Overview of the Key Denominators, Policy and Programming Options of the ‘Baseline Study on the Care Economy in Bosnia and Herzegovina’
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Opinions expressed in this publication are those of the authors and do not necessarily reflect the position of Sweden and UN Women.

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OVERVIEW OF THE
KEY DENOMINATORS,
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‘BASELINE STUDY ON
THE CARE ECONOMY
IN BOSNIA AND
HERZEGOVINA’

POLICY BRIEF

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SUMMARY

This brief presents the findings of the ‘Baseline Study on the Care Economy in Bosnia and Herzegovina’ and the disproportionate responsibility placed on women when it comes to care as a source of gender inequality. The study draws upon both secondary data and primary quantitative and qualitative data collected through survey research, focus groups with women about the unpaid housework and care obligations they perform and through interviews conducted with key institutional stakeholders (NGOs, line ministries and social services). The study sets out an evidence base to support positive change in Bosnia and Herzegovina in terms of more equitable provision of care (across housework, childcare, care for the elderly and care for people with disabilities), which would contribute towards the economic and social empowerment of women. Fifteen recommendations are outlined, underpinned by the ‘3Rs approach’, which focuses on recognising, reducing and redistributing existing unpaid gendered care work within and across the household, the community (civil society), the market (private sector) and government (by improving the legal and institutional infrastructure).

The social and economic context in Bosnia and Herzegovina

The economy in Bosnia and Herzegovina is said to have three major imbalances: 1) a large public sector and limited private wealth creation, 2) an economy based on consumption rather than production and 3) an underperforming export sector (35% of GDP, one of the lowest in Europe). The society tends to be characterised as being split into a small productive population and a larger number of people living on transfers from government or relatives as well as the significant urban and rural differences.

The labour market is characterised by low activity and employment rates and while unemployment has been reduced significantly, mainly by the increasing emigration flow, it nevertheless remains high at 15.7 per cent, particularly in rural areas where opportunities for employment are limited. The data indicates that around one in three working-age adults has a paid job, but with only one in four employed in the formal economy.

Employment is highly gendered with a high percentage of economically inactive women, many of whom cite household and care responsibilities for children and the elderly as the key reason for their inactivity. The employment rate for women in Bosnia and Herzegovina is 36.5 per cent compared to 53 per cent for men (World Bank Data for 2021).

Programmes related to self-employment and employment subsidies have been introduced in some areas of the country by, for example, the Employment Service of Brčko District and at the cantonal level in the Federation of Bosnia and Herzegovina for women aged over 40. However, these programmes are not consistent and vary across the two entities and Brčko District. Expenditure on social protection is just below 19 per cent of GDP with social assistance accounting for around 4 per cent of GDP. The largest expenditure is on payments to war survivors and disability payments whereas the lowest is spent on family and child benefits, which affects women as unpaid carers (UNDP in BiH, 2021). Women are less likely than men to receive government support, particularly in the form of a pension.

What is the care economy?

As the global COVID-19 pandemic exposed, care work is fundamental to social and economic life. The care economy can broadly be defined as the sector(s) of the economy responsible for providing care and services that contribute to the nurturing and reproduction of the current and future population. This includes childcare, care for the elderly, education, healthcare and personal social and domestic services that are provided in both paid and unpaid forms and within the formal and informal sectors (Peng, 2021). Globally, the care economy is one of the fastest
expanding sectors and a major driver of employment growth and economic development. The International Labour Organization (ILO) estimated in 2018 that global employment in care jobs was expected to grow from 206 million to 358 million by 2030 based simply on sociodemographic changes.

In Bosnia and Herzegovina the care economy accounts for approximately 120,000 jobs or 14.86 per cent of total employment (compared to an average of 17.4 per cent across other European countries). This is based on the International Standard Industrial Classification (ISIC Revision 4) and includes the care sectors of education, human health activities, residential care activities, and social work activities without accommodation.

The care sectors in this country are characterised as complex, underpinned by deeply rooted issues linked to a healthcare system that provides inadequate support to both people in need and care providers, limited employment policies and an extremely high unemployment rate, especially for women, and an education system that does not provide sufficient support for children with disabilities as well as a societal culture that traditionally has underdeveloped empathy for care needs and care providers.

