With better economic opportunities available to them than their mothers had, they may very well not be willing to sacrifice the bargaining power their education has given them.

Meanwhile, the MDG focus on improving health is contributing to people around the world living longer. In fact, many countries face an emerging ‘care crisis’ as populations everywhere are aging. The difference between life expectancies in developed and developing countries has narrowed and is expected to continue narrowing.⁶² See Figure 2.4. Currently, 60 percent of older people live in developing countries, but by 2050, that share will increase to 80 percent.⁶³ Yet so far, governments seem to be assuming that there will be an inexhaustible supply of family caregivers willing and able to provide care to elders. These are just two of the reasons that now, as the post-2015 development agenda is being set, is a very timely opportunity to consider how women’s caregiving responsibilities can be shared with their male partners as well as with government and the private sector.

Reduce and Share Unpaid Care

In addition to efforts such as MenCare that reach out to and encourage men to be more involved in caring for their children, we will review three other strategies to reduce women’s

Figure 2.4 Population Aged 60 Years or Over by Development Region, 1950-2050



Source: United Nations Department of Economic and Social Affairs (2013), *World Population Aging*.

unpaid care work and share it more equitably between women and men and between households and the state.⁶⁴ The strategies include labor-saving technology and infrastructure; social protection and cash transfers; and childcare and early education.

Technology and Infrastructure

There are cost-effective technologies available to significantly reduce the time spent on unpaid care work. For example, a clay stove that's roughly the size of an outdoor planter can save women thousands of hours a year in harvesting firewood. A stove such as this is far more environmentally sustainable. In Malawi, where village women were each spending about 10 hours a week collecting firewood, clay stoves priced at a little over \$1 have reduced the amount of time to less than an hour each week. This is largely because the stoves require a fraction of the firewood of open fires, which was the previous cooking method.

In Malawi, the stoves were supplied by the National Smallholder Farmers' Association of Malawi (NASFAM), a local organization that receives support from USAID on some of its other development programs. In addition to the stoves, NASFAM gave the women tree seedlings so they could grow trees right outside their homes. Large swaths of land all over Africa have been deforested to collect firewood for cooking, and deforestation, of course, contributes to global climate change. With the reduced need for firewood and the nearby trees, the women in this village have all the firewood they need without getting it from the forest.

But here's the best part of the story: the women are now building stoves themselves and selling them in volume to a buyer who in turn sells them in other villages. At a cost of a little more than \$1, the stoves are quite affordable to people in poverty. With the additional income the women earned as a result of saving time gathering firewood, they purchased molds to make the stoves and have built a kiln. The enterprise is lifting families out of poverty, increasing their food intake, diversifying diets, and making it possible to keep children in school. As this example shows, a little bit of technology can go a long way.

Other countries report similar boosts from investments in simple technology. In Tanzania, a study of the effects of improving the public infrastructure available for water and fuel collection estimated that women saved the equivalent of 4.6 million full-time jobs and men saved the equivalent of 209,000 full-time jobs.⁶⁵ This is in accord with other research



Todd Post/Bread for the World

The clay stove this Malawian woman is pictured with has reduced the amount of time she spends collecting firewood by hundreds of hours per year. Alongside the stove she shows off the mold used to make it.

that has founded that infrastructure investments in rural areas increase women’s earning potential more than men’s. In India, for example, a rural electrification program increased employment for women by more than 17 percentage points and by 1.5 percentage points for men. Electricity enabled women to work later in the evenings on their small businesses.⁶⁶ The improved access to electricity made it easier for women to combine paid work with unpaid care responsibilities. Previously, supplying electricity to areas that did not have access required costly and time-consuming extensions of the physical electricity grid. Now, renewable energy technologies make it possible for communities to leapfrog over the structural barriers presented by older technology.

Time-saving technologies can thus offer big payoffs to women’s earning power. On the other hand, women may choose to dedicate the extra time to

“I’d put my money on the sun and solar energy. What a source of power!”

— Thomas Edison

other types of care. Feeding and nurturing children is surely more personally rewarding and a bigger contribution to the community than fetching water. The quality of the care provided to children, as we’ve seen in this chapter, has a great deal to do with their nutrition, health, and learning potential. Since market-based activities are not all that matter to development, there should be no expectation that all time savings be devoted to them.

