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SESSION
***Equal economic independence: Gender equality in caring
responsibilities over the life cycle***

Background note*
**Gender equality in caring responsibilities over
the lifecycle**



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1. INTRODUCTION

Why is it so important to care about care? Firstly, because care activities are one of the most important challenges that every society has to deal with over the lifecycle of their members. **Everyone needs, in any moment of his/her life, some kind of care.** Secondly, care activities are not usually taken into account for macroeconomic statistics, though they are critical to the reproduction of the economy. Women's care work is taken for granted by governments and remains unrecognized and undervalued. As a consequence, **public policies very frequently ignore the role of carers** to improve the social and economic conditions of society at large and also rarely intend to improve their working conditions. Thirdly, the configuration of a fair care model is important because **traditional care models have reinforced gender inequalities.** Care has been usually seen as a potential job for women, which undermines their rights and limits their opportunities and choices (Esplen, 2009). In addition, precariousness is stimulated by the imposed gender role of caregivers. Their low recognition (social and monetary) and the scarcity of public policies is a heavy burden to their empowerment.

The Strategy for Equality between Women and Men 2010-2015 highlights the **contribution of gender equality to economic growth and sustainable development and to advance towards Europe 2020 objectives.** It recognizes that the impact of parenthood on labour market participation is still very different for women and men in the EU today because women continue to shoulder a disproportionate part of the responsibilities involved in running a family. Inequalities between women and men not only violate fundamental rights; they also impose a heavy toll on the economy and result in underutilisation of talent. It is therefore in everyone's interest to offer genuine choices equally for women and men throughout the different stages of their lives.

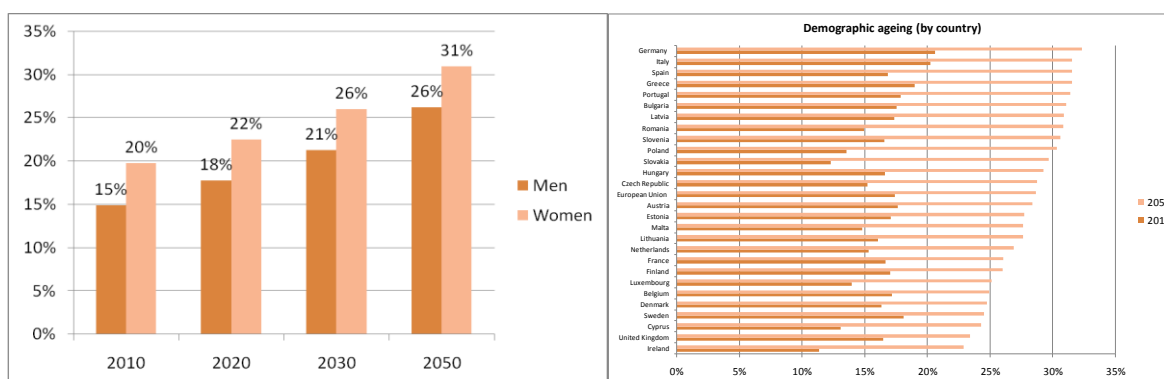
2. THE VULNERABILITY OF THE TRADITIONAL CARE MODEL

The traditional male breadwinner/female carer model involved a particular family model in which the male breadwinner had total availability to work in the labour market and women were confined at home where they exclusively and freely took part in the domestic tasks, especially caring activities. These activities were not monetarily valued, unlike men's activities within the labour market. A complex institutional framework around labour market and social protection has been guaranteeing the functioning of this model for more than three decades.

Three elements are behind what could be considered the crisis of this traditional care model: the demographic changes; the massive incorporation of women to the labour market; and the increasingly important limits of the social and health systems.

Firstly, **the ageing of the population** will provoke that more than one out of four men and, specially, women, will be over 65 years in 2050. In general, as Domínguez Serrano et alia (2007) remark: “Those countries where the distribution of time devoted to domestic tasks is more equal between men and women register higher fertility rates while some Mediterranean countries (especially Italy and Spain), where women carry out the overwhelming majority of the domestic activities, tend to decrease the number of children. (...) It seems that the gender differences in the sharing of household and caring responsibilities are still one of the most important obstacles for women to enter the labour market in equal conditions regarding men”. As a result, countries where the conditions for reconciling the demands of work and family are better, both women’s employment and fertility rates are higher than in countries with worse conditions to reconcile and childrearing (Eurofound, 2010).