An assessment of the new employment potential in the care economy was calculated by comparing the share of employment in the care sectors and total employment in Bosnia and Herzegovina with the European average. If participation in the care sectors in Bosnia and Herzegovina was at the same level as the European average then this would mean a total of 139,870 jobs in the care sector in this country. The difference (20,429 jobs) provides an approximate indication of the potential for new employment in the care sectors.

BOX 1
Case study: Preschool education and new employment potential

In 2020, there was a total of 399 preschool institutions in Bosnia and Herzegovina: 215 public and 184 private institutions. These institutions were attended by 27,698 children.

The total number of employees in preschool institutions was 4,593 of which 4,303 (94%) were women. Around 6,600 (or 20%) children who applied for preschool were not enrolled because of the lack of capacity. Assuming the same number of children per person employed in preschool institutions (6 children per employed person), it can be calculated that the establishment of new institutions (so that all children who applied to preschool institutions could attend) would result in new employment amounting to 1,104 workers. Assuming that the same ratio of men and women was maintained (15 women per man), this potentially would result in the employment of 1,035 women (see Figure 1). New employment in the preschool education sector would also have an additional chain effect on the wider economy.

Figure 1. Potential for new employment in preschool education
Care in numbers: Household domestic and care work

According to the ILO in 2018, globally, most care work is unpaid and undertaken mostly by women and girls from socially disadvantaged groups. Unpaid care work is a key factor in both women’s employment participation and the quality of employment and influences the working conditions of all care workers (typically undervalued and invisible work that is taken for granted and poorly paid).

Figure 2 illustrates the number of hours spent on daily activities by women in the EU, Bosnia and Herzegovina and Serbia. While the EU average is 3.5 hours per day, the highest number of hours can be seen in Bosnia and Herzegovina (7 hours per day). Similar to other countries, housework during the COVID-19 pandemic increased and significantly more of this work was shouldered by women (48% for women compared to 39.1% of men).

Data from the quantitative survey that involved 929 respondents in Bosnia and Herzegovina (49% men and 51% women) found that women reported spending on average 1.85 times more time on care activities (women 6.32 hours and men 3.31 hours), while women only spent 0.79 per cent of the time that men spent on social activities. Employed women spent about 5.33 hours on care work, which was twice more than employed men. Furthermore, women in rural areas spent slightly more of their time on unpaid care activities than those in urban areas (6.5 hours per day compared to 6.2 hours respectively). This compares to 4.20 hours of unpaid care work by men in rural areas and 3.01 hours by men in urban areas (see figure 3).

BOX 2
The role of gender norms

Gender norms and stereotypes perpetuate persistent assumptions about housework and care work as being the responsibility of women. The surveyed respondents reported that girls more than boys tend to be taught to prepare meals (54.6%), clean the house (67.78%) and wash clothes (52.72%). They also reported that they were exposed to role model learning whilst growing up, which indicates that the father or another man in the home never or rarely prepared meals (53%), cleaned the house (55.6%) or washed clothes (69.8%). Questions were asked about the circumstances under which men would consider it acceptable to take over the housework and care for the children and elderly. Almost half of the respondents (48.74%) reported that this is normal under any circumstances, but more than a third of the respondents reported that this was only acceptable if the female partner/spouse was ill.
THE CARE ECONOMY INFRASTRUCTURE IN BOSNIA AND HERZEGOVINA

Childcare

Formal childcare is one structural factor that has implications for the gendered organisation of unpaid work in households and women's employment opportunities and participation. Formal childcare is not well used in Bosnia and Herzegovina as a result of the limited availability of affordable services.

In preschool, childcare is organised in education groups by age: nursery groups for children from six months until three years and kindergarten groups for children from three years until the beginning of their school education (aged six). The formal childcare offer is particularly poor in rural areas and the quality of care is also an issue. In a global comparison, Bosnia and Herzegovina ranks second to last in terms of the percentage of children enrolled in childcare services.

