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Gender Equality and Early Childhood Care in Peru: Two Sides, One Sustainable Development Model

María Cruz-Saco

Connecticut College

Leda Pérez

Universidad del Pacífico

Introduction

Women's participation in the workforce has continued to climb (ILO 2016). At the same time, the number of female-headed households has also been on the rise since the last century (United Nations 2015b, 134-135). In this context, this gender is primarily responsible for the domestic sphere, particularly the care of children and dependent adults (Razavi 2007; Razavi 2011). For the poorest, this has meant *double* or *triple* shifts (Young 2001), working for wages outside of the home, as well as bearing the responsibility for the management and care of the household. This situation has implications both for the full socioeconomic and political inclusion of women as well as for the development of children. We argue here that both social protection and early childhood care (ECC) coverage are fundamental to attain the SDGs by the year 2030 and to ensure full rights for women, girls and children.

In Latin America, despite more than 50 years of legislation that has promoted equal opportunities and treatment for men, women, and workers with

¹ We are grateful for comments and suggestions from anonymous reviewers on an earlier version of this paper.

family responsibilities, legal frameworks until now have focused primarily on pregnancy and maternity without addressing the underlying inequality associated with who cares—and under what conditions the care is provided—for the home, children, persons with disabilities, and/or vulnerable adults. Notwithstanding these trends and evidence about the benefits of ECC programs in supporting women's work outside of the home, the region has been slow to move toward universalized ECC, particularly for those under 3 years of age (Rossel, Rico & Filgueira 2015, 106-110). Batthyány (2015) has observed that the social organization of care continues to be viewed as a private, family matter, with women being those primarily responsible for the care of children and dependent adults (Batthyány 2015, 16).

This situation has direct bearing on at least four important outcomes. First, for some women—particularly for those with low income and no means of purchasing childcare support—it determines whether they can work outside of the home. Second, for those with low incomes and who are heads of households, they may have no choice but to work and leave their children in the care of another unremunerated (or poorly paid) woman or adolescent (Pérez 2018). Third, for most women, maternity limits the time that they can devote to work, thus affecting earnings, promotion potential, and quality available employment (ILO 2016). And finally, ECC programs support girls and women with children, and just as importantly, these programs enhance the development of young children and their skill-building in both learning and social interactions.

In Peru, where more than half of the country's women are working (CEPAL 2015), they are disproportionately represented in the informal sector. Official statistics show that 41 percent of the work force is represented by independent workers, 46 percent is salaried, 10 percent is unremunerated family home care, and approximately 3 percent is paid domestic work (Instituto Nacional de Estadística e Informática 2018). The last two categories are mostly female work and most probably, their respective numbers are officially underestimated.

As with other developing countries, gender inequality results from the persistence of patriarchal structures, the gendered distribution of work (unpaid, feminized and/or home/care work), and the lack of transformative public policy interventions that envision care work as a social concern and not simply a part of women's chores (Molyneux 2006, 2007; Staab & Gerhard 2010; Bathyány 2015; Cecchini, Filgueira, Martínez & Rossel 2015).2 Yet there has been little policy

² On this score, for example, a critique of social policies like conditional cash transfers and/or other state-led interventions that target women is that these approaches ultimately serve to reinforce gender stereotypes and do little for distributing the social

discussion regarding the possibility of expanding ECC in Peru (Cruz Saco, Pérez & Seminario 2016). Despite national legislation, such as the ratification of several international accords on the equality of women, no real progress has been made in addressing the ECC gap in policy or practice.3 Likewise, while Peru has committed to the United Nations Sustainable Development Goals4 (including number 5 on gender equality), concrete actions—including practical measures to decouple women from their historic roles as providers of care in the home—are non-existent.

We suggest that one important step forward is to make the evidence case for the value of ECC as a key instrument for both the early development of children as well as women's full social, economic, and political inclusion. As a starting point, we offer an examination of the present situation in Peru to shed light on what is possible in terms of the expansion of ECC in this country. While a common argument among national policymakers has been that the expansion of ECC is simply not feasible due to fiscal constraints, we argue that expansion would cost the state a relatively small amount.

While, on one hand, the literature on gender inequality in this country has been approached from different perspectives including the historical, social, political, and economic (Barrig 2001; Rousseau 2009; Ewig 2010; Mannarelli 2018), as well as from an intersectional perspective (Pérez & Llanos 2017), the relationship between gender equality as a key component of sustainable development is less studied (Stevens 2009). With the rise of the Millennium Development Goals (MDGs) as an international policy instrument meant to combat and eliminate global poverty in the first 15 years of the 21st century, this process paved the way for SDGs, a "triple bottom line approach to human wellbeing" (Sachs 2012, 2206). The

responsibility of care among men and women (Molyneux 2006, 2007; Staab & Gerhard 2010).

3 They include: Convention 102 (1959) on Social Security ("Minimum Standard") and its part VIII, Maternity Benefits and Inclusive Growth; Recommendation No. 202 on the Social Protection Floor (2012); the Workers with Family Responsibilities Convention 1981 (No. 156) and its Recommendation No. 165, which, in its clause VII, highlights assistance in performing family responsibilities; the Decent Work Policy; Convention 183 on the Protection of Maternity (2000) and Recommendation No. 19, establishing maternity leave rights, including benefits, employment protection for pregnant women and the right to breastfeed their children during the working day; Convention 100 (on equal pay) and Convention 111 (on non-discrimination in employment). Furthermore, Peru ratified Recommendation 204 regarding the transition of the informal economy in 2015. This formalizes the recognition of the high rate of people employed in the informal sector and those who do not have any rights due to this condition. For more information see Cruz Saco, Pérez & Seminario 2016.

