

WIEGO Child Care Initiative

Research Report by Laura Alferts

**“Our children
do not get
the attention
they deserve”:**

A synthesis of research findings
on women informal workers
and child care from six
membership-based organizations.



“Our children do not get the attention they deserve”

WIEGO Child Care Initiative Research Report

WIEGO's Child Care Initiative (CCI) seeks to shift child care from the periphery of global social policy to the centre, so that it is seen as a core set of social services and as a core part of social security. The major concern for WIEGO within the wider debate on child care provision is the relationship between child care provision and the ability of women, particularly poorer women, to engage in income-earning work and to improve their economic position.

Women in Informal Employment: Globalizing and Organizing is a global network focused on securing livelihoods for the working poor, especially women, in the informal economy. We believe all workers should have equal economic opportunities and rights. WIEGO creates change by building capacity among informal worker organizations, expanding the knowledge base about the informal economy and influencing local, national and international policies. Visit www.wiego.org.

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Cover photograph: Informal Head Porter worker Hakia Latif carries goods on her head and her child on her back in a market in Accra, Ghana. Photo: Jonathan Torgovnik/Getty Images Reportage

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A group of women listen during a nutritional meeting about healthy foods at the BalSEWA centre in Ahmedabad, India. Photo: Paula Bronstein/Getty Images Reportage

“Our children do not get the attention they deserve”

1. Introduction

Across the world, women are over-represented in forms of employment which are insecure and where earnings are low. This research paper concentrates on one of the structural factors which both reinforces and reproduces women's marginal position within the labour market – their disproportionate responsibility for unpaid child care as compared to men. Available quantitative data, derived mainly from time-use surveys, consistently shows that it is women rather than men who shoulder the main responsibility for child care, and that they are likely to earn less than men when participating in income earning work (Charmes, 2006; Budlender, 2008). Unpaid care work restricts and/or otherwise alters the time that women can spend on income-earning activities in a manner that negatively impacts on their earning ability. It can also more indirectly impact on earnings through its relationship to labour market segmentation, with women disproportionately concentrated in the lower-paid “caring” professions, including paid child care workers (Lund, 2010).

This paper reports on research findings from a qualitative research study which was conducted among membership-based organizations (MBOs) of the working poor in five countries – Brazil, Ghana, India, South Africa, and Thailand. The study focused on women informal workers and the interactions between their need for economic security, defined in terms of earnings as well as the capacity for building long-term savings and assets, and their responsibility for child care. Key research questions include:

- What is the impact of unpaid care work on the ability of women informal workers to earn an income?
- How do women informal workers with young children manage child care?
- What alternatives are available to them?
- What interventions would they consider helpful in terms of helping them to better manage these needs in the interests of improving their ability to work?
- What is the impact of involvement in income earning work on their family life? When and how do men assist with child care needs?

While much has been written along these lines in relation to women's labour market position

in industrial and post-industrial countries of the global north (Williams, 2000; Stoll et al., 2006; Henley et al., 2006; Enchautegui et al., 2015), relatively less attention has been paid to the labour market-unpaid care work interactions of the global south. Here the predominance of informal employment (ILO, 2013) – defined by its exclusion from labour and social protection regimes, where employer-employee relationships are often either non-existent, blurred, or deliberately concealed, where work is carried out in informal workplaces such as streets, homes, and landfills, where most incomes are very low and hours of work unregulated – ensures a different labour market dynamic from the global north, which has higher levels of formal employment, and where even the increasing levels of “non-standard” employment still operate within a labour regulatory regime (Carré & Heintz, 2009). This is not to draw a strict dividing line between poor women workers in the global north and south, who in reality encounter many similar challenges, but rather to acknowledge that a difference does exist and should be accounted for in the research on this subject. This study helps to fill this gap in the literature by developing a more detailed picture of the dynamics of unpaid care work and informal employment and seeks a better understanding of the possible policy interventions which could support informally employed women in balancing their care responsibilities with income earning work.

The report argues that the provision of good quality, accessible, public child care services is one key policy intervention which has the potential to greatly improve the productivity and incomes of informally working women. It is understood that the socialization of child care is not always considered optimal – that mothers (and fathers) who wish to care for their own children should be empowered to do so by society (Lister, 1997). Moreover, that social policies such as this can never be a panacea for correcting the systemic inequalities in the global political economy which undermine the ability of families to provide care for their children. The realities of the current global context, where macroeconomic policy, cuts in state spending, and the undermining of labour regulations are placing increasing strain on the economic resources of the world's poor, means that the ability of individual families to care for their children adequately is being eroded



Rattana Chalermchai works as a home-based garment worker while looking after her granddaughter in Bangkok, Thailand. Photo: Paula Bronstein/Getty Images Reportage

(Heymann, 2006; Razavi, 2011; UN Women, 2015). Low incomes for many men and women employed in the informal economy mean that they must work to meet their basic needs and do not have the time or the necessary resources to spend on child care. Families, and women in particular, need support in meeting their economic and care needs; building a collective responsibility for care through public provision is one important way in which this support can be provided.

The structural conditions which ensure that women's work – and unpaid care work as an extension of this – remains undervalued by society, manifest in a number of ways. This research report is centred explicitly on only one aspect of the wider issue. It focuses exclusively on child care, as opposed to the combination of child care,

elderly care, and care for the sick – all of which create barriers to economic opportunities and the realization of women's rights to an education and political participation. It also concentrates on informal women workers as users, rather than providers, of care and does not take into account the large numbers of women around the world who are involved in the informal provision of care services – including those who provide care to the children of other informal workers – often under highly exploitative conditions (Tokman, 2010; ILO, 2013; ITUC, 2016). The majority of domestic workers, for instance, lack employment contracts that guarantee a living wage, regular working hours, paid leave, and social security contributions (ILO, 2016).

That this report has chosen to concentrate on the users of care services and the care of children is a reflection of the need to maintain a specific focus, particularly in relation to its recommendations around service provision, where there are very real differences between services which support women in relation to the care of the elderly and sick and those that provide support for child care. That some of these recommendations contained in the latter parts of this report may create tensions between the informal working women who are users and those who are providers of care services is acknowledged. However, the intention is not to establish divisions between working women, but rather to highlight one aspect of the wider issue of unpaid care work and women's economic status. Recognizing this, the report concludes with the need for its work to be contextualized and supplemented by further research and support for informal providers of care.



*The 6-month-old child of a garment worker naps while her mother sews at a garment factory in Bangkok, Thailand.
Photo: Paula Bronstein/Getty Images Reportage*

2. Methods & Participants

Fieldwork was conducted between October and December 2015 in five sites: João Monlevade in Brazil, Accra in Ghana, Ahmedabad in India, Bangkok in Thailand, and Durban in South Africa. In total, 159 women informal workers were interviewed during the course of the research. As with most qualitative studies, the sampling criteria was purposive rather than random. Participants were selected on the basis of their membership in an organization of informal workers – all of them associated with WIEGO. In Brazil, interviews were conducted among the Altimarjom Waste Picker Cooperative, in Ghana with the members of the Ghana Association of Markets (GAMA) and with the Informal Hawkers and Vendors Association of Ghana (IHVAG), in India with the Self-Employed Women’s Association (SEWA), in South Africa with the South African Informal Workers Association (SAIWA), and in Thailand with HomeNet Thailand (HNT).

Among the sampling criteria, preference was given to women with children under 7 years of age. Efforts were also made to incorporate different sectors, including street traders, waste pickers, home-based workers, domestic workers, and agricultural workers, within the sample, although home-based workers, street traders, and waste pickers predominated. WIEGO’s primary focus is on the urban working poor, which meant that all interviews, except one in India

which looked at the experiences of agricultural workers, were carried out in urban areas. Due to the exploratory and qualitative nature of the study, it was not considered necessary to ensure that the sample numbers were consistent across countries. The sample sizes in each country were chosen according to the needs and capacity of the MBO involved. Most data were collected through focus group discussions consisting of between five and eight participants each. A standardized focus group interview guide (Appendix A) was developed by WIEGO and applied by the in-country researchers. Specific methods for eliciting information included activity clocks, story-telling, and an evaluation of the characteristics of “good” and “bad” child care. Individual participant information (IPI) was captured in a short questionnaire administered prior to the commencement of the focus group discussions (Appendix B).

