

BASELINE STUDY ON CARE ECONOMY IN BOSNIA AND HERZEGOVINA

Overview of the Key Denominators,
Policy and Programming Options







ISBN _-_-_-_-

CIP zapis dostupan u COBISS sistemu Nacionalne i univerzitetske biblioteke BiH pod ID brojem

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LIST OF ABBREVIATIONS

BD	Brčko District
BiH	Bosnia and Herzegovina
CATI	Computer assisted telephone interviewing
CAWI	Computer assisted web interviewing
FBiH	Federation of Bosnia and Herzegovina
GDP	Gross domestic product
ILO	International Labour Organization
NGO	Non-government organisation
OECD	Organization for Economic Co-operation and Development
PwD	Persons with disabilities
RS	Republika Srpska
SDG	Sustainable Development Goals
UN	United Nations
UNDP	United Nations Development Programme
UNFPA BiH	United Nations Population Fund in Bosnia and Herzegovina

SUMMARY

This study is focused on the care economy in Bosnia and Herzegovina and provides an overview of the key denominators, policy and programming options that are available. The aim is to build an understanding of the disproportionate distribution of responsibility for care as a source of inequality, focusing on gender, and through this to help initiate positive change that will lead to the more equitable distribution of the provision of care in households and communities and thereby contribute towards women's empowerment. The goal is to generate evidence for strategies and interventions using the '3Rs approach', which helps to recognise, reduce and redistribute existing unpaid care work within the household, the community (civil society), the market (private sector) and government (by improving the legal and institutional infrastructure). It also rewards and improves the representation of caregivers in decision-making. Moreover, as pointed out in similar studies (Cantillon and Teasdale, 2021), policies focused on communication issues aim to challenge social and cultural norms.

The care economy can broadly be defined as the sector (or combination of sectors) of the economy responsible for providing care and services that contribute to the nurturing and reproduction of the current and future population. It 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. Care policies are public policies that allocate resources in the form of money (including income), services or time allocated to caregivers or people who are in need of care. Care policies include policies on leave (e.g., parental leave), care services (e.g., early childhood development and care), care related social transfers (e.g., childcare grants), family-friendly work arrangements (e.g., teleworking and flexitime) and infrastructure (e.g., sanitation and the delivery of water to homes). Care policies ensure the well-being of society and are a crucial factor in addressing the issue of unpaid care work and in mitigating inequalities faced by people with high levels of care needs and/or people who typically provide care on an unpaid basis.

This study is structured in five chapters: 1) Introduction, 2) Macroeconomic perspective on care economy, 3) The care economy in Bosnia and Herzegovina, 4)

Care in numbers and 5) Policy and programming recommendations. The Introduction introduces and defines the scope of the study, while the methodological aspects are defined and presented as three approaches to data collection and analysis: (i) secondary data collection, (ii) quantitative research (survey of a representative sample of 929 respondents) and (iii) qualitative research (through the organisation of four focus groups that covered the topics of housework, childcare, care for the elderly and care for persons with disabilities and fifteen interviews conducted with key institutional stakeholders). Triangulation was the fundamental method used for drawing conclusions. More specifically, the results of different research approaches (desk, quantitative and qualitative) were analysed independently but the final conclusions are presented as a comparison and combination of the results obtained through different data collection techniques.

Chapter 2, 'Macroeconomic perspective on the care economy', details the macroeconomic setting of the economy in Bosnia and Herzegovina, followed by information on women in the labour market (e.g., employment and economic activity) and the research findings on the employment of women and employment opportunities/barriers for women in this country. Gender-sensitive macroeconomic analysis was conducted through the official employment approach, while the direct and indirect as well as induced effects of employment on the care economy were calculated based on the assessment of the input-output table and the resulting Type II multipliers for the economy. Consequently, new employment potential in the care economy is detailed along with the framework for care policies.

Chapter 3, 'The care economy in Bosnia and Herzegovina', provides an overview of the sectors of housework, childcare and education, care for the elderly and care for persons with disabilities. These four sectors are then presented through an analysis of the situation in Bosnia and Herzegovina, the benchmark and comparative overview and research findings for those sectors.

Housework, for example, shows that women are more devoted to all forms of housework and that these activities increased during the Covid-19 pandemic. An

analysis was conducted across different generations and several important differences were noted and the stereotypical and cultural drivers of these differences were also analysed.

