

STATE OF THE WORLD'S FATHERS 2021



Structural Solutions to Achieve Equality in Care Work



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Structural Solutions to Achieve Equality in Care Work
2021

Produced by



In partnership with



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Production, Coordination, and Dissemination: Thank you as well to Alexa Hassink, Roma Richardson, and Lona Manik for production coordination, Jill Merriman for copyediting, and [Blossom.it](https://www.blossom.it) for its design.

Additional Acknowledgments: The authors also thank Tatiana Moura, Céline Bonnaire, Zahrah Nesbitt-Ahmed, Deepta Chopra, Daniel Lima, Marcos Nascimento, Ginette Azcona, Jessamyn Encarnacion, Jody Heymann, Christine Galavotti, Line Christmas Møller, Lena Wallquist, Willem Adama, Lana Wells, Jeni Klugman, Nafissatou Diop, Leyla Sharafi, Shereen El Feki, Margaret Greene, Ruti Levtoy, Marina Pisklakova-Parker, Michelle Milford Morse, and Stephanie Oula for sharing information and providing revisions and comments.

Suggested Citation: Barker, G., Garg, A., Heilman, B., van der Gaag, N., & Mehaffey, R. (2021). *State of the World's Fathers: Structural Solutions to Achieve Equality in Care Work*. Washington, DC: Promundo-US.

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Funding for this report was generously provided by the United Nations Foundation, Oak Foundation, Sonke Gender Justice, the Swedish International Development Cooperation Agency (SIDA), and Plan International Sweden. The views expressed in this publication are those of the authors and do not necessarily represent the official views of any of its affiliated organizations, Editorial Advisory Board members, funders, contributors, or expert reviewers.

In Memoriam Nikolay Eremin



*Thus people pass away, and they will not return
Their innermost worlds will never be reborn
And every time my heart just screams
About this irretrievable course of things*

— Yevgeny Yevtushenko

In August 2020, our good friend, colleague, and steadfast MenCare ally Nikolay Eremin passed away – days before his 59th birthday. He had a guileless smile and a kind heart and was a true activist committed to gender equality. Nikolay devoted the last 12 years of his life to working with fathers to be fully involved caregivers. Due to Nikolay's talent and drive, the initiatives and projects he led influenced modern Russian fatherhood in many ways.

Nikolay was born in 1961 in Bolsherechye, Omsk Oblast (Region), Siberia. In the early 1980s, he moved to St. Petersburg, where he received a degree in social work. For many years, Nikolay worked in the Social Service Centre of the Nevsky District, St. Petersburg, where he supported families in crisis and had a special affinity for working with youth in vulnerable situations.

In 2007, as part of a delegation of Russian experts, Nikolay took part in a study tour to Sweden, where he met Swedish

and Norwegian psychologists and activists, as well as like-minded colleagues from St. Petersburg with whom he worked closely in the following years. This was his introduction to working with fathers. Nordic ideas of men's allyship in gender equality and helping men break free of restrictive stereotypes inspired Nikolay so much that in 2008 he opened the first Papa School in Russia based on the work he saw in Sweden. In the years after, his life's work was dedicated to promoting gender equality and ending gender-based violence.

Nikolay brought joy and creativity to his work. With his personal magnetism, he was in his element in any group of colleagues. Using his "Siberian English," as our Swedish colleagues joked, he spoke, wrote, and shared experiences as few of us can.

In April 2020, as though sensing his impending passing, he wrote an article summing up his work in fatherhood and masculinities, in which he reflected on the projects and initiatives he had launched, many of which are still going. He said: *"These are the outcomes of my most creative decade."*

In Russia, it is said that if you die on a day close to your birthday, it means you have succeeded in your life's mission. Dear Kolya-Nikolay, surely you did.

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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.

VALUING CARE: IMAGINING THE WORLD ANEW

Part 1

BY THE NUMBERS:

CARE AND FATHERHOOD IN 2021^e

Factor by which the average time spent on unpaid care work by women worldwide exceeds the time spent by men	3+
Factor by which the total global time spent on unpaid care work by girls aged 5 to 14 exceeds the time spent by boys	3.5
Global increase in men's time per day spent on unpaid care from 1998 to 2012	13 MINUTES
Global decrease in women's time per day spent on unpaid care from 1998 to 2012	10 MINUTES
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
Number of countries that have achieved equality in unpaid care between men and women	0
Number of countries that have a specific policy goal and target date for achieving equality between men and women in unpaid care	0

^e Sources for "By the Numbers" in each part appear in Appendix 1.

Why does men's equal participation in unpaid care matter?

“We cannot go back to the failed man-made policies that have resulted in the fragility we see around us – in healthcare systems, in social protection, in access to justice, and in the wellbeing of our planet.”

– United Nations Secretary-General António Guterres on March 15, 2021, during the 65th session of the Commission on the Status of Women²²

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.²³ COVID-19 has thrown a spotlight on care, and on this care inequality, as never before. From front-line health workers risking their lives for others to parents supporting their children's schooling at home to households caring for ill relatives or recovering from the deaths of loved ones, the pandemic has changed how we live and how we care for ourselves, our families, our communities, and our planet. The question this report asks is: What are the policies and other structural changes required to speed up equality in men's participation in unpaid care as the world rebuilds after COVID-19?

Our societies and economies depend on care. However, even before the pandemic, care – whether at home, in childcare or elder care, or in broader social structures and economies – was ignored, invisible, unpaid or underpaid, and underfunded. This is linked to the fact that it is highly gendered and unequal in terms of who carries it out: Globally, women do three to ten times more unpaid care and domestic work^f than men.²⁴ They also make up 70 percent of the global paid care workforce but represent only 25 percent of senior roles.²⁵ 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.

Feminist economists gave this work a name – “reproductive labor”²⁶ – and have long called for change. The most notable framework for demanding action is Diane Elson's “Three Rs” framework.²⁷ This agenda calls for unpaid care to be **recognized** and valued; **reduced**, both through state provision of services such as childcare and through time- and labor-saving devices; and **redistributed** between women and men, as well as from individuals to the state.²⁸ A fourth R – **representation** – was added to ensure the voices of women were heard in these debates. A fifth R for **reward or remuneration** to push states and workplaces to pay for it was proposed by the International Labour Organization (ILO).²⁹

The “By the Numbers” sections in this report highlight key statistics on this global inequality in unpaid care and domestic work. The data clearly show that as long

^f “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.

as women and girls carry out a disproportionate share of daily care for homes, children, older adults, and ill family members, gender equality will not be achieved. A study by the 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 6 percent of men.³⁰ 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.⁸

What will it take to achieve men's full and equal participation in care work – and a commitment to build a world that is caring rather than uncaring?³¹ Individual men's engagement in care work is a key part of the solution. However, the majority of the impediments to men's equal uptake of unpaid care are structural. These barriers point not only to an undervaluing of care but also to the absence of conditions that support, obligate, and encourage men to take responsibility for an equal share of care work and to make an equal commitment to care work as a political stance. This means nothing short of a global shift, moving from an idea that men *help* women care to a world in which men *do* their equal share of care work and *value* it as much as anything else in their lives – and that society, therefore, values it as well.

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.

As we gauge the full impact of COVID-19, these changes in the way we value and carry out the care work that sustains our lives and economies are no longer a choice. They are imperative. It is also important to affirm from the beginning of this report that there is optimism to be found in one key impact of the pandemic: Reports from surveys with women in 47 countries, and from men themselves in the same surveys, 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.³² Women continue to do the lion's share of care work around the world, but men have been doing more, in unprecedented numbers. Large-scale change in men's participation in unpaid care work is possible; indeed, it is happening. This must be sustained as we return to a different world post-pandemic, a world where we radically transform care and where we finally achieve equality in who does the care.

⁸ They may be disadvantaged, for example, by gender, race, class, caste, disability, sexual orientation, and/or location.

What does “men’s involvement in care” mean?

An ethic of care includes care for ourselves, our families, our communities, our societies, and for the world we live in. The pandemic has demonstrated that care is, and must be, everyone’s concern at the same time that it has exacerbated inequalities in care. In discussing the need for men’s equitable involvement in care work, it is important to define care far beyond biological fatherhood. Of course, men’s relationships with children they biologically father matter; demographic data show that four in five of the world’s men will be or are biological fathers.³³ However, in discussing men’s and boys’ care, this report refers to it in diverse forms:

- In nuclear households with one or two parents/caregivers of any sexual orientation, whether by biological fathers or in other care relationships of children, older or ill family members, or family members with disabilities.
- In extended households in which grandparents, uncles, aunts, brothers, cousins, and other adults are present and involved in care.
- By both fathers or male caregivers of all kinds who live with their children (or other children they are responsible for) and those who do not live with their children.

- By men living in all households in terms of care responsibilities extending beyond care of people, to include domestic work, such as cooking, cleaning, and fetching water, fodder, and firewood.
- By boys participating in unpaid care and domestic activities in the home, including cooking, cleaning, and caring for younger siblings, activities far more likely to be carried out by girls.³⁴
- As political commitments among male policymakers and men with decision-making roles in workplaces to advance greater equality in economies of care and family leave policies, as well as greater valuing of care and care professions.

This report focuses on all these forms of *unpaid* care. At the same time, it calls for men’s greater involvement in and support of paid care professions, such as nursing, childcare, elder care, and other paid caregiving arrangements, and it calls on men to make personal and political commitments to an ethic of care for a planet facing an existential climate crisis.

What role do men and boys play in creating and nurturing a culture of care for the environment?

“Caring for the planet...is too often framed as a ‘feminine’ attitude and rejected by machista (male chauvinist), patriarchal value systems that devalue and erase the work of women.”

—Oxfam, 2020³⁵

As care in homes is gendered, so too is care for the planet. Women and girls pay a disproportionate price for human-made climate change. The United Nations estimates that women are 80 percent of those displaced by climate change and that women experience a majority of the impacts of climate change – even as women are less likely to hold leadership roles in spaces where decisions are made about addressing it.³⁶

Men, on aggregate, are less likely to support the changes the world needs to save our planet. A study of 11 higher-income countries – the countries that produce much of the world’s climate warming – found that women are more likely to believe climate change is a serious problem, to believe

that they personally will be harmed, and to say they would change their lifestyle in major ways to address it compared to men.³⁷ Another study of men in the United States and China – the two largest producers of greenhouse gases on the planet – found that men who held more stereotypical views about manhood were less likely to support climate-change measures.³⁸ Many men were concerned they would seem “feminine” if they worried too much about the environment.³⁹

Numerous studies have linked these findings to gender socialization: Because boys and men are expected to be providers first and foremost, they are generally socialized to focus on the use of natural resources rather than the protection of them.⁴⁰ For many men facing economic insecurity or limited employment options, jobs in extractives or other high-pollutant industries offer some of the few opportunities to provide financially for their families. While there are divergent perspectives on how to respond to the climate crisis, what is clear is that creating jobs within the care economy or other “green” jobs would help provide men and boys – and women and girls – with financial opportunities to support a sustainable future.⁴¹ Part 3 of this report includes recommendations for promoting a male ethic of care in our homes and families, as well as for our planet.

What would a world with care equality look like?

“A caring economy is an idea whose time has come. A caring economy is a dynamic and innovative economy in which humans, and our shared planet, thrive. A caring economy is one where everyone gives and receives care on the basis of their capacities and needs. A caring economy ensures that everyone has time to care, as well as time free from care.”

