
THE GENDERED DISTRIBUTION AND PERCEPTIONS OF UNPAID CARE WORK IN CHINA

A research note under the WeCare Project



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THE WECARE PROJECT



UN WOMEN CHINA
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1. INTRODUCTION

Unpaid care work refers to all domestic work performed voluntarily, often provided on the basis of moral obligation (Razavi, 2007; Knijn and Kremer, 1997). It encompasses care for children and the elderly, the sick and disabled, the provision of food and water, as well as household chores and maintenance. Unpaid care work has long been an indispensable part of providing welfare in families and societies, and creates a large yet unaccounted contribution to the economy, valued at between 10 and 39 per cent of a country's Gross Domestic Product (GDP; UN Women, 2017).

Globally, women are responsible for the majority (76.2 per cent) of unpaid care work (International Labour Organization, 2018). Yet to date, this work is highly undervalued, and this has contributed considerably to entrenched gender stereotypes and persistent gender inequalities in formal labour participation. In the long term, relying on women and girls' unpaid labour for domestic care inhibits the development of a vibrant formalized

care economy and suppresses the human capital needed to sustain labour market outcomes.

In the past three years, the COVID-19 pandemic has more greatly increased the unpaid care burdens of women, and this heightened responsibility is projected to continue as prevention and quarantine measures normalize. In China, COVID-19 increased the time women spent on unpaid care by 8.2 hours per week in 2020, while the time increase of men is 6.5 hours (UN Women, 2020). Meanwhile, the total care burden in China's economy is expected to increase significantly in the decades to come. A rapidly aging population combined with higher reproductive quotas under the 'three-child policy' will likely result in a substantial increase in unpaid care burdens for families¹, potentially inhibiting access to free time and time for paid work for many. Since women in China currently tend to be the main caregiver for their families (Connelly et al., 2018), it follows that they will bear the brunt of the increased reproductive

care, childcare and elderly care responsibility in the coming decades, if the status quo remains.

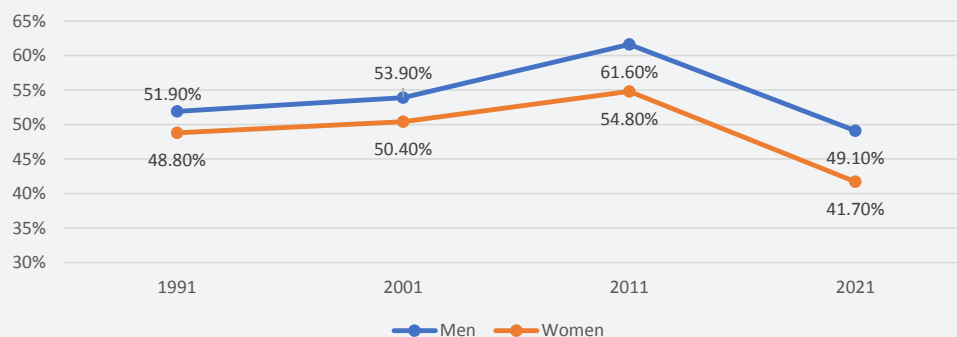
The fourth national survey on the social status of women in China, in 2021 (ACWF and NBS), which surveyed 30,000 men and women across China between the age 18 and 64, found that “women have a heavy burden of family care and insufficient public service support”. It was found that 35.1 per cent of those who have children under the age of three at home assert the need for childcare services, but only 2.7 per cent of children under the age of three are mainly cared for by day-care institutions; 63.7 per cent are taken care of by their mothers. The survey found that the average total paid working time of working women was 649 minutes per day, while unpaid care time made up 154 minutes – about twice that of men. Similarly, the China Time Use Survey in 2018 (NBS, 2019) found considerable disparity between men and women’s share of unpaid care work. It found that men on average spent 45 minutes on housework daily and women spent two hours and 59 minutes.

Among those who act as a caregiver, men spent 29 minutes on childcare daily and women one hour and 55 minutes.

Regarding perceptions of unpaid care responsibilities and gender, the fourth national survey found that 49.1 per cent and 41.7 per cent of men and women respectively agreed with the statement: “men should be socially oriented, and women should be family oriented”. This was a 10 percent drop from 2011 levels for both sexes, and is the first time that this figure has decreased since the start of the survey in 1991. It was also the first time that the majority of male participants (50.9 per cent) disagreed with this statement. The explanation for this sharp drop could be the inclusion of a new younger generation of respondents in the survey, who have become adults in the last decade and eligible for participation. Among women under the age of 35, for instance, the survey found that 94.6 per cent of women disagreed with the statement, “caring for children is only the mother’s responsibility”.

Graph 1: Percentage of respondents who agree with the statement “Men should be socially oriented, and women should be family oriented” to some extent, by sex and survey year

Agreement with the statement “men should be socially oriented, and women should be family oriented” to some extent
Source: Surveys on the social status of women in China



1 The Standing Committee of the National People’s Congress, or Parliament, passed an amendment to the Population and Family Planning Law that allowed couples in China to have a third child in a relaxation of family planning rules.

These developments show an emerging contradiction between Chinese women's growing aspiration for career development and social status, and a projected increase in their reproductive and unpaid care burdens under pro-natalist policies, and the need to address this with stronger support from social welfare and policies to protect economic gender equality.

The unequal share of unpaid care between genders is a key constraint to women realizing their full and equal economic rights; for example, an increase in the childcare burden of women has been shown to have a direct and dampening effect on

their employability (Yang, 2019). This also stifles growth opportunities in the economy as a whole. Research indicates that the complete elimination of China's workplace gender gap could create a potential economic thrust of 27 trillion yuan, or an additional 20 per cent GDP growth under normal economic operating conditions (Gao & Li, 2021). Therefore, by freeing up human capital, relieving women's unpaid care burdens will aid China's transition to a more inclusive and sustainable economy – a listed goal in the United Nations Sustainable Development Cooperation Framework (UNSDCF) for China: 2021-2025.

