

Eurocarers' Position Paper

December 2021

The gender dimension of informal care

ABSTRACT

Across Europe, as much as 80% of all care is provided by informal carers, with women providing the lion's share of care as daughters (in law) and wives/partners. This is due to a deeply-engrained cultural perception of caring roles in our societies and the fact that care duties often fall into the lap of family members who have lower opportunity costs. Caregiving tends to exacerbate gender pay and pension gaps. Therefore, a redistribution of care responsibilities between men and women, as well as between the family and the State, is critical to achieve gender equality.

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The issue at stake

Across the EU, it is estimated that 80% of all long-term care is provided by informal carers – i.e. family members, friends and neighbours who provide usually unpaid care outside of a professional context. The vast majority of these carers are women who continue to provide the bulk of caregiving as spouses, middle-aged daughters or daughters-in-law, aged 45 to 75.

According to a recent report by Eurofound, at least 44 million people (12% of the adult population) provide informal care on a regular basis. This compares to the 6.3 million people who work in the long-term care sector and demonstrates the central role played by informal carers in the provision of care.

On average in the EU, 59 % of all informal carers (age 18 or over) are women, ranging from 52 % (RO) to 65-66 % (CZ, LT, PL). In the 18-74 age group, 18 % of women provide informal care compared with 12 % of men. The difference between men and women is greatest in the 45-64 age group, where in most Member States 10-30 % of men and 20-40 % of women provide informal care. The gender difference in this age group is largest in Belgium and Spain (14 p.p., respectively). Most informal carers are middle-aged. 48 % of informal carers are aged 45-64, 33 % are 44 or under, and 22 % are 65 or over¹.

Not only do women outnumber men in most age groups, care is also provided in gendered ways. More women than men provide more demanding and intensive forms of daily caring, such as bathing and dressing, care with incontinence and walking, and with relatively complex tasks including dressing changes, assistance with medical equipment and the administration of multiple prescription medication. Men's contribution, on the other hand, is much more likely to be concentrated in care management or household maintenance, shopping or transportation².

EIGE's Gender Equality Index shows that the unequal distribution of care and domestic responsibilities between women and men remains among the most problematic areas in the EU in terms of gender equality.

The Gender Equality Index – focus on the time domain

The Gender Equality Index is a composite indicator that measures the complex concept of gender equality and, based on the EU policy framework, assists in monitoring progress of gender equality across the EU over time.

The six core domains (work, money, knowledge, time, power and health) of the Gender Equality Index assign scores for Member States between 1 for total inequality and 100 for full equality.

The domain of time measures gender inequalities in allocation of time spent doing care and domestic work and social activities. The first sub-domain, concerned with care activities, measures gender gaps in involvement of women and men in caring for and educating their children or grandchildren, older and disabled people, as well as their involvement in cooking and housework. The second sub-domain explores how many women and men engage in social activities.

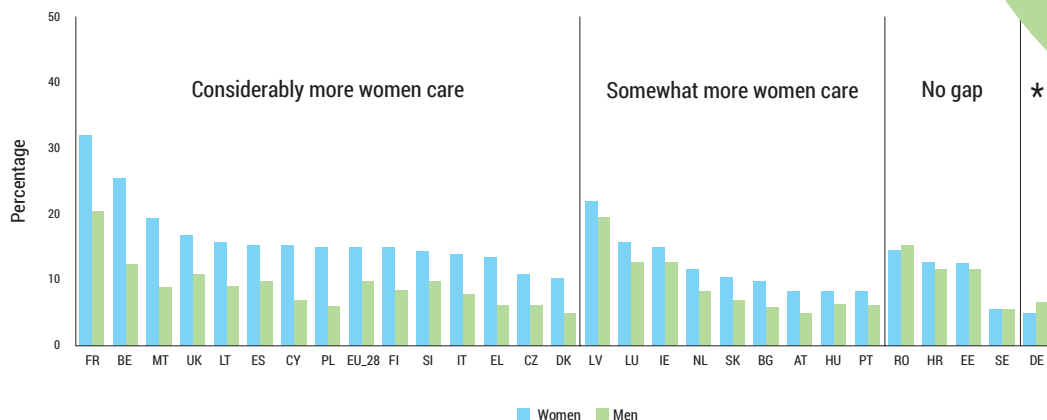
In the EU, in 2018, the scores in the domain of time reveal **persistent and growing gender inequalities in women's and men's time use in Europe**. With a score of 65.7, the domain of time has the third lowest score in the Gender Equality Index.

