

WHO CARES?

CARE WORK AND WOMEN'S

LABOR MARKET OUTCOMES

IN IRAQ, JORDAN AND LEBANON



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STATE OF THE MASHREQ WOMEN FLAGSHIP 2

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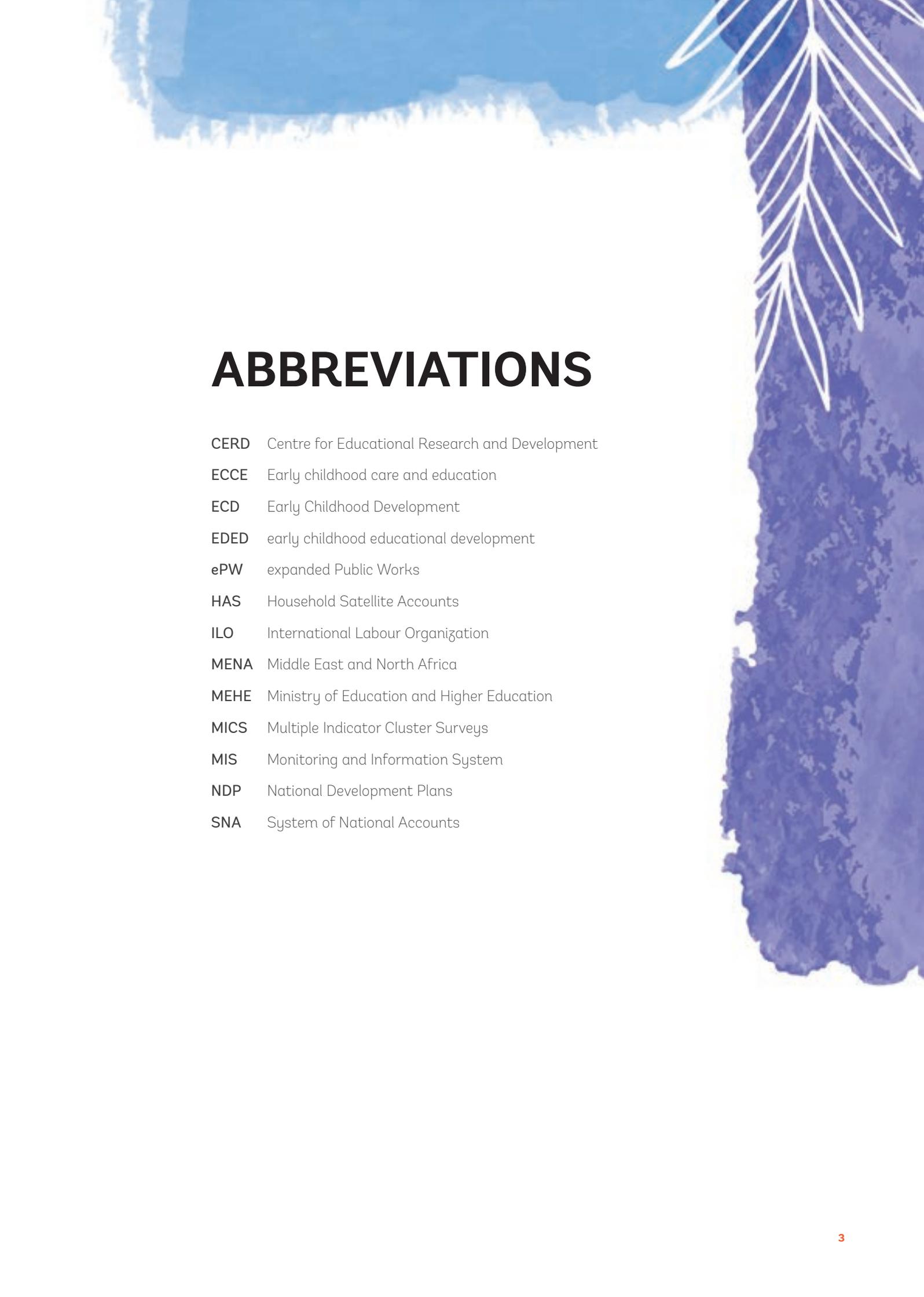
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ABBREVIATIONS

CERD	Centre for Educational Research and Development
ECCE	Early childhood care and education
ECD	Early Childhood Development
EDED	early childhood educational development
ePW	expanded Public Works
HAS	Household Satellite Accounts
ILO	International Labour Organization
MENA	Middle East and North Africa
MEHE	Ministry of Education and Higher Education
MICS	Multiple Indicator Cluster Surveys
MIS	Monitoring and Information System
NDP	National Development Plans
SNA	System of National Accounts

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EXECUTIVE SUMMARY



Increasing female labor force participation is a pressing concern in Mashreq countries. As shown in the first State of the Mashreq Women report (World Bank, 2020), female labor force participation in Mashreq countries is among the lowest in the world. In Iraq and Jordan, less than 15 percent of women are either employed or actively looking for employment opportunities, a share that only increases to 26 percent for Lebanon. In the three countries, married women with children face the strongest challenges in entering and staying in the labor market, reflecting more binding time constraints due to increased family responsibilities.

The negative relation between women's family responsibilities and female labor force participation is well established in the international literature. Unpaid care work responsibilities are not equally distributed between men and women. According to estimates based on time-use surveys in 64 countries conducted by the International Labour Organization (ILO), women account for about three-quarters of the total time spent in unpaid care work globally. If women have to spend more time than men in unpaid household care work, then women will have less time for paid labor market work. In fact, countries with greater gender gaps in unpaid care responsibilities tend to have lower female labor force participation.¹

A growing body of evidence further highlights the critical role that care policies can play in addressing the gender gap in unpaid care work and in improving labor market outcomes for women. Although the magnitude and design of care benefits varies between countries, evidence indicates that having more childcare services increases female labor force participation, employment, and work hours; this is true in both developed and developing countries. In addition, leave policies — besides balancing paid market work with unpaid care responsibilities — have been found to contribute to more equitable distribution of the care burden within the household. Equally important, expanding the supply of care services can also create new employment opportunities for women in the care sector.

However, very little is known about the potential for care services expansion to improve women's labor market outcomes in Mashreq countries. The positive relation between care services expansion and better women's labor market outcomes is far from deterministic. Women's care and employment choices take place within a complex set of economic and socio-cultural factors. Demand for care services outside the household depends on the relative cost of services compared to potential earnings the caregiver could receive by working in the labor market. Similarly, care services demand depends on preferences parents have regarding caregiving, which is also affected by prevailing social norms as well as the quality of care services.

In this context, understanding constraints to both demand and supply of care services is crucial to designing effective care policy interventions. Data for Mashreq countries indicates low enrollment and limited utilization of childcare services.² This might reflect limited availability of childcare services (supply constraints), but also unwillingness of families to use childcare services due to preferences for home care (demand constraints), or a mismatch between demand and supply of childcare services (cost, quality, location, among other things). Understanding both demand and supply characteristics of care services in Mashreq countries is therefore a critical step in assessing the potential of care policies to increase female labor force participation and in identifying entry points for policy reform.

This report builds on two complementary analytical efforts relying on new data. On the supply side, a review of care policies in Mashreq countries is complemented with analysis of characteristics of existing supply of care services, with a specific focus on childcare. On the demand side, the report aims to understand the role that unequally distributed unpaid care work plays in determining Mashreq women's labor market outcomes, the constraints currently affecting demand for childcare services, and the untapped demand potential.

1 (ILO, 2018)

2 This study adopts the broader term childcare services under the definition presented in (Devercelli & Beaton-Day, 2020), of a service with the primary objective of caring for children while parents are working, and while ensuring that children are safe, have opportunities to learn and develop positive relationships with caregivers and peers. While the main objective of preschool is to prepare children for primary school, preschool services can also serve, at least for a limited number of hours per day, as a childcare solution.

Care policies and the supply of care services in the Mashreq

Mashreq countries lag in the development of care policies, and existing support is conditional on having formal employment. Leave policies, as well as care support, are not universally guaranteed by the countries. Rather, existing policies aimed at balancing work and care responsibilities benefit workers who have formal employment in the public or private sector. With 50 to 70 percent of workers in informal employment, care policies coverage excludes the majority of workers. With the exception of Lebanon, informality is higher among male workers due to a higher incidence of public sector employment among working women. Still, informal employment is not negligible among working women: it affects 36 percent of female workers in Jordan, 45 percent in Iraq, and 56 percent in Lebanon.

Overall, care policies in Mashreq countries are not well aligned to increase female labor force participation. Mashreq countries offer limited care policies either in terms of leave, or in terms of support through public provision of childcare services or monetary support to families with pre-primary school-aged children. Two main characteristics are common. First, existing policies reinforce the caregiving role of women, thereby failing to promote more equitable distribution of household care responsibilities. Second, by restricting support only to workers in the public or formal private sectors, where employment demand is most constrained, existing policies do not promote higher female labor force participation.

Mashreq countries differ in terms of the structure and generosity of care policies, but leave policies are almost exclusively restricted to maternity leave, reinforcing gendered allocation of care responsibilities. Maternity leave coverage (compensation and protection against dismissal) is restricted to public sector and formal private sector workers, with duration of benefits varying between countries and, in Jordan, between public (longer leave) and private sector workers.³ Payment of maternity benefits — with the exception of Jordan, where it is managed through social insurance — is the responsibility of employers, which may contribute to gender discrimination. Paid paternity leave is not recognized in Iraq nor Lebanon, while Jordan recently introduced three days (although as a liability of employers).⁴

Mashreq countries have very limited provisions supporting parental leave⁵ and no recognition of the right to childcare services for children below age 3. Jordan is the only country in Mashreq recognizing a statutory right to parental leave, albeit unpaid and only available to mothers.⁶ Limited coverage and availability of leave options adds to the limited involvement of States in Early Childhood Care and Education (ECCE). In fact, no Mashreq country is responsible for the provision of childcare services for children below age 3 and public pre-primary education provision is either limited, such as in Lebanon and Jordan, or virtually inexistent, as in Iraq. As a result, the “childcare policy gap”⁷ can extend for as long as the child reaches primary school age.

The private sector is the main provider of childcare services in all Mashreq countries. Free public childcare services’ provision (either nursery or pre-school) is extremely limited, whereas the leading role is played by private sector providers licensed by the State.⁸ In addition to childcare services that households can purchase from private providers, few working parents can access childcare services through their employer. In Iraq and Jordan, private sector employers, depending on the age and gender profile of their workforce, are mandated to either provide childcare services directly or cover the cost of childcare services available on the market.⁹ However, in neither country do

3 Iraq is the only country that guarantees 14 weeks (98 days) of paid maternity leave, in line with the minimum requirement established by the ILO Maternity Protection Convention No.183. In Jordan, the duration of paid maternity leave is 90 days for women employed in the public sector and 70 days for women employed in the private sector. In Lebanon 70 days (10 weeks) of maternity leave is available to women employed in the public and private sectors alike.

4 Contrary to maternity leave, paternity leave is not protected against dismissal.

5 Parental leave policies define a longer period of leave taken to take care of a child upon expiration of maternity or paternity leave entitlements. Parental leave policies are typically available to one parent or both parents, but some countries – in order to promote more gender-friendly leave schemes – also include non-transferable portions of parental leave to each parent.

6 The duration varies between mothers employed in the public sector (up to two years of unpaid leave) and in the private sector (one year, but only for women working in establishments employing more than ten workers).

7 The childcare policy gap refers to the time gap between the moment at which leave entitlements available to households end and the age at which children can access formal childcare or primary school (ILO, 2022).

8 The private sector represents as much as 80 percent of the total supply of childcare services in Lebanon, 70 percent in Iraq, and 43 percent in Jordan.

9 In Iraq, employer-based childcare provision is mandatory for any female employee who has a child in the 0 to 4 age group, whereas in Jordan, employer-based provision is only mandatory when the establishment’s work force (male and female) has at least 15 children below age 5.

employers receive State financial support for childcare services, possibly creating disincentives to compliance and/or unintendedly creating disincentives to female or youth employment. Similarly, monetary support to households who wish to purchase childcare services from private sector providers is only available to Jordanian mothers of children below age 6, provided they are employed in the formal private sector and contribute to social security.

States, on the other hand, retain a childcare regulatory and licensing role aimed at ensuring minimum quality standards. Regulation of childcare services' supply is limited to center-based providers, while home-based provision remains mostly unregulated, with the exception of Jordan where home-based childcare service provision can be formalized. Limited minimum quality standards focus on structural quality, with strong emphasis on physical infrastructure, and less so on the elements of process quality. For instance, no country has a national ECCE curriculum framework, and it is up to each provider to develop an appropriate program and curriculum.

Mashreq countries are characterized by low levels of enrollment in childcare services. Estimating the supply of childcare services in Mashreq countries is complicated by the lack of data. Based on research conducted for this report, we estimate that only 2.3 percent of Jordanian children aged 0 to 5 are benefiting from formal childcare services. In Iraq, the corresponding share is 0.7 percent for children 0 to 4 and in Lebanon it is 4.8 percent for children 0 to 3. The COVID-19 pandemic has severely reduced utilization of childcare services, with many childcare operations operating at less than full capacity.

Limited availability of affordable and quality childcare options is a challenge. For many mothers, especially for those with lower education, the cost of childcare services available in the market constitutes a sizeable share of actual or potential labor market earnings, ranging from 25 percent in Jordan to more than 100 percent in Lebanon. Affordability constraints therefore dampen demand for childcare services as well as female labor force participation, particularly in Lebanon. Moreover, given limited margins for center-based providers to reduce prices while maintaining quality, private sector supply of childcare services tends to concentrate in more affluent areas and in areas where female labor force participation is already high. These findings suggest that the current system of childcare services provision in Mashreq countries is ill suited to support improvement of women's labor market outcomes.

Care work and demand for care services in the Mashreq

In line with prevailing gender norms, the burden of unpaid care work falls disproportionately on Mashreq women's shoulders, with implications for their labor market engagement. The analysis of time-use patterns of mothers and fathers in Jordan, Lebanon and Iraq reveals that, on average, women spend 5-7 hours each weekday on direct care activities, mostly taking care of children, and 4-5 hours each weekday on indirect care activities, such as unpaid domestic chores.¹⁰ In comparison, men spend only half as many hours on direct care and half to one-third of the time women spend on indirect care. Not surprisingly, mothers who spend more time on unpaid care work are less likely to be in the labor force: each additional hour spent on care activities reduces the probability of being in the labor force by 1 to 3 percentage points.

If valued at minimum wage, the time that Mashreq mothers spend in unpaid care work would account for as much as 6 percent of the region's GDP. Using hourly minimum wage, the unpaid care work performed by mothers in the three Mashreq countries in a year would amount to US\$ 35 billion in 2011 purchasing power parity (PPP) terms. This is equivalent to approximately 4 million people working on a full-time basis of about 48 hours per week without pay. The exclusion of women's unpaid labor inside the household from the measurement of GDP therefore amounts to significant underestimation of overall economic activity and women's contribution to the economy.

For employed mothers, reconciling care responsibilities and paid market work comes at the cost of working a "double shift". One hour of paid work in the labor market does not correspond to an equal reduction in unpaid care work, with the result that women who are employed spend more time working in paid and unpaid work and have less personal or leisure time compared to those who do not. An average employed mother in Mashreq spends 12-14 hours each weekday "working", namely 7-9 hours on unpaid care work and 5 hours on paid work each weekday. This is more

¹⁰ It is likely that some of the direct care activities are performed jointly with indirect care activities; however, data does not allow us to measure such overlaps.

than the time unemployed or inactive women spend on direct care and household chores. Not surprisingly, unpaid care work burden affects both labor force participation as well as, for employed women, the number of hours available for paid work in the labor market.

Use of formal or informal childcare services can at least partially offset negative effects of the care burden on mothers' labor market outcomes. Given the predominant role of childcare in women's unpaid care burden, availability of childcare options might allow mothers more opportunity to work outside the home. There is a positive and significant correlation between hours of paid market work and hours of childcare services use in all three countries. Substitution between childcare hours used and paid work hours is not one-to-one, however; every additional hour of childcare is associated with 0.2 to 0.4 extra hours of paid work for mothers, with the positive effect on paid working hours larger for mothers with young children (below age 6).

Mothers who do receive assistance with childcare mostly rely on informal arrangements. In all Mashreq countries, family, friends, and neighbors are the main providers of childcare services either as the sole source of assistance or combined with formal childcare arrangements. Consistent with findings from supply side analysis suggesting greater affordability of services, Jordan is the country with the highest utilization of formal center-based childcare services (42 percent, compared to 36 percent in Lebanon and 16 percent in Iraq). Not surprisingly, working mothers show a relatively higher use of childcare services. In Lebanon, nearly 74 percent of mothers of young children who are employed are using some type of childcare services (either formal or informal), while the corresponding shares in Iraq and Jordan are 59 and 47 percent, respectively. In Jordan and Lebanon working mothers show a strong preference for formal services, whereas in Iraq working mothers lean more towards informal childcare.

Despite gender norms, all Mashreq countries have significant untapped demand for formal childcare services, particularly among working mothers. A significant share of mothers reports that their husbands express disapproval towards women who use childcare services in order to work.¹¹ Nevertheless, among mothers of children below primary school age not currently using any sort of childcare services, the share of mothers that would be willing to use formal childcare services is sizeable, ranging from 33 percent in Jordan to 22 percent in Iraq and Lebanon. Among working mothers, untapped demand is even higher. Overall, accounting for both current as well as potential utilization, demand for childcare services among employed mothers would be as high as 80 percent in Jordan, 49 percent in Iraq, and 71 percent in Lebanon. Untapped demand is also noticeable among unemployed women currently less likely to benefit from formal childcare services than employed mothers.

However, leveraging untapped demand would require addressing affordability constraints. As expected, untapped demand among mothers not using formal childcare is quite sensitive to the cost of service and would increase should services be provided for free.

Improving access to childcare may increase labor market engagement of mothers with young children in Jordan and Lebanon, but it is likely to have only minor improvement in Iraq. In Jordan and Lebanon, almost 80 percent of mothers with children below age 6 who express a willingness to use formal childcare, but are currently non-users, report they would be willing to start working, open a business, or work longer hours if they had access to free childcare. Back of the envelope calculations suggest that, as a result of formal childcare expansion, female labor force participation in Lebanon and Jordan could increase between 2 and 7 percentage points depending on whether services are provided for pay or free of charge. On the other hand, expansion of childcare services provision would only have a marginal effect on Iraqi women's labor market engagement of an estimated 0.5 to 1.7 percentage points, possibly reflecting more traditional gender roles and consequent lower willingness to use childcare services.

Besides freeing time devoted to direct care work and boosting female labor supply, expanding childcare services provision could create more jobs for women. Among women participating in the survey — irrespective of their employment status or utilization or willingness to use childcare services — more than 50 percent in Jordan and Lebanon, and about 16 percent in Iraq, express interest in working in the care sector, either by starting a daycare business and/or working for pay (full time or part time) in a daycare center.

Expanding formal childcare service provision could create at least 100,000 paid care jobs, possibly benefiting women seeking work. In addition to jobs created in the childcare sector as caregivers, teachers, managers, and administrative staff, expansion of childcare services could also boost aggregate demand and have positive spillover effects in terms of employment in other sectors. With all these considerations in mind, and assuming a conservative

¹¹ Disapproval of childcare service use, either formal or informal, is particularly strong in Iraq (36 percent) whereas in Jordan and Lebanon reported negative attitudes against any type of childcare is 14 percent.

caregiver-to-child ratio of 1:10, we estimate that at least 100,000 jobs for teachers or caregivers will be generated from expansion of childcare services to serve the 1 million children whose mothers are willing to use them.

Expanding formal childcare services would require catering to care needs of mothers not currently employed. As discussed, existing supply of services and/or monetary support to pay for childcare services are designed to mainly benefit mothers already employed in the formal sector. For childcare expansion to improve mothers' labor market outcomes, it must cater to the needs of mothers who are unemployed, inactive, or employed in the informal sector.¹² Expanding formal childcare services also be affordable, primarily for women with lower education whose potential labor market returns are less favorable.

Policy recommendations

Increasing female labor force participation and improving labor market outcomes of women in Mashreq countries requires a three-pronged strategy aimed at achieving:

- More equitable distribution of the unpaid care work burden within the household.
- Improved State support to address households' care needs.
- An enabling environment for efficient provision of quality childcare services.

DISTRIBUTING UNPAID HOUSEHOLD WORK BURDEN MORE EQUITABLY

An important step would be to recognize unpaid care work of both men and women at the national policy level. For instance, recognizing at least 14 days of paid paternity leave could be an important first step in supporting sharing of parental responsibility. Mashreq countries could consider introducing extended parental leave, with a dedicated quota (take it-or lose it) for fathers. In Iraq and Lebanon, recognizing the right of both male and female workers to flexible work arrangements in national legislation could be another important step in recognizing the importance of balancing family and work responsibilities.

Information and communication campaigns could raise awareness about the critical role that both fathers and mothers play in child development, as well about the importance of early childhood development (ECD). For instance, in-person interventions, facilitated perhaps through social workers or health centers, aimed at equipping at-home caregivers to provide children stimulating environments; communication campaign with wider audiences on radio, TV, and social media could, for example, encourage fathers to increase parenting participations. Communication regulatory agencies could establish guidelines to promote more positive gender roles and negate gender stereotyping in marketing and advertising.

Mashreq countries could explicitly recognize the economic value of women's contribution to household and societal welfare in the System of National Accounts (SNA). Unpaid care work represents a transfer of resources from unpaid care workers to others in the economy.¹³ In this regard, country Statistical Offices could collect regular data on time-use to compile Household Satellite Accounts (HSAs). Building on time-use surveys, these accounts, allow measurement and valuation of the unpaid household/women's output in the SNA. As recent experience in Colombia shows, measuring women's unpaid contribution in the care economy was instrumental to development of "care sensitive" National Development Plans and a public care policy.

Improving access to basic services would reduce women's indirect care work burden. Investments in water, sanitation, electricity, clean energy, and labor- and time-saving technology are critical to enable women to spend less time on low productivity tasks. These investments should incorporate gender-sensitive approaches, such as context-specific gender analyses, and engage women in project design and investment decisions.

¹² It is estimated that inactive and unemployed mothers willing to use childcare represents about 73 percent of children below age 6 with unmet needs in Jordan, 85 percent in Iraq, and 58 percent in Lebanon.

¹³ (United Nations, 2016)

IMPROVE STATES' SUPPORT TO ADDRESS HOUSEHOLD CARE NEEDS

To promote better labor market outcomes for women, Mashreq countries could consider a progressive approach aimed at extending the coverage of care policies and reducing their distortive impact on labor market outcomes.

Mashreq countries have largely delegated the provision and financing of care services to the market: enterprises and households. Coverage of care policies, including limited financial support to support households' care needs, is restricted to formal workers. Moreover, some institutional arrangements related to care policies may contribute to labor market inefficiencies and reinforce women's disadvantages in accessing jobs. Taking into consideration existing fiscal constraints, such a progressive approach could build around three components:

- (i) **Address care needs of most vulnerable households**, who face the strongest affordability constraints and are poorly served by existing market-based supply. This objective could be achieved by including care-related support through existing safety net programs. Brazil and Mexico, for example, have introduced provision of complementary mobile crèches to cash transfer program recipients. In other countries, provision of childcare services has become part of public work programs. In South Africa and Rwanda, for example, expanded public work programs incorporate training and ECD jobs accreditation and home and community-based care services to create job opportunities for women and to serve community childcare needs. Similarly, an Ethiopian productive safety net program provides childcare services at worksites by appointing workers, paid the same as other participants, to care for children.
- (ii) **Improve availability of affordable, quality small-scale childcare options**. Lebanon and Iraq, following Jordan's example, could consider establishing an agile regulatory framework to license home-based childcare centers. Moreover, to mobilize women who might be interested in working in childcare and to support quality, small-scale service provision, Mashreq countries could consider expanding skills training opportunities, including supporting establishment of networks and peer support mechanisms. They could also facilitate access to credit for small childcare businesses. This is particularly urgent in Lebanon, where the economic crisis has hurt center-based childcare providers significantly, resulting in job losses for a large number of qualified staff that could provide home-based childcare either autonomously or in franchising with center-based providers. Governments could also consider supporting community-based ECCE provision by building on community-based healthcare programs, thus leveraging existing infrastructures and resources. Review of existing health programs could explore this option and identify potential ECCE entry points.
- (iii) **Improve the design and expand financing of existing care policies**. The design of maternity leave policies in Lebanon and Iraq, by placing the financing burden on employers, might create a disincentive to hire women and/or to formalize women's employment. A better approach, in line with ILO recommendations, would be to finance maternity leave either through general taxation or through employer social security contributions. This is currently done in Jordan where employers contribute a minimal share of both men and women's salaries towards a dedicated social security fund. Ideally, all Mashreq countries—including Jordan—could also consider expanding maternity leave coverage benefits to women working in the informal sector or in informal employment. This could again be achieved either through general taxation or by giving all workers the opportunity to contribute voluntarily towards a family social security fund. Countries could consider providing monetary incentives to promote contribution, such as matching contributions or providing tax credits. This could be very easily implemented in Jordan, where a functioning social security system is already in place and voluntary contributions to some social security schemes have already been institutionalized.