The situation in the childcare and education is further outlined with the focus on maternity/paternity leave, related policies and preschool education. The quantitative research findings demonstrate that in comparison to men, women are significantly more involved with children in all parts of the day. Kindergartens are the childcare services most used by the population, but the accessibility and quality of these services (public and private) are different across the country and are highly geographically dependent. In some areas of the country women do not have any access to this type of childcare service at all. Further issues concerning the availability and quality of the employees that offer these services are also explained. Other childcare services that are available also differ across the entities and even across cantons in the Federation of Bosnia and Herzegovina. However, new legislation focusing on material support for families and children should at least reduce these disparities, but only in terms of social protection for unemployed mothers. Specific aspects relating to single parents also surfaced in our research as something that should be considered when planning policy and programming actions.

When it came to care for the elderly, which is the third sector analysed, different categories of the elderly were identified: (1) those in social and economic need without family members to take care of them, (2) elderly with dementia, immobility or with a terminal disease where family members take care of them and (3) active elderly who can take care of themselves and live on their own. According to our findings, the most desired policy measure is cash subsidies for families or for care work (e.g., old age pension). The fourth sector, care for persons with disabilities, focuses in on the needs of this important group. A family of a child with disabilities must adjust several aspects of its lifestyle in order to accommodate the requirements and needs of the child. Caring for persons with disabilities can be a physically and mentally demanding job, depending on the type of disability, which also affects the quality of life of the caregivers. Similarly, as with the elderly, cash subsidies for families or for care work (e.g., disability allowance) is the most desired policy measure. The adoption of legislation related to parent caregivers is the most relevant positive policy aspect in this sector; however,

because of the complexity of the system, the higher levels of government and the division of competencies, caregivers frequently lack knowledge on their own rights and the rights of persons with disabilities.

Chapter 4 presents care in numbers in Bosnia and Herzegovina. A quantitative overview of time use when it comes to care activities as well as other activities is presented and visualised. There were significant differences in terms of the percentage of men and women involved in caring for children, the elderly and people with disabilities (38% of men compared to 56% of women). Interestingly, employed women spend more than twice as much time on care activities as employed men.

The final chapter, Chapter 5, outlines the key policy and programming recommendations stemming from this baseline study. The recommendations are categorised in accordance with the care policy framework developed in this study and across the care sectors. Policy and programming priorities for each recommendation are outlined together with the description.

The following main recommendations are presented: 1) benefits for employed women during maternity leave, 2) obligatory paternity leave, 3) initiate labour law campaign, 4) the Law on care services, 5) home help services, 6) employment for caregivers, 7) day care, 8) labour market activation of women discouraged for reasons of family or care responsibilities, 9) parenting school, 10) time use surveys, 11) one-stop shop, 12) work-life balance, 13) multi-care centres, 14) men's participation in housework and 15) life in homes for the elderly. Four additional recommendations were selected and are described in detail in the form of a potential policy/project fiche.

1. INTRODUCTION

The care economy is usually referred to as the sector of the economy responsible for providing care and services that contribute to the nurturing and reproduction of the current and future population. More specifically, the care economy involves 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. Care work is important because it sustains life. From an economic standpoint, it is important because it is one of the fastest expanding economic sectors and a major driver of employment growth and economic development around the world.

In developed countries, the service sector economy now accounts for over 70 per cent of total employment and GDP. In lower and middle income countries it is estimated to comprise nearly 60 per cent of GDP. Care services are one of the fastest growing sectors within the service sector economy. The International Labour Organization (ILO) estimates that global employment in care jobs is expected to grow from 206 million to 358 million by 2030, based simply on sociodemographic changes. This figure can increase up to 475 million if governments invest resources to meet the United Nations Sustainable Development Goals (SDGs) targets on education, health, long-term care and gender equality (ILO, 2019).

It is clear that the current and future global economy will be increasingly dominated by care services and care work. Yet at the same time a high percentage of care work continues to be provided unpaid by families and friends at home and in communities. Yet this unpaid care work is largely not included in our GDP, because

GDP only takes into account work that is done for payment in the formal market. Therefore, if we only look at GDP as a measure of the economy and economic growth we miss a huge segment of the economy and economic activity. Different projects have been launched worldwide aimed at making the care economy clearer and more visible by measuring and mapping out the size and shape of the economy and developing macroeconomic models that will help policymakers and civil society actors develop better policies and improved strategies to enhance sustainability and help ensure equality whilst also inducing economic growth.¹

A high road to care work is one that is conducive to the achievement of the SDGs. More specifically, target 5.4 of SDG 5 that calls for the provision of public care services, SDG 3 on health and well-being, SDG 4 on quality education and SDG 8 on full and productive employment and decent work. Expanding care services, including healthcare, long-term care and good quality education, including early childhood development, has the potential to offer multiple benefits. Such an investment creates a virtuous circle of the redistribution of and a reduction in unpaid care work and relieves the restrictions that limit women's participation in the labour force. Furthermore, care work has gendered, classed and racialised dimensions that shape and inform the invisibility and under-valuation of care work. At the same time, these policies create care jobs and help support the care economy as one of the main sources of future job growth in both developed and developing countries. This in turn can support economic growth, minimise the intergenerational transfer of poverty and increase social inclusion.