As our examples show, improving infrastructure and technology does not have to be complex and expensive, unlike large-scale investments in roads, water and sanitation systems. Policymakers who point this out and say that the country cannot afford it, however, rarely say much about what it costs not to make the improvements. It is places with the weakest infrastructure that have the highest infant and child mortality rates. We saw in the United States in the early 20th century that making clean water and sanitation widely available brought rapid reductions in infant and child mortality.⁶⁷ And the cost-benefit ratio of these infrastructure investments was estimated at \$23 in benefits for every \$1 in cost.⁶⁸

A USAID-supported project providing solar energy illumination to households in Indian villages, resulting in improved life quality and better livelihood opportunities.



POWERING AFRICA

Less than a third of sub-Saharan Africa's population has access to electricity. In 2013, President Obama announced a \$7 billion, Power Africa, to spur private sector investment that will provide electricity to many more communities over the next five years.

Rural areas are the furthest off the grid and the most energy deprived of all, and women and girls bear the heaviest burdens of what is sometimes described as “energy poverty.” As we've highlighted in this chapter, they are primarily responsible for collecting the firewood that is used as cooking fuel. Lack of electricity also constrains women's options to earn income and run businesses, puts mothers and babies at risk during childbirth, and limits the kinds of services that rural health facilities can provide.

U.S. development assistance programs such as Feed the Future are recognizing the importance of using gender analysis throughout a project's planning and implementation. Power Africa should adopt this strategy too so that a project's implications for women and men are identified through a systematic process.

Power Africa includes support for off-grid solutions, meaning those that rely on renewable energy sources such as biogas, hydro, solar, and wind power. This is crucial since the International Energy Agency estimates that in order for all Africans to have access to electricity by 2030, more than 50 percent of the continent's energy will need to come from off-grid sources. Expanding the electrical grid takes longer to reach rural areas and may not prove feasible or practical, particularly when off-grid solutions can reach the same populations. Moreover, plugging into the grid does not guarantee reliable or affordable access.

Power Africa's emphasis should be on providing affordable energy to the largest number of people who now lack electricity. The allocation of Power Africa's resources between on-grid and off-grid solutions will affect the initiative's ultimate reach. Another such factor is the balance between “tied aid,” meaning goods and services must be provided by U.S. contractors, and funding without such restrictions. The U.S. government is becoming more flexible as to how much of aid must be tied, but the great bulk of it remains tied to U.S. contractors, raising questions about how much of the benefits of Power Africa will be going to U.S. contractors versus the ultimate beneficiaries—Africa's energy poor communities.

Renewable technologies such as these solar panels make it possible for rural communities to leapfrog over costly barriers to building out a nation's energy infrastructure.



Todd Post/Bread for the World

Social Protection and Cash Transfers

Social protection is a broad term; we use it here to mean a minimum income floor that no one is allowed to fall below. For example, the minimum wage is a form of social protection for workers. Old-age pensions are another form of social protection, one that is of particular relevance in a chapter about unpaid work. Pensions can reduce the financial insecurity (and its debilitating effects, such as hunger and malnutrition) that makes elderly people dependent on their caregivers. Low-income families generally cannot afford any paid caregiving for elders, so eldercare may well continue to be provided mainly by younger family members. In these situations, pensions can help pay for food and other necessities and help offset

the opportunity costs of the person providing care.

All developed countries have some form of universal pension scheme—for example, Social Security in the United States—but it is much less common in developing countries. In sub-Saharan Africa, only 17 percent of the population receives a pension to provide some level of income security during old age.⁶⁹ This percentage is low because of the vast size of the informal economy in the developing world, making it much harder for states to collect the revenues needed to pay for pension programs. In high-income economies, 91 percent of the labor force contributes to a



Arne Hoel/World Bank

Pension programs discriminate against women by not counting the years they spend out of the labor market to care for children and other family members.

pension scheme, while in lower-middle-income and low-income countries it is 15.2 percent and 5.7 percent, respectively.⁷⁰

Women's caregiving responsibilities mean that they have historically participated less in the formal sector than men and accrued less in pension contributions. Hence the percentages of older women covered by pensions are lower than those of men. See Figures 2.5 and 2.6 on page 99. A person who has sacrificed earning an income to care for children or other vulnerable family members should not face greater financial insecurity in her old age. She ought to be entitled to government retirement benefits in exchange for helping to build the nation's human capital. This is a clear example of how economies discriminate against women. To make matters worse, women live longer than men: 54 percent of people 60 years of age and older are women, a proportion that rises to almost 60 percent at age 75 and older, and to 70 percent at age 90 and older.⁷¹

Social protection policies have been growing by leaps and bounds in developing countries, but the emphasis tends to be on children and working-age populations. In some countries, old-age pensions come to less than \$1.25 per day.⁷² In 2008, the Bolivian government established a universal pension, Renta Dignidad (the Dignity Pension), providing U.S. \$340 annu-

ally (thus, less than \$1 per day) to people 60 years or older with no other pension income, and 75 percent of this to those with another pension.⁷³ Renta Dignidad reduced the extreme poverty rate in Bolivia by 5.8 percent.⁷⁴ Funding for the program, which costs \$500 million a year, comes from a tax on hydrocarbons; Bolivia is the second largest exporter of natural gas in Latin America.