—UK Women’s Budget Group, 2020⁴²

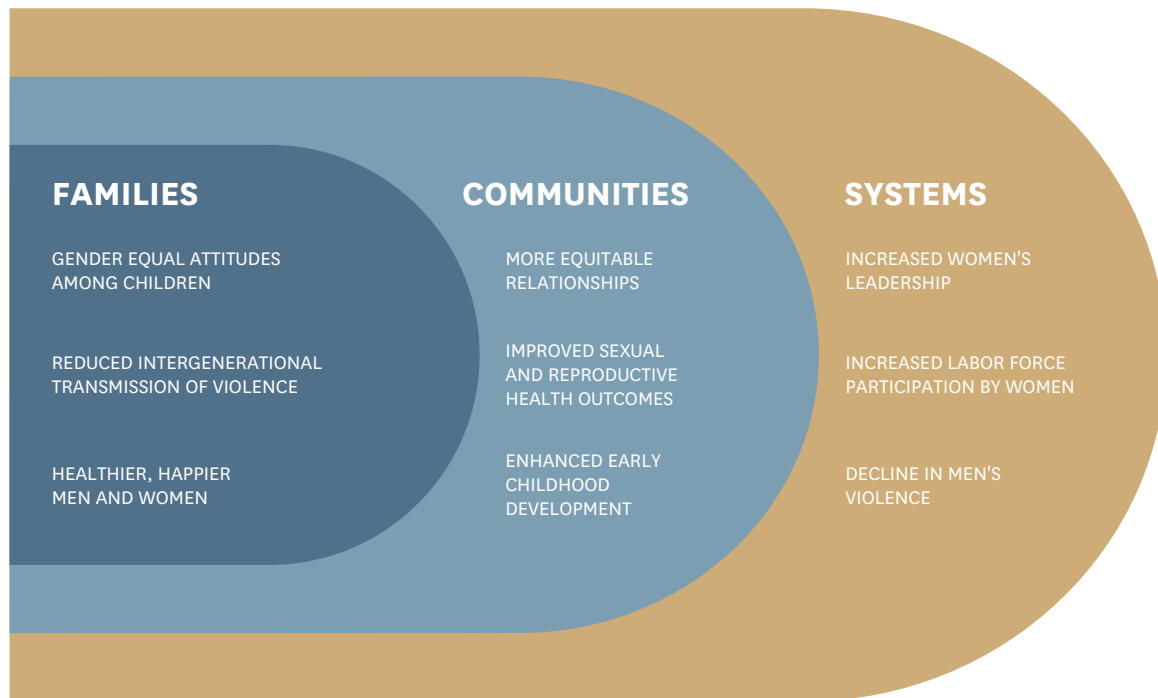
There is no country in the world where women and men share unpaid care and domestic work equally. The 2019 *State of the World’s Fathers* report found that for men to do 50 percent of the unpaid care work, they would need to increase their time spent by an average of at least 50 minutes a day – although this varies greatly among countries and among households. The 2019 report urged governments, employers, and members of civil society around the world to take action to promote gender equality by supporting men to do their fair share of unpaid care work by 2030.⁴³

Harnessing data to demonstrate the multiple benefits of care equality, for women, men, children, societies, and economies alike, has been core to the mission of the *State of the World’s Fathers* series. The following figure synthesizes data presented in previous editions of the series and draws from numerous sources (the International Men and Gender Equality Survey [IMAGES], Demographic and Health Surveys worldwide, and single-country academic studies, as well as qualitative sources). Taken as a whole, this research demonstrates the multiple impacts that more equitable caregiving brings, at the societal level, the community level and the family and individual levels.

The accumulated research confirms that when men and boys carry out a more equal portion of unpaid care work, the results include reductions in violence, improvements in mental health and well-being, and women’s greater economic equality, among others. As affirmed in presentations of the growing evidence base throughout the *State of the World’s Fathers* series, men’s more equitable participation in care is associated with measurable benefits for women, children, societies, and men themselves. Clearly, men’s equitable caregiving is not the only urgent action needed to achieve gender equality globally, but it is a key one. In Part 3, we present the structural actions necessary to increase the scope of these positive effects of a more care-equal world.

Figure 1.

CARE EQUALITY CONTRIBUTES TO:



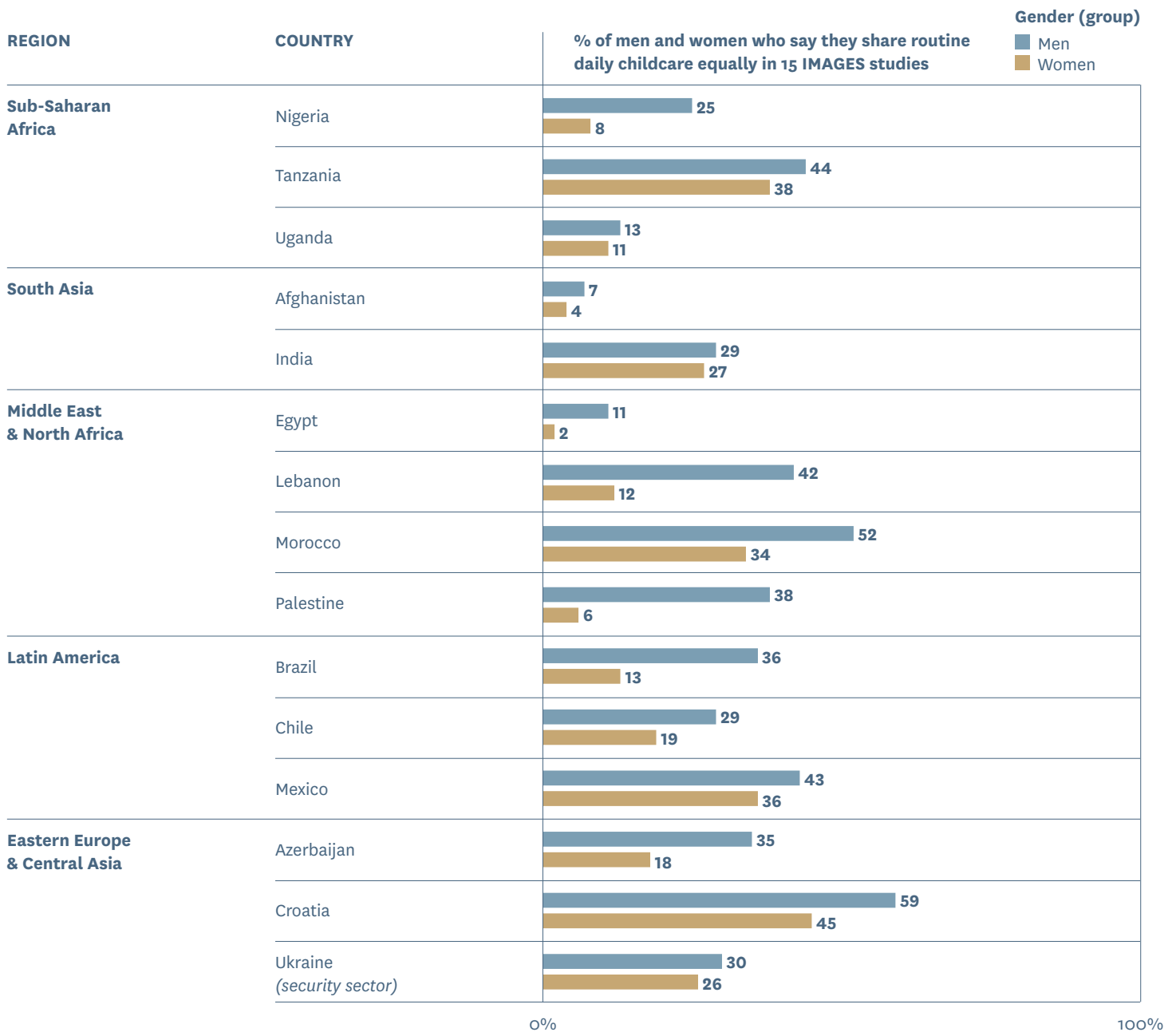
Why has equality in unpaid care been so difficult to achieve?

From the authors' calculations based on ILO data from 23 countries (mostly higher-income countries that have carried out repeated, comparable time-use surveys on unpaid care), at the current pace of change, it will take at least 92 years to achieve equal use of time between men and women in unpaid care.⁴⁴ 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.⁴⁵ As Figure 2 demonstrates, IMAGES data from 15 countries, and representing nearly every region in the world, show that in no country do the majority of women report their male partners “share routine daily childcare equally.” Indeed in some countries, fewer than 10 percent of women report this (with the figure ranging from 4 percent to 45 percent across the countries). The differences between women and men in many countries are also stark: Men consistently report they are doing more than women say they are doing. There is some positive to be taken from the relatively high proportion of men in some countries who say they do an equal amount of the unpaid care work. This finding indicates that many men believe they *should* be equal participants in this work, or at least believe it is

the “politically correct” thing to say. Action should focus on what it takes to turn those positive aspirations into more significant daily actions, while at the same time transforming the rigid gender roles that persist in many other countries.

So, why is change so slow? Why, with tremendous increases in women's labor force participation in many parts of the world, is equality in unpaid care work so difficult to achieve? There are a number of underlying reasons:

- Because economies and economic policies value financial growth and profit rather than equality, human beings, and the care we all need.
- Because centuries of policies, workplace norms, media, and educational curricula 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.
- Because these inequitable norms and power dynamics create feedback loops and inertia, which incentivize governments and families to prioritize men's incomes and paid work at the expense of others.
- Because women have been denied full participation in public life in many settings, the domain of care in the home is often seen as the only space in

Figure 2. Sharing routine daily childcare equally: Men's and women's reportsⁱⁱ This figure reflects an original analysis of IMAGES data sets licensed to or owned by Promundo-US for the purposes of *State of the World's Fathers 2021*.

which many women can have or exert agency and autonomy (even as it may also be a site of violence, isolation, and exploitation of paid care workers).

However, many men say they want to do more. The “Helping Dads Care” data featured in the 2019 *State of the World’s Fathers* report found that on average 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.⁴⁶ 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. Previous *State of the World’s Fathers* reports have affirmed the multiple barriers to men’s full participation include:

- A lack of economic security and government support for all parents and caregivers.
- 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.
- Lack of access to adequate, paid leave and other supportive workplace policies.
- Concerns that men will be seen as less-than-competitive workers if they make care a priority.

- Fear from women that men will take over in the home, which is the only sphere of influence in which many women feel they have some control.
- Risk of ridicule or rebuke from others – both men and boys and women and girls – if boys and men are seen performing caregiving tasks.

It is perhaps a function of patriarchy and privilege that decision-makers with the position and power to redress these barriers – the majority of whom are men – do not generally see or understand the vital importance of care to our societies and our economies. The encouraging news is that the impacts of COVID-19 have forced a historical reckoning with how the world prioritizes and supports care.

With so many forces working against equality in the home, is egalitarian care possible? Stories from 25 countries

A focus on the structural challenges to equality in unpaid care and domestic work runs the risk of making equality in the home seem impossible. Structural forces against equality in care work – and equality in general – are strong. It is true that the majority of heterosexual couples in the world have not achieved equality in unpaid care work. However, it is important to highlight that some have – that equality at home is, in fact, possible. Researchers Francine M. Deutsch and Ruth A. Gaunt worked with partner investigators across 25 countries, from the Global South and North, for their 2020 book *Creating Equality at Home: How 25 Couples Around the World Share Housework and Childcare*. They listened to the stories behind 25 equitable couples – from more egalitarian countries to less egalitarian ones – and identified the common, and divergent, factors that enabled the couples to achieve equality in the home.⁴⁷

What they found is that equitable couples had a shared commitment to equality, often held unconventional gender-equitable attitudes compared to those around them, often had the benefit of extended families who promoted equality, and in some countries, benefited from supportive government policies. Another key trait was that equitable couples upheld the ideal of equality in the home and looked to feminism as their guiding principle. They also, universally, held a strong belief that women and men are equally capable of caregiving. Affirming the role of structural forces, the research also found that equality for couples with middle-class incomes was easier because they had the financial means to forgo income in order for men to do their equal share of care.

What is inspiring about the egalitarian couples is that they also cited factors that are often missing from discussions of structural gender inequality – namely pleasure, happiness, empathy, and a genuine satisfaction with intimate partner

relationships. One of the men interviewed, Tshewang from Bhutan, noted that he is criticized by male peers for his equal participation as a caregiver but also that he finds reward in his wife's happiness:

“I feel very satisfied, especially with myself, that I am able to contribute like this [as an equal caregiver] and also that she acknowledges my contribution, not to me but to others...this makes me realize that my contribution has an impact on her and it gives me a sense of satisfaction. So I feel more encouraged to continue this way.”

João from Brazil articulated how the equality he and his partner achieved flows from the strength of their relationship:

“I believe that Cecília is my soulmate and she feels that I’m her soulmate. So there is this feeling of complementarity, empathy, strong friendship. We know that neither of us is walking alone, that we are really a team and that our son is part of this team along with us too.”

