



MEGATRENDS AND SOCIAL SECURITY

# Family and gender



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ISBN 978-92-843-2188-9  
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International Social Security Association  
Geneva, 2017

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# Executive summary

## Key trends in family and gender around the world

This report, *Family and gender* (Megatrends and social security), presents, family and gender dynamics, and analyzes the impact of the trends identified on national social security systems.

In respect of developed and developing countries, the authors identify what they perceive to be the most salient trends in each sub-set of countries, discuss the implications of these for social security systems, and summarize the various measures available to social security institutions to confront, adapt to or mitigate them.

Despite some very real differences across these contexts, some common trends and challenges emerge.

- **Demographic changes**, particularly declining and low fertility rates and longer life expectancy, especially for women, are important factors shaping family structures and gender roles.
- **Family and marriage patterns** are changing, with people waiting longer before getting married and having children, fewer people choosing to marry, and more marriages ending in divorce, as well as more children growing up in single-parent (often female-headed) households.
- **Labour markets** continue to be highly segmented and gendered, despite more women working in paid employment. Women are more likely than men to work in informal, part-time, temporary or otherwise precarious jobs, and are more likely to take career breaks. The reasons behind these differences are varied and complex; for example, while in emerging economies access to education and training for women may be more difficult, which translates into worse labour market outcomes, in developed countries the gender pay gap persists in spite of generally higher educational achievement by women.
- **Care work** remains heavily gender differentiated. Although the understanding of men's roles in the family is beginning to change in some parts of the world, women continue to do the lion's share of care work, both paid and unpaid.

Other trends are more pressing in some contexts than others. For example, the issue of informality and the implications for social security coverage is a defining feature of developing economies, even if developed economies are not immune. And women tend to be more affected than men in the light of gender segmentation in labour markets.

Health-related challenges also seem to vary according to context. In developing countries, for example, the legacy of HIV and AIDS, relatively rapid progress in reducing infant and child mortality, but stubbornly high maternal mortality rates not only imply a continuing need for improved health coverage but also have an impact on family structures and, in general, increase the demand for care. There are also important gender-specific health risks, including work-related risks arising from the changing nature of the labour market.

Another set of trends that stands out in developed countries relates to the growing fluidity of family structures



and brewing public debate surrounding the division of labour in the family. Traditional family structures that relied on a single (usually male) breadwinner are less common, lone parent households more common, and women's growing autonomy in the workforce is increasingly mirrored within the household.

Finally, one issue that unites families and economies in developed and developing countries, though in different ways, is the link between care and migration. The report's authors reference the "global care chain" – where, as more women enter paid employment, care deficits emerge in employed women's households that are filled by ever lower paid care workers, all the way down the socio-economic chain. Many of these paid care workers are migrant domestic workers from developing countries, but domestic workers face unique coverage challenges regardless of their country of origin.

## Implications for social security

Chapter 4 highlights and summarizes some of the responses of social security institutions to the current and future impacts of the factors identified in chapters 2 and 3, which address developed and developing countries respectively. It highlights measures that institutions, policy-makers and other stakeholders can take to mitigate the negative impacts, positively influence the trends and encourage more beneficial outcomes.

The complex changing family and gender trends identified pose numerous challenges for social security both now and in the future. These include the following:

- **Effective coverage extension** stands out as a key challenge in developed and developing countries alike, where women tend to work in jobs and sectors that are more difficult to cover, face significant barriers to access, and as such are more likely than men to have low or no social security coverage. This barrier may be legal (for example, part-time workers excluded from social security) and/or not statutory but with a practical effect (lack of access).
- **Adequacy of social security benefits** is an objective and a challenge. Women's careers tend to be shorter and more interrupted, which can severely affect the adequacy of social security benefits, particularly in contributory and earnings-related retirement systems. Adequacy of benefits is also negatively affected by an often significant gap in salaries between men and women and the move in some systems to replace spouses' benefits by individual entitlements. How to improve gender outcomes across branches of social security provision is a key issue, and most reforms, whether structural or parametric, have gender impacts that must be anticipated and addressed so that social security systems continue to meet their objectives.
- **Demand for care** is shifting and rising. Demographic challenges, rising female labour force participation, and changing family patterns imply a growing demand for care across country contexts. Social security systems must increasingly find ways to invest in care infrastructure, to better protect carers, to adapt scheme design features to recognize and value care, and to better incentivize shared responsibility for caring. In addition, where care is provided informally (still the overwhelming case), social security protection needs to ensure continuation of coverage and support the adequacy of benefits.
- **Family structures** continue to evolve, and so must social security systems. How can benefit systems adapt to better cater for the rising number of "non-traditional" families and family structures, such as lone parent, dual earner, or in some contexts, same sex households?



## Policy and administrative responses

There are a number of different approaches for addressing and potentially mitigating these trends. While measures taken will depend on the context of the country in question, including resources available, there are a number of choices available to policy-makers and social security institutions. These responses, with country and institutional examples, are set out in more detail in chapter 4 and can be categorized into policy measures, administrative measures and interventions seeking to improve the inputs (mainly through labour market actions). The policy measures include:

- **Strengthening non-contributory or universal benefits**, such as cash transfers, social pensions, or other solidarity-based schemes that de-link benefits from the labour market, is an appealing direction in which to move because of the potential of such measures to mitigate or counteract the heavy gender bias that pervades earnings-related or employment-related systems.
- **Reforming contributory schemes**, for example by reducing minimum qualifying periods, altering benefit calculation formulas to exclude low earning years, or granting credit for non-contributory service periods, are among the ways to reduce gender inequalities in pension and other benefit outcomes.
- **Care credits and carer allowances** are increasingly used as a means of compensating unpaid care work, whether by providing income protection for current carers or by recognizing unpaid care in future benefits.
- **Investing in care infrastructure**, such as public childcare provision or long-term care services, can go a long way toward addressing the care deficit, sharing the responsibility for caring across a broad swathe of society and compensating and protecting care workers through paid remuneration and formal social security coverage.
- **Designing incentives** to encourage more equal sharing of responsibility for unpaid care work within the family, for example through mandatory, well-remunerated paternity leave.
- **Removing disincentives** for second earners or for re-partnering can help advance gender equality employment outcomes and the intra-household division of labour.
- **Remove or lower barriers to access**, such as improving communication surrounding entitlements and streamlining claims processes, which can in the absence of such measures often hinder women's registration for benefits.

The administrative measures include more targeted access measures, better communication, the use of different media to widen affiliation and payment choices and focusing on groups where women are over represented (in sectors where social security provision may be limited and where women make up the majority of the workforce, for example in the caring sector or retail sector). The input measures include working together with employers to improve labour market outcomes, working with health professionals on effective preventive measures, changes to family policies to make these more gender neutral and measures supporting equality and family cohesion.

## Family, gender and social security: Positive evolution

Social security systems have always sought to protect workers and their families. Gradually, these systems are becoming more inclusive, with flexible institutions providing protection to rights-holders, but also contributing to broader societal objectives such as production, prevention, activation and social reproduction. This evolution has occurred alongside evolving labour markets, demographic shifts, and changing economic and social environments. It is due in no small part to transformations in attitudes towards the family, and towards women in particular.

With the international community's collective embrace of universal social protection and gender equality among the global targets for the coming decades, policy-makers and social security institutions are called to meet this dual challenge with concrete, practical policy and administrative tools. This report brings together the key trends shaping family and gender dynamics and looks for ways to curb or promote them, as the case may be. While policy choices clearly matter, it is also true that especially in matters related to family and gender dynamics, even small administrative improvements can often translate into big gains in access and outcomes.

# 1. Introduction

Shea McClanahan

This report examines changing family and gender dynamics in the context of social security. Looking at the historical legacy as well as the modern-day mandate, it asks the core question: Why are families and gender so important to the design and development of social security?

## 1.1. Why family and gender?

Our societies are evolving quickly. Perhaps nowhere is this evolution more visible than in the way families are constituted and structured, reflecting complex demographic and labour market transformations that impact the gender roles and expectations that underpin them. In general, compared with previous periods, families are smaller, more likely to be lone parent or dual earner, and more in need of care provision. At the same time, women, who historically provided most of that care both formally and informally, are now more likely to work outside the home, though in jobs that tend to be less secure and lower paid than those of their male counterparts.

Taken together, these shifts shape how we go about reconciling our working lives with our family lives, individually and collectively. As such, they have profound implications for how social security systems meets their objectives of responding to life-cycle risks both now and in the future.

Traditionally, societies have always found ways to collectively provide for families and children. From the Islamic world's "zakat" to the English poor laws, welfare payments for vulnerable and poor groups, many of whom were women and children, have been central pillars of the human experience. Indeed, some of the earliest achievements in the modern social security movement were oriented toward protecting single mothers and children.

In the United States (US), for example, "mothers' pensions" for widows with children were introduced in 40 states between 1911 and 1920 and effectively constituted the first example of public cash benefits in that country. And the same maternalist social movement that pioneered mothers' pensions was also instrumental in the creation of the US Children's Bureau (legislation was passed in 1912), essentially the country's first social security institution (Skocpol, 1992). Similar public pensions to protect widows and children emerged over the same period in countries such as New Zealand (1912) and Denmark (1914), and Germany's earliest accident schemes also included widows' and orphans' pensions (see U.S. Children's Bureau, 1914; Scheubel, 2013).

Later, with the crystallization of the fundamental right to social security, as enshrined in the United Nations Universal Declaration of Human Rights (1948), women and families continued to occupy an important place in the development of national welfare systems in the post-Second World War period. With the adoption by the International Labour Organization (ILO) of the Convention concerning Minimum Standards of Social Security, 1952 (No. 102), the notion that social reproduction was a central tenet of social security entered the mainstream at the global level. The Convention recognized public responsibility for the maintenance of children in the provision of family benefits (Articles 39–45), the obligation to maintain families as survivors of a working head of household (Articles 59–64), as well as the right to paid leave during pregnancy and confinement for mothers (Articles 46–51). These were

important milestones that would shape social security priorities for years to come.

However, the particular instruments outlined in Convention No. 102 (1952), many of which reflected a male breadwinner model predominant at the time, proved to be rigid and blunt when faced with “new social risks” (Bonoli, 2005; Huber and Stephens, 2006). Social exclusion, the changing nature of work (especially the risk of in-work poverty), and changing ideas and attitudes about marriage, the family and the respective roles of women and men in economic, social and family life, challenged the design of social security systems. Over time, it became clear in many parts of the world that protecting families – a task that included preserving an acceptable balance between working life and family life, the shared responsibility required to maintain that balance, and the income protection necessary for achieving it – required more than a narrowly defined set of instruments targeted at families (children) and women as mothers or widows.

Notably, the global women’s movement was instrumental in explicitly introducing the notions of equity and equality, from a gender perspective, into the conceptualization of social security. Article 11 of the United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) enshrines the equal rights of women and men to employment opportunities, remuneration (equal pay for equal work) and social security “in cases of retirement, unemployment, sickness, invalidity, and old age and other incapacity to work, as well as the right to paid leave” (UN, 1979). Article 14 goes further in recognizing the structural and spatial inequalities between rural and urban women, underscoring the contribution of “non-monetized” or unpaid work to the support of their families and laying out the specific rights of rural women to adequate health care, including family planning, and to directly benefit from social security (UN, 1979).

Following on from these affirmations, the United Nations Beijing Declaration and Platform for Action of 1995 (United Nations Fourth World Conference on Women Beijing, China) set specific strategic objectives and actions to be taken for gender equality, a process that continues with uneven and sometimes unsatisfactory progress, particularly in areas that both impact and depend on social security: decent work, equal pay, sharing of unpaid care work, reducing maternal mortality, sexual and reproductive health and rights, and power in decision-making (UN, 1995). Indeed, the 1990s ushered in a series of global commitments and action plans relevant for social security and gender, including on children (New York in 1990), population (Cairo in 1994) and social development (Copenhagen in 1995), among others, laying the groundwork for what would become the Millennium Development Goals (MDGs) in 2000 (McArthur, 2014) and their successors, the Sustainable Development Goals (SDGs). Annex 1 of this introduction presents an overview of key global and regional commitments related to gender and social security.

Those advocating for universal social protection on the one hand, and gender equality on the other hand, achieved a series of victories in the SDGs. Spelled out under the 2030 Agenda for Sustainable Development adopted by the United Nations in 2015, the SDGs clearly reaffirm priorities set out in 1995 in Beijing and expand the international mandate to achieve gender equality and improve social security access and outcomes for families (UN, 2015). [Table A.1](#) in Annex 2 shows the SDG goals and a select set of targets that are of particular relevance to these issues.

In parallel with these global development processes, there has been growing recognition in recent decades that social security’s own objectives must be understood in multi-dimensional terms. The fulfillment of the multiple roles of social policy – including production, reproduction, protection, redistribution, but also equity, inclusion, cohesion and rights (Mkandawire, 2001) – requires a comprehensive approach that

draws not just on conventional social security instruments, such as social insurance and social assistance, but on the higher level integration of macro-economic and social policies, the latter of which include social services and labour market policies. Understanding these multiple roles is particularly salient in developing contexts, where conventional, Westernized notions of social security have historically proven inadequate on their own when confronted with entrenched structural poverty and inequality and the inordinately high levels of informality in labour markets characteristic of many low- and middle-income countries.

This holistic policy perspective is also particularly appropriate for the field of family policies and gender equality, which has historically relied on various combinations of employment policies, paid (maternity, paternity, parental) leave, childcare provision or subsidies, and, more recently and especially in Europe, recognition of unpaid care work.

Against the backdrop of these historical developments, and with the confidence derived from the present-day global mandates for gender equality and social security, successive governments around the world have aimed at fulfilling these basic commitments, utilizing an expansive toolkit ranging from cash benefits, to social services, to legal protections, to employment policies. These tools are constantly evolving, ebbing and flowing with the tides of international and domestic “megatrends”, and achieving their various objectives with greater and lesser degrees of success.

However, arguably, the next key challenge is the reality that there is a greater differential between legal coverage and effective coverage for women and men reflecting the realities of labour market access, participation rates, working patterns, salary differentials and indeed the way women and men interface with public policies. [Table A.2](#) in Annex 2 summarizes the key trends and their implications for social security systems around the world, not least as regards access. In short, while systems typically allow access to all, they do not adequately take into account the reality of typically significant gender outcomes in these parameters and the implications for day-to-day social security administrative practices. So while policies to improve female labour market outcomes need to continue, a recognition of these differences in the way in which social security benefits are determined, financed and delivered is essential.

It is to these trends and instruments, with a focus on family, work-life balance, gender and social security, which we now turn.

## 1.2. Annex 1

### *Overview: Key social security global and regional commitments related to families and gender*

**1978: EU directive 79/7/EEC**, aims to implement the principle of equal treatment in matters of social security. It ensures that European legislation have equal treatment for men and women in matters of social security and is applied to social assistance and statutory social security schemes.

**1979: Convention on the Elimination of all Forms of Discrimination against Women (CEDAW)**, a legally binding document that defines discrimination against women and establishes an agenda for national action. Article 11 mentions that State Parties should take appropriate measures to ensure women’s equal right to social security and women’s right to effective work, whereas Article 13 provides women rights to family benefits. Article 14 takes note of particular issues of women living in rural areas, including direct access to social security programmes.

1986: **EU directive 86/378/EEC** (amended in 1996), aims to implement the principle of equal treatment for men and women in occupational social security schemes, which was not previously governed by EU directive 79/7/EEC.

1989: **Convention on the Rights of the Child (CRC)**, a legally binding obligation for State Parties to recognize and uphold children's basic human rights and protection. It includes provisions for government to provide support services to parents (Article 18) and establishes children's right to help from government if they are poor or in need (Article 26).

1990: **Declaration on the Survival, Protection and Development of Children**, adopted at the World Summit for Children. Its Plan of Action recognizes the important role of women in the well-being of children, as well as the importance of maternal health, nutrition and education.

1990: **African Charter on the Rights and Welfare of the Child**, the first regional treaty to address child rights and was created to complement the 1989 CRC and to address specific realities of children in Africa. A provision (among many) addresses the right of children to access health services and the duty of the State to support health services through technical and financial means.

1994: **Programme of Action, made under International Conference on Population and Development**, calls on governments to ensure women's access to the labour market and social security system, to provide and promote means to facilitate labour force participation and parental responsibility through social security programmes, to formulate family-sensitive social security policies, to develop social security systems for old age with special attention to the needs of women, and to develop a social security system that provides equity and solidarity among generations.

1995: **Beijing Declaration and Platform of Action (BDPA)**, provides a blueprint for advancing women's rights. Recognizing the lack of gender analysis in economic structures such as financial markets and labour markets, as well as tax and social security systems, it calls for States to undertake legal reforms with regards to family and social security, as well as to promote a gender perspective in legal policy and programming reforms.

2000: **Millennium Development Goals**, a consolidation of previous agreements on extreme poverty reduction. Although there is no specific mention of social security objectives, several goals are found to be pre-requisites for robust social security systems. Goal 3 reflects the promotion of gender equality and women empowerment. Goal 4 aims to reduce child mortality, while Goal 5 intends to improve maternal health.

2001: **Declaration on the Commitments for Children in ASEAN**, reaffirms ASEAN's commitment in promoting the rights of children and uplifting the conditions of children. It calls for governments to develop family support and family life education programmes to help families nurture and protect their children.

2003: **Protocol on the Rights of Women in Africa**, supplements the provisions of the African Charter. It aims to encourage Member States to adopt and enforce legislative and other measures to guarantee women opportunities in work and career advancements. It calls for State Parties to establish a system of protection and social insurance for women working in the informal sector and to sensitize them to adhere to it and to guarantee adequate and paid pre- and post-natal maternity leave in both the private and public sectors.

2004: ***Plan of Action on Family in Africa***, a regional commitment by the African Union to improve family and reproductive health. Attention has been placed on families with specific needs. One specific objective is to institute social security systems to support needy families and to provide social welfare to family members with chronic illnesses, the elderly, people with disabilities and the unemployed.