The system of childcare services is complex. Childcare services and preschool education are regulated as part of the education system, institutionalised under the ministries of education, which in turn are governed at the cantonal level in the Federation of Bosnia and Herzegovina and at the entity level in Republika Srpska. In 2007, a Framework Law on Preschool Education was approved and yet financing of childcare not only continues to differ across municipalities but also in some cantons (for example, the Herzegovina-Neretva Canton and the West Herzegovina Canton). Local laws are still not aligned with the 2007 Framework and this has led to differences in implementation. Thus, while the Framework Law on Preschool Education stipulates that preschool education should be free of charge for all children, this tends not to be the case in practice.

According to UNICEF in 2022, the percentage of children in Bosnia and Herzegovina aged three to five years attending an early childhood education programme was 13 per cent (cross-section field study data from 2012), while more recent approximations suggest that it is 17 per cent. In terms of enrolment, in the school year 2020/21, about two thirds (64.3%) of preschool children were enrolled in public kindergartens and around a third (35.7%) attended private kindergartens. The number of children waiting for placement in a preschool institution is high. The figures suggest that about 50 per cent of children in this country attend the obligatory 150-hour preschool education programme in the year prior to starting school. This figure in BiH compares to an average of 94.8 per cent, according to EUROSTAT, of children aged between four and the compulsory age for starting primary school within the EU-27 in 2018. The lowest rate in the EU-27 was in Greece (75%).

Care for the elderly

According to the Agency for Statistics of Bosnia and Herzegovina in 2021, the percentage of the population of Bosnia and Herzegovina aged over 65 exceeded 14.2 per cent and life expectancy has increased to an average of 80 years for women and 75 years for men. While family values in relation to the obligation to take care of its elderly members persists in Bosnia and Herzegovina, the size of families is decreasing and the economic and employment difficulties faced by youth and the working population have led to heightened levels of emigration, resulting in an increasing number of older people who have to take care of themselves. The survey data suggests that care for the elderly is divided almost equally between women and men. Of the 928 survey sample, 18.8 per cent of women and 16.4 per cent of men said that they were involved in caring for elderly persons. This suggested that taking care of the elderly is rooted in the family culture rather than being the responsibility of women, which suggests that whilst growing up children witness male family members taking care of their own parents. Negative assumptions about living in specialised homes for the elderly continue to exist.

There are two public gerontology centres (homes for the elderly) in BiH, one in the Federation of Bosnia and Herzegovina and one in Republika Srpska, as well as different centres for the elderly that provide daily activities and/or care services. These tend to be organised by NGOs or private entities. The availability, prices and organisation of such centres differs across the country but the overall offer is limited, particularly in rural areas. In a study conducted by UN Women in
2021, a lack of adequate and affordable elderly care services in this country was reported by 72 per cent of the respondents in Bosnia and Herzegovina.

**Care for persons with disabilities**

There is no official data on persons with disabilities or a formal definition of a person with a disability in Bosnia and Herzegovina that applies to all levels and in all regulatory settings throughout the country, its entities and cantons. Different terminology is used in many fields (social, healthcare, pension insurance and employment). Estimations from the 2013 census suggest that the number of persons with disabilities was 294,058 or 8.3 per cent of the population, of which 45 per cent (132,975) were men and 55 per cent (161,083) women, while the status of 51,407 persons was unknown.

The quality of services for persons with disabilities is described as poor and thus many people with disabilities are cared for by family members without being included in the care system budget. The most common caregivers are parents who, in the absence of social support, take on the role of both medical worker and teacher for their child. Traditionally, women bear the responsibility of caring for persons with disabilities, particularly children. This has an impact on their opportunities in the labour market and consequently their income, because providing care to a relative is neither compensated nor recognised by the health and pension insurance systems in this country.

Bosnia and Herzegovina has several laws and bylaws that govern the issue of disability and disability policy is based on the United Nations Standard Rules for the Equalisation of Opportunities for People with Disabilities and the United Nations Convention on the Rights of Persons with Disabilities. Moreover, there are entity and cantonal laws that address the needs and rights of persons with disabilities but they are vast and varied. As a result of the complexity of the system, caregivers frequently lack knowledge on their own rights and the rights of persons with disabilities. Box 3 below outlines the changes made to financial support, while Table 1 lists the support services that the survey respondents believed would benefit caregivers.