The basic characteristics of the sample are captured in Table 1 below. The majority of participants were from Thailand (28 per cent), followed by India (25 per cent). Ninety per cent of those interviewed were caring for at least one child under the age of seven. The majority of women (82.5 per cent) identified themselves as the mothers of the children, while 15 per cent, mainly Thai workers, identified as the grandmother. Grandmothers who care for young grandchildren was a phenomenon that was explored in Thailand as many of the members of HNT fall into this

category. Home-based workers were the dominant sector, and this is because workers from India and Thailand, where Home-based work predominates, represent the majority of the sample. Sixty-four per cent of the participants were between the ages of 25 and 45, and the majority (65 per cent) were married. Disaggregating the data on marital status reveals a clear difference between countries – in Brazil and South Africa the majority of women were single, divorced, or widowed, while in Ghana, India, and Thailand the majority were married.

Profile of the MBOs
<p>Altimarjom Cooperative Located in João Monlevade, Minais Gerais, Brazil. Started in: 2001 No. of members: 26 Sector: waste pickers</p>
<p>Ghana Association of Markets Located in Accra, Ghana Started in: 1961 No. of members: Represents all 40 formal markets in Accra Sector: market traders</p>
<p>Informal Hawkers & Vendors Association of Ghana Located in Accra, Ghana Started in: 2003 No. of members: 6000 Sector: hawkers and street vendors</p>
<p>Self Employed Women's Association Located in Ahmedabad, India, but operates India-wide Started in: 1971 No. of members: 1.9 million Sector: A range of sectors, including Home-based workers, street vendors, agricultural workers, waste pickers, construction workers.</p>
<p>The South African Informal Workers Association Located in Durban, South Africa Started in: 2011 No. of members: 1000 Sector: Market and street vendors, Home-based workers.</p>
<p>HomeNet Thailand Located in Bangkok, Thailand, but operates in four regions of Thailand Started in: 1992 No. of members: 3900 Sector: Home-based workers, domestic workers, street vendors</p>

Table 1: Individual Participant Characteristics		
		No. & % of total sample (n=159)
MBO		
	Altimarjom Co-op (Brazil)	13 [8%]
	GAMA & IHVAG (Ghana)	32 [20%]
	SEWA (India)	39 [25%]
	SAIWA (South Africa)	30 [19%]
	HNT (Thailand)	45 [28%]
Sector		
	Agricultural Worker	6 [4%]
	Domestic Worker	7 [4%]
	Home-based Worker	63 [40%]
	Street/Market Trader	57 [36%]
	Waste Picker	24 [15%]
	Other	2 [1%]
Age		
	18-25	30 [19%]
	26-35	53 [33%]
	36-45	49 [31%]
	46-55	14 [9%]
	56-65	11 [7%]
	Over 65	2 [1%]
Marital Status		
	Cohabiting	3 [1.5%]
	Married	103 [65%]
	Separated/Divorced	11 [7%]
	Single	32 [20%]
	Widowed	4 [2.5%]
	Status Not Given	6 [4%]
Relationship to children		
	Aunt	4 [2.5%]
	Grandmother	24 [15%]
	Mother	131 [82.5%]



Kasha Solanki, a teacher at the BalSEWA daycare centre in Ahmedabad, India, sits with one of her 3-year-old charges. Photo: Paula Bronstein/Getty Images Reportage

3. Results

3.1 How does child care affect the ability of women informal workers to earn an income?

In a comparative study of quantitative data from Accra and Guatemala City, Quisumbing et al., (2003) found that the presence of accessible child care facilities made a difference to levels of women's employment only in Guatemala City, and not in Accra. The authors attribute this difference to the fact that women in Guatemala City work as wage workers in maquiladoras, but in Accra many women are informal self-employed workers. This leads them to conclude that the provision of "day care centres may be a less important consideration for self-employed women workers when it comes to the decision to enter the labour market" (p.ii). However, this study suggests that this should not be interpreted to mean that the provision of child care is not important for self-employed women.¹ The research reveals that child care impacts on the ability of informal women workers to earn an income via a number of different pathways. This means that the decision on whether or not to enter the labour market is just one pathway linking economic empowerment to child care.

Firstly, women may look for work that is more flexible, but which is also more irregular and less well paid. In Thailand, for example, Home-based workers said that they knew that "*working outside*" the home would mean that they could

access better paid and more regular jobs, but the convenience of being able to watch over their children and attend to household chores meant that working from home ultimately made more sense [Thailand FG5]. However, even for informal workers who work outside the home, the need for flexibility was paramount and had influenced the choice of employment.² Several waste pickers in South Africa said that the reason they had taken up this precarious form of employment was because of the flexibility it allowed [South Africa FG3]. In Ghana, a woman told this story:

About six months ago, I had a job as a cleaner, but had to report at 6.00 am and close at 6.00 pm. I agreed to do the work but in the next morning when I had to start the work, I reconsidered the decision with regard to the care of my children. The woman I was going to work for called me the next morning to inquire if I was coming because the time was about an hour past 6.00 am. I told her that I want to take my children to school before reporting but her

¹ This is the interpretation taken by Buvinic, Furst-Nichols & Courey Pryor in their 2013 "Roadmap for Promoting Women's Economic Empowerment" written for the UN Foundation and ExxonMobil.

² The word "choice" here must be understood within a wider context of constraints on women's labour force participation. These women are not choosing between a well-paid formal job and a poorly paid informal job, they are usually choosing between two poorly paid informal jobs.

response was that any time I report late, I will be paid short of my due so I decided to stop and get another work” [Ghana FG3].

In the end this woman had taken up door-to-door selling with a far less secure income. In India, two agricultural workers said that they had taken work which allowed them to return home every three hours to breastfeed their children [India FG Report].

Secondly, caring for children affects work schedules in a way that can impact income negatively. In Accra, the best time for trading on the streets is early in the morning as people make their way to work and in the evening when people return home. However, *“these are also the times when your child needs you most,”* pointed out a Ghanaian trader [Ghana FG1]. Another trader talked about how she had managed this clash: *“...sometimes, I make him [her son] miss school for the day so that I can go for my flour to be mixed in the machine room so that I have enough time to fry and sell,”* said a Ghanaian “buff loaf” [fried dough ball] baker and seller. Eventually, concerned about her child’s education, she decided to *“get the flour in large enough quantities”* to fry two or three days’ worth of buff loaves. The problem is that buff loaves taste best when fresh, and so the strategy *“helped the schooling of my child, but my buff loaf business went down because I keep old mixture...and the taste changed”* [Ghana FG2]. In South Africa, a trader complained about the fact that she had to cut her working day short in order to collect her child from child care: *“Before when I didn’t have a small child, I used to work till late, around 16:00 or 17:00. Trucks bring good materials by the end of the day and I feel that I am missing out of all of this”* [South Africa FG3]. In Thailand, a Home-based worker said that if she spent *“too much time”* looking after her child during the day, she would have to compensate by missing out on sleep to work late into the night [Thailand FG7].

A third way that child care can impact the incomes of women informal workers is by distracting them from their work and decreasing productivity. This is a problem faced by those women who work and care in the home (Home-based workers), but also for other informal workers who bring their children to work with them. *“When children are not with us, we can work faster. My sister-in-law who sends her child to the [SEWA] childcare centre*

is able to earn more per day than I can because my son is at home with me and keeps needing attention...He interferes with my work. I make rotis [flat bread] for sale. I’m always afraid that he will touch the hot griddle and burn himself. At other times he runs out of the house and I have to run after him to bring him back,” said an Indian Home-based worker [India FG Report]. A South African trader complained that her *“work was affected”* by her toddler running around, making her *“crazy”* while she tried to work [South Africa FG5]. A Thai Home-based worker had developed an ingenious method for keeping her child quiet while she worked: *“When I was living in Bangkok, I was sewing and raising my child by tying a rope to the cradle and my foot. I then operated the sewing machine while swinging the cradle with my foot.”* She admitted that this was tiring, but said that she was *“at least able to make some income”* [Thailand FG1].

Related to this is the fact that young children, particularly toddlers, can damage products, also resulting in a loss of income for the carer. *“My grandchild stays around, grabbing and dragging the fishing net (she was working on). Sometimes it rips and I have to fix it,”* complained a Thai grandmother [Thailand FG7]. Another Thai worker recounted a time when she had been called up by the purchaser of the hijabs she had made: *“my work had rips...they were cut by scissors. Four pieces altogether. I hadn’t noticed that my daughter had grabbed the scissors....[The purchaser] was about to sell those hijabs. She said next time she would have to deduct my pay”* [Thailand FG5].