Likewise, women affirmed their appreciation for equality and for their equitable male partners. Katherine from the United Kingdom said:

“It’s very easy not to appreciate how hard it is staying at home with children. ...with Dale having done it, he appreciates exactly what it involves so there’s no taking it for granted.”

In sum, Deutsch and Gaunt conclude that structural factors matter – equal caregiving is easier in countries that offer the policies to support it and easier for couples with middle-class incomes – but individual couple dynamics, life circumstances, and the life satisfaction derived from living equality on a daily basis are also vital pieces in achieving and sustaining equality at home.

THE COVID-19 PANDEMIC AND CARE WORK

Part 2

BY THE NUMBERS:

COVID-19 AND CARE WORK

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
Proportion of the world's children affected by school closures during COVID-19	9/10
Percentage of women from 47 countries who said their time spent on unpaid care work had increased since the COVID-19 pandemic began	56
Of men	51
Percentage of men from the same countries who said their time spent caring for older family members increased during COVID-19	21
Percentage of women who reported the same	20
Among women with children in 16 countries, average increase in time per week spent on childcare during COVID-19: 5.2 hours	5.2 HOURS
Average increase among men	3.5 HOURS

Percentage of girls in 46 countries who reported an **increase in care work** during the COVID-19 pandemic **63**

Of boys **43**

Factor by which girls in the same study were more likely than boys to report that they had too much care work to be able to study **2**

Across 219 countries, total number of **policies enacted** in response to the social impact of COVID-19 **3,100**

Percentage of those policies that directly addressed unpaid care work, including childcare **11**

Number of those policies that specifically addressed men's inequitable participation in unpaid care **0**

Percentage of **national COVID-19 committee members** who are women **24**

Percentage of countries with COVID-19 committees that have fewer than one in three women members **74**

Percentage of **workers in the informal sector** in 11 cities who reported receiving cash or where governments announced COVID-19 relief measures to support vulnerable groups **LESS THAN 50**

What has COVID-19 meant for unpaid care work?

“A year into the pandemic, we are no longer just worrying about progress on women’s equality coming to a standstill. We’re now seeing the possibility of such progress being reversed.”

— *Review of COVID-19 and childcare, 2021*⁴⁸

COVID-19 has impacted all individuals and has exacerbated existing inequalities in terms of race, gender, class, sexual orientation, and gender identity. It has exposed the many ways in which our current economic and social systems have failed to account for care, whether paid or unpaid.

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.⁴⁹ 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 girls were already doing three to ten times more unpaid care work than men, but research on COVID-19’s impact on unpaid care work has consistently found the brunt of increased hours has been concentrated with women and girls, aggravating or maintaining existing inequalities.⁵⁰ According to UN Women surveys in 47 countries, 56 percent of women and 51 percent of men reported they have experienced an increase in the amount of time spent on unpaid care work.⁵¹ Another study by the International Development Research Centre found that women all over the world are spending 30 hours a week just on childcare – the equivalent to another full-time job.⁵² In Nairobi’s informal settlements, among cohabiting couples, 70 percent of women said their hours on unpaid care had increased, as did more than half of urban poor and marginalized women in the Philippines and more than half of women surveyed in Canada and the United Kingdom.⁵³

Men, too, are doing more care work during COVID-19 lockdowns, as reported by men themselves and by their female partners. While there is a huge diversity among households in terms of COVID-19’s effects on care duties around the world, overall increases in men’s time use for care work have not changed the overall unequal proportion that women carry out compared to men in the context of heterosexual households.⁵⁴

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-19.⁵⁵ In the United States, during the pandemic, Black and Latina women have dropped out of the labor force at higher rates than white women, especially those with children.⁵⁶ The closure of national borders and lockdown measures has also affected the economic activities of migrants working in the paid care sector.⁵⁷ In Norway, women who came from Central and Eastern Europe have seen their unemployment increase more than any other group – by more than 10 percent.⁵⁸ A study in the United Kingdom found that mothers with disabilities were more than three times as likely to have lost work than nondisabled mothers.⁵⁹ For those living in informal settlements in many countries, staying at home and social distancing have not been possible. Families live in overcrowded housing, and if people have not had work, they and their families have not been able to eat.⁶⁰

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. A Women in Informal Employment: Globalizing and Organizing (WIEGO) 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.⁶¹ In the United States, a study by Oxfam and Promundo found that 79 percent of women of Asian descent said their daily care work increased under COVID-19, compared to 74 percent of Hispanic/Latina women, 71 percent of African American women, and 57 percent of white women.⁶² Research by UN Women and the United Nations Development Programme (UNDP) predicts that 47 million additional women and girls will be pushed into poverty by COVID-19.⁶³

While COVID-19 lockdowns have obligated many men to spend more time at home, men's presence in the home is not universally positive for households. While men's violence against women was already high before the pandemic,⁶⁴ data from 142 studies in 44 countries point to an alarming increase in **men's violence against women** during COVID-19.⁶⁵ Women with disabilities have been particularly at risk.⁶⁶ Many countries, from France⁶⁷ to Zimbabwe,⁶⁸ Singapore⁶⁹ to Cyprus,⁷⁰ Argentina⁷¹ to Australia,⁷² reported double or triple the number of calls to helplines at the same time that services were being cut back. In addition, there is evidence that the pandemic has led to an increase in online sexual harassment and abuse.⁷³ Research before the pandemic found that men's unemployment and economic stress can be a driver of men's use of violence, and both of these have been widespread during COVID-19 lockdowns.⁷⁴

The increase in unpaid care work, combined with job losses and economic stress, has meant added strain **on mental health**, particularly among women. A five-

country (United States, United Kingdom, Philippines, Kenya, and Canada) study carried out by Oxfam in partnership with Promundo-US found that almost half (43 percent) of women surveyed said they were feeling more anxious, depressed, overworked, isolated, or physically ill because of their increased unpaid care and domestic workload during the pandemic.⁷⁵ Many men in the same study also reported mental stress, particularly related to job loss and income. Men's mental health may also suffer due to masculine norms, which may discourage men from reaching out to family, friends, or community if they are suffering.⁷⁶ Those who are living in isolation because they have disabilities or pre-existing health conditions may also have found it harder to access services and social networks. Gay, bisexual, transgender, and queer men are also more likely to live on their own.⁷⁷

COVID-19 has increased the vulnerability of women during childbirth and made it more difficult to access **maternal and sexual and reproductive health services**, including contraception.⁷⁸ Between 13 and 51 million women may have been unable to access contraceptives, which could mean up to 15 million unintended pregnancies.⁷⁹ One study in ten countries in Southern and East Africa found that access to sexual and reproductive health and HIV-related services was “severely undermined” during the pandemic.⁸⁰

In a number of countries, from Japan to Brazil to the United Kingdom, **hospitals have not been allowing fathers and birth partners** to attend antenatal appointments or to be present for the birth of their

child due to rules imposed to prevent the spread of infection.⁸¹ This has meant that women have had to give birth alone and without their partner's support, and that progress made in allowing fathers to be present is being undermined, despite the fact that research shows the positive effect on their future relationships with their children.⁸²

Most of the world's schools have been shut at some point since COVID-19 started and approximately 60 percent of children have been **in some form of lockdown**, with those lacking access to technology in particular unable to learn.⁸³ This reality has a direct effect on gender inequality in care work for adult women and for girls: Girls reported increased time spent caring for siblings and others compared to boys (52 percent to 42 percent) and were twice as likely to report household chores as an obstacle to learning.⁸⁴

Finally, looking at **leadership during the pandemic**, the 21 countries with women leaders have generally done better in terms of numbers of deaths, while those with autocratic male leaders have fared worst.⁸⁵ Women have been on the front lines of the health and care workforce, as well as of caring at home and volunteering in the community. However, very little of the leadership on COVID-19 has been by women, or even included women. Research in 30 countries by Care International found that women made up 24 percent of national COVID-19 committees. On three-quarters of these committees, women comprised less than a third of the membership.⁸⁶ This lack of representation was also found at the local

level. UN Women and UNDP found that globally, only 4.4 percent of COVID-19 task forces have gender parity, while 84 percent are male-dominated.⁸⁷ Would decisions have been different if there had been more women leaders, particularly progressive women leaders, or if the men in power in more settings had made decisions based on promoting gender equality, social justice, and support for care work? We do not have enough research to know. We do know, though, that we are facing a world with autocratic male leaders and that gender equality is in danger of slipping back.

Looking at leadership during the pandemic, the 21 countries with women leaders have generally done better in terms of numbers of deaths, while those with autocratic male leaders have fared worst.

Could COVID-19 be a catalyst for moving the dial on unpaid care?

“Historically, pandemics have forced humans to break with the past and imagine their world anew. This one is no different. It is a portal, a gateway between one world and the next.”

—Arundhati Roy, 2020⁸⁸

Even before COVID-19, progress on gender equality was uneven. However, the world faces a real danger that the pandemic will reverse gains made after decades of struggle on women’s rights and gender equality and that as women lose their jobs in greater numbers than men, families will return to the traditional model of men as breadwinners and women as homemakers.

There is an additional layer of complexity: As noted earlier, while men’s increased presence in the home during COVID-19 lockdowns has brought positive change to millions of households in terms of men’s participation in unpaid care work, it has also led to increased violence by men against women in too many others. We know that male caregiving pays forward just as men’s violence against women has longer term consequences for children: Boys

who see their father or male family members engaged in the home are more likely to do the same themselves, and boys who witness violence against women in the home are more likely to be violent toward a female partner when they grow up.⁸⁹ In sum, COVID-19 brings both risks and opportunities for the future of gender equality. Governments and civil society organizations must pay attention to both: speeding up the positive change in care equality, while acting urgently to ensure accountability for men's abuse and violence.

There is, as noted, a positive, possibility: that the pandemic could act as a catalyst for the kind of radical change that is needed to finally move the dial on gender equality. In the midst of the tragedy and losses due to COVID-19, we have a historic opportunity for change. The fact that care has been front and center in the world shines a spotlight in particular on the inequalities between women and men in unpaid care and domestic work. **Due to lockdowns all over the world, at a global level men have been present in the lives of their children more than at any time in history.** Between 35 and 80 percent of women reported their male partner increased his time devoted to unpaid care during the pandemic, according to a survey by UN Women in 47 countries.⁹⁰

Also on the positive side, early data suggests that fathers living with their children were less likely to feel depressed or stressed during COVID-19 lockdowns, and many found increased meaning in their roles as caregivers.⁹¹ Research has long affirmed that men who

report positive, engaged relationships with their children are less likely to experience mental health problems and more likely to report higher quality of life, a finding that has been reinforced during COVID-19.⁹² Involved fathers are good for children, for families, and for women.

Research on this topic has been mostly in the Global North, although MenCare partners around the world stated anecdotally that men who have taken on more unpaid care work during COVID-19 say they have found a deeper connection with their children and families. The following are a few examples from the research:

- In Sweden, a study found that 45 percent of men said they spent more time with their children during COVID-19 lockdowns and that those men who spent more time with their children felt they became better caregivers as a result.⁹³
- In the United States, a study of 1,319 adults – including 284 fathers – found that 68 percent of fathers felt closer or much closer to their children since the pandemic.⁹⁴
- In Canada, a study found the amount of time fathers spent with their children, and the kind of activities they carried out during COVID-19, were closer to their ideal expectations of family life.⁹⁵
- In the United Kingdom, the gender childcare gap narrowed from 30.5 to 27.2 percent due to men's availability to share childcare.⁹⁶

*Marino's Story*⁹⁷

COVID-19 lockdowns have obligated millions of men around the world to spend more time with their families, and for some men, that has turned into more time devoted to caregiving. Marino is one of those examples. In the small fishing barangay (village) of Santo Niño in Quinapondan, Philippines, COVID-19 has changed the way Marino, a father of three, cares for his family. Before COVID-19, Marino spent eight hours a day at sea, catching fish to sell and earn money for his family. This changed when the lockdown was imposed. He was only able to fish twice a week. He also said that selling his catch became tougher because the market became limited – people stayed at home without stable income and with constrained mobility. Marino now spends most of his days at home doing the cooking and laundry, as well as fetching water so the family can frequently wash their hands with soap. Marino says his mind was opened, and he came to the realization that men should be more involved in household chores. Aside from doing more chores alongside his wife, he also helps his children understand the importance of sharing care work at home.