Graph 1. Population projections for over 65 (as % of total population) – EU27 (2010-2050)



Source: Eurostat, LFS (2011).

In 2020 the countries of the EU will have to care to some extent after almost 10 million more people than in 2010, of which 8 million will be over 75 and almost 2 million under 15 years of age. In contrast, according to Eurostat demographic data, the working age population –the carers- will diminish by 5 million.

Secondly, the massive **incorporation of women to the labour market** must be mentioned. This process has developed since the 70s in the EU countries and has intensified since the 80s. In less than 25 years, the employment rate of women has increased by more than 14 percentage points, whereas the men’s one has even decreased slightly by 3 percentage points, due mostly to the recent crisis. This means that out of every hundred women, 14 more women are working today in paid activities than 25 years ago; this means in turn that 14 less women can devote their time to unpaid work as intensively as before. Moreover, the Europe 2020 strategy formulates an ambitious target in the form of an adult employment rate (20-64 years) of 75% by 2020. In light

of a diminishing working age population, the progress towards this target can only mean the continuation of this trend.

Graph 2. Female and male EU employment rate (1987-2010)



Source: Eurostat, LFS (2011)

Thirdly, the **limits of the formal care and health systems** and the increasing needs for care raise the question about how caring activities can be balanced from a gender perspective. As the change in the women's role in caring and in the labour market has not been accompanied by a transformation of the male role at home, nor of an adequate increase of the public provision for care, the whole framework built to maintain the traditional model is now crashing (Carrasco, 2004). In addition, the volatility of the economic system is a great threat to the stability of the public support for caregivers, transferring to the families the activities that the public sector is not able to develop.

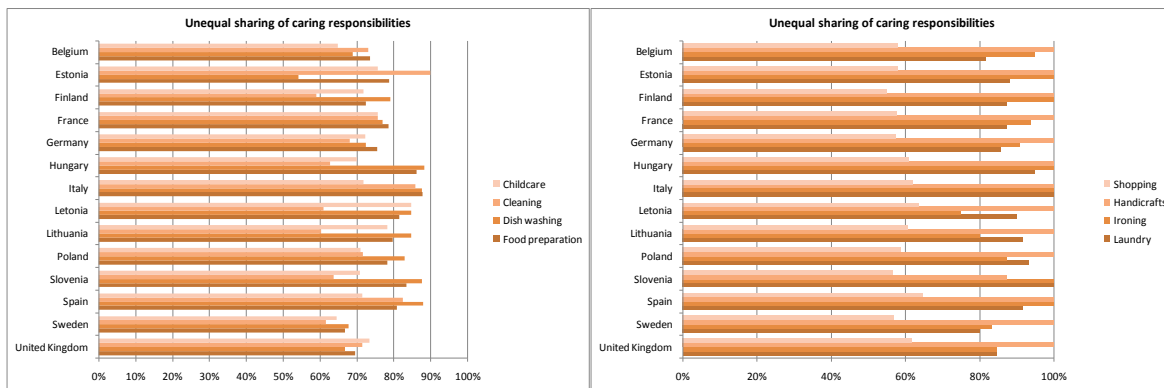
3. THE UNEQUAL SHARING OF CARING RESPONSIBILITIES

3.1 THE SITUATION

In this context, the **unequal weight of caring responsibilities is put on women's shoulders**. The profile of the caregiver is a woman with a direct kinship link to the care recipient (which can be a child, an ill or elderly person) and living in the same household. The probability of providing care is higher among women than men and especially among low-income women. In the case of formal carers, women are also the overwhelming majority. The next graphs show that the mostly common domestic activities are done by women in overwhelming proportions. This is especially obvious in the hardest and most exhausting tasks, such as ironing, cleaning, food preparation and dishwashing (Aliaga, 2006). As the European Foundation for the Improvement of Living and Working Conditions (2010) remarks, on average, 80% of women are involved daily in unpaid household work compared with only 45% of men.