2. FOCUS OF RESEARCH

Rolled out in September 2021 under the project, a campaign titled "Share the Care – Do more, for her and the family" reached over 16 million people through online and offline activities. It aimed to highlight the disproportionate unpaid care burden shouldered by women in society and called for men and boys to take up more care responsibilities in their families.

This research report originated in the context of the campaign. The primary research component was conducted as part of the Share the Care campaign via a survey questionnaire. It attempts to explore the following questions:

1. What has been the impact of COVID-19 on the distribution of unpaid care?
2. Do attitudes and behaviors towards shared care differ between age groups? Do gender-equal norms for shared care hold more ground among some groups over others?
3. How do men's attitudes and behavior towards shared care, as revealed by the survey, compare with those more common in previous times?

The limitations of the research are discussed in Section 3. In summary they acknowledge that participants self-selected into the sample and may therefore be inherently interested in the subject of shared care; that they completed the survey immediately after attending an exhibition advocating for shared care, which may subconsciously influence their attitudes; and that the demography reached by the questionnaire was limited to middle-class Beijing residents who would shop at IKEA.

However, despite these limits, the responses still produced some illuminating findings. Among these, are that female main caregivers are the group whose unpaid care burden has been increased the most by the COVID-19 pandemic; that women surveyed overall felt heavier burden of unpaid care work than men; and that the gender gap in this perceived heaviness increases with age.

Taking on board these findings, the report concludes with policy recommendations with respective suggested action points for governments and enterprises. These cover: 1) recognizing the value

of unpaid care work; 2) reducing women's unpaid care burdens; 3) redistributing care work more equally across genders; 4) working with the private

sector to accommodate and reduce women's care burdens, and 5) reconciling pro-natalist policies with strong protection for women's labour rights.

3. SURVEY INSTRUMENT

UN Women conducted a survey in Beijing in collaboration with IKEA China in September 2021. The survey focused on the distribution of unpaid care among respondents and their perceptions of it, largely in relation to gender.

The survey questionnaire was distributed in paper form and online at the IKEA Siyuanqiao Store in Beijing's Chaoyang District at a free exhibition event, held on 15 September 2021. Called 'Sharing

the Care – Do more for her and the family', the exhibition called for sharing unpaid care among all genders. Participants who finished viewing it were invited to sign up on a voluntary basis by either picking up a copy of the questionnaire at the store, or scanning a QR code which directs them to the online version of the questionnaire. The questionnaire takes about two minutes to complete. There was no reward provided to respondents.

Table: Questionnaire developed by the UN Women China project team

	Variable #	Question	Options
Demographic information	1	What is your gender?	Male; Female; Other; Prefer not to say
	2	What is your age range?	20 or below; 21-40; 41-60; 60 or above
Experience with unpaid care work	1	Which care role do you play in your family?	Main caregiver; Partial caregiver; Not a caregiver
	2	Do you consider your unpaid care burden to be heavy?	Yes; No; Other, please comment
	3	Has COVID-19 increased your unpaid care time?	Yes, No; Other, please comment
	4	After visiting the exhibition, have you recognized the value of unpaid care work?	Yes, No; Other, please comment
	5	After visiting the exhibition, do you think all family members should share unpaid care work?	Yes, No; Other, please comment
	6	After visiting the exhibition, will you take actions to share unpaid care work?	Yes, No; Other, please comment

In total, the survey collected 1,062 valid questionnaire responses, 735 offline, 327 online. Women made up 71.1 per cent of the participants and men, 28.2

per cent. The biggest age/gender cohort of survey participants turned out to be women in the 21-40 age group (48.3 per cent).

Graph 2: Survey sample overview

Age	Sex				Grand Total
	Male	Female	Other	Prefer not to say	
<20	14	32	1		47
21-40	206	513	3	1	723
41-60	67	170	1		238
>60	12	40		2	54
Grand Total	299	755	5	3	1,062

As a result of the sampling approach adopted, the external validity of the data collected is bound by the following constraints:

- 1) Participants self-selected into the sample. This means that the sample was biased towards those who were already interested in the subject of unpaid care and were motivated to take the survey.
- 2) Participants completed the survey right after attending an exhibition that advocated for sharing care work, which may have influenced their attitudes toward the subject at the time of input.
- 3) The geographic reach of the questionnaire

was limited to Beijing city. The IKEA Siyuanqiao store is in an affluent neighborhood in Chaoyang District where the average housing price at adjacent resident compounds is around CNY 75,000/m². It is one of the three IKEA stores in Beijing and attracts consumers mainly from nearby neighborhoods.

- 4) The socio-economic demography reached by the questionnaire was limited to middle-class consumers who would shop at IKEA.

Therefore, we used descriptive statistical methods to analyse the data and test the persistence of firstly, the gender-based division of unpaid care, and secondly, gendered perceptions about the ideal distribution of unpaid care responsibilities.