In addition to improving leave policies, governments could also improve the design of mandatory employer-based provision of childcare services. In Iraq, mandatory employer provision of childcare for women with children aged 0-4 disincentivizes employment of mothers while reinforcing the role of women as caregivers. In Jordan, while the law discriminates less against women, it could still be creating disincentives to employ younger workers, who are more likely to have 0-5 children. Moreover, compared to other countries with mandated employer-based childcare, statutory requirements in Jordan and Iraq are defined in terms of number of children rather than on the number of employees in the establishment, possibly creating a stronger cost burden on smaller businesses. To minimize disincentives to hire or formalize contracts for women and younger workers, Iraq and Jordan could consider: increasing the workforce threshold triggering mandatory childcare provision, substituting mandatory employer childcare provision with incentives (tax deductions or tax credits) for employers deciding to provide childcare services, and/or supporting employer investments to establish childcare centers.

PROVIDE AN ENABLING ENVIRONMENT FOR EFFICIENT PROVISION OF QUALITY CHILDCARE SERVICES

Creating an enabling environment for efficient provision of quality childcare services is a crucial step towards addressing households' care needs. Activities could include:

- (i) **Develop of national care policies and strategies** (which no Mashreq country has) detailing objectives, implementation plans, budget, and appropriate institutional arrangements (for instance, delegating a formal ECCE coordinating body or Ministry to lead and manage activities).
- (ii) **Revise and enforce minimum quality standards for various types of ECCE services providers**, encouraged through incentives to perform well and consequences when standards are not met. Governments could explore, along with inspection visits, monitoring activities such as self-assessment surveys, children development assessment, and engaging parents, including parental feedback. Furthermore, establishing professional standards and recognize ECCE workforce competencies.
- (iii) **Improve the data environment to support planning, monitoring, and evaluation of care policies.** This could be done by developing a Monitoring and Information system (MIS) with an up-to-date registry of all licensed providers, integrated with administrative records (vital statistics records) to better assess capacity and enrollment and identify supply and demand constraints. Reforms could include mandating periodic data collection and/or reporting from public agencies and service providers.



The background features a white central area surrounded by watercolor washes in orange, yellow, and blue. Botanical illustrations of leaves and stems are scattered around the edges.

1. INTRODUCTION

The Mashreq countries¹⁴ have among the largest gender gaps in labor force participation in the world. In Iraq and Jordan, less than 15 percent of women are either employed or actively looking for employment, a share that only increases to 26 percent for Lebanon. As discussed in the first State of the Mashreq Women report (World Bank, 2020), several mutually reinforcing factors come together to constrain female labor force participation, including limited local labor market opportunities; prevailing social norms that relegate women as household care providers and limit public engagement; legal barriers and deficiencies in addressing labor market discrimination; and sexual harassment and mobility constraints, mainly the lack of safe public transport.

Labor force participation rates are particularly low for married women and for mothers of young children. In all Mashreq countries, unmarried women without children tend to have relatively higher labor force participation rates, whereas married women—even more so married women with children below schooling age—tend to have the lowest labor force participation rates (World Bank, 2020). The negative relationship between having children and female labor market participation is well established in the international literature. This relationship is generally associated with the fact that women disproportionately face time constraints due to family responsibilities. Globally, the principal reason working age women give for being outside the labor force is unpaid care work (Box 1.1).¹⁵

BOX 1.1: **Taxonomy of care work**

Care work encompasses activities necessary for the health, well-being, maintenance and protection of someone or something. Care work can be classified according to the type of activity performed (direct vs indirect),(a) according to the presence or not of monetary remuneration (paid vs unpaid) and, in case of paid work, according to the formal or informal nature of the work. Unpaid care refers to all unpaid services provided within a household for its members. It also encompasses services provided to other households or within the community in the context of familial, community, or other relations. Unpaid care activities include care of persons (direct care) and household work (indirect care), but direct and indirect care frequently overlap in practice. While unpaid care is considered “work” because, in principle, one could pay a third person to perform care activities, workers solely involved in unpaid care work are not considered employed, and hence not classified as part of the labor force.(b) On the other hand, the care workforce engaged in paid care activities comprises a variety of personal service workers, such as nurses, teachers, doctors, personal care and domestic workers. Paid care workers perform their activities in a range of settings, such as private households (domestic workers), hospitals, clinics, nursing homes, schools, and other care establishments in the private and public sector.

Notes: (a) Typical examples of direct care activities—sometimes referred to as nurturing and/or relational care activities—are feeding a baby or nursing an ill/disabled family member. Cooking and cleaning are typical indirect care activities, sometimes referred to as household work. Direct and indirect care activities are often overlapping in time.

(b) The definition of work adopted with the Resolution I of the 19th International Conference of Labor Statisticians encompasses “any activity performed by persons of any sex and age to produce goods or to provide services for use by others or for own use”, and it is aligned with the General production boundary as defined in the System of National Accounts 2008. In the same resolution, persons in employment are defined as “all those in working age who, during a short reference period, were engaged in any activity to produce goods or provide services for pay or for profit”. See 19th ICLS (2013)

Source: ILO (2018).

The main objective of this study is to better understand the role of care responsibilities for women in Mashreq countries and possible implications for their labor market outcomes. Consensus is growing regarding the need to understand how women’s care work responsibilities effect their labor market outcomes. Yet, very little evidence is available in Mashreq countries to better understand labor market engagement constraints and opportunities that women, particularly mothers, face and whether expansion of care services could help address some constraints. This study aims to help fill some of these knowledge gaps and suggests policy options to support women’s labor market outcomes.

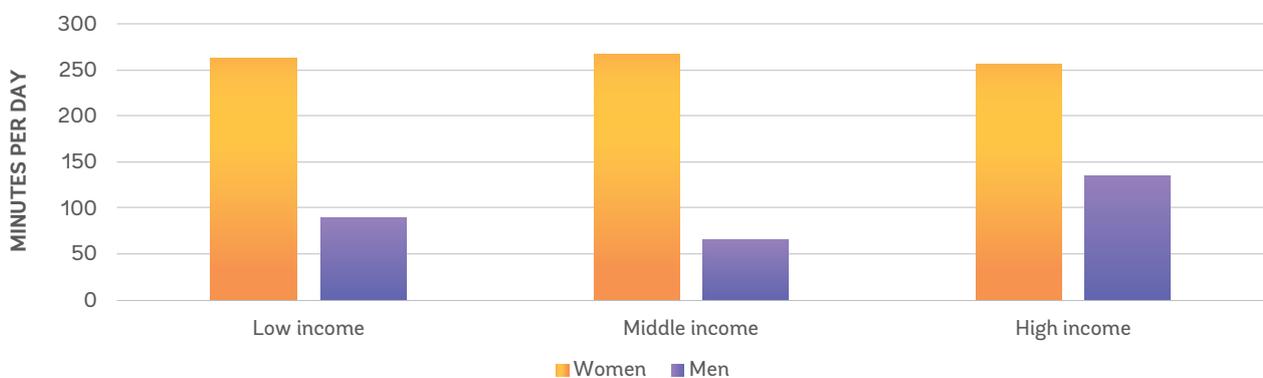
14 Sometimes spelled Mashreq or Mashrek, for purposes of this paper refers to Iraq, Jordan, and Lebanon only. More broadly, the term is sometimes used to refer to the eastern part of the Arab world in western Asia and eastern North Africa, including the Arab states of Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Oman, Palestine, Qatar, Saudi Arabia, Sudan, Syria, the United Arab Emirates and Yemen, but excludes non-Arab Somalia, Djibouti and the Comoros. Some sources include Israel in definition.

15 ILO (2018).

1.1 Unpaid care work and women’s labor market outcomes: what do we know?

Women devote a significant amount of time to unpaid care work, providing direct care to dependents and in routine housework. The definition of care work, which can be either paid or unpaid, encompasses both activities necessary to care for individuals (direct care work) and those necessary for household maintenance (indirect care work). While unpaid care work is an economic activity that adds value¹⁶ and produces wealth and social well-being, it often lacks formal recognition, to the detriment to women who are mostly responsible for unpaid care provision. According to International Labour Organization (ILO) estimates based on time-use surveys in 64 countries conducted, women account for about three-quarters of the total time spent in unpaid care work globally. Irrespective of a country’s level of development, time women spend in performing unpaid care work activities is higher than the corresponding for men (Figure 1.1).

FIGURE 1.1: TIME SPENT ON UNPAID CARE WORK, BY GENDER & COUNTRY INCOME GROUP



Source: (ILO, 2018)

Gender differences in time allocated to unpaid care work are the strongest for married individuals and those with pre-school age children. Being married and having children under age six correlate to the amount of time women spend on unpaid care work.¹⁷ Moreover, while men spend less time than women on all unpaid care work, the gender gap, particularly in allocation of time between paid and unpaid care work, peaks during parenthood.¹⁸ Globally, on average, the gender gap in employment is 40 percentage points between mothers and fathers of pre-school aged children, almost double that between women and men without children.¹⁹

The gendered division of household care responsibilities has important implications for women’s labor market outcomes. All else being equal, if women have to spend more time than men in unpaid household care work, the women will have less time for paid labor market work. As Figure 1.2 shows that countries with greater gender gaps in unpaid care responsibilities tend to have lower female labor force participation. Should a woman still decide to participate in the labor market, engagement in paid labor does not correspond to a commensurate decline in unpaid care work, resulting in a “double-shift” for working women. Moreover, the unequal distribution of care responsibilities at home can limit the type, quality, and quantity of “viable” economic opportunities; for example, by reducing hours in paid employment, hence reducing earnings; by limiting job search to selected jobs such as, for example, those providing higher level of benefits, flexible work arrangements or within minimum commuting time hence potentially increasing the risk of female unemployment.

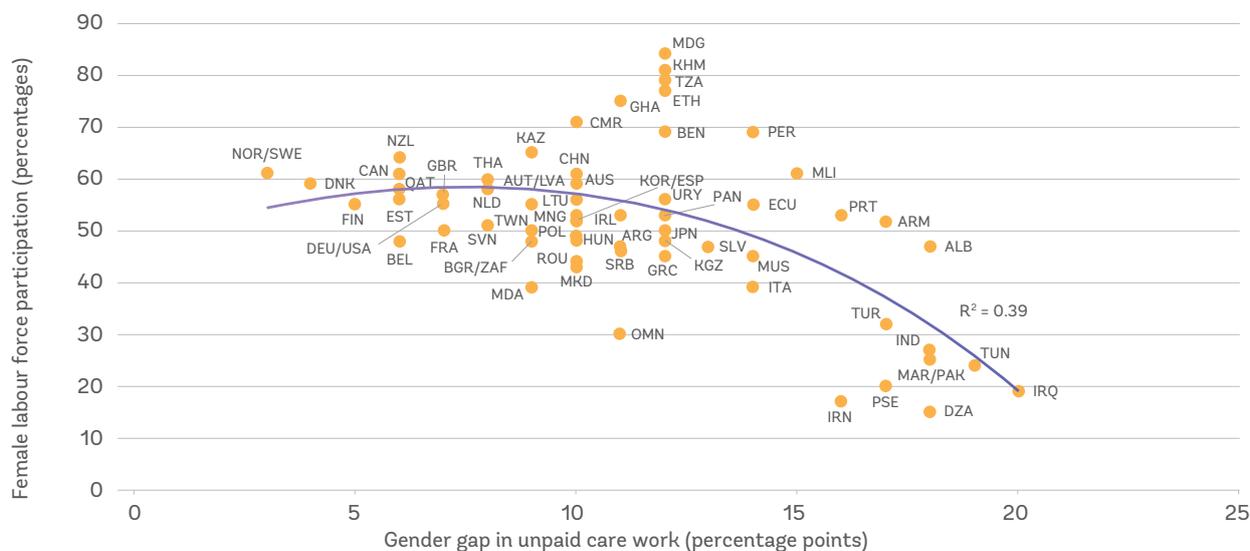
¹⁶ The time women spend on unpaid care services, either in terms of direct care of dependents and/or in terms of housework, if valued at hourly minimum wages, would represent about 6.6 percent of World GDP, or approximately USD 8 trillion expressed in 2011 PPP (ILO, 2018).

¹⁷ ILO (2018), Apps & Rees (2005), World Bank (2012).

¹⁸ The finding is often referred to as “motherhood employment penalty” for women, and “fatherhood employment premium” for men. See ILO (2018) and Rubiano-Matulevich & Viollaz (2019).

¹⁹ Women living with children aged 0-5 years have the lowest employment rate (47.6 percent) compared to fathers (87.9 percent), compared to non-fathers (78.2 percent), and to non-mothers (54.4 percent). See ILO (2018) and Ferrant, Pesando, & Nowacka (2004).

FIGURE 1.2: RELATIONSHIP BETWEEN GENDER GAP IN UNPAID CARE WORK AND FEMALE LABOR FORCE PARTICIPATION



Source: (ILO, 2018)

Social norms are at the core of gender inequality in unpaid care responsibilities and in gender stereotyping of paid care workers. Social norms define behaviors deemed acceptable within a society. As the literature shows, social norms deeply influence gender roles and women’s agency by imposing penalties both on those who deviate and on those who do not enforce them.²⁰ Gender norms emphasizing women’s role as caregivers and men’s role as providers directly translate into gender inequality in unpaid care responsibilities within the household. By extension, gender norms determining a predominant female role in care work within the household, contribute to the gender stereotyping of care workers. Globally, women represent approximately two-thirds of the care workforce; that is, of individuals employed for pay, either formally or informally, in care sectors (health, education, and social work) or employed in households as domestic workers.²¹

1.2 Expanding childcare services can improve women labor market outcomes

A growing body of evidence highlights the critical role care policies play in addressing the gender gap in unpaid care work and in supporting women’s labor market outcomes. Care policies encompass a wide set of policy interventions aimed at recognizing, reducing, and redistributing unpaid care work.²² Care policies can address household care needs through direct provision of care services such as early childhood care and education services (ECCE) (Box 1.2) and/or long-term care services (institutional or home-based services for persons with disabilities, the elderly, or sick); or through legislation mandating the provision of care services by non-state actors, for example by employers. Care policies can also support household care needs by providing monetary transfers, which can take the form of tax rebates, cash transfers, and/or subsidies. Care-related monetary benefits aim to compensate, with varying degrees of generosity, the value of unpaid care work, thereby making market-based paid care alternatives more affordable. Lastly, care policies encompass labor market regulations: family leave policies provide new mothers (and less frequently fathers) time off to care for infants while retaining jobs, usually with some income; family-friendly working arrangements support rights to obtain or request part-time or flexible hours for workers with family responsibilities.

20 World Bank (2012).

21 The care workforce includes workers in care sectors (health, education and social work) and domestic workers.

22 ILO (2018).

BOX 1.2: **Early Childhood Care and Education services (ECCE)**

Early childhood care and education (ECCE) refers to programs aimed at the holistic development of a child's social, emotional, cognitive, and physical needs to build a solid and broad foundation for lifelong learning and wellbeing. ECCE comprises care (health, nutrition, and child-care in a nurturing environment) and education (play, socialization, guidance, and developmental activities), ideally provided in an integrated manner (UNESCO, 2013). While quality care is crucial for all children, as they get older, they also need more formal learning experiences to help them prepare for primary school (Devercelli & Beaton-Day, 2020).

ECCE programs are provided to children from birth up to primary-school-entry age. Often, a distinction is made between services for children aged 0-2 (early childhood educational development - ECED) and services for children between age 3 and compulsory school age (usually age 6). Provision of childcare services for these different age groups may be provided separately due to differences in regulations, program design, and children's needs. Some countries, however, also have approaches that cover children from birth up to primary school entry age in a single setting and/or have consistent regulation for the whole age range. ECCE programs include center-based care (daycares, nurseries, preschools, kindergartens), licensed home-based care (childcare provided for a group of children in a caregiver's home) or in-home services (domestic workers).

This study adopts the broader term **childcare services** under the definition presented in Devercelli & Beaton-Day, (2020) of a service with the primary objective of caring for children while parents are working, while ensuring that children are safe and have opportunities to learn and develop positive relationships with caregivers and peers.

In general, the introduction and/or the expansion of care policies has been associated with better labor market outcomes for women in both developed and less developed countries. Countries around the world are characterized by significant variation in the design and generosity of the care policies' package offered to their citizens.²³ Researchers have extensively investigated the effects on female labor market outcomes from provision and/or expansion in the supply of childcare services. Although the magnitude of benefits varies depending on the context, evidence indicates a positive effect on female labor force participation, employment, and work hours.²⁴ Care policies can also contribute to changing attitudes about work-family arrangements and promote a more egalitarian division of paid work and unpaid care responsibilities. For example, paid paternity leave and reserved parental leave for fathers can contribute to father-child bonding and to an increase in men's time spent in childcare.²⁵

Expanding the supply of care services can also create new employment opportunities for women. Evidence suggests that allocating resources towards a social care infrastructure could have sizeable economic returns in terms of employment generation, particularly for women, and contribute significantly to gender equality and poverty reduction. It is estimated that expanding the childcare economy to meet current needs could create as many as 43 million jobs globally, many of which could benefit women.²⁶ According to estimates for Turkey, investments in social care would generate 2.5 times the number of jobs of an equally sized investment in physical infrastructure (construction) and 30 times the number of jobs for women.²⁷ Given the high share of women in care sectors, expansion of care services can contribute to both gender equality and to the increase of double-income households, significantly contributing to poverty reduction.

Moreover, childcare programs may stimulate children's cognitive and socio-emotional development and promote intergenerational socio-economic mobility. Reviews of evidence in both developed and developing countries reveals

23 See Cascio, Haider, & Skyt Nielsen (2015) and ILO (2022) .

24 See among others Blau & Currie (2006), Del Boca (2015) and Halim, Petrova, & Reynolds (2021).

25 Boll, Leppin, & Reich (2014).

26 Devercelli & Beaton-Day (2020).

27 Ilkkarkacan, Kim, & Kaya (2015).

that ECCE programs have a positive effect on children's developmental outcomes, contingent on the quality of the service being high.²⁸ These benefits have been found to be particularly strong for children in vulnerable households as they help mitigate opportunity gaps at birth. In the short and medium term, the benefits include improved school readiness, better nutrition outcomes, increased probability of completion of secondary school, and reduced involvement in juvenile crime. Long-term benefits include better education outcomes and lifelong learning, improved employment prospects and earnings, better health-seeking and behaviors, and less dependency on social assistance. While evidence conclusively identifies a positive effect of quality ECCE services on the cognitive and socio-emotional development of preschool children aged 3 to 5, findings are more nuanced in the case of children below the age of 3. During earlier years, the quality of the socio-emotional bond between parents and child and between the caregiver and the child is of paramount importance. In this sense, the quality of childcare services is even more relevant for children below the age of 3.²⁹

1.3 Improving women's labor market outcomes through care services: an analytical framework for Mashreq countries

Women's care and employment choices take place within a complex set economic and socio-cultural factors. Utilization of care services and women's labor force participation are joint outcomes of household decision making influenced by markets; formal institutions, such as legal restrictions; and informal institutions, such as social norms and customs. From a purely economic perspective, the decision whether paid care services should substitute for unpaid household care work depends on the relative cost of care services compared to the potential wage that the person in charge of unpaid care work within the household could earn in the labor market. In this context, as long as a woman's labor market wage is higher than the cost of paid childcare services, it would make economic sense for the household to outsource care work and for the woman to enter the labor market. Considering this simple labor supply model, one could expect more productive, and likely more educated, women to have relatively higher labor force participation. By the same token, policies to provide free care services or reduce their cost should lead to better labor market outcomes for women.

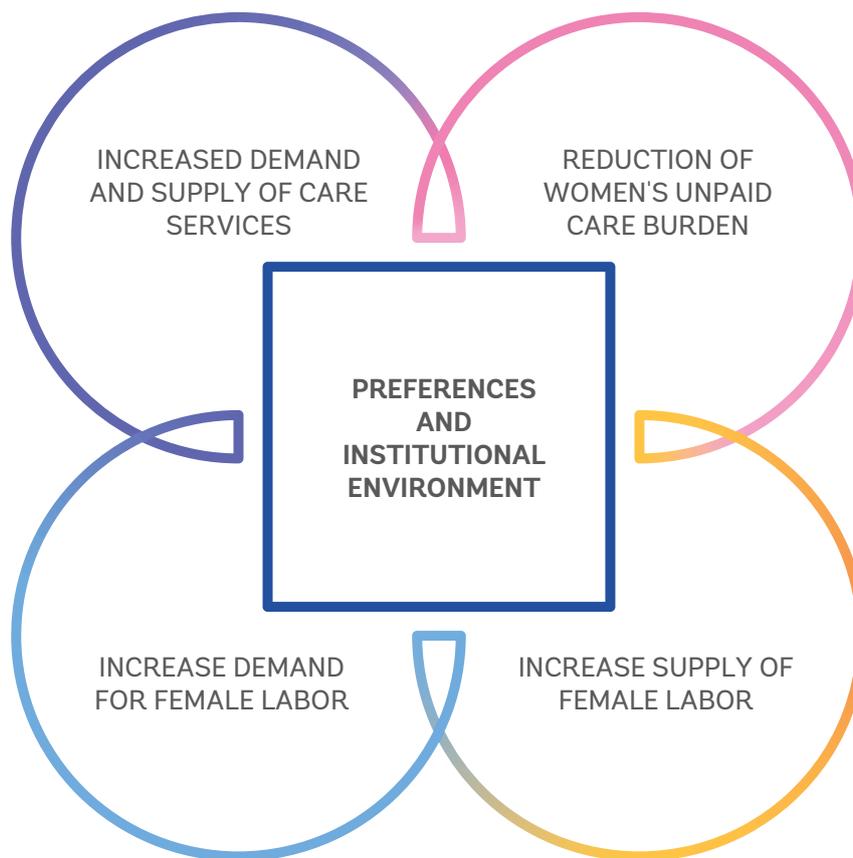
But economic considerations are not the only factor affecting women's care and employment choices. Social norms, parental preferences about care and work, and beliefs about how different caregiving options affect child development all play a crucial role in household decisions. Prevailing gender norms not only influence women's role and bargaining power within the household, but also the social acceptability of jobs available to women. Similarly, women's own preferences and values also affect the decision. Given the complexity of factors, policy interventions to expand care services availability and affordability need to take into account both market failures and institutional constraints. Market and institutional barriers, including those related to gender roles and norms, can reinforce each other, and dampen policy-based incentives to ease the constraints for women's access to labor market opportunities.

Very little is known about the potential for expanded care services to improve women's labor market outcomes in Mashreq countries. As discussed, expansion of care services can ease women's unpaid care work burden and free time for paid labor in the labor market. At the same time, expansion of care services may create disproportionately more jobs for women than men, hence increasing demand for female labor. However, as Figure 1.3 illustrates, informal institutions, such as social norms regulating gender roles, can play a major role in supporting or hampering the effectiveness of care policy interventions. In a context characterized by a strong patriarchal gender paradigm, as is the case in Mashreq countries, social norms could dampen uptake of care services and reduce their benefits for women's labor market outcomes.

28 See among other reviews Duncan & Magnuson (2013) and Camilli, Vargas, Ryan, & Barnett (2010) for evidence in the U.S.; Nores & Barnett (2010) for a review of international evidence outside the U.S. and Canada; OECD (2006) and OECD (2017) for evidence in OECD countries, and more recently, Devercelli & Beaton-Day (2020) for evidence in developing countries; and Cadima, Nata, Barros, & Barata (2020) for evidence focused on children younger than three.

29 See for instance Cadima, Nata, Barros, & Barata (2020).

FIGURE 1.3: ANALYTICAL FRAMEWORK



Source: Authors' elaboration

Social norms in Mashreq countries emphasize women's roles within the household and stigmatize working mothers. Similar to other Middle East and North African (MENA) countries, deep-rooted traditional patriarchal gender paradigms shape household gender roles and dynamics. This paradigm emphasizes woman's private role within the household as a wife and mother and constrains her role in the public sphere, as indirectly demonstrated by prevailing low levels of female labor force participation.³⁰ The prevalence of the patriarchal gender paradigm is well reflected in results from the latest World Value Survey (Figure 1.4). The majority of men and women in Jordan, Lebanon, and Iraq agree or strongly agree with the statement "when jobs are scarce, men should have more right to a job than women" and that "pre-school children suffer with a working mother". Similarly, with the exception among women in Lebanon, there is consensus that "being a housewife is just as fulfilling as working for pay".

