

Gender, education, and a global view on the 'crisis of care'

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Introduction

The global pandemic that swept across the world in 2020 and 2021 was a stark reminder of the fragility of human lives and our societies. Widespread illness and death, economic disruption, mobility restrictions and lockdowns precipitated by the unabated spread of Covid-19, was shocking, almost unbelievable for many of us. At its crux, the pandemic sent a clear message about the significance of our health and wellbeing for the functioning of our societies and economies. Ultimately, what contributed disproportionately to our survival during this unprecedented event was “care”.

Care, in this context, refers to the life enhancing labour done “in part as unpaid work by families, friends, and community members, and in part as paid labour by workers such as doctors, nurses, teachers, home healthcare workers, nannies and domestic workers” (Duffy & Armenia, 2021, p. 1).

Despite its centrality to our lives, care work is often a complex subject to grapple. How is care work of economic significance? How does care work impact upon individual workers' lives? What challenges do care workers face globally? And how do these questions relate to education professionals, who work in a key sector of the global care economy? We will address some of these questions, with a focus on gender and the education sector.

Objectives and purpose

This policy brief focuses on the significance of care work in the global economy and the complexities of measuring its value, given its unpaid, invisible facets and the gendered nature of these forms of work. We seek to highlight the challenges educational professionals currently face and emphasize how the dynamics of paid and unpaid care work shape prominent issues in the sector. It targets audiences in national level education unions and their members, international policy makers, as well as state and non-state organizations advocating for gender equality, quality education and decent work across the world.

In this brief, we aim to –

1. explain the relevance of paid and unpaid care work in the global economy, with a focus on its gendered dimensions,
2. illustrate gendered trends in the education employment as a key sector of care economy,
3. analyse the key challenges in the education sector worldwide in relation to the global care economy,



4. provide recommendations to address the current challenges in both paid and unpaid care work to promote gender equality and decent work in the care sector and global economy more broadly.

What is the care economy?

Care work refers to the complex web of activities that sustain and reproduce life. Such work is wide-ranging and crucially, underpins all economic activity. Taken together, the term “care economy” captures the relationship between economic and reproductive activities that sustain human societies. In the short term, the care economy comprises daily activities (such as cooking, cleaning, washing, household maintenance and so on) that allows the current generation of workers to remain healthy and participate in the production of goods and services. The care economy establishes long-term economic sustainability through the reproduction of the next generations of workers through current workers’ care labour (for instance, through caring for children).

The care economy comprises of both paid and unpaid work. Education professionals—ranging from early childhood education and care personnel to university professors, healthcare professionals (such as doctors, dentists, nurses and technicians), and household service providers, are examples of workers that perform care labour as paid work. Similarly, household tasks such as cooking, cleaning, washing, or voluntary community service are also instances of care labour that exist in paid or unpaid forms.

There are four main institutions involved in providing care within society—families/households/communities, markets, not-for-profit entities, and the state. These institutions form the “care diamond” that ensure the sustenance and reproduction of life in our societies. As highlighted in the recommendations section, each dimension of the care diamond carries significant, overlapping duties and responsibilities for sustainably managing the care economy at the societal, national, and global levels.

Why gender matters

It is impossible to talk about the care economy without recognizing the gendered dimension of both paid and unpaid care work. Women dominate care employment globally. The International Labour Organization’s (ILO) estimated that in 2018 global care workforce of 381 million workers is comprised of 248.9 million women and 132.1 million men. This implies a feminization rate of 65.3 percent (ILO 2018). Healthcare is the most prominent sector of paid care work, wherein women comprise 70 percent of workers globally (UN Women, 2020).