4 In 2015, the United Nations Sustainable Development Goals (SDG) include gender equality as their fifth goal (United Nations 2015a, 20, 2015b). One of the targets is the recognition of unpaid care and domestic work through public policy interventions, infrastructure, and social protection policies. The latter require the intentional sharing of gender responsibilities in public and private life. For more information see https://sustainabledevelopment.un.org/.

SDGs' key distinguishing feature is its inherent commitment to three simultaneous objectives: economic development, environmental sustainability and social inclusion. Gender inequality remains stubbornly present in Peru, as manifested by women's comparatively lower rates of participation in both the economic and political spheres. The underlying connection between gender inequality and the dearth of ECC highlights how the lack of socioeconomic support keeps women out of the workforce and others in informal, care-giving roles, neither of which serves the interests of full socioeconomic inclusion for women and girls, nor the development of children.

Drawing on recent work in the study and praxis of universal social protection coverage and on estimations about the cost of ECC, we propose that the Peruvian state could cover up to 100 percent of the demand for childcare services for children 3 to 5 years and 40 percent of the demand for children younger than 3 years of age. As was noted previously, the lack of state-sponsored childcare, combined with traditional views on gender roles, suggests that women—particularly those with the least resources—will either stay home to care for their children, thereby forgoing the possibility of their own income, or step out to work as a matter of survival, often leaving small children in precarious care.

In an effort to contribute to this discussion we present population projections of children 0 to 5 years of age in the next two decades and examine estimations of the costs of publicly-funded ECC services under different policy coverage targets. We find that ECC and education expansion is not only fiscally possible, but also—as the following pages will show—politically necessary to ensure a development trajectory that is fully inclusive of women and girls. In the first section of this paper we review the literature on gender equality, care and domestic work and ECC. Next, in the second section, we examine the progress made regarding the evolution of ECC programs in Latin America and compare the regional trajectory to the challenges and opportunities presented in the Peruvian case. The third section presents a model for the estimation and possible expansion of ECC under basic target scenarios. We discuss the implications of our findings toward full gender equality and the expansion of ECC in the fourth section. Our concluding remarks follow.

⁵ For a comprehensive analysis of our methodology and findings consult Cruz Saco, Pérez & Seminario (2016).

⁶ We consider publicly funded and administered ECC including public Pre-K services. We note that it is common for more affluent households—a small proportion of the total population—to hire *nannies* and/or domestic workers to care for children. Their working arrangements are usually informal and precarious (Anderson 2007, 2009, 2012; Pérez & Llanos 2015, 2017).

1. Framing the discussion: Gender equality, Care and Domestic Work, and ECC

a. Care and Domestic Work

In most parts of the world, care and/or domestic work is poorly remunerated—often unpaid—and highly undervalued. It is also work that has historically been done by women (Folbre 1994; Folbre & Nelson 2000; England 2005; Razavi 2007). As some scholars have argued, this division of labor was established on the false dichotomy between productive and unproductive labor (Federici 2004; Fraser 2016). In this division, the domestic sphere was determined to be mundane, non-productive, and female, whereas work outside of the home was creative, productive, and masculine. Ultimately, this gendered segmentation of labor and women's positioning as the "carers" of the home has served as a significant barrier to women's full and equal participation in the work force and in society (Razavi 2007; Atonopoulos 2009; Razavi & Staab 2010).

Even as this process has been critiqued by feminist scholars (Federici 2004; Fraser 2016) as the trivialization of the domestic sphere and of women, social reproduction has been maintained historically through the assignment of gender roles. In industrialized countries, for example, as men stepped out to work, whether under the European welfare state (Esping-Anderson 2002) or in the United States' system of benefits through employment, the male breadwinner model was the motor of economic sustenance, while women were expected to care for the home. And though feminist critiques in the United States (Friedan 1963) and elsewhere (De Beauvoir 1949) may have challenged these norms, this Fordist model7 of development allowed—and in many cases made it attractive—for middle class women to stay home.

Although Fordism prospered for the first thirty years after the Second World War, an alternative to this socioeconomic and political organization that places the responsibility of care work on the shoulders of women still does not exist. Commenting on the case of Polish domestic workers in Germany, Young (2001) has observed that the needs of professionalized women in Europe has meant the importation of more vulnerable female household workers, what she defines as an "ethnically defined" international division of labor. Young also notes the global precarization of labor and that, in this context—beyond professional aspirations—

⁷ We are referring here to the term used to describe the postwar model of economic growth predicated on a social, economic and political order in which work outside of the home was ascribed to mainly male workers while the care of the home—particularly among the middle class—was the domain of women. This model originated in the early 20th century when Ford introduced assembly line mass-production in the automobile industry.

the new norm in most of the world is that women must work as a matter of need, yet providing care in the home continues to fall on the shoulders of this gender.

Indeed, this has been the historic case in Latin America. As Kuznesof (1989) has pointed out, domestic work has its roots in colonial structures that not only situated women in the home and under men's tutelage in general, but also ensured both a gendered and racialized stratification of household workers, most of these being non-white women of either African or Indigenous descent. This was the case in Peru, where mostly poor indigenous women turned to this type of work to pay tribute to the Spanish crown. This historic positioning of women in the home—charged with the care of the household, children, and dependent adults—together with the inequality that this structure implies, has marked cultural norms to the present day.