2010: ***Ha Noi Declaration on the Enhancement of Welfare and Development of ASEAN Women and Children***, aims to strengthen the ability of ASEAN Member States to fulfil their commitment to CEDAW, CRC, BPFA and, leading up to 2015, the MDGs. It also aims to strengthen the capacity of government officials in planning, implementing, monitoring and evaluating the delivery, quality and accessibility of basic social services relating to children and women.

2012: ***Pacific Islands Forum Gender Equality Declaration***, calls for leaders in the region to commit to implement specific national policy actions to progress gender equality in government programmes and policies. Specific actions include the incorporation of articles from CEDAW into statutory reforms, the use of sex disaggregated data and gender analysis to inform government policies and programmes, and the consultation of women's advocacy groups on key budget and policy issues of national governments.

2013: ***ASEAN Declaration on Strengthening Social Protection***, reaffirms the ASEAN member states' commitment to build a socially responsible ASEAN community by fostering social protection floors in the region. Examples of principles mentioned in the Declaration are the extension of coverage, availability, quality, equitability and sustainability of social protection and the inclusion of a participatory approach in the creation of social protection policies.

2015: ***Sustainable Development Goals***, the agenda will build on the success of the MDGs. It covers three dimensions of sustainable development: economic growth, social inclusion and environmental protection. Similar to the MDGs, no specific goals are created to ensure social security. More general goals aim to ensure healthy lives and promote well-being for all at all ages (Goal 3) and to achieve gender equality and empower all women and girls (Goal 5).

**Source:** Compiled by author.



### 1.3. Annex 2

**Table 1.1. SDGs – Families, gender equality and social security**

Goal	Targets
1. End poverty in all its forms everywhere	<p>1.3. Implement nationally appropriate <b>social protection systems and measures for all</b>, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable.</p> <p>1.b. Create sound policy frameworks at the national, regional and international levels, based on <b>pro-poor and gender-sensitive development strategies</b>, to support accelerated investment in poverty eradication actions.</p>
2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture	<p>2.2. By 2030, <b>end all forms of malnutrition</b>, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the <b>nutritional needs of adolescent girls, pregnant and lactating women</b> and older persons.</p>
3. Ensure healthy lives and promote well-being for all at all ages	<p>3.1. By 2030, <b>reduce the global maternal mortality</b> ratio to less than 70 per 100,000 live births.</p> <p>3.7. By 2030, ensure <b>universal access to sexual and reproductive health-care services</b>, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.</p> <p>3.8. Achieve <b>universal health coverage</b>, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.</p>
5. Achieve gender equality and empower all women and girls	<p>5.4. <b>Recognize and value unpaid care and domestic work</b> 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.</p> <p>5.a. Undertake reforms to <b>give women equal rights to economic resources</b>, as well as access to ownership and control over land and other forms of property, financial services, inheritance and natural resources, in accordance with national laws.</p>
8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all	<p>8.5. By 2030, achieve <b>full and productive employment and decent work for all women and men</b>, including for young people and persons with disabilities, and equal pay for work of equal value.</p> <p>8.8. Protect labour rights and promote <b>safe and secure working environments for all workers, including migrant workers, in particular women migrants</b>, and those in precarious employment.</p>
10. Reduce inequality within and among countries	<p>10.3. <b>Ensure equal opportunity and reduce inequalities of outcome</b>, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard.</p> <p>10.4. Adopt policies, especially <b>fiscal, wage and social protection policies</b>, and <b>progressively achieve greater equality</b>.</p>

Source: See <<https://sustainabledevelopment.un.org>>.

Table A.2. *Key trends and their implications for social security*

	Key trends	Implications for social security systems
Developing countries	Demographic and family patterns <ul style="list-style-type: none"> <li>Declining fertility</li> <li>Increasing life expectancy, especially for women</li> <li>Age at first marriage rising</li> <li>Declining marriage prevalence and stability</li> </ul>	Growing demand for care implies a need to expand public care structures and support.  More female-headed households, which are more likely to live in poverty and need public assistance.  Ensuring adequacy of retirement, unemployment, family and disability benefits. Impact of interrupted careers needs to be assessed.
	Health <ul style="list-style-type: none"> <li>HIV and AIDS legacy</li> <li>Improving but still high maternal mortality</li> <li>Declining infant and child mortality</li> </ul>	Health coverage extension and access is key, especially for women and children. Increased focus on prevention.  Skip generation households in sub-Saharan Africa have unique care and income needs.
	Labour market <ul style="list-style-type: none"> <li>Rising female participation rates in most regions</li> <li>Persistent labour market segregation – women more likely than men to work in informal sectors</li> </ul>	Women tend to work in sectors that are more difficult to cover, making coverage extension for these groups a key challenge.  Access to benefits need to be “gender” neutral – i.e. individual based.
	Migration <ul style="list-style-type: none"> <li>More women migrating independently, largely in domestic work</li> </ul>	Care deficits in sending households and countries imply a need for public care structures and support.  Access to social security and portability of rights for migrant domestic workers is a pressing concern in sending and receiving countries. Coverage of informal migrant workers should be developed and affiliation and access simplified.
Developed countries	Demography <ul style="list-style-type: none"> <li>Persistently low fertility rates</li> <li>Women having children later and more childlessness</li> <li>People living longer</li> <li>Growing demand for care with fewer people to provide it</li> </ul>	Fertility and women’s employment challenges can be addressed in tandem.  For women living longer, addressing gender gaps in retirement outcomes, especially regarding adequacy of benefits, is critical. Particularly true for systems where lump sum benefits are paid.  Systems must find ways to share costs of caring (across generations, collectivities, public versus private spheres), which requires compensation for unpaid care. Recognition of the value of informal and formal care provision better valued and reflected in social security outcomes.

(Continued)

Table A.2. *Continued*

	Key trends	Implications for social security systems
Developed countries	Marriage and family patterns <ul style="list-style-type: none"> <li>• Marriage rates falling, more divorce, more intact families living apart</li> <li>• Later age at first marriage</li> <li>• More children growing up in lone parent households</li> <li>• Fewer multi-generation households</li> </ul>	Systems must find ways to cope with separated parents (both care and benefits).  Most lone parent households headed by women, with implications for benefit and care systems.  Care systems developed to reflect greater dispersal of family members.  More preventive/active ageing policies to strengthen independent living options.
	Labour market and work-family nexus <ul style="list-style-type: none"> <li>• Women's participation rates increasing, but varies by country, socioeconomic status, age</li> <li>• Dual earner families increasing</li> <li>• Women more likely to work in part-time or temporary employment</li> <li>• Women still do the lion's share of unpaid care work, but men doing more than before</li> </ul>	Work-family reconciliation not just a women's issue.  Some disincentives for second earners are built into social security structures.  Systems must find ways to compensate unpaid care work and incentivize more equal sharing of unpaid care within households.

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## 2. The developed world

Fran Bennett

Recent decades have seen significant shifts in family and gender dynamics in developed countries, including not only demographic developments but also changes in gender roles (and attitudes to these) in relation to paid and unpaid work, and women's growing demands for autonomy and full participation. The trends have varied in timing and scale in different countries, as have policy responses.

These shifts have implications for the need for social security, and for its shape. Challenges are posed by what are known as "new social risks" (Bonoli, 2005) linked to family and gender, such as increases in lone parenthood, in-work poverty, and the growing demand for care in ageing populations. Social security systems must address these challenges – and can mitigate and also potentially influence their effects. This chapter discusses these issues as they affect developed countries.

### 2.1. Trends in family and gender dynamics

Families have altered their form and functioning over the past three decades in developed countries (OECD, 2011, chapter 1), and gender roles and relationships have also changed. Most importantly, perhaps, here as elsewhere women's demands for autonomy and full participation in public life have been growing.

**Demographic and family change**<sup>1</sup> has included the ageing of populations due to increasing life expectancy, combined in many countries with persistently low fertility, and hence smaller families (Figures 2.1 and 2.2). Women generally have their first child later and there is more childlessness, particularly among higher-educated women. Actual fertility in many cases is falling short of the number of children people want to have (Thevenon, 2011).

**Fertility patterns** have changed at different rates, with some East Asian countries being affected by low fertility more recently but more rapidly (Ochiai, 2014). Fertility has increased in some countries recently.

But ageing populations result in an increased demand for care, which in many countries is difficult to meet in full. In the absence of adequate public provision, this can mean a growth in domestic service – including by migrant care workers – for those who can afford it or are supported to do so (Michel and Peng, 2012). There is also concern that the smaller, more mobile families of today will not look after their parents in the same way as the so-called current "sandwich generation" (often caring for children and elderly parents simultaneously).

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1. See also ISSA (forthcoming) for a discussion of broader demographic trends and their implications for social security systems around the world.

Figure 2.1. Long-term trends: Total fertility rate from 1960 to 2011

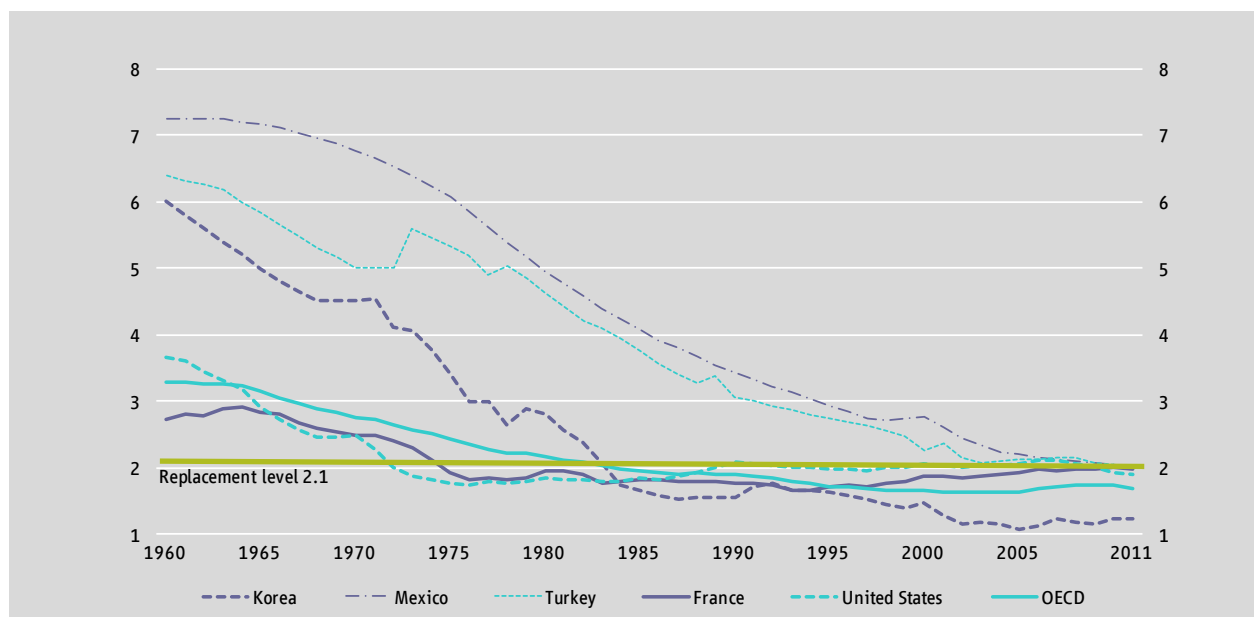
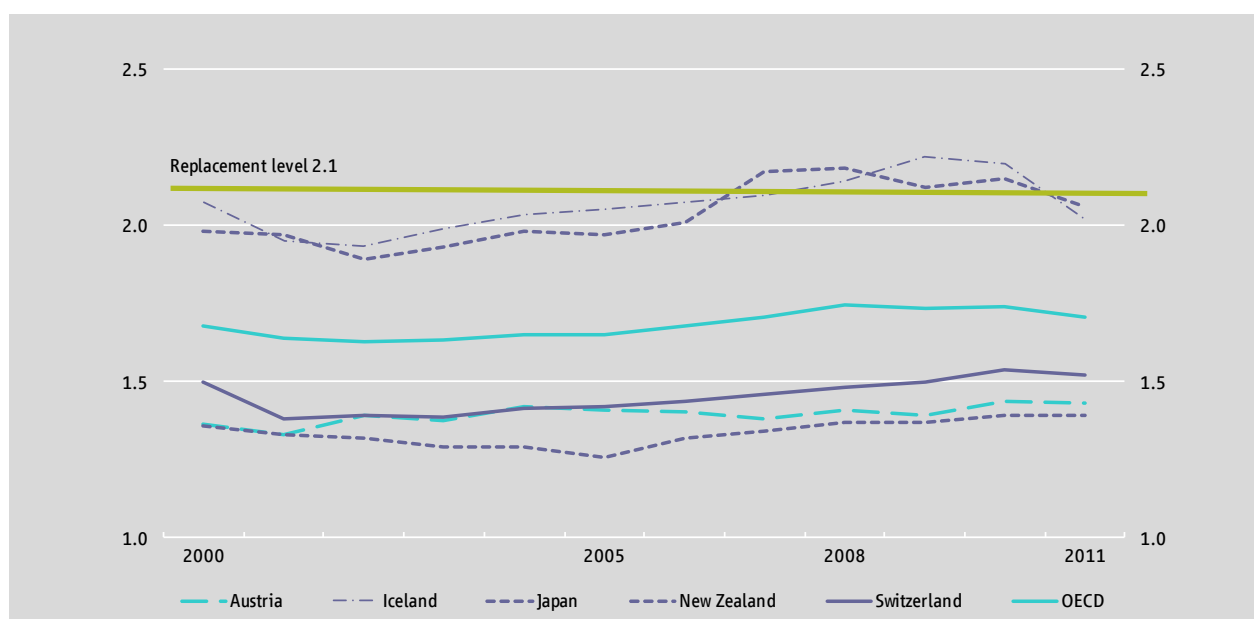


Figure 2.2. Short-term trends: Total fertility rate from 2000 to 2011



Sources: National statistical offices, and World Development Indicators for non-OECD G20 countries.

Marriage rates have been falling, with a later average age for first marriage, and more divorce. Women, especially divorced women, are particularly likely to live alone on a low income in old age (OECD, 2015). More children are being born to cohabiting parents in some countries (Figure 2.3), though not all; in some East Asian countries in particular, marriage continues as a central social institution (Ochiai, 2014). Some countries have recognized same sex civil partnership and marriage. More children are growing up in lone-parent families (nearly 17 per cent on average in OECD countries by 2014), the majority female-headed but the proportions overall and in terms of status (single, divorced/separated and

widowed) varying between countries. More children are born outside marriage (nearly 40 per cent by 2014), and more are brought up in reconstituted families (OECD, 2014b). There are more single men of working age living alone – often with some sharing of family responsibilities, including maintenance payments. The decline in the number of multigenerational households has reversed in recent years in some countries and in many regions remains significant. In some countries, numbers of partners “living apart together” – who see themselves as a couple, but do not cohabit (Haskey, 2005) – are increasing (OECD, 2011).

Women’s labour market integration has increased in many countries (Karamessini and Rubery, 2014). Female labour force participation rates have increased, including for mothers of younger children but often for older women too. Dual earning in couples becoming more common (OECD, 2011) means that one-earner families are at a greater relative disadvantage than before.

But labour force participation varies depending on country, as well as on women’s socio-economic status, education and age (OECD, 2016). Mothers with more children are less likely to be employed than others. And in Europe and North America, men tend to work longer hours when they have children (Barker and Pawlak, 2011). In the Republic of Korea and Japan, women’s employment still falls due to marriage and/or children before rising again later (Ochiai, 2014). Across OECD countries, female participation dropped after 2009 with the onset of the crisis, which hit some countries in particular – though the timing varied (ESA, 2012), and in some cases this was due to governments’ responses to the crisis, when public sector jobs were reduced.

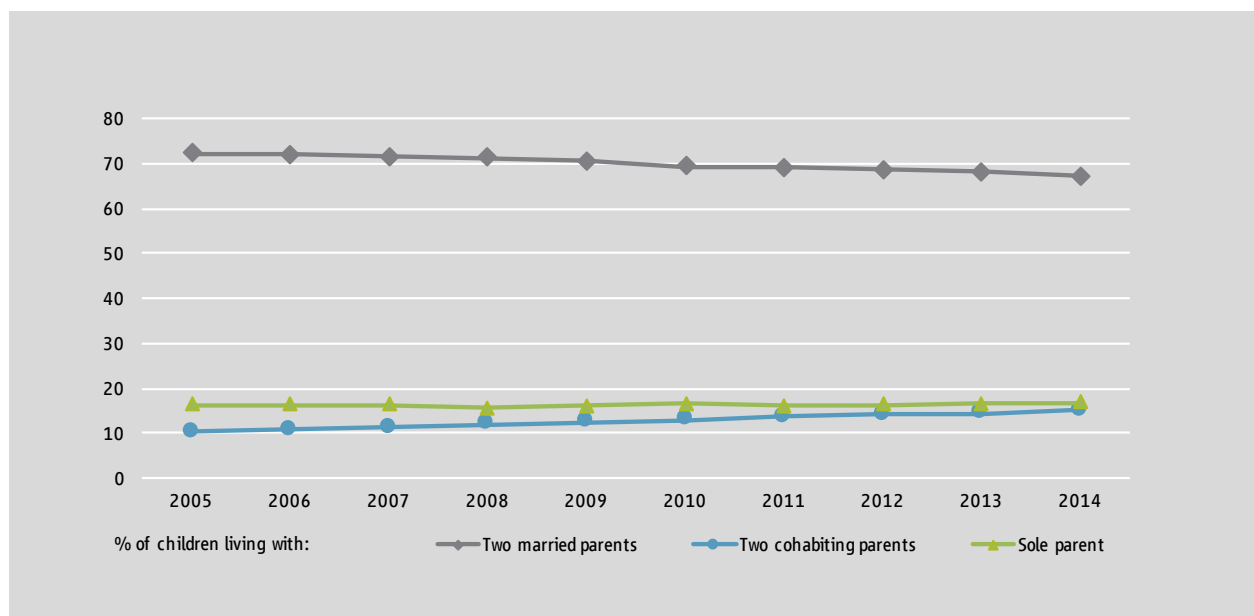
In addition, women often do not work in traditional full-time, permanent, secure jobs. Instead, they frequently fit their employment around caring, especially if they are lone parents but also often in couples. Recently, much employment has also become more precarious. Temporary contracts, informal work, part-time work, “atypical” hours and self-employment all have implications for families (Figure 2.4). Women are more likely to have a temporary contract and work part time in most, though not all, OECD countries (OECD, 2011). Occupational segregation, where women are concentrated in a few sectors, remains important, with women particularly affected by the rise of the service sector. These labour market trends mean that women are exposed to different work-related risks compared to men, but these gender-related differences are rarely accounted for in health and safety policy frameworks (EU-OSHA, 2013).