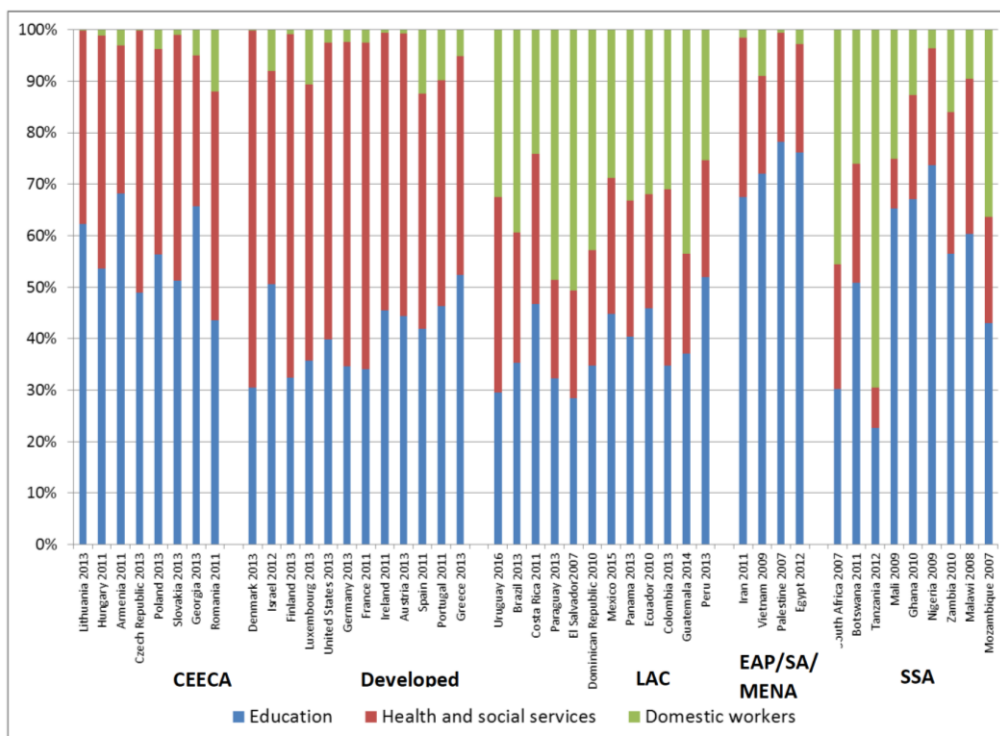


The United Nations (UN) estimates that women carry out at least 2.5 times more unpaid household and care work than men (International Labour Office, 2016). Unpaid care labour comprises 41 percent of the total global work hours (UN Women, 2020). Measuring this invaluable labour is complex, but assigning monetary value to it may help us understand its astounding economic contribution. Research indicates that women's unpaid contributions to care equates to US\$11 trillion or approximately 9 percent of the world GDP (UN Women, 2020). These estimates draw on time-use survey data gathered from 53 countries (63.5 percent of the global working age population) and were valued at the hourly minimum wage of each country (see ILO, 2018).

Gendered dimensions of the global education sector

The education sector¹ is a central pillar in the care economy. Figure 1 for a global picture of the industry breakdown of the care sector.

Figure 1: Industry share of care sector, by region (%)



Notes: These regional designations are based on the UN Women regional groupings and are as follows: CEECA (Central and Eastern Europe and Central Asia); LAC (Latin America and the Caribbean); EAP (East Asia and the Pacific); SA (South Asia); MENA (Middle East and North Africa); SSA (Sub-Saharan Africa)

Source: Duffy and Armenia 2021, p. 15

¹ This sector is defined to include "education and childcare comprised of schools, pre-schools, family day care centres and other structures for the caring for the youngest children" (Duffy and Armenia 2021, 4).



As Figure 1 shows, in developed economies, where the care workforce tends to be the largest, education and healthcare sectors are relatively equal in size. Among low- and middle-income countries, care work is generally smaller and is concentrated in education, while healthcare sectors are more minor. It is also important to note the share of domestic workers in the care sector tends to be higher in less developed countries, particularly in sub-Saharan Africa and Latin America and the Caribbean (LAC), making up between 30 to 50 percent of workers in the latter. This has significant gendered implications given that 93 percent of domestic workers in LAC region are women (UN Women, ILO and ELAC, 2020). Additionally, domestic workers tend to predominantly belong to structurally disadvantaged groups in many parts of the world — for e.g. women of colour and immigrants. These factors render them less protected at the workplace, less likely to join unions and participate in collective bargaining (Open Society Foundations 2022). Furthermore, the reliance on domestic workers to provide care work in an economy underwrites a trend towards individualized, privatized solutions to cover shortages in public care services and infrastructure (Duffy and Armenia, 2021).