The current economic crisis is a threat to the advancement of equal share of care. The volatility of the financial markets, the consolidation fiscal plans and major cutbacks in social policy responses have restricted the capacity of the public sector to reduce gender inequalities in terms of caring activities. The suspension or removal of some policy advances will hit especially the most vulnerable agents in the caring sector: women, as formal and informal caregivers, increasing the double burden and tightening the labour conditions of those who develop caring activities in the formal economy.

Graph 3. Proportion of activities done by women (20-74 years)



Source: Aliaga (2006).

3.2 OVERBURDEN

Beyond the quantitative gaps in the time devoted to care by men and women, there are important qualitative differences in their activities. Studies have largely documented the **overburden experienced by female caregivers**. For example, in terms of childcaring, Crayg (2006) has found that mothers not only provide more absolute childcare than fathers, but also that the experience in providing care is different. In general, the aspects of care that are arguably most demanding are not equally experienced by women and men. Fathers are relatively rarely alone with their children at home. In contrast, mothering involves more double activity, more physical work, a more rigid timetable and more overall responsibility than fathers, even when they are workers.

In general, the overburden is associated to the various stressing situations derived from the fact that the person has to care for others, mainly the elderly, but it is also linked to describe the symptoms of the syndrome of the “slave grandmother” regarding their grandchildren. It is related to the extent to which caregivers perceive their situation as something that transforms their personal and social life, impoverishing it. In general, caregivers show a worse auto-perception of their health situation and feel self-incriminating emotions which have negative effects over their activities (García-Calvente, 2004).

3.3 THE LIFECYCLE

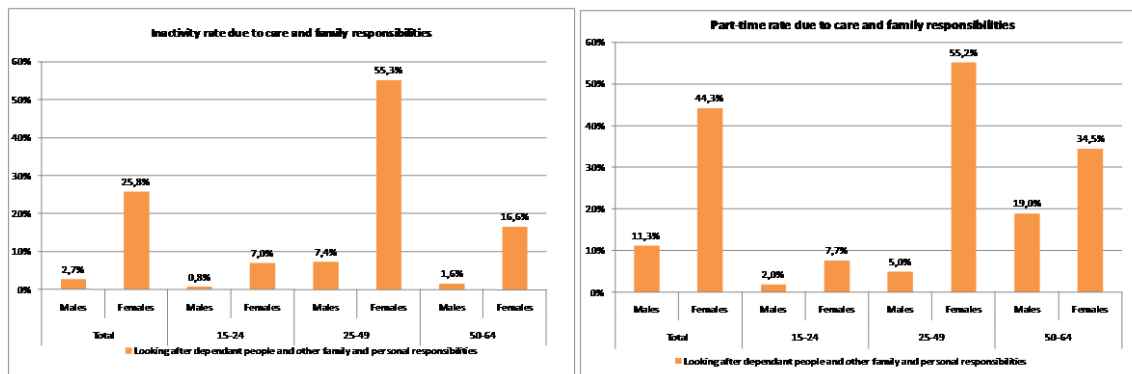
Men and women have a very different profile of labour supply at different stages of the life course that can be linked with the unequal participation of women in care activities. In all countries, the gender gap is smaller before union formation and increases when individuals form a couple. Whereas a drop of employment rate occurs for women at the first childbirth, men get more involved in the labour market when they become fathers.

According to available data, gender differences in employment **among young people** are mainly due to differences in dynamics and length of the school-to-work transition caused by the qualification segregation, but it is also due to the expectation of career breaks and care leave following childbirth and traditional gender roles, which makes them be hired more reluctantly by employers. **In adulthood**, gender differences are the results of the professional qualification inherited from youth and the career breaks caused by maternity and family responsibilities, as well as other structural inequalities such as the pay gap, discrimination and women's predominance in precarious employment conditions. **In seniority**, gender differences are mainly the results of the labour market disadvantage women accumulate in their earlier stages of life cycle. As mentioned above, senior women can also fall under the "slave grandmother" syndrome.