Awareness of the problem of “in-work poverty” (households on low incomes with at least one earner) has increased. The policy emphasis on activation has grown, with conditionality often being extended from unemployed people to include (more) lone parents and sometimes also partners in couples.

The **division of unpaid work** in the family is changing too (OECD, 2011), but not as fast; women are still the main providers of care at home (Figure 2.5), even as they assume greater work responsibilities (Barker and Pawlak, 2011).

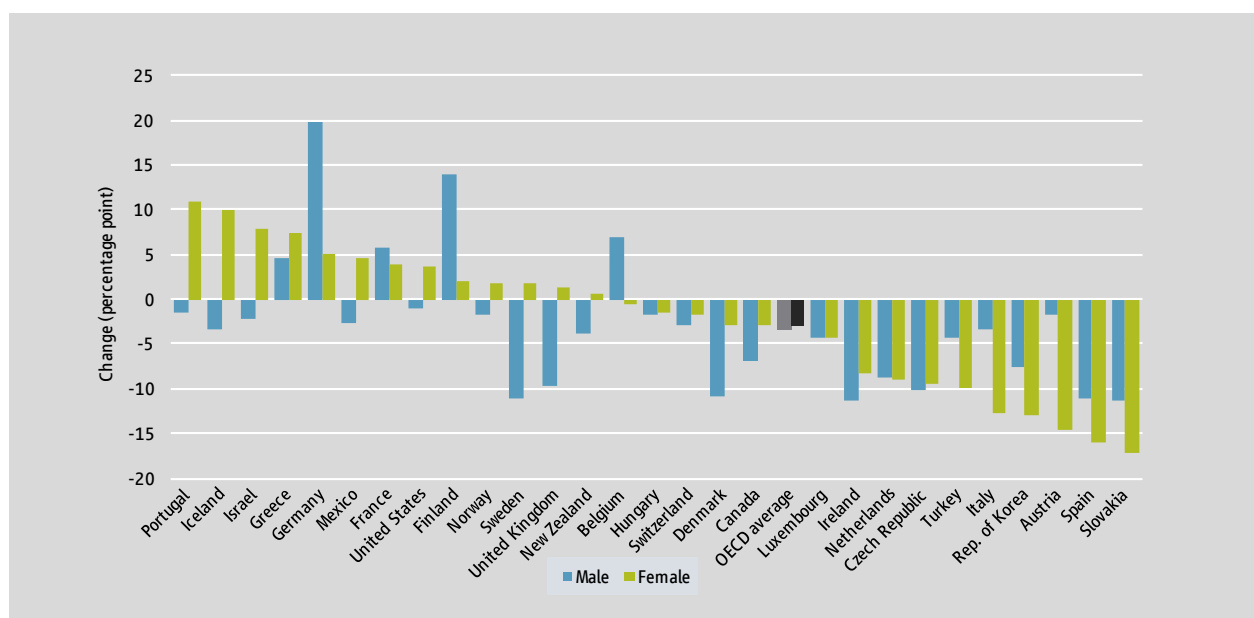
Recent analysis of 13 Western countries shows that men participate more than before in domestic work, but disproportionately in non-routine housework, with women still doing the major share of caring and routine housework (Kan, Sullivan and Gershuny, 2011). Men’s lives have so far not changed as much as women’s, especially in some countries. And as noted, another solution for those who can afford it is to pay for domestic help, including, in many (though not all) countries, migrant workers.



Figure 2.3. *Changes in the living arrangements of children, 2005-2014*

Note: OECD unweighted average for 23 countries.

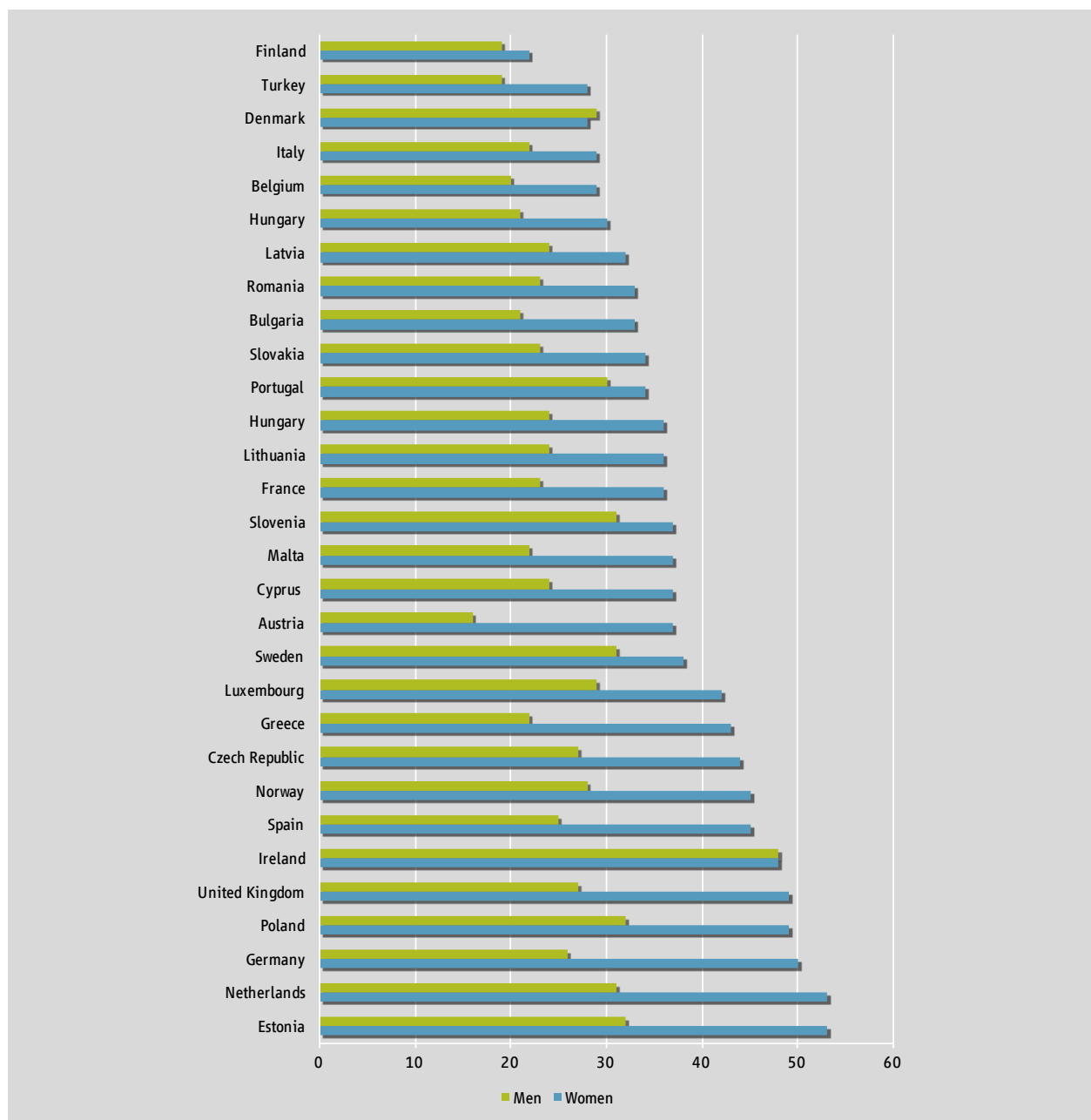
Source: OECD (2014b).

Figure 2.4. *Change in proportion of employed population working full-time (at least 40 hours/week), by gender, 1995-2014*

Source: OECD (2014b).

Notes: For the United States, data refer to those in dependent employment only. For Japan and Korea, data refer to actual weekly working hours rather than usual weekly working hours. The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

Figure 2.5. Total reported time spent caring, by gender



Source: OECD (2014b).

Notes: Countries are ranked by decreasing percentage of time dedicated to care activities by women.

1. Note by Turkey: The information in this document with reference to « Cyprus » relates to the southern part of the Island. There is no single authority representing both Turkish and Greek Cypriot people on the Island. Turkey recognizes the Turkish Republic of Northern Cyprus (TRNC). Until a lasting and equitable solution is found within the context of United Nations, Turkey shall preserve its position concerning the "Cyprus issue".

2. Note by all the European Union Member States of the OECD and the European Commission: The Republic of Cyprus is recognized by all members of the United Nations with the exception of Turkey. The information in this document relates to the area under the effective control of the Government of the Republic of Cyprus.

## 2.2. Implications for social security

In analysis for the European Union (EU), MISSOC (2012, p. 44) notes that gender differences in social protection often relate to women's weaker position in the labour market, or provisions which encourage them to stay at home. Given this, changing family and gender dynamics clearly pose a number of challenges for the future design of social security provision.

### 2.2.1. Demographic and family change

***Ageing populations – A focus on gender.*** Ageing results in many countries reviewing their pensions to ensure sustainability. But tying pensions more closely to individual contribution records to achieve this, in state or supplementary private or employer provision, can lessen their redistributive impact and hence their effects in reducing women's poverty and gender inequalities in retirement. Retaining a focus on the pension gap between men and women, and how to reduce it, is therefore key.

***Lone parent issues involve gender issues.*** Challenges arise from changes in family patterns. Many countries face a "new social risk" of increasing numbers of lone parents, with one or no earned income. The circumstances of single, separated, divorced and widowed lone parents vary. But the vast majority are women; so the risks of lone parenthood cannot be separated from gender issues. How benefits and child maintenance systems deal with shared care of children by separated parents is one issue at stake.

***Family fluidity – Adapting social security systems.*** Many benefits treat a couple as having a claimant and a dependant, with benefit paid to one partner for both. Some social insurance systems have been designed like this, based on a traditional family model. The dependant (often the woman) has no access to resources in their own right. Increasing family fluidity makes basing social security rights on marriage, or even partnership, less appropriate – calling into question dependants' and survivors' benefits, and suggesting an individual basis for entitlement. This is easier to accommodate in non-means-tested benefits such as social insurance. But abolition of derived benefit rights can result in inadequate support for women who did not have the opportunity to earn their own benefits, and may not fit with continuing asymmetrical responsibilities for caring (Arza, 2015).<sup>2</sup>

Parental leave policies will need to be more flexible, to include (for example) leave for same sex parents – as well as other reforms, such as recognizing adoption and surrogacy etc. for leave purposes. But those in same sex relationships may also push for the dependants' and survivors' rights that other couples have traditionally had (Saraceno, 2015, p. 468).

### 2.2.2. Fertility and family

***Addressing fertility, addressing women's employment.*** Fertility growth and women's employment have often been seen as in contradiction. But countries with high women's employment also often have higher fertility, with the best policy response to facilitate both (Esping-Andersen, 2009). Challenges include how to structure care leaves (including amount and duration of payment, as well as length of leave), care services and rights to flexible working.

2. A move away from a household focused model to individual benefit provision may have tax implications for both individuals and the state. Therefore any social security changes need to be designed taking into account these potential fiscal implications (Editor's note).

**Work/family reconciliation.** Others argue that gender equality should be seen as a goal in its own right (Lewis, 2009). But work-family reconciliation policies may be seen as enabling women to combine caring with employment, rather than as an issue that is relevant for both sexes (OECD, 2011, p. 36).

The issues are broader, too. For example, in some countries the tax/benefit system can create disincentives for “second earners” in couple households. The OECD family database discusses tax/benefit “neutrality”, meaning in this case systems providing equal incentives for both partners in couples. This may depend on whether the tax unit is the individual or couple/family; but it also applies to social security systems. Means testing does not take into account hidden poverty in the household, or unequal resource sharing. In addition, childcare costs may be offset against the “second earner’s” income, making it harder to “make work pay”.

### 2.2.3. Demand for care

**Sharing the costs of caring.** The growing demand for care, and traditional gender roles, may mean that women in particular are caught in a pincer movement between caring for children and the older generation. This is sometimes called the “sandwich generation”. Changing family and gender dynamics reveal more clearly how the costs of caring are often not shared equally either within the family or more generally (especially if not well supported by social security and other systems). If individuals are increasingly held responsible for their own welfare, rather than such risks being shared, this can mean them bearing more of the costs of caring (Lewis, 2009). As care needs are increasingly being met by employees in private households, and in many cases by migrant domestic workers more specifically, how to formalize and incorporate these workers within labour regulations and social security systems is a key challenge.

Unpaid care work is estimated to make up 10 to 39 per cent of GDP. Given that it is generally unrecognized and under-valued by policy and law makers (Sepúlveda, 2013), benefits based on caring rather than paid employment are often low. But paying for care can risk entrenching the gendered division of labour, as women are more likely to take up low state benefits and drop out of the labour market long term, while men are less likely to take up unpaid or badly compensated leave. Compensation for caregiving, especially the care of adult family members, also implies changes to pension systems, and care credits are one way of doing so in a way that carries less risk of incentivizing long-term labour market exit.

### 2.2.4. Labour market

**Adapting benefits to the challenge of change.** Contributory benefits to replace lost or interrupted employment income tend to reflect market inequalities (more or less, depending on their design). Such benefits may be at less risk of government cuts, however, if they bring a sense of ownership through the sense of having been “earned” and “paid for”; so one issue could be how to combine solidarity to ensure that benefits are redistributive, while maintaining that protection. Outcomes depend not just on the payments made but also on their design, how they are financed, and the distribution of the social risks that are covered by such schemes.

In addition, contributory benefits have often been based on the typical male pattern of full-time, long-term employment, with additions for dependants. They need to be adapted to suit the part-time, low-paid, interrupted work patterns more typical of women’s lives. Indeed, because of profound changes in the nature of work, the solid employment contract that traditionally underlay much social security provision is now less

common for men as well as women. The challenge is in part how to include temporary and part-time workers in social security provision, where currently they are often disadvantaged (Hausermann and Schwander, 2012, cited in Clegg, 2013). This is of particular relevance for benefits which may have earnings thresholds for entitlement and pay out levels of benefit that are related to earnings.<sup>3</sup>

Another issue is how to deal with “in-work poverty” – which can result not only from inadequate employment conditions and pay for a main wage-earner but also from other factors. This may include inadequate social protection, especially for partners who are currently out of the labour market in couple households (Bennett and Sutherland, 2011).

### 2.2.5. Division of labour in the family

**Supporting men’s involvement in caring.** Policy-makers have been slow to recognize the need for public policy supportive of men’s involvement in their families (Barker and Pawlak, 2011, pp. 33–34). The challenge is whether social security provision can underwrite meaningful choice in the division of labour in the family, and if so how. Should paid parental leave be available to fathers on a “use it or lose it” basis, for example, to encourage sharing of caring? If so, how much of the leave should this apply to? And who should pay (the state or employers or a mix of both?) and at what rate?

**Care for others, income for oneself.** Should a social security system identify a “main carer” in a couple family? And if so, should this bar them from claiming unemployment benefits because they are treated as not being available for (full-time) work, or allow them to claim, but with different and less stringent conditionality? Should the “main carer” also receive benefits for the children, and for childcare costs? This often gives women access to at least some income, which with current gender inequalities may be seen as important. But how to balance this against the risk of solidifying traditional gender roles and attitudes, given those same gender inequalities?

## 2.3. Responding through social security

Different countries respond to these trends and the challenges they pose in different ways. Some countries have regional or federal systems that may result in a range of responses within one country. In addition, different welfare state traditions across countries affect the responses of social security systems. This section draws on examples from countries with different welfare state and family traditions that have attempted to cope with and adapt to changes in family and gender dynamics in a variety of ways.

In many countries, changes have also been made in the years immediately following the 2007–08 crisis (Box 2.1), making it difficult to disentangle developments.

Leaves, care services/arrangements and flexible work have been key policy areas in responding to shifting family and gender dynamics. But it is also important to look more comprehensively at social security provision.

3. It is also relevant, however, for anticipating how social security systems will respond to new and under-appreciated gender-specific risks in the workplace that arise from these broader labour market trends (EU-OSHA, 2013) (editor’s note).

### Box 2.1. Responses to the crisis: Family and gender issues

The OECD (2014) found that overall social expenditure increased most in countries least affected by the crisis. In some countries in Europe benefit cuts, especially after 2010, negatively affected women in particular (European Parliament, 2013); and means testing increased within spending on families (Eurofound, 2016). But there have been few attempts at a gender impact assessment. In some cases the crisis may have been a catalyst for reforms to social security schemes, lessening their “insider” nature and thus increasing their potential to adapt to labour market changes. In others, however, the crisis and policy responses to it may have stalled or reversed the growth of state investment in supporting care (Karamessini and Rubery, 2014), disproportionately affecting women.

## 2.3.1. Demographic and family change

**Ageing populations – A focus on gender.** With ageing populations, pensions are being redesigned for sustainability (see, for example, EC, 2012a). So the age for entitlement to a state pension (more important for social security than the retirement age) may be equalized in order to reduce costs. But it can also be justified as a move towards gender equality. In the United Kingdom, for example, increases in the pension age, in particular for women, have been speeded up recently. A similar process has happened in Italy (Saraceno, 2015). Reforms such as these may not pay enough attention to the continuing inequalities between men and women in pension entitlements. The same is true for increases in the years of contributions needed for a full pension – to 38.5 years from 35 in Spain, for example (Salvador Cifre, 2013) – or for increasing the minimum contribution period.