Are national policies to address COVID-19 also promoting equal care?

“We currently confront the two biggest challenges of our generation: the COVID-19 pandemic and its consequences, and the unfolding climate change crisis. In both, women are disproportionately affected. And in neither, are women appropriately represented as negotiators and policy makers. In a recent survey of COVID-19 task forces we found that less than 5 per cent of those task forces had gender parity in the composition of their membership.”

—Phumzile Mlambo-Ngcuka,
Executive Director of UN Women⁹⁸

As governments have responded to COVID-19 with new policies and programs, are they prioritizing gender equality and unpaid care? Unfortunately, many of these policies have failed to take gender into account, as extensive research by UN Women and UNDP shows.⁹⁹ Some civil society and feminist groups have called for national care plans, as this report does. Examples of

policy advancements and policy advocacy related to care work include the UK Women's Budget Group's *Creating a Caring Economy: A Call to Action*¹⁰⁰ and the Time's Up Foundation's *It's Time to Care: The Economic Case for Investing in a Care Infrastructure*,¹⁰¹ and many others, all of which call attention to the urgent need for comprehensive policy actions when it comes to care.

In 2020, UN Women and UNDP introduced a continually updating "gender tracker" to identify which of the over 3,100 measures and policies introduced in 219 countries on COVID-19 are gender-sensitive (as of the writing of this report).¹⁰² Policies assessed cover violence against women, social protection and labor market policies that target women's economic security or address unpaid care, and fiscal and economic measures that support female-dominated sectors of the economy.

- **The encouraging news** is that of the most recent data available there are many measures that can be considered gender-sensitive. Most (832 in 149 countries) focus on men's violence against women and girls.
- **The discouraging news** is that roughly 15 percent of countries had no gender-sensitive measures at all and few had a holistic response in terms of gender equality. In particular, social protections and job recovery/response policies remain largely gender-blind. Of the 1,700 social protection and labor market measures, only 13 percent target women's economic security, and only 11 percent support unpaid care.

Overall, with only 11 percent of the total COVID-19 policy responses focused on unpaid care, the report notes, "The response has been woefully inadequate to address the severe care crisis that COVID-19 has catalyzed." It spotlights Argentina and Canada as countries that recognize "the potential of public investments in the care sector as a key lever for economic recovery with the potential to generate jobs, build human capital and support women's economic security." In addition, among the 27 labor market policy measures documented across 23 countries to address unpaid care, the most common include shorter or flexible work arrangements to help parents combine paid work and unpaid care responsibilities (13 policies in 11 countries) and additional wage subsidies for workers with care responsibilities (nine policies in nine countries). Building back to achieve greater gender equality after COVID-19 will require more extensive and more deliberate gender equality-producing policies, including an urgent focus on care work and equality in who carries out care work.

THINKING STRUCTURALLY: SEVEN ACTIONS TOWARD A MORE CARING WORLD

Part 3

BY THE NUMBERS:

STRUCTURAL BARRIERS TO EQUAL CARE

Global percentage of women in parliaments (2021)	25.6
Average percentage participation in the paid formal workforce by women worldwide in 2020	47
By men	74
Number of women of working age unavailable for paid employment due to childcare responsibilities	606 MILLION
Number of men of working age unavailable for paid employment due to childcare responsibilities	41 MILLION
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
Number of countries that guarantee paid parental leave for fathers , as of 2014	71

Global median number of days of paid parental leave available for mothers	98
Global median number of days of paid parental leave available for fathers	5
Percentage gap in pension payments between women and men in Organisation for Economic Co-operation and Development (OECD) countries, often due to unpaid care	26
Percentage of 40 global corporations who said having better parental leave policies helped them weather COVID-19	72
Global percentage by which women's pay is less than men's (for the same work) for 2018-2019	15.6
Number of countries that have achieved equality in pay between men and women	0

“The global community now has a fundamental choice: we can either recycle failed austerity measures, which are likely to further deepen inequalities, or set things right by enabling a recovery that re-values care, encourages men to play full and equitable roles in unpaid care, and builds an inclusive feminist future.”

—Oxfam, 2020¹⁰³

Men’s full participation in care work – from doing an equal share at home to enacting care-supportive policies to being political allies in making the necessary radical shift toward a caring economy – is part of a necessary and urgent revolution to center care in economies, societies, and lives. However, fundamental transformations to economic systems do not come easily; some leading voices within the movement for care equality argue that “care and capitalistic market logics cannot be reconciled.”¹⁰⁴ Fundamental and structural changes are required; indeed, a new way of living and governing is required if care equality is to become a reality.

Men need to be encouraged in workplaces, communities, the media, and the institutions around them to see their care duties as central to their lives rather than peripheral. These changes must also be part of larger structural changes to our economies and political systems. The seven recommended actions that follow 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. Collectively, these activists have called for a feminist agenda that puts people over profits, promotes

workers’ rights over corporate rights, puts people in charge rather than authoritarian elites, and focuses on the future of our planet.

In 2019, feminist organizations came together as part of strategic conversations for the Generation Equality Forum in Mexico City.¹⁰⁵ They developed the Mexico City Strategic Vision framework, which outlines the following policy needs around caregiving: 1) collect gender-disaggregated data on unpaid care work; 2) enact laws and policies to recognize, reduce, and redistribute unpaid care and domestic work, including ensuring universal access to quality public care services; 3) guarantee living wages and access to social protection in care jobs; 4) increase public investment in the care economy; 5) mandate paid parental and family leave; and 6) provide pension care credits for time spent out of the labor force to care for children or dependents.

Similarly, in 2020, the UK Women’s Budget Group produced a detailed vision of what a care economy could look like post-pandemic, which includes: 1) giving an economic value to unpaid care work; 2) investing in the social and physical infrastructure to support care work; 3) transforming the world of paid and unpaid care work, with an emphasis on dignified work with adequate pay and supports for workers to do both paid and unpaid care work; 4) investing in a caring social security and social protection system; 5) transforming tax systems to be more progressive, to pay for care and social protection; and 6) overhauling the monetary and national budget systems to put care before profit.¹⁰⁶

Inspired by these and other care-equality activist predecessors, this section presents a set of seven interlinked actions, all aimed at addressing and transforming structural impediments to full gender equality in unpaid care.

ACTION 1



Put in place NATIONAL CARE POLICIES and campaigns that recognize, reduce, and redistribute care work equally between men and women

Feminist economists have long affirmed how women's unpaid care and domestic work is an invisible subsidy to workplaces, economies, families, and men given that women do the majority of it. In no national economy is unpaid care and domestic work counted directly as part of national revenue or gross domestic product.¹⁰⁷ Most existing national care policies have been limited in scope – focusing only on parental leave or access to childcare, for example. While these policies offer some benefits, the issue at hand requires comprehensive and fully resourced policies.

Having national care plans that include new public funding and new taxation to pay for the care work in homes is one, necessary way to end the invisibility of unpaid care work. Indeed, a national care policy would ideally comprise several of the actions suggested throughout this section, such as parental leave, gender-informed social protection policies, and health sector changes.

Childcare: A Cornerstone of a National Care Policy

One of the foundations of a national care policy is publicly subsidized childcare. Quality, publicly subsidized and universally available childcare has been one of the most widely implemented and effective policies to support women's economic participation worldwide.¹⁰⁸ European data find that wider use of childcare (and wider availability of childcare to use) results in increases in women's pay at higher rates than men's.¹⁰⁹ However, access to childcare varies widely by region and by income group; the latest data from UNICEF Office of Research – Innocenti find that 39 percent of three to five year olds attend some kind of childcare center, with lower access in the poorest regions of the world.

Even when childcare is widely available, it is important to insure that childcare workers are justly paid, and supported as a work force. Globally, it is mainly women who work for pay in the childcare sector. Currently, women make up 37 million of the 49 million care workers in the European Union, for instance, mirroring women's disproportionate participation in care professions worldwide.¹¹⁰ Women, in particular women from lower-income backgrounds and historically marginalized groups, make up the bulk of those who cook, clean, or look after the children of those families who are financially better off. Often, these women must then depend upon other women in their communities to support them as they care for others' children.

Uruguay's National Care System law provides a compelling example of such an integrated national care policy, one that includes some components to promote men's equal participation in unpaid care and domestic work. The law codifying the National Care System passed in 2015, and was rooted in the universal right to care and the co-responsibility of governments and communities to provide that care.¹¹¹ The law represents advances in previous national care legislation, including childcare pension credits within the national social security system that recognized unpaid care work as work through the expansion of pension credits, as well as laws supporting domestic workers.

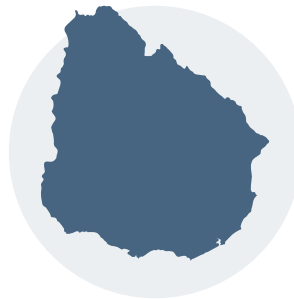
The law was passed by a progressive government with widespread support from women's rights groups and from UN Women through its HeForShe initiative.¹¹² It was based on the awareness of the “triple challenge: an ageing population, changing family compositions, and a labour market that put increasing strains on families, especially women,”¹¹³ coupled with time-use surveys that highlighted the glaring inequality in unpaid care work faced by women. The Uruguayan government sought to create a national care plan that was ambitious in its coverage and promoted gender equality.¹¹⁴ Importantly, the law includes incentives for men to carry out their share of care. The objective is:

“To generate a co-responsible model of care, shared by families, government, community and the private sector...so that men and women may share care responsibilities in an equitable manner as an attempt to do away with the unjust gender-based division of work that has historically characterized our society, and which still does.”¹¹⁵

Prioritizing the most vulnerable households, the plan includes care for children, those with disabilities, and dependent adults, with particular attention to families living in poverty.¹¹⁶ Its key components are:

- Subsidies to families to support the costs of hiring external support or assistants for caregiving responsibilities (allowing families to access private and public options);
- Increased funding for preschool education;
- Expansion of childcare centers;
- Inclusion of new forms of paid leave, including providing families with the option of half-time leave (with pay subsidies to cover the lost wages) to support caregiving needs; and
- Payment into pensions for unpaid care work.¹¹⁷

As of 2020, the Uruguayan care system expanded its coverage to provide subsidies for 60 percent of the most vulnerable households nationwide. The plan has also included campaigns promoting men's equitable participation in care work, an area in which limited progress has been achieved. Between 2014 and 2016, the percentage of eligible men who used some form of



parental leave versus women increased from 54 percent to 98 percent, although men continued to use far fewer days of paid leave than women.¹¹⁸ In addition, as of 2019, men represented only 3 percent of caregivers who had used the program's "half-time" allowance – an allowance that grants caregivers the opportunity to work half-time and receive a subsidy to cover a portion of lost wages.¹¹⁹

Clearly, men's equal participation in care work in Uruguay has a long way to go, as in the rest of the world, but the law nonetheless represents an ambitious leap forward – both as a national care plan and as a national policy that explicitly seeks to promote men's equitable participation in care work.

RECOMMENDATIONS TO CATALYZE ACTION 1:



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 the 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, 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

As every edition of *State of the World's Fathers* has emphasized, parental leave policies, when designed well, are among the most immediate and impactful steps governments and employers can take to promote more equal participation by all parents in childcare. That said, paid parental leave only benefits those in paid employment and not the millions who work informally or are self-employed. It also usually doesn't cover leave for other purposes: for example, for children beyond their early years or to look after a sick relative.