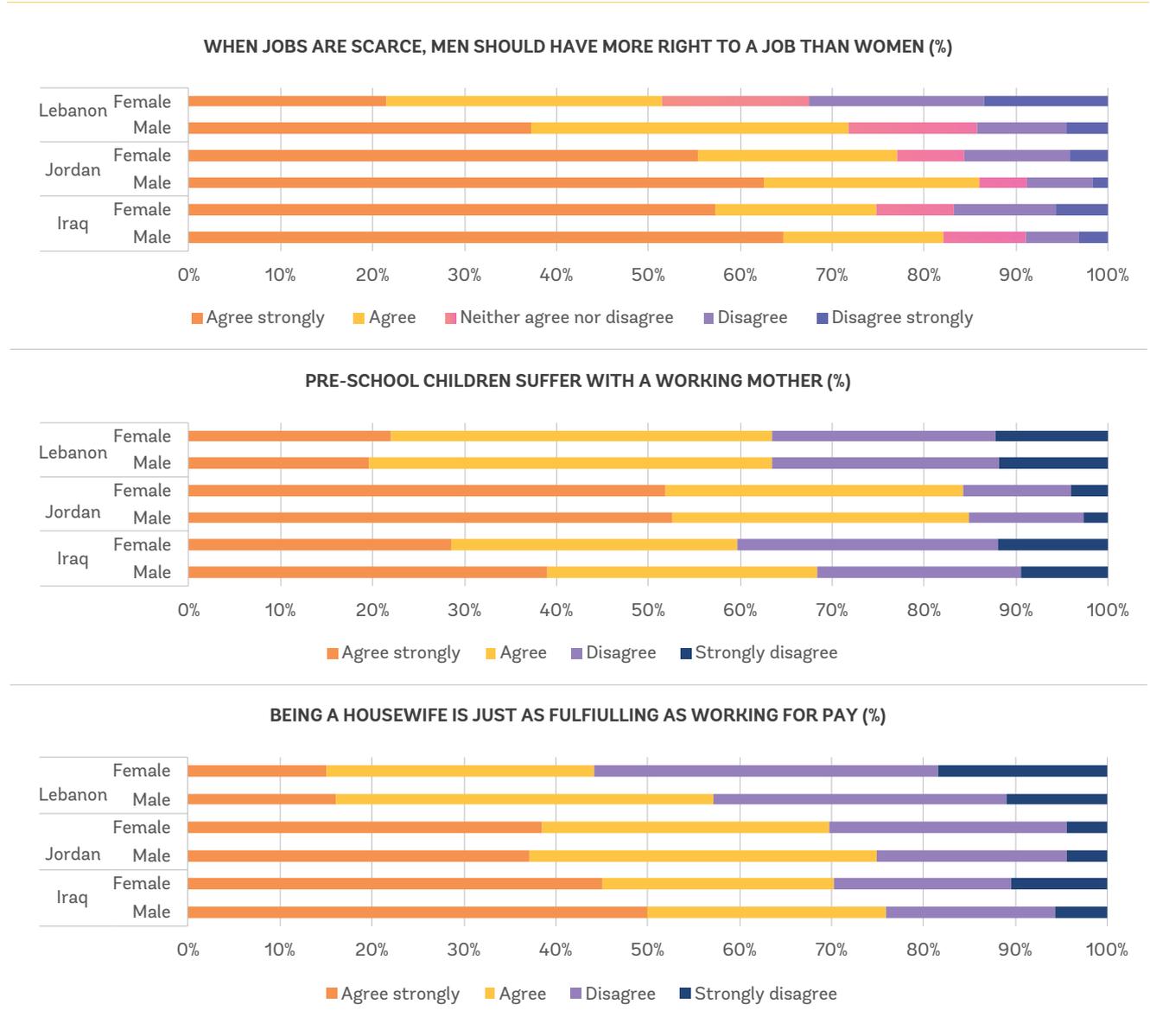
In this context, understanding constraints to both demand and supply of care services is crucial to designing effective care policy interventions. Evidence for Mashreq countries indicates limited use of childcare services. However, little is known about the reasons for low service utilization; whether due to the limited availability of childcare services (supply constraints), the unwillingness of families to use childcare services due to preference for care within the household (demand constraints), or due to the mismatch between demand and supply of childcare services (cost, quality, location, among other things). To address knowledge gaps, this report builds on two complementary analytical efforts relying on new data:

- (i) On the supply side, the first effort reviewed care policies in Mashreq countries, focusing on understanding the characteristics of existing supply of childcare services.
- (ii) On the demand side, the second effort aimed to understand the role unequal gender distribution of unpaid care responsibilities plays in determining Mashreq women's labor market outcomes, the constraints currently affecting demand for childcare services, and the untapped demand potential.

³⁰ World Bank (2004).

Chapter 1 and Chapter 2, respectively, discuss the results of these two analytical pieces. Based on this evidence, Chapter 3 suggests policy directions to jointly address demand and supply constraints and to unleash the potential that improved childcare services can have on female labor market outcomes.

FIGURE 1.4: VIEWS REGARDING GENDER ROLES, BY SEX OF RESPONDENT



Source: World Values Survey Wave 7: 2017-2020



2. CARE POLICIES AND THE SUPPLY OF CARE SERVICES IN THE MASHREQ

Mashreq countries lag in the development of care policies. In line with other welfare institutions, existing care policies in Mashreq countries are centered around formal-employment relations. In its original formulation, the prevailing social contract in Mashreq countries delivered welfare benefits to citizens through lifelong public sector jobs. Under this social contract, the public sector provides social protection schemes (social insurance across the lifecycle as well as minimum standards of living) directly. With growing fiscal constraints limiting expansion of public employment to accommodate a fast-growing labor force, the “burden” of social protection has progressively shifted from the public to the formal private sector,³¹ whose growth remains stunted.³² Care policies are well aligned within this framework. In general, leave policies, childcare service provision and childcare monetary support link to employment either in the public or the formal private sector, which obviously limits their coverage.

Overall, 50 to 70 percent of workers in Mashreq countries are informal and therefore outside the coverage of care policies. Issues and challenges posed by informality have been extensively analyzed, particularly after the COVID-19 pandemic.³³ Informal employment typically comprises both individuals not covered by social insurance schemes because operating in the informal sector (agriculture workers, self-employed,³⁴ immigrants, temporary, and micro and small business workers) and individuals not employed in formal contractual arrangements who are excluded from social insurance because of the lack of compliance with laws and regulations. Most recent estimates indicate that in Iraq 66.7 percent of employment is informal, while in Lebanon and Jordan the corresponding share is 55.3 and 52.5 percent, respectively.³⁵ With exception of Lebanon, informality is higher among male workers, due to a higher incidence of public sector employment among working women. Still, informal employment affects 36 percent of female workers in Jordan, 45 percent in Iraq, and 56 percent in Lebanon.³⁶

While provisions vary between countries, care policies in Mashreq are not well-aligned to increase female labor market outcomes. As this chapter will discuss, Mashreq countries offer a limited and differentiated package in terms of care policies. However, two main characteristics are common. First, they focus mainly on women, thereby reinforcing existing inequalities in the gender allocation of care responsibilities. Second, care policies’ benefits only extend to women already employed in the public sector (often with more generous packages) or in the formal private sector. Overall, current care policies are not best suited to promote more equitable distribution of household care responsibilities, nor do they support mothers who wish to enter the labor market look for a job, nor help them maintain their jobs if informal.

2.1 Leave policies and flexible work arrangements in Mashreq countries

Maternity leave provisions vary between Mashreq countries and depend on the private or public nature of women’s employment. All Mashreq countries have national legislations granting rights to maternity leave and protection against dismissal during pregnancy or maternity leave, even if differences exist in the duration of leave. Iraq is the only country that guarantees 14 weeks (98 days) of paid maternity leave, in line with the minimum requirement established by the ILO Maternity Protection Convention No.183 (Box 2.1).³⁷ In Jordan, the duration of paid maternity leave is 90 days for women employed in the public sector and 70 days for women employed in the private sector. In Lebanon 70 days (10 weeks) of maternity leave is available to women employed in both the public and private sector. Jordan is the only country in which maternity cash benefits are provided in full through the social insurance fund,³⁸ whereas in Iraq and Lebanon the financial burden falls on employers, possibly contributing to gender discrimination, particularly in the private sector.

31 This entails a shift in State’s role from direct public provision to regulator of social insurance delivered through private sector employment.

32 Purfield, et al. (2018).

33 World Bank (2022).

34 In some countries, self-employed workers are sometimes permitted to contribute to social insurance schemes. However, the extension of social-protection coverage to self-employed workers represents a key challenge, particularly for those with irregular and low incomes. In the absence of an employer, self-employed workers must take on full responsibility for social security contributions often adding economic barriers to coverage extension.

35 ILOSTAT and CSO et al. (2022).

36 Ibid

37 Iraq and Lebanon ratified the Convention, but only Iraq complies with its requirements.

38 The Maternity Fund was introduced by the Social Security Corporation (SSC) in 2010 to pay for the wages of women working in the private sector during maternity leave. The source of the Maternity Fund comes from employers’ contribution to social insurance and makes up 0.75% of workers’ wages.

BOX 2.1: **ILO Maternity Protection Convention, 2000 (No. 183)**

The ILO Maternity Protection Convention, 2000 (No.183) puts forward three key requirements regulating the minimum duration of maternity leave, minimum salary replacement rate during the leave period, and the responsibility for the cost of maternity leave benefits. In particular, the Convention introduces the following standards for maternity protection: (i) a minimum maternity leave period of 14 weeks and recommend increasing it to at least 18 weeks to ensure adequate rest and recovery time for the mother; (ii) the amount of cash benefits to be at least two-thirds (67 per cent) of the woman's previous earnings and recommend increasing it to 100 per cent; (iii) employers should not be individually liable for the direct cost of maternity leave and these cash benefits shall be provided through compulsory social insurance or public funds or non-contributory social assistance to women who do not qualify for benefits out of social insurance.

Source: ILO (2022).

Leave policies in Mashreq countries focus on mothers' care responsibilities, perpetuating inequalities in the distribution of unpaid care work between parents. The design of leave policies in Mashreq countries mirrors prevailing gender norms in the allocation of care responsibilities. Paid paternity leave is not recognized in Iraq and Lebanon, while three days of paternity leave were only recently introduced in Jordan.³⁹ However, contrary to maternity leave benefits, the payment of a cash benefit for paternity leave in Jordan is not through the social insurance fund but rather is a liability of employers, possibly discouraging provision.⁴⁰

Mashreq countries have very limited provisions supporting parental or long-term leave arrangements for workers with family responsibilities. Provision of job-protected and long-term paid leave options is important to reconcile care responsibilities and employment.⁴¹ Parental leave, available to either parent to take care of a child upon the expiration of maternity and paternity leave benefits, can be a useful support to prevent parents, notably mothers, from dropping out of the labor force in the absence of quality and affordable childcare services (Box 2.2). Other family leave options can also enable employed persons to take care of family members who have long-term functional dependency, such as elderly and disabled.⁴² Jordan is the only country in Mashreq recognizing a statutory right to parental leave, albeit unpaid and only available to mothers. Similar to maternity leave, the duration of parental leave varies between mothers employed in the public sector (up to two years of unpaid leave) and in the private sector (one year, but only for women working in establishments employing more than 10 workers). None of the Mashreq countries has provisions for long-term family leave to take care of sick and disabled family members. However, in Jordan, long-term family leave (unpaid leave of absence) is provided for men and women to accompany their spouse working or studying abroad or in another governorate within Jordan.⁴³

Similarly, provisions to guarantee the right to flexible work arrangements are only available in Jordan. Beyond leave policies, statutory provision of the right to flexible work arrangements can support parents balancing care and work responsibilities. Jordan is the only Mashreq country that protects the right to flexible work arrangements through national legislation introduced in 2018. Eligible workers include men and women who have spent at least three consecutive years in service with the same employer, workers with family responsibilities (pregnant woman, worker caring for a child, another family member or caring for an elderly person with a disability or illness), workers enrolled in university studies, and workers with disabilities. Furthermore, the law describes the different modalities of flexible work: remote work, flexible hours, less hours, intensive week hours, and yearly schedule, among others. In 2020, as a response to the COVID-19 pandemic, flexible work arrangement rights in Jordan were extended to all workers, including those in the public sector.

39 Law Nr. 14, 2019 amending the Jordanian Labor Code (for private sector employees), and Jordanian Civil Service Regulation 2020 (for public sector employees).

40 Contrary to maternity leave, paternity leave is not protected against dismissal.

41 ILO (2022).

42 During the COVID-19 pandemic, several countries have introduced or extended care leave entitlements for workers with family responsibilities as a means to support the increased unpaid care work resulting from circumstances related to the pandemic, including quarantines or the temporary closure of schools, day-care centers and other care services, including those provided by domestic workers (ILO, 2022).

43 The length of the leave is limited to a maximum of two years in the private sector whereas the duration is unidentified for public sector workers. The worker is required to provide evidence and documentation for his/her leave to be approved.

BOX 2.2: Parental leave

Parental leave policies define a longer period of leave taken to take care of a child upon expiration of maternity or paternity leave entitlements. Parental leave policies are typically available to one parent or both parents, but some countries – in order to promote more gender friendly leave schemes – also include non-transferable portions of parental leave to each parent.

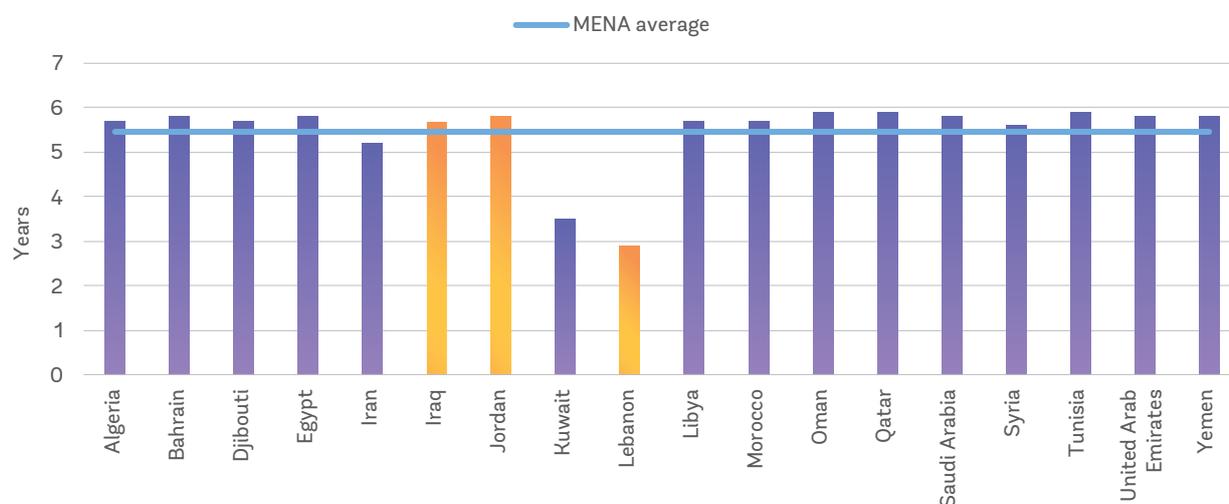
Leave entitlements of adequate duration (at least two weeks or more) and paid at substantial replacement ratio to previous earnings, in the form of paternity leave or non-transferable quotas of parental leave, have been found to promote more active involvement of fathers in childcare, a more equitable distribution of care responsibility within the household, and better child development outcomes since they benefit from interaction and stimulation from both parents.

Source: (ILO, 2018)

2.2 Formal childcare services: institutional framework

None of the Mashreq countries recognizes the right to childcare services for children below age three, and access to pre-primary education is limited (Box 2.3). Availability of childcare services is key to support working parents once maternity and paternity leave entitlements expire, but this is lacking in Mashreq countries. In none of the countries is the State responsible for providing childcare for children below age three and public pre-primary education provision is either limited, such as in the case of Lebanon and Jordan, or virtually non-existent, as in the case of Iraq. This, combined with limited coverage and leave options (maternal, paternal, and parental), results in a sizeable “childcare policy gap”; that is, the time gap between the moment leave entitlements available to households end and the age at which children can attend formal childcare or primary school (Figure 2.1).

FIGURE 2.1: CHILDCARE POLICY GAP IN MASHREQ COUNTRIES AND MENA



Source: (ILO, 2022) pp. 411.

Notes: Childcare policy gap refers to the difference (in years) between the starting age of universal and free ECCE or primary education, and the childcare related paid leave reserved to households.

BOX 2.3:

Pre-school education in Mashreq countries

In all Mashreq countries, early education services are divided between care services for younger children (usually below age three) managed by welfare and health ministries, and early childhood programs for preschool-age children, which are the responsibility of the Ministry of Education. While the main objective of preschool is to prepare children for primary school, preschool services can also serve, at least for a limited number of hours per day, as a childcare solution. Pre-school education in Iraq and Jordan occurs through two kindergarten classes (KG1 and KG2) starting at age four, while in Lebanon it starts at age three.

Lebanon: The Ministry of Education and Higher Education (MEHE) is responsible for establishment and supervision of kindergartens (KG) in public schools alongside primary education. MEHE is also responsible for licensing KGs in private schools. MEHE does not include a dedicated service or department for pre-school education. Pre-school curriculum is developed by the Centre for Educational Research and Development (CERD), an institution linked to MEHE that is also responsible for pre-service and in-service training of teachers. Qualifications for KG teachers are not legally specified and there is currently no assessment of pre-school teachers' qualifications and profile. The latest information from UNICEF's 2009 Multiple Indicator Cluster Surveys (MICS) showed an enrollment rate of 61.7 percent for boys and girls in some form of pre-school education. Girl's enrollment was marginally higher at 63.2 percent compared to 60.4 percent for boys. The proportion attending preschool varied by geographical region (highest in Mount Lebanon and lowest in northern and peripheral districts).

Jordan: In Jordan, pre-primary education was introduced to the national education system in 1994 (Act (3) /1994) as a formal, but not compulsory, stage in the education curriculum. In 2020 the Government announced plans to include pre-primary education in the compulsory school system. (1) The Ministry of Education (MoE) is responsible for licensing and establishment of KG2 classes (nursery and KG1 levels fall outside the scope of MoE). In 2012, MoE established the National Early Childhood Network regional groups, responsible for identifying needs and mobilizing support for kindergartens (KGs). In 2017, the MoE and UNICEF launched an eight-year executive plan to universalize KG2 access for 5-year-olds across Jordan. Efforts to expand KG coverage include creating KG sections in existing primary and secondary schools, using space available at many underutilized schools, and piloting double-shifts in schools not already double-shift. KG2 delivery is fragmented: the public sector accounts for nearly one-fifth of enrollments, while the private sector provides the bulk of services, including licensed as well as non-licensed providers. MoE estimates that the net enrollment rate for KG2 in 2018 was 61.4 percent, with significant differences between Jordanian (69.5 percent) and Syrian children (25.4 percent).(2)

Iraq: Pre-school programs (kindergartens) in Iraq, including the KRG region, are regulated by the Ministry of Education (MOE) (Regulations No 11/1978 and No. 24/1988). While pre-school is targeted to children aged 4-5, there are no considerations for children outside this group, and in the case of Iraq (excluding KRG region) there are no provisions for children with special needs (KRG region does mandate preschool programs to integrate children with disabilities). The MoE is responsible for developing policies, planning, and overseeing preschool education, as well as for issuing KG regulation and facilitating its implementation. Local governments are tasked with providing KGs with all necessary supplies. MoE is also mandated to provide on-the-job training for KG teachers, to assist KGs develop curriculum, and produce research from piloting new preschool programs. Licensing provisions are governed by the KG Licensing Instructions (No. 1 /1997) and are applicable at the federal government level, with MoE being the licensing authority. KGs operate 5 hours per day with the option to a maximum 9 hours in case most children have working mothers—subject to approval of the education council at the governorate level—which is the only provision designed for working parents. With regards to monitoring, licensing instructions state that KGs must be inspected for compliance with educational and health conditions. However, the norm does not provide specifics on the conditions to be met. According to MoE, in Iraq (excluding KRG) public KGs account for 85.5 percent of enrollment (58.7 percent of KGs are public). (3) Based on the 2011 MICS, UNICEF estimates that gross enrollment in pre-primary education is as low as 24 percent. (4)

Sources: (1) (UNICEF, 2020) (2) (Jordanian Ministry of Education, 2019) (3) (Iraq Ministry of Education, 2020) (4) (UNICEF, 2014)

The private sector is the main provider of childcare services in the Mashreq. The childcare sector landscape varies across Mashreq countries, with licensing responsibilities fragmented across different ministries (Table 2.1). The private sector is the most important provider of childcare services in all three countries. Private sector providers are typically standalone, state-licensed businesses. However, in some cases, working parents can access childcare services directly through their employer. Jordan and Iraq mandate employer-based provision of childcare services. In Iraq, the law prescribes provision of childcare services by employers of female workers who have children aged 0 to 4, irrespective of the number of children. Childcare services can be provided directly by the employer or in collaboration with other employers. In Jordan, a recent amendment of the labor law (2019) requires employers to provide childcare services when the establishment workforce (male and female) has at least 15 children between ages 0 to 5.⁴⁴ Also in this case, childcare services can be provided directly by the employer or by subsidizing fees of nurseries contracted by the employer.⁴⁵

TABLE 2.1: PROFILE OF CHILDCARE SUPPLY AND LICENSING REQUIREMENTS

	Characteristics of supply	Licensing	
		Childcare service system	Pre-Primary education system
Iraq	Private sector: 70.4% Public sector: 4.3% (MOLSA) and 23.9% other public institutions	Ministry of Labor and Social Affairs (MOLSA): licensing of private and work-based nurseries	Ministry of Education: public provision and licensing of private provision.
Jordan	Private sector: 43% Public sector(1): 44% Institutional/workplace(2): 10%	Ministry of Social Development (MOSD): licensing of private providers, work-based/institutional nurseries and NGO-based nurseries and home-based nurseries.	Ministry of Education: public provision and licensing of private provision.
Lebanon	Private sector: 80% Public sector: 12% Semi-private(3): 8%	Ministry of Public Health (MOPH) / Mother, Child and School Health Unit: licensing of private providers Ministry of Social Affairs (MOSA): licensing of public/semi-public providers	Ministry of Education and Higher Education (MEHE): public provision and licensing of private provision.

Notes: (1) Public school nurseries open to children of teachers and school staff. Although public school-based facilities are located in public schools, these facilities are not run by the school but rather by the mothers whose children are using the service. The school only provides the space, while the mothers renovate the space to meet licensing requirements, obtain the requires licenses, and hire the staff (care giver/s and cleaner/s) who receive a monthly remuneration consisting of the "fees" mothers pay. The school does not contract nurseries' staff, which does not receive remuneration year-round.; (2) include both public and private sector employers; (3) NGOs and faith-based providers.

Source: Lebanon and Jordan Childcare Country Assessments

On the other hand, in Mashreq countries, the State plays a regulatory role and tries to ensure quality of private childcare service providers through licensing. In general, regulation of childcare services aims to ensure a safe and stimulating environment for child development. Minimum standards typically cover aspects related to structural and process quality.⁴⁶ As Table 2.2 shows, statutory minimum quality standards mainly focus on structural quality (more or less in line with OECD average standards) and less so on the elements of process quality. With regards to structural quality, regulation in the three countries includes provisions for minimum staff-to-child ratios (with Iraq lacking required ratios for the youngest children). Furthermore, there is a heavy emphasis on physical infrastructure (space per child, which is about 1m lower than the OECD average, and layout of facilities and rooms) with Jordan being the only country to include provisions on outdoor space. When it comes to process quality, no countries have a national

44 Prior regulations asked employers with at least 20 female employees who had 10 children under the age of four to provide childcare services—resulting in a disincentive to hire women.

45 The employer is required to subsidize the cost of childcare services in an amount inversely proportional to the wage of the worker. In particular, workers with monthly wages less than 300 Dinars receive a subsidy of 50 Dinars; workers with monthly wages between 300 and 500 dinars receive a subsidy of 40 dinars, while workers with monthly wages between 500 and 1000 dinars receive a subsidy of 30 dinars.

46 Process quality refers to the types of interactions that occur throughout the day between caregiver and children. Structural quality, on the other hand, refers to features of the care environment, which include class size, teacher-to-child ratios, teacher qualifications and experience, and teacher pay scale, along with physical characteristics of the space. Because process quality is difficult to observe, regulation is usually based on structural measures of childcare. Evidence suggests that lower child-staff ratios, smaller group sizes, and better caregiver education (structural measures of quality) correlate with better child-to-caregiver interactions (process quality).

ECCE curriculum framework, and regulation leaves it up to the childcare center to develop an appropriate program or curriculum. There are no specifics in terms of family involvement or interactions with peers and/or teachers. The same licensing institutions are in charge of overseeing compliance and monitoring, and no country has an independent inspection agency. Licensing regulations do not specify the periodicity of inspection visits.