Finally, for those working outside the home, there is also the problem of not having appropriate spaces in which to leave children. This can impact incomes in several ways. *I take my child to work with me, but when the weather is bad, like when it is raining, is windy and/or very hot, because there is no shelter where I work, I cannot take the child with me to work, so I stay at home”* [South Africa FG3]. Not having facilities for changing nappies and breastfeeding can also be a problem, particularly when food is being sold: *“When you sell food with a child who is just some months old and you breastfeed and change diapers alongside, people don’t buy from you because of the unpleasant scene these things create; they see it as disgusting and so is the food,”* said a Ghanaian trader [Ghana FG4].



*A home-based worker sews garments while her grandchildren play in their home in Bangkok, Thailand.
Photo: Paula Bronstein/Getty Images Reportage*

4. Impact of income earning work on family life

The ability to participate in income earning work was a necessity for the majority of the women interviewed during this study. This was either because they were single parents (particularly in South Africa where 26 out of the 30 women interviewed did not have a partner), or because their husbands did not earn enough to support the family on a single income. However, earning was also a source of pride for some of the women, who clearly felt empowered by their ability to contribute to the household income. *“Our income helps the family in many ways,”* said a kite maker from India. *“We can wear better clothes, and we can buy milk and fruit”* [India FG Report]. A domestic worker added that it didn’t matter if her husband was able to find work or not because she was *“able to run the house”* on her own earnings.

Nevertheless, it was also clear from the study that by participating in income earning work, women become subject to the universally acknowledged “double burden,” which affects women across countries and socio-economic classes. In the case of informal workers, however, there is the additional problem of working hours that follow very different patterns from the typical office job, and are often very long. The activity clocks filled in by the focus group participants reveal a working day that starts very early and ends very late, usually beginning and ending with housework.

Stress and exhaustion appeared to be part of the normal existence of the women interviewed. Women worried about the impact of these long hours on the cohesiveness of their family life – in India a woman complained that her family could not eat together because of the different work schedules. Another said that if her work materials arrived late, she would have to work late, which meant the family dinner would only be ready at 10 p.m. [India FG Report].

Adding to the stress is the concern women feel about neglecting their children: *“...there is actually no time for children. Our children do not get the attention that they deserve from us”* [South Africa FG1]. In Brazil, for example, it was noted that women were on average spending only 2-3 hours per day with their children [Brazil FG1]. The consequences of this were wide ranging. It increased the mother’s stress and impacted on their ability to work: *“Sometimes you can think a lot about the children when they are away from you; you see how other children are cared for and know that you are not doing much for yours. This can make you lose concentration on the market such that you simply cannot sell well”* [Ghana FG2]. Women also worried about the negative effects on their children’s education, health, and general development. *“Their education is affected because attention required for monitoring their progress or otherwise is limited since you have to also work to put food on the table,”* said a woman from Ghana [Ghana FG1].



*A 6-month-old child plays on the floor of the garment factory where her mother works in Bangkok, Thailand.
Photo: Paula Bronstein/Getty Images Reportage*

A sentiment that arose out of several of the focus groups was that the responsibility for child care should be seen as part of a public, collective responsibility because women simply did not have time to both provide income and adequate care for their children. In Brazil, the research participants suggested that it was the responsibility of the state to support working women with more comprehensive social policies with respect to the care of children. They argued for more child care centres running for extended hours during the day, but also for the provision of additional health and education programmes to compensate for the time that mothers are unable to spend with their children [Brazil FG1]. Indian women who sent their children to the SEWA child care centres echoed these sentiments, feeling that they had neither the time nor the energy to impart good values and behaviour and basic education to their children; they really appreciated that the centres were able to do this for them [India FG Report].



Mayuri Suepwong is a single mom working as a home-based garment worker in Bangkok, Thailand. Her daughter helps her after school. Photo: Paula Bronstein/Getty Images Reportage

5. How do informal women workers with young children manage child care?

The UN Women Report on the Progress of the World's Women (2015) reports on a survey from 31 developing countries, which reveals the shortage of available child care alternatives for working women. Thirty-nine per cent of the surveyed women with children under six years said that they cared for their children themselves while at work. Only 4 per cent had access to an organized child care or nursery arrangement, which decreased to 1 per cent for the poorest women. However, the results from the IPIs in this study reveal a different pattern. Contributing to this difference is no doubt the much smaller sample size in fewer countries. The high number of SEWA members who were interviewed, who have access to child care services through the BalSEWA child care centers also contributes, as does the presence of Brazilian workers, who have access to free day care, and the Ghanaian workers, who are able to send their children to school at a very young age.

In Brazil the majority of women interviewed relied on a government child care facility as their

primary child care option, while others relied on family members for care. In many cases, neighbours were also used as a secondary support system when other options were not available. In Ghana, the vast majority of women sent their children to school from as young as one year, with family members (usually grandmothers) acting as a support when necessary. In India, most of the women interviewed sent their children to a non-government child care centre, although this was closely followed by the number of women who relied on family members for support. This finding is unlikely to be representative of India as a whole because a number of women who were interviewed were members of SEWA and send their children to a SEWA child care centre. In South Africa, the majority of the women interviewed relied on private child care facilities (mainly informal and unregulated) to care for their children while they are working, followed closely by support from family members (again mainly grandmothers). In Thailand, a large number of the women interviewed were grandmothers who are looking after their grandchildren, but still trying to earn a living. In most cases, these women relied on other family members to support them, but in a number of cases they are the only carers and have to manage work and care simultaneously.

Table 2: Primary Form of Child Care While Mother Works, By Country³

BRAZIL	
Government Child Care Facility	5 [63%]
Family Member	3 [37%]
GHANA	
School	29 [91%]
Private Child Care Facility	3 [9%]
INDIA	
NGO Child Care Facility	15 [38%]
Family Member	11 [28%]
Cared for at home while mother works	8 [20%]
Government Child Care Facility	5 [13%]
SOUTH AFRICA	
Private Child Care Facility (mainly informal and unregistered)	11 [37%]
Family Member	9 [30%]
They come to work	5 [17%]
Neighbours	2 [7%]
School	1 [3%]
Cared for at home while mother works	1 [3%]
THAILAND	
Family Member	19 [42%]
Cared for at home while mother works	16 [36%]
Government Child Care Facility	10 [22%]

The cross-country differences in the child care alternatives that are used is a reflection of a number of issues, including the institutional framework governing child care in each country, social and cultural norms, as well as differences between individual workers (for example income levels), and between groups of workers, particularly sectoral differences. Differences also arise out of the specificities of the sample – the number of grandmothers interviewed in Thailand, and the number of SEWA members who have access to SEWA child care centres in India.

In Brazil, free child care centres have been provided by the state since the 1960s (Ogando and Brito, 2016). As this report will show later, these centres are not without problems. Nevertheless, they have clearly been an important support to the waste pickers who were interviewed during this research project. In Ghana the study participants revealed a deep mistrust of private caregiving by both family members and hired domestic help. There was, however, a strong

appreciation for the importance of education which, combined with the fact that schools (with preschools) are willing to take in children very young, meant that most of the women interviewed were taking advantage of this option. Although school-going age in Ghana is officially three years and over, women in this study reported sending children as young as one to school.