4. KEY FINDINGS

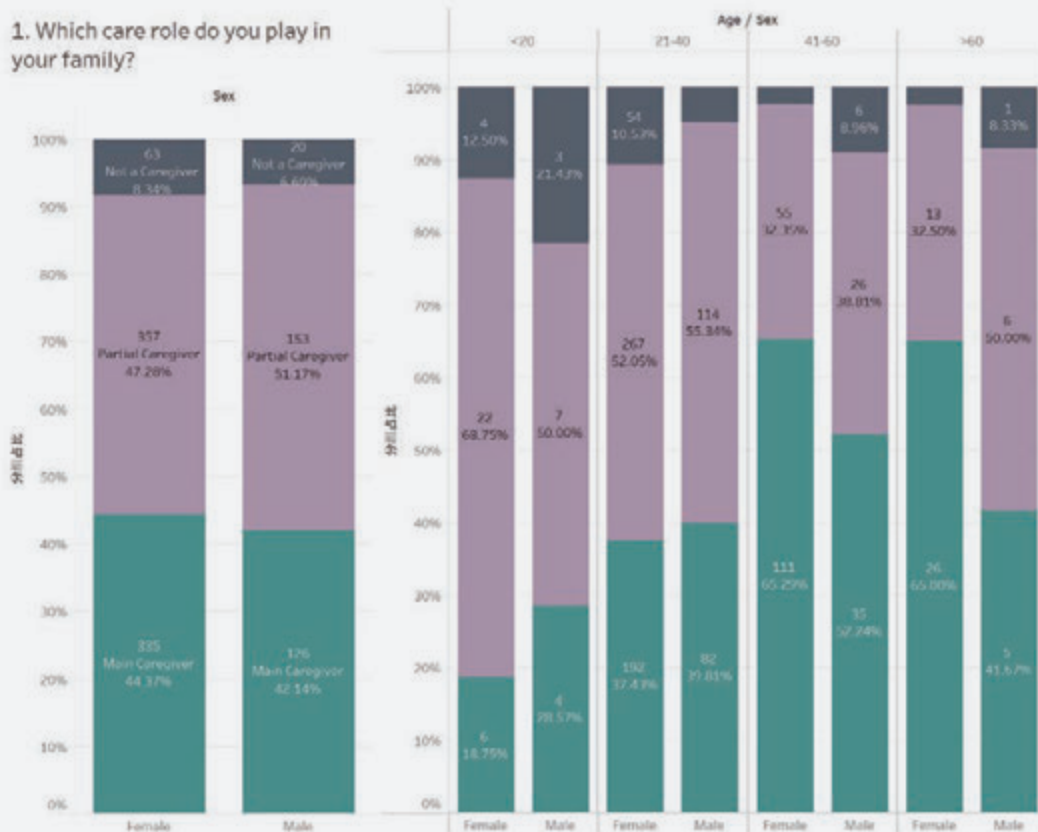
Drawn from our sample, the following observations hold lessons for future research and policy.

Observation 1: Women perceive a heavier unpaid care burden despite a narrowed gap in caregiving between genders among respondents

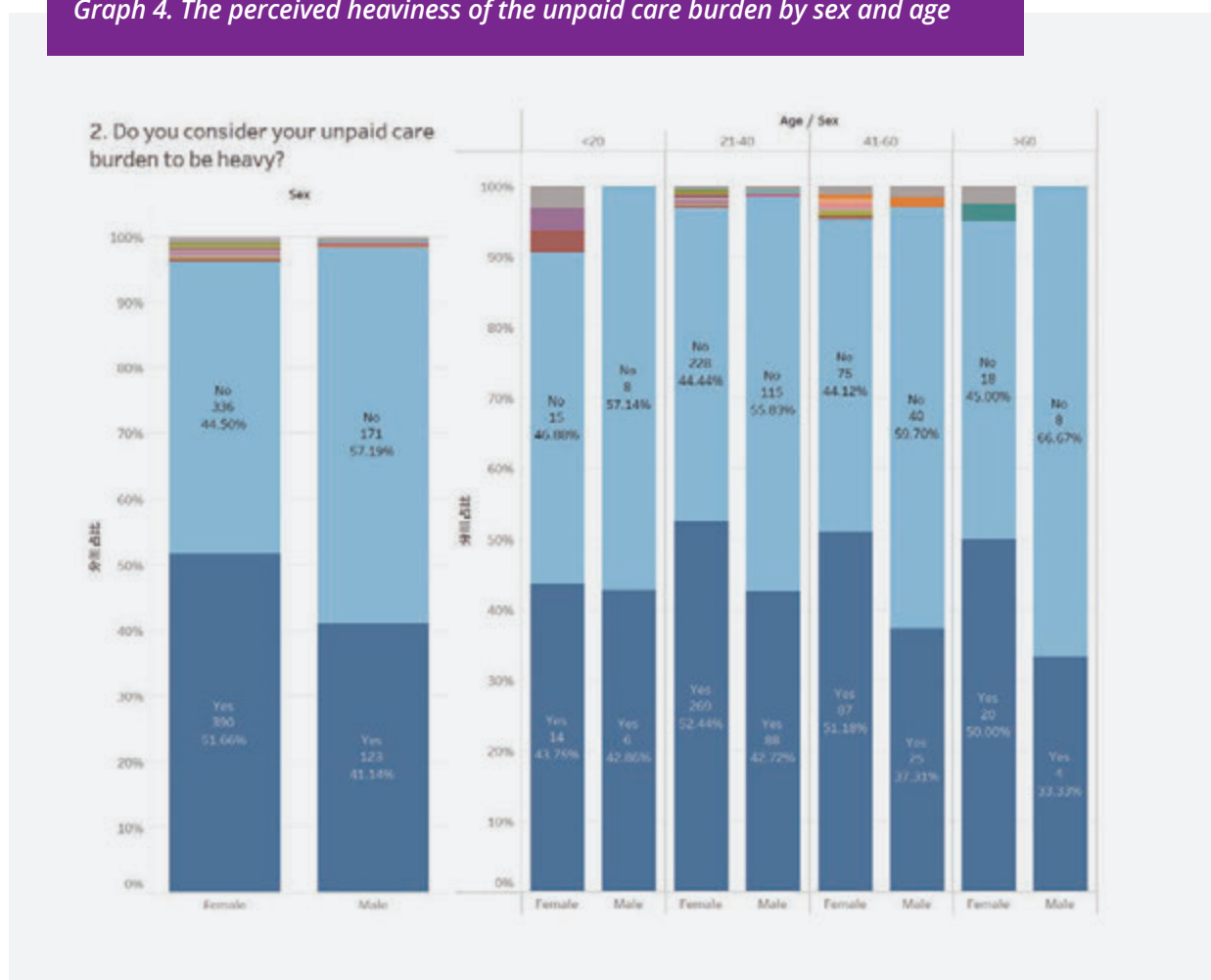
On a first look, our survey results do not show a wide gap between men's and women's care burdens in the sample. In fact, the proportion of men surveyed who reported that they were "not a caregiver" (6.7 per cent) is lower than that among

women (8.3 per cent) (Graph 3). Among the surveyed demography, over 90 per cent of men do some unpaid care work (Graph 3). 42.2 per cent of surveyed men identify as the main caregiver in their families, just 2.2 per cent below the proportion of survey women who do so (Graph 3). This interestingly suggests a clear departure from findings of prior studies on this subject, such as findings of the 2011 Third Women's Social Status Survey (ACWF and NBS), which showed that 72.7 per cent of married respondents felt that wives do more housework than husbands.

