



IN BRIEF

# LANDSCAPE OF CARE WORK IN MOZAMBIQUE



Photo: UNFPA Mozambique/SRHR/Lichinga/2023

## Introduction

Care work encompasses a diverse range of paid and unpaid activities dedicated to providing care, support and assistance to individuals, households and communities. Care work is an essential public good that benefits the society. It is critical for realising all human rights and strengthening human capabilities. Care work is disproportionately carried out by women and girls in households in Mozambique just like it is the case globally. Within the 2030 Agenda for Sustainable Development adopted by world leaders in 2015, Sustainable Development Goal (SDG) 5 aims to achieve Gender Equality. SDG 5.4 specifically pertains to the care agenda and underlines the importance of recognising and valuing unpaid care and domestic work, with the target “...through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate.”.

## Definitions

**Care work** consists of activities and relations to meet the physical, psychological, and emotional needs of adults and children, old and young, frail and able-bodied.<sup>1</sup> It includes direct caregiving activities related to caring for children, the elderly, people with illnesses, and people with disabilities, as well as indirect or domestic work such as cooking, cleaning and collecting water, food and firewood.<sup>2</sup> It should be noted that feminist analysts have argued that direct and indirect care are fundamentally interconnected because both direct and indirect care work are often performed simultaneously in the global south.<sup>3</sup>

**Unpaid care work** refers to the services provided by individuals within a household or community without receiving any monetary compensation for the benefits of its members. Most unpaid care work takes place within families. Unpaid care work also occurs at the community level for people outside the home (friends, neighbours, and community members).<sup>4</sup>

**Paid care work** provides direct care for individuals in a household or institutional setting in exchange for monetary compensation. Paid care is provided in various public and private settings, in both formal and informal economies, including paid domestic work, social care work, healthcare, education and childcare.<sup>5</sup>

Establishing **comprehensive care systems** that consider the varied needs of individuals with disabilities, the elderly, people with illnesses, and children while adopting an intersectional approach is crucial. A **comprehensive care system** is defined as “...a set of policies aimed at implementing a new social organisation of care with the purpose of caring for, assisting and supporting people who require it, as well as recognising, reducing, and redistributing care work – which today is performed mainly by women – from a human rights, gender, intersectional, and intercultural perspective, these policies must be implemented based on inter-institutional coordination from a people-centered approach.” These policies must be implemented based on inter-institutional coordination from a people centred approach.<sup>6</sup>

Mozambique is a low-income country located in South-Eastern Africa and shows a mixed picture related to gender equality and women's empowerment. The country has made progress in securing women's political and economic agency; for instance, the number of women in parliament has increased from 39.6 per cent in 2015 to 41.2 per cent in 2019,<sup>7</sup> partly due to legislative quotas for women's representation at all levels. Yet, structural inequalities are deeply rooted in the Mozambique, evident in the high rates of violence against women, high rates of poverty in households headed by women and lack of access to land and resources.<sup>8</sup> The country ranked 127 out of 162 countries in the UNDP 2020 Gender Inequality Index with a value of 0.538.<sup>9</sup> Such inequalities also manifest in the distribution of care work and to what extent care needs are met in the country.

Achieving SDG 5.4 calls for appropriate investments in care infrastructure, social protection systems, and public services to promote shared responsibility for this essential work amongst the government, private sector, households, and communities. Policy emphasis on care work is crucial for addressing gender disparities, promoting women's empowerment, and preventing the feminisation of poverty. Further, investments in the care economy can contribute to inclusive growth and human development by addressing the interlinked issues of poverty, health, education, decent work and gender equality.

The overall purpose of this brief is to present an overview of the existing care services, systems and infrastructure in Mozambique. Using this analysis, the study aims to demonstrate gaps in data and policy on care. A mixed methods research approach was used, which consisted of a desk review of existing publications and academic records, combining both quantitative and qualitative data sources. The review was light touch and did not allow for in-depth exploration of all legislation and policies. To this end, section 2 discusses Mozambique's historic and contextual backdrop. Section 3 explores the extent of care work and care needs in the country. Section 4 dives into the relevant legislative, institutional and policy environment and gaps. Finally, Section 5 concludes and provides policy recommendations.