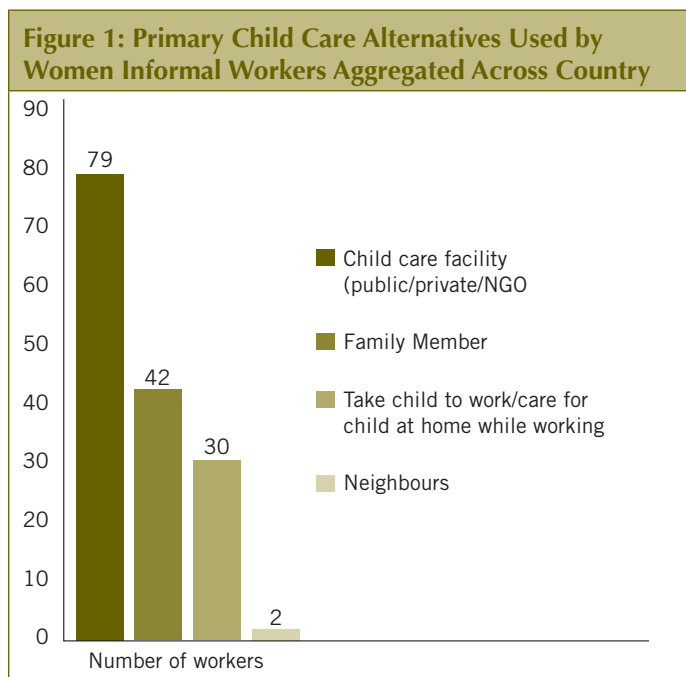
In India, the state provides support for the care of very young children through its Integrated Child Development Scheme (ICDS), which is estimated to cover about 26 per cent of India’s children aged zero to six years, but has opening hours which are limited to between two and four hours a day, making them less than ideal for working mothers (Palriwala and Neetha, 2011). Non-governmental organizations are also active in providing child care services, such as SEWA and the well-known Mobile Crèches, but in large part the care of small children in poor households is either done by women or by older daughters (Palriwala and Neetha, 2011). In South Africa there has been an attempt by the state to institutionalise Early Childhood Development (ECD). To date this has resulted in the universalisation of a Grade R year at primary schools (a reception year for children age 5), and the subsidization of semi-public non-profit early education centres for younger children. However, the facilities for children younger than five cannot keep up with demand, and large numbers of young children (particularly zero to two years) rely on informal child care arrangements (Martin et al., 2014). In Bangkok, Thailand, the municipality has since 2004 provided subsidies to community child care centres to provide care for children aged zero to six years (Bangkok Metropolitan Administration, 2007).

Sectoral differences between workers are also important and interact with the institutional framework and societal norms in each country to determine the extent to which child care alternatives are considered viable. Home-based workers from India and Thailand were most likely to have no child care support – they had chosen the option of Home-based work so that they could look after their children. For waste pickers in Brazil and South Africa, however, the idea of bringing a child to work was thought of as highly undesirable due to the dangerous working

³ This table excludes 6 workers from Brazil whose children were older teenagers.

environment. In these cases women said that they would rather not work if they had no other child care arrangements in place. The SEWA Child Care Coordinator also noted that sectoral differences also impacted on the ways in which women interact with the centres – street vendors usually need to leave their children in the centre the whole day while agricultural workers and sometimes Home-based workers, who have more flexibility and may work nearer to the centre, will come into the centre during the day to breastfeed.

The following section synthesises and discusses in more depth the child care alternatives that were used by the women informal workers who participated in this study. It ranks these alternatives in descending order from the most used across countries to the least used as summarised in Figure 1 below. It should be noted that these are the primary forms of child care used by the study participants. In most cases, women also relied on additional support from family, neighbours and/or community members to help them cope.



5.1 Child care centres

The types of child care centres used by the women workers who participated in this research varied widely, but can be broadly clustered into four groups. There are those that are provided publicly, and are either free or heavily subsidized (as in Brazil, in some municipal areas of Thailand, and through the ICDS in India). There are those that are provided privately, for-profit, are subject

to state regulation and are often too expensive for informal workers. Then there are those that are provided by non-profit organizations such as SEWA in India, and by a number of non-profit organizations in South Africa – these often do require parents to pay a fee, although fees are kept as low as possible. In India these services are not regulated by the state, although if government money is received compliance to basic standards is necessary. In South Africa, a government subsidy is provided to the non-profits and they must adhere to basic standards (Martin et al., 2014). Finally, and most notably in South Africa, there were also informal child care centres run privately by members of the community which were not regulated by the state.

Across the countries, there were mixed views on whether child care centres were a desirable option. In Thailand, some of the women described the “*relief*” they felt at being able to send their children to safe places outside of the home while they concentrated in their income earning work [Thailand FG4]. They felt that this allowed them to “*breathe more easily*” [Thailand FG7]. In India too, it was noticeable that the women who had access to SEWA’s child care centres felt secure with the knowledge that their children were being well cared for and were better able to focus on their income earning work in the home than those who did not have access to the centres [India FG Report]. In South Africa, a waste picker said that she felt a crèche was far preferable to relying on a neighbour or another individual to provide care in the home because such individuals can be “*unreliable*” [South Africa FG3]. In Brazil, access to child care centres was crucial for one woman who had moved to the city from elsewhere and had no nearby family to rely on while she was working at her waste picker cooperative: “*without day care, I can’t work. When there is no day care, I don’t work,*” she said [Brazil FG1]. Two other women with older children recounted that they had no access to day care when their children were young and had had to stop work for two years as a result [Brazil FG2]. As Table 2 shows, some form of institutional child care was favoured by the majority of women in Brazil, Ghana (although this was only when children were taken in by schools), India (although this figure is likely skewed by SEWA membership), and South Africa. It was only in Thailand where this was not the most used alternative.



*Jyotsna Mahendra, a teacher at BalSEWA daycare in Ahmedabad, India, hugs her 4-year-old student.
Photo: Paula Bronstein/Getty Images Reportage*

Nevertheless, as Table 2 and Figure 1 show, almost half the number of interviewees (48 per cent) were not using child care facilities as their primary form of child care. There were multiple reasons for why this was so, including both individual preferences and circumstances (a desire to provide mother care and the availability of family members to provide care), as well as more structural barriers to access. The desire to provide mother care was most strongly stated by a group of Home-based workers in Thailand, who admitted that even though “*it is exhausting*” to balance child care and Home-based work, they derived great joy from being able to be with their children during the day: “*caring for and raising our own children is happiness,*” said one woman [Thailand FG3].

It was more common, however, for women to cite structural barriers as a reason for not using child care centres. The availability of such centres did not seem to be a big problem – this is probably because most of the interviews were conducted in fairly dense urban areas. The first real barrier mentioned was cost, rather than availability. UN Women (2015) reports that child care provision for children under three years of age is “rarely free,” and cost is an important barrier to access for poorer working women. In this study, complaints about how “*expensive*” child care centres are were most prominent in South Africa, where institutional care for children under three

is only provided privately. However, in India as well, agricultural workers also complained about the cost of SEWA’s low-cost child care facilities, which charge Rs150 per month (approx. \$2 USD): “*I would like to enrol my child in the centre but the fees are high so I am not enrolling her there*” [India FG Report]. Even small charges for child care services can be a barrier to access for the poorest workers, although some women also noted that the fee for a centre which provides food to the child can actually lead to savings overall, considering the cost of food provided individually: “*before I took my child to a crèche I would spend at least R50 (approx. \$3 USD) on her per day. She would demand tea, porridge, food, sweets, drinks and snacks throughout the day, I had to spend, spend, spend...*” said a South African informal trader [South Africa FG3].

A striking finding from the research was that the costs involved in sending children to child care centres is not restricted to fees alone. A South African trader mentioned that she had had to withdraw her child from a crèche largely because of the associated costs: “*I once took my child to a crèche...there were a lot of costs; before I went to work I had to pay for someone to look after the child while the child is waiting to be picked up by the car taking her to the crèche. The person also had to take care of the child after the crèche had closed...so I had to pay for this person, the transport and the crèche*” [South Africa FG2]. This statement highlights some of the major concerns that informal women workers had – across all the countries involved in this project – with child care centres. Their operating hours are often not suited to the realities of working life and, particularly, informal working life, where hours can be extremely long and/or irregular. Very often centres open after work has begun and close before work has ended. In Brazil, for example, the waste pickers start work at 6 a.m., but the centres only open at 7 a.m. [Brazil FG1]. In this case, women have to make alternative arrangements – either relying on family or neighbours to fill in the gaps or by curtailing their working hours. The only exception to this was the women in India who were sending their children to SEWA child care centres, which have opening hours to suit working women, and also put in place arrangements to walk children to and from home when necessary [India FG Report].