Paid and job-protected leave policies earmarked for fathers give them the chance to be fully involved from the beginning of their child's life. Data show that paternity leave policies can, among many other things:¹²⁰

- **Establish a pattern of shared participation in care work that persists after the leave period.** Research in Sweden, for example, asserts that the gender gap in unpaid care shrinks in proportion to the length of parental leave taken by fathers.¹²¹ Another study found increases in men's involvement in care work on weekdays (in Sweden and Canada) and especially on weekends (in those two countries, as well as Germany) even after parental leave had concluded.¹²²
- **Increase fathers' comfort, competency, and sense of responsibility as parents so that they are more likely to take leave and care more equitably.** Research with parents in the United States and Canada who had access to extended time off of work for newborn care specifically showed that the opportunity to focus on childcare without workplace demands was crucial to putting in place a more gender-equal division of childcare.¹²³
- **Change the social and political acceptability of men's uptake of leave and shift individual attitudes about care roles.** In Spain, when the duration of paid paternity leave (with 100 percent wage replacement) increased from two to four weeks – equal to leave for mothers – researchers found that the legislation itself was a “political and social legitimization” of

leave uptake among fathers and led to 80 percent uptake after it came into effect.¹²⁴ This wave of support has continued, with Spain's paid parental leave expanding to 16 weeks for all parents as of 2021.¹²⁵ Nationally representative longitudinal data from nine countries concluded that changes to parental leave policies that specifically incentivize or encourage fathers to take time off are associated with improvements in attitudes toward women's equality among men and women.¹²⁶

If national-level parental leave policies are to achieve their potential, they need to be fully paid and incorporate non-transferable days so that men who do not use their leave, lose it. Research has shown time and again that transferable leave, while it may sound like it offers freedom of choice for heterosexual couples, continues to reinforce gender inequality. As seen in Figures 3 and 4, the reality is that globally, most leave policies are insufficient in terms of days for fathers, and the days available for men or male caregivers are too few to be gender-transformative.

Figure 3 provides some room for optimism, affirming that in recent years, many countries, including nearly all of South America and Europe, have introduced policies

to offer at least some paid leave entitlement for both the mothers and the fathers of infants.

Figure 3. Is paid leave available for mothers and fathers of infants as part of a national policy?

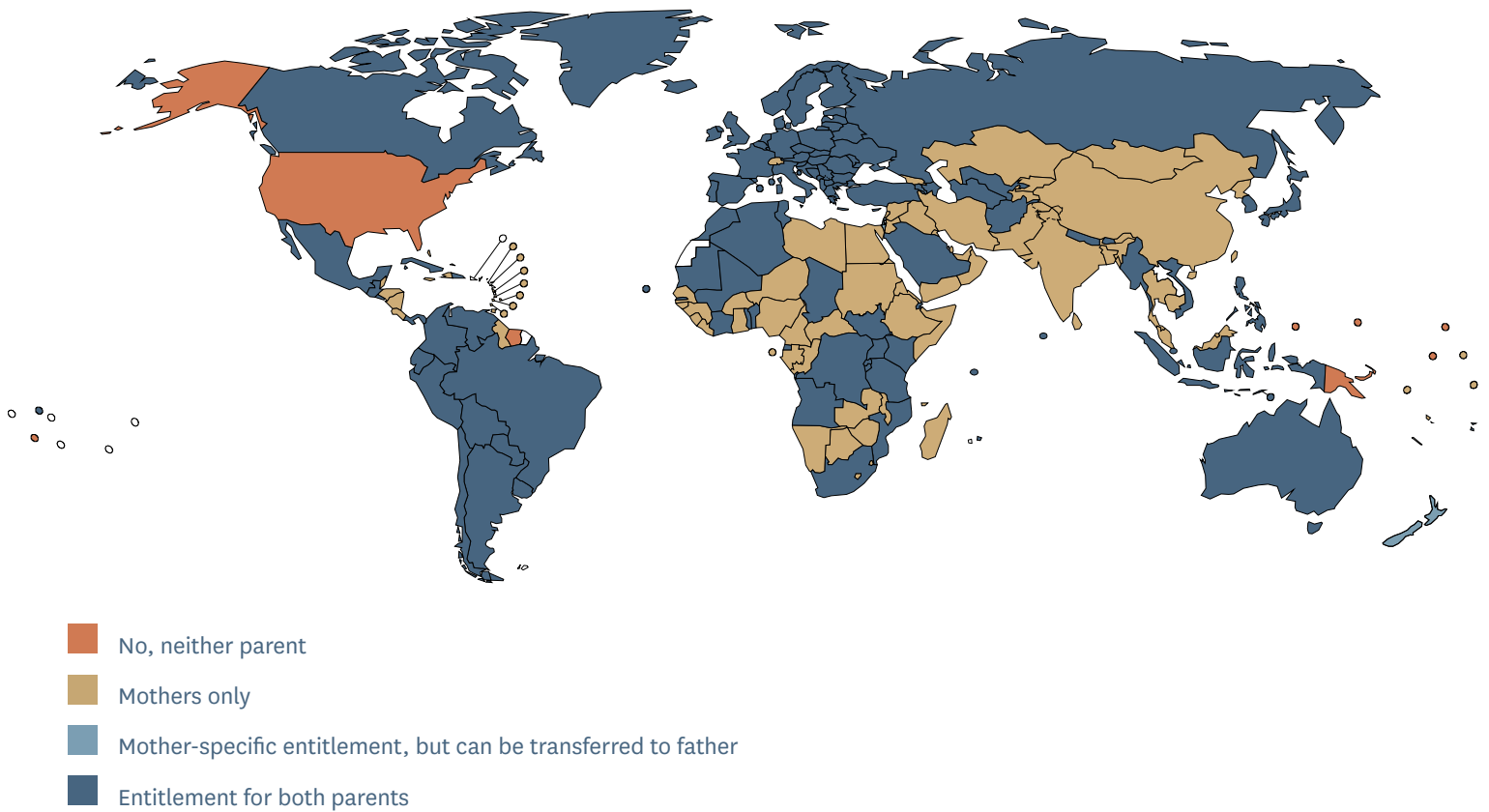


Figure source: WORLD Policy Analysis Center¹²⁷

Unequal Access to Paid Parental Leave for Same-Sex Couples

According to a 2019 study of 34 OECD countries, only a minority of countries offer paid parental leave to same-sex couples, and when leave is offered, same-sex couples receive shorter periods of leave than heterosexual parents. This is particularly true for same-sex male couples.¹²⁸ This study found:

- Apart from the United States, all 33 countries in the study provide nationally guaranteed paid leave for new birth parents.
- Same-sex female couples receive the same leave as heterosexual couples in **19 countries**, but this is true for same-sex male couples in only **four countries** (Australia, Iceland, New Zealand, and Sweden).
- In 14 OECD countries, same-sex female couples receive a shorter duration of leave than heterosexual couples, simply due to gender-restrictive language in the laws that **assume one male and one female parent**.
- Across the 33 countries that offer paid parental leave for new birth parents, the duration of paid leave available to same-sex male couples varies from **zero weeks** (in Israel, Switzerland, and Turkey) to **156 weeks** in the Czech Republic.
- Same-sex female couples can access **longer durations of leave** (ranging from 12 to 164 weeks), but the duration of leave that is available to heterosexual couples is larger still (ranging from 13 to 184 weeks).
- Same-sex couples are entitled to the same duration of leave for adoption as heterosexual couples in 19 countries; however, only four countries (Australia, Iceland, New Zealand, and Sweden) use gender-neutral or gender-inclusive language that guarantees equal leave entitlements to all parents **regardless of their gender identity or partnership status**.
- In South Africa, beyond maternity leave, ten days of paid parental leave is available to all parents regardless of sexual orientation or gender identity. The new Labour Laws Amendment Act also provides ten weeks of **paid adoptive leave**, which is available to all adoptive parents.¹²⁹

Parental leave is transformative when done right.

Research from the Nordic countries in particular has affirmed that if it is long enough and non- or only partially transferable, paid leave can increase men's participation in unpaid care work in the context of heterosexual couples and support women's employment. Despite this clear affirmation of the importance of adequate, non-transferable (or only partially transferable), and paid leave for male caregivers, this leave rarely extends beyond two weeks in the majority of countries around the world, as demonstrated by Figure 4. A handful of countries have specific measures to make leave more attractive to fathers. These provisions, such as an offer of additional leave or a higher payment if both the mother and the father use parental leave, are offered in ten countries.

Figure 4. Is paid leave structured to incentivize working fathers to share infant caregiving responsibilities?

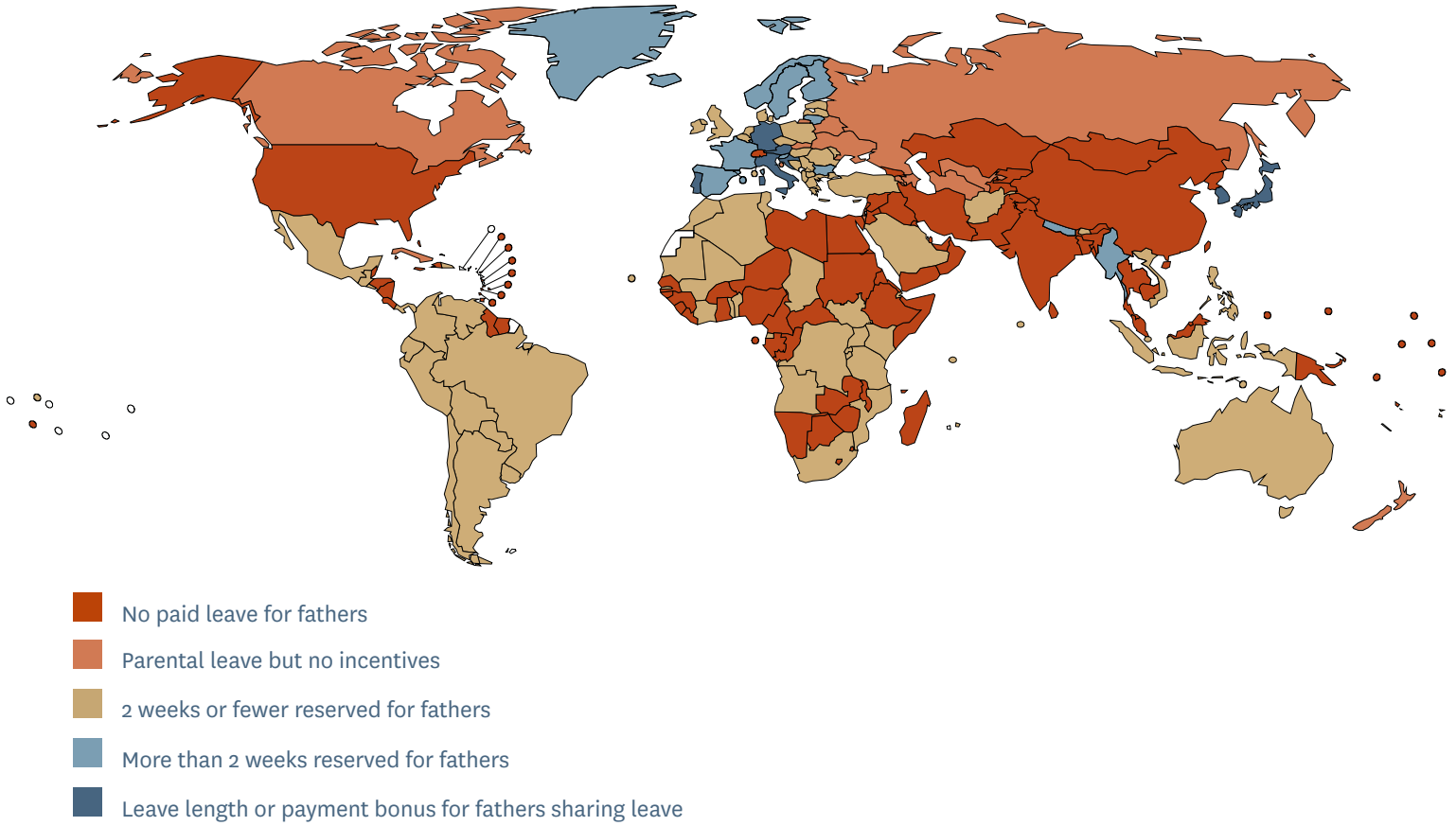


Figure source: World Policy Analysis Center¹⁹⁰

Figure 4 underscores just how far policymaking around parental leave has yet to travel. It uses a cutoff of two weeks not because this is a marker of the best possible standard for leave policies, but rather to show how few countries meet even this very low bar.