## Country background

Mozambique is a southeastern African country located on the Indian Ocean coast, with a population of approximately 32.9 million in 2022.<sup>10</sup> It shares borders with Tanzania to the north, Malawi and Zambia to the northwest, Zimbabwe to the west, and Eswatini and South Africa to the southwest. The capital and largest city is Maputo. Formerly a Portuguese colony, Mozambique gained independence in 1975. Although agriculture contributed to only 26.9 per cent of the Gross Domestic Product (GDP) in 2021, it employed 70 per cent of the total employed population in the same year. About 62 per cent of the population lives in rural areas.<sup>11</sup> The country is susceptible to natural disasters, particularly cyclones and floods, and is one of the most affected by climate change.<sup>12</sup>

Mozambique experienced sustained economic growth (7.4 per cent annual GDP growth between 2006 and 2014)<sup>13</sup> and successfully reduced multi-dimensional poverty (multidimensional poverty incidence fell by 21 percentage points between 1996/97 and 2014/15).<sup>14</sup> However, an economic downturn started in 2015 due to political, economic and weather shocks and poverty reduction started decelerating from 2009 onwards.<sup>15</sup> Notably, a hidden debt crisis broke out in 2015, leading to the suspension of IMF support and a fall in international aid.<sup>16</sup> Consequently, between 2019 and 2022, Mozambique went through cutbacks in public expenditure. The crisis was further exacerbated by cyclones Idai and Kenneth in 2019 and cyclone Freddy in 2023.

In Mozambique, gender relations exhibit a patrilineal structure in the central and southern regions and a tradition of matrilineal descent in the north. In the matrilineal system, goods typically pass from one generation to the next through the mother's relatives. However, the decision-making power is vested in the mother's brother (maternal uncle), who holds the right to distribute goods and resources. Social and cultural norms shape women's roles in society and emphasise their responsibilities as caregivers in the family. These norms contribute to structural barriers to women's access to land, health services, education, participation as citizens and quality information.<sup>17</sup>

## Overview of the extent of care work and care needs

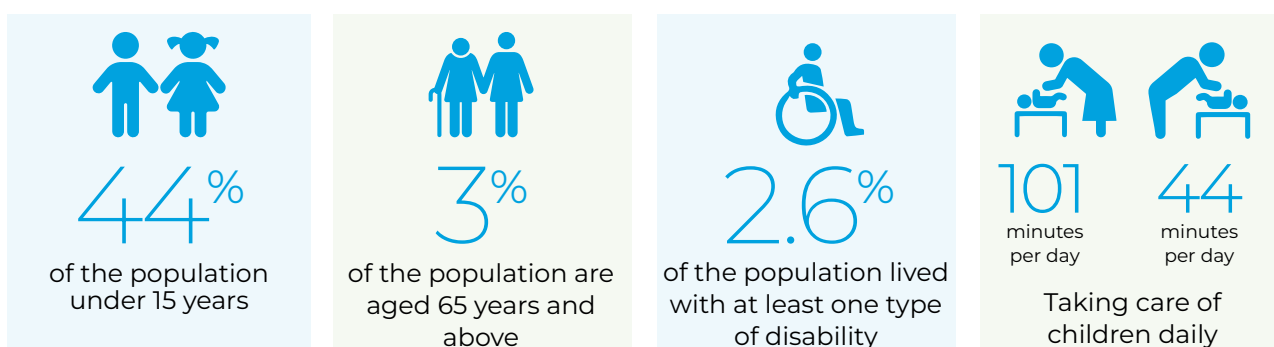
There are gaps in the availability of up-to-date information and data on indicators that reflect gender issues in Mozambique.<sup>18</sup> Specifically, data on unpaid care work through time use surveys and key labour market indicators like the gender pay gap are systematically lacking. Although indicators like the gender pay gap are not direct measures of care work, they indirectly showcase the impact of unpaid care work responsibilities on women. For instance, women’s responsibilities for unpaid care work contribute to the gender pay gap.<sup>19</sup> In addition, there are large time gaps between household surveys and census. With this caveat in mind, this section presents data from the latest nationally representative surveys, international data sources, and smaller studies to present an overview of the extent of care work and care needs in the country.