Another important factor which can drive up the costs of care is the distance of the facility either from home or from the place of work. Having to cover long distances means that women have to take out extra time from work in order to deliver their children to the centres, as was the case with an Indian Home-based worker who said that she did not send her child to the SEWA child care centre because the distance they would have to travel would mean shutting up her shop for too long a period [India FG Report]. It can also mean having to pay extra for someone to transport the child, as in the South African example mentioned above. In Thailand, where a child care centre had a free pickup service, women were still reluctant to send children far away, saying *“that the children have to commute a long way is worrisome. These days there are many vehicles on the road. It’s risky”* [Thailand FG7]. In South Africa the problem is exacerbated by Apartheid spatial planning, which means that the economic hub of the city is far away from the areas in which the majority of people live. While child care centres are available in the centre of town, where there is a great deal of informal trade, these are often priced out of the range of the traders, who then have to rely on centres back in the township. The long distances women have to travel before reaching home and being able to fetch their children creates additional time and cost pressures [South Africa FG1].

Perhaps the most prominent concern with child care facilities was the quality of care that children received. This concern was expressed in all countries and spanned the division between public and private provision of care. Many experiences were recounted by women where they had found the standard of care lacking – when children were collected at the end of the day they were bruised, or dirty, or had not been fed adequately – in facilities where there were too many children, too few caregivers, and poor infrastructure, particularly in South Africa where unregulated informal private care is relied on heavily. In South Africa, a participant described a particularly bad encounter where *“the caregiver had too many children to look after...I used to receive calls notifying me that my child is sitting alone outside our home. The child had left the care facility without the caregiver’s awareness”* [South Africa FG2]. In Brazil, there were also reports of discrimination against the children of waste pickers [Brazil FG1]. Misgivings about child

care centres were often expressed in the language of trust; in Brazil, women said that they did not fully trust the centres to which they sent their children, despite these being important to their income earning work [Brazil FG2]. In Thailand, a participant stated simply that she did not *“trust them [the centre’s workers] with my kids”* [Thailand FG3].

This leads to the question of what kinds of child care facilities *are* trusted. This will be explored in the later section on the characteristics of “good” (i.e. trusted) child care centres. Suffice to point out here, however, that when child care centres are considered trustworthy, the evidence suggests that they relieve informal women workers of a huge burden, and may even be seen as preferable to family care. However, when the quality of care is not trusted, or is not structured in a way that suits informal workers, the burden on women is not relieved – they worry about their children, are unable to concentrate on work, and have to put in place multiple, complicated, and costly arrangements to deal with discrepancies between the child care centres and their own working lives. All of these variables combined are powerful forces of personal and economic disempowerment. This fact suggests that, out of all the barriers to accessing child care services, quality is as important as affordability and accessibility.

5.2 Family and/or Community Members

Care from extended family members, or from neighbours and other trusted members of a community was another common child care alternative that women informal workers relied on across countries. Sometimes this was the primary form of child care support, but even when child care centres or crèches were the primary means of support, often workers had to rely on family and friends to assist at the beginning and the end of the day. In India, care from extended family members was the most trusted form of child care among rural agricultural workers: *“I do not have any worry when my children stay with my mother-in-law. Whoever else may or may not be with them, they have their grandmother”* [India FG Report]. However, in some cases when the mother-in-law was not available, it was left to older siblings (particularly girls) to take on child care for their younger siblings [India FG Report]. In South Africa, one participant mentioned that she and other mothers from her community pooled

their resources and paid a neighbour that they trusted to care for their children in her home: *“There is this elderly woman, we call her Gogo [grandmother], and she looks after our children. I like it there; it feels like home for my children. So she and her husband - we call him Mkhulu [grandfather] - look after the children. We made this arrangement with them because they are home most of the time.* [South Africa FG3]. In South Africa, again, several women mentioned that their children did not live with them, but lived in the rural areas with their grandparents who cared for them, and that they were happy with this because it meant that the children were *“learning a good rural life”* [South Africa FG5].

The reliance on extended family has long been thought of as a way for women to balance their income earning and care responsibilities in societies where the nuclear family is not the norm. However, Heymann (2006) has cautioned against this assumption, arguing that it is context-specific. Across the seven countries surveyed in her study,⁴ she states that only one third of poor parents reported being able to rely on extended family to provide child care without assistance. At the same time, more parents (one half of low-income parents surveyed) reported that they were in fact further burdened with care responsibilities by their ill or elderly family members. Heymann (2006: 19) concludes that *“while poor families have the greatest need, they are also the least likely to be able to rely on extended family for help as their extended family members are the most likely to have to work or to be in need of care themselves.”*

Heymann’s (2006) finding is supported by the evidence collected in Thailand during the course of this study. As already mentioned, a large proportion of the women interviewed in the Thai study were grandmothers of the children they were caring for, not the mothers, many of whom had migrated elsewhere in order to work. Cook and Dong (2011) have argued in relation to China that women migrants tend to be encouraged to leave their children at home in the rural areas with their extended family. Employers, who are then able to pay lower salaries, are effectively subsidized by the caring labour of extended families.

In Thailand a similar dynamic exists, and many of the grandmothers interviewed during this research

had taken up Home-based work as a means by which to support their grandchildren because they receive insufficient financial support from their working children. Often they receive no financial support at all. This certainly complicates the narrative which suggests that women can always rely on the extended family, not recognizing the burden, financial and otherwise, this places on older family members. In this case the care burden, and the costs of care, are shifted from mothers to grandmothers. They are not able to shift the burden onto anyone else – they are the end of the line – which accounts for the high number of cases where the child remains at home while the carer works in the Thai study (see Table 2). The burden is not only financial. *“The older I am, the more exhausted I become”* said one grandmother, talking about the difficulties of caring for her grandchild at home while she worked [Thailand FG3]. Another woman said: *“I’m not pleased [about looking after the grandchildren]. I simply do my duties. If I don’t do it, my children can’t go to work”* [Thailand FG7].

The issue of financial support highlights another important point about family and/or neighbour care – it is not always free. In Brazil and South Africa, participants complained about the financial cost of relying on family or neighbours even for short periods of time. *“I had to pay my uncle to help me,”* said a waste picker from Brazil [Brazil FG1], and a waste picker from South Africa said: *“Even if you can ask a neighbour to look after your child, your neighbour is going to charge you, it will not be a free service. No matter how short the time you would need your neighbour to look after your child, they will demand money from you”* [South Africa FG3]. This is not to say that family members and neighbours should not be compensated for their time – as the story from Thailand shows, family members often need the money. However, it does again complicate the narrative around reliance on extended family and social networks as being a relatively straightforward and costless solution to child care needs. One woman from South Africa summed up the difficulty of the situation: *“Most members of my family are unemployed and they have kids, so if they look after my child I have to support them financially. And sometimes I feel as if my child is a burden to my mother when she carries the child on her back and goes to town [to] run her own errands”* [South Africa FG1].

⁴ Brazil, Botswana, Mexico, Russia, South Africa, Vietnam, and the United States of America.

There were also other concerns with this form of care. Some women were concerned about the quality of care children receive from elderly parents – *“I could see that my child was not receiving proper care because my mother is elderly and sickly,”* said a South African [South Africa FG5]. In Ghana, women again expressed their dislike of any institutional form of care that did not involve an educational institution. This even extended to close family members: *“I lived with my Grandmother who runs a chop bar [eating place]. Looking back at what I went through, how a family member treated me, I will take my child to school to be trained and cared for instead of a family member like I was treated”* [Ghana FG2]. *“Even when I travel and have my kids with my own mother, I think of them when I am eating; I ask myself if they have eaten too,”* said another Ghanaian woman [Ghana FG 4]. There were also concerns about the loosening of the parental bond when a child had to stay in a distant rural area with a grandparent. One South African woman spoke of the pain she felt when her child refused to acknowledge her: *“My child does not call me mama, but calls my mother, mama. This hurts me deeply. I try tricks to make him call me mama but he refuses. He rather spend time with my mother even when I am at home, I am like a stranger to him, and he does not recognize me as his mother”* [South Africa FG5].

5.3 Taking children to work/keeping children at home while working

After child care and care provided by family and/or community members, this was the third most utilized form of child care, particularly in countries where the sample consisted of larger numbers of Home-based workers – Thailand and India, but also in South Africa, where even street vendors and waste pickers sometimes had no choice but to bring children to work with them. In Ghana as well, women working as market traders stated that until the child was of an age to go to school, they would bring the child to work with them rather than rely on other people to provide care. The positive and negative implications of doing this vary according to sector and place of work, although there are commonalities.