Policy change is needed not only within parental leave policies themselves – to be longer, paid, and non-transferable – but also within the workplace and the labor market. When labor conditions are precarious, men are even less likely to be able to make full use of their parental leave. Positive change in men's use of parental leave could be driven more quickly by improving working conditions, particularly in terms of job stability – for both men and women who take leave – while also offering economic incentives for equal parental leave, where appropriate. If policymakers truly believe in and seek equality in care work, they should implement gender-transformative, fully paid, non-transferable, statutorily guaranteed leave policies, including income support for those employed in the informal sector, as the next section will show.¹³¹



Family Leave in Finland

Finland is presently renewing its family leave model. The new model gives each of the child's parents 160 days of paid parental leave. A parent could then donate up to 63 of their parental leave days to the other parent or to their spouse. If the child only has one parent, that parent would have the right to all 320 leave days. In practice, the reform increases fathers' compulsory quota to 97 days, or approximately four months. If the father does not use this quota, the family would lose it. The reform aims to treat all children equally regardless of the number or gender identity of parents, or whether the parents are married, co-residing, or living apart. A nonresident parent would have the right to paid parental leave if they have joint custody with the resident parent. The Finnish reform is the result of years of discussions and several failed attempts to make structural change. Its effects remain to be seen, but according to the government's proposal, the expectations are high with regard to more equal sharing of parenting responsibilities, mothers' career opportunities, and equality among children.

Contributed by Anna Moring,
a specialist for the Family Diversity Network in Finland¹³²

COVID-19 has made obvious to many employers that workers' care needs are undeniable, and those employers that recognize this reality fare better. A study of 40 international companies surveyed in late 2020, most with headquarters in the United States and United Kingdom, found that more than three-quarters of the companies surveyed said that at least 20 percent of their employees took time off during COVID-19 to care for family members.¹³³ Sixty-eight percent said COVID-19 caused significant stress for their workforce in the form of attrition. Three-quarters of the companies surveyed said that paid family leave had a significant positive impact on their ability to weather the pandemic. Among the 20 companies with the strongest leave policies, 90 percent said flexible paid leave was a key factor in their company being able to weather the pandemic. Almost half said they had expanded paid leave during COVID-19, and 43 percent said they planned to make that expansion permanent beyond COVID-19 lockdowns.¹³⁴

Among the 20 companies with the strongest leave policies, 90 percent said flexible paid leave was a key factor in their company being able to weather the pandemic.

RECOMMENDATIONS TO CATALYZE ACTION 2:



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-sex 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.¹
- **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.

¹ Interested readers are encouraged to read the more comprehensive overview of the types of parental leave systems worldwide in *State of the World's Fathers 2015* 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 has been a focus of many government pandemic responses, from cash transfers to furlough payments to health insurance. Even before the pandemic, though, many social protection systems were already failing to address the different needs related to gender, age, locality, ability, and other inequalities.¹³⁵





Including Fathers: Social Protection Programming in the Philippines

The Pantawid Pamilyang Pilipino Program (known as 4Ps) reaches over 4.3 million low-income households. The program provides conditional cash grants to the poorest households in the country to improve the health, nutrition, and education of children aged 0 to 18. To increase fathers' participation in the home, the program has introduced a number of new measures. It uses gender-neutral language and practices; for example, it requires parents – rather than just mothers – to “attend the family development sessions, which include topics on responsible parenting, health, and nutrition.” To measure fathers' involvement, it now sets a bar of 40 percent of training participants being fathers as an indicator of success.¹³⁹

Cash transfer programs and other social protection programs provide one of the most flexible and progressive ways to address entrenched inequities within communities and expand access to supportive structures and systems, particularly for low-income or marginalized women.¹³⁶ Social protection programs have addressed levels of poverty within families and communities, and they have been rightly promoted as having benefits for women's empowerment and decision-making and for reductions in intimate partner violence.¹³⁷ Further, they provide a progressive way to expand benefits traditionally relegated to the formal sector, providing people who are under- or informally employed with benefits such as health insurance, parental leave policies, and access to pensions.¹³⁸ In sum, well-designed social protection programs have provided measurable, necessary benefits for millions of the world's poorest families, and they have been widely used during the pandemic to provide relief to low-income households.

Where social protections have fallen short is in promoting a reduction and redistribution of care and other domestic work within the household. Studies have shown how some conditional cash transfers sometimes have negative impacts on women's time burden by adding additional care requirements, such as securing school documentation or vaccination certificates for their children.¹⁴⁰ Though some programs do address these impacts through the public provision of childcare, a review of more than 140 social protection programs by Promundo-US and the Expert Group for Aid Studies found that only four had any specific provision to

encourage men's increased participation in care work (one of those being the 4Ps program mentioned in the box above). Similarly, in an assessment of childcare responses in social protection policies, only nine out of 195 countries implemented childcare support initiatives.¹⁴¹ Further, research by WIEGO has affirmed the needs and challenges of women and men working in the informal sector in the Global South, pointing out the urgent need – during COVID-19 and beyond – for social protection programs for informal workers, especially domestic workers, who are often excluded from cash transfers and other social protection programs.¹⁴²

What about social protection programs during

COVID-19? There has been a major increase in social protection policies in the face of the economic and social upheaval brought by COVID-19, as the following examples highlight:

- Bosnia and Herzegovina, Mongolia, and Spain have allowed parents to reduce working hours for COVID-19-related family care, while Cabo Verde, Italy, North Macedonia, and Trinidad and Tobago have enabled employees with care responsibilities to perform their work duties from home or remotely.¹⁴³
- Cuba, Germany, Portugal, and Slovenia have set up wage subsidies for caregivers to cover, in part or in full, the salary of parents or those attending to sick family members during the pandemic.¹⁴⁴
- The Philippines has offered programs specifically targeting healthcare workers with coverage for exposure- or injury-related costs and compensation for COVID-19 infections.¹⁴⁵
- Australia and the Nordic countries have provided free formal childcare to female front-line workers (via direct payments to providers).¹⁴⁶ In Australia, there was also an added AUD24.7 million (US\$20.9 million) to the ParentsNext program, which supports parents with skills development and financial aid for job-seeking.¹⁴⁷
- Some COVID-19-specific programs have specifically targeted informal and low-income workers, a largely female workforce. These have included vouchers for skills training, utility and other subsidies, specific support to public sector workers who lost livelihoods, food vouchers, and cash assistance and transfers.¹⁴⁸

Several countries are making at least some necessary progress – mostly at the insistence of activists and civil society groups – to promote such benefits for informal sector or gig economy workers. In addition to WIEGO, national-level organizations such as the Freelancers Union in the United States have advocated to expand and ensure rights to social protection, including health insurance and pandemic unemployment insurance for informal sector, freelance, and gig economy workers.¹⁴⁹ Unions and collectives have been a force to expand and strengthen worker protections, not just for dues-paying members but for others as well. In the United States, union activity and strength have been strongly linked to the passage of subnational parental and family leave policies.¹⁵⁰ In Argentina, union negotiation was able to help support minimum wages for domestic workers, and in Sweden, collective bargaining efforts by unions were also able to achieve overtime protections, daily and weekly rest, and pension entitlements for domestic workers.¹⁵¹

Despite this promising progress in some settings, most national governments have failed to respond to care needs during COVID-19 or to pay attention to the need for men's increased participation in unpaid care work.

RECOMMENDATIONS TO CATALYZE ACTION 3:



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 4Ps program mentioned earlier does.¹⁵² To achieve this, **governments** should develop or transform social protection programs to:

- **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 measures to address childcare needs as part of social protection programs**, 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.¹⁵³
- **Incorporate the voices of women and men 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

The public health sector is a strategic entry point to promote men's engagement in maternal health, reproductive health, child health, and men's own health. As noted in previous *State of the World's Fathers* reports,¹⁵⁴ sizeable percentages of men accompany pregnant partners to prenatal visits (which doesn't necessarily mean they are actually in the consultation room), although in many countries, COVID-19 restrictions have prevented this from happening.¹⁵⁵



Many approaches to engaging men in maternal and child health are short term and project-based; others are one-off campaigns. Some national maternal health programs have required or requested that women be accompanied by male partners without adequate attention to women's agency and rights or to the potential for violence or reproductive coercion by a male partner. However, there are important exceptions. Rwanda and Brazil offer two strong examples in which ministries of health have made engaging men in the prenatal period, in maternal and child health, and in the care of children part of official health sector policy, while staying focused on women's rights and well-being.

Brazil created the National Program on Men's Health in 2009 to promote men's health within the country's unified national health system.^k A central component has been developing a "men's prenatal health protocol," recognizing that the prenatal visit is perhaps the single space or opportunity in which men "show up" in primary care. A key strategy in institutionalizing the protocol has been online training for health professionals, who are often the gatekeepers of men's involvement and can encourage or block their access. As of April 2021, more than 82,000 health professionals, the vast majority primary care nurses and other health promoters, had participated in the online courses to promote the new protocol.¹⁵⁶ The courses provide information on the protocol itself, as well as why men's involvement in maternal, child, and reproductive health can yield positive public health outcomes. Topics also include strategies for engaging men in health promotion and do-no-harm principles to

guarantee women's protection in the case of intimate partner violence.

How does the men's prenatal health protocol work in practice? After an initial screening with the pregnant woman – and only with her consent – male partners are invited into the consultation room and are encouraged to come to future prenatal visits. They are also invited to participate in birth preparation classes, to be present during birth, and to participate in the care of the newborn child. Further, men are invited to come for their own health check-up, something that before the protocol relatively few men did. A 2017 study with women who had given birth through Brazil's national health system found that 75 percent of their male partners were with them in the consultation room for at least one prenatal visit, and two-thirds of men were able to accompany their partner during a birth – a huge increase from previous decades.¹⁵⁷

Rwanda's public health system has also integrated an evidence-based parent training program model in partnership with a local nongovernmental organization (NGO). MenCare's Program P (for papa/father) parent training intervention has been used in more than 15 countries in the past 10 years. It has been rigorously evaluated in several of these countries, including Rwanda, where it is on track to be implemented on a national scale by the Ministry of Health.¹⁵⁸ The Rwanda version of Program P, called *Bandebereho* ("role model" in Kinyarwanda), has engaged men and couples to promote men's engagement in maternal, newborn, and child health; caregiving; and improved couple relations.¹⁵⁹

^k Brazil's national health system – known as SUS, for Sistema Único de Saúde (Unified Health System) – is a public service provided at no charge to all Brazilian residents, with primary healthcare centers serving as the frontline for services nationally. The emphasis on engaging men in maternal and child health has been via prenatal visits in these primary healthcare facilities and secondarily by engaging them in the birth process. See <https://www.saude.mg.gov.br/sus>.

Bandebereho is being scaled up in the public health system, reaching all eligible couples in one district through the training of more than 400 government-supported community health workers. The lessons learned from this district-wide test phase will inform the approach's scaling in more districts in partnership with the Rwandan Ministry of Health.

To understand the program's impacts on couples during the COVID-19 crisis, Promundo-US and the Rwanda Men's Resource Centre (RWAMREC, the NGO that leads the initiative in Rwanda) carried out phone interviews in August and September 2020 with 500 couples who had participated in the 2015 study, equally split between couples who participated in the intervention and those who did not. The study found that though both participants and non-participants faced similar challenges during the pandemic – financial strain, increased caregiving demands, and related stress – couples who participated in the program were coping better than non-participants. Bandebereho couples were more likely to report strengthened couple relationships, better communication about household decisions, and less frustration with their partners and children. Women who participated in the program reported less stress and anxiety related to COVID-19 and that their partners were less likely to have used alcohol during COVID-19 lockdowns compared to non-participating couples.

These findings suggest that previously demonstrated impacts of the Bandebereho intervention related to relationship quality, couple communication, and sharing

of care work have been sustained over the longer term and that the skills learned in the intervention are supporting couples during this period of hardship.

Both of these examples go beyond one-off training initiatives and have embedded strategies for engaging men into the regular practices, training protocols, and procedures for public health professionals. They provide lessons on how maternal health has improved, while also promoting men's health. Both examples also include screening and have put in place protocols for responding in cases of men's violence against female partners. These examples offer lessons learned on the kinds of public health sector transformations that can lead to population-level changes in men's participation in unpaid care. They also affirm that with careful and appropriate monitoring, it is possible to build a relational, gender-transformative, and rights-based approach to engaging men as partners in maternal and child health while working to ensure women's rights and well-being.

Bandebereho couples were more likely to report strengthened couple relationships, better communication about household decisions, and less frustration with their partners and children.