One of the most popular social protection schemes is the conditional cash transfer (CCT), discussed in detail in Chapter 1, starting on page 53. The most common CCTs provide a small allowance to mothers of school-age children. The conditions are generally reasonable-

Figure 2.5 Proportions of Women and Men in Employment Contributing to a Pension Scheme, by Area of Residence (Percentages)

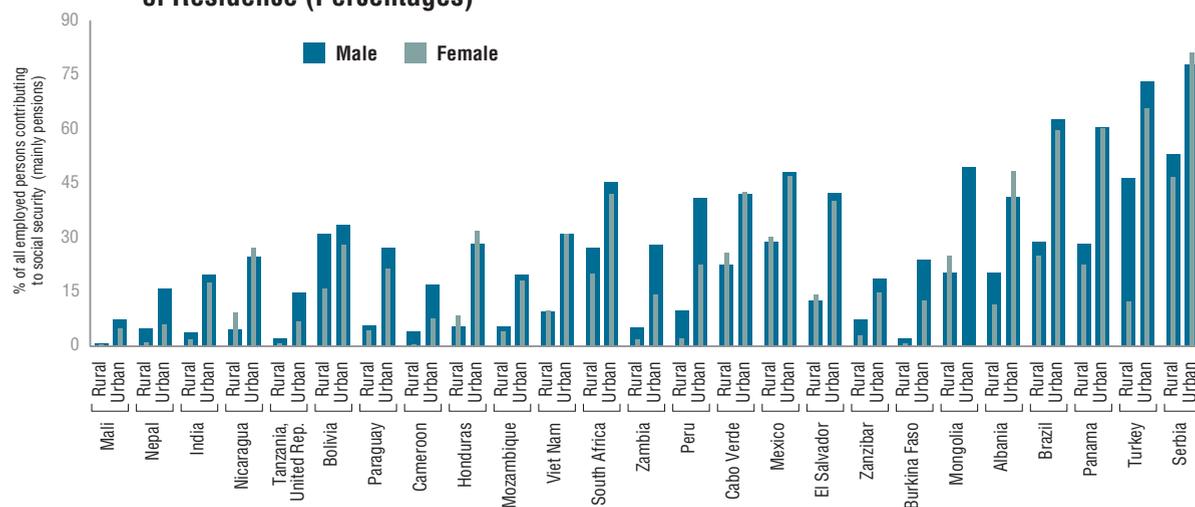
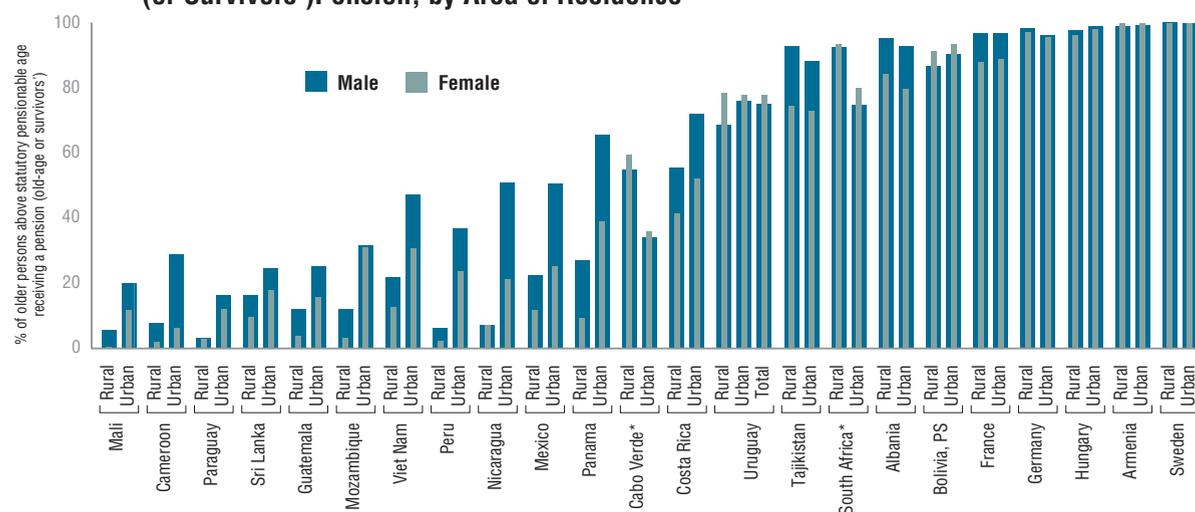


Figure 2.6 Proportions of Women and Men Above Statutory Pensionable Age Receiving an Old-age (or Survivors') Pension, by Area of Residence



*Percentages based on non-contributory pension only.