In Peru, domestic and/or care work is still attributed to women. Historically the middle and upper classes have had access to cheap, paid domestic labor to fulfill their home and care needs (Barrig 2001; Ruiz-Bravo 2003). However, some previous (Anderson 2007, 2009, 2012) and current research (Pérez 2018) suggests that retaining domestic support is not something that only the upper classes do. Because more women of all social classes are working, the matter of attending to children must be addressed. Some from the lower income quintiles turn to young women, often adolescents who are unpaid, to care for their children as they step out to work (Pérez 2018).

b. ECC, Co-responsibility and Gender Equality

An important area that must be addressed to improve gender equality is the social organization of care. Bathyány (2015) has argued that not only those who receive care must be considered, but also those who provide the care, especially since most are women whose work in this sector has been historically underestimated. As she suggests, there should be an explicit recognition of care as a right, and it should be a key component of public policies in support of social protection. One way in which care can be addressed through state-sponsored support is through ECC programs (OIT 2009, 2012; Staab & Gerhard 2010; Papadópulos 2013).

ECC that is culturally and developmentally appropriate and accessible fulfills at least two key targets: (i) Providing the means through which childcare is reframed as a social concern, and not as the exclusive responsibility of women, and (ii) nurturing and educating children on multiple levels. Regarding the first target, ECC provides the space for women to work outside of their homes, thus fostering

enhanced financial security, social and political participation. Studying the United States, Sweden and Norway, Gustafsson & Stafford (1995) found that ECC can play an important role in women's participation in the workforce. They also note that the history of social institutions and the "design of tax codes, labor laws, parental leave policies, and cash assistance programs combines with child care policies to shape women's choices about employment" (Gustafsson & Stafford 1995, 161). This finding is relevant in Latin America as we observe Batthyány's (2015) contention that the larger social policy environment must provide a broader commitment to the development of systems that support care outside of the home. Along these lines, UNICEF (2015) has recently made the case for promoting both ECC and women's economic empowerment as mutually reinforcing goals.

Regarding the second target, for example, Shonkoff & Meisels (2000) found that the experience of adequate ECC influences the growth and development of complex brain functions that affect language acquisition and logical thinking. Moreover, good quality ECC promotes trusting personal interactions that become the foundation for healthy lives (Shonkoff & Meisels 2000). Likewise, possible problem areas in a child's early development may be identified and addressed with specific and timely interventions. These might range from nutrition education to support in family caregiving.

Noting a one-time promising practice in Peru, Samman, Pressler-Marshall & Jones (2016), from the Overseas Development Institute, have commented on the Wasa Wasi National Program which sought to contribute to both children's development and women's participation in the workforce. Later replaced by Cuna Más (discussed in more detail below), Wawa Wasi was credited for contributing to both children's health and nutrition as well as to their mothers' employment, though it was less successful in terms of child development gains (Samman, Pressler-Marshall & Jones 2016, 73).

In sum, as in other parts of the world, the positioning of women in Peru as linked to all things domestic, including care work, has created a situation in which this gender—paid or unremunerated—is expected to ensure household reproduction. However, a key developmental challenge, as women work outside of the home, is how household and care needs are being met. For those, with the economic means to do so, this has historically been addressed by privately hiring a nanny and/or a domestic worker to care for children.8 Likewise, upper income

⁸ While Peru's Law 27986 has regulated domestic worker rights since 2003, a key challenge for this sector is that this legislation only provides partial rights. Ultimately, workers' well-being rests entirely in the hands of employers, as the state is basically absent in regulating this sector (Pérez & Llanos 2017).

families may also opt to send small children for ECC and stimulation for a few hours a day. But for less affluent families, women must decide: (i) whether to work, (ii) whether to enroll a child in the limited public ECC programs that do not generally coincide with full work days, and (iii) whether—and how—to hire or arrange for private care by a third party. In these cases, most often the one who is providing the care is a woman, usually a very poor one. Thus, the absence of ECC in Peru presents important barriers to full development and inclusion for some of the poorest children who may not be receiving appropriate, quality care; for mothers who need to work and who are solely responsible for care at home; and, for the providers of care whose work is undervalued.

2. ECC Progress in Latin America & Peru: Advantages & Challenges

Some countries have made important headway in promoting policies that value care as an important pillar of social inclusion and well-being. In Europe, for example, ECC programs as well as afterschool-programs for children, cash subsidies for mothers with small children, institutional and community-based long-term care for older persons (including government-based care giving support for persons with disabilities or for the chronically ill), are only a few examples of state-led interventions that have sought to address care needs. In contrast, scholars agree that Latin America has work to do toward achieving universal ECC (Cecchini, Filgueira, Martínez & Rossel 2015). There is, however, the recognition of some countries having more success than others. We point briefly to our earlier research on three cases—Chile, Costa Rica and Uruguay—and our comparison of these to Peru (Cruz Saco, Pérez & Seminario 2016).

Uruguay stands out for several reasons. First, it has created and adopted a national care system (*Sistema Nacional Integrado de Cuidados*, SNIC) that stems from a collective national vision for gender equality and the role that care and the home have played historically as a barrier to women's emancipation. Second, and related to the first point, the impetus behind the SNIC is to promote the notion of *coresponsibility* in care, such that the state, families, markets and civil society all play key roles in care. Third, the SNIC aims to provide quality ECC as well as the entire range of care, including dependent adults and other care functions. Here, the state-sponsored care of children in centers coincides with adult work hours. Finally, the SNIC is concerned not only with assuring universal state-sponsored care support, but is also sensitive to the needs of caregivers, such that they are also key beneficiaries of the system. The recognition is of "care" as a right that belongs to all—both those cared for as well as those providing the care. Yet, there is a

challenge in this system. As in other parts of the region and the world, parental leave policies are notably directed toward women, thus reinforcing gender stereotypes in terms of who is responsible for the "caring." While the maternity leave policy provides the 14-weeks recognized as part of the international standard, fathers are only allowed 10 days.