Following a small and seemingly temporary improvement in the gender distribution of care activities between 2010 and 2012, the score had decreased by 2.6 points to reach 70.0 in 2015 and has stagnated since then.

| | 2010 | 2012 | 2015 | 2017 | 2018 |
|------------------------------|------|------|------|------|------|
| Gender Equality Index | 63.8 | 65.0 | 66.2 | 67.4 | 67.9 |
| Time Domain | 66.3 | 68.9 | 65.7 | 65.7 | 65.7 |
| Care activities | 67.3 | 72.6 | 70.0 | 70.0 | 70.0 |
| Social activities | 65.4 | 65.4 | 61.6 | 61.6 | 61.6 |

Source: Gender Equality Index 2020 - Key findings for the EU

Percentage of women and men caring for older people and/or people with disabilities at least several times a week (18+), 2016



The root causes

When investigating the causes of the gender dimension of informal care (in order to identify the possible solutions), it is important to adopt a life course perspective and consider care as a continuum over the lifecycle.

The traditional “male breadwinner/female carer” model

The traditional care model is based on the male breadwinner/female family carer archetype in which men are engaged in productive work and are the sole/main earner in the household while women are confined to domestic and generally undervalued tasks, especially caregiving activities (reproductive work³). This model and the deeply-engrained social, cultural and historical constructs according to which it belongs to families - and women in particular - to assume most of the caregiving tasks remain prevalent in many countries today and explain - at least in part - why unpaid care work continues to be primarily seen as a female responsibility⁴.

Public policies reinforcing the traditional care model

A complex institutional framework around our labour market and social protection system has been contributing to the longevity of this traditional care model for more than three decades. Modern welfare states have shaped the needs and rights related to caregiving activities accordingly, perpetuating therefore a form of **gendered citizenship**⁵. **For instance, tax benefit systems or the lack of investment in quality care services (childcare and long-term care) have disproportionately affected women** in their right to self-determination and their access to a productive social and professional life.

Note: * Germany is noted to be the only Member State where slightly more men than women care.

Question asked: In general, how often are you involved in any of the following activities outside of paid work?

(D) Caring for disabled or infirm family members, neighbours or friends under 75 years old;

(E) Caring for disabled or infirm family members, neighbours or friends aged 75 or over.

Answers ‘every day’ and ‘several days a week’ were used.

Member States are grouped on size of the gender gap: ‘Considerably more’ – gender gap is higher than 5 p.p.; ‘somewhat more’ – gender gap varies from 1 to 5 p.p.; ‘no gap’ refers to a gender gap from – 1 to 1 p.p.; within the group, Member States are sorted in descending order.

Source: EIGE calculation, Eurofound, EQLS

The impact

Caring responsibilities and workforce participation: the gender employment gap

The unequal distribution of caring responsibilities between women and men over the life-cycle explains some structural features of the female employment, such as its concentration in some sectors (“glass walls”), the gender employment gap⁶, the gender pay gap (which amounted to 14,1% on average for the EU in 2019), higher temporality and extent of part-time jobs among women⁷.

Informal care has a clear negative impact on women’s employment opportunities and working hours - with more negative effects in southern European countries than in Nordic ones, with central European countries in the middle⁸. These negative effects also seem to be associated to the provision of high-intensity care (20 hours per week or more) and are more prevalent when carers cohabit with the person for whom they are caring⁹.

Because of caregiving responsibilities, women unwillingly reduce their working hours or drop out of employment.

In 2018, almost one third of women in the EU worked part-time, compared with only 8% of men (Eurostat 2019). This is partly due to women taking more responsibility for household duties than men. On average, working women in Europe spend 26 hours a week on unpaid caregiving, compared with nine hours for the average working man.