For Home-based workers this was possibly the easiest and sometimes the most convenient choice – the flexibility of the work allows them to work and keep an eye on the children: *“If I worked outside, then nobody else would care for*

the children. We would have to hire somebody. Then it wouldn't make a difference” [Thailand FG5]. However, there were also costs – as already mentioned in section 1. The difficulties of focusing on work while caring for small children has the effect not only of decreasing women's productivity, it can also mean that children are less safe. Several Thai women talked about the accidents their children had suffered while their attention was on their work: *“I was too focused on sewing my work. My son, 2-3 years old, climbed up the stairs and fell down. He got 20 stitches for his head wound,”* recounted a Home-based worker [Thailand FG5]. Not to mention the hazards that the work itself can create for children – the presence of toxic substance like glues and the dust from fabric, small ingestible items such as buttons and beads, and sharp tools like scissors [Thailand FG5; FG6]. As many of the women acknowledged, the home as workplace is not an ideal environment for small children.

For women working outside of the home, taking children to work was sometimes seen as an acceptable child care option. In Thailand, the market was seen as a relatively safe space for children. The traders all knew each other and would watch out for one another's children [Thailand FG4]. Similar sentiments were expressed in Ghana, where women were, on the whole, adamant that children should stay with their mothers until old enough to go to school (after a year old): *“When my child gets to school age, I will quickly enrol him. If not, he stays with me,”* said one trader [Ghana FG4]. In South Africa, however, traders saw this as an option of last resort. Participants said that they would worry about the whereabouts of their children, distracting them from work and increasing their stress. One woman recounted a story where her child had wandered into a busy road without her knowledge and had almost been hit by a car [South Africa FG2]. In India, a vegetable seller had managed with her small child who she was still nursing by *“tying a small hammock under the vending cart and laying the child there as I worked”* [India FG Report]. However, having the child with her meant that when it rained she would not be able to take the child with her: *“since I had no place to leave him, I would not be able to go out to work. For as many days as it rained, I would have to sit at home. The savings would be finished”* [India FG Report].

For waste pickers in Brazil and South Africa, bringing children to the work place was not considered desirable at all. The unhygienic and dangerous conditions, even in Brazil where waste picker cooperatives have sheltered areas in which to work, was the main reason for this. A Brazilian waste picker talked about how she had *“to run to the bathroom [to clean herself] so that he [grandson] doesn’t see me because I work with recycling”* when she returned home from work [Brazil FG2]. Another waste picker also talked about her child not being able to come to her cooperative association after day care because it was *“too dangerous”* [Brazil FG2]. In South Africa, however, some of the waste pickers had little option but to take their child to work with them, saying that they had no other alternative [South Africa FG3]. The solution was far from ideal, though. One of the women talked about how dangerous it was for the child, as well as how it hampered her ability to earn:

“We collect recyclable materials by climbing into moving trucks as they drive by to the landfill. One needs to act very quickly to catch up with the truck, there are a lot of us even the men. We push each other whilst we trying to get into the back of the truck. Sometimes I don’t know what to do because I cannot leave my child on the ground...I usually carry my child on my back and hope that I do not get squeezed when there is a rush to get to the truck. We work with dangerous materials like metals, there is danger everywhere. Most times I don’t go to the trucks when there are a lot of people fearing that my child will be harmed” [South Africa FG3].

5.4 Private domestic care

None of the women interviewed for this study were able to regularly “buy-in” care in the form of a private domestic worker. There were a number of reasons for this. The cost of paying a regular wage to a domestic worker was one of the problems identified by a Brazilian participant who herself earned an irregular income: *“I receive [payment] every 2 months, so it is impossible to pay someone to look after [the child]”* [Brazil FG1]. Two South African participants said that they would prefer to have a private carer at home because then they knew the child would be getting individualized attention, but said that they would only be able to consider this if they were *“doing well financially”* [South Africa FG2]. However, as with the child care centres, the issue of trust also arose. *“These days I can’t risk taking someone to take care of my child and spend on her too. Even with that when you are not around you cannot be sure how the child is treated,”* said a Ghanaian trader [Ghana FG2]. Several South African participants echoed these sentiments, saying that they did not like the idea of having someone they didn’t know take care of their children: *“It is difficult to just ask anyone because some people do not know how to look after children properly...sometimes people use bad language...The child gets familiar with ill-mannered language and behaviour”* [South Africa FG1].



A vendor and his daughter pose for a photograph in a market in Lima, Peru.
Photo: Juan Arredondo/Getty Images Reportage

6. The Role of Men in Child Care

Mentioned already is the fact that in Brazil and South Africa single parenthood was common among the research participants. However, even in countries where the marriage rate was much higher, such as India, there was a noticeable absence of any discussion about the role of men in child care. This finding is representative of the fact that, globally, women do nearly 2.5 times as much unpaid care work as men (UN Women, 2015). A few South African women mentioned that they received some support from the fathers of their children, but this was not a common sentiment. In Brazil, except for one participant who regularly received help with child care from her husband, even the married women talked very little about the role of their husbands in child care. Men would help, but only in emergencies or when there was no other option. In two cases – one Brazilian and one South African – women were visibly upset by the fact that they had had to separate their children so that one child could be cared for by the father [Brazil FG1; South Africa FG4].

In Ghana, where marriage rates were a lot higher than in Brazil and South Africa, there were complaints about the dual role women were now expected to play: continuing as the primary carers of children, but also expected to contribute to the household income. As one woman put it, *“In these days that men are turning into women and women turning into men, I have to take responsibility of*

the family upkeep unto my shoulders with very little support from my husband” [Ghana FG1]. In India, women take on child care as their primary responsibility (Budlender, 2008; Palriwala and Neetha, 2011), but it was noted that in some cases, where men were willing and where child care did not clash with their work commitments, men would give assistance, although specific tasks would always be thought of as the responsibility of women: *“He will do all the work but will not bathe the child and get him ready. That is woman’s work. I have to cook the meal and he will feed him”* [India FG Report].

An interesting exception to this general trend, was the role of grandfathers, who appeared to play a larger part in the lives of their grandchildren than did fathers. This was noticeable in the Thai IPIs, which were the only ones where the option of “partner” was regularly chosen as a child care option. This correlates with the high number of grandparents taking care of their grandchildren in the Thai sample. In at least two cases in South Africa, as well, the role of grandfathers was mentioned: *“the grandfather often assists with childcare. He cooks porridge in the morning and feeds the children,”* said one woman [South Africa FG1]. Little research appears to have been conducted into the role of grandfathers specifically in child care, with the emphasis placed more often on either grandmothers or on the couple as a unit. A multi-country study on “men who care” suggests that when men take on caring roles it



*This young girl is helping with her mother with work in Bangkok, Thailand. As is common for many families employed in informal work, her mother is her sole caretaker.
Photo: Paula Bronstein/Getty Images Reportage*

is usually a consequence of circumstances (the death of a partner and/or children, the needs of working children), rather than the result of a choice to become a caregiver (Barker et al., 2012).

In general, however, among the women interviewed there was also a feeling that men were unsuitable carers for children. In Thailand, women said that men didn't know how to feed children and give them milk, were not as "*gentle*" as women, and were also prone to drinking and smoking which meant that women "*didn't want them around my children*" [Thailand FG7]. In South Africa, women were adamant that men should not be allowed to work in child care centres [South Africa FG3].



Jyotsna Mahendra (left) is a teacher at BaSEWA daycare in Ahmedabad, India. She is with teachers' aides Rita Khajri (center) and Kasha Solanki (right). Photo: Paula Bronstein/Getty Images Reportage

7. What Makes a Good Child Care Centre?

“When I had to look after my baby when he was an infant, I could do nothing else and lost my income. When I engage in some activity, I’d like somebody to take care of my child so that I can focus on work” [Thailand FG6]. This quote, from a Thai informal worker, expresses a sentiment that was common across all countries: that women’s working lives were made significantly easier when appropriate child care was available to them. Among this sample, which is skewed by the presence of SEWA members, the use of child care centres was the most popular alternative. Although the use of such centres is not always considered universally appropriate for social and cultural reasons, for working women there are a number of advantages. It is easier for the state to regulate the quality of care provided by centres than it is to regulate the care provided by family members. Children can also receive the early education and nutritional support which is necessary to break the intergenerational transmission of poverty, of which informal workers are keenly aware. “I take my child to the school to get a bright future – I don’t want him to be like me,” said a Ghanaian trader [Ghana FG2].