Like Uruguay, Chile has also embarked on the creation of a National System of Support and Care (*Chile Cuida*). A key difference, however, is that this system is more narrowly focused on dependent adults. For children, Chile's program *Crece Contigo* ("Growing with You") seeks to provide full day education and care services in centers outside of the home. Unlike Uruguay, maternity leave is longer. It also provides for the possible transfer of half of mothers' leave time to the father. Finally, every Chilean woman has the right to take her child to a nursery while she works. Challenges in this case are that *Crece Contigo* is more narrowly focused on the poorest families. Hence, while the program is universal in theory, its approach is targeted. Like Uruguay, parental leave policies are weighted toward women, though interestingly providing personal flexibility in transferring leave time to fathers.

Although Costa Rica has a maternity leave above the 14-weeks recommended by international norms, the maximum time that can be granted to a father is 5 days and it is at the discretion of the employer. As in Uruguay, Costa Rica is committed to a care system but currently has two care networks: one for girls and boys and the other for elderly, dependent adults. As in Chile, there is a greater focus on meeting the needs of the poorest children and families, taking into consideration working parents' needs when setting hours of operation.

In comparison to these cases, Peru incremented its maternal leave time to the 14-week standard in 2017. Peruvian fathers are only given 4 days, although there have been discussions in recent years centered around increasing the leave to at least two weeks. There is no integrated national system of care, nor universal ECC. Rather, Peru's approach is based on targeted, anti-poverty programs. Education beginning at the age of 3 years is nominally universal through the Ministry of Education (MINEDU) and the state provides some ECC services for children 0-2. Likewise, Cuna Más ECC services provided by the Ministry of Development and Social Inclusion (MIDIS) to some of the country's poorest families (with a combination of out of home care for children 6 months old to 2 years of age as well as home visits) is also highly limited and mostly concentrated in rural areas. Additionally, MINEDU and MIDIS offer two types of services: services in school, including not just care but early education, and those offered outside of the school

and focusing exclusively on care. As part of a way of providing services to hard-toreach populations, MINEDU offers the Non-School Early Education Program (PRONOEI).

A concern that arises regarding both services offered by MINEDU and Cuna Más, respectively, is the reliance—in varying degrees—on community and volunteer support. This is problematic for at least two reasons. First, for ECC interventions to be most effective, personnel should have some level of instruction and skill (ECWI 2017, 12-13). Second, while this system may provide a path toward reaching some children that might not be supported otherwise (as in the PRONOEI), the model puts the onus of responsibility on a poorly paid woman to provide the service, replicating the gender stereotype and reinforcing this work as one that merits only low wages.

In sum, the cases of Uruguay, Chile, Costa Rica and Peru share some important elements regarding the development of their respective care systems, particularly as they relate to ECC and the role they play in promoting gender equality. To a greater or lesser extent, all cases include maternal leave policies, care outside the home, and conditional cash transfers for the poorest families. In all cases (apart from Costa Rica), maternal and paternal leave policies are fully financed by the state' social security systems. In Costa Rica, 50 percent is financed by the state and the other half is financed by the employer. As opposed to ECC, parental leave policies, legislation for breastfeeding centers at work, and the provision of time during the working day for nursing mothers are predicated on formal employment. In Peru, these are poorly enforced, and for those working in the informal sector the provision of these services does not apply.

3. Peru: The ECC Service Gap and the Cost of Expanding Coverage

As the previous section suggests, ECC in Peru is insufficient. For girls and boys between 3 to 5 years, coverage is 86 percent, while for girls and boys from 0 to 2 years, coverage is only 12.4 percent (Cruz Saco, Pérez & Seminario 2016). These gaps have important implications for larger societal development on many fronts. First, the lack of available childcare may result in women dropping out of the workforce (or not being able to enter at all). Second, the availability of care and early stimulation programs are stratified by social class, thus access is mostly determined by purchasing power. Although the idea is to target the poorest with state-led ECC programs, official statistics suggest a comparatively low impact, particularly in urban centers. For those living in Lima, the capital, and the most densely-populated areas of the country, Cuna Más has a negligible presence (Pérez

2018). Likewise, some of the lowest rates of care coverage and early education for preschoolers coincide with some of the most impoverished and needy areas of the country (Cruz Saco, Pérez & Seminario 2016). Without progress on these issues, including access to key support systems, socioeconomic empowerment for women and quality early stimulation for small children will remain lofty goals.

In this section, we estimate the publicly-administered ECC coverage and the service gap for children 0 to 2 years of age (0 to 2) and for children ages 3 to 5 (3 to 5) in 2015. The ECC coverage rate is the proportion of children (0 to 2 and 3 to 5) with access to ECC services over the total population of children in the corresponding age bracket. The service gap is the deficit of coverage measured by the difference between 100 percent coverage—universal—and the actual ECC coverage rate. We then estimate the annual ECC cost per child using providers' information. Based on policy targets for service gap reductions for both children brackets, we estimate the associated total annual cost of extending ECC services by 2021, in US dollars, and in terms of the necessary fiscal effort.