Source: ILO (2014), *World Social Protection Report 2014/2015: Building economic recovery, inclusive development, and social justice*.

-regular school attendance and health checkups for children—and CCTs do increase school enrollment for girls. One criticism of CCTs is that they reinforce gendered divisions of labor that allow fathers to “check out” of child-rearing responsibilities.⁷⁵

CCT programs first became popular in Latin America. Today, they are found in every region of the world. Seventeen of 20 Latin American countries initiated CCTs between 1989 and 2010; by 2010, CCT programs in the region were reaching 129 million people.⁷⁶ In Latin America’s experience, CCT programs are as likely to originate from governments on the right as on the left. The costs of these programs range from 0.1 percent to 0.6 percent of GDP⁷⁷—so it is hard to argue that the country cannot afford to launch one.

In an analysis of a range of social protection policies in 53 low- and middle-income countries, the UK-based Institute for Development Studies (IDS) categorized CCTs as “care-insensitive.”⁷⁸ In other words, policies that increase a woman’s care work or do not reduce it are insensitive, and those that reduce it are sensitive. If the overall amount of care work increases, it could still be a “care sensitive” policy if it were shared more equally between women and men. This appears to be only a theoretical possibility at present—the *IDS study found no policies in the 53 countries that sought to share women’s care responsibilities more equitably.*⁷⁹ This tells us

a great deal about what remains to be done to solve the problems caused by inequitable care responsibilities.

Unconditional Cash Transfer (UCT) programs are not as popular with governments because of concerns that the money could be misused.⁸⁰ But they are “care sensitive” and there is little evidence that women misuse them. Poor parents understand the value of education or health care. Supply-side underinvestment in these institutions seems to be a bigger problem than enrolling willing parents on the demand side. Bolivia offers another example. Bono Juana Azurduy, a CCT program for expectant and new mothers, was launched in 2009. Two years after the program was launched, the proportion of expectant mothers making the mandatory four prenatal visits decreased by just 0.5 percent.⁸¹ The poor performance of the program was due to the lack of institutional capacity to deliver the services. After long walks in the cold mountain air, pregnant women routinely had to wait at clinics for 7 hours to see a doctor or nurse.⁸² Out of 20 Latin American countries, Bolivia ranked 18th in physicians per capita and 13th in nurses per capita.

Programs that require school attendance or visits to a health clinic assume those institutions to be functioning properly. Generally, areas where extreme poverty is concentrated are precisely where a country’s health and education systems are weakest. CCT programs do not mean that governments can avoid institution building; in fact, it is a prerequisite. The same disconnect occurs with microloan schemes. The assumption that all women need is a little money to start a business and they will become successful

A conditional cash transfer program for expectant and new mothers in Bolivia provided the women with a small allowance if they attended pre- and postnatal health services.



Richard Lord

entrepreneurs doesn't happen at nearly the expected rate—and this will not change as long as the institutions the women need to support their ventures remain as discriminatory as ever.

Women in low-income communities know how to use resources to care for their children. An unconditional cash transfer program in Kenya found that some women chose to spend the money they received on replacing a thatch roof with a metal one.⁸³ The donor was concerned because this did not seem to have much to do with poverty reduction. But the recipients knew what they were doing: a metal roof makes it possible to collect rainwater, dramatically reducing the time women and girls have to spend collecting water elsewhere; the new roof also makes the home safer and more secure and improves children's health by preventing leaks. The donor now identifies potential new participants according to which homes still have thatch roofs.

Applying conditions to *men* could make a lot more sense for CCT programs. The reason that these programs circumvent men to give money directly to women is that the evidence shows that men do not invest enough of their income in their children. Rather than write the men off, prodding them with conditions might be the stick some of them need to see the good of sending both daughters and sons to school. And if the objective of the cash transfers is to see that unpaid work is shared more equally between women and men, it would make even more sense to target fathers as well, using the program to promote positive behavior change. That doesn't nullify the other objectives of improving children's health or school attendance; instead, it clarifies that the quality of care children receive should be measured by what *both* parents provide.