TABLE 2.2: LICENSING REQUIREMENTS FOR NURSERIES IN MASHREQ COUNTRIES COMPARED TO OECD AVERAGE STANDARDS

Jordan	Lebanon	Iraq	OECD
Staff to child ratios			
<p>1:6 for children < 1 yrs. old 1:8 for children age 1-2 1:10 for children age 2-4</p> <p>Home-based: max. of 5 children if < 2 yrs. old max. 7 children if age 2-4 max. 6 children if mixed ages max. 2 infants</p>	<p>1 licensed nurse or assistant with at least 5 years of experience: 10 children age 40 days to 1 year</p> <p>1 nursery teacher + 1 nursery assistant: 20 children > 1 yrs. old</p>	<p>1 caregiver: 8 children 1-12 months 1: 10 children 12-24 months 1: 15 children 24-36 months</p>	<p>Childcare: 1 staff: max. 7 children KG/preschool: 1 staff member: max. 18 children Family or domestic care services regulated with stricter ratios; among countries with available data, max. 5 children per staff</p>
Teacher/caregiver qualification			
<p>Full-time work in the nursery, >= 20 years old, must have high school diploma and a training certificate approved by competent authorities. One of the caregivers must have an academic qualification in the field of special education, or a specialized training related course.</p> <p>Home-based: the above is optional; caregiver should have high school, age 18 years old; no experience or training in childcare required.</p>	<p>The childcare worker should have a degree in pre-primary education or any field of education. 1 nurse for every 10 children aged 40 days to 1 year; licensed by the Ministry of Public Health or an assistant with minimum of 5 years' experience certified by the nurseries syndicate.</p>	<p>Caregivers must have no less than a secondary certificate or its equivalent and must approve one of the qualifying courses in the training center within no less than 3 months.</p>	<p>Childcare workers: in most countries, must have a vocational-level diploma, generally at a children's nurse level (upper secondary, vocational level); many countries also have specialist staff trained to secondary-level graduation, plus a one to-two-year tertiary-level vocational diploma. Pre-primary teachers: generally trained at the same level and in the same training institutions as primary school teachers.</p>
Space per child			
<p>2 m² per child, indoor 2 m² per child, outdoor No less than 3 rooms for children, one for infants</p>	<p>1 m² per walking child 2 m² for infants who cannot walk in the bedroom A bedroom for infants under 1 yr. old, and classrooms for educational purposes divided by age and language.</p>	<p>KRG region: Availability of a hall for activities in line with the number of children, with at least 2 m² for each child. (No specific requirements at the federal level)</p>	<p>In general, indoor space requirements are largest for family day care, followed by childcare centers and KG/preschool OECD average for regulated indoor space per child: 2.9m² per child for KG/preschool, 3.6m² for care centers</p>

Jordan	Lebanon	Iraq	OECD
Outdoor area			
<p>Outdoor yard of not less than 30 m², must be flat and free from obstacles, fenced at a height of 2m.</p> <p>Shading a third of the outdoor area with a canopy</p> <p>Height of the outer covered yards is not less than 2.40 m and free from columns or any other obstructions</p>			<p>OECD average outdoor space requirement per child is 7m² per child in KG</p> <p>8.9m² per child in childcare</p> <p>A wider range can be found across countries for outdoor (than indoor) requirements for both kindergarten and childcare centers.</p>
Other Infrastructure			
<p>Bathrooms: One bathroom and one washbasin, for every 15 children, toilets must be separated by fixed and appropriate partitions. Separate Sanitary unit for staff separated from children's rooms</p> <p>Other rooms:</p> <ul style="list-style-type: none"> • activity hall • kitchen • administration room • Ceiling: ceiling height should not be less than 2.40 meters. <p>Windows: area of windows should not be less than 15% of room's floor area</p> <p>Home-based: if accepts infants, the part of the house that is designated to the home-based nursery should have min. 2 rooms</p>	<p>Bathrooms: must have small toilet seats, with one seat for every 10 children age 1.5 and above. Separate bathroom for staff and administration.</p> <p>Other rooms: nurseries should have the following rooms:</p> <ul style="list-style-type: none"> • Management and reception room • Recreation rooms or halls • Dining room • Dedicated running area for children. • An infirmary where sick children can stay and wait for their parents to pick them up • Kitchen • Large play area that meets all necessary safety precautions <p>Ceiling: height must be 2.75 mts</p>	<p>Bathrooms: should be children's size and height. One toilet for every 15 children.</p> <p>Other rooms: include furnished rooms, with distance between rooms 3mts at least.</p>	
Safety			
<p>Building must be a ground floor with a main entrance/exit on the street; if basement, must meet conditions on ventilation and natural lighting.</p> <p>Others (very standard)</p>	<p>Facility must not be below ground level or in warehouses.</p> <p>Insurance: The nursery must be insured, and a copy of the insurance policy must always be present on site.</p>	<p>Building should be on ground floor with outlet to the street. Nurseries established by public institutions or private employers to serve staff are excluded, provided they guarantee safety.</p> <p>Others (standard, on food storage, ventilation, gas, etc.)</p>	
Learning program			
<p>Nursery must develop appropriate programs in accordance with developmental standards approved by the Ministry.</p> <p>No national curriculum/learning program.</p>	<p>Nursery must develop a curriculum that ensures the physical, intellectual, psychological, and social development of children that will facilitate their transition to school life.</p> <p>No national curriculum/learning program.</p>	<p>None (other than mandating nurseries to implement their own program)</p>	<p>Most countries have a national ECEC curriculum framework (specific requirements as to what is expected of ECEC staff, as well as values and principles)</p>

Jordan	Lebanon	Iraq	OECD
Health/Nutrition			
Drinking water: must provide sufficient amount of water at the rate of (1) cubic meter for every (25) children. Medical supervision: must have a doctor under a contract, renewed annually.	Some protocols for infectious diseases detected in nursery, or sick children. Medical supervision: a licensed doctor who specializes in family medicine, pediatrics, or general medicine to examine the children twice a year as necessary.	Nurseries are required to provide enough daily meals suitable for the children's age, during their stay at the nursery. Medical supervision: must contract a pediatrician or general physician who will visit the nursery on a regular basis. Other provisions regarding potable water	
Family involvement			
None	None	None	Most commonly used approaches for family and community engagement: 1) making it a legal obligation for providers, and 2) involving parents or communities in decision-making bodies
Quality assurance: monitoring, inspection			
Ministry of Social Development (MOSD)	Ministry of Health (MOPH)	Social Welfare Department, under the Ministry of Labor and Social Affairs (MOLSA)	Monitoring practices for compliance with regulations are mostly implemented through external inspections by national authorities or an independent inspection agency

Note: This table is based on the classification used in Devercelli & Beaton-Day (2020), Table C.6.1 (pp. 84).
Source: Lebanon and Jordan Childcare Country Assessments and OECD (2017).

Jordan is the only Mashreq country in which home-based childcare service provision can be formalized. Licensed, home-based ECCE services can present a flexible and more affordable alternative to center-based services and require lower initial investment.⁴⁷ Home-based arrangements have the potential to provide childcare services to a large portion of children as they allow for greater flexibility in hours of care, which can accommodate the schedules of shift workers or working parents with particularly early or late starts. These formats usually allow mixing children aged 0-5, an option that can fit mixed-aged families, particularly low-income ones. However, home-based businesses require support and a proper regulatory framework to enforce good quality standards. In this regard, Jordan has taken important first steps in 2019 by enacting regulatory frameworks to license home-based service, including introducing specific requirements for their operation. It has also allowed “alternative modalities” (home-based care included) to accept childcare vouchers or have seats reserved by employers, under the employer-provided childcare mandate.

⁴⁷ Homebased ECCE services usually take place at the provider's home or at a facility with a group of providers (childcare homemaker or community childcare) who are licensed according to national minimum requirements, including health and safety checks (initial or annual), registration requirements for staff and curriculum standards, annual pedagogical inspections, in-training requirements, and pedagogical supervision regularly ensured by an accredited supervisory body (ILO, 2022).

2.3 Availability and affordability of childcare services.

Estimating the supply of childcare services in Mashreq countries is complicated by lack of data. The latest information available based on supply-side assessments⁴⁸ indicates very low enrollment in childcare services. In Jordan it is estimated that only 2.3 percent of children aged 0 to 5 are benefiting from formal childcare services. In Iraq, the corresponding share is 0.7 percent for children 0 to 4, and in Lebanon it is 4.8 percent for children 0 to 3. The COVID-19 pandemic has severely decreased utilization of childcare services. In Lebanon and Jordan, it is estimated that childcare services operate, on average, at less than full capacity. While part of excess capacity might be contingent to the pandemic time—for example, due to capacity caps related to social-distancing regulations and/or to reduced demand due to health-related concerns—evidence suggests a mismatch between existing supply and potential demand for childcare services.

In Mashreq countries, public financial support to households with children or to childcare providers is limited. As discussed, childcare services provision is mostly delegated to the private sector and it only partially covers pre-school education in Lebanon and, to a lesser extent, in Jordan. To improve affordability and to support demand for childcare services, several countries who do not have public provision of childcare services grant subsidies to parents to pay for private childcare services and/or subsidize private sector providers.⁴⁹ In Jordan, social insurance support is available for mothers of children below age 5 working in the formal private sector. The voucher is paid at childcare facilities for only six months after the end of maternity leave, and a lower amount is available to mothers using home-based childcare services.⁵⁰ In Lebanon, monetary support is only available for parents of children above the age of 4.⁵¹ In both Jordan and Lebanon, monetary support for childcare services is financed through social security contributions and it is only available to parents working in the formal sector. While Jordan and Iraq mandate employer-based childcare services provision, neither country provides employers with financial support for the supply of childcare services.

Affordability of childcare services is an issue, particularly in Lebanon. Cost of childcare services varies significantly by type of provider. In both Jordan and Lebanon,⁵² the cost of childcare services is highest for private sector providers, which – as discussed – represent the bulk of existing supply (Figure 2.2). In Lebanon, the economic crisis has severely decreased the affordability of childcare services, due to both an increase in childcare cost as well as reduction in household income (Box 2.4). The median cost of one month of childcare services in the private sector is as high as 89 percent of minimum wage level and affordability only marginally improves when the service provider is public (37 percent of minimum wage). As shown in Figure 2.3, affordability only marginally improves for women with tertiary education in high-paying occupations. Even for them, the cost of private childcare represents as much as 40 to 67 percent of their earnings. While affordability of childcare services is significantly better in Jordan,⁵³ the cost of private childcare services averages as much as one-quarter of the average wage of working women with less than secondary education.

48 Lebanon and Jordan Childcare Country Assessments.

49 Devercelli & Beaton-Day (2020).

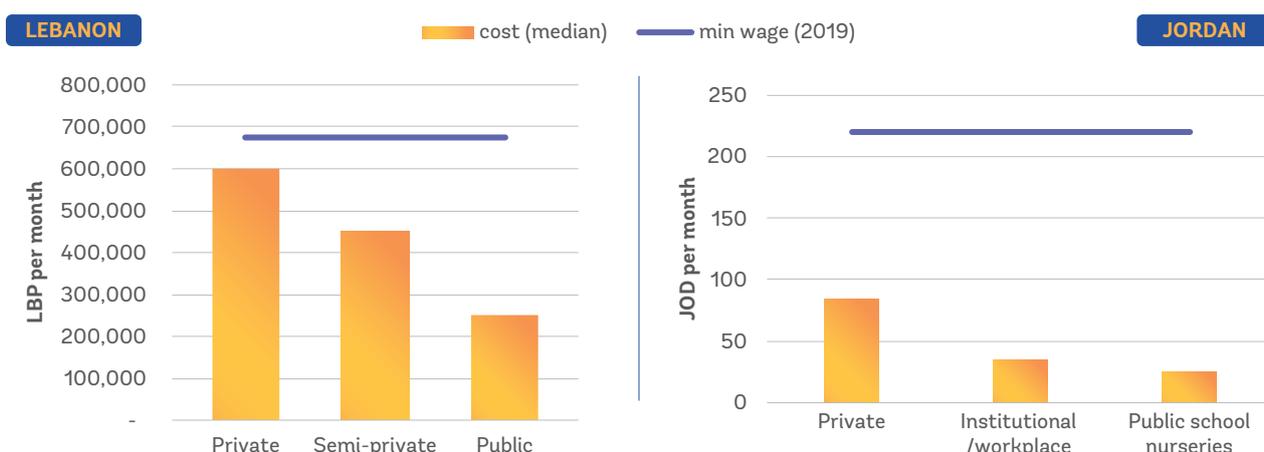
50 The amount of the voucher is based on wage brackets and decreases with higher wages.

51 Support is available at the household level to either of the parents in a monthly amount of LL 33,000 per child aged 4 and above, up to a maximum of five children. The support is funded through employers' contribution to the Social Security Fund (6 percent of payroll).

52 No data available for Iraq.

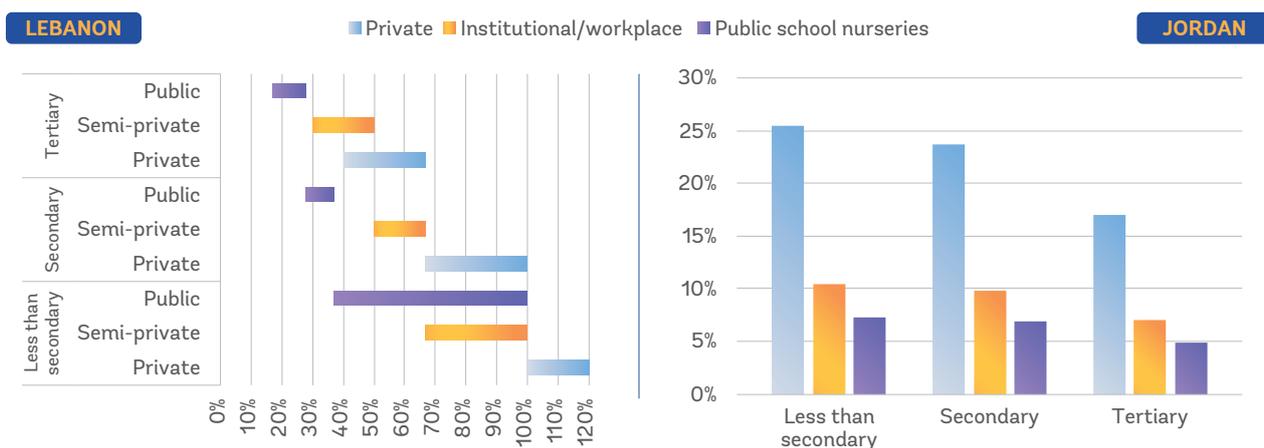
53 The average cost of one month of childcare is 40 percent of minimum wage for private providers, and 11 percent of minimum wage for public providers.

FIGURE 2.2: COST OF CHILDCARE SERVICES IN LEBANON AND JORDAN, BY TYPE OF PROVIDER



Source: Authors' calculations based on Lebanon and Jordan Childcare Country Assessments

FIGURE 2.3: COST OF CHILDCARE AS A SHARE OF WOMEN WAGES IN LEBANON AND JORDAN, BY LEVEL OF EDUCATION



Source: Authors' calculations based on secondary data analysis and Lebanon and Jordan Childcare Country Assessments

Affordability constraints affect both demand and supply of childcare services. Cost considerations play an important role in dampening demand for childcare services. The higher the costs of childcare services compared to women's actual or potential labor market earnings, the lower the economic incentive for mothers to remain or enter the labor market. Moreover, analysis of childcare services' supply in Jordan and Lebanon reveals that, among private providers, the price of childcare services correlates strongly with the quality of services. Given the limited margins of profitability of childcare services, this implies an important price-quality trade off. Together, affordability constraints and cost-quality trade-offs might affect the supply of quality childcare services. Evidence shows that quality childcare services are more likely to be located in wealthier neighborhoods and in densely populated areas in which the concentration of employed women is already high, possibly limiting how much childcare services' supply increase women's labor market outcomes.⁵⁴ In fact, if good childcare solutions are either not available or hard to afford, many mothers – especially among the least educated, with lower earnings potential – might be forced to remain out, or drop out, of the labor market to take care for their children.

54 In Lebanon, childcare services concentrate in coastal areas, with high density in Beirut and El Metn çagas together have 25 percent of all providers in the country, and also see rates of female employment above national average. Inland çagas farther from the coast have lower availability of services. In Jordan, 52 percent of nurseries are in Amman, followed by 15 percent in Irbid, and 9 percent in Zarqa. Together, the three cities represent 74.8 percent of Jordan's population and concentrate 75 percent of businesses in the kingdom.

BOX 2.4:

Economic crisis and the cost of providing childcare services in Lebanon

Lebanon is undergoing one of the most severe economic crises globally since the mid-nineteenth century. As a result of compounding crises, Lebanon's GDP plummeted from close to US\$ 55 billion in 2018 to an estimated US\$ 33 billion in 2020, with GDP per-capita falling by around 40 percent.^(a) Monetary and financial turmoil along with surging inflation and the COVID-19 pandemic continued to drive crisis conditions in 2021, with an additional 10.5 percent contraction of GDP. The economic depression together with government failure in basic service delivery are pushing an increasing number of households into poverty as they struggle to make ends meet with their deteriorating purchasing power. ^(b)

The childcare supply assessment in Lebanon conducted between April-June 2021 covered a sample of 285 providers (80 percent private, 11.6 percent public and 8.4 percent semi-private) and included a set of questions related to quality, cost, and accessibility. According to childcare providers, the number of families experiencing difficulty in paying childcare fees increased from 2019 to 2021. The share of providers who indicate having at least 40 percent of families experiencing trouble with payments nearly doubled during this period (21 percent in 2019 to 41.5 percent in 2021). In addition, partly due to the pandemic, enrollment in childcare services dropped significantly from 9 of every 10 children admitted before 2019 to 6 out of every 10 children admitted in 2021.

Along with a decline in demand, the assessment indicates that the crisis has increased the cost of supply to the point that childcare fees no longer cover operating costs. Fewer childcare providers are currently profitable compared to 2019, and the percentage of provider's operational costs covered by child fees has also decreased compared to 2019. While 22 percent of surveyed providers indicate they operated at a profit before September 2019 (an already low share), no provider reported having profits in 2021. Most providers (74 percent) are currently covering no more than 40 percent of their operating costs.

A detailed costing analysis was also performed with a smaller sample (48 providers of which 43 are private) to better understand the set up and operating cost structure of providers and identify entry barriers for the childcare sector. This analysis confirms the difficulties that private providers face to survive as the average provider operates at loss, with losses being even higher in non-coastal areas. In terms of operating expenses, the items that weight the most are teachers and caregivers' salaries (31 percent of operating costs), rent (19 percent), food/snacks offered to children (10 percent) and utilities (4 percent). In addition, Lebanon regulation requires nurseries to be insured (liability insurance, in case of injuries on premises), which represents an important 5 percent of the cost (insurance companies request payments in "fresh dollars").

The burden of rent for childcare providers is particularly important considering that 52 percent of them (of full sample) pay rent on the premise where they operate, only 7 percent operate in a State-owned property, and one-third own the building. At the same time, the cost of rent varies widely; it is as high as 20 percent of operating costs in highly populated areas of Beirut, Jbeil, Tripoli, and El-Metnand, and as low as 4 percent in El-Minieh-Dannieh, Aleyand Akkar. In-depth interviews with providers and syndicates suggest that owing the building/space makes it more feasible for providers to continue operation during the crisis without having to charge higher fees. The purchase of supplies related to COVID-19 protection has also increased supply cost. Overall, providers indicate that surging inflation has increased the cost of replacing equipment, maintenance, updating and/or renovating, furnishing materials, toys, and food.

These findings imply that the economic crises have put the profitability of the childcare sector at risk and reduces the incentives for new entrants to join the sector. Potential new entrants are mostly private providers who use their own resources to start the business, as only 12 percent of providers receive any public funding. At the same time, the increased cost of service provision makes it challenging for providers to maintain service quality standards. ^(c)

Sources: (a) World Bank (2021a); (b) World Bank (2020); (c) Lebanon and Jordan Childcare Country Assessments

The background features abstract watercolor washes in orange, blue, and yellow. White line-art illustrations of leaves and flowers are scattered across the composition. The text is centered in a bold, black, sans-serif font.

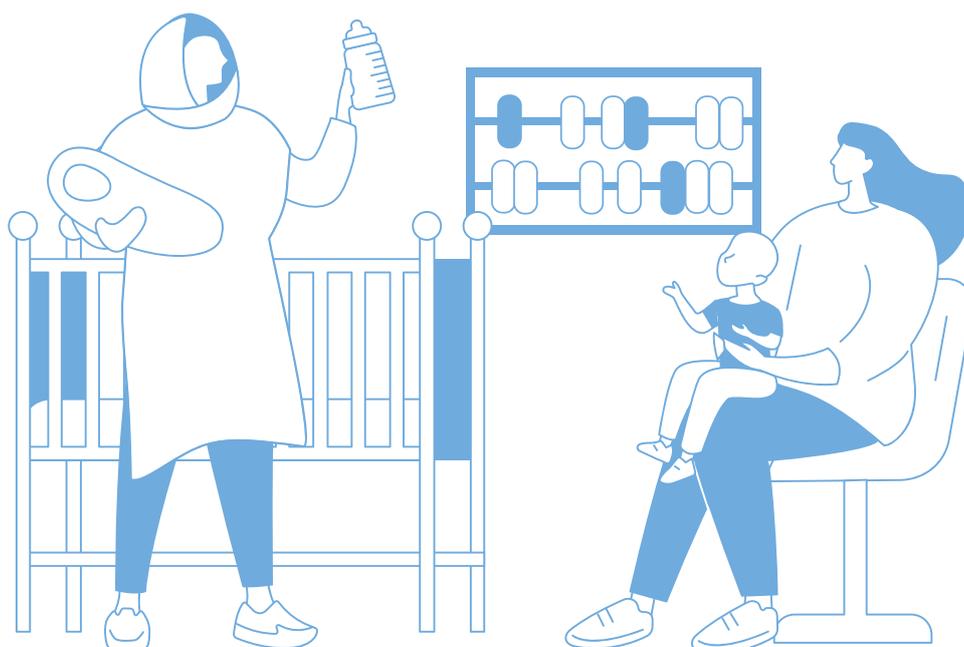
3. CARE WORK AND DEMAND FOR CARE SERVICES IN MASHREQ COUNTRIES

Information on the demand for childcare services in Mashreq countries is scarce. Mashreq countries are characterized by low female labor force participation and by traditional gender norms regarding the allocation of care responsibilities within the household. However, available data sources do not allow for a joint analysis of time use patterns, labor market engagement, norms, nor childcare preferences of mothers and fathers. In the absence of such data, it is difficult to assess whether expanding of childcare in Mashreq has the potential to improve the labor market outcomes of mothers.

New survey data collected in Jordan, Lebanon, and Iraq with a specific focus on mothers and fathers helps fill these knowledge gaps (Box 3.1). Although it is well-known that mothers are more likely to be the primary caregivers in Mashreq households, time use data collected from mothers and fathers quantifies the extent of caregiving gender gaps. Respondents were asked to report time they spent daily on direct and indirect caregiving, as well as income-generating activities. This allows us not only to measure the size of the gender gap but also the correlation between the mothers' paid and unpaid work. In addition, to analyze how COVID-19 has altered caregiving patterns, collection of time-use information focused on two points in time: "under normal circumstances" and "since the pandemic began".

Detailed data collected on households' current use of childcare services and potential demand for services among non-users helps assess constraints and opportunities for childcare services expansion in Mashreq countries. Current users of childcare services answered questions about the type of childcare they use (formal vs. informal), frequency of use (number of hours), and the cost of the service.⁵⁵ Non-users of childcare services answered questions about their willingness to use childcare (free vs. paid, state vs. private) and their willingness to pay for this type of service. Those unwilling to use childcare services were further asked about the reasons behind this decision/preference – data crucial to understand the elasticity of demand for childcare to cost, quality, and norms (and/or preferences), among other things.

The survey also included a set of questions to estimate possible outcomes on women's labor market engagement from increased availability of childcare services. For mothers who expressed a willingness to use childcare, the survey explores whether the availability of formal childcare services (either provided free or at a cost) would prompt them to alter their work arrangements, such as joining the labor force, working longer hours, or starting a business. In addition, questions directed to all mothers examined whether they would be interested in the new employment opportunities that expansion of the childcare sector would likely generate for women. The survey also makes an effort to expand understanding of social norms with questions aimed at understanding whether social norms could dampen the potential benefits of childcare availability on mothers' labor market outcomes.



55 As it is the case of data on time use, data on childcare utilization was collected for pre- and post-COVID 19.

BOX 3.1: **Primary data on time use and demand for childcare services**

The analysis of time-use and demand for childcare services builds on primary data collected from a sample of 2,168 women and 1,101 men in Jordan, Iraq, and Lebanon between March and June 2021 (See Technical Annex for further details). Due to COVID-19 restrictions, all surveys took place over phone and individuals were randomly selected to participate in the survey using a random digit dialing methodology. (a) Moreover, to assess pandemic effects, the survey included retrospective questions on time use and labor market engagement. All interviews were conducted in Arabic or, where applicable, in Kurdish.

The survey was explicitly designed to focus on parents. Due to survey implementation constraints, the samples of mothers and fathers were independently selected and need not be from the same households. The women's survey was conducted with women aged 20-55, who had had children or were pregnant at the time of the survey and who are citizens of the country where they were residing. These criteria were chosen to identify a sample of mothers or mothers-to-be with potential need for childcare services. Similarly, the men's survey was conducted with male citizens aged 20-60 who had children at the time of the survey.

	Jordan	Iraq	Lebanon
Mothers	826	816	526
Fathers	414	410	277
Total	1,240	1,226	803

The mothers' survey collected data on respondents' socio-demographic and household characteristics, labor market engagement, time use, current utilization of childcare services, demand for childcare services among current non-users, including price sensitivity of demand and its relationship with social norms, and the potential impact of access to formal childcare on respondents' labor market engagement. Surveys with fathers were more limited in scope and focused on time use and basic socio-demographic and household characteristics.

To generalize results of the analysis, sample weights were constructed to match the profile of nationally representative data using information on age, education, labor force participation, household demographics (household size and presence of children below age 5, and wealth proxies (house, car, and motorcycle ownership)).(b)

Notes: (a) This approach was based on nationally representative databases of active telephone numbers in all three countries. For each country, randomly selected landline and mobile numbers were dialed (at least three times) and qualified respondents who met the inclusion criteria of the study were then interviewed. However, in the case of Beirut (Lebanon) and the Kurdish regions of Iraq, where random-digit dialing has been less successful, these databases were supplemented with phone numbers generated using a random number generator and associated with the relevant area codes. (b)The following secondary data sources were used for the construction of weights: the 2017-18 Household Expenditure and Income Survey for Jordan, the 2017 Survey of Well-Being via Instant, Frequent Tracking for Iraq, and the 2018-19 Labor Force and Household Living Conditions Survey for Lebanon.

3.1 Care responsibilities and labor market outcomes of mothers in Mashreq

In all Mashreq countries, “family responsibilities” is the main reason mothers report for not participating in the labor market. In Jordan and Iraq, roughly one in two mothers (56 and 57 percent, respectively) reports being impeded from joining the labor market by family responsibilities; the corresponding share is even higher in Lebanon (Table 3.1). In line with expectations, family responsibilities are an even stronger deterrent to labor market participation for mothers of pre-school age children. Moreover, it is interesting to note that family responsibilities have a stronger negative influence on the decision not to work compared to social norms (discouragement from husband, family members or society) or labor demand constraints (lack of employment opportunities).

In all countries, social norms discourage labor market participation mostly through pressure from family members. For mothers out of the labor force, the share of those reporting being discouraged by husband or family members is higher compared to those ascribing discouragement to societal pressure. The share of mothers not joining the labor market because of family pressure is highest in Iraq and lowest in Jordan (Table 3.1). More restrictive family norms in Iraq are confirmed by the fact that 37 percent of mothers there have husbands speaking badly about mothers who work, a share that reduces to 19 percent in Jordan and to only 10 percent in Lebanon.