The sequence of steps for our estimations is the following:

- First, with Peruvian census data and United Nations' population estimates (United Nations 2015c), we project the population of Peruvian children 0 to 2 and 3 to 5 over 2016-2026.
- Second, using MINEDU and MIDIS data on the number of children served by their ECC programs, we determine the 2015 ECC coverage rates and service gaps for both children 0 to 2 and children 3 to 5.
- Third, we use budget information on the annual cost of ECC services by MINEDU and MIDIS to estimate the average annual cost per child.
- Fourth, we define policy coverage targets by 2021 and estimate the total annual cost of extending coverage to attain said targets both in US dollars and as a proportion of total Gross Domestic Product (GDP), and the total government budget in public education.

a. Population Projections: Children 0 to 2 and 3 to 5 in 2016-2026

Our demographic projections are based on the 2007 population census (Instituto Nacional de Estadística e Informática 2007) and the United Nations Population Division projections (United Nations 2015c). Figure 1 shows the population projections for children 0 to 2 (blue) and children 3 to 5 years of age (red) over 2016-2026.9 As expected, these projections show that the size of the population of children will drop continuously over this period. The total drop is approximately 4 percent for both populations. In the case of the younger children, the total number decrease is 78 thousand, and in the case of the older children, 65 thousand. As is happening elsewhere, fertility rates in urban and rural areas in Peru

⁹ The annual projected population for children under 2 and between 2 and 5 years of age by department is presented in Cruz Saco, Pérez & Seminario (2016, Appendix 4).

continue to fall, and there is no reason to expect a reversal soon. In fact, one preliminary finding of the 2017 population census is that the demographic growth rate has declined to 1 percent—in fact, the United States has a higher demographic growth rate.

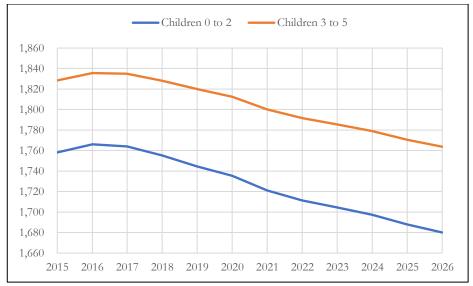


Figure 1. Projected children's population: 0 to 2 and 3 to 5 years of age, in thousands, 2016-2026. Source: Authors' projections based on the 2007 population census (Instituto Nacional de Estadística e Informática, 2007a) and UN-DESA (2015b).

b. ECC Coverage Rates and Service Gaps

MINEDU defines the criteria and policies, and sets the guidelines for ECC for children under 5 years of age. By law, public provision of pre-K programs for children 3 to 5 years of age is universal. Actual coverage, however, is 86 percent at the national level, and as we will see later, the variance is large by departments. Pre-K programs vary from a half-day with certified teachers to community or family-based support with teacher/coordinator guidance to caregivers, but without the instruction of a certified teacher. For children under 3 years of age, MINEDU administers a relatively small number of day care centers, usually in larger urban centers, that are open up to 8 hours/day, and staffed with professionals with some higher education (Cruz Saco, Pérez & Seminario 2016, 40, table 2).

MIDIS administers a large-scale program, Cuna Más, consisting of both a home visiting service (AF) and a day care service (CD)₁₀. Created in 2012 and based on the Wawa Wasi model,₁₁ Cuna Más targets poor families and their children older

¹⁰ AF stands for *Servicio de Acompañamiento Familiar* and CD for *Cuidado Diurno*. The former consists of individual weekly visits and monthly group sessions for children and caregivers. CD is a formal daycare service.

¹¹ Created by the Ministry of the Women and Vulnerable Populations (MIMP) in the late 1990s.

than 6 months and under 36 months. As a targeted program, it serves poor families who reside primarily in Andean communities and remote locations. The program aims at enhancing family childrearing practices and providing additional knowledge on sanitation and health care prevention. According to Josephson, Guerrero & Coddington (2017, 6), Cuna Más has successfully covered one third of the targeted population of poor rural families distributed in 80 percent of the targeted districts.12

MINEDU publishes information on their ECC service for children 0 to 2, and on their pre-K enrolment for children 3 to 5 (organized by department). Similarly, MIDIS reports figures on the number of children from six months to up to 36 months who are beneficiaries of the AF and CD services by department. Thus, it is possible to calculate actual coverage rates for each child bracket, 0 to 2 and 3 to 5, by department, given that we know the population of children for these brackets by department. Table 1 summarizes the results. Column 2 shows the MINEDU coverage for children 0 to 2. The national average is 4.9 percent with a range from a low of 1.2 percent in Ayacucho to a high of 22.7 percent in Tumbes. The national average of MIDIS-CD and MIDIS-AF for the same age group is 2.9 percent and 4.6 percent respectively. Again, we observe that the MIDIS coverage rate, for CD and AF services, fluctuates among departments.

Departments	(Children 0 to 2 years				
MINEDU / MIDIS	MINEDU	MIDIS- CD	MIDIS- AF	Total	MINEDU only, Total	
Total National	4.9	2.9	4.6	12.4	86.0	
Amazonas	3.1	1.9	10.4	15.4	92.5	
Ancash	2.4	3.6	6.5	12.6	83.7	
Apurímac	6.0	13.3	17.2	36.5	73.5	
Arequipa	7.2	5.0	-	12.1	93.8	
Ayacucho	1.2	7.5	15.5	24.2	71.0	
Cajamarca	2.7	0.6	12.9	16.2	83.3	
Cusco	3.7	3.7	9.4	16.9	75.5	
Huancavelica	3.0	8.5	17.0	28.5	55.2	
Huánuco	2.7	2.0	14.5	19.2	64.7	
Ica	9.9	2.8	-	12.7	95.6	
Junín	3.3	3.5	4.5	11.3	67.2	
La Libertad	2.2	1.0	6.0	9.2	96.7	
Lambayeque	3.9	1.6	0.2	5.7	92.4	
Lima y Callao	6.0	1.7	-	7.7	91.9	
Loreto	4.5	1.4	5.8	11.7	94.1	
Madre de Dios	3.3	-	-	3.3	100.0	
Moquegua	12.7	8.5	-	21.2	89.4	
Pasco	7.2	6.8	3.0	16.9	71.8	

¹² The targeted districts concentrate poverty and extreme poverty and they represent 38 percent of the total number of districts in Peru (1,874).