### Care needs and contextual factors

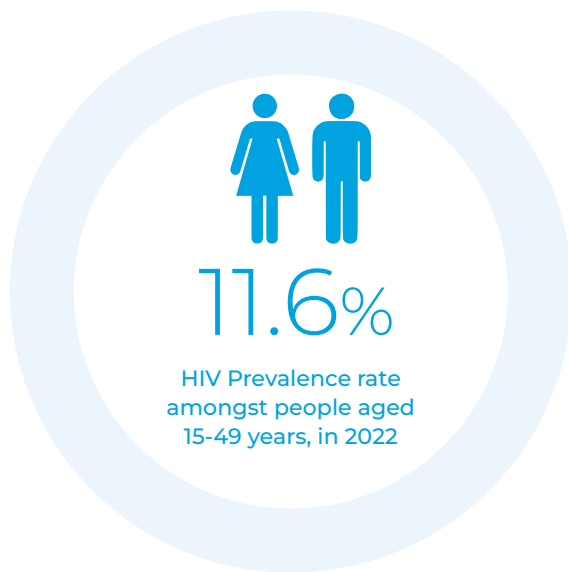
With 44 per cent of the population under 15 years old and 3 per cent aged 65 years or older,<sup>20</sup> the number of dependents with high care needs in the country are substantial. About 2.6 per cent of the population lived with at least one type of disability, according to the 2017 census.<sup>21</sup> Mozambique’s population is transitioning as fertility rates have dropped from about 6.2 children/woman in 1991 to 4.6 children/woman in 2021.<sup>22</sup> On the other hand, the estimated life expectancy increased from 45 years to 59 years in the same period.<sup>23</sup> Based on these demographic statistics, the number of dependents is set to decrease in the coming years. However, this does not mean that care needs in the country will decrease with time. For instance, rapid urbanisation is changing family structures,<sup>24</sup> and this is expected to affect how the care needs of the elderly and persons with disabilities are met.

An ILO study<sup>25</sup> estimated that women in sub-Saharan Africa spend 3.5 times more time on unpaid care work daily than men (263 minutes vs 78 minutes). Instead of direct care for dependents, domestic services make up much time spent on unpaid care work. Such gendered division of unpaid care work is observed in all countries where time-use data is available. Although no data is available on time spent on domestic work, women in Mozambique spend 101 minutes per day taking care of children daily, while men spend 44 minutes per day on the same activity. This is equivalent to a gender gap for childcare of about an hour every day. Thus, evidence suggests that women bear disproportionate household responsibilities for unpaid care work.

Mozambique has high exposure to extreme weather events, exacerbated by the effects of climate change. These events often increase the total burden of unpaid care work and the capacity of social welfare systems. Global research shows that climate change disproportionately increases responsibilities for providing care work for women and girls.<sup>26</sup> For instance, as a result of the drought in 2016 in the southern region of Mozambique, the number of hours spent by women collecting water per day increased from 2 to 6 hours. Cyclones and subsequent flooding have been frequent in recent years in the country. They have affected food security and livelihoods and caused large-scale displacement.<sup>27</sup> They have led to a rise in healthcare needs and loss of critical care infrastructure, including schools, hospitals, transportation and water supply systems.<sup>28</sup> Recovery from the cyclones is usually particularly difficult for female-headed households, including widows, who are both the income providers and main caregivers, as found after Cyclone Idai.<sup>29</sup> Persons with disability have been reported to be left behind during and after cyclones and experience challenges in accessing transit areas.<sup>30</sup>



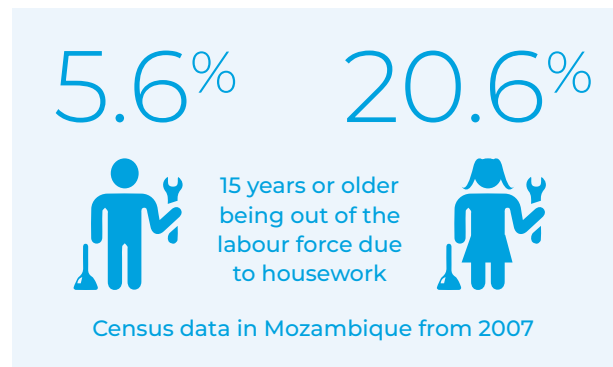
Military conflict from 2013 to 2014 and from 2015 to 2016 in the centre of the country and ongoing conflict that started in 2017 in the northeast of Cabo Delgado province has affected the country at large and especially vulnerable communities.<sup>31</sup> Physical aggregation, assassinations against civilians by insurgents, abductions, violence against women and other human rights violations have been reported in Cabo Delgado province. The conflict has affected food security, led to high incidences of trauma, injuries and mental health issues and led to large-scale internal displacement. As of August 2023, the International Organization of Migration (IOM) tracked more than 850 thousand internally displaced people (IDP).<sup>32</sup> The devastating impact of tropical cyclones such as Idai and Kenneth<sup>33</sup> and, more recently, cyclone Freddy on infrastructure has worsened the situation. As per global research, this is expected to increase women's unpaid care work responsibilities as they strive to meet the needs of children, the elderly and other vulnerable family members in unfamiliar and challenging environments.<sup>34</sup>