TABLE 3.1: REASONS FOR NOT WORKING, IF OUT OF THE LABOR FORCE

	Jordan		Iraq		Lebanon	
	Overall	Has child [0-5]	Overall	Has child [0-5]	Overall	Has child [0-5]
No desire/ need to work	19%	19%	25%	21%	16%	14%
Don't have time for work due to family responsibilities	56%	63%	57%	60%	73%	74%
Discouraged from working by husband or other family members	11%	13%	22%	27%	7%	8%
Discouraged by the societal pressure not to work	2%	0%	5%	6%	1%	0%
Could not find adequate work	10%	12%	3%	4%	12%	13%
Don't know how to find a job	3%	4%	3%	5%	3%	2%
Observations	211	105	456	219	126	54

Source: Primary data collected from 20-55 old mothers in Jordan, Iraq, and Lebanon.

TABLE 3.2: GENDER GAPS IN AVERAGE TIME SPENT ON CARE ACTIVITIES BEFORE COVID-19 (HOURS PER WEEKDAY)

	Jordan			Iraq			Lebanon		
	Mothers	Fathers	Difference	Mothers	Fathers	Difference	Mothers	Fathers	Difference
A. Direct care									
Childcare	5h 05m	2h 13m	+ 2h 52m ***	4h 34m	1h 59m	+ 2h 35m ***	5h 30m	2h 28m	+ 3h 03m ***
Elderly care	59m	1h 10m	- 0h 11m	07m	13m	- 0h 06m ***	59m	51m	+ 0h 09m
Sick/ disabled care	22m	29m	- 0h 06m	10m	11m	- 0h 01m	29m	23m	+ 0h 05m
Total direct care	6h 26m	3h 52m	+ 2h 58m ***	4h 50m	2h 23m	+ 2h 28m ***	6h 59m	42m	+ 3h 17m ***
B. Indirect care									
Unpaid domestic chores	4h 43m	1h 56m	+ 2h 47m ***	5h 25m	2h 17m	+ 3h 07m ***	5h 19m	1h 24m	+ 3h 56m ***
Observations	826	414		816	410		526	277	

Source: Primary data collected from 20-55 old mothers and 20-60 old fathers in Jordan, Iraq, and Lebanon. *** denotes that the difference is statistically significant at the one percent level.

Compared to fathers, mothers spend a significantly higher amount of time on unpaid care work within the household. In line with prevailing cultural norms and gendered distribution of household care responsibilities observed in MENA,⁵⁶ mothers in Mashreq countries spend more time on unpaid care than fathers (Table 3.2). Before the COVID-19 pandemic, women averaged 5-7 hours each weekday on direct care activities (taking care of children, elderly, sick, and the disabled) and 4-5 hours each weekday on indirect care activities (unpaid domestic chores).⁵⁷ In comparison, men spent only half as many hours on direct care and half to one-third of the time that women spent on indirect care.

If valued at the minimum wage, the time that Mashreq mothers spend in unpaid care work would account for as much as 6 percent of region's GDP. In Mashreq countries, the social and economic value of unpaid care work performed by women is not recognized formally in official statistics. Still, according to time use data collected for this analysis, the value of unpaid care work is substantial. At the hourly minimum wage, unpaid care work performed by mothers in the three Mashreq countries would amount to a total of US\$ 35 billion per year in 2011 PPP terms (6 percent of the combined GDP of the three Mashreq countries). This is equivalent to approximately 4 million people working on a full-time basis (48 hours per week) without pay. The exclusion of women's unpaid labor inside the household from GDP amounts to significant underestimation of overall economic activity and women's contribution to the economy.

For mothers in the 20-55 age group, childcare accounts for the bulk of mothers' direct care "burden". In Jordan and Lebanon, almost 80 percent of time spent by mothers on direct care activities is spent on childcare and 94 percent in Iraq.⁵⁸ In all three countries, childcare is mainly the responsibility of mothers, and gender gaps in time spent on childcare activities is sizeable. On average, mothers in Jordan and Lebanon spend around 3 hours per weekday more than fathers in taking care of children, while the gender gap is around two and one-half hours in Iraq (Table 3.2). While data do not suggest a sizeable time burden or gender gap when it comes to time spent on elderly care or in taking care of sick/disabled persons within the household, these results should be taken with caution. The survey sample was in fact expressly designed to capture parental time commitment and restricted to mothers in the 20 to 55 age group,

⁵⁶ ILO (2018).

⁵⁷ It is likely that some of the direct care activities are performed jointly with indirect care activities; however, data does not allow us to measure such overlaps.

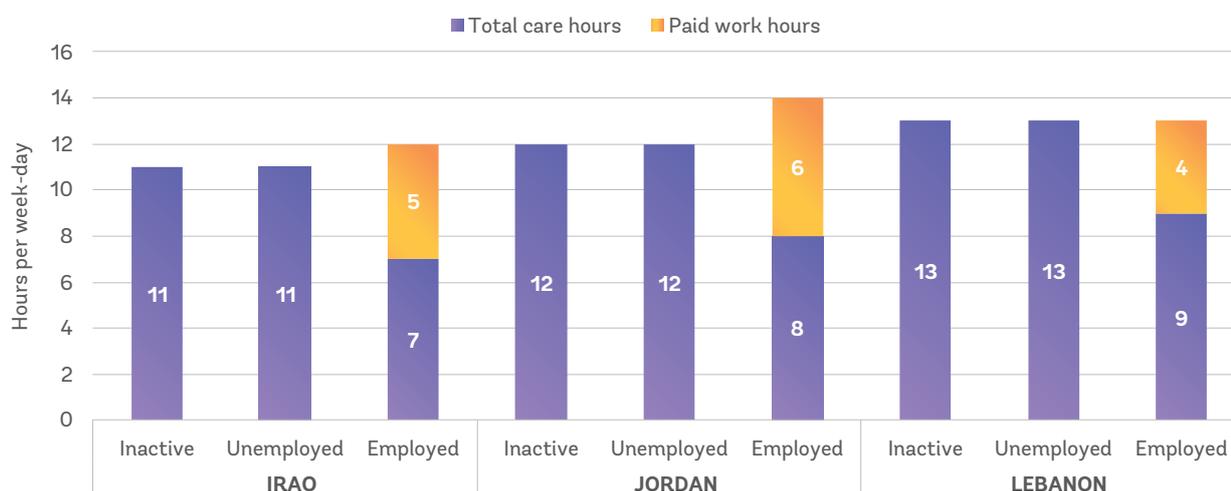
⁵⁸ This pattern is consistent with the fact that most households in the three Mashreq countries have a nuclear family structure, and over 40 percent of the women in Lebanon and roughly half of the women in Jordan and Iraq have at least one young child aged 0-5, making childcare the most salient category of unpaid care work women perform. See Appendix Table A. 2.

with no specific effort made to make sure the sample included respondents living in households with elderly, sick, or disabled members. While additional analyses would be required to better understand demand and supply constraints related to households' long-term care needs, secondary data reveals that elderly household members could serve as a valuable source for childcare, thereby fulfilling some of mothers' unmet childcare needs.⁵⁹

Time women spend on indirect care is also substantial, and in the case of Iraq it is even higher than the time spent on direct care. While the gender gap in time spent on household chores, such as cooking and cleaning, reflects the gendered nature of household responsibilities, the relatively high amount of time women spend on indirect care in Mashreq may also be due to the poor quality of care-related infrastructure. Poor access to electricity affecting households in Iraq and Lebanon might, for example, limit availability of labor-saving devices, such as washing machines and dishwashers, and make unpaid care work more time-consuming.

Employed mothers face a “double shift” as their time spent on unpaid care work does not decline commensurate with time spent on paid work. Working mothers not only spend time on paid market work, but they continue to bear the burden of unpaid household responsibilities. An average employed mother in Mashreq spends 12-14 hours each weekday “working” (7-9 hours on unpaid care work and 5 hours on paid work each weekday), more than the time spent by unemployed or inactive women on direct care and household chores (Figure 3.1).⁶⁰ This extra work burden working mothers face can act as a strong disincentive for women to participate in the labor market or to work in full time jobs.

FIGURE 3.1: PAID AND UNPAID WORK HOURS OF MOTHERS



Notes: The bars correspond to the median value of hours spent per weekday on unpaid care work and paid market work.

Source: Primary data collected from 20-55 old mothers in Jordan, Iraq, and Lebanon.

Not surprisingly, the burden of unpaid care on mothers' time has implications for their labor market engagement. Mothers who spend more time on unpaid care work, irrespective of whether it is direct or indirect, are less likely to be in the labor force. Finding from our survey indicate that each additional hour spent on care activities reduces the probability of being in the labor force by 1 to 3 percentage points.⁶¹ Besides affecting the decision to enter the labor market, unpaid care burden also decreases the amount of time spent on paid work by mothers in the labor force; an additional hour spent on care work significantly lowers hours of paid market work by 0.3-0.6 hours per weekday, with larger effects in Jordan and Lebanon.

However, utilization of formal or informal childcare services can at least partially offset the negative effect of mothers' care burden on labor market outcomes. Given the predominant role childcare responsibilities play in women's unpaid care burden, the availability of childcare options might allow mothers more flexibility in terms of labor market engagement. This is reflected in the positive and significant correlation between hours of paid market work

59 See Special Focus Section 1 for further discussion.

60 One caveat of survey-based time-use data, as opposed to a more thorough time-use diary approach, is that it does not capture the extent to which indirect and direct care work is performed simultaneously. To that extent, adding the time spent on indirect and direct care may overestimate the total time spent on care activities.

61 Appendix Table A3.

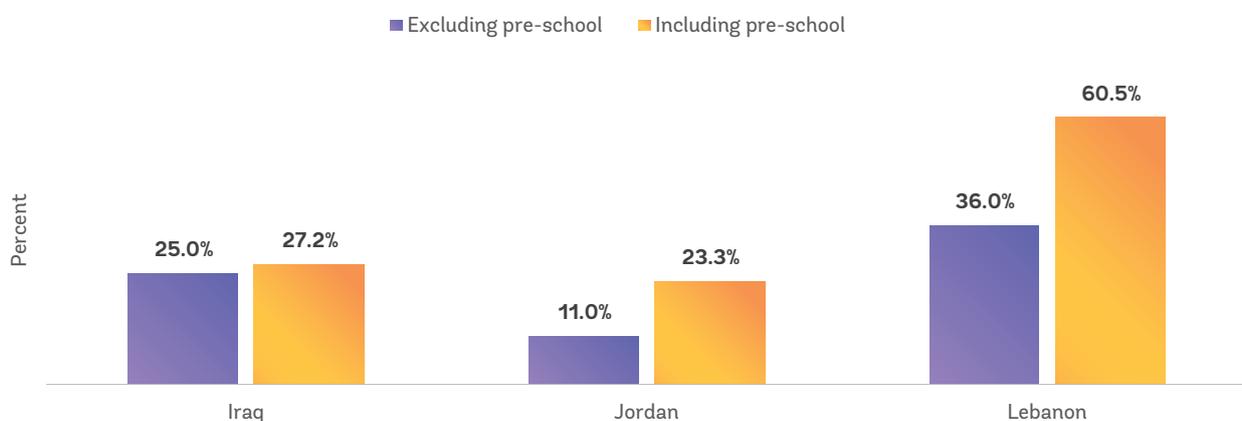
and hours of childcare services use in all three countries. The substitution between hours of childcare services used and hours spent in paid work is not one-to-one, however. On average, every additional hour of childcare is associated with only 0.2 to 0.4 extra hours of paid work for mothers, but the positive effect of childcare use on mother’s work hours increases for women with young children (below age 6), especially in Jordan and Iraq.⁶² Given these findings, it is not surprising that the COVID-19 pandemic – which decreased school and childcare services operation—has disproportionately decreased labor force participation and time use among mothers relative to fathers.⁶³

Social norms around the gendered nature of care responsibilities also appear to influence women’s labor market choices. The negative correlation between women’s labor market outcomes and husbands’ disapproval of women who work is especially strong in Iraq. This pattern is consistent with women in Iraq being most likely to report discouragement by family members as an important reason for why they are not in the labor force. Moreover, in addition to directly hurting mothers’ labor market outcomes, social norms also influence mother’s paid market work indirectly through the gendered allocation of unpaid care work, which limits mothers’ time available for the labor market.

3.2 Utilization of childcare services

Current utilization of childcare services, whether formal or informal, is quite low in Mashreq countries.⁶⁴ Considering pre-school as a form of childcare, only one in four mothers who have a child between ages 0 and 5 in Jordan and Iraq avails of either formal or informal childcare services (Figure 3.2). In Lebanon, mothers report a significantly higher utilization rate, with 61 percent of households with children below age 6 making use of some form of childcare services.⁶⁵ Childcare utilization rates is even lower when excluding pre-school, at 11 percent in Jordan, 25 percent in Iraq, and 36 percent in Lebanon.

FIGURE 3.2: UTILIZATION OF CHILDCARE SERVICES AMONG MOTHER WITH CHILDREN AGE [0,5]



Note: Utilization rates excluding pre-school are based on the sample of mothers with children [0-4], while utilization rates including pre-school are based on the sample of mothers with children [0-5].

Source: Primary data collected from 20-55 old mothers in Jordan, Iraq, and Lebanon

Mothers who do receive assistance with childcare mostly rely on informal arrangements. In all Mashreq countries, family, friends, and neighbors are the main providers of childcare services either as the sole source of assistance or combined with formal childcare arrangements (Figure 3.3). Consistent with findings from supply side analysis

62 Data also reveal a positive relationship between labor force participation and childcare hours; but it is only significant in Iraq.

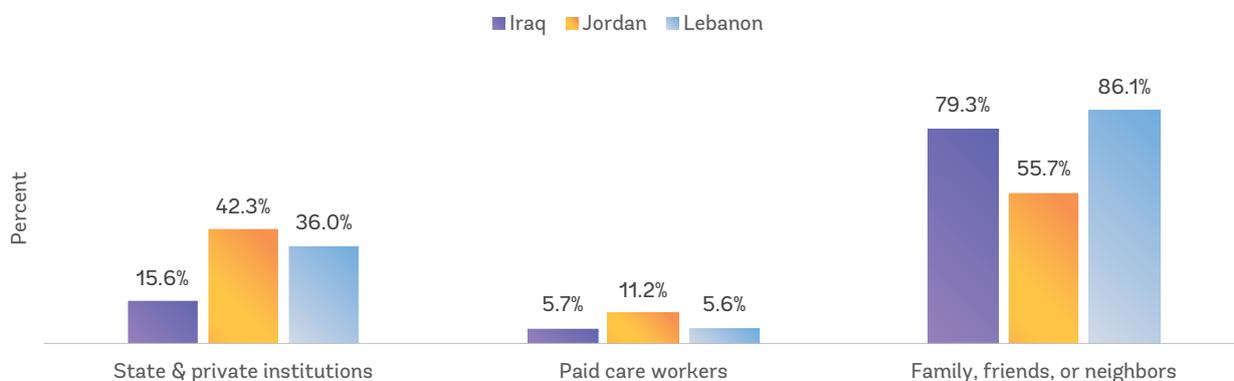
63 See Special Focus Section 2 for further discussion.

64 This section focuses on utilization patterns before the COVID-19 pandemic began. Special Focus 2 describes how the pandemic influenced childcare use in detail.

65 This can be explained by the fact that Lebanon is the only country that recognized the right to pre-school education. While pre-school education is not mandatory, the public preschool system is relatively more developed in Lebanon compared to other countries in the region.

suggesting greater affordability of services,⁶⁶ Jordan has the highest utilization of formal center-based childcare services (42 percent) and of childcare services obtained through in-home paid care workers (11 percent).

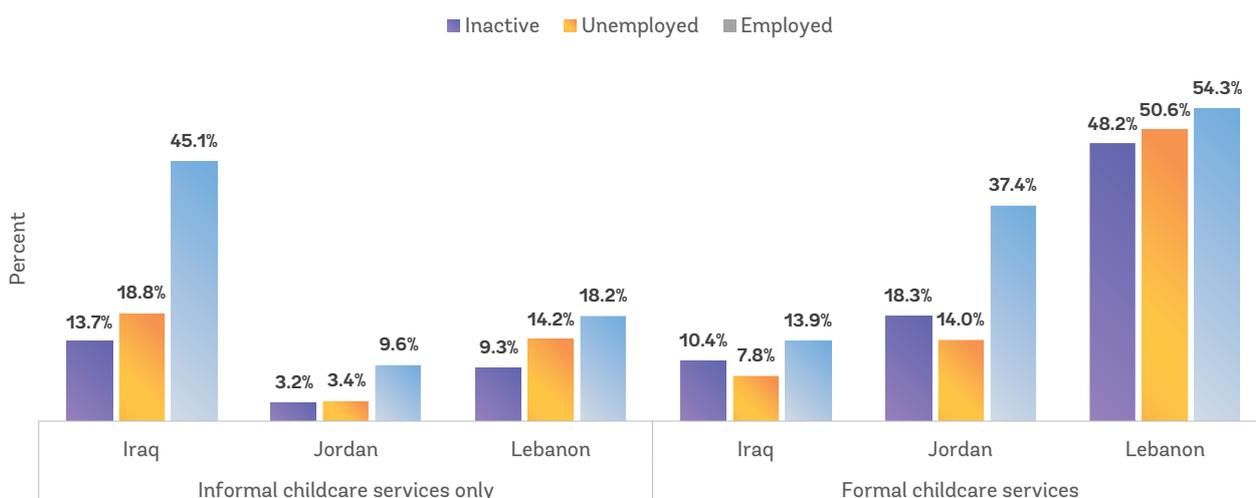
FIGURE 3.3: SOURCE OF CHILDCARE AMONG MOTHERS WITH CHILDREN AGE [0,5] UTILIZING CARE SERVICES



Source: Primary data collected from 20-55 old mothers in Jordan, Iraq, and Lebanon.

Use of childcare services is widespread among working mothers. The variation in childcare use by mother’s employment status confirms the importance of receiving support to reconcile childcare responsibilities with labor market engagement. In Lebanon, nearly 73 percent of mothers of young children who are employed are using some type of childcare services (either formal or informal), while the corresponding shares in Iraq and Jordan are 59 and 47 percent, respectively. As Figure 3.4 shows, the difference in utilization rates of formal childcare services by employment status is the strongest in Jordan, possibly reflecting the linkage between childcare support – either in the form of monetary support through social insurance or direct, employer-based provision – and employment. In Iraq major differences in utilization of informal childcare services by mothers’ employment status may reflect the limited supply of formal childcare services and the fact that only mothers who can avail some other form of support in their care responsibilities can join the labor market.

FIGURE 3.4: UTILIZATION OF CHILDCARE SERVICES AMONG MOTHERS WITH CHILDREN [0-5], BY EMPLOYMENT STATUS AND FORMAL VS INFORMAL NATURE OF CARE SERVICES



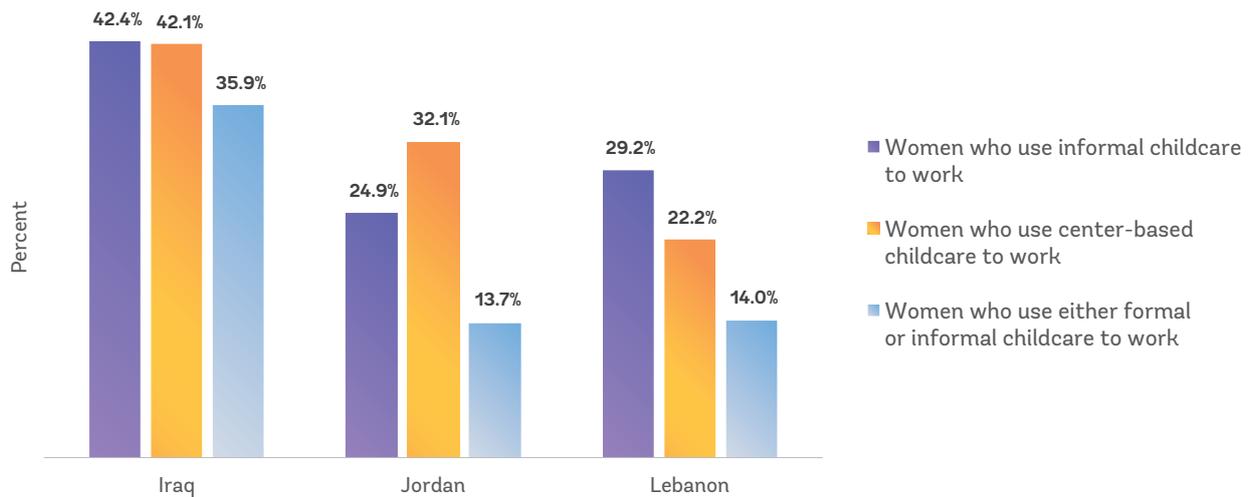
Notes: Utilization rate of formal childcare services also includes mothers using both formal and informal.

Source: Primary data collected from 20-55 old mothers in Jordan, Iraq, and Lebanon.

66 See Chapter 2.

Societal disapproval of mothers who utilize childcare in order to work varies by country. In line with observed negative attitudes towards married women who work, Iraq has the highest share of mothers with children below primary school age whose husband disapproves of women using any sort of childcare (either formal/center-based or informal through family and friends) in order for them to work (Figure 3.5). While mothers of young children in Jordan and Lebanon face the same level of negative attitudes against any type of childcare (14 percent), negative attitudes in Jordan are strongest towards formal childcare arrangements, whereas in Lebanon they are strongest against informal childcare arrangements. This suggests that negative attitudes might be a reaction to more common forms of childcare – informal in Lebanon and formal in Jordan.

FIGURE 3.5: MOTHERS OF CHILDREN [0-5] WHOSE HUSBAND SPEAKS BADLY ABOUT WOMEN WHO USE CHILDCARE TO WORK, BY TYPE OF CHILDCARE



Source: Primary data collected from 20-55 old mothers in Jordan, Iraq, and Lebanon.

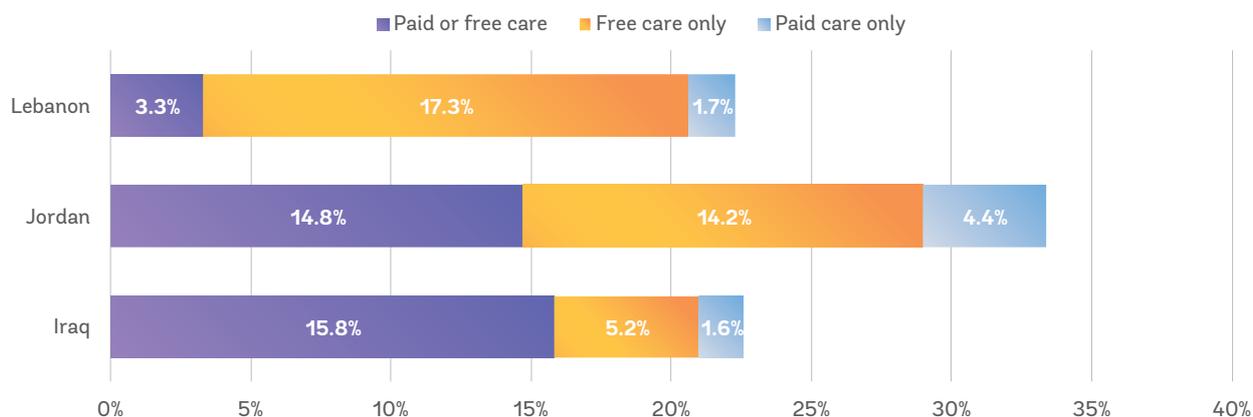
3.3 Potential demand for formal childcare services

All Mashreq countries have untapped demand for formal childcare services.⁶⁷ Results from our survey indicate that among mothers of children below primary school age not currently using any formal childcare services,⁶⁸ the share of mothers that would be willing to use these services is sizeable, ranging from 33 percent in Jordan to 22 percent in Iraq and Lebanon (Figure 3.6). As expected, and in line with affordability constraints discussed in the previous chapter, this untapped demand is quite sensitive to the cost of service. In Lebanon, where affordability constraints are strongest, the untapped demand for formal childcare services is strictly conditional on services being provided at no cost. On the other hand, in Jordan – where unmet demand is highest and affordability constraints less binding – the share of mothers who would only use services if free is as high as those who would increase demand irrespective if the service was provided for free or not. The relatively higher importance of availability over affordability constraints is particularly strong in Iraq, where supply of formal childcare services is smallest. Among Iraqi mothers not using childcare services, willingness to use formal childcare services irrespective of whether for free or for pay is three times higher than willingness to use free childcare services only.

⁶⁷ The data on willingness to use childcare was collected from mothers who do not use childcare “under normal circumstances”; that is, before the pandemic began. While it is possible that the pandemic may have permanently altered demand for childcare services, it is beyond the scope of this report to comment.

⁶⁸ This includes mothers who were not using any form of childcare or only using informal childcare.