Piura	4.3	1.7	3.7	9.7	99.1
Puno	4.9	4.7	7.2	16.8	65.0
San Martín	3.8	1.8	3.4	9.0	88.8
Tacna	14.3	7.9	-	22.2	89.5
Tumbes	22.7	10.8	-	33.5	99.7
Ucayali	5.3	4.1	4.0	13.4	86.5

Table 1. Actual coverage rates of ECC by department, in %, ca 2015 Source: Authors' estimations based on Instituto Nacional de Estadística e Informática (2007a), UN-DESA (2015b), http://www.cunamas.gob.pe/, http://www.cunamas.gob.pe/, http://www.cunamas.gob.pe/, http://www.minedu.gob.pe/educacion-inicial/ and escale.minedu.gob.pe.

MIDIS provides more coverage than MINEDU for children 0 to 2. Except in Madre de Dios, the MIDIS-CD program is present in all departments although the coverage rate is very low. The MIDIS-AF program has higher coverage. However, it does not provide services in the relatively more affluent departments such as Arequipa, Ica, and Lima–Callao. In contrast, it is highest in the poorest departments: Apurimac, Ayacucho, and Huancavelica. This result is to be expected because MIDIS intervenes in locations where poor and extremely poor families are concentrated.

At the national level and when the ECC services of MINEDU and MIDIS are added, the coverage rate is only 12.4 percent. MINEDU is the Pre-K provider for children 3 to 5 under the normative expectation of universal coverage. The national average coverage, however, is 86 percent, ranging from 55.2 percent in Huancavelica to 100 percent (universal coverage) in Madre de Dios. We can now derive the ECC service gap for children 0 to 2 and for children 3 to 5. For younger children, the national service gap is: 100 percent – 12.4 percent = 87.6 percent. And, for older children, the national service gap is: 100 percent – 86 percent = 14 percent. Table 2 presents the ECC service gap by department for both child brackets.

		Children 0 to 2 years	ECC for Children 3 to 5 years		
MINEDU /	Coverage	Service gap	Coverage	Service gap	
MIDIS	rate	0 1	rate	0 1	
Total National	12.4	87.6	86.0	14.0	
Amazonas	15.4	84.6	92.5	7.5	
Ancash	12.6	87.4	83.7	16.3	
Apurímac	36.5	63.5	73.5	26.5	
Arequipa	12.1	87.9	93.8	6.2	
Ayacucho	24.2	75.8	71.0	29.0	
Cajamarca	16.2	83.8	83.3	16.7	
Cusco	16.9	83.1	75.5	24.5	
Huancavelica	28.5	71.5	55.2	44.8	
Huánuco	19.2	80.8	64.7	35.3	
Ica	12.7	87.3	95.6	4.4	
Junín	11.3	88.7	67.2	32.8	

La Libertad	9.2	90.8	96.7	3.3
Lambayeque	5.7	94.3	92.4	7.6
Lima y Callao	7.7	92.3	91.9	8.1
Loreto	11.7	88.3	94.1	5.9
Madre de Dios	3.3	96.7	100.0	-
Moquegua	21.2	78.8	89.4	10.6
Pasco	16.9	83.1	71.8	28.2
Piura	9.7	90.3	99.1	0.9
Puno	16.8	83.2	65.0	35.0
San Martín	9.0	91.0	88.8	11.2
Tacna	22.2	77.8	89.5	10.5
Tumbes	33.5	66.5	99.7	0.3
Ucayali	13.4	86.6	86.5	13.5

Table 2. ECC coverage rates and service gaps by department, in %, ca 2015 Source: Authors' estimations based on Table 1.

The main conclusion is that the ECC service gap for children aged 3 to 5 is 14 percent and thus, an additional effort is needed to attain universal coverage, but it is not daunting. In contrast, the ECC service gap for children 0 to 2 years of age is monumental, 87.6 percent. Privileged families find ways to contract ECC services privately. In a country with enormous income and wealth disparities, however, the lack of public ECC services is severely affecting most poor families and the future of their young children.

c. Scenario: Policy Target for the ECC Service Gap Reduction

In view of the service gaps presented in Table 2, we formulate a joint policy target for ECC coverage expansion for both children 0 to 2 and children 3 to 5 by 2021:

- (i) The policy target for children 0 to 2 is 40 percent coverage, i.e. reducing the service gap to 60 percent in every single department.
- (ii) The policy target for children 3 to 5 is universal coverage, i.e. eliminating the service gap in every single department.

d. Cost Projections of the ECC Service Gap Reduction

The fourth and final step is to estimate the financial cost of attaining the joint policy target. Our data comes from two sources:

- MIDIS-Cuna Más, AF and CD, by department, as reported both by the Ministry of Finance (MEF), system of transparency and information (Ministerio de Economía y Finanzas 2016 - SIAF, https://www.mef.gob.pe/es/seguimiento-de-la-ejecucion-presupuestalconsulta-amigable) and www.cunamas.gob.pe.
- MINEDU, for both its ECC programs that are reported in http://escale.minedu.gob.pe/ and validated in SIAF.

The data is for 2015, recorded in soles, adjusted to US dollars, and kept constant in 2015 values for the period 2016-2021.13 Table 3 presents the annual ECC per child expenses incurred by MINEDU and MIDIS, AF and CD, by department.