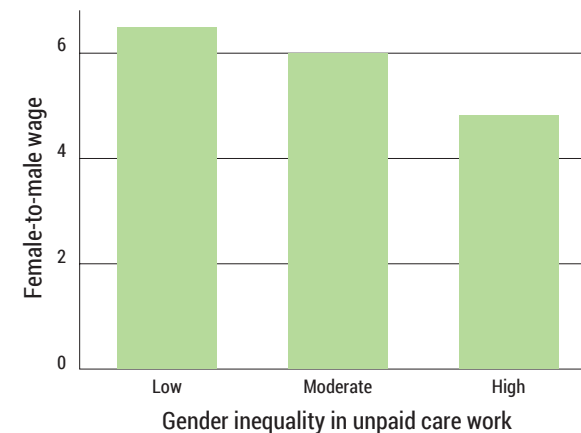
Caring responsibilities and financial implications: the gender pay and pension gaps
In light of the above-mentioned data, it is clear that the unequal distribution of informal caregiving responsibilities between women and men over the lifecycle is one of the drivers of the gender pay and pension gaps. A cross-country analysis indicates that in countries where women spend a large amount of time on unpaid care and where there is a large gender gap in the amount of time spent caring, the gender gap in hourly wages is also higher. Down the line,

reduced wages, the higher prevalence of part-time work and career gaps related to women’s caring responsibilities also substantially contribute to the gender pension gap.

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Higher inequalities in unpaid care work, higher inequalities in wages



Note: this chart presents the positive relationship between the estimated gender hourly paid gap and the female-to-male ratio of time devoted to unpaid care activities, controlling per GDP per capita, fertility rate, maternity leave and gender inequality in labour force participation, unemployment and education.

Low inequality: female-to-male ratio ≤ 2 ; $2 < \text{moderate} \leq 5$; and high ≥ 5 .

Source: World Economic Forum, World Bank 2014, World Development Indicators and OECD (2014), Gender, Institutions and Development Database.

As to the explanations of the gender pay gap in the specific case of people caring for a dependent person (elderly or disabled), one can apply the same considerations than for childcare responsibilities¹¹, namely:

- Due to the unequal share of caring responsibilities, women have more career interruptions or work shorter hours than men. This undermines their human capital (as their knowledge might become obsolete), has a negative impact on their career development and promotion prospects. It also entails less financially-rewarding careers and reduced economic independence.
- Women's struggle to reconcile caregiving responsibilities with paid employment can lead to "occupational downgrading", i.e. situations where women will opt for jobs that are below their actual skills and accept poorer conditions.
- Caring duties - especially when heavy or intensive - are frequently associated with stress, anxiety and fatigue, which may in turn cause a loss of motivation and a decrease in performance at work. Such a decrease may affect women's career, prospects of advancement and salary.
- Employers may also discriminate against women when they are identified as potential or actual carers, through associative discrimination. A vicious circle is thus put in motion: the reduction of women's participation on the labour market as a result of their caregiving acts as a disincentive for employers to invest in their female workforce. It is interesting to note that, when embedded at system level, these discriminations may become internalised by women who then tend to limit their ambitions in anticipation of a negative answer (regarding possible advancements or salary increases).

Consequently, long-term care responsibilities tend to aggravate the gender pay and pension¹² gaps – that already exist because of childcare responsibilities. Overall, because of the unequal distribution of domestic and care work between women and men at household level, women experience income drops, loss of economic autonomy, increase dependency on men and/or the state (social benefits) and a greater risk of poverty than men (including in-work poverty related to involuntary part-time).

Caring responsibilities and the impact on women's health

International research has also provided evidence that, due to the gendered patterns of caring duties highlighted above, caregiving affects the health of women more markedly than for men. This situation seems to be linked to women's greater propensity to care for longer hours, be involved in more intensive and demanding activities and reduce their non-caregiving activities at the same time, such as employment and respite participation¹³.

Why action is needed

The social imperative

Human rights and gender equality considerations¹⁴ call for the provision of genuine equal choices for women and men throughout the different stages of their lives, so that they can use their time as they see appropriate and can equally develop their potential¹⁵.

The economic imperative

Inequalities between women and men do not only violate fundamental rights, they also impose a heavy toll on the economy: women's under-representation in the labour market is a sub-optimal allocation of the skills and competences they acquire through education¹⁶ and consequently a waste of resources for the EU economy. EU statistics indeed show that the proportion of women aged 30-34 that had attained tertiary education in 2017 exceeded that of men by 10 p.p.

The economic loss due to the gender employment gap amounts to 370 billion Euros per year, corresponding to 2.8% of the EU's GDP¹⁷.

The EU has highlighted at different occasions the potential contribution of gender equality to economic growth, sustainable development and the achievement of EU policy priorities. In particular, it will be difficult to boost jobs and promote economic and social progress without ensuring that women have access to the labour market and that caregiving responsibilities between men and women are more equally distributed, particularly in the context of an ageing population.