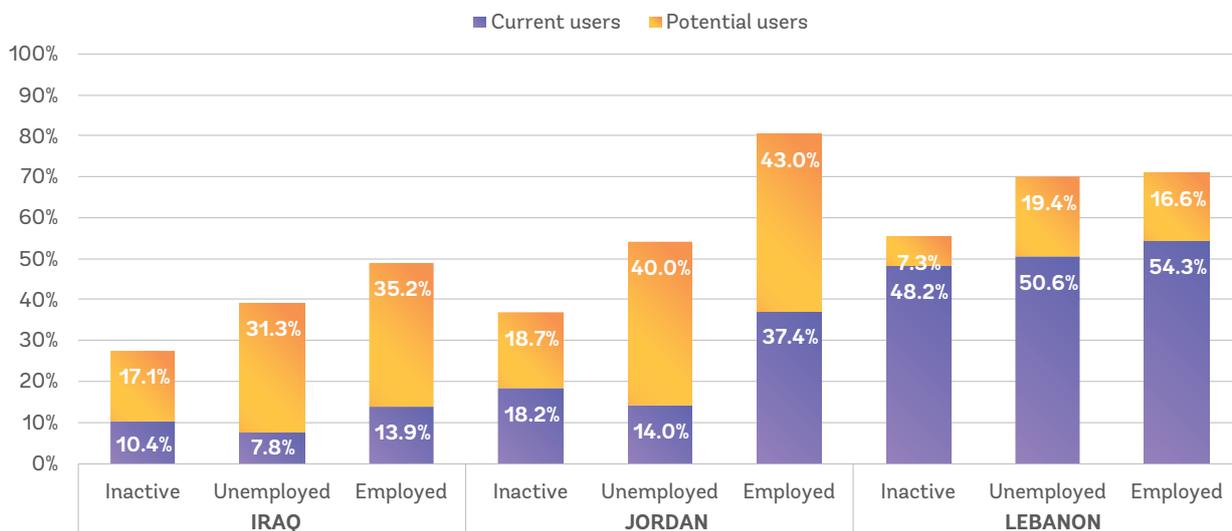
FIGURE 3.6: WILLINGNESS TO USE FORMAL CHILDCARE SERVICES AMONG MOTHERS WITH CHILDREN [0-5] NOT CURRENTLY USING THEM



Source: Primary data collected from 20-55 old mothers in Jordan, Iraq, and Lebanon.

As expected, untapped demand for formal childcare services is strongest among working women, reflecting their greater need for childcare support. This is especially the case in Jordan where 43 percent of employed women with children under age 6 currently not utilizing childcare or resorting to informal care arrangements indicate willingness to use formal childcare; the corresponding shares in Iraq and Lebanon are 35 percent and 17 percent, respectively (Figure 3.7). Overall, accounting for both current and potential utilization, demand for childcare services among employed mothers is as high as 80 percent in Jordan, 49 percent in Iraq, and 71 percent in Lebanon. Untapped demand is also noticeable among unemployed women who are currently less likely to benefit from formal childcare services than employed mothers.⁶⁹

FIGURE 3.7: CURRENT UTILIZATION AND WILLINGNESS TO USE FORMAL CHILDCARE SERVICES AMONG MOTHERS WITH CHILDREN AGE [0-5], BY EMPLOYMENT STATUS



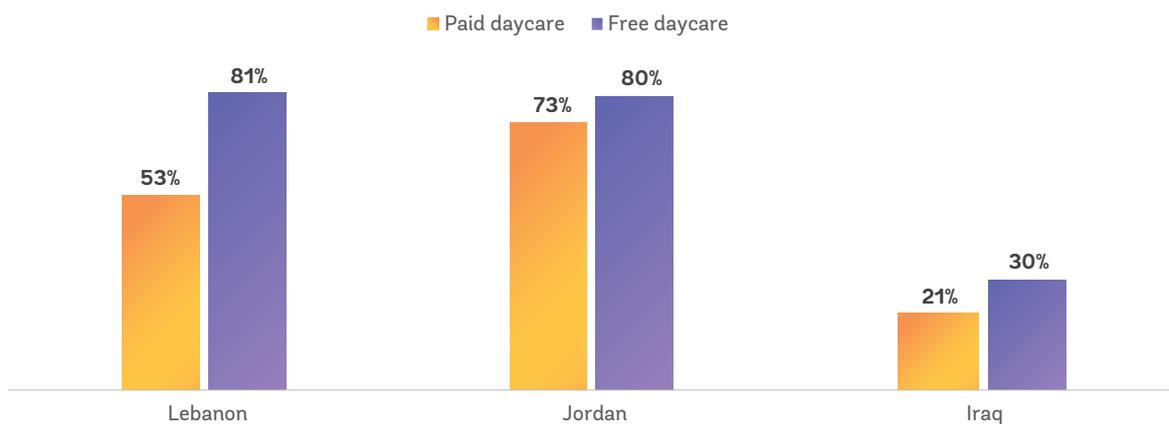
Source: Primary data collected from 20-55 old mothers in Jordan, Iraq, and Lebanon.

⁶⁹ As discussed in the previous chapter, a sizeable share of the supply of formal childcare services in Mashreq countries is conditional on mothers' employment either because it's directly provided by the employer or, as in the case of Jordan, because monetary support is linked to social security contributions and hence to employment in the formal sector.

Mothers' preferences and beliefs identifying the mother as the primary child caregiver play the most important role in determining their willingness to use formal childcare services. This is reflected in the fact that the most common reason mothers report for being unwilling to use formal childcare services is that they can care for children themselves and do not need additional help. These responses could be interpreted as mothers' preference for taking care of their own children, a preference matched by a significant share of respondents who report that mothers should be taking care of their own children. These considerations play the strongest role in Iraq, further reinforced by negative attitudes towards formal childcare arrangements by husbands or other family members. When looking at characteristics of supply, affordability⁷⁰ is the main reason for unwillingness to use paid formal childcare services; lack of trust is mentioned as the main reason for unwillingness to use free formal services.

Improving access to childcare has the potential to increase labor market engagement of mothers of young children. In Jordan and Lebanon, almost 80 percent of mothers with children below age 6 who express a willingness to use formal childcare (but are currently non-users) report that they would be willing to start working, open a business, or work longer hours if they had access to free childcare (Figure 3.8).⁷¹ Access to paid formal childcare would have a relatively lower effect on increasing mothers' entry into the labor force or hours of work compared to free childcare, highlighting price sensitivity of childcare demand.⁷² In line with previous findings, access to paid daycare – as opposed to free daycare – would increase mothers' labor market engagement in Jordan more compared to Lebanon, where affordability constraints are strongest. Iraqi mothers display the lowest willingness to change their labor market engagement even if childcare access were to be increased, reflecting the dampening effect that prevailing traditional social norms might have on mothers' labor market engagement.⁷³

FIGURE 3.8: SHARE OF MOTHERS WITH CHILDREN [0-5] WILLING TO INCREASE LABOR MARKET ENGAGEMENT IF FORMAL CHILDCARE SERVICE AVAILABLE



Source: Primary data collected from 20-55 old mothers in Jordan, Iraq, and Lebanon.

With the exception of Iraq, improving access to childcare services for mothers of children below primary school age can lead to a sizeable increase in female labor force participation. Taking at face value the willingness to work conditional on childcare mothers of children under age 6 report, it is possible to estimate the change in overall female labor force participation associated with a hypothetical expansion of formal childcare services in line with untapped childcare services demand. As shown in Table 3.3, implied change in labor force participation could be sizeable in both Lebanon and Jordan, ranging from 2.1 to 2.5 percentage points in case of increased availability of paid childcare services, and from 6.7 to 7.3 percentage points in case of increased availability of free childcare services.

70 This is particularly the case in Lebanon, where – as shown in Figure 10 – untapped demand is predominantly for free formal childcare services.

71 Irrespective of current employment status, women who report willingness to change their labor market engagement should access to childcare services be available would be particularly keen on opening a business at home.

72 This is expected since the higher cost of childcare lowers the net income from paid market work, making it less attractive.

73 The relatively stronger prevalence of social norms against women's work in Iraq at least partially explained this. In Iraq, 37 percent of mothers have husbands speaking badly about mothers who work, compared to 19 percent in Jordan and 10 percent in Lebanon. Moreover, Iraq has the highest share of mothers with a husband who disapproves of women using of any sort of childcare (either formal/center-based or informal through family and friends) in order for them to work.

TABLE 3.3: CHANGE IN FEMALE LABOR FORCE PARTICIPATION (FLFP) RATE SHOULD UNTAPPED DEMAND OF CHILDCARE SERVICES BE SATISFIED.

	Jordan	Iraq	Lebanon
Baseline FLFP rate*	15.1%	13.0%	26.3%
New FLFP rate if paid daycare available **	17.6%	13.5%	28.4%
	+2.5 pp	+0.5 pp	+2.1 pp
New FLFP rate if free daycare available **	22.4%	14.7%	33.0%
	+7.3 pp	+1.7 pp	+6.7 pp

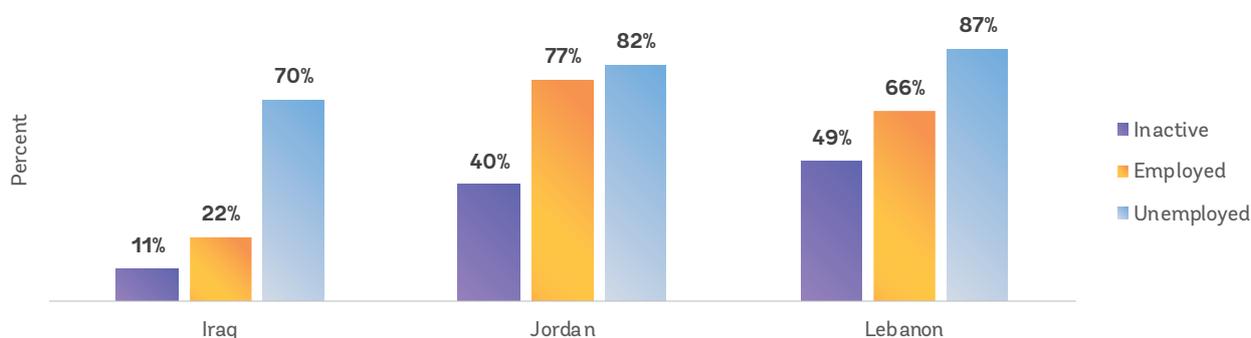
Notes: * FLFP rate extracted from first State of the Mashreq Women report based on secondary data sources (i) Jordan Labor Market Panel Survey 2016, (ii) Iraq Household Socio-Economic Survey 2012-13; (iii) Lebanon Household Budget Survey 2011-2012. ** Estimates based on secondary data sources (i) the 2017-2018 Household Expenditure and Income Survey (HEIS) for Jordan; (ii) the 2017 Survey of Well-Being via Instant, Frequent Tracking (SWIFT) for Iraq, and (iii) the 2018-2019 Labor Force and Household Living Conditions Survey (LFHLCs) for Lebanon.

Employment opportunities in the childcare sector can be particularly appealing for mothers in Jordan and Lebanon. To test whether working in the childcare sector could be of interest, all mothers participating in the survey – irrespective of their employment status or utilization/willingness to use childcare services – were asked about their interest in starting a daycare business and/or working for pay (full time or part time) in a daycare center. In Jordan and Lebanon, more than half of mothers would be willing to work in the care industry (53 and 56 percent, respectively), whereas only 16 percent of mothers in Iraq reported interest.⁷⁴

Expansion of childcare services could help address unemployment challenges women in Mashreq countries face. As discussed in the first State of the Mashreq Women report (World Bank, 2020), women willing to participate in the labor market face a high risk of unemployment. Results from this analysis show that – at least for unemployed mothers – additional opportunities in the childcare sector would be of particular interest (Figure 3.9). Employment opportunities in childcare could also appeal to women already employed in Jordan and Lebanon, possibly contributing to improving their job satisfaction.⁷⁵

And childcare services expansion could contribute to increasing labor force participation in Jordan and Lebanon. An expansion of childcare industry may impact women’s participation in the labor force in two ways. First, as discussed, evidence demonstrates that access to childcare services may ease the unpaid care burden experienced by mothers and increase time available for paid market work. Second, the increased availability of jobs in the childcare industry may attract women willing to work in this sector into the labor force. As shown in Figure 3.9, close to 50 percent of inactive mothers in Lebanon and 40 percent of inactive mothers in Jordan would be willing to work in the childcare industry.

FIGURE 3.9: MOTHERS’ WILLINGNESS TO WORK IN THE CARE INDUSTRY, BY CURRENT EMPLOYMENT STATUS



Source: Primary data collected from 20-55 old mothers in Jordan, Iraq, and Lebanon.

74 In none of the countries does the data reveal any preference for self-employment over salaried employment in childcare. However, part time salaried employment is more widely preferred compared to full time salaried employment.

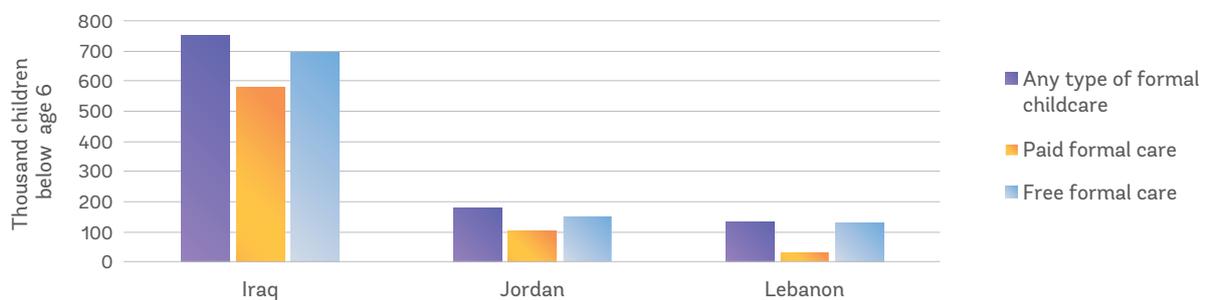
75 In Iraq, as discussed in Chapter 2, the childcare industry is virtually non-existent (both public and private). As most employed women in Iraq work in the public sector (mostly in health and education), the limited interest to work in childcare expressed by employed mothers could be related, at least partly, to an underlying assumption that childcare jobs would be in the private sector.

Employment opportunities in the childcare sector can align with preferences of economically inactive mothers and with prevailing social norms. In both Jordan and Lebanon, inactive mothers willing to work in childcare are over-represented among those who have “no desire/no need to work”, possibly reflecting the fact that employment in childcare could align with interests or existing skills of inactive mothers. Moreover, inactive mothers in Jordan who are willing to work in childcare are over-represented among those who are “discouraged by societal pressure”, possibly suggesting that employment in childcare could also be considered more socially acceptable, along with employment in other care sectors (health and education).

3.4 Potential for childcare services’ expansion.

Responding to unmet demand for childcare services in Mashreq countries would require expanding formal childcare provision to accommodate one million children below primary school age. As discussed, demand analysis reveals the existence of unmet demand of formal childcare services. Overall, assuming that mothers willing to use childcare services will enroll all their children, unmet demand in Mashreq countries would translate into an additional one million children below primary school age whose care needs might be addressed through formal childcare. About three-fourths of this demand would be in Iraq, due to the country’s larger population and lower current availability of formal childcare services. As Figure 3.10 shows, the need for free formal childcare expansion in all countries is strongest. Focusing on paid formal childcare only, unmet demand would correspond to 102,000 children below age 6 in Jordan, 30,000 in Lebanon, and 579,000 in Iraq.

FIGURE 3.10: UNMET NEED FOR FORMAL CHILDCARE SERVICES FOR CHILDREN BELOW PRIMARY SCHOOL AGE, BY TYPE OF CHILDCARE ARRANGEMENT



Notes: Unmet needs are estimated considering all mothers who are currently not using formal childcare services reporting willingness to use. Due to data constraints, estimates for Lebanon only include children below age 5.

FIGURE 3.11: DISTRIBUTION OF CHILDREN BELOW PRIMARY SCHOOL AGE WITH UNMET CARE NEEDS, BY MOTHER’S EMPLOYMENT STATUS



Notes: Unmet needs are estimated considering all mothers who are currently not using formal childcare services reporting willingness to use. Due to data constraints, estimates for Lebanon only include children below age 5.

Leveraging unmet demand through expansion of formal childcare services would require catering to care needs of mothers not currently employed. As discussed, existing supply of formal childcare services or monetary support to childcare services utilization is designed to mainly benefit mothers already employed in the formal sector. For childcare expansion to improve mothers' labor market outcomes, it would be important that it caters to the needs of mothers who are unemployed, inactive, or employed in the informal sector. As Figure 3.11 shows, inactive and unemployed mothers willing to use childcare represents about 73 percent of children below age 6 with unmet needs in Jordan, 85 percent in Iraq, and 58 percent in Lebanon.

Expanding formal childcare services also must ensure affordability, particularly for women with lower education, whose potential labor market returns are less favorable. Due to price sensitivity of childcare demand, unmet needs for childcare would be higher if free services are provided. However, given the pressing fiscal constraints faced by Mashreq countries, fully subsidized childcare provision would most likely not be possible. In this context, a more targeted approach could be designed to support childcare service demand for either poorer households or for women with less than secondary education, whose labor market returns are likely to be lower.

Expansion of formal childcare service provision has the potential to create at least 100,000 paid care jobs, possibly benefiting women seeking employment opportunities. Estimates of employment opportunities directly related to childcare expansion depend on several factors. Home-base licensed provision – which is typically associated with lower caregiver-to-child ratios – might be associated with higher number of jobs as caregivers. On the other hand, center-based provision, while typically relying on relatively higher caregiver-to-child ratios, might also provide employment opportunities to other professional figures (managers, administrative staff, among others).⁷⁶ Moreover, in addition to jobs created in the childcare sector, expansion of childcare services could also boost aggregate demand and have positive spillover effects in terms of employment in other sectors. With all these considerations in mind, and assuming a conservative caregiver-to-child ratio of 1-to-10, we could expect that expansion of childcare services to serve the 1 million children whose mothers are willing to use childcare services would create at least 100,000 jobs for teachers/caregivers.⁷⁷ These jobs have the potential to increase employment opportunities for mothers themselves who – as seen in the previous chapter – express an interest in working in the childcare sector.⁷⁸

76 For both center-based and home-based provision, mandated caregiver-to-child ratios vary depending on the age of children enrolled. Unfortunately, population census data are not available to estimate potential unmet demand by child age, and therefore to estimate potential direct employment generation with exact mandated staff-to-child ratios.

77 In Jordan, formal childcare expansion could create at least 17.6 thousand jobs, in Lebanon 13.4 thousand, and in Iraq 75 thousand.

78 It is interesting to note that the number of mothers potentially interested in working in the childcare sector would still be higher than the conservative estimate of jobs directly created, possibly suggesting that – provided training opportunities are available – childcare expansion should not meet any labor supply constraints.



SPECIAL FOCUS 1: ELDERLY CARE IN MASHREQ COUNTRIES

While childcare responsibilities constitute an important part of unpaid care work performed by mothers, it is important to recognize that eldercare responsibilities also represent an important time commitment for women. The gender norms surrounding care work imply that women assume a primary role in caregiving, whether this is for children, for elder relatives (parents or parents-in-law), or for other family members in need of long-term care. However, while there is some information in terms of supply of eldercare services in Mashreq countries, the available data do not allow for accurate estimate of women's time allocation or commitment on caring for older household members (or time devoted to long-term care in general). Interestingly, the relationship between elderly care work and female labor force participation is not always negative, as tends to be the case with childcare. Elderly household members can be a valuable source of childcare help, especially for low-income women who may not be able to afford paid childcare, and the help enables them to participate in paid market work.

Overreliance on women—and family in general—as the primary source of eldercare is unsustainable due to changing demographics. As fertility declines and life expectancy increases, populations are expected to age rapidly in the Arab countries during the coming decades. Yet, current evidence indicates that many countries in the region are not paying attention to this demographic phenomenon. At the same time, the pool of home-based caregivers will shrink with declining family size and youth migration (Hussein & Ismail, 2017).

Assessments on the status of long-term care suggest that institutional elderly care in the Mashreq countries is limited. Not only do few formal elderly-care facilities exist, but most functioning facilities employ underqualified staff, are largely unoccupied, and are inaccessible to large parts of the population because facilities are mostly located in capital cities. In Jordan, for example, Kamel (2016) identifies only nine elderly-care facilities run by private firms or charities. Iraq has roughly 57 “age-friendly” centers, mostly located in Baghdad, and only two of which are state-run (Tariq & Lafta, 2018). In Lebanon, a study identified 49 aged-care facilities with 4,000 residents – less than 1.4 percent of the elderly population (Naja, 2012). Although community-based services run by charities, religious groups, and NGOs also contribute to the supply of elderly care, they have been described as “fragmented and non-sustainable” (Chemali, Chahine, & Sibai, 2008).

At the same time, there seems to be low demand for formal elderly care services mostly due to strong cultural norms that emphasize that it is a child's duty to look after their parents. This is irrespective of a child's gender or employment status. For instance, in Jordan alternative forms of care are “not an acceptable choice”, in Iraq many family members feel “ashamed to send their aging members away [from home]”, and in Lebanon the option of placing a parent at an institutional facility is seen as a “last resort” measure. (Kamel, 2016) (Chemali, Chahine, & Sibai, 2008).

Surprisingly, even when cultural norms dictate that family members care for the elderly, co-residency (elder members living at sons' or daughters' homes) is not the most common arrangement in the Mashreq. In Iraq, only 32 percent of individuals aged 65 or older live in a household with their child, and in Lebanon and Jordan, less than 10 percent of the elderly live with their children. The low utilization of institutional and informal co-residency arrangements suggests that most older people live close to, but not with, their children or other relatives.

In-home, community, and residential care services provide a spectrum of long-term care solutions, but legal frameworks and service supply remain insufficient and inadequate.⁷⁹ Development of a comprehensive, formalized elderly-care system would enable recognition of women's care work, for example by certifying at-home caregivers. A shared care work scheme in which older people continue living with or close to relatives but with access to flexible quality options such as elderly day-care facilities, or to paid care workers who can provide at-home care for those unable or unwilling to travel to day-care facilities, can support informal care givers, particularly women (Hussein & Ismail, 2017). The availability of high quality, low-cost, and in-home or conveniently located care facilities might also increase demand for formal elderly-care alternatives to family caregiving. Workers also need specific care policies to support the needs of adults in old age, particularly during health crises. These policies include long-term care leave with income security and rights, as well as disability-inclusive services (in-home, community, and residential long-term care services supplemented by quality healthcare) staffed with quality and qualified care staff to meet the care needs of adults (ILO, 2022).



⁷⁹ Globally, only 89 countries have statutory provision of public long-term care services for older persons, with 30 countries funding long-term care either through social insurance only (7 countries) or in combination with general taxation (23 countries). In addition, only 29 countries have established a statutory universal and free long-term care service scheme (ILO, 2022).



SPECIAL FOCUS 2: EFFECT OF COVID-19 ON USE OF FORMAL CHILDCARE SERVICES AND UNPAID CARE WORK

A common finding across the COVID-19 research literature is that the pandemic has hurt female employment disproportionately worldwide. Pandemic effects on the labor market have been thoroughly investigated both in developed and developing countries. Albanesi and Kim (2021) document how the COVID-19 pandemic, contrary to previous recessions, led to a substantial and persistent drop in women's employment and labor force participation in the United States, a finding mirrored in other studies conducted in European countries (Hupkau & Petrongolo (2020); Foucault and Galasso (2020); Adam-Prassl et al. (2020)) as well as in developing countries. For example, using data from high frequency phone surveys from 40 developing countries, Kugler et al. (2021) found that female workers were substantially more likely than men to stop working in the initial phase of the crisis between April and June 2020 and less likely to have returned to their pre-crisis employment levels.

Differences in sectors of employment and occupation primarily explain the gendered labor market effects of the COVID-19 pandemic, as well differences in care and domestic responsibilities between men and women. Given the concentration of women in service occupations, and particularly in contact-intensive occupations, they have been disproportionately hurt by the corresponding employment losses. Similarly, the closing of schools and nurseries due to lockdown measures to contain the pandemic implied an increase in the demand for childcare. As the burden has mostly fallen on women, many mothers were forced to exit the labor market. As a result, the COVID-19 crisis has decreased demand and supply of female employment.

Current and retrospective information collected for this study allow estimation of COVID-19 pandemic effects on both use of childcare and on the time spent in unpaid care work for both mothers and fathers in Mashreq countries. Governments in Jordan, Iraq, and Lebanon reacted swiftly to restrain the spread of the COVID-19 pandemic in the spring of 2020, implementing containment measures such as curfews and restricting gatherings and internal movement. As a result, infection and mortality rates were low. However, one year later in 2021, from March 25th to April 25th, during the rollout of our women's survey, reported numbers of infections and deaths had risen significantly despite strict containment measures.

With lockdown measures and formal childcare services operating below capacity or closed, mothers in Mashreq countries had to rely more on support from family and friends. For instance, the decline in hours of childcare services per month reported by parents ranges from 26 percent in Lebanon and 32 percent in Iraq to 38 percent in Jordan. The decline is even larger in the case of formal childcare utilization, which is consistent with an increase in the share of reliance on family and friends as childcare providers in all three countries.

Consequently, both mothers and fathers, especially in Jordan and Lebanon, spent more time on unpaid care work during the COVID-19 pandemic than before. Mothers in Jordan and Lebanon experienced respectively a 3 percent and an 8 percent increase in their total unpaid care hours during the pandemic relative to before the pandemic. This increase in time spent on direct care was much larger than the decline in indirect care work during the pandemic, translating into a net increase in their care burden. Similarly, fathers' unpaid care work per weekday increased by 21 percent in Lebanon and by 4 percent in Jordan, compared to pre-pandemic levels. However, in Iraq the changes were more muted.