HIV is a major public health challenge. Estimated AIDS death of people above the age of 15 years was 40,000.<sup>35</sup> Women in Mozambique are particularly vulnerable to HIV due to a lack of information, difficulties negotiating safe sex and difficulties accessing condoms amongst other factors. In many low-income African countries, the mortality of prime age adults due to HIV/AIDS is eroding the safety net of families and placing responsibility for both being the principal breadwinner and caregiving of young children on the elderly.<sup>36</sup>

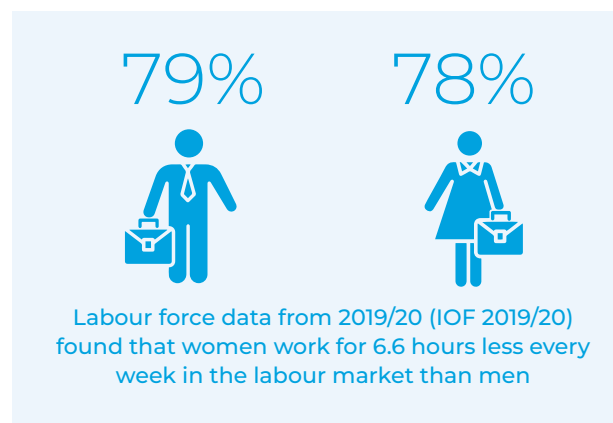
## Labour force and paid care sector

Women's employment rate in Mozambique is about the same as men's (78 per cent vs 79 per cent in 2022).<sup>37</sup> However, this hides heterogeneity on economic activities and reasons for not participating in economic activities for women and men. Labour force data from 2019/20 (IOF 2019/20) found that women work for 6.6 hours less every week in the labour market than men (33.5 hours vs 40.1 hours).<sup>38</sup> Globally, such differences in hours worked are driven by women's higher responsibilities for unpaid care work daily.<sup>39</sup>



Census data in Mozambique from 2007 found that 20.6 per cent of women aged 15 years or older reported being out of the labour force due to housework while only 5.6 per cent of men reported the same.<sup>40</sup> Similarly, collating more recent data from the labour force and household surveys from 21 African countries shows that the most important reason cited by 34.4 per cent of women for being out of the labour force was unpaid care work.<sup>41</sup>

## Employment rate in Mozambique, 2022



Care sectors – education, health and social services, and domestic workers – are a significant source

of employment in most low-income countries.<sup>42</sup> IOF 2019/20 found that domestic work (26.1 per cent) and education (19.9 per cent) were the biggest employers of women, whereas agriculture and transportation were the two biggest employers of men.<sup>43</sup> Domestic work is characterised by a lack of job security, long working hours, low and irregular compensation, absence of safety measures and absence of paid vacations.<sup>44</sup> Global research also finds poor working conditions and low pay for frontline care workers such as primary school teachers and nurses.<sup>45</sup>

## Legislative, institutional and policy environment and gaps

Public policies play a crucial role in shaping the dynamics of care work. They can reinforce or alleviate the care responsibilities of individuals, particularly women and households. Care-sensitive policies that support a care society contribute to gender equality, support women's safety and empowerment and the overall well-being of communities. They are essential in addressing inequalities in unpaid care work and inequalities in the labour force, including paid care sectors. With this context, this section examines legislation, institutions and policies on care in the country against the four pillars of a purple economy – universal social infrastructure, labour market regulations, physical infrastructure, and enabling macroeconomic environment.<sup>46</sup>