However, changes to accommodate women’s different life patterns include, amongst other reforms, introducing shorter minimum periods; for example, Italy’s was reduced recently from 20 to five years, and the Netherlands’ from ten to five years (Frericks, 2012). Care credits have also been introduced in many countries, to cover periods when parents drop out of the labour force for caring purposes (ILO, 2016). This means that in some countries there is no drop in pension entitlement for up to 3 years’ absence (EC and Social Protection Committee, 2012), though losses are heavy for women taking five years’ leave in Germany, Iceland, Israel, Italy, Mexico and Portugal (OECD, 2015). Care credits may also be folded into earnings calculations to achieve similar results: in Canada and Ireland, periods spent caring for children (younger than age 7 in Canada, or younger than age 12 in Ireland) are not taken into account when calculating average earnings or contributions for pension benefits (SSA and ISSA, various years). Credits for care of adult family members are not widespread in developed countries, though they have been introduced in some (EC and Social Protection Committee, 2012, p. 93.).

Other countries (e.g. Greece, in 2010) have introduced non-contributory non-means-tested pensions with residence rules as a basic entitlement. Family change has also resulted in reforms in a range of countries. Many countries have introduced pension splitting on divorce.

**Lone parent issues involve gender issues.** The Scandinavian countries reoriented their welfare states in line with “new social risks” earlier than many others. This was done through the encouragement of a more equal distribution of responsibilities for child-rearing between partners, and between families/communities and the state (Daly et al., 2015), with most lone parents active in the labour market and with guaranteed child maintenance arrangements. Lone parents in the United States (US), on the other hand, have a very different population profile; and the US focuses on means-tested help, and has no system of advance child maintenance. In many countries, lone parents may be able to remain at home caring and get benefit without having to be available for work until their children reach

certain ages. But in general the maximum age for their children to be in order for the lone parent to be allowed to do this is now being lowered. And in Scandinavia and the US, lone parents are generally subject to conditionality, though varying by state in the US, with some states imposing work conditions when infants are very young. The most important differences between these two countries may be in the provision which is available to support parents in these situations.

**Family fluidity – Adapting social security systems.** Cohabiting partners' resources and needs are often put together to calculate means-tested benefits; but cohabitantes may often not qualify for dependants' additions to non-means-tested benefits (though these are decreasing in importance). Some governments (e.g. the US) see cohabitation and marriage as very different in nature in relation to social security provision. In contrast, France allows couples who are unmarried but have a long-term relationship (including same sex couples) to claim social security rights as civil partners. A range of other countries have now introduced civil partnerships; and some (such as France, the United Kingdom, and the US) same sex marriage, carrying many of the same rights (and responsibilities) as male/female marriage.

### 2.3.2. Fertility and family

**Addressing fertility, addressing women's employment.** There has long been scepticism about government influence over family trends, though some countries, such as France, have had a long history of proactive family policy, including towards the birth rate; others, such as the United Kingdom, have had a tradition of non-intervention by governments. But recently family policy has expanded in some countries, even as other social provision has contracted.

This may sometimes be due to the desire to combat low fertility. Poland, for example, introduced a monthly payment to families for every second and subsequent child from mid-2016, on top of its existing means-tested scheme. On the other hand, some countries (such as Germany) have had low fertility for some time, but only introduced more generous family policies recently. In others, the trend is in the opposite direction, because of alternative priorities, such as austerity: in the United Kingdom, for example, means-tested benefits/tax credits are being restricted to two children per family for new births from April 2017, with only limited exceptions; and Australia is abolishing its large family supplement.

**Work/family reconciliation.** Recent trends in maternity, paternity and parental leave in developed countries have included improvements overall, and more focus on fathers' rights (Moss, 2015). But there is still concern about the length of the gap in some countries between the end of well-paid leave and the right to early childhood education and care (ILO, 2016). Few parents will take parental leave if it is unpaid; leave that minimizes earnings losses for women is, while of an adequate length, generally shorter and more generous (ESA, 2012, p. 128).

Sometimes leave and part-time work are combined. In the Republic of Korea, one year of leave for parents of children younger than age 6 can instead be taken as flexible working hours. But this has low takeup, because labour market conditions mean that few qualify for the employment insurance necessary to claim it, and because of workplace culture (Seung-yoon Lee and Baek, 2014). In other countries too, including Japan, generous leave policies are also only available to "regular" workers. The Netherlands has been seen as aiming at gender neutrality in its "combination scenario" of support for both men and women working part time and caring part time – although women are still more likely to work part time than men (Frericks, 2012).



“Cash for care” policies, which involve state payments for parents staying at home to look after children (ESA, 2012, p. 126), are provided in a few countries, including Norway and Finland, as well as Germany. The Republic of Korea provides such a benefit for women at home with children younger than age 5, as an alternative to childcare help (Seung-yoon Lee and Baek, 2014). Sweden has also now introduced such a scheme – but alongside a gender equality bonus, which encourages mothers and fathers to share paid work and child-rearing (Daly et al., 2015).

### 2.3.3. Demand for care

**Sharing the costs of caring.** Countries have different patterns of obligations of care and support within and beyond the immediate family, which may vary in relation to older and younger generations (Saraceno and Keck, 2010; ESA, 2012). These patterns can affect how social security systems are structured and organized. For example, in Italy the obligations of extended family members must be taken into account before a social assistance claim is considered (Saraceno, 2015).

In general, there has been less development of paid leaves and rights to flexible work for those caring for elderly or disabled people compared to parents, although this development is urgently needed (ESA, 2012, p. 117; Saraceno and Keck, 2010; Kroger and Yeandle, 2014). France, Germany, Japan and the Republic of Korea are among countries which have extended their social insurance schemes to cover long-term care (e.g. see Forder and Fernandez, 2011). Michel and Peng (2012) see this as universalizing elder care services, though it does not always cover the full cost. In Germany (but not normally in Japan) a small cash payment as part of this scheme can be used to pay family carers.

Other countries also have payments for informal carers. The United Kingdom, for example, has a non-means-tested non-contributory allowance for carers (though paid at a lower level than equivalent contributory benefits), which is paid by the state, while Australia has both a means-tested and a less generous non-means-tested carer’s allowance (SSA and ISSA, various years). It has been argued that both the care recipient and the carer should have access to resources in their own right. In Italy, though elder care is seen as a family obligation, in practice it is increasingly common to pay migrant workers to carry it out (Saraceno, 2015).

### 2.3.4. Labour market

**Staging changes to survivors’ benefits.** Women’s increasing labour market participation means that they are now more likely to be earning their own rights to social security benefits. But because of their different employment patterns, this does not necessarily result in equivalent rights to those of men. And it has often coincided with moves towards more stringent conditionality on the one hand, with more women having to be available for work and actively seek it in order to qualify, and cuts to benefits on the other. For many women, individual entitlements may not be well established before derived benefits for spouses, widows and/or survivors are phased out (Lewis and Bennett, 2004), in a process of achieving “gender equality” by levelling down (Frericks, 2012).

Survivor pensions and other payments for economic dependence within couples still exist in a range of countries (for example, Italy) (Saraceno, 2015), though many are now gender neutral. But especially for widows, they can result in higher benefits than those based on their own record (MISSOC, 2012). One approach is to phase changes to take account of different cohorts’ experiences – for example, as in

Germany, by only allowing ongoing benefits for older survivors (MISSOC, 2012). Younger survivors may only get one-off lump sum payments, especially if they are not parents. The idea is gaining ground that it is the gendered division of labour, rather than marriage, which is the key issue here.

***Security less likely with self-provision.*** More emphasis on self-provision via labour market presence can also mean less potential to redistribute to those with lower incomes due to caring (Frericks, 2012). The Netherlands, for example, introduced a “life course savings scheme”, enabling workers to take time out to update their skills, take care of children, or take a break; if not required, they could use the savings for early retirement (Knijn and Smit, 2009). In 2009, parental leave was withdrawn from the scheme, which only lasted a few years in any case due to low takeup. But such personal savings accounts have gender implications, if (as is likely) women would use up more of their leave to undertake caring (Frericks, 2012). Women may also be disadvantaged in private savings or defined contribution schemes such as individual accounts, notional defined contribution schemes (NDCs) or provident funds, in which the payout may depend on age- or gender-related annuity rates, though gender discrimination in annuity rates has been ruled illegal in the EU (EC, 2012b).

***Redesigning contributory benefits.*** Contributory benefits can be individualized; and they have the capacity to be more inclusive than they have traditionally been, through granting credits for care or other activities. In Finland and Italy, credits are linked to previous earnings; in Austria, they are linked to an average; and in Canada and Ireland, disregarding low-earnings years reduces gender gaps by ensuring higher average earnings and hence higher pensions. In Germany and Sweden, additional pension entitlements are provided, meaning that women with children could have higher pensions than those without, even without taking leave (in Sweden, this goes to the parent with the lower income until the child is age 4) (EC and Social Protection Committee, 2012). In contrast, lengthy insurance periods can mean fewer women qualify for full benefits (MISSOC, 2012) – which suggests a shorter qualifying period, within a longer time-span, may be preferable.

In addition, in many countries, including Germany, there is a minimum earnings threshold which excludes many women workers from the contributory benefits system. The same is true for unemployment benefits in Austria and Ireland, with other countries having an hours of work threshold (e.g. Sweden) (MISSOC, 2012). Migrants can be subject to minimum earnings thresholds or other work engagement tests for benefits, which may also disadvantage women (Shutes, 2016). The United Kingdom has instituted a zero rate band of earnings for low-paid workers, in which some benefits can be earned without contributions being paid.

***Seeking solutions for new social risks.*** “In-work poverty” can be tackled in a range of ways. Where couples are concerned, increasing one earner’s pay may not be the only, or best, policy response. In-work benefits/tax credits are often means-tested and may create disincentives for “second earners” (Tripney et al., 2009); joint taxation can have a similar effect (Thevenon, 2011). Adequate non-means-tested benefits or other payments for partners out of the labour market for reasons such as parental leave, sickness or unemployment may be an important part of the solution.<sup>4</sup>

4. Reorienting social security systems from a purely reactive payment-based approach toward a focus on risk prevention can also achieve gains in confronting new social risks, especially emerging gender-specific risks – such as those encountered in the workplace – which stem from women’s position in the labour market (editor’s note).

**Means testing raises complex issues.** Means testing for couples makes the actions and resources of one partner subject to those of the other; and for lone parents it raises the stakes in (re)-partnering. In the United Kingdom, joint ownership of benefits and joint liability for reporting are also increasing. In countries with largely means-tested benefits, increased conditionality for individuals within couples may be (in Australia) or may not be (in the United Kingdom) accompanied by access to income of their own (Ingold, 2011). Neither are the additional responsibilities for job seeking, and increased expectations of individual self-provision, always matched by increased responsibilities on others (including government and employers) to “level the playing field” for men and women in the labour market and at home.

### 2.3.5. Division of labour in the family

**Supporting men’s involvement in caring.** In the EU, countries with the longest parental leave have not persuaded fathers to take it – thus encouraging both a view of caring as women’s responsibility (Saraceno and Keck, 2010) and, potentially, also mothers’ exit from the labour market. The labour market gains associated with paid leave diminish for periods longer than two years (Thevenon and Solaz, 2013). This is particularly likely if payment is non-existent or low, and paid by the state, rather than via employers with a right to return to the previous or an equivalent job.

Family parental leave is not the same as individual leave. Provision for fathers is increasing. In Iceland, for example, parental leave is available for three months for the mother and three months for the father, with three months to be taken by either parent (ESA, 2012, pp. 106-107). This is part of a more general move away from designated maternity leave towards more generic parental leave (Moss, 2015). In Italy, fathers can take an additional month of parental leave if they have already taken three months or more (Saraceno, 2015). Well-paid, father only, leave is necessary for a high takeup rate; and fathers do respond to policy change (Moss, 2015). In Quebec, benefits were increased for all parents and five weeks were reserved for the father; as a result, fathers’ participation rates grew by 250 per cent and leave duration by 150 per cent, and time use analysis has confirmed long-term positive effects on the gendered division of labour in the household (Paitnaik, 2016). But in some countries, such as the Republic of Korea, men find it hard to resist workplace cultures not fully recognizing their family care needs (ESA, 2012, pp. 106-107, 110, 115) and so may not claim their rights (see also Barker and Pawlak, 2011, p. 35).

**Care for others, income for oneself.** Payment of some benefits for children to the mother in couples used to be the default arrangement in some countries – for example, family allowances and then child benefit in the United Kingdom. But benefit additions for dependent adults and children were often paid to the main claimant, more often the man. At present, benefits for children may instead be paid to the parent who is the “main carer”. The arguments in favour of this arrangement are that it gives an income to the parent less likely to have resources of their own; and that, if paid in this way, benefit is more likely to be spent on the children. These ideas are under challenge – in particular by some separated parents – because they do not recognize shared care. In Australia, family tax benefit can be split between separated parents depending on the proportion of care they provide (if it is at least 35 per cent). In some countries, however, who the benefits are paid to, at least in intact couples, does not seem to be a live issue.

Conditional cash transfers (CCTs), which mandate certain behaviours in return for payments, especially those related to children, have been increasing, in Latin American countries in particular. They are usually paid by default to mothers, although there are concerns about this insufficiently targeting fathers and reinforcing

traditional gender roles (Daly et al., 2015). CCTs have also been proposed by the European Commission as a means of ensuring that low-income families send their children to early childhood education and care. And, as well as some US municipalities, several European countries (Belgium, Bulgaria, Hungary, Turkey and the United Kingdom) have experimented with CCTs, using positive or negative incentives (TÁRKI Social Research Institute Inc., 2014), though not all paid to the mother/“main carer”.

## 2.4. Conclusion

Policy analysis of relevant reforms to date has tended to focus more on leaves and care services than on benefits. Moreover, evaluation of the effectiveness of social security provision rarely examines how systems are adapting to changes in family and gender dynamics. Outcomes which could be seen as important in this context, in addition to the resources available to men and women, are the implications of reforms for gender roles and relationships, including the impact on individual autonomy and on inequalities within the household. Analysis of the effects of changes could usefully include not only the distribution between households at one point in time but also the dynamic effects on individual women and men over the life course.

It has been argued that increasing individualization and labour market flexibilization/insecurity require more radical change. One suggestion is to introduce a basic or citizens’ income<sup>5</sup> – a uniform, universal, non-means-tested, non-contributory, tax-financed, unconditional payment to individual adults. There is usually a residence condition. Experiments are under way in Finland, Ontario in Canada, the Netherlands, and elsewhere, and there is a lively ongoing policy debate; a referendum on whether to introduce a basic income was held in Switzerland during 2016, but did not receive sufficient support. In terms of gender issues, the benefit unit is the individual rather than the family, which is usually seen as more conducive to gender equality. In addition, some argue that basic income represents a valuing of care work; but others argue that as everyone would get it, whether caring for someone or not, this is not the case, and that the focus should be on recognizing, reducing and redistributing unpaid work (ILO, 2016).

Some developments in relation to the labour market in particular are clearly detrimental to family life and income. For example, increasing employment in households resulting from the demand for care splits up families across continents in global care chains (Yeates, 2009); and the requirements of formal employment in a globalized world (amongst other factors) are leading to growing family dispersion (Beck and Beck-Gernsheim, 2013). So some argue that, rather than having to accommodate personal lives and social security systems to mitigate the effects of these developments, the developments themselves – that is, labour market policies that prioritize employers’ interests over those of families – should not be accepted uncritically, but should be challenged (Knijn and Smit, 2009).

Family and gender changes therefore pose challenges, but also present opportunities for developing appropriate social security provision. The starting point is important, and will differ from country to country. There are two key but opposing dangers. Some current reforms may be taking “individualization” for granted, and assuming that everyone is now an unencumbered worker capable of self-provision, thereby exacerbating gender inequalities (Lewis, 2009). But, in contrast, policy measures may not be taking sufficiently seriously increased family fluidity and women’s growing demands for autonomy and participation. To achieve a balance between these is challenging, but essential for the future.

5. See <<http://www.basicincome.org>>.

Finally, it is clear that reforms to social security provision cannot be the only ingredients for a successful transition to a society in which changes to family and gender dynamics are fully taken into account. But a key question to be asked of any policy proposal from this perspective is not only whether it will make men's and women's "choices" in the present easier, but also whether it will help to transform the existing gender roles and relationships that currently constrain those choices, to allow both sexes to fulfil their capabilities to the full. To achieve that, we need changes in social security – but also in many other policies and areas of personal and public life.

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## 3. The developing world

**Zitha Mokomane**

Family types and values in developing countries are diverse. However certain aspects are widely shared and these include clearly defined gender roles within families. With many societies in these countries being patriarchal in nature, men are traditionally seen as the breadwinners responsible for the sociocultural and economic well-being of their families, while women are primarily responsible for household management and the provision of psychosocial care for all family members. Another widely common value is the culture of collective orientation, which accentuates the need for family members to have a strong concern for the well-being of the extended family; to provide socio-economic support and assistance to each other and the family at large; and to provide intergenerational altruistic assistance. There are also strong filial obligations for children to provide care and support to their parents in old age and for older people to play a major role in the care and socialization of their grandchildren.

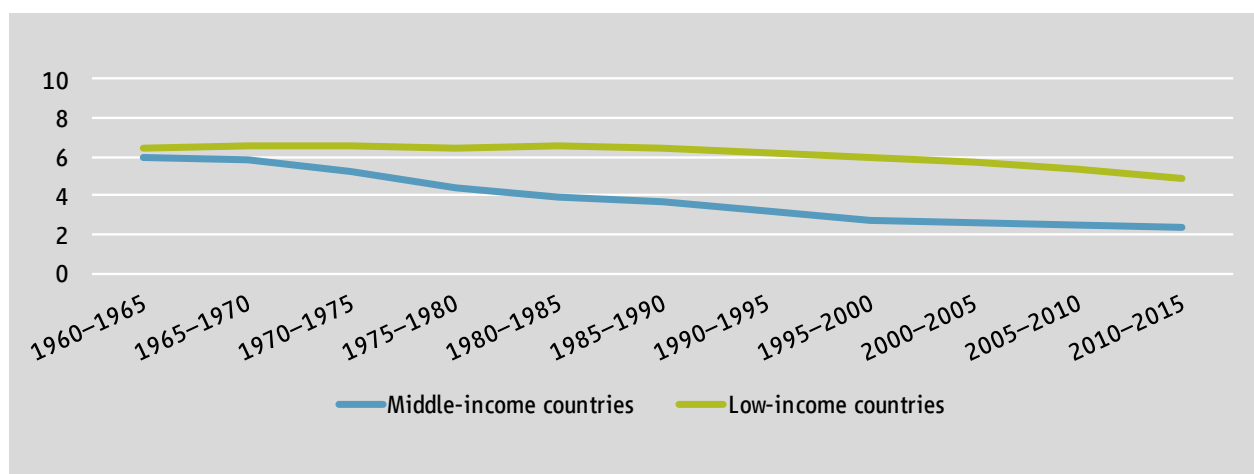
Given the inadequacy of formal social security programmes in developing regions, families in these areas continue to play an important supportive role for their members. However their capacity has been stretched, and in some cases exhausted, by various socio-economic and demographic transformations that have affected family and gender dynamics over the last three decades. With particular focus on developing countries in three regions – sub-Saharan Africa (SSA), Asia, and Latin America and the Caribbean (LAC) – this chapter presents a broad brush stroke overview of these changes before discussing their implications for social security and plausible mitigation measures.