However, as the above discussions and practical examples, such as the SEWA child care centres, have shown (ASK, 2011), the benefits of socialized child care are greatest when the

centres are trusted by parents, provide quality care to children, and operate in a manner that is inclusive of the needs of informal workers. In order to understand the specificities of these characteristics, a question was included in the focus group schedule which asked women to elaborate on what they considered to be the characteristics of a good child care facility. Across countries the answers were strikingly similar. The following is a summary of the key points raised by the research participants.

7.1 Child care facilities should have opening hours that can accommodate the long and irregular hours of informal workers

This means that centres should be open early in the morning, and close later in the evening. “In the other place where I lived [the opening hours] were from 6 a.m.,” explained a Brazilian waste picker. This meant that she could take her daughter into the facility by herself and didn’t “have to pay anyone to look after her” during the gap between when she left for work and when the child care facility opened. This also means that the facilities should operate recognizing that informal workers find it difficult to take time off work, which usually means a loss of income. In Brazil, women complained that parent-teacher meetings were often scheduled during their working day, when it would be more appropriate to schedule them in the evening after work. Workers recognized that this demand would create

tensions with the child care providers concerning their own working conditions. A suggested solution from Brazil, was to employ more providers who could then work in shifts. In Belo Horizonte in Brazil, for example, waste pickers organized to demand a child care service from the municipality that matched their working hours. The centre that was set up operated from 7 a.m. until 10 p.m., but child care workers were able to work in four shifts, which meant that their working hours were limited (Ogando and Brito, 2016).

7.2 Participation in governance and good communication

“I want to know everything related to my children/grandchildren. We need to have rights and voice in the childcare centre that takes care of our children. It’s not like we take them (the children) there and resign ourselves to whatever the government would provide for us. It’s not like the government can do whatever it wants. Parents must have the right to voice their opinion and to oversee” [Thailand FG6]. This comment was made by a Thai participant, and it reflects a general feeling that parents should have a say in the management of the child care centres in order to engender greater trust in the quality of care that is being provided to their children. Communication was also considered key. In Brazil, although there were a number of complaints about the state-provided child care centres, participants said that they did appreciate the number of parent-teacher meetings that were scheduled.

7.3 Child care facilities should be affordable: either free or heavily subsidized

Keeping child care facilities affordable for poorer women was a demand that was strongly articulated across all countries. If fees are to be charged, it was argued that the option of payment by instalments should be a possibility.

7.4 Child care facilities should include an educational component

This was emphasized by the Ghanaian women interviewed in the study, who believed firmly that *“education is the key.”* *“Everything points to education...instead of giving my child to anybody else, I will send him to school while I work,”* said a Ghanaian trader [Ghana FG1]. In Ghana, the quality of any child care facility would be judged by whether an educational component was included

in the daily activities. Although women were less strident on this point in other countries, there was a feeling that education and the quality of care were closely connected, especially for children over the age of three. A number of women in India said that they appreciated the SEWA centres for providing educational basics which they would otherwise not have had time to impart to their children [India FG Report]. In this respect women felt that teachers/carers at the facilities should be well trained not only in child care, but also in basic pre-school education methods.

7.5 Child care facilities should include a health service

“It would make me very happy if the assistants at the crèches could help taking the child to a clinic if they see that the child needs medical care. This will help me focus on my work and there won’t be a day where I will have to take off work because I have to attend to a child,” said a South African woman [South Africa FG3]. Similarly, women in Brazil said that it would be helpful if child care centres included a nurse who could attend to minor ailments. In some public centers in Brazil, if a child is on even minor medication, s/he cannot be sent to day care. This means that when children are sick, women have to take time off from work.

7.6 Child care facilities should have necessary basic infrastructure and adequate staff

Women across countries were unanimous in their agreement that basic physical infrastructure should be of adequate quality – the facility should be clean, with sufficient space, toilets, and safety measures. They also argued that adequate staff to child ratios were necessary and that the carers and teachers staffing the facility should be well known to the community. *“If caregivers are community members, then we can trust because we know them well,”* said a Thai participant [Thailand FG6].

7.7 Provision of nutritious food.

The provision of healthy food at the centres was considered important as it relieved the pressure on women to feed the child: *“leaving [day care] with dinner, he already arrives with his stomach full and helps in the houses expenses too,”* said a Brazilian participant [Brazil FG1].

7.8 Convenient location

It was generally agreed that child care facilities should be located “conveniently,” but this was not always defined in the same way. For Home-based workers, having the centre close to home was important. This was particularly so for elderly grandmothers who felt that walking over 20 minutes to take a child to a facility would be too much for them [Thailand FG3]. For South African street traders, it was felt that child care facilities should be located close to where they work, which is often far away from where they live. One trader said that she would prefer this because “...I could go with the child in the morning and drop the child at the facility. And in the afternoon

if the business or work is slow (quiet) I could go check on the child and if I forgot to put something like medication it would be easy to take it to the facility. I would not have to take a taxi and pay a fare to reach the child care facility – if it is close to where I work” [South Africa FG2].

However, whether or not the centre was to be located near work or near home, the distance was important – if distances are too far, then additional money is needed for transport. Alternatively, Home-based workers may think it is too much trouble, and will keep children at home [Thailand FGs; India FG Report].



Informal head porters carry their children on their backs while working in a market in Accra, Ghana. Photo: Jonathan Torgovnik/Getty Images Reportage

8. Conclusion

This exploratory research study has provided a picture of the dynamics intrinsic to the relationship between unpaid care work in the form of child care and the income-earning work of informal women workers from six MBOs in five different countries. It has also given close insights into how these women manage with their dual responsibilities and the care alternatives that are available to them. On a broader level it has emphasized some key points relating to the interactions between gender and the labour market and, in particular, the way in which unpaid care work acts as a constraint on the economic empowerment of women. Women's disproportionate responsibility for the care of children impacts on their ability to earn an income and to accrue the assets and savings that will protect them in old age.

The report identified several mechanisms through which the income-earning potential of women informal workers is constrained by their unpaid care work with respect to the care of young children; it contributes to labour market segmentation, with women choosing lower-paid, more insecure, but also more flexible employment, which allows them to balance care work with income-earning activities. While this is a relatively established fact within the literature on gender and the labour market, this report identified further mechanisms. Caring for young children decreases the productivity of women workers by limiting and/or altering their work-schedules in a way that excludes them from the most profitable practices, and the distraction of working while simultaneously caring for children leads to both a decrease in productivity and can also mean that children are themselves left in an unsafe environment.

At the same time, the reverse can also be said to be true – the nature of informal employment, with its low incomes, long hours, and lack of social and labour protections – makes it difficult for women and men to care for their children in the manner that they would wish to do so. This points to the need for broader economic and social policy change in support of the working poor, including macro-economic policies (including industrial, trade, and fiscal policies), urban policies and regulations, labour standards and regulations, and social protections (Chen, Jhabvala & Lund, 2011).

Nevertheless, although it must be thought of in the context of wider economic and social changes, the research suggests that addressing women's disproportionate responsibility for unpaid care work is essential to improving their productivity at work and facilitating their economic empowerment. Contrary to the current trend towards austerity in state spending, it is in fact necessary for the state to increase spending if women's economic position is to be improved. The provision of affordable, accessible and quality child care facilities by the public sector is one key way to address this issue, and has the potential to deliver what UN Women (2015) have referred to as the "triple dividend" by a) facilitating women's labour force participation; b) enhancing children's capabilities and; c) creating decent jobs in the care sector.

Suggestions for further research include an extension of the study, including both quantitative and qualitative components, to a larger, more representative sample of informal workers. There is also a need for more data on "what works" in terms of bringing down the barrier that unpaid care work represents for women in the labour market. While existing data suggest, for example, that the provision of child care facilities does have a positive impact on women's incomes, these data are sparse and are mainly derived from small studies (Alfers, 2015). Larger, more rigorous studies to demonstrate these linkages are needed. As a corollary to this, there is the need for at least two forms of costing exercises. The first is to look at the actual "costs of care" to women workers, including foregone income, transportation to and from places where care is provided, fees, payments to others to assist with child care, and so on, and to link this into the debate on women's economic empowerment. The second is to detail the minimum cost to the state of providing child care services in order to support calls aimed at improving, expanding, or developing state provision in this area. Finally, this study has focused on informal workers as the users of care services. More detailed research is needed on the conditions of work of informal (mainly) women workers who are care service providers, such as child care workers and domestic workers. They also have specific unmet child care needs due to migration and the nature of their employment in other people's homes.