A World Bank study found that early childhood programs help children learn more in rural Africa.

Child Care and Early Education

As any parent knows, young children (up to about age 5) require more direct care than school-age children. In developing countries, taking care of young children limits women's ability to earn income. Older daughters may be pressed into service as babysitters so their mothers can work. Both of these problems can be addressed through subsidized child care and preschool programs.

In developing countries, lack of affordable child care pushes women into the informal sector so that they can work close to home and have flexible schedules.⁸⁴ Informal sector work does not provide steady employment or income, workplace protections, or the other benefits of a formal sector job. And for governments, it's a



Save the Children

classic Catch-22, because it is only taxes paid on earnings in the formal sector that provide the revenue for public services and safety nets such as pensions for elderly people, teachers in public schools, doctors in clinics, *and* subsidized child care for families with young children. Thus, the income women earn in the informal sector doesn't support the institution building necessary to fund an expansion of subsidized child care, and the institutions crucial to development remain weak because of chronic budget shortfalls.

Most of the research done so far about the effects of subsidized child care on women's labor market participation in developing countries has taken place in Latin American urban contexts. A detailed study of the *Hogares Comunitarios* (Community Day Care) Program, a government sponsored child care program in Guatemala City, showed the program's

positive effects on women's labor market participation and significant improvements in children's nutritional status.⁸⁵ Another study, conducted in Rio de Janeiro, also found that low-cost child care increased women's labor force participation.⁸⁶

Other studies, mainly done in developed countries, show high rates of return on investments in child care when it emphasizes early education. It is always risky to extrapolate outcomes from programs in developed countries onto developing countries, but young children's brains develop rapidly no matter where they live. Cognitive development cuts across culture.

India offers another example of how access to affordable childcare has had positive effects on women's

earnings potential. The Self-Employed Women's Association (SEWA) represents more than one million women in rural and urban areas who work in the informal economy, as do 90 percent of all employed women in India. SEWA supports its members by providing crèches (nurseries) onsite in workplaces when feasible. A survey of women construction workers whose children attended an onsite crèche found that because of the crèche, women who had been employed part-time were able to work full-time, and 75 percent reported that older daughters were attending school because they no longer had to look after their younger siblings. The crèches themselves also offer jobs, as well as training for women and men interested in a career in early childhood development.⁸⁷

The employment opportunities for women that subsidized child care and preschool open up in the broader economy are perhaps an underappreciated impact thus far, but we have seen these improvements with other public services. For example, the expansion of secondary schools for girls in Pakistan created a cohort of female primary school teachers. As described in the World Bank's 2012 report *Gender Equality and Development*, "An institutional



Todd Post/Bread for the World

A preschool in Bangladesh allows these children's mothers to dedicate time to enterprise development. The preschool was established by women participating in a microfinance program administered by Grameen Bank.

improvement (public secondary schools for girls) enabled a household response (more girls with secondary education) that then played out in a change in the market (private schools and more female employment opportunities) one generation later.”⁸⁸ Scaling up investments in child care and preschool could lead to similar results—particularly important as most developing countries are struggling to provide jobs for a generation of better-educated youth.

Child care, even programs that emphasize education, is not synonymous with preschool. Not all women will avail themselves of a child care subsidy. “Child care is not just a service for which one pays or doesn’t pay,” write Rosalind Eyben and Marzia Fontana, “but is embedded with values and meaning that shape the character of its provisioning.”⁸⁹ An educational setting is more attractive to mothers who are troubled by the idea of handing over responsibility for caring for their children to outsiders. It also means that government is invested not only in making care available, but also ensuring that it has quality services to offer the children who participate.

All children benefit from preschool, but studies confirm that children from low-income, disadvantaged households benefit most.⁹⁰ In fact, the earlier investments in education start, the better because the children are already far behind others of their age by the time they enter primary school. Of course, we can’t expect preschool to ensure a child’s seamless progression all the way to tertiary education, but it can supply momentum that enables children to take advantage of later opportunities—a sort of kickoff to educational success. The students who are the hardest to propel forward are those who arrive at preschool stunted by malnutrition before they turned 2. While there is no way to reverse the effects of stunting after age 2, this is also no reason to give up on anyone so young. The longer society waits, the costlier it is to try to reverse early delays in child development.⁹¹