RECOMMENDATIONS TO CATALYZE ACTION 4:



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 female partner is pregnant.¹⁶⁰ 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 healthcare institutions** should:

- **Ensure that men are integrated into health and care during pregnancy and around the birth of a child** and that a positive approach to men's involvement is institutionalized throughout the health system.
- **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.¹⁶¹
- **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.¹⁶²
- **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.
- **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

Boys who are encouraged to do care work in the home as children, and those who see their fathers or other men in their household carry out household chores and caregiving, are more likely to be involved caregivers as adults.¹⁶³ Simply put: Raising boys to see themselves as caregivers, as well as future providers or workers, must be an integral and deliberate part of their socialization, as it is for girls.

There are numerous examples of programs – many that have been rigorously evaluated – based on group educational curricula that engage boys and young men to promote healthy, equitable masculinity.¹⁶⁴ However, the challenge to teaching boys to be equitable caregivers is one of *scaling in* to the spaces where boys and girls are raised and of engaging all of those involved in the socialization of boys – teachers, parents, other family members, coaches, youth workers, childcare workers, and those who make media content that boys consume.

Organizations such as Plan International,¹⁶⁵ MÄN in Sweden, Promundo, the Equal Communities Foundation in India, and Sonke Gender Justice – and many others – are working at the national or regional level to scale up programming and campaigns, including actions that reach younger boys with messages about equitable caregiving.¹⁶⁶ No single program approach for boys will change gender norms, including how boys see caregiving, at a societal level unless we think big.

As powerful as specific educational programs can be to transforming harmful ideas of manhood, just as powerful is when boys witness men showing that they prioritize and make care and caregiving part of their daily lives and of who they are. This work to change societal-level norms must also extend to the media. One study in the United States found that during COVID-19, boys aged 8 to 13 spent the most time among all age and sex groups watching or streaming television.¹⁶⁷ What were they watching? A study by the Geena Davis Institute on Gender in Media, Promundo-US, and the Kering Foundation found that of the 20 most-watched shows by boys ages 8 to 13 in the United States, few showed men as competent caregivers and most presented men as uncaring and violent rather than caring and connected.¹⁶⁸

Instilling a male ethic of care among boys requires creative, imaginative, and structural thinking – considering, for example, how care work and human service work could be included in a national youth volunteering program or service. Several countries have worked to integrate youth into larger public service initiatives from an early age to focus on themes such as conservation, public service, or public works; a handful include activities such as teaching. In Japan, schools promote a sense of “social responsibility” by requiring students to cook, serve, and to clean their own spaces.¹⁶⁹ These could be shifted to include young people,

particularly young men, working as aides to teachers or to care workers in elder care institutions, in healthcare, and in childcare. Service learning and work experience requirements that exist in some countries in secondary school could also be expanded to focus on providing gender-transformative caring opportunities for boys and girls.

Similarly, as efforts continue to support girls' enrollment in Science, Technology, Engineering, and Mathematics (STEM) professions, we must also look at efforts to promote boys' interest in healthcare, education, childcare, and care professions. The authors of this study have yet to identify such a program at the national level – which in itself is an indicator of the lack of global imagination on shifting the gender binary around care and who does it. Roots of Empathy, headquartered in Canada, has reached more than a million children aged 5 to 13 in more than 10 countries with an evidence-based, school-based model to promote empathy and social skills.¹⁷⁰ The centerpiece of the program is providing opportunities for school-age children, boys and girls, to interact with newborns and thus to promote the practice of empathy and nurturing. The model and their partnership with the public education sector provide an example of how such programming could work to make care and caregiving part of boys' socialization. Similarly, the Boys in Care initiative funded by the European Union works in Germany, Austria, Bulgaria, Italy, and Slovenia to expand the educational and vocational perspectives of boys and young men by encouraging them to consider care professions for their employment futures, given that men currently make up less than 15 percent of care workers in the European Union.¹⁷¹ Large-scale campaigns to promote men's caregiving are another potential way to change the ethic of care among men and boys, although evidence of impact to date is limited.



Can a national-level campaign achieve change in men's attitudes related to caregiving? An example from the Republic of Georgia¹⁷²

The Republic of Georgia carried out a representative household survey of men's attitudes and actions, including those related to their caregiving – in 2013 and 2019 – to measure national-level changes in men's attitudes during that time period.¹ The first round was used to inform national action and national-level campaign activities supported by the Georgian government and the United Nations Population Fund, including a national MenCare campaign launched in 2016. The campaign included *Men Talking to Men* interactive meetings and training sessions, public book readings for children by men, a TEDxYouth event on caregiving, and the celebration of Father's Day for the first time in Georgia, along with numerous media partnerships to promote men's involvement in caregiving.

The second round of the survey looked specifically at men's and women's attitudes toward care work and showed promising results on some indicators, but limited or no progress on others:

- **Since 2013, the proportion of both men and women who agreed that caregiving tasks are the mother's responsibility declined substantially**, from 81 percent to 69 percent for men and from 76 percent to 54 percent for women, suggesting that overall norms did shift.

- **Support for parental leave for fathers has grown.** In 2019, two-thirds of Georgian men and women thought it was necessary to have a law guaranteeing parental leave for new fathers. This had increased from 50 percent in 2013 saying it was unnecessary.
- **However, the proportion of men present at the birth of their child did not change.** In 2019, only 7 percent of fathers said they attended the birth of their child. This is not a statistically significant increase from 5 percent of fathers who reported the same in 2013.
- **Patterns in the sharing of household and childcare tasks remained largely unchanged after the campaign.** Household work responsibilities remained starkly gender-separated in 2019, with 94 percent of women reporting they always or usually do the washing and 85 percent of men saying they always or usually complete repairs around the home. More than two-thirds of women reported they were always or usually responsible for childcare, and more men (43 percent) than women (28 percent) said they shared responsibility for childcare equally.

The campaign was clearly not the only factor that contributed to changing attitudes around caregiving in Georgia. In addition, the survey did not measure the association between exposure to specific campaign activities and attitudes. Nonetheless, the scale of activities implemented by the public sector and private sector campaign partners was of an intensity that it is appropriate to attribute at least some of the changes to the campaign activities. More research of this kind would be useful to find out if national-level media-focused campaigns in fact change caregiving practices and attitudes.

¹The survey was a version of the International Men and Gender Equality Survey (IMAGES).

RECOMMENDATIONS TO CATALYZE ACTION 5:



Numerous studies affirm that boys learn to care by seeing men around them do care work and by being encouraged to do it themselves as children, and that men and women are influenced by their perceptions of the care-related norms around them. To that end, specific social norms change efforts led by **governments, employers, civil society, and media** should:

- **Promote a cultural shift toward valuing care overall and changing the belief that care work is women’s and girls’ work.**
- **Implement and evaluate campaigns 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.
- **Integrate care and care work as a part of a holistic education** for young people, particularly boys and young men, building off experiences such as Roots of Empathy, Boys at Work and evidence-based healthy masculinity curricula.
- **Produce educational curricula, children’s books and media content that** shows men and boys as both caring and caregivers, presents the diversity of caregiving 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

For women in formal workplace settings, balancing caregiving with paid work is consistently cited as a major source of stress, and as stated earlier, a key issue keeping women out of the paid workforce. The most recent gender gap analysis from the World Economic Forum (2021) finds that 55 percent of women are in the labor market, versus 78 percent of men, a gap that widened during the COVID-19 pandemic.¹⁷³ At the current rate of change, it will take an estimated 257 years to achieve equality in women's workforce participation and pay compared to men's.¹⁷⁴

In many countries, men are often perceived as opposed to women's paid work outside the home, but the largest survey ever on the topic, carried out by ILO and Gallup (including 149,000 interviews in 142 countries) found that 70 percent of women and 66 percent of men say they want women to work outside the home.¹⁷⁵ This stated preference held up even in regions of the world where women's labor force participation has historically been low.

If men are supportive of women's paid work and women want to work in the paid workforce, what prevents them from doing so? Balancing paid work and caregiving is by far the largest challenge cited by women globally. In the aforementioned ILO–Gallup study, women in lower-income countries in particular cited lack of affordable childcare and the struggle to balance caregiving with paid work as the largest challenge to working outside the home.¹⁷⁶

Supporting women, men, and individuals of all gender identities in caregiving requires concrete workplace policies. Numerous organizations, including the ILO, have long promoted several key strategies, namely: (1) employer-supported childcare (including on-site childcare where appropriate); (2) part-time work and the right to reduced work and flexible time; and (3) remote working, which has become the norm in some countries and some workplaces during COVID-19 lockdowns.¹⁷⁷ These policy strategies, combined with the aforementioned paid parental leave and access to subsidized childcare, would go a long way toward supporting women and men to balance their paid work and caregiving.

A cultural shift within workplaces is often as important as the policies themselves, however. Research around workplace norms and culture prior to COVID-19 found that even when paid leave or flexible time is offered, many women and men feel reluctant to use that leave (whether provided under national legislation or as a benefit from their employer). The main reason given was the fear of economic consequences based on perceptions of dedication to their job.¹⁷⁸ A study in South Africa found that almost 90 percent of men and 83 percent of women were personally in favor of expanded paid leave for fathers, but respondents were particularly concerned that private companies would not be supportive.¹⁷⁹

Employees, both women and men, worry that devoting time to their care duties will be detrimental to their career paths, with implications for their salaries or wages and for their potential advancement. Often the main caregivers in the home, women also often cannot choose not to put care first in the way that men can. Sometimes, too, employees are not even given the chance to make this decision for themselves, as their supervisors may simply presume employees' care responsibilities will preclude them from taking on greater travel or other work responsibilities, and so pass them over for promotions in a process sometimes called "unconscious demotion."¹⁸⁰

Workplaces must make a cultural shift. First, employers must recognize – in all of these policies, including parental leave policies – that all workers' lives outside the workplace are as important as those within it. This means that employers must make leave and flexible

work available and also must offer: (1) formal transition processes before and after leave and into flexible work; (2) support for workers in preparing for the fundamental changes that caring for a child or other family members entail; (3) mandated check-ins between working parents and caregivers and their managers to help build flexible work plans that incorporate caregiving requirements; and (4) clear information through designated points of contact or online resources that can help demystify leave and flexible work policies.

Workplaces should also implement programs that recognize the importance of parenting skills for the workplace. For instance, the European program Maternity as a Masters is an online training program that helps new parents, and employers, see how the skills they acquire as new parents – such as time management, empathy, problem-solving, and creativity – are precisely the kinds of skills that modern workplaces require.¹⁸¹ In sum, well-designed policies to support workers in their caregiving duties must also be accompanied by information-sharing, changes in workplace culture, and the provision of complementary services, particularly paid childcare.^m

Making Work-Life Balance Part of National Policy

Rather than being voluntary on the part of individual employers or workplaces – which sets up a reality in which some workers have greater flexibility than others – it is important to make work-life balance policies, parental leave, and flexible work available to *all* workers, which means they should be part of national labor legislation. European countries have often led the way with this. For example, Iceland's Gender Equality Act establishes the employer's obligation to take measures to allow men and women to coordinate their work and family responsibilities and emphasizes the need to increase work flexibility, not only in working hours but also in the way work is organized, so that both families' and employers' needs are taken into consideration.¹⁸² One example is the employee's right to take leave when faced with unavoidable and urgent family circumstances.

Similarly, Belgium introduced the option for parents to take a "career break" to help them balance work and family life.¹⁸³ This allows employees to reduce working hours or interrupt their employment while receiving a state allowance for a specific period, after which they can return to the same job.¹⁸⁴ France and Italy introduced measures to prevent work from interfering with the employees' family time, such as the right to disconnect from work-related communications. Other common practices among European governments are to offer accreditation to family-friendly workplaces (Slovenia and Finland) or to combine accreditation with financial support to help workplaces adopt family-friendly practices (Austria, Hungary, and Germany).¹⁸⁵

^m These recommendations, from the Parental Leave Corporate Task Force, are based on consultations led by Promundo and Unilever with other global corporations that are part of the task force. For more information, see: <https://www.leavefordads.com>.