3.4 THE IMPACT

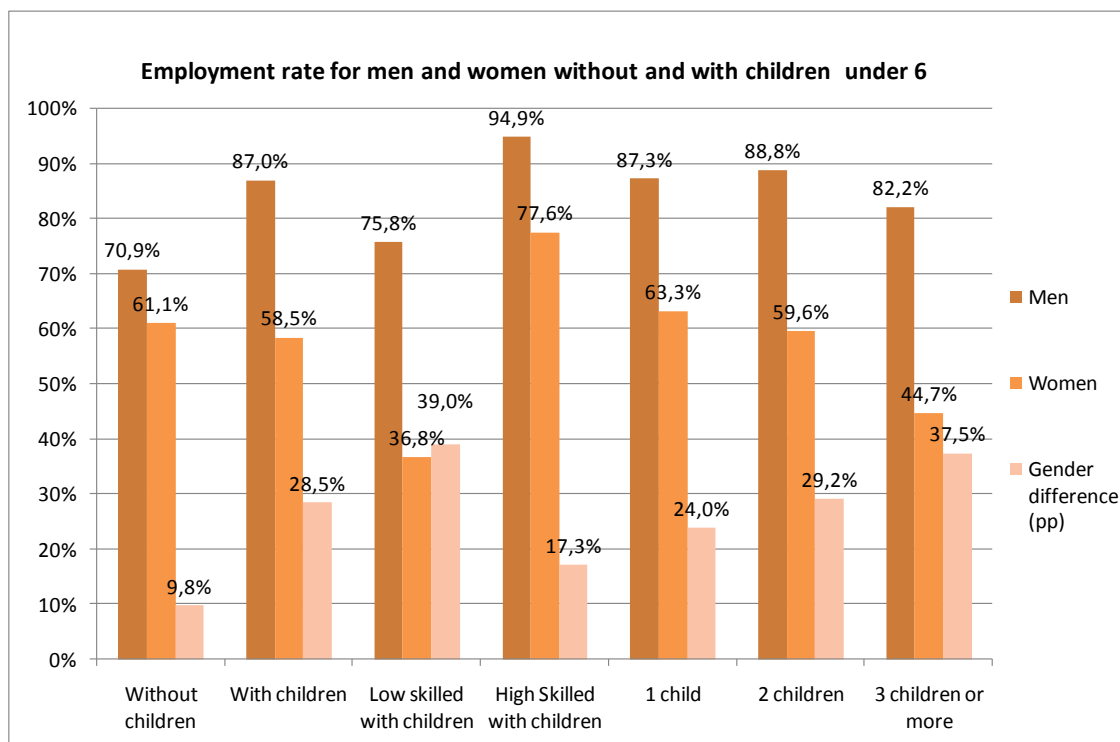
The effects of this unequal share of domestic and caring activities over the lifecycle, in particular the presence of children and old-aged dependants, may induce a weaker attachment to the labour market and a greater risk of economic and social exclusion. According to Eurostat data for the year 2010, the inactivity rate of prime-aged women (i.e., between 25 and 49 years old) due to care burdens and/or family related responsibilities is high, both in absolute terms and in comparison with the corresponding rate for men. In the EU, 38% of adult women are inactive due to the care burden of children or incapacitated adults in their household, and another 17.3% due to other family or personal responsibilities, summing up 55,3% (Graph 4). The corresponding figures for men in the same age bracket are 3.1% and 4.3% (summing 7.4%). The share of women working part-time due to family and family responsibilities multiplies several times men's one, which is especially relevant in case of women aged 25-49.

Graph 4. Proportion of inactive and part-time workers due to care burdens and family related responsibilities, EU-27 (2010)



Source: Eurostat, LFS (2011).

Graph 5. Employment rate of men and women, with and without children under 6 (2009)



Fuente: Eurostat, LFS (2011).