Graph 3. Self-identified care-giving roles within family by sex and age



Graph 4. The perceived heaviness of the unpaid care burden by sex and age



The generalizability of this finding, though, is limited by the fact that all male participants were self-selected, resulting in a potential bias toward those who already participate in unpaid care and thus are more inherently interested in this subject. The urban, youth and middle-class orientation of the surveyed demography are also probable correlates. It would be therefore interesting for further research to explore and contrast if and/or how the results could be different when these characteristics are not present.

However, it is notable that the proportion of women who feel that their unpaid care burden is heavy is higher than men in every age group (Graph 4). The existence of a gender gap on this is universal in the sample, but it widens with respect to age: it is the largest in the over-60 group, where 50 per cent of women consider their un-

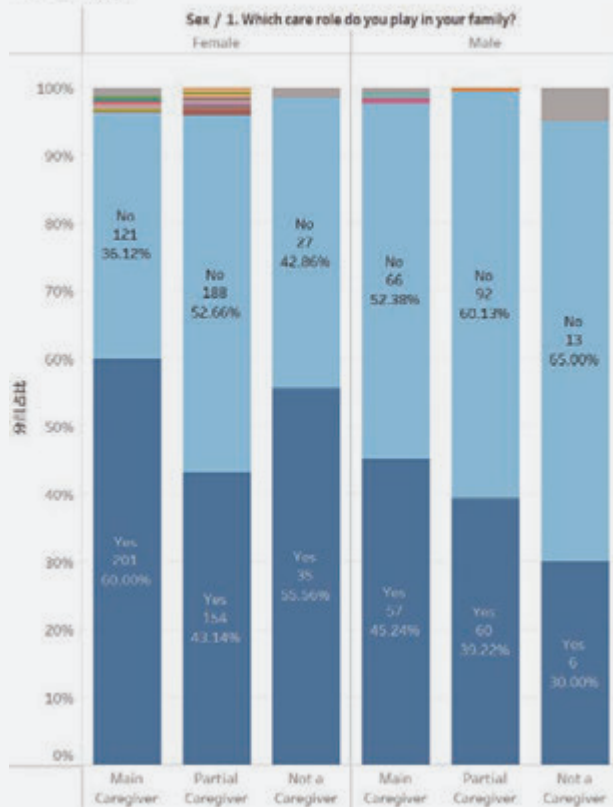
paid care burden to be heavy, compared to 33 per cent of men.

There is also a clear behavioral gap between age groups. A higher percentage of women than men above 40 identify as a main caregiver in their family in the same age range, but this is not the case in the below-40 age groups (Graph 3). 65.3 per cent of women aged 40 to 60 and 65.0 per cent of women aged 60 or above stated that they are the main caregivers in their families; this is respectively 13 per cent higher than men in the 41-60 age group, and 23 per cent higher than men in the above 60 age group (Graph 3).

Even in the same self-identified care role, we observe that women feel a heavier burden than men (Graph 5). Among 'main caregivers', 60 per cent of women felt their unpaid care burden to be heavy, compared to 45 per cent of men (Graph 5).

Graph 5. The perceived heaviness of unpaid care burdens by sex and care-giving role

2. Do you consider your unpaid care burden to be heavy? (3)



There are two factors to bear in mind while reading into the data on self-identified caregiver roles and perceived heaviness of the care burden. Firstly, the perception of 'heaviness' could be influenced by a respondent's sense of justice regarding what a rightful distribution of household duties should be (Zuo and Bian, 2001). Women who feel that it's their rightful duty to perform unpaid care would likely underreport the heaviness of their unpaid care burden, even though they may shoulder a good deal of it. This sense of justice may therefore change along with social norms. Secondly, the nature of 'care' could be interpreted differently between men and women. Craig (2006) has shown that gender differences exist in the quantity as well as the nature of care – for example, while women spend proportionately more of their childcare time performing manual tasks, fathers' care time mostly consists of play and talking activities, which are more pleasant and less physically exhausting.

Observation 2: Increased care burdens tend to have fallen on respondents who already take on most of the care

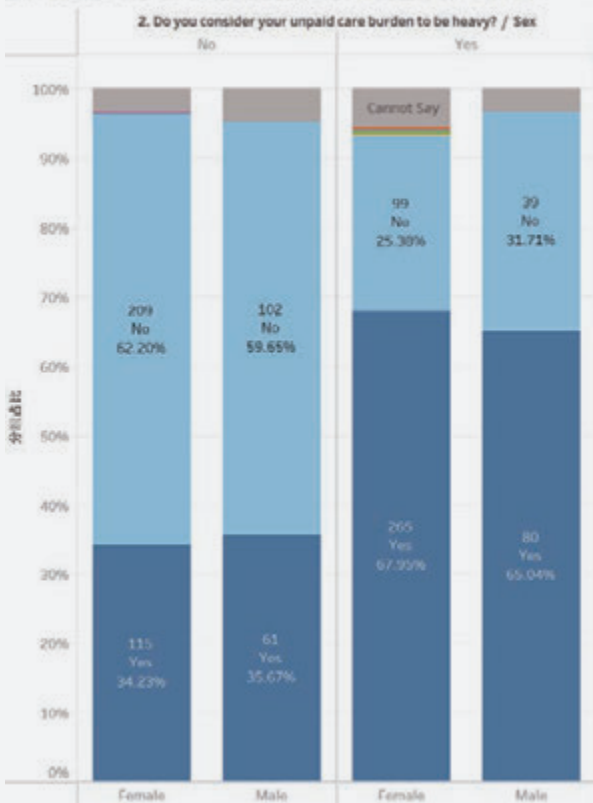
The proportion of those who stated that COVID-19 increased their unpaid care time in the sample is almost double among people who consider their unpaid care work to be a heavy burden, compared to those who do not feel a heavy care burden. Among those who feel

a heavy burden, 68 per cent of women and 65 per cent of men stated that COVID-19 increased their care time, compared to 34 per cent of women and 36 per cent of men who do not feel a heavy burden (Graph 6). Female main caregivers are the group whose report that their unpaid care burden has been most aggravated due to COVID-19; 59.7 per cent agreed that the onset of the pandemic increased it (Graph 7).