To estimate the cost of the policy targets by 2021, we use the annual MINEDU per child cost of \$800 (US dollars). The reasons are twofold: First, MINEDU is the government office responsible for the delivery of public education with commitment to universal service. Second, there are scale benefits and programmatic efficiencies derived from integrating ECC services for children 0 to 5.14 We project Gross Domestic Product (GDP) growth as indicated in the second row of Table 4, and assume that the government budget for public education will slowly increase from 3.6 percent of GDP in 2015 progressively to 4.0 percent of GDP by 2021. If economic growth were higher and the allocation of resources to public education also higher, the total annual cost of ECC expansion to the target rates by 2021 would imply a lower fiscal effort than the one recorded in Table 3.

	A	nnual cost per chil	d, in \$
	MINEDU	MIDIS CD	MIDIS AF
National average	840	1,062	314
Amazonas	1,046	1,454	375
Ancash	841	1,024	326
Apurímac	1,181	890	272
Arequipa	879	844	-
Ayacucho	1,531	1,024	372
Cajamarca	586	4,036	359
Cusco	770	1,070	263
Huancavelica	1,320	996	391
Huánuco	1,125	1,164	285
Ica	623	947	-
Junín	667	1,068	282
La Libertad	734	1,069	395
Lambayeque	494	1,219	-
Lima y Callao	2,412	1,207	-
Loreto	666	1,504	208
Madre de Dios	724	-	-
Moquegua	1,343	797	-
Pasco	775	933	112
Piura	472	1,071	382
Puno	1,151	932	274
San Martín	664	1,060	107
Таспа	1,063	949	-

¹³ We use an exchange rate of 3.40 soles per 1 US dollar.

¹⁴ In addition, note that MIDIS' ECC programs are poverty reduction strategies and targeted to the poor and extremely poor.

Tumbes	948	374	-
Ucayali	550	1,035	140

Table 3. ECC annual cost per child, MINEDU & MIDIS, by department, in \$, 2015 Source: Authors' estimations based on MINEDU - Censo Escolar 2015, www.cunamas.org.pe, Instituto Nacional de Estadística e Informática (2007b), and MEF-SIAF.

Table 4 shows the expected annual cost of expanding the coverage of publicly administered ECC services to both children 0 to 2 and 3 to 5 by 2021, according to the assumptions and joint policy target described above.

	2015	2017	2017	2010	2010	2020	2021
	2015	2016	2017	2018	2019	2020	2021
	1	T	T	T	1	1	1
GDP 1/ in thousands	179,	188,	192,	201,	212,	223,	234,
of US\$ millions	990	270	788	271	341	595	551
Annual GDP growth,		4.60	2.40	4.40	5.50	5.30	4.90
in %		1.00	2.10	1.10	3.30	3.30	1.20
Total Government							
budget in Public	6,480	7,343	7,519	7,850	8,494	8,944	9,382
Education							
Public Education	2.60	2.00	2.00	2.00	4.00	4.00	4.00
budget / GDP, in %	3.60	3.90	3.90	3.90	4.00	4.00	4.00
	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	
Children 0-2:							
Policy target: 40%	174.4	208.8	250.4	302.4	368.0	448.8	550.4
coverage by 2021, \$	1 / 1.1	200.0	230.4	302.4	300.0	110.0	330.1
Cost of target /							
GDP, %	0.10	0.11	0.13	0.15	0.17	0.20	0.23
Cost of target / Public							
O O	2.69	2.84	3.33	3.85	4.33	5.02	5.87
Education budget, %							
	1	1	1	1	T	T	T
Children 3-5:	1,258	1,285	1,314	1,344	1,376	1,410	1,445
Policy target: universal	.4	.6	.4	.8	.8	.4	.6
coverage by 2021, \$. '	.0	• '	.0	.0	• •	.0
Cost of target /	0.70	0.68	0.68	0.67	0.65	0.63	0.62
GDP, %	0.70	0.00	0.00	0.07	0.03	0.03	0.02
Cost of target / Public	19.42	17.51	17.48	17.13	16.21	15.77	15 /1
Education budget, %	19.42	17.31	17.48 17.	17.13	10.21	.21 15.//	15.41
<u> </u>							
Total Cost for both							
targets combined:							
40% for children 0-2	1,432	1,494	1,564				
& 100% for children	.8	.4	.8	.2	.8	.2	.0
3-5, \$							
Cost of joint targets /							
GDP, %	0.80	0.79	0.81	0.82	0.82	0.83	0.85
011, /0							

Cost of joint targets /							
Public Education	22.11	20.35	20.81	20.98	20.54	20.79	21.28
budget, %							

Table 4. Expected annual cost of expanding public coverage of ECC services to children 0 to 2 and 3 to 5 by 2021 (in millions of US\$) 1/ In 2015, GDP was \$,611,996 millones of soles (Banco Central de Reserva del Perú 2015). Source: Authors´ estimations based on Tables 1-3, SIAF, and Banco Central de Reserva del Perú (2015).

If the Peruvian state were to extend ECC services to 100 percent of the children 3 to 5 by the year 2021, thus eliminating the 14 percent service gap in six years, the total cost would be around two thirds of one percent point of GDP (0.62 percent, see last column for 2021). It would represent 15.4 percent of the public-sector education budget. In both cases, the proportion of the projected cost over GDP and over the public education budget would fall. The number of children will drop (see Figure 1) while GDP grows. At the same time, we assume a fixed cost in US dollars per child. This policy target means that all 1.7 million children aged 3-5 would be enrolled in public Pre-K education.15

Analogously, if the Peruvian state were to extend ECC services to 40 percent of the children aged 0 to 2 by 2021, reducing the service gap from 87.6 percent to 60 percent, the total cost would be around .20 percent of GDP and 5.87 per cent of the public-sector education budget. This policy target means that by 2021, approximately 673 thousand children, aged 0 to 2, would be serviced with state funded programs. Our estimations suggest that in 2021, the joint fiscal cost of both policy targets would be less than 1 percent of GDP and one fifth of the total public-sector education budget.