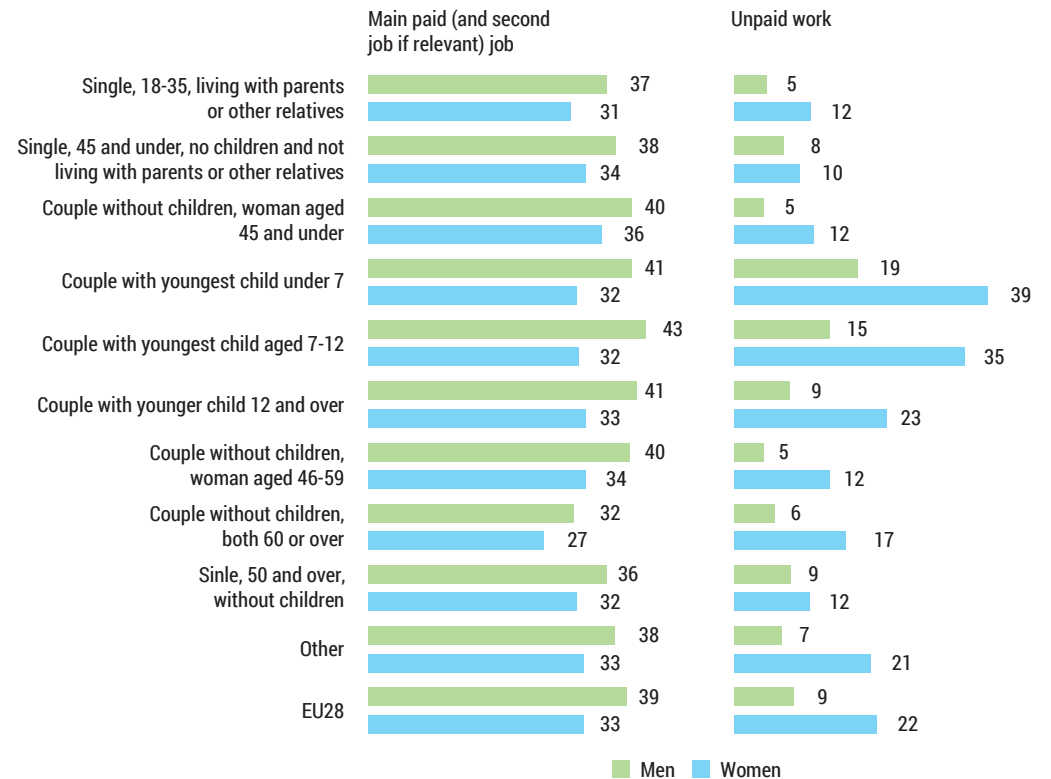
The unsustainability of the traditional care model

The push towards an increase of women's entry into paid work means that the traditional care model is waning. However, the evolution of women's role in the labour market and in the provision of care has not been accompanied by the transformation of men's role at home, nor by a commensurate increase in the public provision of care. As a result, one may assume that the decreasing pool of women who are available to care for as much time as before¹⁸ will exacerbate the care shortage, not least in the face of a growing demand for age-related long-term care.

Yet, the increase in women's participation in paid work over the last few years has actually not resulted in a decrease in their involvement in unpaid work. Quite the opposite as many women tend to work a "second shift" (Hochschild SA, 2012). Time is of course a limited resource and so, this phenomenon can therefore be explained by the fact that women often trade off on their personal care and leisure time in order to fulfil their domestic and care responsibilities, and this on top of their paid work. It is consequently fair to assume that women will continue to provide care but the pressure associated with the need to juggle work and care is likely to increase, thus compromising the sustainability of current care systems. It should be added that, according to a European Barometer Survey held in 2017, 44% of Europeans still believe that the most important role of women is to take care of their home and family¹⁹.

Working women spend on average 22 hours per week in unpaid work, while working men spend fewer than 10 hours (Eurofound, 2015).

Paid and unpaid working time, by household composition and gender (hours per week), EU28



The solutions

Given the above considerations, a redistribution of care responsibilities between men and women, as well as between the family and the State has become more critical and urgent than ever before. At Members States' level, the main policy responses required to reduce gender inequalities in the provision of caring activities can be split in four broad groups.