The Constitution of the Republic of Mozambique enshrines the principles of universality and equal rights between women and men and that of gender equality (Articles 35 and 36). It recognises that “men and women are equal before the law in all areas of political, economic, social and cultural life”. To reflect this principle of equal rights and opportunity between women and men, the Mozambique government approved 2018 the Gender Policy and its corresponding Implementation Strategy operationalised in the National Action Plan for the Advancement of Women (PNAM 2018-2024). The PNAM “aims at re-enforcing the promotion of gender equality in all spheres of development of the country, adopting a transversal approach to gender dimension, becoming an instrument of inter-sectoral coordination, to ensure gender equality and empowerment of women”. This objective is in line with the various international and regional gender instruments and treaties that the country has ratified, mainly the Beijing Declaration and Platform for Action, the United

Nations Convention on Elimination of All Forms of Discrimination Against Women (CEDAW) and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, better known as the Maputo Protocol.

## Universal Social Care Infrastructure

Collectively, socialised childcare, elderly care and care for people living with disabilities are called social care infrastructure and are the principal source of care when unpaid care is insufficient to meet care demands. More provision of socialised care infrastructure and services can also reduce unpaid care work undertaken by households and communities. Adequately financed social care infrastructure that pays living wages to its workers is important for valuing, rewarding and redistributing care work. There is a lack of socialised care infrastructure in Mozambique and sparse regulation of privately provided care services.

In 2020, when the country was trying to recover from two major shocks - the hidden debt crisis and the effects of cyclones Idai (2019) and Kenneth (2019), the COVID-19 pandemic erupted. These health crisis, as well as the corresponding socio-economic impact of the state emergency declared on 31 March 2020, negatively impacted the lives of women and men and the activities of the Government and the private sector to establish, finance and sustain care systems. This has affected care service provision as well as the overall resilience of the system.

### Healthcare



In Mozambique, the healthcare infrastructure is structured into four levels of care. Primary and secondary levels focus on delivering primary healthcare, encompassing basic preventive and curative services and some basic hospitals also offer surgical procedures. Provincial hospitals form the tertiary level, while the quaternary level comprises four central hospitals. Additionally, the presence of private clinics and hospitals contributing to healthcare provision vary between urban and rural areas.<sup>47</sup> The National Health System manages healthcare delivery, which depends on the Ministry of Health for its functioning. The healthcare system is funded through state budget allocations, external donor contributions and a minor portion derived from out-of-pocket payments. Overall public healthcare expenditure has declined from 13.4 per cent in 2006 to 9 per cent in 2015, moving away from

the minimum 15 per cent target agreed upon by African Union Heads of State in the 2001 Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases.<sup>48,49</sup> Traditional medicine exists alongside the National Health System and about 70 per cent of the population uses it to treat various illnesses.

The health sector in the country suffers from various challenges. The National Health System does not cover the whole country. Travel time to the nearest health facility is up to 10 or more kilometres on foot. There are significant shortages in human resources of all types, including nurses, doctors and pharmacists. The doctor to inhabitant and nurse to inhabitant ratios are as low as 1/15,000 and 1/20,000, respectively.<sup>50</sup> On average, their remuneration is low and workload high, and they face poor working conditions. The system has also been criticised for poor regulation capacity, insufficient planning and management, and corruption.<sup>51</sup>

### Childcare



The Strategic Education Plan 2020-2029<sup>52</sup> guides the government's strategy in the education sector and its three priorities look at inclusive and equitable schooling, quality of learning and governance system. The National Education System Law was revised in December 2018 to increase mandatory education to nine years from seven.<sup>53</sup> The education system was also restructured so that primary education is now six years, secondary education is six years and preschool is a sub-sector of education.

Pre-primary and primary schooling are care-intensive periods in the development stage of a child's life and are of particular importance to how care work is socially organised. There is a dearth of child development services for preschool aged children.<sup>54</sup> Enrolment in pre-primary schools is very low but no nationally representative data could be found on this. A study estimated it to be only 4 per cent in 2011.<sup>55</sup> Net enrolment rate in primary education was 100 per cent in 2017 and school attendance rates are high.<sup>56</sup> However, only about 50 per cent of primary school children complete primary schooling according to a UNESCO study, and there are concerns about the quality of education.<sup>57</sup> There is also a shortage of education personnel in the country, with pupil-teacher ratio of 55 in 2018 and as high as 70 in Zambezia, Nampula, and Cabo Delgado

provinces.<sup>58</sup> There is also a shortage of teaching materials and poor community involvement.<sup>59</sup>