**Box 3**

**Changes to financial support**

In the Federation of Bosnia and Herzegovina a Law on parents-caregivers was adopted in 2022, recognising caring for a person with a disability as work. Parents-caregivers will now be entitled to a regular monthly allowance equal to the amount of the net minimum wage in this entity as well as pension, disability and health insurance. The Law defines that the status of a parent-caregiver can now be achieved by a relative without age restriction. The amendments to the Law on Child Protection of Republika Srpska also stipulate that one of the parents of a child with a disability can serve as a caregiver until the child reaches the age of 30. The amount of compensation for a parent-caregiver or caregiver is determined as 25 per cent of the lowest salary in Republika Srpska in the preceding year.

**Table 1. Support/services that would be most beneficial to caregivers**

<table>
<thead>
<tr>
<th>Which of the following support/services would be most beneficial to you during the day that you just described?</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash subsidy for family or for care work (e.g., child benefit, career allowance, old-age pension, disability allowance)</td>
<td>59.6%</td>
</tr>
<tr>
<td>In-kind support for family needs (e.g., food, medicine, clothing, household equipment)</td>
<td>34.1%</td>
</tr>
<tr>
<td>Free government care services (e.g., childcare, care for persons who are elderly, ill or live with a disability)</td>
<td>46.1%</td>
</tr>
<tr>
<td>Public infrastructure without fees (e.g., water, electricity, transportation services)</td>
<td>32.6%</td>
</tr>
<tr>
<td>Other</td>
<td>1.3%</td>
</tr>
</tbody>
</table>
POLICY AND PROGRAMMING RECOMMENDATIONS

Unpaid care work, including household work, childcare, care for the elderly and care for persons with disabilities, and the gendering of such care work is linked to multiple factors. In the BiH context this includes:

- The complexity of the public administration system and the delegation of power between various levels of government, which frequently are not coordinated or interconnected.
- The lack of a systematic approach to addressing the issue of care and care related issues across the care economy.
- The gap between policy and practice, namely between what is presented on paper and what occurs or is experienced in practice.

In the table below, 15 policy recommendations aimed at supporting positive change and the more equitable provision of care in households and communities and that can contribute to women’s empowerment are shared.