The employment rates of women with children under 6 years old are significantly lower than men's and they are also significantly lower in comparison with women without children. This double disadvantage of women returnees is confirmed by Eurostat data for the year 2009, which report a disproportionate negative gap between: (i) the employment rate of women versus men with children aged between 0 and 6 (*first disadvantage*); and (ii) the employment rate of women versus men with children aged between 0 and 6 and in comparison with women without children

(*second disadvantage*), (Corsi, M., 2011). Finally, the female employment rate is lowest and the gender employment gap is largest in the case of low-skilled women with children (Graph 5).

Lastly, some structural features of the female employment, such as its concentration in some sectors (occupational segregation or the well-known “glass walls”), the gender wage gap, higher temporality and the extent of part-time jobs among women, are, in part, consequence that women are seen as potential or real caregivers. The **economic impact** is that they experience income drops, loss of economic autonomy and increase dependency on men: the poverty rate affects almost one out of four women (24%) in EU27 in 2009, but one out of five men (20.6%) and women earn 17.5 % less on average than men (Report on progress on equality between women and men, 2010)¹. The **political/social** impact relates to the fall of the possibilities of personal development of women and the reduction of social nets, restricting their influence areas to the domestic sphere, etc.

3.5 THE CAUSAL FACTORS

The very nature of patriarchy must be taken into account. The male breadwinner/female carer models characterized by a strict sexual division of labour and the strong relevance of the gender stereotypes implied that women took care as one of their central issues in their lives. Modern welfare states have shaped the needs and rights related to caring activities accordingly, perpetuating this way a gendered citizenship.

Indeed, the **policy frameworks** are still a great barrier to the reduction of the gender inequalities in terms of caring responsibilities. The distribution and meaning of time remain extremely gendered, whereby men prioritize paid work **and women’s work in caring is not adequately valued**. This situation hinders its measurement in social and monetary terms, hampers the possibility to take them into account to design comprehensive social protection policies and contributes to gender inequality. The lack of consistent statistics also contributes to perpetuate this situation, so that a real invisible system is arranged.

Additionally, the notorious **inequalities in terms of paternity/maternity leave entitlement** provokes that caring activities (especially childcaring) remain almost exclusively a women’s activity without hardly any men’s help. In general, legislation referred to paternity and paternal leaves discriminates women: not all countries have an exclusive paternity leave or they are not in

¹ The poverty rate among female workers (in-work poverty) is lower (11.7% in EU27 in 2009) than among male workers (12.7%) due to the composition effect of the household income: within a household with a couple, when a woman works, it is usual that the man also works, counting thus on two incomes and reduced poverty for all the members of the household; however, it is not always the case that when a man works, the woman also works. This shows the dependency of women on men’s income.

line with maternity leaves; moreover, parental leave periods can partially or totally be transferred to the mother, increasing their responsibility in childcaring.

Furthermore, as the relationship of women with the labour market is still more erratic (with more presence in part-time work arrangements, temporary contracts, etc.) and the gender wage gap still is a core feature of the labour market, women accumulate the majority of the worse-paid economic benefits such as pensions and unemployment benefits, since they are related to the previous –lower- earnings. That means that the cost of not working and caring instead (**the opportunity cost of unpaid work**) is lower for women than for men, both in terms of the salary perceived and of the potential benefits.

A final causal factor is found in the transformations in the labour market that have resulted in **increasing economic instability and job uncertainty**. Pressures for increasing flexibility in employment status (fewer long-term and full-time jobs), working hours (non-standard hours, more intense work) and mobility, as well as rising uncertainty in jobs and professional careers, affect women in particular and contribute to tensions between work and family life (Eurofound, 2010). In absence of measures that promote a balance between work demands and family responsibilities, these tensions may induce women to leave paid (full-time) jobs.