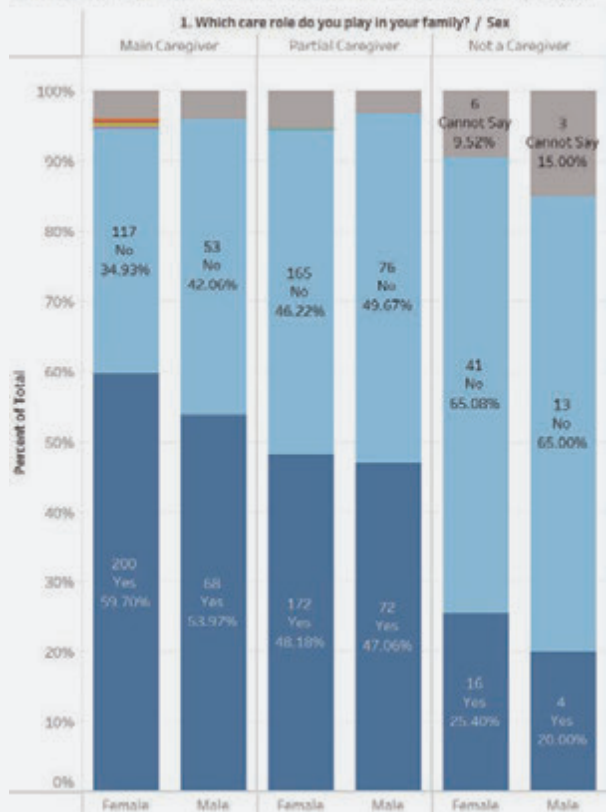
Graph 6 (left) Increase in unpaid care time by sex and perceived heaviness of unpaid care burdens

Graph 7 (right) Increase in unpaid care time by sex and self-identified care role

3. Has COVID-19 increased your unpaid care time?



3. Has COVID-19 increased your unpaid care time? (2)

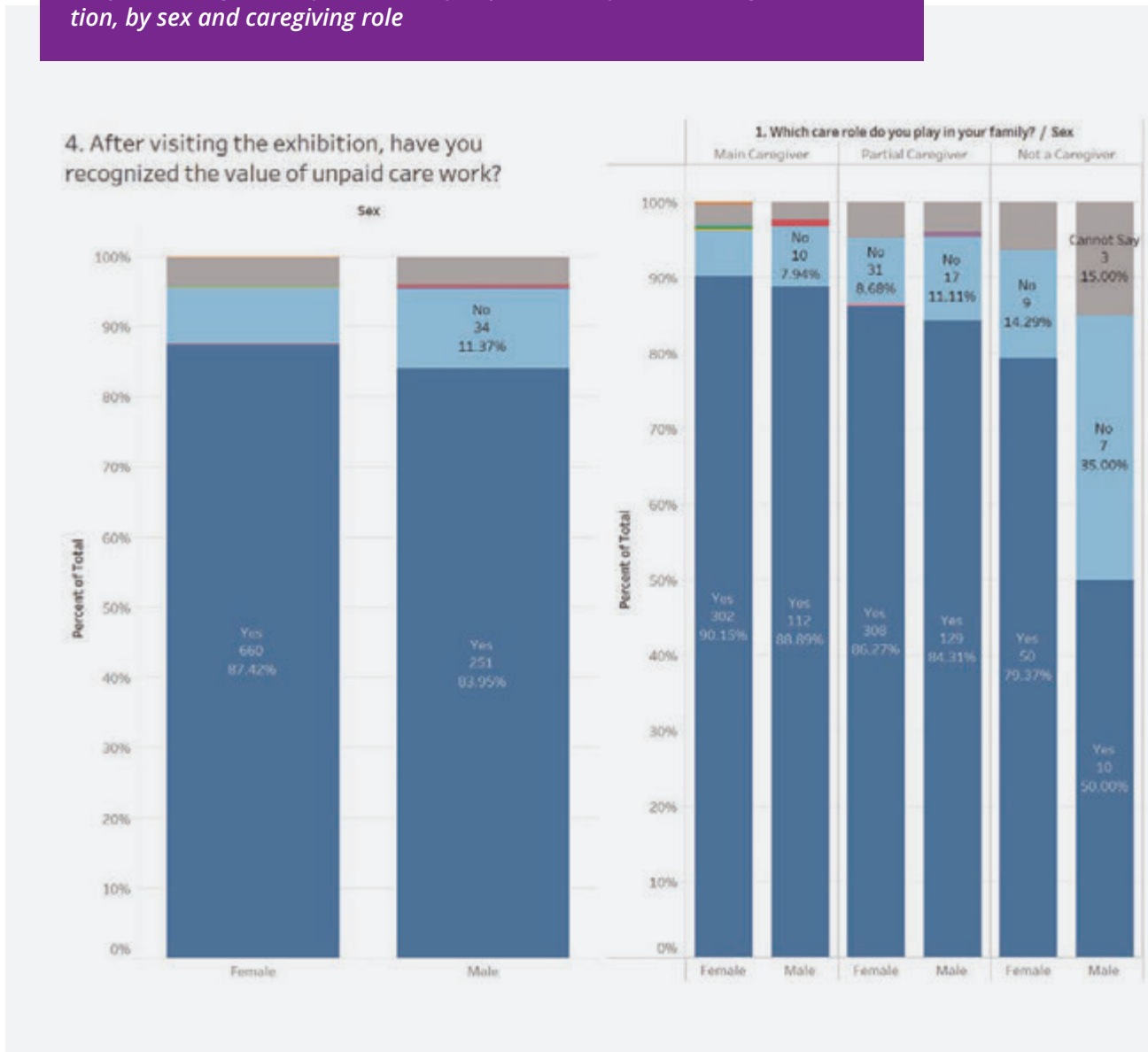


In the same care role, COVID-19 appears to have increased women's care burdens to a slightly greater extent than that of men (Graph 7) in the sample. Among main caregivers, 60 per cent of women felt that COVID-19 increased their unpaid care time, compared to 54 per cent of men. Among partial caregivers and non-caregivers, the

proportion of women who felt this to be the case is 1 per cent and 5 per cent higher, respectively, than men in the same care role who do.