### 3.1. Trends in family and gender dynamics

#### 3.1.1. Demographic changes

Due to the combined effect of socio-economic development, increases in female educational attainment, the implementation of family planning programmes, and improvements in health care and child survival, fertility decline has been observed in much of the developing world ([Figure 3.1](#)). From 6.1 children per woman in 1950–1955, the total fertility rate in developing countries decreased sharply during the 1970s to the 1990s, reaching 2.7 children per woman in 2005–2010 (ESA, 2013a). Recent figures show that in SSA, where fertility levels are the highest of any major area, total fertility rate has fallen from 4.9 children per woman in 2005–2010 to 4.7 children per woman in 2010–2015. Over the same period the rate in Asia fell from 2.3 to 2.2 children per woman, while in LAC it declined from 2.3 to 2.1 children per woman (ESA, 2015). The United Nations projects that this downward trend will continue until the replacement level (2.1 children per woman) is reached or even surpassed by 2050.

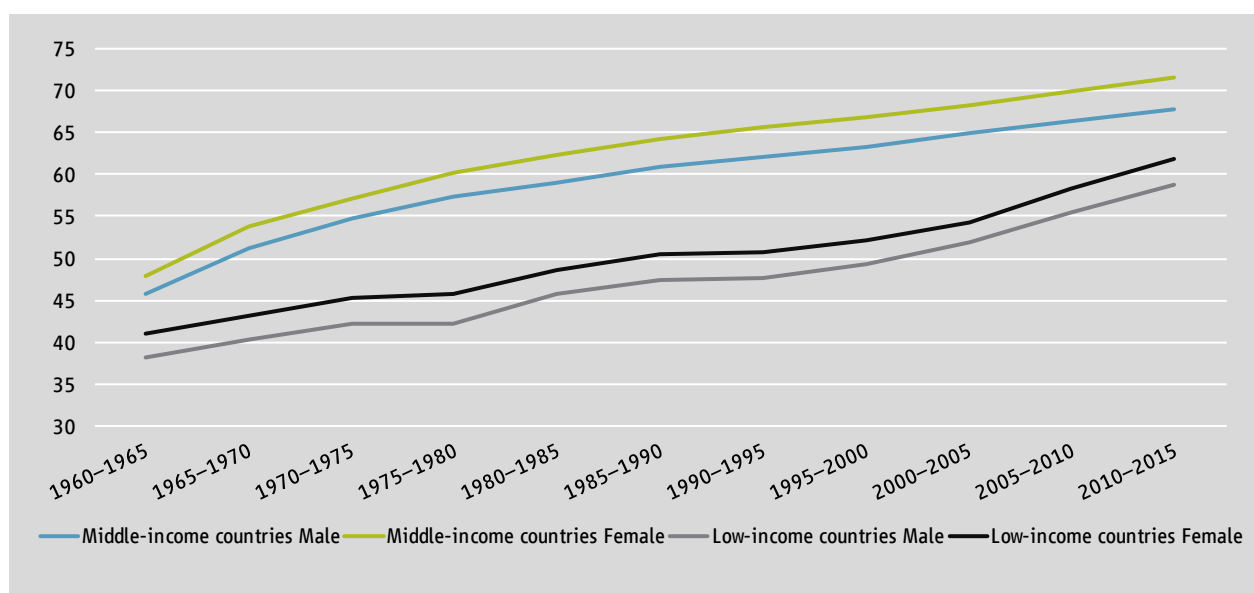
Figure 3.1. Total fertility rate, low- and middle-income countries, 1960–2015



Source: DESA (2015).

The declines in fertility combined with overall decreases in mortality have led to increased life expectancy at birth in many developing countries (Figure 3.2). According to the United Nations, from 41 years in 1950–1955, developing countries' life expectancy at birth increased to 57 years in 1975–1980 and to 62 years in 2010–2015, which is more than the increase recorded elsewhere in the world (ESA, 2013a; 2015). This increasing trend is projected to continue and developing countries are expected to gain between 13 and 19 years of life expectancy by 2095–2100 (ESA, 2015). Females generally have higher life expectancies than males. For example, in 2014 the life expectancy at birth for females in SSA was 59.9 years while for males it was 57.3 years. In LAC it was 78.3 years for females and 71.8 years for males. In South Asia and the Pacific it was 69.6 years and 66.8 years for females and males, respectively. The corresponding figures in East Asia were 77.0 and 72.9 years (World Bank, 2014).

Figure 3.2. Life expectancy rates, low- and middle-income countries, 1960–2015



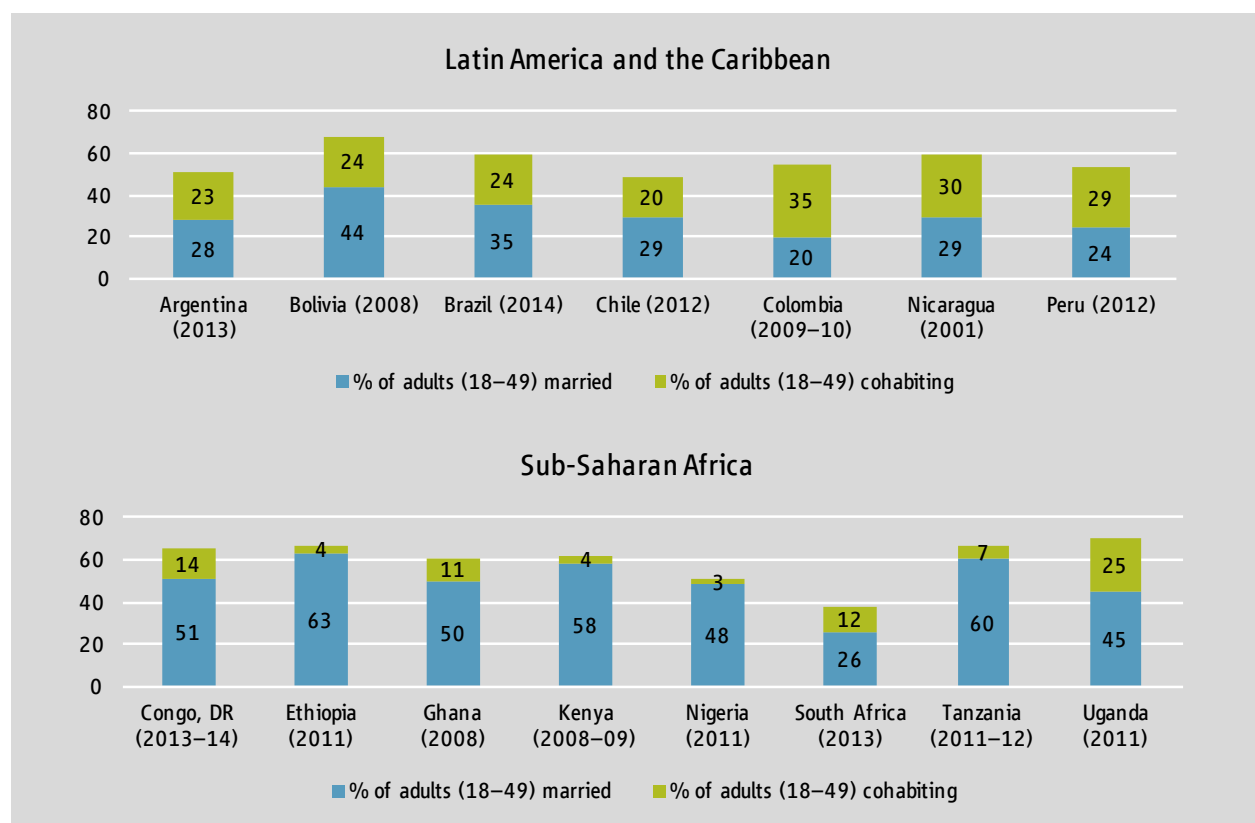
Source: DESA (2015).

The combined effect of decreasing fertility and increased life expectancy has set in motion a process of population ageing and also led to an increase in the old-age dependency ratio, which measures the number of elderly people as a share of those of working age. From 6.7, 7.1 and 8.2 in 1950, 1975 and 2000 respectively (ESA, 2002), the ratio reached 10.8 in 2013. Regionally it was 16.0 in Africa, 9.5 in Asia and 9.1 in LAC (ESA, 2013a).

### 3.1.2. Changing marriage patterns

Recent years have seen new marriage patterns. In LAC and SSA these are reflected in, among other things, declining marriage prevalence, increased prevalence of cohabiting unions (Figure 3.3) as well as an increasing proportion of unions dissolved through separation and divorce. Although adults in Asian countries are more likely to marry and less likely to cohabit and to divorce than their counterparts in other developing regions, the age at first marriage in this region has increased over the years. In some East Asian countries, mean age at first marriage is now about 29.5 years for women and 32 years for men, which is higher than in many developed countries such as the United States where it is 26 years and 28 years for women and men, respectively (ESA, 2013b). In South Asian countries such as Bangladesh, India, Nepal, Pakistan and Sri Lanka the mean age at marriage is just over 20 years (Jones, 2014; Jones and Yeung, 2014). By the same token, marriage takes place after 20 years in virtually all LAC countries and in SSA larger proportions marry later than previous generations, with mean age at first marriage ranging from about 19 years in countries such as Madagascar and Mozambique to over 30 years in South Africa and Botswana (ESA, 2013b).

Figure 3.3. *Proportion of women married and cohabiting, LAC and SSA, 2000–2014*



Source: DESA (2015).

The combination of decreased marriage prevalence and increased marital instability has made female-headed households a common phenomenon in contemporary SSA and LAC. With the number of widows in developing countries (Table 3.1) making up 69.7 per cent of the estimated 258 million widows in the world in 2015, there is also a considerable number of widow-headed households in all developing countries (Beegle et al., 2015; Harma, 2015). All in all, households headed by women as a result of non-marriage or marital dissolution tend to be smaller, are likely to be single-adult households, to have higher dependency ratios and, overall, to be poorer than households with a present or temporarily absent male head. As Table 3.1 suggests, widow-headed households in many developing regions are also likely to live in extreme poverty, though the proportions vary significantly.

**Table 3.1.** *Regional estimates of widows in extreme poverty – 2015*

Region	Number of widows	Widows in extreme poverty (%)
SSA	22,153,905	42.3
East Asia and the Pacific	82,298,356	5.5
Central Asia	3,614,152	18.6
South Asia	57,844,083	33.4
LAC	17,922,341	4.9

Source: Adapted from Harma (2015, p. 39).

### 3.1.3. Health-related trends

Family dynamics in SSA have also been greatly impacted by the HIV and AIDS epidemic. According to UNAIDS (2015), the sub-region accounts for a third of all new infections globally, and in 2014 it was home to 26 million people (of which, more than half are women) living with HIV. Although HIV prevalence is much lower in other developing regions, the absolute numbers are not insignificant. In 2014 there were 5 million people living with HIV in Asia and the Pacific and 1.7 million in LAC. As is widely documented, the epidemic affects mainly people in their most productive age groups.

Although the last decade witnessed notable decreases in new HIV infections and AIDS-related deaths as a result of the wide availability of antiretroviral treatment, at its peak the epidemic greatly undermined family-based support systems in many developing countries. In some of the worst affected areas, skip generation households and child-headed households are still common. In South Africa, for example there were 85,000 child-headed households in 2013 compared to 127,000 reported in 2002 (Hall, Meintjes and Sambu, 2015).

Developing countries are also grappling with high levels of maternal mortality. According to the World Health Organization (WHO), although the maternal mortality ratio (deaths per 100,000 live births) in developing countries declined from 430 in 1990 to 239 in 2015 – with the decline witnessed across all regions – 99 per cent of the global maternal deaths in 2015 were from developing countries, with SSA alone accounting for roughly 66 per cent, followed by Southern Asia at 29 per cent (WHO, 2015).

Encouragingly, developing countries made substantial progress in improving the infant mortality rate (deaths of infants under one year old per 1,000 live births) over the past two decades. In SSA the rate decreased from 108 in 1990 to 35 in 2015 while in LAC it decreased from 43 to 15 in the same period. The decrease in Asia was from 65 to 29. Similarly under-five mortality (number of

children who die by the age of five, per 1,000 live births) decreased from 100 in 1990 to 47 in 2015 (WHO, 2015). It is noteworthy, however, that child survival remains a concern for developing countries. For example, SSA continues to have the highest under-five mortality rate in all world regions, with one in 12 children dying before their fifth birthday. South Asia, on the other hand, accounts for three in 10 global under-five deaths (WHO, 2015).

### 3.1.4. Labour market trends

One of the most striking phenomena of recent times has been the extent to which female labour market participation has increased. For example, recent figures from the International Labour Office (ILO) show that the female participation rate rose in LAC from 4.5 per cent in 1995 to 52.6 per cent in 2015, while in SSA it rose by 3.2 percentage points over the same period. Similarly, the gender gap in labour force participation rates narrowed in much, though not all, of the developing world between 1995 and 2015 (ILO, 2016a).

The narrowing gender gap has, however, not necessarily translated into improvements in the number and quality of employment for women. Overall there is clear sectoral and occupational segregation with women in developing countries more likely than men to work in vulnerable employment, which relates to categories of work that are highly precarious due to low-productivity, low and highly volatile earnings, exposure to health and safety risks, and inadequate social protection where such schemes exist (ISSA, 2013; ILO, 2016a). In 2015, for example, over 60 per cent of all labour-active women in South Asia and SSA were engaged in time- and labour-intensive jobs in the agricultural sector where they are often unpaid or poorly remunerated (ILO, 2016a). In the non-agricultural sector, informal employment is a greater source of employment for women than for men. For example, in SSA 74 per cent of women versus 61 per cent of men in non-agricultural employment worked in the informal economy, while in LAC the figures were 54 per cent of women and 48 per cent of men. In South Asia 83 per cent of women and 82 per cent of men are in the informal economy while in East and Southeast Asia (excluding China) the figures are 64 per cent for women, 65 per cent for men (ILO, 2016a).

### 3.1.5. Migration and global care chains

Although there has been little change in the proportions of international migrants who are women in recent decades, women are more likely to migrate independently now than in the past (IOM, 2008). A combination of increased labour force participation of women, an ageing population, and declining public provisioning of care in developed countries has led to a high demand for domestic work and care for children, the elderly, the sick and the disabled. This “care deficit” has created “global care chains” whereby women in developing countries – faced with increased poverty, inequalities and lack of decent work opportunities – leave their own dependants to be cared for by female family members and/or paid female workers while they move abroad to work as domestic helpers and caretakers (ILO, 2013; 2015; Fleury, 2016). According to current estimates presented by the ILO, 73.4 per cent of all international migrant domestic workers are women, and the majority of them are found in high-income countries in South-East Asia and the Pacific (24 per cent), followed by North, South and West Europe (22.1 per cent) and the Arab States (19 per cent) (ILO, 2015).

## 3.2. Impact of trends on social security

### 3.2.1. Pressure to extend coverage

The impact of the foregoing trends on social security is, to a large extent, underscored by the sectoral and occupational segregation that characterizes labour markets in developing countries. In essence, the reliance on the traditional ILO definition of social security provision, which presumed that the majority of citizens had already attained a satisfactory living standard in a formal economy which social security was designed to protect (Tostensen, 2008), meant that these systems concentrated on protecting the individual from insecurity and ignored the common collective risks which normally befall informal economy workers and those in vulnerable employment. For example, although the nature of their work exposes them to an array of safety, illness, injury, crop failure and climate-change risks, informal economy and agricultural workers, the majority of whom are women, have little or no access to formal risk-mitigating mechanisms such as insurance, pensions and social security arrangements to meet contingencies and eventualities such as ill health, accidents, death, old age and natural disasters.

Largely in recognition of this definitional shortcoming, pressure has grown at international and national levels to extend coverage to groups that have previously been excluded, specifically women engaged in informal employment and other forms of vulnerable employment as well as migrant domestic workers.<sup>6</sup> This entails adopting a pro-poor approach that links informality, social security and empowerment (Lund, 2009).

### 3.2.2. Growing demand for care

In addition to high levels of informality, structural factors such as increased labour force participation, demographic pressures and increased migration also present social security risks for women in developing countries. For example, increased migration, especially of women, may weaken kinship support for care roles and domestic tasks as family members increasingly live in physically separate locations (Mokomane, 2012). Where available, market-related care provision is typically beyond the means of many poor families and women whose livelihoods are based largely on the low wages of the informal economy. Thus to the extent that they disrupt labour force participation and earning potential, care responsibilities have negative implications for women's economic well-being and social security. Indeed, many mothers of young children often pay a high "motherhood pay penalty" where they earn less than their childless counterparts partly due to employer discrimination and partly due to choosing "mother-friendly jobs", which, in developing countries, are typically in the informal economy. A recent study of 31 developing countries estimated the motherhood pay penalty in these countries to be 42 per cent compared to 37 per cent in China and 21 per cent in the United Kingdom (Grimshaw and Rubery, 2015). The low pay and employment insecurity that characterize these "mother friendly" jobs often extend into women's middle age, as many women do not acquire the training and experience necessary to open up higher earnings opportunities by then.

The motherhood pay penalty is exacerbated by the gender wage gap, the difference in pay whereby women earn, on average only 60 to 75 per cent of men's wages, in most countries of the world (ILO, 2016a).