Improving the quality, affordability and access to long-term care system

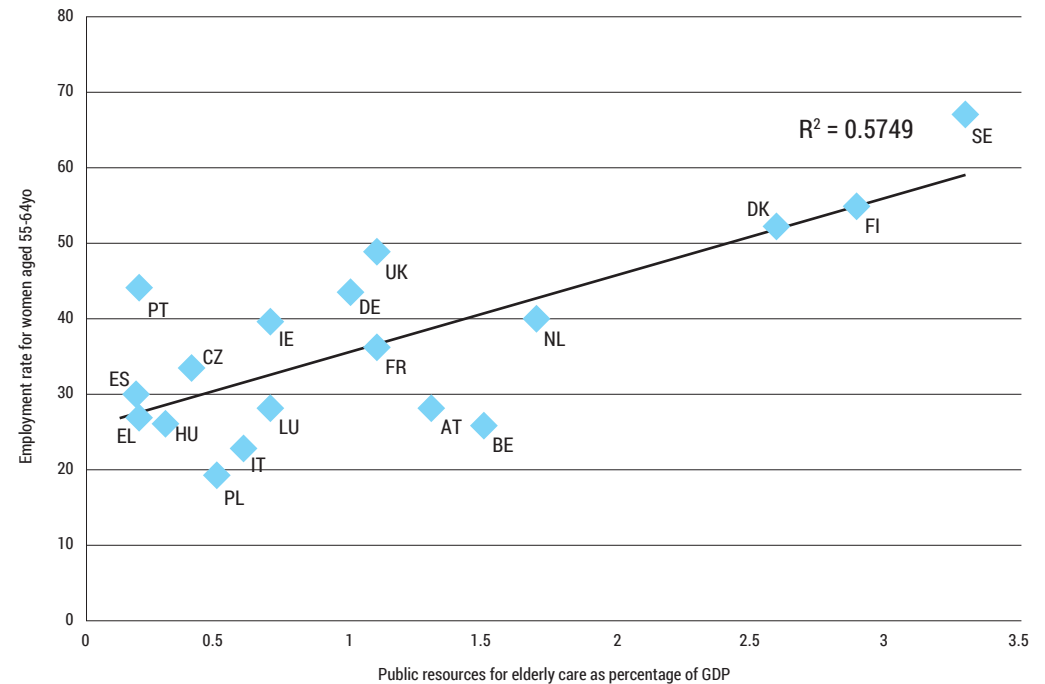
In the last few years, efforts have been made to reduce gender inequalities by improving the accessibility and quality of care services and infrastructures. But these efforts need to be pursued and enhanced in order to achieve gender equality objectives while addressing EU's ageing challenge. It is very important to ensure that alternative solutions to informal care exist and investment in good-quality professional care services and, in particular, home care and community-based care are therefore required.

Even though there is a clear correlation between female labour force participation rates, notably at ages 55-64, and access to long-term care provision, the EU currently lacks comparable indicators and targets concerning access to good-quality and affordable long-term care. These should therefore be introduced, along the lines of the instruments in existence Barcelona targets in the field of childcare (Barcelona targets)²⁰.

In some countries more than 25% of inactive women are inactive because of caring responsibilities²¹. There are additional discrepancies for women in the 55 to 64 age bracket²².

The OECD has shown that the more a country invests public resources into caring for the elderly, the more women aged 55-64 have access to paid work. The provision of care for the elderly, like childcare, makes it possible for those with such responsibilities to find and retain a job.

Elderly care and middle-aged women's opportunities for paid work



Middle-aged women's gainful employment and public resources for elderly care as percentage of GDP in a number of EU countries 200-2007.

Source: Eurostat OECD

Elderly care as a social infrastructure that must be included in analyses to achieve gender-equal economic independence in Europe.

In addition to its employment effects, the reinforcement of long-term care services can have a positive impact on the well-being and health of carers and of care users. It also has the potential to alleviate the physical and psychological burden of care which is becoming more predominant among carers as the EU population ages and the intensity of caregiving responsibilities grows.

Gender proofing the design and take-up of family leaves and flexible work arrangements

Over the last few years, policy responses have – timidly - tried to improve the framework for prevailing care models in order to better support work-life balance and address women's underrepresentation in the labour market. Most recently, the EU Directive on Work-Life Balance for Parents and Carers (which entered into force in 2019), introduced a new leave for carers of five unpaid days per year²³ as well as access to flexible working arrangements. While warmly welcome, these policy developments will probably not be sufficient to challenge the traditional distribution patterns of caregiving responsibilities and the overreliance on women as primary carers. Indeed, these measures should be placed in a broader set of financial, employment and cultural measures aiming to encourage men to assume a greater share of the care work.