1.1 Methodology

The purpose of the 'Baseline Study on Care Economy in Bosnia and Herzegovina: Overview of key denominators, policy and programming options' is to build an understanding of the disproportionate allocation of responsibility for care as a source of inequalities, focusing on gender, and to initiate positive change for a more equitable division of the provision of care in

households and communities that can contribute to women's empowerment.

The goal is to generate evidence for strategies and interventions using the '3Rs approach' that recognise and thereby help reduce and redistribute existing unpaid care work within the household, the community (civil society), the market (private sector) and government

¹ Some of the examples include *Care work and economy* (<https://research.american.edu/careworkeconomy/about/mission-vision/>) and *The Care Economy*, hosted by the International Labour Organization (www.ilo.org/global/topics/care-economy/lang--en/index.htm).

(by improving the legal and institutional infrastructure) as well reward and improve the representation of caregivers in decision-making. Moreover, as pointed out in similar studies, such as Cantillon and Teasdale in 2021, policies focused on communication issues aim to challenge social and cultural norms.

The care economy can broadly be defined as the sector (or combination of sectors) of the economy responsible for providing care and services that contribute to the nurturing and reproduction of the current and future population. It 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 (adapted from Peng et al., 2021). Consequently, care work is broadly defined as work and relationships that are necessary for the health, well-being, maintenance and protection of all people (young and old, able bodied, disabled and frail). The definition alone shows the breadth of the concept of care work (ILO, 2018). The fact is that care is, in its essence, a very basic human need and a necessity and that all individuals participate in providing/receiving care work on a daily basis and that it is fundamental to social and economic life. In the framework below we present an overview of the care economy and the care work observed in this study, which is based on the definition.

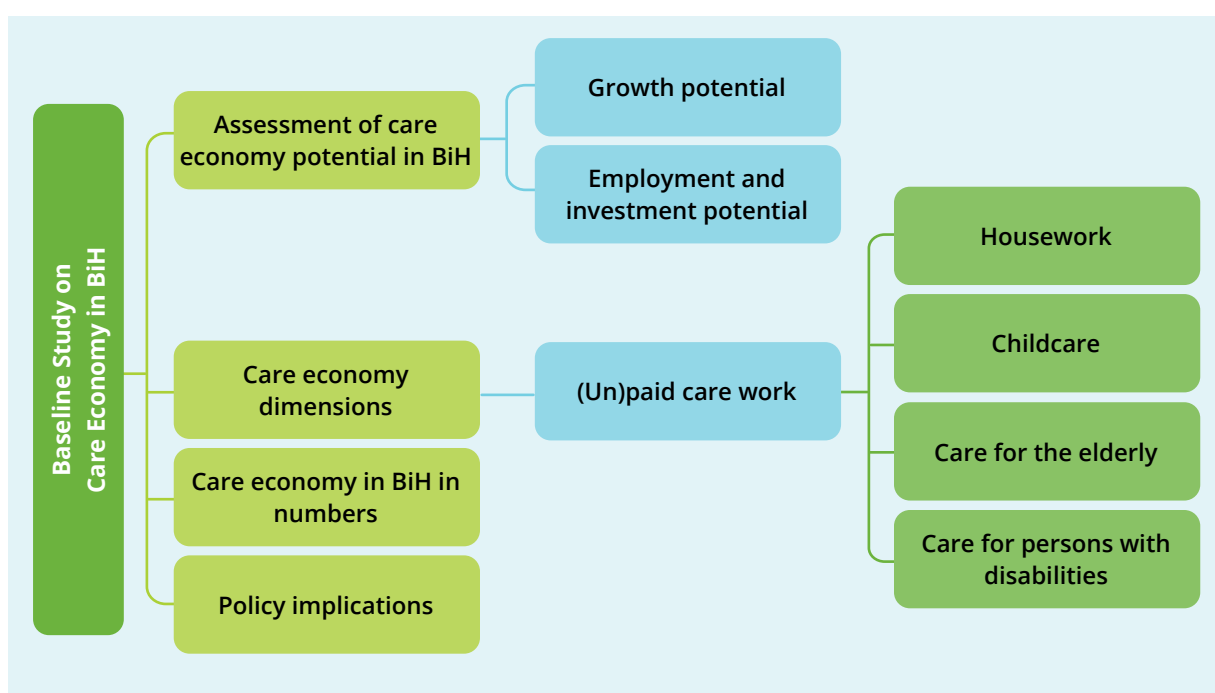


Figure 1. Framework for the Baseline Study on Care Economy in Bosnia and Herzegovina.