The current historical moment presents a unique opportunity to make supportive policies for the caregiving needs of all employees a reality. Stay-at-home measures during COVID-19 have forced a large portion of the workforce to work from home and rendered visible the unequal division of care work that women are responsible for on a daily basis. Men are already being nudged to do more care work as a result of COVID-19, and employers should use this moment as an opportunity to enact better policies to help equalize this workload between men and women.

It is important to state that flexible work and other measures to support the caregiving needs of all workers are generally only available to those in the formal sector and, referring back to Action 3, must also be built into social protection programs for informal sector workers. Having flexible leave and support for care work without adequate pay and other worker protections simply does not work.

Flexible work must be part of the global “decent work agenda” championed by the ILO and included as part of the United Nations Sustainable Development Goals.¹⁸⁶ Within the decent work agenda, the ILO and workers’ rights organizations have advocated for policies to support the caregiving needs of workers, including many of the recommendations made in this report for universal childcare, universal parental leave, and care-related social protection policies.

So, what do men and men’s caregiving have to do with the decent work agenda? We need men as individuals, male allies working in gender equality, and male workplace leaders to make the care agenda their agenda as well. It is clear that most women workers need – and have demanded over many years – support for their caregiving realities in workplace policies. The time has come for men to see their roles in such advocacy and the implementation of workplace policies.

The current historical moment presents a unique opportunity to make supportive policies for the caregiving needs of all employees a reality.

In addition, we need men – again as individuals, as male allies working in gender equality, and as male workplace leaders – to be part of advocating for those not protected under employment or labor protections granted through formal employment, such as domestic workers, informal workers, or those under the gig economy. Much of the pioneering global leadership on informal workers' rights has been led by feminist organizations, such as WIEGO, that have called for a massive investment in care infrastructure, most recently noting COVID-19's

impact on women's workforce participation, particularly low-income women and women from historically marginalized groups.¹⁸⁷

As the boundaries between our professional worlds and our personal spheres have reduced during COVID-19, women's economic advancement and gender equality could move backwards **if men do not do their part to take on more care work and advocate for more family-friendly care policies within their workplaces.**

RECOMMENDATIONS TO CATALYZE ACTION 6:



Governments and employers must act to strengthen rights and protections for all workers, in both the formal and informal sectors. This includes national provisions for a living wage; opportunities for care workers and informal workers to pay into and have access to social security and pensions; ending discriminatory practices or policies that limit migrant workers' access to protections; supporting workers with disabilities; and adopting minimum standards advocated by international organizations such as the ILO to create a world where care is considered a central value of our economic systems and seen as an integral part of the decent work agenda.

In addition, governments and employers must act to create a world where care is considered a central value of our economic systems.¹⁸⁸ 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.¹⁸⁹ 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 workplace 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 in the workplace** by sharing care work equally with their partners and advocate 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 personal lives.

ACTION 7



Hold male POLITICAL LEADERS accountable for their support of care policies, while advocating for women's equality in political leadership

Women's participation in political leadership – from parliaments to heads of state to COVID-19 national committees – is still far less than men's. As noted in one of the "By the Numbers" sections, women were only 25.6 percent of parliamentarians as of January 2021.¹⁹⁰ Similarly, research by CARE International shows that at the national level, women make up on average 24 percent of membership on COVID-19 response committees.¹⁹¹

The call for action to achieve women's equal political representation at the national and local levels is clear, urgent, and undeniable – and male allies are needed to support this cause. However, that is not enough. While the MenCare agenda is about shifting policies to achieve equality in care work, this change also involves shifting how politicians, and particularly male politicians, view and value care work and how they vote. To presume or assert that women politicians inherently **care more about care** reinforces stereotypes and places the onus on women politicians to be responsible for any and all changes related to care work and gender equality.

We need more equal political representation of women, but we also need male politicians – at the community, local, provincial, state, and national levels – to be allies in the cause: **to care about care**. In sum, we need male politicians to be as likely as female politicians to vote for and support policies that support care work and equality for care work, and for voters to hold male politicians to account for their support for care work.

Much of the discussion on male politicians and gender equality has been about their personal behavior – whether they treat female staff well, whether they take leave, whether they harass or call out harassers. To be sure, this is important. Additionally, a handful of training initiatives have engaged male politicians and male leaders in political parties, sensitizing them about gender equality, power, and privilege. For example, the Basque Institute for Women (Emakunde) in Spain began an initiative in 2017 for male politicians to better understand and address gender inequities in both decision-making and policy priorities. Focusing on both the municipal

and regional levels, Emakunde carried out workshops with male politicians on the importance and role of male politicians as allies in promoting gender equality policies and on building personal and collective accountability to advance gender equality. Since then, the municipality of Mungia has developed a policy agenda for achieving gender equity and supported the election of five additional women mayors.¹⁹² Similarly, the National Democratic Institute in the United States has worked in several countries to train male politicians and male political party leaders in achieving gender equality in party politics – actions that could be expanded to include the importance of male politicians supporting national care policies and equality in care.¹⁹³

The University of Calgary's Shift project, supported by the Canadian government, has carried out national- and provincial-level research on male allyship, including political allyship, and offered specific recommendations for that allyship that provide a useful example of how to strategize such actions. The project has included mapping masculinities and men's attitudes in key public institutions to promote institution-wide changes in norms, including the attitudes of male policymakers.¹⁹⁴

Beyond these specific training efforts to engage male politicians, male policymakers, and male political party leaders as allies in gender equality, we need to see male leaders voting and leading, together with women, in ways that show they value and support care work. We also need voters holding male politicians – and all politicians – accountable for their voting records and support for care.

RECOMMENDATIONS TO CATALYZE ACTION 7:



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 women and men 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 political leaders should lead by **living equality in their personal and workplace lives**, taking parental leave, and actively showing the importance of caregiving and gender equality in their family lives.

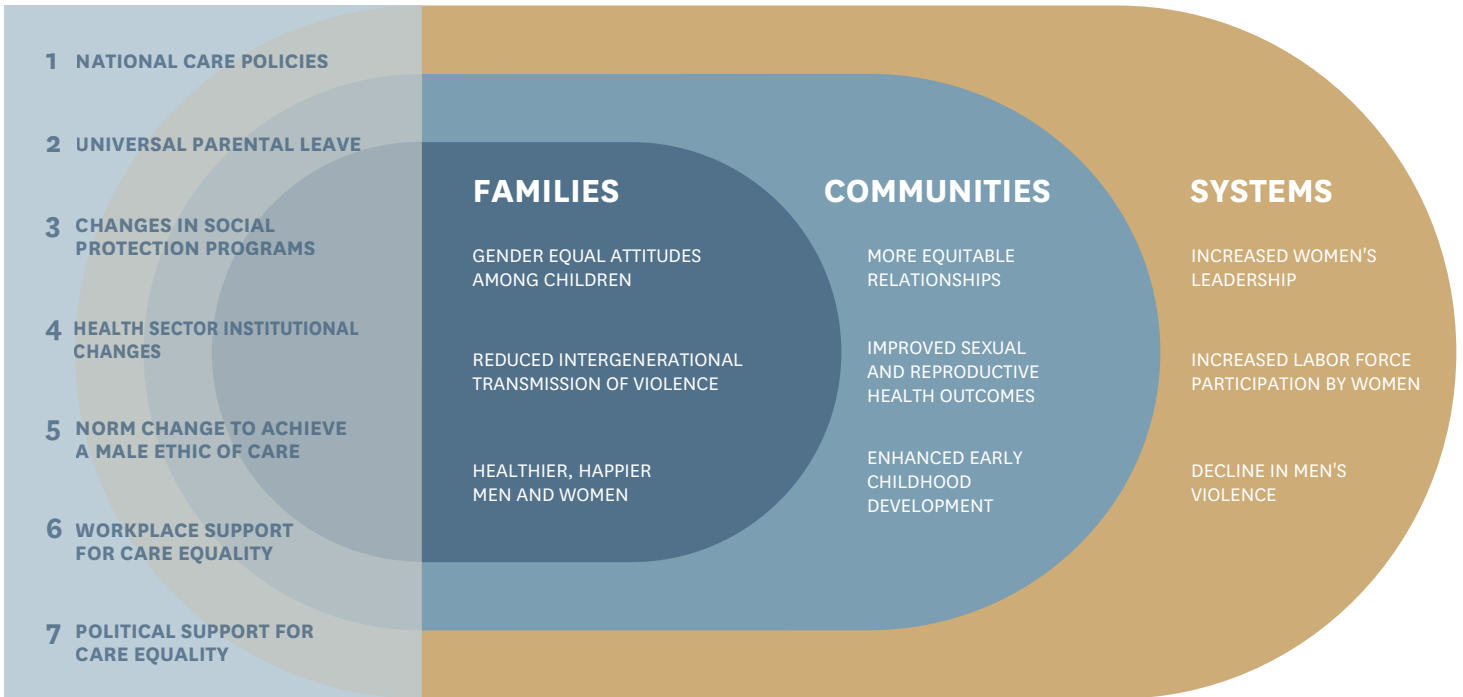
What would these seven structural actions lead to?

These seven structural actions contribute to multiple positive outcomes by unleashing and amplifying the well-demonstrated impact of more equitable caregiving. These benefits, as mentioned earlier, include greater economic empowerment of women, reduced household

violence, improved child development outcomes, and improved health and well-being for women and men. They would also speed up the far too slow global progress toward full social, economic and political equality for women.

Figure 5. Pathways to Care Equality^h

Seven actions towards a more caring world



^h Sources for Figure 5 appear in Appendix 2.

FINAL COMMENTS AND REFLECTIONS

“Care is our individual and common ability to provide the political, social, material, and emotional conditions that allow the vast majority of people and living creatures on this planet to thrive – along with the planet itself.”

—The Care Manifesto: The Politics of Interdependence (2020)¹⁹⁵

At home, in ministries of gender equality, and in households – from parliaments to the kitchen tables of families of all income levels – decisions are made every day that generally favor men’s paid work and devalue both the paid and unpaid care work carried out disproportionately by women. Some of this is due to social norms that include the longstanding beliefs that caregiving is women’s work and that wage-earning is men’s work. Much of this inertia is the centuries of men’s higher wages and men’s control of workplaces and political decision-making. Herein lies the huge challenge of achieving change in who does the unpaid care and in women’s workforce participation compared to men’s – and, therefore, in achieving gender equality.

These inequalities are pervasive throughout relationships, communities, and the institutions that control our workplaces and societies. For this reason, only structural approaches will achieve lasting, large-scale changes in gender inequality in unpaid care work.

The world has faced a global lack of imagination on engaging men and boys in unpaid care. Most initiatives have been at the program level, or strategic but short-lived campaigns. For all the numerous and important calls to action for building a caring economy and rebuilding after COVID-19 with a focus on gender equality, engaging men as equal partners in unpaid care work remains a missing issue. Our calls for action on gender equality must include equality in unpaid care work. We need goals, actions, and clear statements by governments and civil society at all levels. Men must also care about our homes, about care as a key issue, and about our planet as a precious resource, and they must ally with the women’s advocates who have been leading the way.

COVID-19 provides a specific opportunity for engaging men to do more – and for imagining that the world can

achieve equality in care work. Because of COVID-19, men are doing more care work at this moment in history than in any time in past decades. As a report by the National Bureau of Economic Research in the United States affirmed:

“During the current crisis, many millions of men are on a form of forced paternity leave for a much longer period, and a sizeable fraction will be the main providers of childcare during this time. Hence, even while women carry a higher burden during the crisis, it is still highly likely that we will observe a sizeable impact of this forced experiment on social norms, and ultimately on gender equality, in the near future.”⁹⁶

Engaging men as equitable caregivers is not an either/or for reducing and recognizing the care work carried out every day by women and other caregivers. It is also not a standalone effort. It must be done together with efforts to achieve full economic, political, and social equality for women, as has been called for by hundreds of feminist activists over previous decades.

Encouraging men’s full participation as caregivers is also a pathway to meaningful male allyship to achieve gender equality. Men’s equitable participation in caregiving and their prioritization of care as voters and as feminist allies can help them break free from gendered stereotypes that perpetuate inequality.

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 once-in-a-century chance to build a more caring, more care-equal world.

Appendix 1

By The Numbers Citations

EXECUTIVE SUMMARY, PAGE 6

Time spent on unpaid care work

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