Table 2. Overview of policy and programming recommendations

<table>
<thead>
<tr>
<th>RECOMMENDATION</th>
<th>CATEGORISATION OF POLICY</th>
<th>CARE SECTOR</th>
<th>DESCRIPTION</th>
<th>POLICY LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 EMPLOYED WOMEN’S MATERNITY LEAVE BENEFITS</td>
<td>Leave policies</td>
<td>Childcare</td>
<td>Mothers employed in public institutions receive a full salary. Yet this is not generally the case in the private sector. It is strongly suggested to promote the adoption of a legal solution that will treat this right as an employment relationship right and be paid from the health insurance funds, equally for all mothers. Similar solutions exist in Republika Srpska and Brčko District, but not in the Federation of Bosnia and Herzegovina.</td>
<td>Entity/Canton</td>
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<tr>
<td>2 OBLIGATORY PATERNITY LEAVE</td>
<td>Leave policies</td>
<td>Childcare</td>
<td>Formalise obligatory paid paternity leave (minimum 30 days) along with additional incentive schemes to motivate fathers to take leave beyond the minimum 30 days of paternity leave by ensuring that it covers a high percentage or 100 percent of pre-leave income. Advocate for obligatory paternity leave both in organisations, by getting employers on board and involved in normalising paternity leave (to provide incentives for fathers), and in the broader public by, for example, using campaigns to encourage paternity leave. Use advocacy and media campaigns to encourage more fathers to do their fair share. Public advocacy can be a useful tool in raising awareness and potentially promoting long-lasting change.</td>
<td>Entity/Canton</td>
</tr>
<tr>
<td>3 IMPLEMENT A LABOUR LAW CAMPAIGN</td>
<td>Leave policies</td>
<td>Persons with disabilities (PwD)</td>
<td>Campaign to promote the rights of persons with disabilities and their caregivers, including labour rights relating to leave, flexible working arrangements (e.g., reduced hours, flexible hours, condensed hours) and part-time work.</td>
<td>State</td>
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<td></td>
<td><strong>OVERVIEW OF THE KEY DENOMINATORS, POLICY AND PROGRAMMING OPTIONS OF THE ‘BASELINE STUDY ON THE CARE ECONOMY IN BOSNIA AND HERZEGOVINA’</strong></td>
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<td><strong>4</strong></td>
<td><strong>LAW ON CARE SERVICES</strong></td>
<td>The new Law on Social Services in the Federation of Bosnia and Herzegovina focuses on the following:</td>
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<td></td>
<td>Care services</td>
<td>- social services and other rights from the social protection system and monitoring the provision of support provided to the users;</td>
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<td></td>
<td>Elderly PwD Childcare</td>
<td>- community support services that prolong the stay of persons with disabilities in the family along with an individual support plan involving a day care centre, home help, supported community living or personal assistance;</td>
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<td></td>
<td></td>
<td>- institutional protection services that provide accommodation and treatment for beneficiaries in an institution, family model of care, shelter or other organised forms of housing;</td>
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<td></td>
<td></td>
<td>- support and counselling services for individuals and families.</td>
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<td><strong>5</strong></td>
<td><strong>HOME HELP SERVICES</strong></td>
<td>A variety of services provided as home help for the elderly and their families, for persons with disabilities and their families and for parents with two or more children. These services should be developed and offered by both public and private institutions and/or public-private partnerships.</td>
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<td></td>
<td>Care services</td>
<td>Entity/ Canton</td>
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<td></td>
<td>Elderly PwD Childcare</td>
<td>Canton/ Local</td>
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<td><strong>6</strong></td>
<td><strong>EMPLOYMENT FOR CAREGIVERS</strong></td>
<td>Ensure special programmes of employment for caregivers through the employment services institutes. Introduce, for example, cooperation between the centres for social care and the employment services.</td>
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<td></td>
<td>Care services</td>
<td>Entity/ Canton/ Local</td>
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<td></td>
<td>Elderly PwD Childcare</td>
<td>Canton</td>
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<td><strong>7</strong></td>
<td><strong>DAY CARE</strong></td>
<td>Establish a mobile service to visit and care for disabled persons during the day if a guardian or caregiver is employed. (Benchmarking: The Red Cross Tuzla. In 2014, the Municipality of Lukavac established the ‘Centre for Care and Assistance at Home’. The Centre provides care and assistance at home to the elderly, ill and exhausted). Children: Establish day care centres for children with disabilities in order to assist guardians and caregivers who are employed during the day. These centres should have employed medical staff as well as specialised educators.</td>
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<tr>
<td></td>
<td>Care services</td>
<td>Canton</td>
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<td></td>
<td>PwD</td>
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<td><strong>8</strong></td>
<td><strong>LABOUR MARKET ACTIVATION OF DISCOURAGED WOMEN</strong></td>
<td>Social protection benefits related to care include tax rebates and cash-for-care transfers as well as cash transfer programmes and employment programmes with a specific care component.</td>
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<td></td>
<td>Social protection benefits related to care</td>
<td>Entity/ Canton</td>
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<tr>
<td></td>
<td>Elderly PwD Childcare</td>
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<td>Regarding the latter, special activation measures are proposed (a combination of counselling, either individually or through job search clubs, and voucher schemes) for women who have left the labour market for family related reasons. This group of women is often in the category of discouraged persons (who believe they cannot find a job). The goal is to reactivate them.</td>
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<td><strong>9</strong></td>
<td><strong>PARENTING SCHOOL</strong></td>
<td>Social protection benefits related to care</td>
<td>Childcare</td>
<td>Introduce obligatory schooling for parents of the first child, where attendance is obligatory for both parents for at least four weeks (twice per week). Attending a school for parents gives additional points when signing up children for kindergarten. Offer additional parental education programmes: school for parents of toddlers and school for parents of teenagers. These education programmes should be organised in kindergartens in the afternoon.</td>
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<td><strong>10</strong></td>
<td><strong>TIME-USE SURVEYS</strong></td>
<td>Social protection benefits related to care</td>
<td>General housework</td>
<td>Institutionalise long-term monitoring and the use of time-use modules within household consumption surveys and facilitate the integration of time-use surveys into the national statistical systems. Systematic use of the developed methodology would provide greater visibility for unpaid care workers. Other actions include evaluating the methodological limitations of time-use surveys (e.g., capturing the multitasking aspect of unpaid care work) and how time-use data collection and policy focused analyses can be addressed and examples of good practice identified and replicated.</td>
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<td><strong>11</strong></td>
<td><strong>ONE-STOP-SHOP</strong></td>
<td>Social protection benefits related to care</td>
<td>PwD Elderly</td>
<td>Establish a one-stop-shop within cantonal government for the purpose of informing citizens with disabilities, their guardians and seniors (their caregivers) of their rights at all levels of government in order to help them to exercise these rights.</td>
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<td><strong>12</strong></td>
<td><strong>WORK-LIFE BALANCE</strong></td>
<td>Family-friendly working arrangements</td>
<td>General</td>
<td>The State should mandate employer flexibility in order to improve the work-life balance and the provision of flexible childcare (half-day and flexible hours as well as full-day options) are crucial issues for working mothers and youth. Such flexibility is key to a range of issues ranging from addressing income inequality and the improvement of women's labour force participation rates to strengthening the family unit through an enhanced work-life balance. Improve awareness of the benefits of flexible work schedules and different types of working arrangements (e.g., part-time, reduced hours, flexible schedules, shorter working weeks, remote work, hybrid work) that will help women and men find a better work-life balance.</td>
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<td><strong>13</strong></td>
<td><strong>MULTI-CARE CENTRES</strong></td>
<td>Care relevant infrastructure</td>
<td>Elderly Childcare</td>
<td>Multi-care centres at the municipal level include centres for healthy aging, childcare/kindergarten and activity centres for women. Although financially self-sustained, they need an operational space, start-up costs and the willingness and support of the stakeholders, both international and national.</td>
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<tr>
<td><strong>14</strong></td>
<td><strong>MEN’S PARTICIPATION IN HOUSEWORK</strong></td>
<td>Public awareness</td>
<td>Housework</td>
<td>Encourage men to take on a greater share of unpaid care work by campaigning (e.g., a nationwide online advertising campaign and more localised outdoor media advertising campaigns).</td>
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<tr>
<td><strong>15</strong></td>
<td><strong>LIFE IN HOMES FOR THE ELDERLY</strong></td>
<td>Public awareness</td>
<td>Elderly</td>
<td>Promote life in homes for the elderly. Aim to help address stereotypical views of life in a home for the elderly.</td>
</tr>
</tbody>
</table>
REFERENCES