### Care for Persons with Disability and the Elderly



Mozambique ratified the United Nations Convention on the Rights of Persons with Disabilities and its Optional Protocol in 2010. Mozambique has different legislations, policies and programmes that address and promote the rights of persons with disability. These include a Strategy for People with Disabilities in Public Service, a National Disabilities Council, and a National Plan of Action on Disability. The Labour Law enforces accommodation of people with disabilities and chronic illnesses. Mozambique also has a number of policies, instruments and programmes in place to protect the rights of the elderly, including the National Policy for Older People. However, due to insufficient government financing, public services, buildings and public transportation continue to remain inaccessible to persons with disability.<sup>60</sup> Widespread negative attitudes towards persons with disability compound the accessibility problems. Difficulties in accessing healthcare facilities are magnified for persons with disability and the elderly due to limited mobility and higher rates of poverty in these groups. Health workers are not appropriately sensitised to the needs of the elderly,<sup>61</sup> which affects their health-seeking behaviour. Basic social subsidy programmes discussed in Section 4.3, are available to vulnerable people without a means of living, including persons with disability and the elderly.

### Labour Market Regulation



Labour market regulations can promote work-life balance so that women and men can balance their paid employment and care work responsibilities. Furthermore, policies that discourage gender-based discrimination and encourage women's labour force participation can shift social norms

and lead to redistribution of care work. It should be noted that such labour market regulations are less effective in addressing women's unpaid care needs in countries like Mozambique where a tiny percentage of the population is employed in the formal sector as wage employees. The Labour Act of 2007 sets general principles and regulates individual employment relations, such as hiring, firing, working hours, remuneration, occupational safety and health, vocational training, social security, and labour inspection. The law also regulates collective labour relations by regulating and establishing rights of trade unions and employers' organisations. The Minimum Wages Law is also regulated under this Act. There is no law mandating non-discrimination in recruitment, and the framework for implementing legislation on sexual harassment in the workplace is weak.<sup>62</sup>

Legislation for public sector employees provides for 90 days of paid maternity leave while private sector employees are allowed 60 days. Unlike most other countries in East and Southern Africa, the government administers maternity leave benefits in Mozambique. In comparison, ILO Convention 183 suggests 120 days of paid maternity leave. Parental leave is important for redistributing care work since it does not limit early infant care responsibilities to the mothers. However, no paternal leave exists in the country. Men are only allowed one day of paternity leave right after the birth of their child.

There is a strong contingent of bodies that specifically represent women and have advocated for decent employment for paid domestic care workers. In 2008, in response to pressure from the Association of Women Domestic Workers (AMUEDO), the Council of Ministers approved the Regulation on Domestic Work. However, the decree has had little impact on working conditions, providing far fewer protections than the Labour Law of 2007. For registration with the National Institute for Social Security (INSS), domestic workers are designated as own-account workers, absolving employers of the responsibility to contribute to domestic workers' social security funds.<sup>63</sup>

## Enabling Macroeconomic Environment



Although macroeconomic policies are a large concern regarding care work, this sub-section focuses on social protection systems. Social protection measures can be a powerful tool to redress women's socio-economic situation. The country's core policy document on social protection, the National Basic Social Security Strategy (Estrategia Nacional de Seguranca Social Basica—ENSSB) II 2016–2024, identifies four primary social protection responses that are in place, including a cash transfer programme (the Basic Social Subsidy Programme—PSSB), a food voucher and in-kind transfer programme (Direct Social Action Programme—PASD), a public works programme (Productive Social Action Programme—PASP), and a set of institutional care services for vulnerable adults, elderly people and children without a home (Social Assistance Services—PAUS).<sup>64</sup>

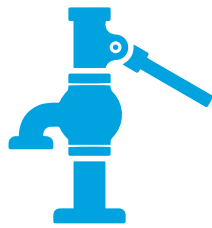
The Basic Social Subsidy Programme is an unconditional cash transfer that targets poor households with no members who are fit for work and which are headed by either elderly people or people permanently incapacitated due to disability or chronic degenerative illness. By 2021, this programme had reached 445,085 households, yielding a basic benefit of MZN 540 and an additional amount per household member of up to five people. Evaluations have found that the programme covers only 15 per cent of poor households, and the amount is insufficient to meet the basic needs of households.