3. Toward Full Gender Equality and ECC Expansion

A proper commitment to gender equality in Peru is in infant stages and this, in turn, has had important repercussions for establishing essential social protection floors like ECC, for example. The historic positioning of women in the home—charged with the care of the household, children, and dependent adults—together with the inequality that this structure implies for women in general has marked cultural norms to the present day. Moreover, in the absence of the state's recognition of care work as a public, social good, and without expanded resources provided for it, the result is that most households privately retain—either paid or unpaid—informal female domestic support to care for children and/or dependent

¹⁵ We assume universal state-funded Pre-K services. Clearly, affluent families may bail out and contract private services, thus raising the budget for other publicly funded children. Similarly, affluent families may prefer private day-care programs for their children younger than 2 years of age.

adults, and to complete home chores. A key challenge here is that, even as women increasingly participate in the labor market and leave domestic care in the hands of other women, this sector still does not enjoy fundamental rights, remaining highly precarious (Pérez & Llanos 2017).

As the data presented here show, some of Peru's poorest children are not receiving appropriate quality care, thus impeding their access to necessary skills and education to ensure their full potential. For mothers who need to work and who are solely responsible for care at home, the lack of ECC services means that children, especially the youngest, may remain in poor and/or unsupervised care for many hours at home. Or it may mean that a woman may need to forgo necessary work to take care of the home.

One way to mitigate the aforementioned status quo is the explicit recognition of care as a right, as a key element in support of social protection, including ECC programs. In this article, we have shown that ECC and education expansion is both fiscally possible and politically necessary to ensure a full social and economic inclusion for women and girls. Considering realistic policy targets, i.e., universal coverage of ECC for children aged 3 to 5 and 40 percent of children aged 0 to 2, the total fiscal effort would be less than 1 percent of GDP and one fifth of the public education budget. Reducing the service gap to zero (children aged 3 to 5) and to 60 percent (children aged 0 to 2) could mark a move in the right direction, allowing for both expanded ECC for children and greater work and life options for women and girls.

We should note, however, that beyond noted fiscal challenges, perhaps of even greater importance are both cultural and political barriers that impede the success of ECC expansion in Peru. First, recent research in metropolitan Lima has found that, among some of the capital's poorest women, self-imposed gender stereotypes are very strong. Here, interviews with women in the lowest economic quintiles have revealed both a lack of knowledge of state-sponsored childcare programs as well as a reluctance to use those that might be available (Pérez 2018). These attitudes appear to be attached to both personal notions of womanhood and motherhood as well as to a general distrust of state services.

However, this situation is a vicious circle. While we recognize that "building it" does not ensure that "they will come," the present scenario may also be as much of a result of a population that has become accustomed to resolving its care needs privately due to the state's absence in social protections in general. A key area for further efforts in both policy and practice is to develop careful inroads that

inform thinking on gender equality in this nation. We suggest at least three directions that might help pave the way toward this end.

First, reinforce a dual commitment to both gender equality and ECC as human rights for both women and children. As much of the policy literature has suggested, there has been until recently a false dilemma of child development versus women's rights and equality—the notion that women's rights must be subjugated to children's rights as part of the long-suffering tradition of female abnegation. This is, of course, a fictitious problem. Both women's equality and children's development are simultaneously possible. Recent work by the UNFPA & UNICEF (2015), for example, provides an approach that suggests that the development and well-being of children does not have to be at the expense of women, nor vice-versa.

Second, decouple care work from women, moving instead toward a coresponsibility framework. This strategic direction has been suggested by Bathyány's (2015) research and in the formulation of the social protection model in Uruguay. The latter is an important model to implement in the immediate future.

Finally, and related to the two prior points, parity in parental leave should be a key goal for policy makers. It would signal public support for gender equality and begin to transform patriarchal notions of masculinity as they apply to the shared responsibility of caring for and rearing of children. This, in turn, would serve to foster a culture of co-responsibility in the home.

Conclusions

We argue that addressing gender inequality in Peru—as well as in other patriarchal societies—requires immediate collective action and public policy interventions. The impetus must to come from the organized women's movement, their advocates, civil society stakeholders, and public policy decision makers. Reversing the cultural norming of patriarchal societies with structured gendered roles—that oppress and discriminate against women and girls—begins with decisive actions in all spheres. An example is the need to decouple the association of care and domestic work from women. By disassociating care-giving from female work we will initiate a structural shift in culture and in institutions that to this day impedes the full emancipation of women. Decoupling caregiving and domestic work from women is one important step toward more gender equality.

It will be difficult to attain SDGs without expanding social protection coverage to women and girls that ensures the complete rights for both women and children. The provision of ECC services is of paramount importance to begin to free women's time while at the same time supporting the development of young

children. We demonstrate that in Peru the provision of universal ECC education by the year 2021 for children aged 3 to 5 would represent 0.62 percent (a little over half of one percent) of GDP and 15.41 percent of the total public-sector education budget. And, providing ECC coverage to 40 percent of the children younger than 3 would cost 0.23 percent of GDP and 5.87 percent of the total public-sector education budget. The cost of the joint policy target would be less than 1 percent of GDP and one fifth of the public-sector education budget. In other words, the provision of ECC services is not only necessary, it is also affordable.

While we have argued here that ECC is not only important to the development of both women and children, and that it is fiscally possible in Peru, we also acknowledge that the historic impediment to the same may be as much a function of an unresponsive state as it is a result of long-standing cultural norms that maintain that a woman's place is in the home and in the care of children. How, exactly, the fiscal concerns and the cultural and political barriers to the changes suggested here are reconciled might be the subject of future research and policy proposals.

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