4. PUBLIC CARE PROVISION

The availability of care services for children and other dependent persons is a crucial factor affecting parents' (and especially the mother's) opportunity to participate in the labour market and plays an important role in enhancing work-life balance for parents. Some progress has been achieved towards the Barcelona targets (90 % for children aged between 3 and the age when compulsory schooling begins and at least 33 % for children below 3 years of age) in the last years. The proportion of children under 3 covered by formal care services has increased on average from 25 % in 2005 to 29 % in 2009 (EU-25 average) and the share of children aged between 3 and the compulsory schooling age has evolved from 82% to 85% within the same period. In both cases, countries from EU15 would have on average reached both Barcelona targets in 2009, but many countries have not. Moreover, the progression seems to have come to a stop in 2008. Indeed, as Plantega and Remery (2009) state, despite all the efforts and improvement, high-quality and affordable childcare **facilities are in still in short supply** in quite a number of EU Member States. The results of the European Quality of Life Survey 2007 (EQLS, Eurofound, 2010) point also in this direction, justifying the focus on improvement of childcare provision, because many countries, especially the New Member States, suffer shortages in institutional childcare facilities.

Advances in ageing, foreseen for the coming decades, make elderly care provision and its various forms a highly relevant issue. The growing number of elderly Europeans generates demands for care which is currently provided to a large extent on an informal basis by family members and relatives. When accounting for a possible reduction in family care resources due to changing family structures, increasing labour force participation of women and a growing spatial mobility of the population, these care demands may be difficult to meet and may intensify difficulties to combine work and family life in the future (Eurofound, 2010).

According to Crepaldi et al (2009), there are some objective barriers that restrict the accessibility to caring services. Some of them particularly affects women, especially when belonging to disadvantage groups. **Financial barriers:** High private costs impose a major financial burden on care service recipients and their relatives, particularly for low-income groups; **Geographical barriers:** As caring services are generally regional or local responsibilities, there are substantial differences in service provision among regions, urban and rural areas, etc.; **Administrative barriers:** Caring services are provided through coordination of different care, administrative and territorial levels. This fragmented system may reduce accessibility to caring services and facilities; **Cultural barriers:** For some ethnic groups, the provision of caring services by people from outside the family is still a major problem for cultural reasons. Family ties are still stronger in some cultural clusters and institutionalization can be considered an extreme alternative for older family members. And, in these cases, family means female members; **Lack of availability of care services:** almost one third of women with care responsibilities in the EU27 were inactive or worked part-time due to the lack of care services for children and other dependant persons in 2009 (EU Commission, Report on Progress on Equality between Women and Men in 2010).

5. CURRENT TRENDS IN ADVANCING GENDER EQUALITY IN SHARING CARE RESPONSIBILITIES

The **Strategy for equality between women and men**² represents the European Commission's work program on gender equality for the current period 2010-2015. It commits the Commission to **promote gender equality** into all its policies for the following thematic priorities: (i) equal economic independence for women and men; (ii) equal pay for work of equal value; (iii) equality in decision-making; (iv) dignity, integrity and ending gender violence; (v) promoting gender equality beyond the EU; (vi) horizontal issues (gender roles, legislation and governance tools).

² http://ec.europa.eu/justice/gender-equality/index_en.htm

The recently adopted **European pact for Gender Equality (2011-2020)**³ encourages Member States and the European Union to adopt measures to close gender gaps in employment, to combat gender segregation in the labour market and to promote better work-life balance for women and men. In particular: (a) improve the supply of adequate, affordable, high-quality childcare services for children under the mandatory school age with a view to achieving the objectives set at the European Council in Barcelona in March 2002; (b) improve the provision of care facilities for other dependants; and (c) promote flexible working arrangements and various forms of leave for both women and men.

Additionally, under the **new Parental Leave Directive (2010/18/EU)**, parents will have the right to longer parental leave. The revised Directive will give each working parent the right to at least four months leave after the birth or adoption of a child (up from three months before). At least one of the four months cannot be transferred to the other parent – meaning it will be lost if not taken. Also, the **Directive 2010/41/EU** on the application of the principle of **equal treatment between men and women engaged in an activity in a self-employed capacity** will guarantee a maternity allowance of at least 14 weeks, which will enable women to interrupt their professional activities, if they so wish. The social protection for assisting spouses and life partners is also considerably improved. They will have the right to social security coverage (such as pensions), if the Member State offers such protection to self-employed workers.