Women indeed tend to disproportionately make use of existing care leaves and flexible work arrangements, for two main reasons:

First of all, experience in the field of childcare shows that, when not paid at a high-enough level, the higher earner in the household (typically men) does not make use of available leaves. Indeed, when deciding on the person who will take on caregiving responsibilities with the support of a leave of absence or reduced working hours, women's involvement often appears as the best option to minimise the opportunity cost for the household (i.e. the benefit foregone due to spending time on providing informal care). Women's more erratic participation in the labour market (with more frequent part-time and temporary contracts) coupled with lower wages means that many families choose to protect men's – higher - salary. As for the systemic level, similar considerations apply: given their higher salaries, men tend to contribute more than women to the pension system, and unemployment benefits are calculated on the basis of previous earnings. As a result, policy makers may be tempted to preserve – if not reinforce - the traditional care model. This means that measures aiming to address the gender pay gap as well as the vertical and horizontal occupational segregation form part of the policy ecosystem needed to meaningfully address gender inequalities in unpaid care.

Secondly, in the absence of cultural measures aiming to foster a more active engagement of men in caregiving responsibilities, inequalities will persist at home in spite of policies allowing women to improve the nature of their participation in employment or their working time.

In light of the above, it is crucial to improve the design and take-up of family leaves and flexible working arrangements in a gender-balanced fashion. For instance, in the case of carer's leave, the remuneration of the leave and the way in which the financial benefit is paid (flat-rate vs. means-testing) can have a major impact on the gender distribution of care. Generally

speaking, governments should seek to address the core issue by promoting policies that reduce gender pay gaps and gender segregation in employment.

Furthermore, care credits should be introduced and made accessible to informal carers (both women and men) in order to reduce the penalties of undertaking unpaid care work. These should be given access to social protection (health, accident, unemployment insurance) and counted towards pension entitlements.

Addressing economic disincentives for carers to work

The design of tax systems and family policies – and how these can support gender-equal economic independence – is an element that is often overlooked. Policies that seem gender neutral at first glance can actually reveal gender blind. For instance, a number of Member States have tax benefits systems in place that may deter the lower-earning person in a couple (referred to as 'second earners') from working – this, by making employment or increased working hours for that member of the household less advantageous financially speaking. When combined with the high costs of care services, high tax rates as well as reduced benefits for second earners in a household, this can exacerbate the financial disincentives to women's access and continued participation in the labour market. In order to ensure women's economic independence, it is therefore essential to individualise tax regimes, i.e. to treat liable family members as individuals.

Tackling entrenched gender norms and stereotypes

Public policies are but one determinant in the division of paid and unpaid work between men and women. This division is deeply rooted in the values, attitudes and preferences of individuals and couples and it commonly builds upon many generations of gender role models²⁴. The cultural values and expectations of a society have a major influence on the extent to which policy interventions focusing on gender equality will succeed²⁵.

Consequently, it is important to "de-feminise" caregiving and shape gender norms that prevent men from assuming equal caring responsibilities²⁶. To do so, the visibility of caregiving activities should be enhanced in data collection processes and in public debates – the economic and intrinsic value of unpaid care work should also be highlighted more actively²⁷.

Conclusions

Unpaid care activities have long been left out of policy agendas. Yet, it is now evident that neglecting unpaid care work limits policy effectiveness across a range of socio-economic areas.

Care has to be considered a central activity for the well-being of our societies and it should be redistributed between men and women, as well as between the family and the State.

The 21st century European way of life should provide equal opportunities for women and men in the workplace and at home and allow for a good balance between family and professional commitments. This is necessary both for the freedom of individuals and to meet challenges such as an ageing population and labour shortages.