Observation 3: Male respondents are less sympathetic about shared care as a cause, compared to women respondents

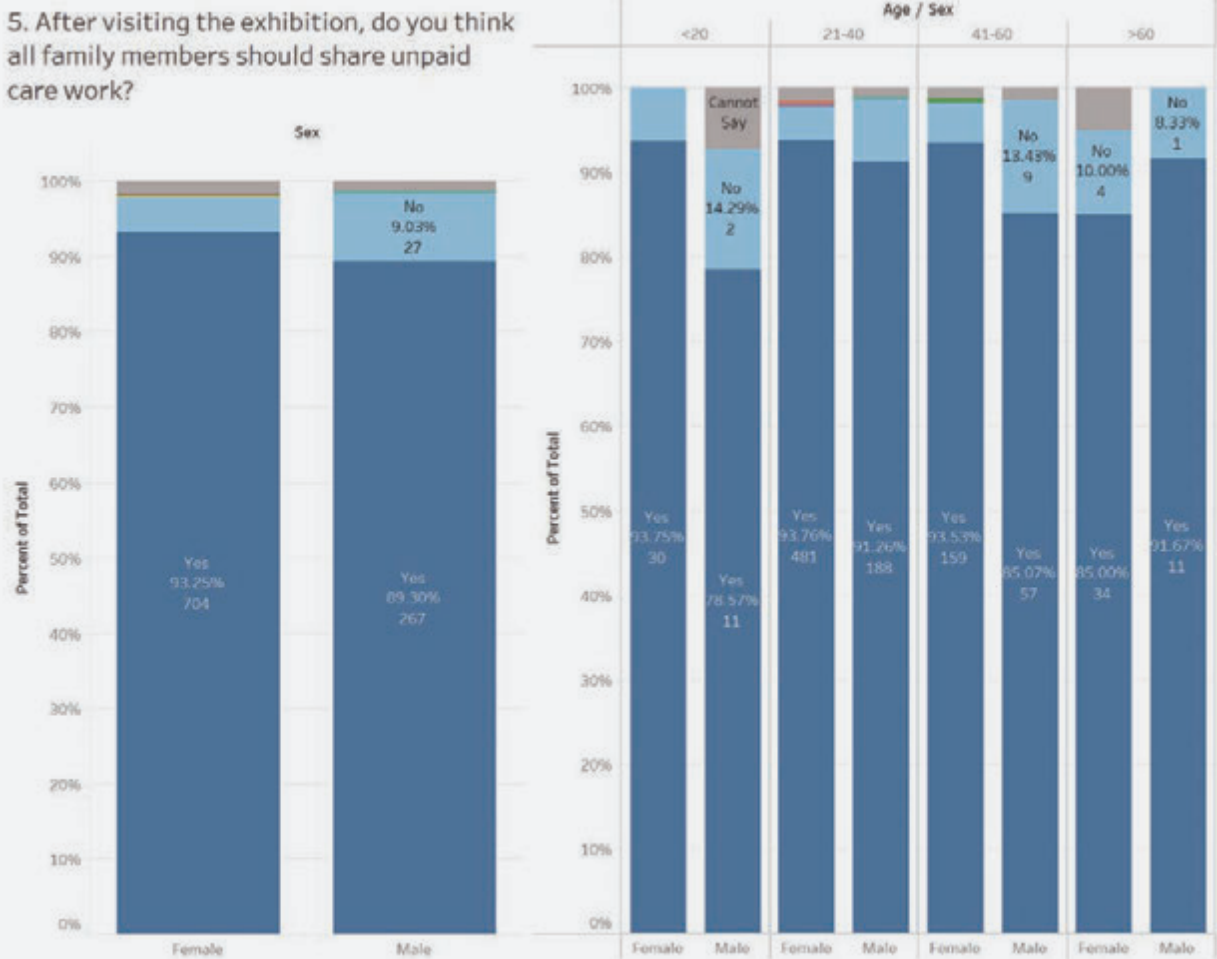
Graph 8. Recognition of the value of unpaid care after attending the exhibition, by sex and caregiving role



Willingness to recognize the value of and share unpaid care work has a positive relation to respondents' current amount of care work (Graph 8) in the sample. Those who do not carry out any unpaid care show less willingness to recognize its value, or share it, compared to those who do such

work. Only 50 per cent of men who currently do no unpaid care work reported recognizing the value of such work, after the exhibition event (Graph 8). Of this group, only 55 per cent reported willingness to share care work (Graph 10).