6. In response, the ILO reoriented its own definition of social security from purely individual notions of risk to include more collective and structural causes. The Recommendation concerning National Floors of Social Protection, No. 202 (2012) explicitly recognizes that "social security is an important tool to prevent and reduce poverty, inequality, social exclusion and social insecurity" (ILO, 2012), and the ILO's World Social Protection Report 2014/2015, in its glossary definition of social security, adds "general poverty and social exclusion" to its list of conditions which give rise to the need for social protection (ILO, 2015a, p. 163).

The wage gap may be explained by, among other things, the differences in work experience, sector, type of occupation, the numbers of hours spent in paid and unpaid work, and lack of women's representation in trade unions. Additional explanatory factors in developing countries include women's relatively lower level of education and higher engagement in low-productivity activities and work in the informal economy, with less mobility to the formal economy (UN Women, 2015).

Demographic factors such as women's relatively higher life expectancy exposes them to further risks in old age as they face inadequate retirement income due to their lower earnings stream (Cameron, 2014, p. 4). There is also an increasing demand for elder care as young women, the traditional caregivers, increasingly participate in the labour force and in global care chains, and in some countries, are affected by HIV and AIDS. Furthermore, despite notable improvements in the mitigation of the impact of HIV and AIDS, many older people in SSA, particularly grandmothers, continue to live in skip-generation households which in 2006–2008 ranged from a low of 10.6 per cent in Mali to a high of 27.5 per cent in Zimbabwe (Zimmer, 2012). At a time when their own means are challenged by declining home remittances from working adult children and limited social security coverage, grandmothers in these households are not only faced with relatively higher levels of functional limitations and non-communicable chronic diseases, but they shoulder the burden of care of orphaned grandchildren (Zimmer, 2012; StatsSA, 2013). Faced with healthcare and childrearing costs that are beyond their financial capacity, many of these older people have been known to sell their meagre assets which, in turn, undermines their resource base, leaving them more at risk of living in poverty across many dimensions including material and emotional (Zimmer, 2012).

### 3.2.3. Need to adapt to global care chains

Through global care chains, traditional gender inequalities are often perpetuated and poverty is eventually transmitted across generations of women and across countries (ILO, 2015b). Not only do these chains hamper economic and educational opportunities for many women left to provide care in origin countries, but the care work done by migrant women is also often undervalued and poorly paid in destination countries. Furthermore, being migrants, women participating in these care chains face – as do other migrants in general – another layer of discrimination in the field of social security in their destination countries. This includes being explicitly excluded from the scope of coverage of social security, including from maternity protection, pension rights, coverage for accidents and professional illness as well as unemployment benefits. If available, coverage may be subject to restrictions such as minimum salary and/or minimum number of working hours for a single employer. Accounts of maltreatment, abuse, and social isolation, especially of live-in migrant domestic workers, are also widely reported (ILO, 2015b; ILO, 2016b).

## 3.3. Responding through social security

### 3.3.1. Address informality and poverty

Extending the coverage of social security requires the adoption of new specific schemes and complementary institutional measures – or the adjustment thereof – that are aligned with the needs of informal workers, who are largely women, as well as other vulnerable population groups. Pathways to achieving this include:

***Facilitating participation of vulnerable employees through regulation.*** This entails enacting basic human rights legislation; incorporating the needs of informal workers into existing labour, financial



and insurance institutions (rather than creating separate schemes and programmes); inclusion in local, national, and international government spheres; and well as a national multi-stakeholder approach involving government, the private sector, and formal and informal workers (Lund, 2009).

***Delinking social security benefits from labour market status.*** There has been a trend in many developing countries to de-link benefits from an individual's status in the labour market through, for example, tax-financed social assistance and universal social security schemes. This approach recognizes existing informal economy and informal social security schemes, linking them with formal security schemes and providing them with fiscal and non-fiscal support to strengthen their base through combinations of general tax and community-based funding (Olivier, Masabo and Kalula, 2012). This effectively pools risks across all taxpayers and lessens them for women who are likely to work in vulnerable employment. One pathway to achieving this is through cash transfers such as conditional cash transfers (CCTs) and social pensions.

CCTs are paid to households contingent upon their meeting a criteria and fulfilling obligations set by government regarding, commonly, children's receipt of certain educational, nutritional, and health services. Although the target of CCTs is households and not individuals, the primary recipients in many countries are mothers or women responsible for children in a household, with the basic thesis being that "the money spent by women tends to be invested in goods and services more likely to positively affect the well-being of children" (Soares and Silva, 2010, p. 7). CCTs have also been linked to greater women's empowerment and improved intra-household balance of power. Critiques of these transfers are, however, noteworthy. One is that, to the extent that they are principally meant for the benefit of children, CCTs are not designed to address the specific needs and vulnerabilities of the women who receive them. Hence, in targeting one group in need (children), they disadvantage another group (women) in the process (Molyneux, 2007). It is also widely argued that these transfers "tend to reinforce the traditional role of women within the household since they are "empowered" only under the label of guardians of the children" (Soares and Silva, 2010, p. 7).

Typically funded through general taxation, social pensions are regular cash transfers paid, most commonly, to older people and are particularly important for individuals such as women as well as low-income and informal economy workers who have limited participation in the labour market and are unlikely to meet the vesting periods of contributory social insurance pensions or to accumulate sufficient savings in individual pension accounts. Women are also more likely to benefit from these pensions because their higher life expectancy means that there will often be more women than men above retirement age (Arza, 2015, p. 20). Overall, in addition to their positive spill-over effects, administrative simplicity, and ability to reduce social distortions (Dethier, 2007), social pensions – in their various designs and scope – are widely commended for their contribution to filling social security coverage gaps, reducing old-age poverty and enhancing women's access to basic old-age protection. South Africa's Old Age Grant, a means-tested pure income transfer paid to all eligible men and women aged 60 or older, is widely accredited with reducing poverty in households with older people by more than half; significantly improving the status of women in rural households; and enabling grandparent (the majority of whom are grandmothers) in skip-generation households to support their grandchildren thus improving educational, health and nutritional outcomes for children in recipient households (ISSA, 2008; Arza, 2015).

Another way to de-link social security benefits from the labour market is to provide universal health coverage (UHC). This policy option is particularly beneficial for women given their relatively higher use of healthcare services as a result of their maternity needs, greater burden of diseases including sexually transmitted infections such as, in sub-Saharan Africa, HIV and AIDS, as well as illnesses in



their old age due to their higher life expectancy (Mercer, 2016). UHC can therefore mitigate the high out-of-pocket health fees that often act as real barriers to access healthcare and services in developing countries, particularly among poorly paid informal economy workers, the majority of whom are women. Rwanda's *Mutuelles de santé* offer an example of a community-based health scheme that can provide social health protection, which guarantees individuals access to an adequate package of health care based on needs rather than on the ability to pay (Jones and Holmes, 2010). Covering over 90 per cent of Rwanda's population, the scheme is one of the most extensive health insurance schemes operated in SSA and has been linked to significant improvements in the use of curative services and other key health indicators, particularly for women. At the national level, the services offered at reference hospitals are paid for by the National Risk Pool that is mainly funded by the Government of Rwanda and through cross-subsidization with other insurance schemes. About 98 per cent of Rwandan women now receive antenatal care from a skilled provider and over 69 per cent of births are assisted by a skilled provider in a health facility. Together with the increased use of mobile technologies and rapid SMS for emergency labour and other medical complications, there has been a considerable decrease in maternal and infant mortality rates in Rwanda as a result of the scheme (Makaka, Breen and Binagwaho, 2012; Government of Rwanda, 2014).

### 3.3.2. Recognizing and facilitating care

Given the scale of the care needs of economically active women in developing countries it is imperative to develop (or extend) and implement care-related policies that can enhance the combination of paid work and care, and foster gender pay parity. Labour market policies such as maternity, paternity, and parental leave, breastfeeding policies, and flexible working arrangements are plausible options in this regard. However by design, these policies assume an employer-employee relationship, which may present challenges in many developing countries where the majority of women – who are the main carers – may not have an employer or, if they do, may know and engage with the direct intermediary only (Alfers, 2015). Others policy instruments may also be more challenging against the background of prevailing family and gender dynamics in many developing countries. For example, promoting more equal sharing of care work between men and women (Esplen, 2009) may be a lower priority in contexts of high female household headship. Child support allowances, where grants are given to caregivers of poor children are common in Latin America and have been commended for reaching those with an extra care burden and helping to offset the financial costs incurred by unpaid carers due to loss of income. However, just as for CCTs, these allowances have been criticized for reinforcing gender stereotypes of women as natural carers. It has also been argued that the allowances not only cover a small amount of the cost of bringing up children but they are also often low, allowing for few social security or employment rights for the mothers who receive them (Esplen, 2009).

Thus, of all plausible policy options, the provision of accessible and affordable public care services has been identified as the most effective in increasing women's access to employment in developing countries (Esplen, 2009; Alfers, 2015). Two Latin American programmes, *Estancias Infantiles* in Mexico and *Brasil sem Miséria* in Brazil (Box 3.1) are examples of public childcare services that can enhance women's labour force participation and economic empowerment.

**Box 3.1. *Estancias Infantiles and Brasil sem Miséria***

Launched in 2007, *Estancias Infantiles* provides day care for children from poor families from birth to age 3. The focus is specifically on childcare as a means to free up women for income-earning activities. The programme is run by the Social Development Secretariat and provides both supply-side and demand-side subsidies in order to create a regulated market for childcare. Individuals or organizations interested in running home-based childcare centres can apply for a start-up lump sum of 35,000 Mexican Pesos (MXN). Families who meet the requirements for participation (low-income families and mothers actively seeking employment) can apply for grants of up to MXN 700 per month to purchase childcare from accredited facilities. A secondary goal of the programme has been to create employment for “care professionals”, although facility staff are required only to have a secondary school education, to pass a psychological test, and to participate in a basic training programme. The Mexican government claims that it has managed to create 38,000 jobs through the programme.

With a specific focus on the poor north-eastern regions of Brazil, *Brasil sem Miséria* was introduced by the Brazilian President in 2011 as an extension of the *Bolsa Família* Programme. The programme aims to extend a variety of social services to this area including publicly-funded childcare services for children younger than age 6 as well as microcredit and skills training to women. The Brazilian government claims that as of 2014, approximately 580,000 children had been enrolled in the childcare centres operating under the programme.

*Source: Alfars (2015, p. 29)*

To the extent that children need developmentally stimulating environments to thrive, it is also imperative for the public childcare services to have strong and clear links with early childhood care and education. A critical component of this approach is the alignment of the programmes with the work schedules of the mothers and caregivers. Chile’s *Crece Contigo* is an example in this regard. The programme was introduced in 2006 by the Chilean presidency and it caters to children (from birth to age 6) from families in the lowest six income deciles. It forms part of Chile’s Intersectoral System of Social Protection and is administered by the semi-public *Junta Nacional de Jardines Infantiles* (JUNJI), although services are offered by third parties (mainly municipalities, but also NGOs) via JUNJI subsidies, as well as JUNJI itself. According to official sources, since the introduction of *Crece Contigo* the number of public crèches has increased from 700 in 2006 to over 4,000 by 2009. Although the programme has largely revolved around early childhood development it is also cognisant of women’s employment issues, offering care during the day across the hours from 08:30 to 16:00 and looking to extend this to 19:00 (Alfers, 2015, p. 29). This Chilean system has also been hailed for having a high level of integration of public services, social services and cash grants, in that the same beneficiaries of the public childcare provisions of *Crece Contigo* are also likely to be receiving social assistance conditional cash benefits. These include families living in extreme poverty who receive the “*Ingreso Etico Familiar*” cash benefits and vulnerable salaried and self-employed women aged 25–59 who receive the “women work grant”, which is paid out monthly or annually depending on the beneficiary’s preference.

Recognizing that the lack of childcare facilities inhibits the participation of women in wage labour markets some developing countries have incorporated care components in public works, employment guarantees, and cash-for-work social protection programmes. An example is India’s National Rural Employment Guarantee Act (NREGA), which was enacted in 2005 to enhance livelihood security in rural areas by providing at least 100 days of guaranteed wage employment in a financial year to every household whose adult members volunteer to do unskilled manual work. The Act provides for childcare facilities at the worksite when more than five children younger than age 6 are present at the site (Khera and Nayak, 2009). By the same token, the recent iteration of Ethiopia’s Productive Safety Net Programme (PSNP) – a food security programme

that provides income transfers through public works – includes the establishment of two types of day care centres at public works sites or in villages. One type entails temporary centres at public works sites, which will enable women to breastfeed their children when they participate in public works. The other type will be village-level childcare centres. While it will be less conducive to breastfeeding as the centres will be located away from the public works sites, they will have the potential to become permanent and to provide childcare opportunities beyond the six-month public works period (MoARD, 2014).

In terms of elder care, increasing life expectancy and expected multiple chronic illnesses suggest that the need for intermittent or continuous long-term care (LTC) services for older people in developing countries will undoubtedly grow. Thus in addition to publicly-provided childcare services, accessible, well-functioning public health services that require no out-of-pocket payments, are important as a means to enable the usually female primary caregivers of the elderly and those in ill-health to engage in income-generating and other life enhancing activities such as study or leisure (Esplen, 2009; Mokomane, 2012). The WHO (2002) asserts that in doing so there is need to reflect on the unique conditions of developing countries including epidemiology; resources; culture and values; educational levels; strength of informal care; stages of development of health and social care systems; and obstacles to the accessibility of LTC such as geographic spread, internal migration, transportation, and infrastructure.

Although LTC may be home-based or institution-based, notwithstanding their changing dynamics, families in developing countries remain better equipped to provide LTC as the norms for family support for older people continue to be strong and institutional care remains stigmatized (Lloyd-Sherlock, 2015). In a ten-country case study, the WHO found that publicly-financed institutional LTC is barely provided and in the few countries that do so, such as Mexico, Sri Lanka and Thailand, there were great efforts to improve the degree of coordination between home-based and institutional LTC, with more emphasis placed on “home health” (WHO, 2002). To this end, the WHO identifies key policy issues that are relevant to LTC public policy development in developing countries as including:

- the provision of a broad package of home-based LTC services that include home health, personal care, and homemaking;
- strong financial and organizational linkage of home health to the health system;
- a strong emphasis on family guidance and counselling through home health systems;
- targeted personal care and homemaking services towards the very poor and those without families.

### 3.3.3. Protecting the rights of migrant domestic workers

For the women who take part in global care chains, access to social security benefits can be improved through policies and practices in countries of origin and destination (Box 3.2), as well as through bilateral and multi-lateral labour agreements.

### Box 3.2. Policies and practices to protect migrants

#### In countries of origin

**Regulation of private employment agencies:** to ensure their reliable and quality service to safeguard women from risks of labour exploitation and trafficking. That is prevalent in highly vulnerable employment sectors such as migrant domestic and care work.

**Pre-departure services:** such as “Information on Safe Migration” to ensure the right to mobility and safe migration conditions for female migrant workers; pre-departure upgrading female migrants’ skills to improve the chances of higher-level and higher-waged employment in the destination country; and through official documentation of migrants’ skills and work experience.

**Protective measures:** including emphasizing the role of diplomatic missions as safety nets and countering violence against women migrants through support services such as shelters, mediation services, NGOs and help lines.

#### In countries of destination

**Ensuring minimal labour standards:** in sectors with poor labour standards such as domestic work where female migrants are likely to be employed.

**Devising mechanisms that help ensure the payment of wages:** given that migrant workers in the domestic and private care services sector are more prone to experiencing the withholding of their wages or short-notice termination.

**Permitting access to health care regardless of one’s legal status:** particularly important in the case of acute illness and for pregnant migrant workers and for the children of undocumented parents.

**Informing employers about services available for all migrants regardless of their status:** employers may not be aware that migrants with an irregular status may be eligible for certain services such as accident or third party insurance.

**Assisting female migrants in regularization processes:** female migrants, particularly migrant domestic workers, often face difficulty in providing the necessary documents, because they often do not have formal work contracts.

**On-site services to female migrant workers:** examples of these are the services of Sri Lanka and the Philippines through their diplomatic missions in countries of employment, where they organize community out-reach services to reduce alienation; provide skills training to enable workers graduate to better jobs; emergency economic support, shelter, food, health care, counselling and legal aid; repatriation assistance and reintegration orientation for those returning to the source country.

Source: OSCE (2009).

An example of a successful country of origin practice is the “From Sri Lanka to Tuscany” programme pilot, carried out by the Italian Government in co-operation with the International Organization for Migration (IOM) in the region of Tuscany, which has a severe shortage of care workers. The 60 participants received 60 hours of Italian language training in Colombo, Sri Lanka and a 25-hour course in the field of personal care. The course not only assisted workers and employers to overcome language barriers, but it led to an increase in salary for the Sri Lankan caregivers.

The Philippines scheme for migrant workers, which the government established to promote social protection for the country’s citizens employed abroad as domestic workers, is an example of a policy intervention that can be implemented in destination countries. Recognizing the significant contribution of female migrant domestic workers, and their particular vulnerabilities, the scheme extended protections to these workers in terms of the promotion and development of foreign employment; the

regulation and management of recruitment, placement and labour migration flows; and the welfare and protection of migrant workers and their families (UN Women and ILO, 2011). These protections include a standard contract ensuring a weekly day of rest, as well as regulations requiring employers to cover most of the costs relating to recruitment and placement. They also provide skills and welfare programmes in the destination countries as well as monitoring welfare services provided by private recruitment agencies and regulating foreign placement agencies. The Filipino government also accredits non-governmental organizations to provide pre-departure orientation seminars for workers to inform them of their rights to entitlements and their obligations and about available services in destination countries. Programmes to help workers re-integrate into Filipino society on their return home are also in place (Elspen, 2009, p. 58).