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[Unpaid care work: the missing link in the analysis of gender gaps in labour outcomes](#), OECD Development Centre (2014)

1. Van der Ende et al., 2021. Based on combined evidence from EQLS (2016) and EHIS (2013-2015).
2. This means that women are more likely to provide the care that is daily and inflexible, while men provide care that can be more easily planned and organised around paid work.
3. All the tasks associated with supporting and servicing the current and future workforce – those who undertake or will undertake productive work
4. Eurofound, European Working Conditions Survey.
5. Fondazione Brodolini.
6. In 2017, the employment rate of women aged 20 – 64 (66.5%) was 11.5 percentage points lower than that of men aged 20 - 64 (78.0%) in the EU, with the lowest gap recorded in Lithuania (1.0 pp), Finland (3.5 pp), Sweden (4.0 pp) and Latvia (4.3 pp). At the opposite end of the scale, the largest gap was observed in Malta (24.1 pp), followed by Italy (19.8 pp) and Greece (19.7 pp). Eurostat, 2021
7. Due to occupational segregation, the sectors of the economy where women work are also characterised by low pay. For example, women constitute 90% of the workforce in the long-term care sector, which is characterized by poor working conditions and a prevalence of part-time jobs that is twice the average OECD rate.
8. Higher quality, more widely available formal care as well as less coercive gendered-care norms are important macro-level factors that explain why Nordic welfare states seem to do better.
9. The indirect costs of long-term care, European Commission, 2013
10. In countries where women spend twice as much time as men in caring activities, they earn only 65% of what their male counterpart earns for the same job. This drops to 40 % when women are spending five times the amount of time on unpaid care work. Source: OECD.
11. Agir contre les écarts de salaires entre hommes et femmes. Prendre en compte le cas des aidantes informelles, Ligue des droits de l'homme, 2016.
12. In 2019, women in the EU aged over 65 received a pension on average 29% lower than that of men. Eurostat 2021
13. These changes often result in increased stress caused by financial instability and social isolation. In this sense, work is not merely a source of income that ensures adequate living standards, but it is also a major mechanism for social inclusion.
14. Gender equality is enshrined in the Charter of Fundamental Rights of the European Union and it is a key part of the Treaties. These European dispositions are in line with international standard (inter alia, The Convention on the Elimination of All Forms of Discrimination against Women, the UN's 2030 Agenda for Sustainable Development, ILO Conventions on Workers with Family Responsibilities).
15. The unequal distribution of unpaid care between women and men represents an infringement of women's rights (UN, 2013) and a brake on their economic empowerment.
16. Women made up 54% of third level graduates in the EU in 2018. Eurostat 2020
17. The Gender employment gap: challenges and solutions, Eurofound, 2016. This corresponds to the sum of forgone earnings and missed welfare contributions of individual to society, as well as public finance costs, comprising individual welfare transfers and social benefits. For further analysis of the economic benefits of gender equality, see the EIGE Report "Economic Benefits of gender equality in the European Union".
18. Brodolini, 2011.
19. EC, Special Eurobarometer 465: Gender Equality, 2017, p.5.
20. The Barcelona objectives were set in 2002 by the European Council to provide childcare by 2010 to at least 90% of children between 3 years old and the mandatory school age, and at least 33% of children under 3 years of age. These objectives, seven years after the expected date of achievement, are still not reached in most EU countries. See also http://ec.europa.eu/justice/gender-equality/files/documents/130531_barcelona_en.pdf.
21. Czech Republic, Estonia, Hungary, Ireland, Slovakia and the UK
22. The gender gap in the employment rate for the 55-64 age cohort exceeds 35% in Malta, Greece, Slovenia, Croatia, Romania and Luxemburg.
23. The Directive is to be transposed at national level by August 2022. As our analysis shows, while the legislation in place in a huge majority of EU member states already complies with the requirements of the Directive, existing benefits and entitlements are too often provided at a minimal level. See Eurocarers position paper on the topic.
24. In this regard, major cultural institutions (e.g. media, education) play a major role in producing and reproducing gender stereotypes.
25. The influence between cultural attitudes and public policies is reciprocal: attitudes and behaviours towards work and care are important drivers of policymaking. In turn, however, policies can contribute to changing attitude and behaviours towards family matters. In the Nordic countries, where female employment is the norm and where work-family policies have been operating for over 40 years, views of work and care are more gender-equal.
26. OECD 2014, Issues Paper: Unpaid Care Work: The missing link in the analysis of gender gaps in labour outcomes. Scandinavian countries provide a good example of how targeted policy measures can promote caring masculinities.
27. For instance, regular data collection on number of hours spent in elderly care-giving activities by sex should be promoted and the unpaid care activities should be valued as a percentage of the gross domestic product.