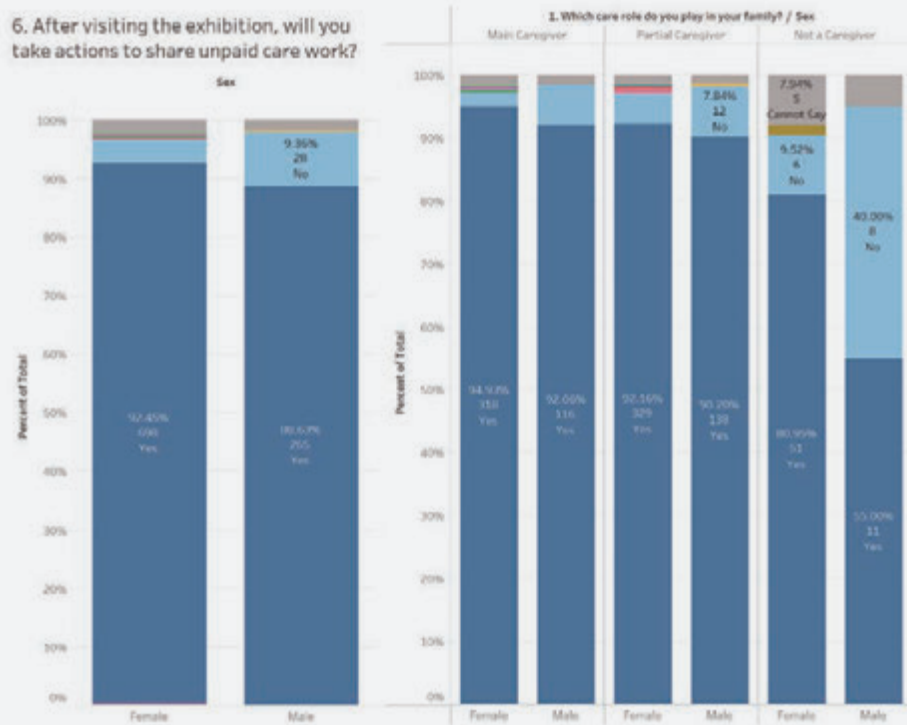
Graph 9. Agreement with the proposition that all family members share unpaid care work by sex and caregiving role



A higher percentage of women in all age groups feel that unpaid care burdens should be shared among family members, except for the over-60 age group (Graph 11). ‘Sharing the care’ is currently still therefore predominantly of interest to women, as revealed by both the gender distribu-

tion of those who chose to respond, and the answers on attitudes. This holds answers for the campaign itself: to gather more momentum and social consensus for care sharing as a new norm, explicit efforts must be made to recruit more men to this cause.

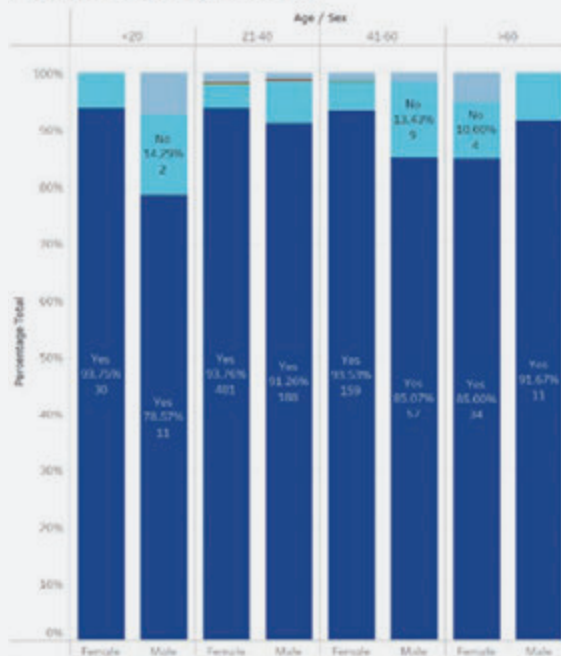
Graph 10. Willingness to take action to share unpaid care work by sex and caregiving role



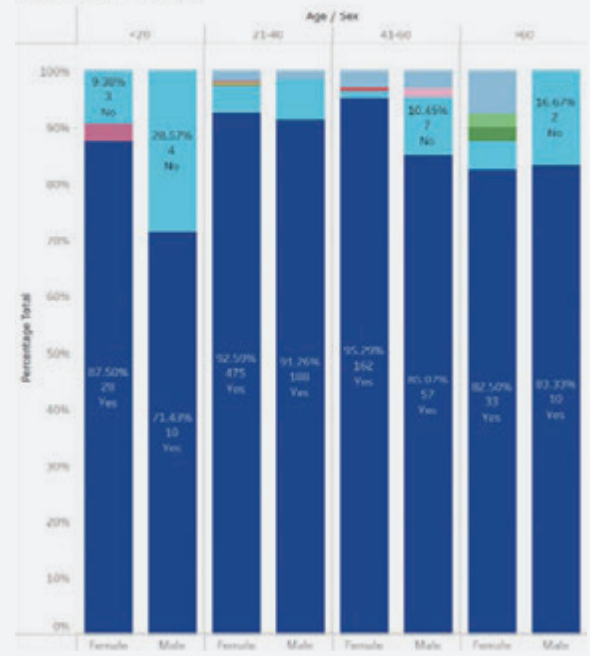
Graph 11 (left). Agreement with the proposition that all family members share unpaid care work by sex and age

Graph 12 (right). Willingness to take action to share unpaid care work by sex and caregiving role by sex and age

5. After visiting the exhibition, do you think all family members should share unpaid care work? (3)



6. After visiting the exhibition, will you take actions to share unpaid care work? (3)



5. CONCLUSIONS

There are indications that the gender gap relating to unpaid care may have narrowed in recent years, at least among some Beijing residents. Our survey found that a considerably larger proportion of male family members identify as a main caregiver than surveys in previous decades have found – although this has yet to be substantiated by more rigorous research with a national sample. Nonetheless, this study has found that a clear gender gap still exists in unpaid care: the perceived

heaviness of unpaid care burden is greater among women of all age groups, and the gender gap in perceived heaviness is especially strong among those aged over 40 years old. Across age groups from 21 to 60, as the main respondents to the survey, male respondents exhibit a higher reluctance than women to take action to share unpaid care work.

The conclusions to our exploratory questions are as follows.

1. What is the impact of COVID-19 on the volume and distribution of unpaid care?

COVID-19 has had a visible effect on increasing the volume of unpaid care among participating Beijing residents. However, most of the increase in unpaid care has not trickled down to non-caregivers, being rather borne by those already performing care work, especially the main caregivers. Among main caregivers, 58.2 per cent agreed that the COVID-19 pandemic has increased their unpaid care time; this figure is about 10 per cent higher than the proportion of partial caregivers who agreed and over 30 per cent higher than the proportion of non-caregivers who agreed. Female main caregivers are the group where the highest proportion of respondents agreed that COVID-19 has increased their unpaid care time.

2. Do attitudes and behavior towards shared care differ between age groups? Do gender-equal norms for shared care hold more ground among some groups over others?