The larger increases in parental childcare burden in Lebanon during the pandemic is likely due to higher susceptibility of Lebanese parents to childcare disruptions, given that pre-pandemic childcare use was highest in Lebanon, especially center-based care. While both mothers and fathers bore the increased childcare burden, overall, the gender gap in time spent on unpaid care work increased in Lebanon.⁸⁰ This increase in fathers' caregiving role may have additional effects on the division of unpaid labor and entrenched gendered roles once the COVID crisis is over. However, the fact that we observe an overall increase in gender gaps in caregiving highlights the growing policy concern that the onset of the COVID-19 pandemic may reverse progress on women's labor market participation and lead to a regression towards traditional gender norms ([UN 2020](#)).

Our analysis of the pandemic's impact on women's paid work shows that these concerns may not be unfounded. The increased care burden imposed by the COVID-19 pandemic on working mothers contributed to significant declines in their labor market engagement. Not only did fewer mothers perform paid work during the pandemic—except for no change in Iraq—employed mothers' number of hours worked also declined. The probability of a mother working fell 14 percent in Jordan and 11 percent in Lebanon during the pandemic relative to their work participation before the pandemic. In terms of hours worked, mothers in Lebanon experienced the largest decline (20 percent), followed by Jordan (13 percent), and Iraq (9 percent) relative to pre-pandemic average hours of paid work per weekday. These findings are consistent with the effect of the pandemic on women's paid labor around the world (UN Women, 2020). While fathers also experienced a decline in paid work during the pandemic, job losses for mothers were disproportionately larger given their already limited labor market engagement before the pandemic.

⁸⁰ However, the gender gap in time spent on unpaid care work remained unaffected in Jordan.



The background features a collage of torn paper textures in white, yellow, blue, and orange. White line-art illustrations of various leaves and branches are scattered across the composition. The text is centered in a bold, black, sans-serif font.

4. POLICY RECOMMENDATIONS

In Mashreq countries, men have the primary responsibility for paid work, while women focus on unpaid care work. Even though unpaid care work contributes significantly to households' welfare and societal economic wellbeing, its contributions remain largely invisible. As this report shows, for women—and especially for mothers—to take on paid work requires them to work a double shift.

Increasing female labor force participation and improving labor market outcomes of women in Mashreq countries requires a three-pronged strategy. The strategy should aim to achieve (i) More equitable distribution of household unpaid care work burdens; (ii) Improvement in State support to address household care needs, and (iii) an enabling environment for efficient provision of care services.



4.1 Distributing the unpaid care work burden more equitably

4.1.1. RECOGNIZE UNPAID CARE WORK OF BOTH MEN AND WOMEN AT THE NATIONAL POLICY LEVEL

Both mothers and fathers play a critical role in children's development. Policies and interventions aimed at recognizing both parents' care roles and responsibilities can be an important step in supporting a more equitable redistribution of care responsibilities within the household.

Leave policies in Mashreq countries should improve to encourage a more equal redistribution of household care responsibilities.⁸¹ Existing leave policies in Mashreq countries tend to reproduce prevailing gendered distribution of care responsibilities. Recognizing at least 14 days of paid paternity leave could be an important first step in supporting parental responsibility-sharing. In addition, Mashreq countries could consider introducing extended parental leave, with a dedicated quota (take it or lose it) for fathers. Besides allowing more flexibility to mothers in managing their childcare and paid work responsibilities and contributing to reducing the childcare policy gap, reserving a portion of parental leave to fathers could contribute to greater sharing of household care responsibilities. In line with recent policy developments in Jordan, Iraq and Lebanon could recognize the right of both male and female workers to flexible work arrangements in national legislation to promote a better balance of family and work responsibilities. Dialogue with stakeholders to support legislation on flexible work arrangement could also take advantage of experiences accumulated during the COVID-19 pandemic.

81 Only Lebanon and Jordan recognize paid paternity leave but only for a maximum of three days, while no paternity leave is envisioned in Iraq. In Lebanon, the draft bill proposing three days for paid paternity leave, instead of 1-day as per the current law, was agreed upon in January of 2018 but is still pending ratification by Parliament. As of today, it is discretionary for employers to provide the three-day leave. In Jordan, fathers are granted a three-day paternity leave in the private sector, as indicated in the labor law, and in the public sector, as indicated in the civil service bylaw.

Another set of possible interventions include information and communication campaigns aimed at stressing the critical role that both fathers and mothers play in child development and the importance of early childhood development (ECD) for child welfare. These could include information campaigns or interventions conducted in person (for instance, teaching and encouraging at-home caregivers to provide early stimulation) and organized through health centers/social workers (Box 4.1) as well as communication campaign with wider audiences conducted on radio, TV, and social media.⁸²

BOX 4.1:

Supporting parents and at-home caregivers provide a stimulating environment for young children

Parents (mothers, mainly) and other informal caregivers, such as relatives, are important unpaid providers of childcare services. In this regard, recognizing families' strong preferences towards caring for young children at home implies equipping them with information and tools to provide their children with stimulating environments at home. Simple activities such as playing, reading, and singing with children are core components of early childhood stimulation (ECS). ECS can improve young children's ability to think, communicate, and connect with others. Evidence from low- and middle-income countries shows that encouraging caregivers to play and interact with children aged 0–3 in a stimulating way improves children's cognitive development. These programs can increase the time and resources parents invest in their children's development, as well as parental knowledge and understanding of child development.

In Jamaica for example, a small-scale study was able to follow participants for 20 years and found that increased stimulation at home during early years led to long-term gains in cognition, academic achievement, employment, mental health, and adult earnings.

Common features of these programs involve:

- Delivery by trained individuals, such as community health workers or community leaders, in one-on-one (home visit) or group settings (health clinics, homes, or other community spaces).
- Staff encourage mothers to play and interact with their children in ways that stimulate cognitive development and often promote responsive parenting.
- Programs may be best targeted in areas where children are most disadvantaged and where there is a lack of other early childhood programs.

Policymakers interested in improving early childhood development should consider programs that support parents and caregivers to invest more in stimulating play. Yet, questions remain on how to effectively deliver these programs at scale. Interventions suggest that achieving and sustaining benefits at scale requires persistent caregiver engagement as well as strong monitoring systems.

Source: J-PAL (2020).

Communication regulators and public media companies could take an active role in supporting more egalitarian gender roles through establishment of guidelines and/or creating communication content. For example, communication regulatory agencies could consider establishing guidelines to promote more positive gender roles and to fight gender stereotyping in marketing and advertising. Initiatives in the UK, for example, include the Advertising Standards Authority enactment of a ban on "harmful gender stereotypes".⁸³ On content, the sociological and economic literature has further highlighted how media could play a critical role in supporting changes in behaviors, either through ad hoc information campaigns or by embedding messages in popular TV shows. In a seminal study, La Ferrara, Chong and Dureya (2012) show how telenovelas (soap operas) in Brazil were instrumental in reducing fertility by portraying stories of small families. This demonstrates how popular TV shows could convey messages — such as more equitable household gender roles — in ways that makes it easy for viewers to directly relate to the situations portrayed.

82 In Serbia, a pilot program encourages fathers to increase their participation in parenting. The program provides virtual parenting workshops and sends weekly SMS messages to fathers with parenting guidance (World Bank, 2021).

83 Under the new rule, the first two TV ads banned in 2019 featured new dads struggling while looking after their babies, perpetuating the idea that men are ineffective childcare givers, while in the other, a woman was depicted sitting next to a stroller in a scene juxtaposed to others in which men were engaged in adventurous activities. See [link](#)

4.1.2. RECOGNIZE THE ECONOMIC VALUE OF WOMEN'S CONTRIBUTION TO HOUSEHOLD AND SOCIETAL WELFARE.

Unpaid care work plays a vital social and economic role. Often it makes up for lack of public expenditure on social services, thus representing a transfer of resources from unpaid care workers to other workers in the economy.⁸⁴ Without the support provided at home, largely by women, the functioning of formal labor market would dramatically decline, with severe negative effects on economic growth and welfare.⁸⁵ Despite this fundamental role, the contribution of women through unpaid care work remains mostly invisible, which makes it more difficult for women to access economic resources through public policies.⁸⁶

An important first step that Mashreq countries could take in raising awareness about women's contribution to their economies is collecting of regular data on time-use as an integral part of national household surveys' system, and the compilation of Household Satellite Accounts (HSA). These accounts, building on information from time-use surveys, allow measurement and valuation of the unpaid household/women's output in the System of National Accounts (SNA) (Box 4.2).

BOX 4.2: **Households Satellite accounts**

A Household Satellite Account (HSA) measures and values the unpaid outputs produced by households through unpaid work in connection with the System of National Accounts (SNA), under the broader "General Production Boundary" definition of activities.

The valuation of own-use production work of services and compilation of HSAs entails a number of different and complex methodological challenges. Two main approaches have generally been followed to value unpaid work:

- (i) **Input valuation** gives a monetary value to the time devoted to unpaid care work using as cost of time, either the market wage of the person who performed unpaid work (opportunity cost) or the market wage of a domestic worker if the family hired an external person (replacement cost). In the replacement cost approach, further options are available: all work can be valued using generalist wages (such as housekeepers), or specialist wages for each individual activity (chef wages for preparing meals, child-minder wages for looking after children, among others). A relatively new approach—currently implemented in countries including Mexico, Canada and Australia—is a hybrid approach. This usually involves valuing household activities using generalist wages, and then more complex work, such as caring for children and adults, using the specialist wage. Following the estimation of compensation for labor input, further calculations are required to estimate the sum of all costs. These include the return to capital, which recognizes the productive capacity of, for instance, household appliances in delivering own-use production work of services. Further adjustments are required for the treatment of taxes and benefits, and intermediation consumption.
- (ii) **Output valuation** gives a market-equivalent value to the public good produced (having a clean house, a well-educated child, for instance.). The output approach has some attractive features, such as directly measuring the volume of services produced, and is more consistent with traditional national accounting exercises. However, the data burden required is significant and difficult to achieve in practice. Relatively more straightforward is the collection of time-use data, and thereby, the recording of labor input into own-use production work of services.

Once arriving at a measure for the value of labor input, countries can compile an HSA in two stages:

- (iii) Add to the traditional supply and use framework of national accounts information from time-use surveys and breakdowns of activities, enabling comparison of own-use production work of services with market counterparts.
- (iv) Extend the production boundary by including the value of own-use production work of services. This involves reallocation of products from final consumption expenditure to intermediate consumption and household capital; estimating a return on household capital (after accounting for depreciation); and adjusting for existing taxes and benefits related to the direct provision of own-use production work of services.

Source: UNECE (2017).

84 United Nations (2016).

85 van de Ven, Zwijnenburg, & De Queljoe (2018).

86 PAHO (2010).

It is recognized internationally that accounting for household production supports better understanding of the economy, better measurement of societal welfare, and supports adoption of more inclusive development policies.⁸⁷

In Colombia, for example, the importance of measuring women's contribution to the economic and social welfare was recognized by law in 2010 by mandating the production of HSAs and inclusion of the care economy in the system of National Accounts. This was instrumental to development of two consecutive National Development Plans (NDP) from 2014-18 and 2018-22 that recognize the importance of regulations about unpaid work. Specifically, one objective of the 2018-2022 NDP is development of a public care policy that includes articulation and coordination of inter-institutional systems to serve care-needing populations and domestic and unpaid care providers.

4.1.3. IMPROVE ACCESS TO BASIC SERVICES TO REDUCE INDIRECT CARE WORK BURDEN.

Findings in this report indicate that in the Mashreq, mothers spend a significantly amount of time on indirect care work, which—coupled with direct care responsibilities—further constrains their capacity to engage in paid work. While efforts to support a more equal sharing of house-work burden within the family can help address these constraints, another important area in which governments can intervene is through investments in appropriate infrastructure and public services. In particular, investments in water, sanitation, electricity, clean energy, and labor and time-saving technology are critical to enable women to spend less time doing very low productivity tasks. Increasing use of labor-saving devices and technologies has untapped potential to improve how women use their time, but this also requires availability and affordability of services such as electricity. This is particularly important considering the challenges regarding supply of electricity in some Mashreq countries.⁸⁸

It is important that infrastructure and services investments incorporate gender-sensitive approaches to maximize their potential to save women time. Globally, very few infrastructure programs explicitly aim to reduce or redistribute women's unpaid (indirect) care work or to relieve women's time poverty. Engaging women in consultations during the design of projects or decisions on how infrastructure and service investments funds are used is more likely to prioritize time-saving infrastructure or labor-saving technologies. Context-specific gender analysis is critical to ensure that investments are based on an understanding of the socio-cultural context and of local women's priorities.⁸⁹

While labor-saving technologies have tremendous potential to free time, scaling-up through market-based solutions can be a challenge. This is particularly true for poorer households in contexts where existing social norms undervalue women's labor. Public financing and subsidies can mitigate these issues and should be complemented by access to these technologies as well as information and awareness campaigns that highlight benefits of household investments to incentivize them.⁹⁰

4.2 Improve States' support to address household care needs

Mashreq countries have largely delegated provision and financing of care services to enterprises and households.

In Mashreq countries, the financing of leave policies and provision of care services are, with limited exceptions, delegated to employers and households.⁹¹ This inevitably limits the benefits that care policies can have on equalizing labor market opportunities for women. Existing institutional arrangements may contribute to creating labor market inefficiencies and reinforce women's disadvantages in accessing economic opportunities. First, such provision might discourage private sector employers from hiring women and add barriers to formalization of work relations. Second, given limited job creation in public and formal private sectors, women entering the labor market seeking support in reconciling paid work and care responsibilities face higher risk for unemployment. Lastly, a significant share of working

87 Schreyer & Diewert (2014); Stiglitz, Sen, & Fitoussi (2009).

88 In Iraq – on average – electricity supply has outages for 6 hours a day, forcing households to rely on private generators (poorer households might not have means to access those), and in Lebanon, some homes get only 3 to 4 hours of electricity a day.

89 OECD (2019).

90 Ibid.

91 The sole exception is represented by working women employed in the public sector whose benefits in terms of maternity leave and childcare services are provided – with varying degrees of generosity, accessibility and quality – by the State.

women or women willing to enter the labor market remain excluded from receiving care policy support. In fact, to the extent that some categories of excluded workers supply key care services to households,⁹² current institutional care policy frameworks are not well suited to support expansion of female labor force participation.

In Mashreq countries, care policies should be better aligned with the overall objective of increasing female labor force participation. Recognition of care rights and universal coverage of care policies financed through general taxation would represent a first best scenario and would align with a more general objective of delinking social security from employment relations.⁹³ In the short to medium term, achieving this objective could be difficult, especially in a context characterized by fiscal constraints. Still, economic returns from public investments in childcare support can be important.⁹⁴ This report finds an untapped demand for childcare services in Mashreq countries, especially among employed and unemployed women, and there is a widespread interest among mothers, both active and inactive, to explore employment opportunities in the care economy. Leveraging this untapped potential could significantly contribute not only to better economic opportunities for Mashreq women, but also to inclusive growth.

Extending care coverage while minimizing labor market distortions could be achieved through increasing State-financed support accompanied by changes in policies and regulations. A way forward to increase care coverage while reducing distortions could revolve around three set of interventions: (i) Address care needs of most vulnerable households; (ii) Improve availability of affordable and quality small-scale childcare options; and (iii) Improve the design and expand financing of existing care policies.

4.2.1. ADDRESS CARE NEEDS OF POORER/MOST VULNERABLE HOUSEHOLDS.

Mashreq countries should prioritize investments in addressing care needs of poorer households. Several factors support this rationale. First, given the predominantly market-based model of services provision, poorer households face the strongest affordability constraints in accessing quality childcare services. Second, given that mothers in poorer households are more likely to be active in the labor market to support household livelihoods, they might have relatively higher untapped demand for childcare services. Moreover, children from more disadvantaged backgrounds could most benefit from quality childcare services.

International experience shows a variety of possible approaches to addressing care needs of poorer households. Some countries, for example, provide monetary allowances directly addressing affordability constraints of poorer households.⁹⁵ Other countries — specifically those jointly addressing demand and supply-side constraints, such as exist in the Mashreq—have designed programs directly providing free or heavily subsidized childcare services to poorer households, either as standalone interventions, as in the case of Colombia’s Hogares Comunitarios de Bienestar program (Box 4.3), or integrating childcare service provision in standard safety net programs.

Brazil and Mexico offer complementary crèche services to recipients of cash transfer programs, while other countries⁹⁶ use mobile crèches to provide free childcare services alongside labor-intensive public work programs. Public work programs could be an instrument to provide childcare support while providing employment opportunities to women from vulnerable households. Expanded public works program in South Africa, for example, incorporate training and jobs accreditation in early childhood development and home and community-based care services to create job opportunities for women. In Ethiopia, the productive safety net program provides childcare services at worksites by appointing workers, paid the same as other participants, to care for children. Along these lines, Rwanda is experimenting with implementation of an innovative community and home-based early childhood development program under its expanded public work (ePW) scheme (Box 4.4). A similar approach could expand availability of childcare services in low-income areas and in areas adjacent to industrial or agricultural zones with high concentrations of female employment.

92 In the Mashreq, labor laws do not cover certain groups of care workers, such as domestic workers, nor are they granted social security benefits. In Lebanon, the Labor Code excludes certain categories of workers, including domestic workers and agricultural workers, civil servants, and all those working without a contract. In Jordan, the Social Security Law covers regular workers only, excluding certain categories such as those who perform domestic work or who work less than 16 days per month.

93 World Bank (2022).

94 In terms of employment generation, estimates for Turkey indicate that investments in social care could generate 2.5 times the number of jobs of an equally sized investment in physical infrastructure and 30 times the number of jobs for women (Ilkkarkacan, Kim, & Kaya, 2015). Additional economic returns could be originated indirectly, through an increase in household income, and possibly fiscal revenues, spurring female labor force participation and, intergenerationally, through higher returns to human capital.

95 Some countries have designed child/family allowances targeting the poorest segments of their populations. Examples include the child support grants in South Africa or Thailand. Other countries have more explicitly link the financial assistance to children in poorer households to the employment of caregivers; for example, using tax credits or employment subsidies. Examples include the Child Tax credit in the USA or the women’s work grant in [Argentina](#).

96 Examples include India, Burkina Faso, Cameroon, Democratic Republic of Congo, Ethiopia, and Madagascar.

BOX 4.3:

Incentivizing non-state provision of childcare for vulnerable families: The case of home-based care in Colombia

The Hogares Comunitarios de Bienestar (HCB) is the most important early childhood program in Colombia. The program targets the poorest households and aims at increasing women's employment as well as enhancing children welfare. The program reaches close to 800,000 children below primary school age. The average cost of the program is US\$ 440 per child per year. Financing comes from two main sources: public financing, through an 8 percent "Fairness/equity tax" on corporate income, and parental fees, which cannot exceed 25 percent daily minimum wage.

HCBs provide full-day childcare for around 12-15 children between ages 6 months and 6 years, at the home of one of the mothers in the community known as "community mother." In addition, it provides an important component of supplemental nutrition. HCB involves strong community engagement. Parents organize into parent's associations and select the community mother, who is required to attend specific training and whose house should be certified by the regional authority. The State provides resources to parent's associations for partial salary of the caregiver and supplementary nutrition. In addition, the State provides zero interest loans to the caregiver for refurbishments. Parents pay a monthly fee directly to the caregiver.

HCBs have comprehensive operational and technical standards, mostly on administrative aspects and certain structural service parameters (number of children per square meter, characteristics of physical areas, teachers' qualifications, food handling, bookkeeping, and others), but do not provide specific pedagogical directives.(a)

Recent evaluations of the HCB program have found positive benefits on children's height and cognitive and socio-emotional development associated with long exposure to the program. (b) Studies have also estimated program benefits on maternal employment outcomes: increased probability of employment (from 12 to 37 percent) and increased hours worked per month (from 32 to 75hrs).(c)

Nevertheless, studies have also reported great variation in the implementation of certain features and quality of services children receive. These findings partly motivated implementation of a vocational education program for community mothers focused on child development and care. Evaluation of the training shows an increase in the quality of care and greater interaction with children and parents. Furthermore, results suggest that it is possible to improve quality features of a relatively inexpensive childcare program. (d). Government guidelines for community modalities now require both new and existing community mothers to obtain a professional technical degree in pedagogy or child development.

More recent assessments of home-base services in Colombia support the notion that, in improving care services for vulnerable children at scale, key factors such as provision of teacher pre-service and in-service training, children assessment and monitoring, and strong curricular background must be prioritized. (e)

Sources: (a) Bernal, Attanasio, Peña, & Vera-Hernandez (2019). (b) Attanasio, Vincenzo, & Vera-Hernandez (2012), Bernal & Fernandez (2013). (c) Attanasio & Vera-Hernandez (2004). (d) OECD (2016), Bernal R. (2015), Bernal, et al., (2009). (e) Bernal, Attanasio, Peña, & Vera-Hernandez (2019).

BOX 4.4: **Rwanda Expanded Public Work Program**

Rwanda's expanded Public Works (ePW) program aims to offer year-round, flexible, part-time work opportunities to moderately labor-constrained households with caring responsibilities. In its original design, ePW mostly included road maintenance projects.

In 2018-19 a new ePW scheme was introduced to offer home-based childcare work, whereby ePW beneficiaries are employed as care givers for children aged 3-5 from other poor households in the community while parents work elsewhere. Households in the community are entrusted to select a home to host the early childhood development facility. While spaces selected to host home-based ECD need to have basic facilities – clean area, toilets and area to prepare light meals – the project provides some refurbishment in selected homes, along with basic equipment and supplies.^(a)

Given the novelty of childcare ePW, the program included a strong childcare training and supervision component developed through a collaboration between the Ministry of Gender and Family Promotion and the Ministry of Health, to ensure quality of home-based childcare services delivered through ePW aligns with government ECD quality standards. Moreover, to maximize community benefits, the program includes community-based parenting training and supervision, leveraging resources from other community-based services such as Community Health Workers.

Notes: (a) The project covers direct non-wage costs of ePW, including goods, tools, food, or toys, not exceeding 30% of total direct costs. (b) Other neighboring households not engaged in ePW can also participate in home-based ECD and receive training, although they are not paid from ePW.

Source: Project Appraisal Document Rwanda Strengthening Social Protection Project; World Bank (2021b)

4.2.2. IMPROVE AVAILABILITY OF AFFORDABLE AND QUALITY SMALL-SCALE CHILDCARE OPTIONS.

Mashreq countries could consider improving their regulatory frameworks and provide incentives to small childcare businesses to increase the availability of quality and affordable private childcare options. This report finds untapped demand for childcare services and the need to increase availability of quality and affordable options. To this end, Lebanon and Iraq, following Jordan's example, could consider establishing an agile regulatory framework to allow licensing of home-based childcare centers. Moreover, to mobilize women who might be interested in working in childcare and to support quality small-scale service provision, Mashreq countries could consider expanding training opportunities (skills and training programs, support establishment of networks/peer-support mechanisms) as well as facilitating access to credit for small childcare businesses.⁹⁷ Interventions in this space are particularly urgent in Lebanon, where the economic crisis has particularly hurt center-based childcare providers, resulting in job loss for a large number of qualified staff that could provide home-based childcare services either autonomously or in franchising with center-based providers.

Governments could also consider supporting community-based early childhood care and education (ECCE) provision to build on community-based healthcare programs, thus leveraging existing infrastructures and resources. A review of existing health programs could be conducted to further explore this option and identify potential entry points for an ECCE component.

97 Kaneko, Lombardi, & Weisz (2020).

4.2.3. IMPROVE THE DESIGN AND EXPAND FINANCING OF EXISTING CARE POLICIES.

Improve current care policies to reduce labor market discrimination toward women and support female labor force participation. The design of maternity leave policies in Lebanon and Iraq, by placing the financing burden on employers, might create a disincentive to hire women and/or to formalize women's employment. A better approach, in line with ILO recommendations, would be to finance maternity leave either through general taxation or through employer social security contributions. This is currently done in Jordan where employers contribute a minimal share of both men and women's salaries towards a dedicated social security fund. Ideally, all Mashreq countries—including Jordan—could also consider expanding maternity leave coverage benefits to women working in the informal sector or in informal employment. This could again be achieved either through general taxation or by giving all workers the opportunity to contribute voluntarily towards a family social security fund, perhaps providing monetary incentives to promote contributions, via matching contributions or tax credits. This approach could be very easily implemented in Jordan, where a functioning social security system is already in place and voluntary contributions to some social security schemes have already been institutionalized.⁹⁸ In Jordan, the Social Security Law mandates that all regular female workers who contribute to social security are eligible to receive maternity cash benefits (including non-Jordanians with work permits).⁹⁹ The Jordanian Government could consider extending the right to contribute toward the Maternity Fund¹⁰⁰ to all irregular workers. Under this regime, the Government could further consider providing incentives, such as matching contributions, to targeted segments of the workforce. A similar voluntary contribution approach could also subsidize childcare services beyond poorer households.

To minimize labor market distortions, governments could also consider either eliminating or changing the design of employer-mandated childcare provision. According to demand survey data collected for this report, less than 5 percent of mothers in Mashreq benefit from childcare provision through employers. Interestingly, despite statutory provisions, no working mother in Iraq has childcare services (either paid or unpaid) provided by her employer; in Jordan and Lebanon, the same share of working mothers receives employer childcare services from their employer, despite the fact that no legislative mandate is present in the latter. Against the very limited coverage, possible distortive effects of this mandate could be relevant.¹⁰¹ In Iraq, mandatory provision of childcare services by employers of women with children 0-4 creates a clear disincentive to employ mothers while reinforcing the role of women as caregivers. In Jordan, while the law discriminates less against women, it could still be creating disincentives to employ younger workers who are more likely to have 0-5 children. As Table 4.1 shows, compared to other countries with mandated employer-based childcare, statutory requirements in Jordan and Iraq are defined in terms of number of children rather than size of the workforce, possibly creating a stronger cost burden on smaller businesses. To minimize disincentives to hire or formalize contracts for women and younger workers, Iraq and Jordan could consider:

- Increasing the employee threshold for employer-based mandatory provision of childcare services.
- Substituting mandatory-employer childcare provision with incentives (tax deductions or tax credits) for employers deciding to provide childcare services.
- While less common, providing financial support (such as credit lines for establishing a childcare center) and/or nonmonetary support (land, human resource) can also incentivize employers.