At Member States' level, broadly speaking, their main policy responses to the reduction of the gender inequalities in the provision of caring activities and the balance between men and women can be split in four broad groups.

Firstly, a great effort has been made to reduce gender inequalities through improving the **accessibility and the quality of the caring services**, infrastructures and institutions. It also entailed income support schemes to co-pay the caring activities, particularly for low-income persons. Secondly, policy responses have timidly tried to improve, from a gender perspective, the prevailing **policy frameworks** that have guaranteed the functioning of the current care models, as, for example, legislation related to parental leaves. In addition, some countries have made some progress in terms of **labour regulations** with the objective of improving the reconciliation of work and family life. Flexibility in the organization of work has also been introduced to a certain extent: reduced hours, compress working week, flexitime, shift swapping, self-rostering and staggered hours have been slowly and occasionally introduced in some European countries (Eurostat, 2009), helping women to gain access to paid work and allowing men to have more time for the family. Finally, many countries are introducing initiatives to

³ <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2011:155:0010:0013:EN:PDF>

promote the **change in stereotyped attitudes** towards equal share of care responsibilities among men and women. For example, in Denmark, the transnational project “Men at work –Achieving Gender Equality” aimed at encouraging men and fathers to care more for their children and families through a series of TV programmes. In Poland, the project “Wanted: women over 45 – reliability, commitment, experience” was designed to change stereotypes concerning paid work by women over 45. In Germany, a programme aims at increasing the number of qualified male personnel in child day-care facilities to fight gender segregation.

6. OPPORTUNITIES FOR CHANGE

The Europe 2020 has established two important goals for the EU in the horizon 2020 in the context of equal sharing of caring activities: to achieve an adult (20-64) women and men employment rate of 75%; and to reduce by 25% the share of population living under the poverty line. From the ensuing 10 **integrated guidelines**, the so-called employment guidelines (GLs 7 to 10) are also relevant in this context, and all of them are the basis on which Member States have drawn up their **National Reform Programmes** setting out in detail the actions they will take under the new strategy. The European **Council will assess every year the overall progress** achieved both at EU and at national level in implementing the EU2020 strategy. This means that, at least in theory, the objectives of reaching 75% employment rate, reducing poverty, promoting job quality and life long learning are as important as macroeconomic and financial stability. As can be deduced from these pages, 75% quality employment rate and a significant reduction of poverty will not be achieved without an adequate access and permanence of more women in the labour market; and this in turn is hampered by an inadequate distribution of care responsibilities between men and women, particularly in the context of an ageing population.

Another element at stake is the **crisis of the traditional care model**, due in part to ongoing demographic changes, linked with the **current economic crisis**. Although the menace (already reality in many countries) of social cutbacks are extremely negative from a gender perspective, potentially leading women to leave the labour market due to cuts in the public provision of care services, also the contrary could happen. The participation of women in paid work not only increases their economic independence and empowerment, it also contributes to reduce their poverty and of the whole household. Confronted with high male and female unemployment rates in many EU countries, women’s contribution will be needed to overcome the crisis. However, they will not be able to do so with precarious, unstable and low-paid jobs, neither with unbearable unequally shared caring responsibilities.

Employment and care systems have to coordinate better to allow work to pay for women, considering reinforcing in-work benefits and taking into account also the life stage in which women are, shaping better the design of the benefits. To increase the economic value of poorly paid work is in the hands of public administrations, promoting professionalization, fair collective agreements, demanding (and paying itself) higher wages in the contracts it signs with private providers. Arguably, this increases the public and private costs of these services, but proper (economic) account has to be made of the benefits of more people in the labour market with decent conditions: the opportunity cost of not working would increase, shadow economy and gender segregation could even diminish in light of higher wages (unemployed men could engage in such paid activities), and other gender disparities would decrease.

Changing attitudes of women and men towards care activities seems essential to close the existing gender gaps in unpaid care at home. Some innovative projects have been put in place in many EU countries, regions and at EU level, also with a lifecycle approach.

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