To achieve much of the above, the Filipino government essentially negotiated and signed bilateral labour and social security agreements with nine countries, the salient features of which include (Hall, 2011, p. 64):

- mutual assistance between the Philippines and the host country where covered members or beneficiaries may file their claims with the designated liaison agencies in the Philippines or the other country, which will extend assistance to facilitate the processing of claims;
- equality of treatment – a Filipino covered by social security, including his or her dependants and survivors, is eligible for benefits under the same conditions as the nationals of the other host country;
- export of social security benefits – a Filipino continues to receive his or her benefits wherever he or she decides to reside (in the Philippines, in the country of employment, or a third country);
- totalization – creditable membership periods in both the host country and the Philippines are added together to determine qualification for benefits.

### 3.4. Conclusion

Developing countries are witnessing socio-economic and demographic transformations that have led to changing family and gender dynamics. These are bound to have profound implications – both at present and in the future – for social security systems and for women in these countries. To mitigate against the negative implications of these changes on the well-being of women, there is need for concerted public efforts to extend social security coverage in high-informality contexts; to meet the demand for care across generations; and to adapt to increased global care chains. Pathways to this include enacting basic human rights legislation that incorporates the needs of informal workers into existing labour, financial and insurance institutions; delinking social security benefits from labour market status through the provision of cash transfers, including conditional cash transfers as well as through universal health coverage; providing accessible and affordable public care services for children and the elderly and for those in ill-health; and protecting the rights of international domestic workers through policies and practices in countries of origin and destination as well as through bilateral and multi-lateral labour and social security agreements.

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## 4. Selected responses of social security institutions and policy-makers

Simon Brimblecombe

This report is one of a series prepared by the International Social Security Association (ISSA) that addresses the influence of a number of megatrends on societies globally. As a global association comprising national social security institutions, an important consideration for the ISSA is to improve understanding of how its member institutions worldwide are responding to the impacts of megatrends in a positive and effective way. This chapter therefore focuses on summarizing the impacts of the changes and trends identified in chapters 2 and 3 on national social security institutions and, more specifically, it details the evidence of measures and responses to mitigate and adapt to the negative impacts of such changes and trends. The chapter therefore complements the analysis in chapters 2 and 3. It also discusses how commensurate positive impacts can be encouraged and strengthened and how institutions and policy-makers, often working with other stakeholders, can positively impact the inputs (such as labour market inequality), which in some cases negatively affect social security outcomes. This chapter sets out responses in different key areas.

### 4.1. Improving legal coverage of existing benefits

A variety of different measures taken by social security institutions to extend coverage both through a move to universal (nationwide) coverage, but also more specifically to certain groups of workers previously excluded, are a very effective way to address some of the gender inequality issues highlighted in this report. Following a summary of general measures applicable to women in all employment categories, some of the group-specific responses for certain classes of workers or groups of the population are presented.

#### 4.1.1. General measures particularly effective for improving gender outcomes

***Easing conditions attached to benefit provision.*** This might include reducing the minimum service period required to join a scheme as well as the vesting periods for eligibility for benefits. This is a particularly important issue for women who may change job frequently, are active in the informal economy for a significant time or whose duration of career is less than the minimum service requirement in a scheme. For instance, a scheme that requires 20 years of uninterrupted contributory service to be eligible for benefits is likely to disadvantage female workers. For example, in Spain, only 41 per cent of women (versus 94 per cent of men) who were paying contributions in the years leading up to retirement (ages 60 to 65) met the 15-year service requirement for the minimum pension (Salvador Cifre, 2013).

***Moving from contributory-based to resident-based conditions for membership and benefits.*** For example, in the Netherlands the right to the state pension is based on years of residence in the country; 50 years of residence gives entitlement to a full state pension. At the same time, there is a move away from providing a spouse's entitlement towards individual entitlements, meaning both men and women will have entitlement to the benefit.

**Putting in place legal universal access.** This allows all types of workers to join social security schemes, through either compulsory or voluntary arrangements, irrespective of the status of the worker. However specific responses applying to groups of workers where women are overly represented or have worse outcomes than their male counterparts are often required to effectively address the inequality issues (as detailed in the next sections).

#### 4.1.2. Specific group measures

**Migrant workers.** Overly represented in informal migrant worker populations, female migrants lose out from coverage doubly. First, due to the fact that they are migrants and, second, from being in the informal economy. So while the number of bilateral and multilateral agreements continue to increase, these tend to focus on formal economy migrants, who are overwhelmingly male – and not on informal economy workers who tend to be female.

In a number of countries, the majority of migrants are female workers engaged often in low paid, informal-economy work. In Indonesia in 2009, only 18 per cent of all migrants were male; in the formal sector, female workers represented 25 per cent of workers but some 95 per cent in the informal economy (ADB, 2013). Women migrant workers are at greater risk of discrimination, exploitation, and abuse than their male equivalents.

There are a number of reasons why female migrant workers are particularly at risk. First, they may be working in a country where there is habitually discrimination against female workers. Second, they typically work in informal-economy activities and therefore have less protection than those (typically male) working in the formal economy.

Specific migrant worker measures that can be taken to improve legal coverage include easing minimum residency-based requirements for vesting and, more generally, breaking the link between immigration status and eligibility for social security (by allowing affiliation of employees/employers independent of the immigration status of the employee) (ISSA, 2014).

As one example, Viet Nam has achieved increasing female coverage through community-based pilot programmes. In 2014, the Vietnamese government estimated that there were some 9.2 million domestic migrant workers in urban areas in the country. While numbers are split roughly equally between men and women, women are much more likely to be self-employed (61 per cent) than their male equivalent (33 per cent), and women have significantly lower access rates to health services. A UN Women's Fund initiative launched in the country in 2013 has improved access to social protection, legal support and health services. There are currently 10,000 women migrants who now have such protection. While numbers are still small, the scheme has shown how coverage can be improved, supported by a 33-member community network.<sup>7</sup>

**Part-time workers.** Women are more likely to work part time than men,<sup>8</sup> which has a number of both direct and indirect gender impacts. It may mean that women are more likely to be excluded from pension provision (e.g. if they do not meet the minimum number of hours worked or the minimum salary)<sup>9</sup> and

7. See <<http://www.unwomen.org/en/news/stories/2016/8/migrant-women-of-viet-nam-claim-social-protection-and-rights>>.

8. For instance, 5 per cent of men and 22 per cent of women aged 25–54 work part time in the OECD (OECD, 2015b).

9. In the United Kingdom, the government has set the minimum annual salary, above which pension contributions have to be paid, at GBP 10,000. However, 77 per cent of workers earning less than this amount are women; see <[http://www.theactuary.com/news/2016/12/pension-auto-enrolment-earnings-trigger-frozen-at-10000/?utm\\_source=Adestra&utm\\_medium=email&utm\\_term=>](http://www.theactuary.com/news/2016/12/pension-auto-enrolment-earnings-trigger-frozen-at-10000/?utm_source=Adestra&utm_medium=email&utm_term=>)>.

in most systems their part-time status will lead to lower pension accrual due to the lower income earned. Women who work part time may also not be eligible for minimum pensions paid out in certain schemes. However, in certain countries, the situation for part-time workers has improved with legal provision improving and system design changing to address particular adequacy issues, for example:

- Coverage of part-time workers in the European Union (EU) has been significantly improved over the last two decades with the EU Directive on Part Time Work. Subject to certain minimum requirements, part-time workers are covered for pension benefits.
- A move to Career Average Salary (or Notional Defined Contribution) systems may favour those workers with part-time or more irregular career histories, as they generally have a lower salary progression rate than full-time workers and are therefore relative losers under conventional final salary systems. At the same time, the intelligent and more flexible use of a minimum pension can also help ensure an adequate pension for part-time workers. In respect of contribution payment, reducing minimum absolute contribution requirements is likely to help part-time workers and encourage such workers to sign up for voluntary systems.

**Domestic workers.** Domestic workers are overwhelmingly female and often excluded from legal coverage. A number of countries have however extended legal coverage to domestic workers. As two examples:

- Turkey supports the registered employment of women through home-based childcare services. The practice supports mothers with small children in targeted provinces who employ a caregiver for children and who return to work by granting the equivalent of EUR 300 for a period of up to 24 months to promote directly their registered employment and indirectly those of the caregivers for children they have recruited.
- Argentina has created a special social security registry for domestic workers. The web application enables the rapid and simple generation of a certificate of employment, containing information identifying the employer, the worker and the employment relationship as well as pay slips and receipts of payment – electronic or manual – of the contributions which fund social security.

**Informal economy and self-employed workers.** The key challenges of covering self-employed workers are verification and record keeping, financing (replacing employer contributions) and often the financing capacity of self-employed workers themselves. Voluntary schemes can help bridge the gender gap if these are well designed and affordable.

- In Burkina Faso, more than 80 per cent of the active population work in the informal economy and agriculture/forestry/farming sectors. Most have no social protection. A voluntary scheme has helped increase awareness of the importance and value of social security.
- The Islamic Republic of Iran is pursuing the identification and extension of social insurance coverage to workers in the informal economy. Other countries with similar initiatives include Kenya (Mbao Pension Plan), Mexico, Philippines (Social Security System – SSS) and Rwanda (Rwanda Social Security Board). For example, the SSS recognizes the irregularity of incomes and differences in the nature of self-employed businesses in the designing and delivery of benefits and services.

- Redefining or strengthening employment status for social security benefits is another response. To ensure that workers in the so-called “gig economy” are covered by social security protection, employers who previously categorized their workers as “self-employed” are increasingly having to pay contributions on their behalf, consistent with their real status as “employees”.<sup>10</sup>

Where social security programmes are coordinated with other stakeholders to specifically target women, the results can be very effective. This is because tailored, community-level schemes can often use the distribution channels most likely to be used by women as well as more appropriately designed benefits and services to meet the risks faced. For example, in Bangladesh the government is planning to take steps to build community-based women leadership to develop social protection measures to assist vulnerable women and children during natural disasters,<sup>11</sup> recognizing that they are particularly at risk.

## 4.2. Reinforcing adequacy of existing benefits

A number of policy measures, normally related to the design of schemes, can support efforts to improve outcomes for women and single parent households. These include:

**Carer/caregiver credits.** In a growing number of countries, this is one policy tool aimed at compensating women (and men) for periods spent caring for young children (or in some instances, older persons or persons with disabilities). Most EU countries provide some element of a pension credit for childbirth and childcare, but these are generally limited in time and can be for relatively short periods. Certain countries in North Africa and Latin America either provide explicit credits for caregiving (Chile and Uruguay) or reduce the retirement age for women who have raised children (Algeria and Tunisia). Many Central Asian systems (Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan and Turkmenistan) either reduce the retirement age (or contribution requirements) for mothers or include in the definition of covered employment non-contributory periods spent caring for persons with disabilities or young children. Credit for caring duties is not only socially fair but economically logical; one estimate of the value of unpaid work carried out by women amounts to USD 10 trillion of output per year, equivalent to 13 per cent of global GDP (Woetzel, 2015).

**Strengthening entitlements to non-contributory pensions.** In contexts of high informality and low coverage of contributory pensions, many countries in Latin America, Africa and Asia have opted for strengthening protection in the zero pillar. Research has also shown that non-contributory pensions can improve women’s status in the household and thereby help to counterbalance traditional household-based inequalities in decision-making and access to resources (Vlachantonia and Falkingham, 2013; Ambler, 2011). Some systems in Europe use a residency-based eligibility criteria for pensions (for example, the Netherlands).

**Other retirement measures.** Other measures include a move to equalize retirement ages (i.e. increasing female retirement ages), which should lead to an improvement in benefit levels for women (with the proviso that female employees continue in employment and contribute); a move away from a household-focused entitlement, which in reality reflects an assumption of a “male breadwinner” model (for example,

10. Legal rulings against the company Uber in the United Kingdom in 2016 and in Switzerland in 2017 show that legislators as well as service providers are increasingly recognizing that the company’s workers are employed, and not self-employed.

11. See <<http://www.thefinancialexpress-bd.com/2016/10/02/47973/Experts-for-adaptive-social-protection-plans-to-deal-with-disasters>>.

a shift from a supplement for the main pension if there is a dependant to individual entitlements – for example, in the Netherlands and Austria); guaranteeing certain levels of pension increases, which has a particularly positive impact given the significant majority of pensioners aged 80+ who are women and often receiving very low levels of pension; flexible contribution design and avoiding penalties where membership is suspended; and a pensionable salary based on a (revalued) career average definition and not the final salary.

**Family benefits.** These support single parents in particular, but also include those benefits and services that encourage the sharing of childcare duties. Such support can be strengthened by widening eligibility criteria and increasing benefit levels. While poverty has actually decreased for the population aged 65+ in many countries, it has increased for the young, and those with children are particularly vulnerable. It is also important that family benefit entitlements are taken up by men to ensure family-based tasks are better shared amongst parents. A common coping mechanism after the crisis of 2009 was for women to increase their working hours to compensate, at least partially, the fall in income experienced by male earners. But this is only possible with good family benefit support and services. Although not always directly financed through social security, a trend largely supported by social security institutions is the development in the number of companies providing parental leave, which has significantly increased over the last two decades. While rates vary by region, this development is global. For example, in India 75 per cent of companies provide parental leave and 43 per cent adoption leave. However, such entitlements typically only apply in formal employment relationships and the coverage of those in the informal economy remains challenging.

**Health benefits.** Improving the level and quality of health benefits is important as women experience a greater number of unhealthy years of life than men. In addition, childcare, elderly relative duties and managing family health issues are typically the responsibility of women. The approach should ensure that access is guaranteed and facilitated (e.g. different ways of accessing information, affiliation and claiming benefits – discussed below), benefits are tailored to women (e.g. focusing on diseases particularly impacting women) and effective preventive measures are developed. For example, recognition of night work as a contributing factor to the development of breast cancer means that employment measures should be taken to address this (both legal protection and best practice measures). In addition, how health systems are financed also has gender impacts; systems that require out-of-pocket payments by the user tend to penalize women in particular and affordability is often cited as a key barrier to enrolment.<sup>12</sup>

- A number of good practice examples can be identified. Universal free-at-access health/maternity services exist in a number of African countries. For example, in Ghana there is free maternal care (prenatal and postnatal), while South Africa, Malawi, Mauritius and Uganda have free and universal health care delivery, although geographical challenges and financing constraints means that quality of service varies.
- Programmes that target women specifically include the provision of free meals and nutritional supplements to pregnant women in Botswana and priority access to the cash transfer scheme in Malawi. The designated caregivers that receive benefits under the South African Child Support Grant are mainly women.

12. In France, unmet care needs are 16 per cent higher for the population on below-average earnings than for those whose earnings are above average (ISSA, forthcoming).



- In Nigeria, the National Health Insurance Fund Maternal and Child Health Project addressed the issue of poor access to health care services for pregnant women and children younger than age 5. A pilot project in 12 states aimed to reduce the maternal and infant mortality rate through antenatal care services, drugs, delivery and postnatal care at primary and secondary levels.

Studies show that improving gender equality has a positive impact on family health. In addition, women also show a greater propensity for health-related expenditure, including nutrition, compared to men. Therefore cash benefits are likely to be spent better by women than men.

**Disability benefits and health and safety at work.** Interventions must take account of the real jobs that men and women do and the subsequent differences in risk exposure and working conditions. For example, despite a lower employment participation rate, women account for over half of all cases of work-associated infectious illnesses (61 per cent) and neurological complaints (55 per cent). An increasing number of female mental health issues also need to be addressed. Women suffer disproportionately more from slips and falls and suffer more from bullying and exploitation at work (leading to mental health issues). They work in sectors where physical violence and threats are higher; for example, the majority of teachers are women and are exposed to an increasing threat of violence from pupils and parents. At the same time, workplaces are not always tailored to female worker requirements – for example, transport equipment is typically “one size fits all”.

Good practices responses should include a number of elements.<sup>13</sup> One is the need for gender-specific safety and health legislation and monitoring. For example, exposures to dangerous substances in service occupations are common, but remain under assessed. Another is the improved identification of risks and exposures analysed by gender. This requires better data collection and analysis, which has a subsequent positive impact on the management of the scheme. Women’s participation in policy discussions and when drawing up legislation should be ensured, and labour inspection practice should be adapted to the increasing number of women in the labour market. Generally, this means mainstreaming gender equality in the policy, delivery and administration of benefits (see also below).

### 4.3. Introducing new benefits

#### 4.3.1. Care-related benefits

Not only has demand for care increased significantly since the beginning of the millennium, but the nature of this demand has evolved. While there are increasing numbers of elderly in care, younger vulnerable populations also need to be covered appropriately. This is especially true of children and young adults, who are often particularly at risk due to their age, social situation and unstable family backgrounds. Indeed the average age of caregivers has actually reduced in some countries (declining from age 53 in 2010 to age 49 in 2015 in the United States). Tailoring responses is important to ensure that responses are appropriate for the targeted population. For example, in New Zealand, a stand-alone child-centred ministry has been created to tackle youth care challenges in the country. The aim is to ensure that there is one port of call for all care issues thereby increasing accountability, avoiding duplication and improving efficiency. Benefits are being expanded to cover children at older ages

13. A number of the examples below come from the EU-OSHA (2013).



(up to age 18), supported by increased funding. The focus will be on five elements: prevention, intensive intervention, care support services, transition services, and a dedicated youth justice system.<sup>14</sup> However the key long-term care issues still generally relate to the elderly population.

#### 4.3.2. Long-term care: Significant challenges ahead

The population aged 80+ is expected to total 450 million in 2050, the majority of which will be women.<sup>15</sup> This is more than a three-fold increase compared to 2015 and the population aged 90+ will increase by five times over the same period. While many will remain in good health, those suffering from dementia are also expected to rapidly increase – from 47.5 million in 2015 to some 136 million in 2050.<sup>16</sup>

Addressing the issues related to LTC should reflect the fact that they affect women in two ways. First, they will be the majority of the people actually receiving care (due to higher life expectancy for women) and, second, most informal and formal economy care workers are women. As countries seek to meet the shortfall of formal LTC workers (estimated by the ILO as 13.5 million workers in 2015), additional gender-specific training measures and employment interventions will be required.

In Canada it is estimated that 70 per cent of caregivers of critically ill patients are women (61 per cent of whom are caring for a spouse). Many reported high levels of depressive symptoms that even persisted for 16 per cent of them after the caregiving period had finished. Respite care programmes have been developed in some areas, providing family caregivers needed relief one or two days a week. In such programmes, part-time caregivers can be hired to reduce the mental and physical strain of 24/7 personal care.