The following methodological approaches were used to develop the baseline study.

Table 1. Methodological approaches used in the study

Approach	Data collection	Population
Secondary data	Available domestic and international data sources	Bosnia and Herzegovina
Quantitative approach	Data collection using the survey method	A representative sample of the population of Bosnia and Herzegovina aged 18+, stratified according to age and gender.
Qualitative approach	Data collection using semi-structured interviews	Institutional stakeholders
	Data collection using focus groups	Women in Bosnia and Herzegovina

I. Presentation of the available secondary data

In this phase, the available secondary data was collected and analysed. The following two perspectives were considered in this section.

1. Statistical data according to identified areas relevant to care activities

Secondary data primarily included national accounting and social and education statistics at the state and entity level. In addition, data from the Labour Force Survey (LFS) and other relevant estimates were utilised. A gender-sensitive macroeconomic analysis was conducted using the collected data and data from previous studies and reports.

2. Legal and regulatory framework

To provide an overview of the care economy in Bosnia and Herzegovina as well as the legal framework and accompanying regulatory practices related to women’s economic empowerment through active employment policies and decent employment in the country data from relevant domestic and international institutions is presented.

sample consisted of 25.1 per cent baby boomers and 18.1 per cent generation Z members. When it came to their level of education the majority of respondents (68.6%) had a secondary school diploma, while the fewest had a doctorate (0.7%). In the total sample 71.3 per cent of participants had at least one dependent child.

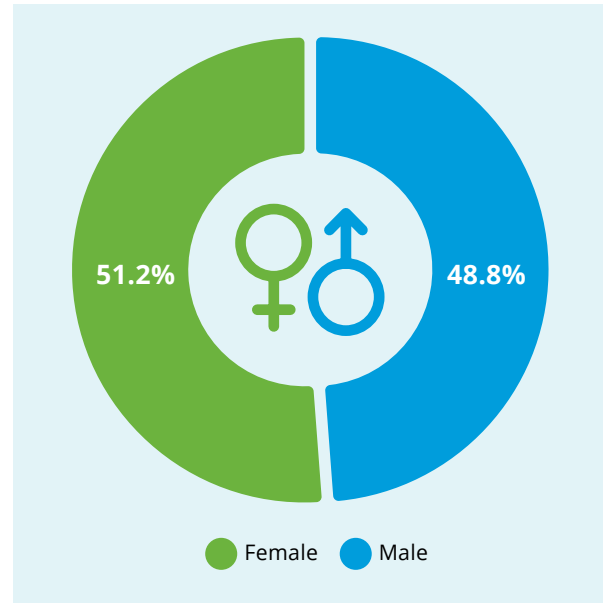


Figure 2. Sample structure by gender

II. Primary quantitative research

A survey based study to collect primary data was used to measure the perception, attitudes and personal experience of care activities of a nationally representative sample of adult respondents in Bosnia and Herzegovina. A mixed-mode methodology was applied to ensure that the sample was representative. Online surveys (CAWI - Computer assisted web interviewing) included a slightly younger population and a population that uses digital channels whereas the telephone survey (CATI - Computer assisted telephone interviewing) allowed us to reach an older population (65+) and rural areas that are still committed to traditional survey methods (telephone).

Hence, the representative sample for this study consisted of 929 respondents (80% CAWI and 20% CATI) from the general adult population of Bosnia and Herzegovina, stratified according to age and gender. Men accounted for 48.8 per cent of the sample and women 51.2 per cent. In terms of generational representation in the sample, generation X was most prevalent (28.6%), followed by generation Y (28.2%). The