UN Women (2020). *Economic Value of the Unpaid Care Work in the Republic of Serbia. Gender Analysis*. This publication was produced within the framework of the project ‘Gender Responsive Governance’.


ENDNOTES

tion.

2 Male and female labour force participation rate, percentage of the population aged 15+ (modelled ILO estimates). Available at https://data.worldbank.org/indicator/SL.TLF.CACT.MA.ZS?locations=BA.

3 This would result from the purchase of intermediate goods and services by the preschool education sector for delivering its services (indirect or supplier effects) and from purchases made by those directly or indirectly employed in the preschool education sector (induced or income effects). Indirect and induced effects were estimated to support a further 519 jobs in the wider economy.

4 Details of the survey based study are outlined in the full report. Participants were asked what household and care tasks they perform from 6 in the morning to 1 a.m. past midnight.

5 ‘Official Gazette of Bosnia and Herzegovina’, No. 88/07.


This policy brief was edited by Sara Cantillon and Nina Teasdale, Glasgow Caledonia College, based on the report written by researchers of the Sarajevo Economic Institute.
UN Women is the UN organization dedicated to gender equality and the empowerment of women. A global champion for women and girls, UN Women was established to accelerate progress on meeting their needs worldwide.

UN Women supports UN Member States as they set global standards for achieving gender equality, and works with governments and civil society to design laws, policies, programmes and services needed to ensure that the standards are effectively implemented and truly benefit women and girls worldwide. It works globally to make the vision of the Sustainable Development Goals a reality for women and girls and stands behind women’s equal participation in all aspects of life, focusing on four strategic priorities: Women lead, participate in and benefit equally from governance systems; Women have income security, decent work and economic autonomy; All women and girls live a life free from all forms of violence; Women and girls contribute to and have greater influence in building sustainable peace and resilience, and benefit equally from the prevention of natural disasters and conflicts and humanitarian action. UN Women also coordinates and promotes the UN system’s work in advancing gender equality.