In 2007, the British medical journal *The Lancet* published a groundbreaking series on child development in developing countries. Just one of its startling statistics: 61 percent of children younger than 5 in sub-Saharan Africa were stunted, living in poverty, or both.⁹² Sub-Saharan Africa also has the lowest preschool enrollment rate of any region: 18 percent in 2011 (which is, however, up from 10 percent in 1999).⁹³ Latin America leads the developing world with 73 percent in preschool. The enrollment rate in South Asia, 50 percent, is also the world average. The highest income countries, members of the Organization for Economic Cooperation and Development (OECD)—which include the United States—average 87 percent.⁹⁴

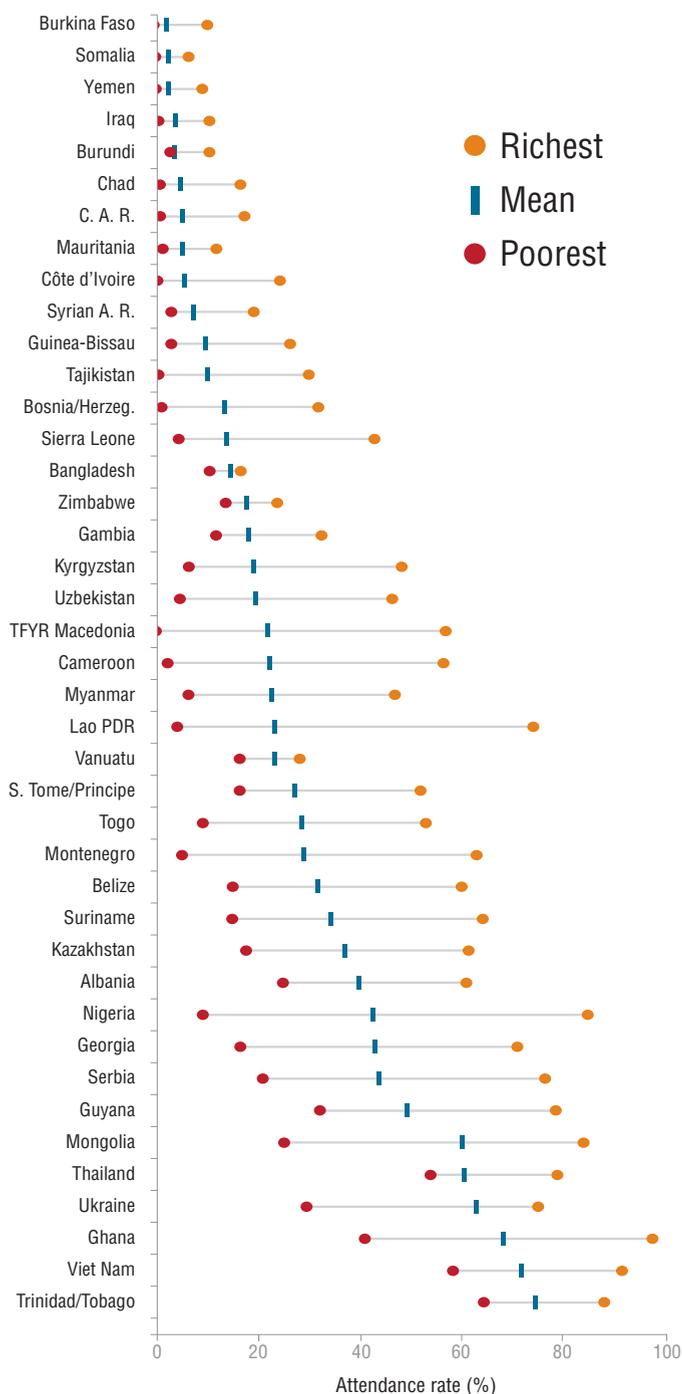
Since 1999, developing countries have made much greater progress than developed ones, which makes sense since they had more unenrolled children to start with. It may come as quite a surprise to many Americans that there are so many children attending preschool



Save the Children

Evaluations of a World Bank/Save the Children preschool program in Mozambique found that students had more improved cognitive skills and mothers were more likely to have worked outside the home.

Figure 2.7 Few poor 4-year-olds receive pre-primary education



Source: United Nations Educational Scientific and Cultural Organization (2014), *Education for All Global Monitoring Report 2013/2014: Teaching and Learning: Achieving Quality for All*.

in developing countries. What is probably less surprising is that enrollment rates vary widely based on family income. See Figure 2.7.