The education sector is a bigger source of employment for women than for men. Around 7.4 percent of all women employed in the world find jobs in education, compared to 3.1 percent of men (ILO, 2018). However, there are important regional differences, in Africa and the Arab States², men tend to dominate the education sector overall. See Figure 2 for regional representation of the education workforce by sex (from ILO, 2018, 185).

Figure 2: Employment in education as a proportion of total, by region and sex

	Education workforce	Education workforce Men	Education workforce Women	Women - % of total employment in education
World	4.8	3.1	7.4	60.6
Africa	3.3	3.1	3.6	46.4
Americas	7.1	3.7	11.6	69.6
Arab States	7.0	4.3	22.6	47.4
Asia and the Pacific	3.8	2.8	5.7	54.4
Europe and Central Asia	7.8	3.7	12.7	73.8

Source: ILO calculations based on labour force and household survey microdata

² Arab states, according to the International Labour Organization's definition, include Bahrain, Iraq, Jordan, Kuwait, Lebanon, the Occupied Palestinian territories, Oman, Qatar, Saudi Arabia, Syria, the United Arab Emirates and Yemen



Care work clearly shapes the gender dimensions of the education sector. For instance, the concentration of women teachers tends to be in earlier years of schooling and their share of employment shrinks with each successive level of education (OECD, 2019). This implies that gender stereotypes associating women with reproductive work and childcare are mirrored in their workforce participation, which in turn produces inequalities in the way this work is valued. This is visible in gender pay gaps, lack of union representation and bargaining power of women educators at the workplace.

Early childhood education exemplifies this stark overlap between gendered nature of paid care work and its devaluation. Women make up 85 percent of pre-primary school (typically between ages 3 and 5 years) teachers in all countries with available data (OECD, 2019). ILO analyses found that in both developed and developing countries, pay and benefits for early childhood educators overall, is lower than teachers at other levels. This has been linked to the high number of women represented in this category, the low recognition of their work and the low rates of unionization (ILO, 2018).

Understanding the ‘crisis of care’

The ongoing struggles towards achieving gender justice and equitable, healthy, thriving societies are encapsulated in what is often termed the ‘crisis of care’. This crisis which has long simmered under the societal and economic structures is linked to a) the chronic public underfunding and global devaluation of paid care work in economies, including but not limited to the education sector and b) the unequal participation in unpaid care work, where women and girls carry the largest burden. Undoubtedly, those further marginalised due to class, race, ethnicity, religion, sexuality or migration status, often face worse and more exacerbated impacts of this crisis.

The issue of chronic public underfunding of paid care work should come as no surprise to educators. In figures released by the United Nations Educational, Scientific and Cultural Organization (UNESCO) in 2023, 9 percent of primary school teachers quit their jobs in 2022 (almost double the rate of 4.6 percent in 2015). According to these data, this trend is also visible among pre-primary schoolteachers, where annually a global average of 5 percent of workers leave the profession (UNESCO & IEA, 2022). The UN agency estimates that 44 million additional teachers need to be recruited if every child is to be provided primary and secondary education in the world (UNESCO, 2023).

Deteriorating work conditions, including pay and work-life balance for educators, and the lack of attractiveness of the teaching profession, among others, are important determinants of the global shortfall of teachers. The ILO has found that “between 2005 and 2015, teachers’ statutory salaries decreased in real terms in one-third of the countries with available data.” (ILO, 2018, p.



189). Education International (EI) and Action Aid's analysis of austerity policies have shown how the freezing of public sector wages is likely to exacerbate the existing shortfall of teachers globally (EI and Action Aid, 2022). Shortfalls in teacher recruitment have a major impact on both the quality of education and on the working conditions of teachers, who grapple with increased workloads and larger class sizes, whilst facing real term wage cuts.