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Appendix A

CHILD CARE FOCUS GROUP DISCUSSION SCHEDULE

Introduction:

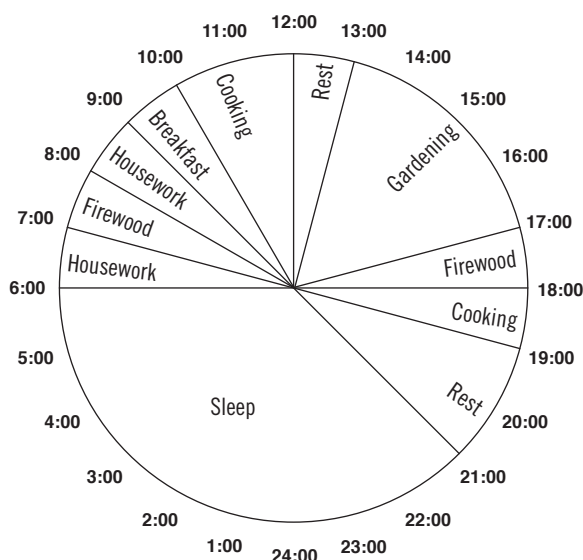
Explain the purpose of the CCI, and the purpose of the research to the focus group participants. Also give a brief outline of how the group will work and the timing of each activity.

Ice-breaker: Participants to talk to the person next to them: name, occupation, how many children they have (or look after), and the ages of the children. Then they have to introduce their partner to the group.

Activity 1: “A Day in the Life Of” a [typical Home-based Worker, Domestic Worker, Street Vendor, Waste Picker with young children].

Purpose of the activity: To get an idea of typical daily routines of women workers in a sector and where and when child care and work conflicts arise most acutely.

Equipment required: An “activity clock” outline (see below) on a chart-sized sheet of paper/card; marker pens



The Activity Clock: This is an example of an activity clock used by the Food & Agriculture Organization.

This clock has already been filled in by focus group participants. At the start of the activity, the inside of the circle should be blank, and participants will fill it in according to their routines.

Note that this clock says nothing about child care, but we are concerned about child care, and any activities to do with cooking for, dressing, taking care of children must be noted.

Conducting the activity: The idea is to get the group to create stories about a day in their lives. The group will create only one clock, but the discussion will be facilitated in such a way that differences in daily routines are noted.

- A blank circle should be drawn onto a large sheet of paper.
- Times should be filled in around the edge as in the drawing above.
- One participant is asked to volunteer to fill in her morning routine (from when she wakes until 12 p.m.). A different participant is asked to fill in her afternoon routine (from 12 p.m. until she goes to bed). Both participants should then explain their routines to the group.
- If participants want to fill in more than one activity per time slot that is ok!
- Both participants are asked to put a star on the times of the day when child care and work routines clash.
- The facilitator then asks the rest of the group whether their routines are similar or different to those drawn onto the clock, and whether child care/work routine clashes are the same. If there are differences, the facilitator should encourage participants to elaborate on those differences.

The resulting “activity clock” is less important than the discussion it generates, so it is important that the discussion surrounding the creation of the clock is well noted.

If more than one activity takes place at a certain time, all the activities should be noted on the clock.

Some examples of possible prompt questions to start the exercise:

1. What time do women workers in your sector wake up? What is the first thing that you/they do? What is the next thing that you/they do? (carry on with these types of prompts until the clock is filled).
2. If child care has not come up through the questions above, workers will need to be asked where child care fits into their routines.
3. At what time is providing care for your children most difficult? (those times should be marked with stars). Why are these times so difficult?

Activity 2: Focus group discussion/story-telling

Purpose of the activity: To create a discussion among participants about the relationship between child care and income earning work, to gather personal stories from workers about times when the two have come into conflict, and to ask workers about how they deal with work/care conflicts.

Equipment required: This is an oral activity and no equipment is required.

Conducting the activity: This is a discussion-based activity, and it is important that a very good record is kept of the discussion. Any stories that emerge must be captured word-for-word, and translated into English as directly as possible. This is the case even when idiomatic language is used – an explanation of the idiom should then accompany the translation. For example: “it makes my head thunder” [it makes me frustrated].

Discussion questions:

1. How does caring for your children affect the work that you do to earn an income?
2. Who looks after your children when you are working?
3. Why did you choose this solution?
4. Are you happy with it?
5. Are there alternative child care solutions available to you? Why do you not use them?
6. If another girl or woman in your household takes care of your children how does this affect her?
7. Can anyone tell us a story about a time when caring for your children made it difficult for you to earn money?
8. How does the work that you do to earn an income affect your family life?
9. How much time do you spend with your children during the day/week?

Activity 3: What Is a Good Child Care Facility?

Purpose: Evidence suggests that women are less likely to use child care facilities if they consider the quality of care to be poor. In this exercise we want to find out from workers what they consider to be the characteristics of good quality child care facilities.

Equipment required: Pen, chart-sized sheet of paper/card.

Conducting the activity: At the top of the card, write “A Good Child Care Facility...” Then divide the card into two columns. The column on the left is labelled “Should Have”, and the column on the right is labelled “Shouldn’t Have” (see example on the right).

Participants are then asked to list all the characteristics of a good quality child care facility under “should have.” Under “shouldn’t have” participants should be asked to list things that they would not like to see at a child care facility.

A GOOD CHILD CARE FACILITY...	
SHOULD HAVE...	SHOULDN'T HAVE

Activity 4: Demands Game: *nb this is important and the facilitator must be sure to leave enough time for the activity.

Purpose: To get feedback from workers on the possible WIEGO Child Care Campaign.

Equipment Required: A printout of the poster on the following page [not available in this document] of this document (*if you would like to have some of these posters for health-related work let us know!*).

Conducting the activity:

- Explain to the workers that WIEGO is working towards a campaign to raise awareness about the need for child care services in the informal economy. WIEGO wants to work with organizations of informal workers on the campaign, and we will be aiming to influence both national and international policy. We want people to know that child care is an issue for women workers in the informal economy.
- Explain that every campaign requires a list of demands.
- Show the workers the poster print out. This was from a health campaign for informal workers. Here workers listed their demands regarding health services.
- Then ask the participants to think up the type of demands they would want to be included in a child care campaign.

Appendix B

Individual Participant Information for Focus Group Discussions

1. Name (optional):

2. Age:

3. Main Type of work:

4. Marital Status:
 - Married
 - Co-habiting
 - Single
 - Divorced
 - Widowed

5. Place of work: *Please circle the one that applies to you.*
 - My own home
 - Home of someone else
 - Public street
 - Market
 - Other place

6. If you do not work from your own home, is your work far away from where you live? *Please circle.*
 - Yes
 - No

7. How many children do you have under 7 yrs of age? What are their ages?

8. How many children do you have between 7 and 15 yrs of age? What are their ages?

9. Who looks after your children when you are working?

Please circle all those that that apply to you.

A family member

[Say who specifically – i.e. daughter, son, partner, mother, father, aunt etc.]

Child care facility (government)

Child care facility (private/religious/NGO)

Neighbours

[Note whether this neighbour is female or male]

They come to work with me

No one

10. Who is the person or organization that looks after your children most regularly?

A family member

[Say who specifically – i.e. daughter, son, partner, mother, father, aunt, etc.]

Child care facility (government)

Child care facility (private/religious/NGO)

Neighbours

[Note whether this neighbour is female or male]

They come to work with me

No one

11. If you pay for someone or some place to look after your children while you work, what do you spend on this every week?

12. Is this person or place located near or far from your workplace?

Near Far

13. Is this person or place located near or far from your home?

Near Far

About WIEGO: Women in Informal Employment: Globalizing and Organizing is a global research-policy-action network that seeks to improve the status of the working poor, especially women, in the informal economy. WIEGO builds alliances with, and draws its membership from, three constituencies: membership-based organizations of informal workers, researchers and statisticians working on the informal economy, and professionals from development agencies interested in the informal economy. WIEGO pursues its objectives by helping to build and strengthen networks of informal worker organizations; undertaking policy analysis, statistical research and data analysis on the informal economy; providing policy advice and convening policy dialogues on the informal economy; and documenting and disseminating good practice in support of the informal workforce. For more information visit: www.wiego.org