The MDGs focus on getting more children into primary school, and developing countries have focused their resources there as well. In Mozambique, for example, primary school enrollment increased from 52 percent in 1999 to 86 percent in 2012.⁹⁵ Our example is Mozambique because of something else happening in education there: in 2008 the World Bank and Save the Children launched a rural preschool program. Only about 4 percent of Mozambican preschool-age children are actually enrolled in preschool, almost all of them in urban areas and among affluent families.⁹⁶ Given the very limited research on preschools in developing countries, particularly in rural areas, the World Bank/Save the Children program is quite important.

The preschool program in Mozambique involved the construction of 67 classrooms in 30 communities, each with 500-800 residents. The children who attended were between the ages of 3 and 5. The communities provided the space, the construction materials, and 100 percent of the labor to construct the classrooms. The program trained 134 teachers (93 percent of them female) in age-appropriate instruction. Trainees had to have a minimum of four years of schooling themselves; the average for the teachers was 6.2 years of education.⁹⁷ Half of the

teachers had a child enrolled at the school where they taught. Parents were required to participate in training in health, hygiene, and nutrition.

According to surveys of 2,000 households conducted at the beginning of the program and two years later, the preschoolers' caregivers were 26 percent more likely to have worked outside their homes at the end than at the beginning. Older children, ages 10 to 15 at the end of the program, were 6 percent more likely to have gone to school when a younger child in the household was attending the preschool. At the beginning of the program, more than 40 percent of the students were stunted. At its conclusion, an evaluation showed that the students had made improvements in their cognitive and problem-solving abilities, fine motor skills, and socio-emotional and behavioral skills.⁹⁸

The program did not provide the children with food, since it was decided that a meal component would significantly increase the costs of the program. The addition of a healthy meal would almost certainly make a big difference to the program outcomes—with a stunting rate of 40 percent, the children clearly needed more nourishment than they were receiving at home. The entire cost of the preschool program was estimated at \$2.47 per child per month.⁹⁹

One way that the United States supports partner countries' efforts to increase primary school attendance and improve children's nutrition is through the McGovern-Dole Food for Education program, whose objectives include reducing hunger and improving literacy and primary education, especially for girls.¹⁰⁰ The McGovern-Dole program currently provides \$183 million in U.S. agricultural commodities to feed 2.7 million children in 10 countries in Africa, Asia, and Latin America.¹⁰¹ It was established in 2002, not long after the launch of the MDGs, when researchers found that parents were more inclined to allow daughters to attend school when a meal was served.¹⁰²

The McGovern-Dole program is the ideal vehicle to build U.S. support for nutritious meals for schoolchildren at all levels. The program is authorized to do much more than its current funding allows—for example, “improving children's health and learning capacity before they enter school by offering nutrition programs for pregnant and nursing women, infants and preschoolers.”¹⁰³ As the post-2015 development agenda is solidified, it appears that the new goals will encompass more ambitious education targets, including one to increase the share of children able to access and complete pre-primary education and early childhood development programs.¹⁰⁴

Looking Forward

This chapter showed that unpaid care work falls disproportionately on women's shoulders and limits their ability not only to work outside the home, but also to participate in any activities outside the household. This means that they are marginalized in politics and civil society. Women are not just workers and caregivers. Gender equality must also include lifting the barriers to their full participation in government and other decision-making bodies. Citizen participation in democratic institutions strengthens governance; hence women's voices are needed for the good of all. Women's empowerment and leadership in politics and civil society—and why this is important to the goal of ending hunger—is the subject of the next chapter.

“A mother's ability to make decisions at home and in her community not only affects the care she receives and thus her own nutritional well-being, but also enables her to provide better care and nutrition for her children.”

— International Food Policy
Research Institute

PROMOTING GENDER EQUALITY IN INDIA'S SCHOOLS

Gillian Gaynair, for International Center for Research on Women

There was a time when Prachi and her older brother, Dhiraj—who live in a slum community in Mumbai, India—never played together. She couldn't affectionately call him "Dada" in public because Dhiraj made it clear he didn't want to be associated with his sister, a girl. And they didn't talk much at home.

All of that and much more shifted after the two participated in the groundbreaking Gender Equity Movement in Schools (GEMS) program in India, implemented by International Center for Research on Women (ICRW) in partnership with Mumbai's Committee of Resource Organizations for Literacy and Tata Institute of Social Sciences. The school-based effort targeting 12- to 14-year-olds champions equal relationships between boys and girls, dissects social norms that tend to define men's and women's roles in India, and addresses different forms of violence and how to intervene.