Considering women make up much of the education workforce globally, the dynamics of unpaid care labour are of equal importance in this context. The rising pressure to perform unpaid care labour is an acute problem due to issues such as the lack of free public provision of childcare and healthcare in many countries globally. This lack of accessible public childcare hits women the hardest. Faced with no accessible forms of childcare, gender norms ensure that women are strapped with unpaid childcare responsibilities at home, which prevents women from seeking paid employment.

During the pandemic, lockdowns and other policies restricted worker mobility and the debilitating impacts of unpaid care work on teachers became increasingly visible. The Feminist Center for Information and Action's study of the care crisis for teachers from eight countries in Latin America during the pandemic, found that women teachers experienced a "deepening of the care crisis" during the pandemic. One in four women teachers stated that the time spent on care labour for non-dependent adults, increased (Feminist Center for Information and Action CEFEMINA, 2022, p. 32). This is likely because the responsibilities of care work were concentrated within the household, rather than spread across public or private institutions, such as schools, nurseries or care providers. The report highlights that the permanent presence of family members at home during the pandemic increased demands for cooking, cleaning, schooling, and caring for children or family members with specific needs or disabilities.

The same gendered norms that determine unpaid care responsibilities to be primarily women's work prior to the pandemic, ensured that male family members contributed less to the increased care demands following the outbreak of the COVID-19 virus. In countries like Colombia, for instance, the report showed that women teachers dedicated 7 hours and 22 minutes on unpaid care work while men dedicated only 3 hours (Feminist Center for Information and Action CEFEMINA, 2022). The quote below is from a key informant interviewed in an EI study, and they explain the relationship between unpaid care work and teaching during the pandemic (Miller & Sabra, 2022, p. 11)

"Single parents are drowning in tasks constantly, no time for anything but childcare, work and housework. Out of hours working, lack of prep time, precarious work, having to cover classes, all of these things existed from before, so women's lack of equality, but what we saw during the pandemic was that this really impacted members' mental health."

Key Informant - Europe



This statement captures what is at the heart of the crisis of care i.e. the compounding impact of unsustainable working conditions for teachers, and the unjust, unequal burden of care work that disproportionately affects women.

Apart from increasing unpaid care responsibilities, the global pandemic negatively affected working conditions, increased precarity, and led to job losses across the education sector. In Australia, falling revenues for higher education institutions meant that 40,000 jobs were lost in universities between 2020-2021 (Littleton and Stanford, 2021). In India, between 40,000-60,000 teachers lost their jobs across various states, and an estimated 65 percent teachers had their salaries post on hold in low fee paying schools during the pandemic (UNESCO, 2021). Due the large presence of women in the private school teaching force in India, it is likely that women teachers faced pandemic-induced job losses in India more acutely (UNESCO, 2021).

Unscheduled school closures due to the pandemic in more than 100 countries worldwide implied a significant shift in workloads for educators leading to heightened stress, with little to no support from states and institutions. More than half 15,000 teachers surveyed across 11 countries³ in 2020-2021 mentioned feeling fatigue most of the time, and surveys conducted in 93 countries, showed that only 58 percent of them planned to offer psychological support to teachers in 2021-2022 (UNESCO, 2023).

Following the pandemic, the combination of stressful, insecure working conditions alongside increased unpaid care burdens have resulted in higher levels of teacher attrition. In China for instance, the attrition rate in primary school teaching has risen from about 5 percent or lower pre-pandemic to 9 percent in 2022 (UNESCO, 2023). EI's global findings on women union members during the pandemic noted that increased care work, job and income insecurities, and stress caused by the shift to online teaching were some of the key reasons for women union members to leave the profession (Miller & Sabra, 2022).

Conclusion

The centrality of care work in sustaining, protecting, and enhancing our societies and economies is no longer up for debate, particularly after what the world has endured during the global pandemic. Nevertheless, it remains much to be done in terms of recognizing, valuing and supporting care work in its myriad forms globally.