Although the PSSB targeted poor households, including elderly people and children, it did not anticipate the cascading crises that have ravaged social protection systems in the country, including climate change, environmental degradation, conflicts, and the COVID-19 pandemic.

In December 2020, the World Bank approved a USD 167.5 million grant in support of the Government of Mozambique's Social Protection and Economic Resilience Project, aiming to improve the effectiveness and efficiency of Mozambique's social protection system. This project was reported as

a contribution to the achievement of the government's ENSSB 2016-2024 and its Five-Year Program 2020-2024. Although these kinds of projects create possibilities for multilateral organisations and international financial institutions (IFIs) to convene key stakeholders to address inequalities in care and invest in quality care systems and care data, the ENSSB did not include measures for valuing and addressing women's and girls' heavy and unequal responsibility for care work. Besides, the implementation of the ENSSB is highly dependent on donor aid with lower levels of government capacity to complete such aid with food, energy and health system programs that can address inequalities in the care economy while boosting women's resilience to shocks in the care system.

## Physical Infrastructure



The development of physical infrastructure that can alleviate the unequal distribution of care work in rural communities has been undermined by

spatial inequalities, slow recovery from cyclones, conflicts induced by terror attacks and armed conflict in Cabo Delgado, and clandestine mining extraction operations. Caregivers, particularly women, would benefit from essential care-supportive infrastructure. Traditional cooking methods often have negative health and environmental impacts and are time-consuming and physically demanding. However, in 2021, only 0.2 per cent of rural Mozambique and 14.5 per cent of urban Mozambique had access to clean fuel and technology for cooking.<sup>65</sup> In rural areas, women and girls are central in fetching water, requiring them to cover long distances and encounter associated security risks. However, in 2022, only 63 per cent of the population had access to essential drinking water services.<sup>66</sup> Climate change and extreme weather events further challenge access to clean water.

Informational and communication technology can also reduce domestic care work responsibilities and offer various communication, information, and organisational benefits that can help caregivers and care receivers. For example, they allow access to e-commerce platforms in urban areas and access to health information. In Mozambique, less than a third of the population had access to electricity in 2021. Furthermore, only 43 per cent of households had mobile phones and 17 per cent used the Internet in 2021.<sup>67</sup>

## Conclusion and recommendations

In conclusion, this snapshot of care systems in Mozambique reveals a complex landscape shaped by various factors, including economic challenges, climate change and conflict. Households, specifically women and girls, bear disproportionate

responsibilities for care work. Care sectors are also an important source of employment for women but are quite small relative to care needs in the country. A few recommendations that emerge from this analysis are as follows:

The gender statistics infrastructure in the country needs to be strengthened. There are significant gaps in data on gender issues. Most importantly, time use surveys need to be conducted regularly to measure and monitor the social organisation of care work and the impacts of care work on individuals and the economy. A harmonised information system across agencies and government departments would benefit research on topics related to the care agenda, such as aging, maternal care, and regulation of institutional care.

Research, understand, and look at policy initiatives and how they affect caregivers and redistribute care work within and between the household, market, society and government. Programmatic interventions should also collect data to understand how they affect the distribution of care work.



Additional research is needed on numerous aspects related to the care agenda in the country. For example, there is an insufficient understanding of the connection between unpaid care work and poverty and inequality in the region. Furthermore, the impact of different macroeconomic policies and austerity measures on the social organisation of care work remains poorly understood.

Social protection programmes in the country only cover a small percentage of the population and leave out care workers as a target group. They also do not adequately support the care needs of persons with disability and older people. Social protection policies in the country should consider the needs of these groups.

Gender and disability should be mainstreamed in all infrastructure projects and climate change mitigation and adoption strategies. Infrastructure and other time-saving technologies are crucial for reducing domestic work and allowing access to care services, especially as climate change, conflict, and other regional crises have affected care services provision, food security and livelihoods.

Labour laws and social protection policies in the country should be amended to ensure that maternity benefits align with ILO standards, and more extended paternity leave should be introduced. Flexible and other care-friendly working arrangements may also be encouraged to promote the participation and retention of people with caring responsibilities.

## References

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This paper recognises that the boundaries between paid labour contributing to household income and unpaid caregiving tasks within households are porous. For instance, caring for animals and selling animal products from these animals in the marketplace could be called subsistence work as well as care work. In the interest of harmony with international standards, this paper does not include such activities in its definition of care work.
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