Research shows that childcare provision can lead to substantial benefits for firms and, irrespective of statutes, firms might still decide to provide such services.¹⁰² Findings from an employers' survey in Jordan reveals that, besides complying with mandatory requirements, main motivations for employers to provide childcare services are to attract talent, enhance employee retention, reduce absenteeism, and increase productivity. The same findings emerged from a similar survey conducted in Lebanon where no legislative provision for employer mandate childcare is present.

98 Jordanians who are self-employed, employers and contributing family workers may obtain social security coverage for old age pensions, disability, and death insurances through a voluntary contributory program. This option does not apply to maternity leave cash benefits or childcare support.

99 The law considers those who work fewer than 16 days per month, or those who work in agriculture or those who perform paid domestic work as "irregular" workers.

100 The Maternity Fund is currently financed by employers' contribution amounting to 0.75 percent of the insured's (both male and female) base salary (excluding bonuses and overtime).

101 Addati, Cassirer, & Gilchrist (2014).

102 IFC (2017).

TABLE 4.1: POLICIES MANDATING EMPLOYER-SUPPORTED CHILDCARE, SELECTED COUNTRIES

Country	Size of workplace to which policy applies	Details of the policy
Iraq	Any woman employed with children 0-4	Employers must provide care – collaboration with other employers allowed for joint provision of services.
Jordan	>15 children under 5 amongst all employees	Employers must provide care by a trained nurse at an adequate childcare facility or in-house.
Brazil	>30 women employees	During breastfeeding period
Cambodia	>100 women employees	Employers must either set up a daycare center or cover the costs of employees placing their children in any daycare center.
Chile	>20 women employees	Limited to children below 2. Employers must pay cost of the care or provide spaces in centers shared with other employees.
Ecuador	>50 employees	Employers must provide workplace creche.
India	>50 employees	Employers must provide creche facilities.
Turkey	>150 women employees	Employers must provide a workplace crèche for children up to age six, or vouchers to pay for those services from certified childcare providers.

Source: (Devercelli & Beaton-Day, 2020)

4.3 Provide an enabling environment for efficient provision of quality childcare services

4.3.1. DEVELOPMENT OF NATIONAL CARE POLICY AND STRATEGY

Designing comprehensive care policies in Mashreq countries is of paramount importance. As this report shows, deficiencies in care policies and unequal distribution of household care responsibilities represent a key constraint to women’s socio-economic empowerment and labor market participation. At the same time, interventions aimed at increasing female labor force participation in the care space need to also put the welfare of children (or elderly, or disabled dependents) at their center. Despite the importance and complexity of objectives at hand, none of the Mashreq countries has a comprehensive care policy and strategy detailing objectives, implementation plans, and budget. Specifically, no formal ECCE coordinating body nor ministry to lead and manage activities exist, to the detriment of overall system coherence. While appropriate institutional arrangements vary by country, whatever institution(s) is given ECCE responsibility, it must have a:

- Clear mandate and adequate funding and capacity;
- Focus on promoting child development; the ability to ensure continuity and coherence from birth to primary-school-entry age; and
- Strong coordination mechanism to involve all relevant stakeholders.¹⁰³

¹⁰³ Devercelli & Beaton-Day (2020).

4.3.2. SUPPORT AND MONITOR QUALITY OF ECCE SERVICE PROVISION

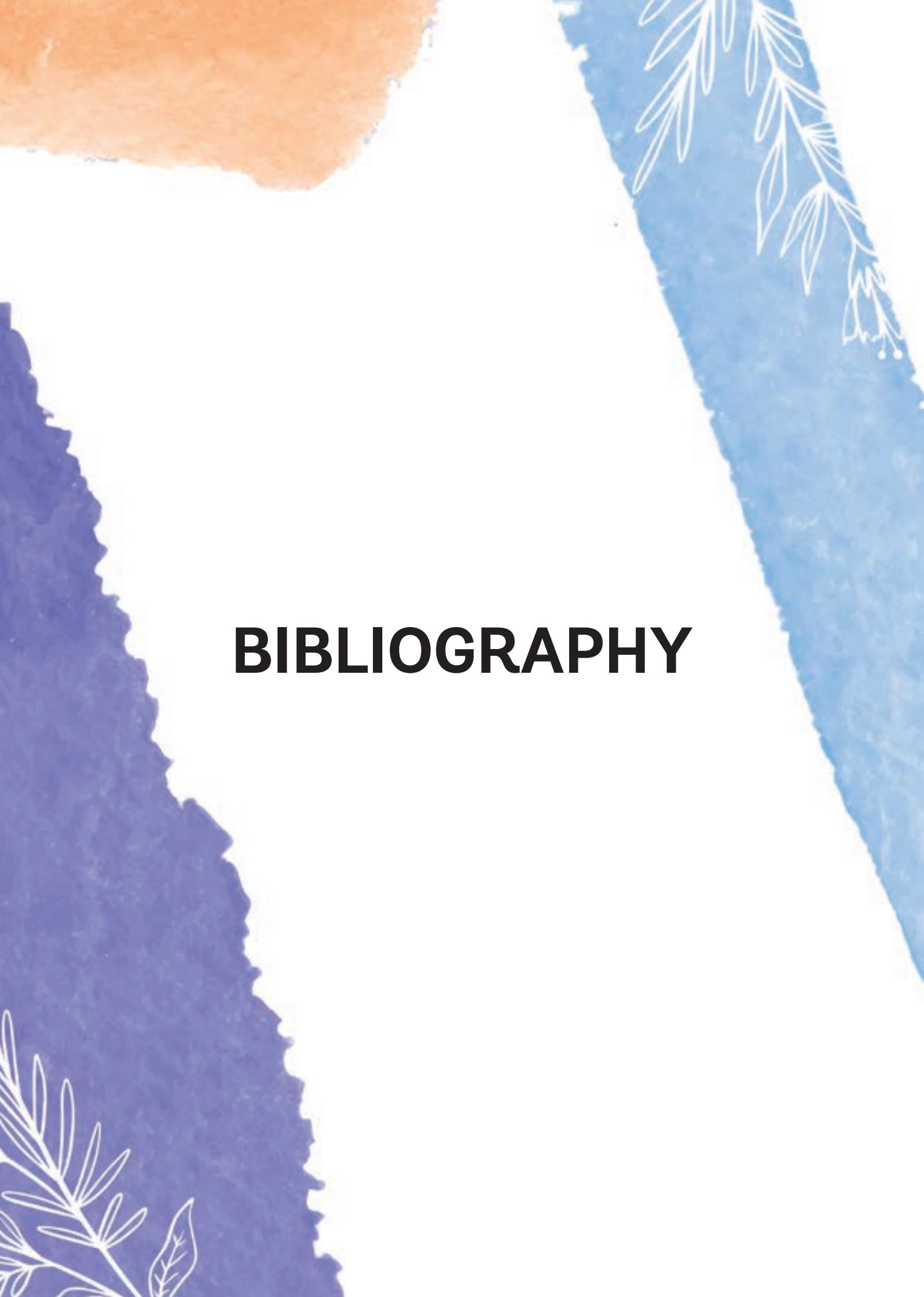
Quality childcare services are crucial to encourage parental uptake and to realize the many benefits associated with childcare-ECCE and child development. In Mashreq countries, existing minimum standards for licensing of childcare services are mostly focused on structural quality and less so in aspects related to program/curriculum, interactions, and workforce quality, which are the most crucial in terms of children’s development. A revision of quality standards should aim at identifying and, even more importantly, enforcing the most critical minimum standards for different types of providers (center-based, home based, and others) and providing resources—for example, general guidelines, training opportunities and materials—to support non-structural aspects of childcare quality. Quality assurance goes hand in hand with monitoring systems. Compliance with standards should be encouraged through incentives to perform well and consequences when standards are not met. Governments could explore, along with inspection visits, complementary monitoring activities such as including self-assessment surveys, children development assessment, and parental feedback. Furthermore, beyond formal monitoring, engaging parents can increase quality; parents can help run childcare services, support child progress by engaging in their learning and development, and promote childcare service regulation and higher quality.

Efforts in the Mashreq should establish professional standards and recognize ECCE workforce competence. The caregiving profession entails workforce development, skills upgrade, qualification certification and recognition, and career advancement (both career prospects and remuneration) for all care workers. Basic requirements should be established regarding training and practice of care workers, including teachers, nursing, and childcare personnel. Equally important is to provide comprehensive and career-long continual professional development to ensure ECCE services quality. This includes legislation as well recognizing the occupational qualifications of migrant workers to promote equality of opportunity and treatment in vocational guidance and training.¹⁰⁴

4.3.3. STRENGTHEN THE DATA ENVIRONMENT

In Mashreq countries, improving the data environment is crucial to enable effective planning and evaluation of policies and programs as well as to support proper monitoring of quality. Important information gaps regarding ECCE constrain efforts to understand dynamics between providers and family choices. It is reasonable to expect that COVID-19 has changed both providers’ operational structure and families’ preferences. With licensing responsibilities often split between different agencies/ministries, no Mashreq country has an integrated Monitoring and Information (MIS) system capable of providing an up-to-date registry of all licensed providers. Similarly, lack of any centralized data on capacity and enrollment severely constrains government capacity to make informed policy decisions or to evaluate policy actions. The development of an efficient MIS system for ECCE services should also be integrated with administrative records (vital statistics records) to assess potential demand and supply constraints. Future reforms could include a specific mandate on periodic data collection and/or reporting from both public agencies and service providers.

104 ILO (2018).

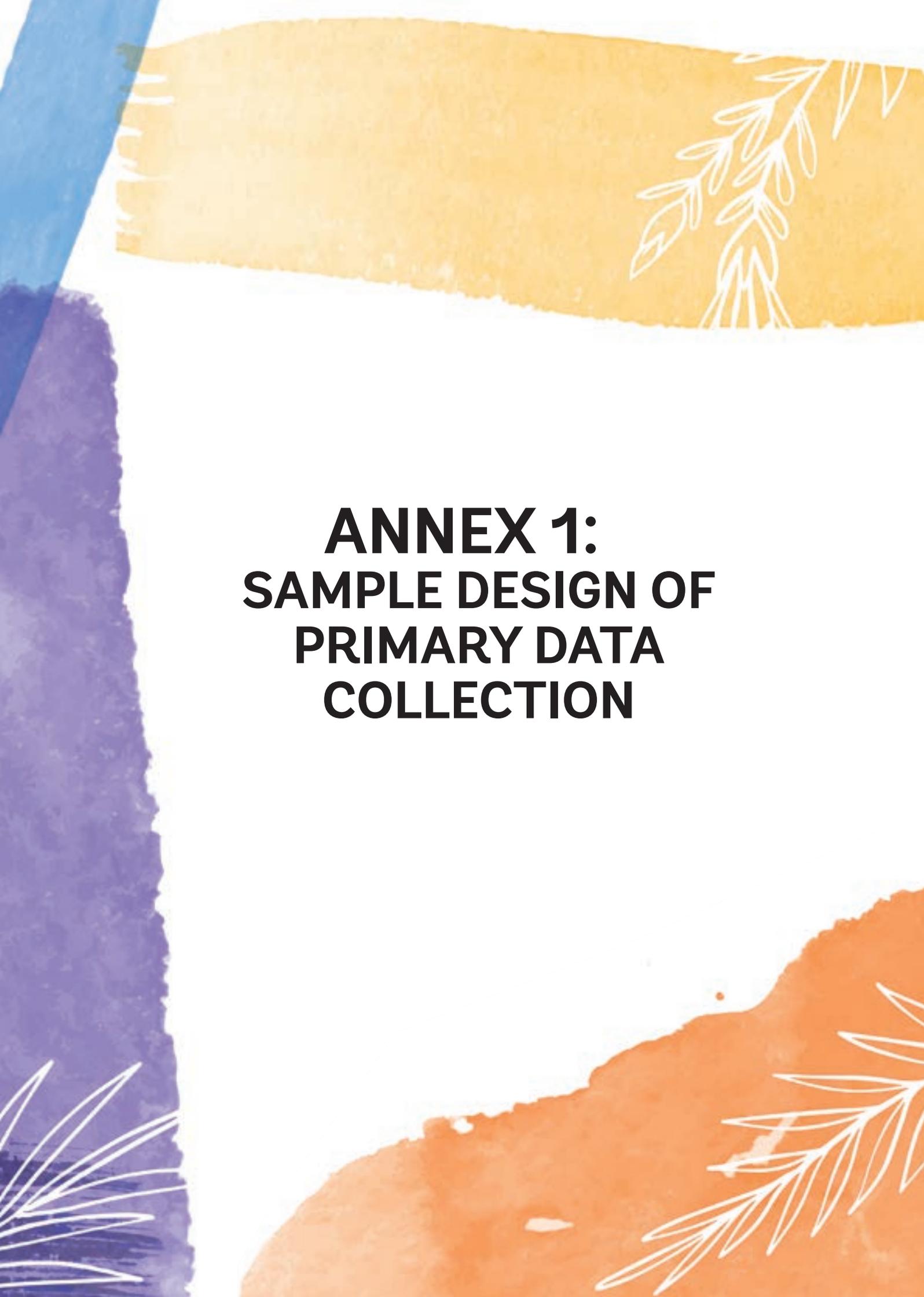


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**ANNEX 1:
SAMPLE DESIGN OF
PRIMARY DATA
COLLECTION**

Sample-selection. Given the focus of this report on the relationship between women’s childcare responsibilities and their labor market engagement, survey data was collected from women with (i) potential need for childcare services, and (ii) who were old or young enough to be in the labor force. Based on these criteria, data collection constraints, and to maintain a consistent sample-selection approach across the three countries, the survey was conducted with a sample of mothers or mothers-to-be aged 20-55 years. Most women in the 20-55 age-group — 92 percent in Jordan, 94 percent in Iraq, and 88 percent in Lebanon — already have children.¹⁰⁵ Although childbearing before age 20 is prevalent in Mashreq countries (especially in Iraq, where early marriage is more common relative to Jordan and Lebanon), the findings of this report do not apply to such women. Similarly, the findings of this report do not apply to women in the 20-55 age group who were neither mothers nor mothers-to-be at the time of the survey or were not citizens. Similar caveats apply to the sample of men.

Phone interviews. Due to COVID-19-related disruptions, and aided by high phone penetration rates, the surveys were conducted by telephone. Individuals were randomly selected to participate in the survey using a random digit-dialing methodology. This approach was based on nationally representative databases of active telephone numbers in all three countries. For each country, randomly selected landline and mobile numbers were dialed at least three times and qualified respondents who met the inclusion criteria of the study were then interviewed. However, in the case of Beirut (Lebanon) and the Kurdish regions of Iraq, where random-digit dialing has been less successful, these databases were supplemented with phone numbers generated using a random number generator and associated with the relevant area codes. Respondents provided informed consent to participate and were notified by interviewers of their option to withdraw from the survey at any time and that they could skip or choose not to answer any question throughout the questionnaire, without withdrawing from the survey. Data from any participant who withdrew at any point during the survey is not included in the analysis. In accordance with best practices, fieldwork was conducted in Arabic and Kurdish (in the Kurdistan region of Iraq).

Although remote data collection has been essential during the pandemic, phone-based data collection is often more challenging than in-person surveys because of low response rates and less control of the survey environment, which can affect survey responses. For instance, despite high phone coverage (97 percent in Jordan, 94 percent in Lebanon, and 100 percent in Iraq), survey completion rates (after excluding numbers not reachable for any reason, or where the respondent refused to participate, were low. However, the bulk of non-responses were due to technical issues such as the call not being answered; the share of respondents who refused to participate was only 3 to 9 percent in Iraq and 10 to 12 percent in Jordan and Lebanon.

TABLE TA.1: PERCENTAGE OF PHONE NUMBERS THAT RESULTED IN A COMPLETE INTERVIEW

Success rate	Jordan	Iraq	Lebanon
Women	3%	3%	5%
No. of phone numbers dialed for women’s sample	27,891	11,147	26,802
Men	4%	6%	7%
No. of phone numbers dialed for men’s sample	12,040	4,148	7,020

To ensure the final sample of respondents who completed interviews was nationally representative, we constructed sampling weights and applied them during data analysis. To construct these weights, we used eight variables (listed below) for which the population distribution is known. The sample distribution of these variables was generated using the primary data and nationally representative secondary data for Jordan¹⁰⁶, Iraq¹⁰⁷, and Lebanon¹⁰⁸, for comparable women (women in the 20-55 age group, that are nationals of Lebanon, Jordan, and Iraq, who have children or

105 These statistics are based on the following data sources: i) the 2017-2018 Household Expenditure and Income Survey (HEIS) for Jordan; (ii) the 2017 Survey of Well-Being via Instant, Frequent Tracking (SWIFT) for Iraq, and (iii) the 2018-2019 Labor Force and Household Living Conditions Survey (LFHLCS) for Lebanon

106 Jordan Household Expenditure and Income Survey 2017-2018

107 Iraq Survey of Well-Being via Instant, Frequent Tracking 2017

108 Lebanon Labor Force and Household Living Conditions Survey 2018-2019

are pregnant) and men (men in the 20-55 age group, that are nationals of Lebanon, Jordan, and Iraq, who have children). The following eight variables were used to construct the weights:

- (1) Age group
- (2) Education category
- (3) Labor force participation status
- (4) Household size
- (5) Whether respondent has a child under 5
- (6) Type of HH home ownership
- (7) Whether HH owns a car
- (8) Whether HH owns a motorcycle

The process used the SUDAAN¹⁰⁹ ranking procedure, whereby weights are iteratively ratio adjusted for each case until the sample distribution aligns with the population estimates for those variables. Extreme survey weights were trimmed to about 95th percentile of the weight distribution for each country and then normalized so that the weights add up to the sample size of each country. As Tables TA.2 and TA.3 confirm, the weighted primary data is comparable to nationally representative datasets from the three countries.

TABLE TA.2: COMPARISON OF WEIGHTED PRIMARY DATA AND SECONDARY DATA FOR MOTHERS AGED 20-55

Sample means of:	Jordan 2017-18 HEIS	Jordan 2021 Primary	Iraq 2016 SWIFT	Iraq 2021 Primary	Lebanon 2018-19 LFH LCS	Lebanon 2021 Primary
% Currently married	96%	94%	96%	92%	96%	93%
% Rural	13%	12%	26%	7%	NA	46%
Age	39	39	39	38	~40	41
< Secondary educated	48%	43%	83%	83%	46%	47%
Secondary educated	32%	35%	11%	11%	22%	20%
Tertiary educated	20%	22%	6%	6%	32%	33%
In Labor Force	30%	33%	15%	15%	28%	28%
Employed	16%	11%	11%	7%	24%	14%
HH size	5.6	5.5	6.3	5.3	4.8	4.9
Has children aged 0-5 in HH*	52%	53%	56%	50%	33%	33%
# Observations	11,461	826	6,495	816	16,078	526

Notes: The following secondary data sources were used: the 2017-18 Household Expenditure and Income Survey for Jordan, the 2017 Survey of Well-Being via Instant, Frequent Tracking for Iraq, and the 2018-19 Labor Force and Household Living Conditions Survey for Lebanon. *Due to data constraints, estimates for Lebanon only include children below age 5.

109 "A statistical software package for the analysis of complex survey and other cluster correlated data". Angela Pitts, Michael Witt, Gayle Bieler. What's New in SUDAAN 11, 2012, retrieved from http://www.asasrms.org/Proceedings/y2012/Files/305177_74405.pdf

TABLE TA.3: COMPARISON OF WEIGHTED PRIMARY DATA AND SECONDARY DATA FOR FATHERS AGED 20-60

Sample means of:	Jordan 2017-18 HEIS	Jordan 2021 Primary	Iraq 2016 SWIFT	Iraq 2021 Primary	Lebanon 2018-19 LFHLCS	Lebanon 2021 Primary
% Currently married	98%	99%	99%	98%	99%	96%
% Rural	13%	17%	26%	10%	NA	36%
Age	43	43	42	42	~45	46
< Secondary educated	55%	53%	70%	70%	58%	58%
Secondary educated	25%	26%	18%	18%	19%	18%
Tertiary educated	20%	21%	12%	12%	23%	24%
In Labor Force	88%	97%	94%	95%	91%	99%
Employed	80%	80%	90%	91%	88%	88%
HH size	5.7	5.5	6.3	5.9	4.8	4.9
Has children aged 0-5 in HH*	56%	56%	58%	54%	35%	35%
# Observations	10,313	414	6,042	410	14,575	277

Notes: The following secondary data sources were used: the 2017-18 Household Expenditure and Income Survey for Jordan, the 2017 Survey of Well-Being via Instant, Frequent Tracking for Iraq, and the 2018-19 Labor Force and Household Living Conditions Survey for Lebanon. *Due to data constraints, estimates for Lebanon only include children below age 5.



ANNEX 2: APPENDIX TABLES

TABLE A. 1: CHARACTERISTICS OF WOMEN BY WORK STATUS

	Jordan			Iraq			Lebanon		
	Out of LF	Unemployed	Employed	Out of LF	Unemployed	Employed	Out of LF	Unemployed	Employed
Age	40	36	39	38	36	39	41	39	40
Rural	11.0%	16.7%	12.8%	6.7%	11.3%	4.0%	47.8%	52.0%	33.6%
< Secondary education	44.8%	48.8%	23.9%	87.2%	72.3%	36.7%	52.1%	48.2%	20.8%
Secondary educated	38.3%	28.1%	24.1%	9.5%	17.8%	27.6%	19.5%	21.3%	19.0%
Tertiary educated	16.9%	23.2%	52.0%	3.3%	9.9%	35.7%	28.4%	30.5%	60.3%
Household Size	5.5	5.7	5.5	5.3	5.3	5.1	4.9	4.8	4.5
# Observations	557	175	93	696	61	58	380	72	73

Source: Primary data collected from 20-55 old mothers in Jordan, Iraq, and Lebanon.

TABLE A. 2: PRESENCE OF YOUNG CHILDREN AND ELDERLY IN THE HOUSEHOLD

	Jordan	Iraq	Lebanon
A. Childcare			
% women with a child aged [0-5] in the household	54.6%	51.9%	43.3%
% women with own child aged [0-5] in the household	53.5%	49.6%	41.6%
Avg no. of children aged [0-5] in the household	0.78	0.73	0.58
Avg no. of own children aged [0-5] in the household	0.76	0.69	0.57
B. Elderly care			
% women with a member above 60 in the household	8.4%	7.3%	14.4%
Avg no. of members above 60 in the household	0.09	0.07	0.17
# Observations	826	816	526

Source: Primary data collected from 20-55 old mothers in Jordan, Iraq, and Lebanon.

TABLE A. 3: RELATIONSHIP BETWEEN UNPAID CARE WORK AND PAID MARKET WORK

	Jordan				Iraq				Lebanon			
	In LF		Hrs worked/ weekday if in LF		In LF		Hrs worked/ weekday if in LF		In LF		Hrs worked/ weekday if in LF	
	Overall	[0-5]	Overall	[0-5]	Overall	[0-5]	Overall	[0-5]	Overall	[0-5]	Overall	[0-5]
Hrs spent on direct care / weekday	-0.02**	-0.02	-0.43***	-0.37***	-0.01*	-0.01	-0.31***	-0.27***	-0.02**	-0.02	-0.46***	-0.33***
	(0.04)	(0.19)	(0.00)	(0.00)	(0.06)	(0.24)	(0.00)	(0.00)	(0.03)	(0.32)	(0.00)	(0.00)
Hrs spent on indirect care / weekday	-0.02*	-0.00	-0.57***	-0.45***	-0.02***	-0.03***	-0.29***	-0.22**	-0.03***	-0.02	-0.59***	-0.56***
	(0.06)	(0.78)	(0.00)	(0.00)	(0.00)	(0.00)	(0.00)	(0.03)	(0.00)	(0.16)	(0.00)	(0.00)
Hrs of childcare received / weekday	0.01	0.01	0.34***	0.44***	0.04***	0.03*	0.43***	0.59***	0.01	0.02	0.18***	0.19**
	(0.72)	(0.76)	(0.00)	(0.00)	(0.01)	(0.09)	(0.01)	(0.00)	(0.48)	(0.27)	(0.00)	(0.01)
Husband speaks badly of married women who work	-0.01	-0.03	-0.24	-0.51	-0.10***	-0.14***	-0.63	0.04	0.13*	0.22*	-0.69**	-0.63
	(0.86)	(0.73)	(0.43)	(0.13)	(0.00)	(0.00)	(0.18)	(0.95)	(0.10)	(0.08)	(0.01)	(0.23)
Observations	754	391	563	295	788	332	348	167	453	166	351	130
R-squared	0.092	0.122	0.540	0.582	0.143	0.224	0.391	0.511	0.081	0.130	0.531	0.536

Notes: This table present estimates from an OLS regression to examine the relationship of women's labor force participation and hours of paid work with the time spent on unpaid care work, time received from childcare services, and husband's attitudes towards women's work. The regressions also control for women's marital status, residence in a rural area, educational attainment, age, household size and asset ownership, and availability of other adults outside the household who could provide informal childcare. *** p<0.01, ** p<0.05, * p<0.1. Robust p-values in parentheses.