Globally, the education sector is highly feminized, devalued and underfunded. This presents a crisis in no uncertain terms. EI, and other organizations advocating for the rights of teachers

³ Countries surveyed include Burkina Faso, Denmark, Ethiopia, India, Kenya, the Russian Federation, Rwanda, Slovenia, the United Arab Emirates, Uruguay, and Uzbekistan.



and other care workers, have drawn attention to the disastrous consequences of underfunding and negligence of care work on sustainable development, global poverty and inequality. (Precious, 2023)

This brief has demonstrated that no discussion of the care economy can afford to ignore gender. Gender social norms and roles that strongly impact societal and household divisions of labour, are a salient lens for understanding the care economy in its paid and unpaid dimensions. Gendered societal expectations and stereotypes that assign women with the primary duties of childcare, housework, and other forms caring responsibilities, ensure that women around the world spend an undue amount of time performing unpaid work. This directly contributes to their low participation in paid employment, thus hindering the potential economic independence they might acquire through pay, benefits, and job security. Additionally, we see that gender stereotypes also determine women's overwhelming presence in sectors such as early childhood education, which are correlated with lower pay, worse conditions and high attrition rates. The devaluation of care is thus *a structural source of gender inequality and simultaneously rooted in gendered logics*. Without recognizing this, we will be unable to address the crisis that continues to negatively impact all aspects of our collective development.

Recommendations

Strengthen state provision of care through high-quality, free, and accessible public services.

Governments play a central role in the care diamond and are primary duty bearers when it comes to providing access to safe and quality care services in society. This is also a precondition for realising SDG 4 on quality education for all, and SDG 8 on decent work and economic growth. Increasing public sector financing to education, particular early childhood education, has lasting implications for societal well-being and requires urgent investments worldwide. Such investments simultaneously address SDG 5 on gender equality, including enabling more women to enter paid workforce and providing better working conditions for a women-dominated industry.

Advocate for, enact and implement laws and policies to recognize, valorise and redistribute care work.

Policymakers must recognize the urgent need to protect the rights of care workers, alongside creating policies and laws that address the unequal division of care work in society. Policies such as paid maternity and paternity leave, childcare subsidies to households, and effective implementation of ILO Conventions 156 (on Workers with Family Responsibilities), 183 on (Maternity Protection and 189 on (Decent Work for Domestic Workers). Civil society organizations have a duty to advocate for and monitor the effective implementation of



international and national laws governing care work. Additionally, these institutions should act towards supporting teaching professionals at all levels, particularly valorising and recognizing the contribution of early childhood education personnel.

Promote unionization and other membership-based organizations among care economy workers and early childhood education personnel.

Teachers' unions play a crucial role in making workplaces more gender equal, and protecting teachers' work-life balance, working conditions and pay. They can also advocate for national and international policies that can improve status of care sector workers more broadly, through collective bargaining on work-life balance and gender responsive policies. Governments should collaborate in processes of social dialogue and collective bargaining with trade unions and cooperatives.

Design policies and laws that regulate private sector care provision.

Market-based actors- both institutions and individuals- form a significant part of the care diamond globally. To uphold the labour rights of private sector care workers and to ensure the quality of services provided by market-based/individual actors meet adequate standards of decent work, safety and affordability, requires oversight and state regulation. As care services, such as healthcare and education, are fundamental human rights, private sector actors have a duty to prioritize the needs and rights of those in need of these services, over profit incentives.

Support research and evaluation of social policies that seek to change gender norms in households, communities, and workplaces.

Multiple stakeholders, including universities, non-governmental organizations, and state actors, can play a crucial role in researching and developing social programmes that may change societal and household gender norms concerning unpaid care work, such as childcare and other domestic work.

Enhance data collection on care economy, particularly measuring unpaid care work globally.

A crucial step in addressing the current challenges in the global care economy and tackling gender inequality is understanding its scale of the problem of unpaid care work and devaluation of paid care. International organizations, research institutions, member-based organizations, and governments can play a role in designing and improving data collection on care work in the global economy. This includes collecting data disaggregated by sex, race, migrant background, and other relevant social categories. It is particularly crucial to understanding relationship between paid and unpaid care work in developing states.

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