Launched in 45 Mumbai municipal schools, GEMS reached more than 8,000 students, including Prachi and Dhiraj, over two years. Since the pilot phase kicked off in 2008, key elements of GEMS have been incorporated into the curriculum for nearly 25,000 public schools in Maharashtra state, where Mumbai is located. GEMS is also being replicated in 20 schools in Vietnam's Da Nang province and 40 schools in Jharkhand, India.

"In a deeply gender-divided society like India, girls and boys are segregated from early on in their lives," says Pranita Achyut, ICRW's senior adolescent and gender specialist. "Schools validate this by limiting how and where boys and girls interact. This kind of segregation only stands to limit boys' and girls' understanding of each other. We think it's critical to challenge these practices within the school system, where children learn to socialize."

An Unconventional Approach

GEMS challenges gender stereotypes by using role-playing, games, debates, school campaigns and candid

discussions. In India's traditionally hierarchical school setting, these stereotypes are formally and informally reinforced.

ICRW's evaluation of GEMS showed that the program has helped transform adolescents' attitudes toward men and women's roles in society and moved them to become less tolerant of gender discrimination. Specifically, students grew more supportive of girls pursuing higher education and marrying later in life, and of boys and men contributing to household work. However, students' behaviors and attitudes around reducing violence—a key component of GEMS—demonstrated mixed results.

To help determine whether GEMS was making a difference, ICRW researchers developed a scale to measure students' attitudes about gender equality as part of a questionnaire youth completed before and after the program. The scale included statements about gender roles, attributes and violence. For instance, students were asked whether they agreed, disagreed or weren't sure about statements such as: "Only men should work outside the home;" "Girls cannot do well in math and science;" and "There are times when a woman deserves to be beaten."

After six months in the program, the proportion of boys and girls who had high gender equality scores more than doubled—a significantly greater increase than in the control group that ICRW studied.

Generally, boys and girls showed the greatest change in their attitudes about the roles expected of and restrictions placed on women and men in society. For instance, a higher percentage disagreed with traditional notions that say only mothers can bathe or feed children, and that men need more care because they work harder than women. Meanwhile, over the course of GEMS, a significant number of students who participated in group activities and school campaigns consistently supported the idea that girls should wait to get married. At first, most students said that girls should be at least 18 years old; over time, that increased to 21.

"The program has helped transform adolescents' attitudes toward men and women's roles in society and moved them to become less tolerant of gender discrimination."

“In several sessions, facilitators discussed the issue of gender discrimination, girls’ value in society and how both affect girls’ growth and development,” Achyut said. “The findings reveal that classroom discussions helped students think about and question social norms. Facilitators also encouraged them to challenge stereotypical ideas about men and women. Those interactions clearly moved students to look at their world differently.”

GEMS activities around violence, however, yielded mixed results.

Experts found that physical and emotional violence at school was an integral part of young people’s lives, especially boys. Sixty-one percent of boys and 38 percent of girls reported experiencing physical violence in the three months before they responded to the questionnaire. Almost as many students admitted to carrying out violence at school.

After the first six months of the program, researchers found an increase in a proportion of boys and girls who reported physically abusing school peers in recent months. However, among those students who participated in another round of the program, the rate declined.

“A possible explanation for the decline is that GEMS sensitized students to behaviors that they thought were normal and perhaps even playful, like hitting or pushing,” said Ravi Verma, director of ICRW’s Asia Regional Office in New Delhi. “So in the first year of GEMS, the students became aware of their own behaviors, and in the second year, they began to develop skills to avoid resorting to violence.”



DFID

A Real Change

For Prachi and Dhiraj, taking part in GEMS inspired them to start navigating their world differently. Now, brother helps sister with household chores. They study together. And they’ve learned how to negotiate the things that once caused them to bump heads, like sharing TV time.

But for Prachi, a more subtle change happened: She found her voice.

“I used to think that only boys can study, they could grow. They get the respect,” Prachi said. “There’s nothing for girls; they have to be home and take care of household chores.”

Now, she said she realizes her outlook was based solely on what she’s observed in her society. She’s discovered that doesn’t necessarily have to be her reality.

“It’s a girl’s right to get an education. She can do anything boys can do,” Prachi said. “She can get an education, get a good job, work outside and take care of her parents. Why should girls be restricted only to household work?”

*Gillian Gaynair owns Mallett Avenue Media, a Washington, D.C.-based firm specializing in content that shows how foundations, nonprofits and corporations effect change globally. **International Center for Research on Women** is a global research institute whose mission is to empower women, advance gender equality and fight poverty in the developing world.*

Key elements of the Gender Equity Movement in Schools (GEMS) have been integrated into nearly 25,000 public schools in India’s Maharashtra state, where Mumbai is located.