The National Insurance Institute of Israel provides a means-based LTC pension to low-income elderly Israeli citizens. In 2013 there were about 160,000 beneficiaries, or about 2 per cent of the population, of which about 70 per cent were females, and 45 per cent were aged 75+. The services covered include a home aide for several hours per week, day care support, and some additional services.

In Mexico, the State Employees' Social Security and Social Services Institute (*Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado* – ISSSTE) provides training courses for non-professional carers of the elderly (including an interactive multimedia course that can be consulted by anyone with internet access interested in caregiving). While this needs to be part of a wider programme of ensuring formal care options exist, it can improve health outcomes for informal carers and strengthen existing employment options for them.

In Japan, the Asia Health and Human Well-Being Initiative facilitates personnel from other Asian countries coming to Japan who are trained while working (in nursing care and related work), and then return to their home country qualified, able to work and share their skills with patients and fellow workers.

14. See <<https://www.beehive.govt.nz/release/new-ministry-dedicated-care-and-protection>>.

15. Figures in this section are sourced from an unpublished International Association of Actuaries, Population Issues Working Group pilot paper on long-term care and ILO (2015).

16. See <<http://www.who.int/mediacentre/factsheets/fs362/en/>>.

### 4.3.3. Maternity and family benefits.

Covering maternity health-related costs and providing maternity leave and income replacement are clearly important benefits that make a big difference to gender outcomes. The number of countries that have legislated for such benefits has significantly increased since 2000 (SSA and ISSA, various years), but it is important that both the design of benefits and financing mechanisms provide appropriate cover for women and do not act as a disincentive to employment. In some countries, there are minimum waiting periods (sometimes up to three years between births or at least two years' service at the new employer before having right to benefits; see Osei-Boateng, 2011). These waiting periods should be removed or significantly reduced. Financing needs to be spread across all workers through a contributory system or through tax financing to ensure that employers have an incentive to continue to employ women.

In respect of family benefits, some countries still discriminate against women (one country in Africa covers up to 6 children of a male worker, but only up to 2 children of a female worker). In another country, wives require the consent of their husbands to claim benefits. Ensuring legislation, and therefore coverage, is gender neutral is critical and can in itself lead to other positive gender effects such as increased empowerment and rights.

Improving paternal leave and encouraging its takeup is important in improving gender outcomes as it facilitates a better division of household and sharing tasks. At present, paternal leave is generally significantly less generous than leave for mothers. Even where it does exist and is relatively long – for example, in Japan and the Republic of Korea up to one year is available – takeup is often low. This may be because men are the higher earners, so the financial loss is greater as compensation for time off is often lower than the salary of the person taking the leave and/or capped. So although introducing paid leave is very effective in improving takeup (in the Republic of Korea the number of men taking leave more than tripled after its introduction in 2007, and it doubled in Iceland and Sweden after being introduced in these countries), simply providing entitlement is not enough. Leave needs to be paid at a higher level and leave periods need to be flexible. In 2007, Germany moved from a low flat-rate, means-tested child allowance to a higher earnings-related parental leave benefit encouraging greater takeup by men.

It is estimated that 197 million women globally who want to stop or delay having children are nevertheless not using contraception. It is estimated that unmet need for family planning is an inequality issue in 82 out of 94 countries (Woetzel, 2015). Health systems should ensure that effective preventive measures – including family planning – are therefore available.

### 4.3.4. Better targeting and tailoring of benefits

It is important that benefits paid, and the manner in which they are financed, continue to be assessed for their impact on families and gender equality. Some good practice examples include benefits based on career average salary instead of final salary. These are likely to be fairer to those workers with slower salary progression, which typically is the case for female workers. At the same time, greater portability of benefits – which favours those with a more fragmented career history – can also address the specificities of a female working career.

More flexible payment terms and tailored benefits offer other examples. For instance, the Wakulima Scheme (Farmers' Scheme) and Madini Scheme (Small Miners' Scheme) in the United Republic of Tanzania allow members to contribute irregularly and to receive different types of benefits. Members only need three months of contributions paid in advance to access medical benefits and at least six months to access loans from the schemes. Maternity benefits are also provided.

#### 4.4. Administrative and IT measures to improve effective coverage

Administrative and communication efforts are effective ways to improve access for part-time, temporary, migrant and informal-economy workers, of which a large proportion are women. Measures include effective compliance of employers who may not declare workers or under-declare salaries, the use of a notional wage as a basis for contribution payment and benefit calculations, a flat-rate or nominal contribution, and including additional benefits which may be attractive to such workers (for example, free health benefits when a person signs up for retirement benefits).

Specific access issues include communication, reporting, management and coordination with other stakeholders. In France, a pilot project which merges family allowances with social welfare services reflects a holistic, proactive approach that identifies triggers for needs and connects families with services before they have even requested them. Better administration can also mean better access. In Lithuania, online processing of sickness and maternity records saves time, reduces errors and ensures quicker payment times.

- The intelligent use of information technology (IT) also improves access. France's National Family Allowances Fund (*Caisse nationale des allocations familiales* – CNAF) has set up a website dedicated to childcare resources that improves information available to families on their rights and facilitates their search for childcare. It brings together all information on childcare in the country, including a cost simulator that takes subsidies for different forms of childcare into account. Often not having the right information can be the main obstacle to finding childcare solutions and such a facility can help to ensure a better work-life balance.
- IT can also be used to better link different stakeholders when it comes to the provision of services. In New Zealand, the Ministry of Social Development created FS-Net, an IT system supporting the providers of the Family Start Programme. It links state and non-state actors (including 32 NGOs) and service providers in the programme, which targets at-risk mothers who are pregnant or have children younger than 18 months, ultimately providing a better service for mothers with young children.
- The effective monitoring of programmes is essential to ensure benefits get paid to the right people in an efficient way and they are targeted appropriately. Belgium's family benefits for salaried workers' programme (*Office national d'allocations familiales pour travailleurs salariés* – ONAFTS) developed an evaluation system and measurement tool to capture the quality of case management. Features included a statistical model based on risk assessment and an incentive-based system for rewarding good performance (payment-by-results).
- The Iranian Social Security Organization used mass media, including an extensive newspaper campaign, to inform the public of the extension of coverage to specific groups previously uncovered.

Social security institutions should, however, take into account that access to IT and financial services is better for men than for women, and relying solely on the former for affiliation and information and the latter for paying benefits risks discriminating against women. Globally, women have only 77 per cent of the access that men have to financial services and only 84 per cent of the access that men have to the Internet and mobile phones.

Working with other stakeholders, particularly women's groups, can be a cost effective and efficient way to cover previously uncovered women. For example, the Philippines' SSS encourages the involvement of organized groups to allow a more effective group approach (rather than an individual approach) to affiliation, contribution collection and payment of benefits. In Rwanda, establishing joint working partnerships with key institutions and organizations dealing with the informal economy, designing benefit packages that are attractive to informal economy workers, simplifying administrative procedures to reduce compliance costs, and strengthening decentralization of services are all beneficial to women. Female headed households are more likely to join mutual health organizations than their male headed households, with subsequent positive impacts on family health (Chankova, Sulzbach and Diop, 2008).

## 4.5. Social security institutions improving inputs into the system

This section considers the positive impacts social security institutions can have on the various inputs into social security systems that, if left unaddressed, can negatively affect outcomes.

### 4.5.1. Employment

Access to, and participation in, labour markets is still pointedly different for women compared to men. Despite recent improvements, women's participation rates in the labour force are still significantly lower than that of men. Worldwide, the female labour participation rate was 49.6 per cent in 2015 compared to 76.1 per cent for men (ILO, 2016). While the gap narrowed from 1980 to 2000 (by over 5 per cent), the gap has only reduced by around 1 per cent in the last 20 years. The gap is highest for those with lower education levels – particularly significant as it is for these groups that social security is the most important. In addition, women are much more likely to be in part-time jobs than men, often have more precarious employment contracts, and be paid significantly less.

Significant gender pay gaps persist in countries around the world – for example, in OECD countries, the gender wage gap<sup>17</sup> for full-time employees' ranges from 37.4 per cent in the Republic of Korea to 3.5 per cent in Ireland (OECD, 2014b). In the EU, the gap is on average 16.4 per cent (EC, 2015; citing 2013 figures) – the gender pay gap in the EU has actually increased since 2010.

These inequalities have a cost. The gender employment gap is estimated to cost European economies EUR 370 billion a year (Eurofound, 2016). Some observers argue that USD 28 trillion could be added to global GDP by 2025 if the gender gap was fully bridged (Woetzel, 2015). By not facilitating women to achieve their full potential, economies are losing out.

Social security can work with other stakeholders, particularly employers but also regulators, NGOs and government to reduce these inequalities and profit more from the possible – but currently unachieved – economic and social returns.

- Measures adopted can ensure that training proposed to the unemployed should not have negative gender effects. Entry requirements to professions should take into account gender differences but, at the same time, professions where either males or females are underrepresented should be promoted (e.g. recent campaigns to encourage the hiring of male teachers in Switzerland).

17. The gender wage gap is unadjusted and defined as the difference between male and female median wages divided by the male median wages.

- Research has shown a positive link between the provision of paid parental leave and other family supports and increased female labour participation in OECD countries. In the United States, for example, paid family leave in California was associated with a 6 to 9 per cent increase in the weekly working hours of employed mothers of one-to-three year-olds (Rossin-Slater, Ruhm and Waldfogel, 2011).
- In Uruguay, a Social Insurance Bank (*Banco de Previsión Social* – BPS) programme provides specific assistance for teenage and young mothers that, due to maternity and vulnerable conditions, face challenges to continue or resume their education or work. Through the Health Services General Management, three kinds of benefits are provided: economic, social and educational, creating opportunities for young women to develop a life project. Such an initiative integrates maternity with social, educational and labour market inclusion.

#### 4.5.2. Formalization of the labour market

Social security coverage can assist efforts in bringing informal economy workers (including migrant workers, domestic workers, etc.) into the formal economy, leading to increased tax take and a reduction in the number of workers not covered by occupational safety and health regulations. In principle, work in the formal economy should contribute to poverty reduction and make work less precarious, although there are limits to the extent that all work can be “formalized”.

Successful initiatives tend to require a multi-agency approach. For example, the Greek Ministry of Labour, Social Security and Social Solidarity and the country’s social partners have agreed on a roadmap to address undeclared work in Greece.<sup>18</sup> The roadmap is based on two pillars: i) a permanent tripartite social dialogue body which draws on appropriate legal provisions to put in place an integrated strategic approach towards tackling undeclared work in Greece; ii) the interoperability of databases for the exchange of data between the different enforcement bodies.

Social security institutions can also support other stakeholders to address salary inequalities. For example, better data assists policy-makers and the use of social security institution data can assist measures. These data may come from retirement programmes, but also from unemployment schemes where institutions may work directly with employers.

#### 4.5.3. Financial services

Women have weaker access to financial services than men, and this occurs for a variety of reasons, be it pure discrimination, cultural factors or the fact that financial access may be closely linked to employment status and salary levels. The social security institution may provide leverage to efforts to improve this situation. For example, systems should be built to recognize both a dual income earning household model and lone parent families, but equally that financial services need to be provided to those who do not formally work but have other responsibilities. Providing access to financial services that women may not have had before (in collaboration with other providers) also ensures that benefits can be paid directly to women, which normally then results in a better spend of household income.

18. See <[http://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS\\_533376/lang--en/index.htm](http://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_533376/lang--en/index.htm)>.

#### 4.5.4. Abuse, exploitation and discrimination

Social security can play a role in the reduction of the exploitation of workers through the formalization of labour markets, the creation of networks and the provision of support services. Female migrant workers are much more frequently active in the informal economy, are often far from home and have limited access to wider support mechanisms. Social security can work as an effective tool to reduce exploitation and abuse through the formalization of working practices and to offer a range of support services to the individual worker. Women workers, specifically domestic workers, in the informal economy, youth, temporary migrant workers and migrant workers with irregular status are particularly vulnerable.

#### 4.5.5. Education

Although educational attainment is a key factor determining labour market outcomes, the reality is that even in countries where young women are in general better educated than young men, discrimination at work still continues. Young women aged 25 to 34 are more likely to have a degree than their male equivalents in the G20 countries. While efforts to reduce the inequality in employment remain the key focus, there are measures that can be taken in education and training to improve outcomes. The picture of male versus female attainment is complicated – girls aged 15 lag behind boys aged 15 in mathematics for example – and gender stereotyping reflected in pushing boys and girls into certain areas of study is still widespread. In emerging economies, access to education for girls is often more difficult. One reason for this is that girls may be required to carry out informal caring activities; therefore the importance of formal care support and benefits can improve educational impacts for young girls leading to more positive labour market outcomes.

The role of social security to reduce such negative impacts include information campaigns, working with other education and training providers to ensure gender neutrality, providing formal care provision or help for informal carers and paying adequate benefits (not only family benefits but also retirement benefits which may be shared in multigenerational households thereby increasing the likelihood that girls attend school).

Another area, where social security institutions can and should work with schools and colleges is to address the increasing number of assessed learning difficulties, which can be exacerbated by the overwhelming majority of female teachers in schools (particularly primary level) in many countries. While girls tend to use more logic to learn, boys are more likely to rely on visualization. It is thus important that both approaches are used when teaching, which may need formal intervention given the current majority female profile of teachers. This is particularly important as boys are four times more likely than girls to have learning difficulties at school.

#### 4.5.6. Family cohesion

Family benefits (those encouraging sharing of work and the return to work of the female household member), meeting unmet family planning needs, paying adequate benefits and promoting the work-life balance are all effective ways to support families and reduce the risk of divorce. There is also often a virtuous circle with the payment of social security benefits. In multigenerational households, pension payments are often shared and spent in part on other family members. This effect seems particularly strong when benefits are paid to women.



Specific measures can be found that relate to the work-life balance. “*Balansguiden*” is a web tool designed to help individuals achieve a healthier work/life balance and thereby strengthen family cohesion and better combine family responsibilities with work. Launched by “Prevent – Management and Labour Improving Work Environment” of Sweden in 2015 it firstly helps to assess the reality of what the working day looks like and then supports the individual to formulate potential problems and responses.

Uruguay’s Social Insurance Bank (*Banco de Previsión Social – BPS*) launched a breastfeeding initiative in 2012 to create breastfeeding-friendly spaces in the workplace. This has had multiple positive results. First, it has helped achieve better work-life balance and supported mothers to reconcile work and childcare duties. Second, the health impacts for both baby and mother are positive. Several evidence-based scientific studies show the population health benefits of breastfeeding in the short-, mid- and long-term. These include a reduction in the risks of contracting prevalent diseases such as diarrhoea, respiratory tract infections, diabetes type I and II in adolescents, high blood pressure, hypercholesterolemia and lymphomas, among others. It also reduces the prevalence of breast or ovarian cancer in women, requiring fewer investments in healthcare. Third, it reduces maternity absences from work due to ill children, since children will be less prone to contracting diseases and/or they will contract less serious diseases. Fourth, it strengthens motivation which increases workplace productivity and sends a powerful message from the employer in respect of attitude to mothers and families.

#### 4.5.7. Equality issues

Social security institutions play a supporting role in putting into place administrative and programme delivery measures to support equality. As discussed in this report, these include supporting wider access to bank accounts and providing individual social security ID cards (i.e. a move away from one card per family to one for each (adult) household member, as seen for example in India for migrant workers). Another is supporting women’s rights through public education measures; social security institutions can play a key role in this process.

Gender mainstreaming is an important approach for social security institutions in their move to better realize policy outcomes for both women and men. The idea behind the approach is that policies and delivery incorporate equality on an ongoing basis through addressing not only the outcomes but the inputs (both direct and proxy). In short, each government ministry has gender mainstreaming rather than one stand-alone dedicated ministry whose focus of responsibility is gender. Examples include (EU-OSHA, 2013):

- The Swedish pension agency pays particular attention to ensuring that appropriate information for both sexes is provided (and the use of media channels also varies to reflect the different ways of accessing information for both sexes).
- In Austria, measures include a gendered OSH strategy, policy for labour inspection activities, training of labour inspectors and guidance documents related to gender aspects of OSH and gender-sensitive workplace inspection. Guidance for specific activities and emerging sectors/occupations, such as home care, also exist.
- In Finland, a detailed strategic goal to increase gender equality through developing tools and practical methods for human resource managers and OSH professionals is being pursued.



- In France, a gender dimension analysis of workplace exposures and complaints, based on national monitoring sources is being undertaken.
- In Spain, the *Instituto Nacional de Seguridad e Higiene en el Trabajo*, produces a gender-sensitive guide to the evaluation of physical loads.
- In the Netherlands, the Dutch social partners and government (Ministry of Social Affairs and Employment and local authorities) have been involved in 27 pilot studies to investigate barriers and opportunities to make the labour market more flexible for women.

## 4.6. Conclusion

While chapters 2 and 3 highlighted some of the significant trends faced by social security institutions that challenge their ability to meet their objectives, this chapter has focused on measures that can be taken to address these. The key themes that arise from an analysis of these measures are interlinked and mutually dependent. To be effective, there has to be an increasing focus on proactive measures; the earlier the intervention the better. This implies that policy-makers and institutions need to focus on the causes (and not the symptoms), and work with other stakeholders to influence the inputs (such as employment status, discrimination, health inequality and financial access) which negatively affect outcomes for many. The measures taken should reflect the different types of approaches highlighted in this chapter, namely:

- **Improving universal coverage**, because those typically not covered are mainly women (and vulnerable groups). Measures should include ensuring existing schemes cover all the population (e.g. by reducing the minimum eligibility conditions for retirement schemes) or introducing new benefits (e.g. formal long-term care programmes, which reduce the need for informal care provision mainly carried out by women).
- **Direct tailored approaches** to groups in which women are over represented (e.g. extending coverage to part-time worker or those receiving minimum pensions).
- **Proxy measures** that improve inputs directly and impact benefit outcomes (e.g. credits for childcare periods).

With greater focus on their actions, the ability of social security institutions to assess the impact of such measures – through rigorous cost/benefit analysis – will be strengthened.

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