Shared care norms are the most popular among younger females, but perhaps surprisingly, are the least popular among the youngest males. In all age groups, the percentage of women who feel that the unpaid care burden should be shared among family members is higher than men, except for those aged over 60. As suggested above, the largest gender gap in willingness to share unpaid care work, and the lowest proportion of males who show such willingness, is found in the youngest (under-20) age group, where both figures for males are about 15 per cent lower than females in the same age group (71.4 per cent of males vowed to take action to share unpaid care work and 78.6 per cent agreed that unpaid care work should be shared among all family members).

3. How do male respondents' attitudes and behavior towards shared care seem to compare with those in previous times?

Overall, our survey found that 42.1 per cent of men surveyed identified as a main care-giver, 84.0 per cent recognized the value of unpaid care work, 89.3 per cent agreed that all family members should share unpaid care work and 88.6 per cent vowed to take actions to share the care themselves. Although these results aren't drawn from a longitudinal study and are drawn from a particular group (with a young, urban and middle-class bias), this may still indicate a notable progressive shift in attitudes and behavior towards shared care norms within the sampled population compared to previous years, according to findings from relevant literature.

6. RECOMMENDATIONS

Recommendation 1: Recognize the value of unpaid care work

It is imperative for our society to recognize care as a public good and not just a moral obligation of certain social groups such as women. The Beijing Platform for Action, adopted at the 1995 United Nations Fourth World Conference on Women,

called for Member States to take measures to recognize the value of unpaid care work, reduce the burden of unpaid care work, and encourage a more equitable distribution of unpaid care work within the household. Goal 5 of the 2030 Sustainable Development Goals (SDGs) on Gender Equality also includes a target for recognizing and valuing unpaid care work.

The government should lead in recognizing the unpaid care burden placed upon women. This can take various forms, such as publishing gender-disaggregated time-use data, increasing the visibility of women's unpaid care labour in State media – including the valuation of unpaid care work in the publication of national macroeconomic statistics – and exploring economically viable models of compensating parents' unpaid care time, including cash transfers and tax returns.

Recommendation 2: Reduce women's unpaid care burdens

Currently, the care sector in China, with a majority female labour force, is characterized by both a labour shortage and worse salaries and income security than sectors dominated by men (Dong, Feng and Yu 2017). As a result of this unbalanced sectoral development, China has a 1.2-2 million

person labour gap for nursery workers (Jiemodui Education Watcher, 2021) and a 1.7 million gap for elderly care workers (Ministry of Civil Affairs of China, 2022) today. As a result, the 14th Five-Year Plan has set out to increase the number of nurseries for infants and young children under three years old from 1.8 per thousand in 2021 to 4.5 in 2025, which requires an investment of more than 200 billion yuan (Government of China, 2021).

State institutions should work in synergy with private-sector players in China and take concrete steps to reduce women's disproportionate share of unpaid care. This includes increasing venues for socialized care services as well as scaling up decent jobs in paid care, especially in the Early Childhood Education (ECE) sector and elderly care sector.

Recommendation 3: Work with the private sector to accommodate and reduce women's unpaid care responsibilities

Currently, many companies are reluctant to accommodate employee care needs, or can even discriminate against women of childbearing age in hiring practices due to costs related to maternity leave and care duties. Yet companies in China can play a key role in building workplace policies and facilities that accommodate and alleviate employees' care burdens. This was seen in the planned

economy era, when companies acted as the backbone for China's socialized childcare service provision. These viable models can inform solutions in the current market economy. In 2021, the National Development and Reform Committee of China (NDRC) encouraged companies to participate in establishing an 'inclusive childcare public service system' by building care centres for employees on company premises (NDRC, 2021). The realization of this proposal, however, would likely require substantial support from public finance to the private sector.

Enterprises should recognize the gender and sex-specific constraints that women face in balancing care responsibilities and work, and respond with gender-aware policy accommodations. These include flexible working arrangements and when feasible, investing in facilities that meet employees' care needs.

The government should devise favorable fiscal and regulatory incentives for firms to take up or strengthen gender-equal workplace practices and build family-friendly facilities and policies, to ensure the financial sustainability of these efforts. In addition, it must do more to promote the view that women can be successful as working mothers, and considered assets to the private sector rather than a liability.

Recommendation 4: Redistribute unpaid care work across genders

On top of reducing the absolute volume of unpaid care work shouldered by women, it is important to aim for a just distribution of unpaid care burden between the sexes.

Redistributing unpaid care work requires a shift in the social perceptions that link unpaid care work with women's roles. To do this, men need to be involved in this process and shift norms, particularly – as indicated by our survey findings – younger males.

The government should make increased efforts to promote gender equality as a principle in relation to unpaid care work in households and in the formal economy. This includes encouraging gender-neutral discourses on care that challenge the traditional characterization of care as an exclusively female domain, and calling for men and boys to share care work.

Recommendation 5: Reconcile pro-natalist policy with women's labour rights

China is not alone in having seen a rapid succession of pro-fertility policies in recent years; the share of countries with explicitly pro-natal policies rose from 10 per cent in 1976 to 15 per cent in 2001 and 28 per cent in 2015 (UN World Population Policies Database). Evidence from other pro-natalist countries have shown that there is

no inherent conflict between women's care roles and formal work participation if norms and policies are in place to allow for such a balance. For example, Sweden has explicitly pursued gender equality as an instrument for realizing a higher birth rate, and Norway's experience since 1990 shows that it is possible to for a society to maintain a stable birth rate close to the replacement level while achieving an increase in women's economic participation (United Nations, 2015).

The government should establish a sound supportive system for socialized care provision, social welfare and employee' rights protection, to underpin pro-natalist policies. A broad approach is needed that encompasses concrete policy action and capital investment, as well as changes in social norms so that there is no perceived necessary trade-off between women's economic empowerment and reproductive choices. In a supportive environment, women can combine motherhood, childrearing, and employment more easily, resulting in a high female employment rate as well as a birth rate sufficient to sustain population growth.

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