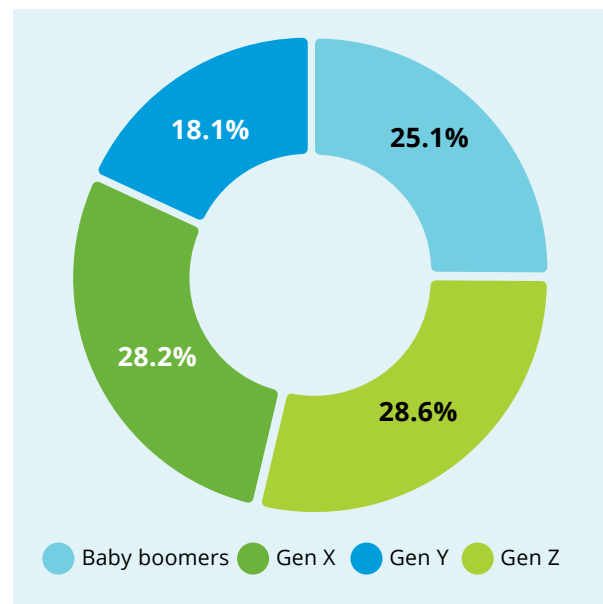


Figure 3. Sample structure by generation

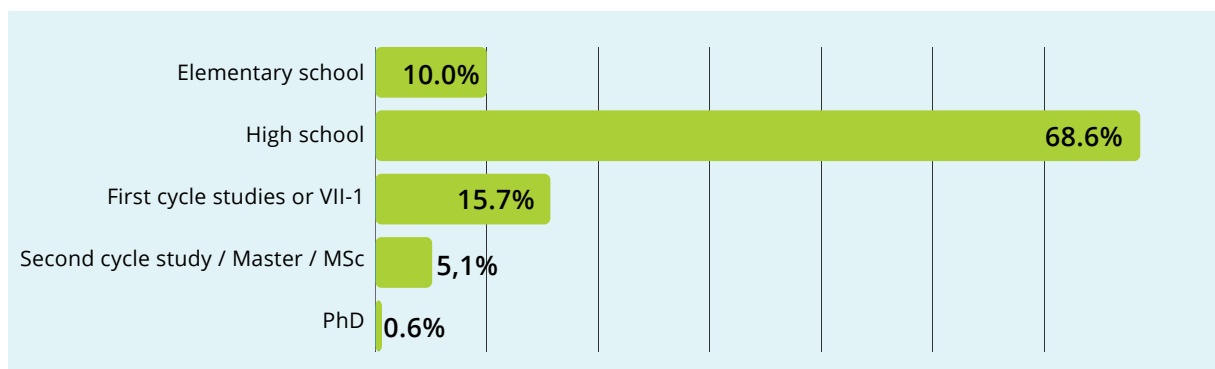


Figure 4. Sample structure according to the level of education

The majority of the sample respondents were married or living with a partner (63.3%), followed by those living with parents or a roommate (19.1%), then widows or

widowers (9%), followed by those living alone (5%), those divorced (3.2%) and those currently separated (0.4%).

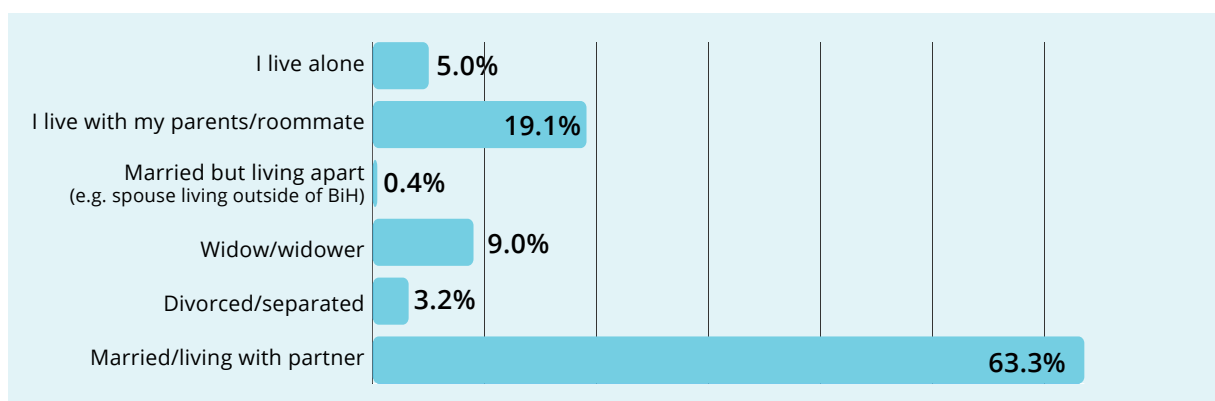


Figure 5. Sample structure by household

III. Primary qualitative research

The care economy is a broad topic involving numerous relevant public sectors, the private sector and NGO sector actors. However, there is little understanding of how these various actors approach care as a topic and whether or not all relevant actors have an accurate understanding of care and maintain records of their involvement in this sector.

Two distinct approaches were utilised for two distinct groups of stakeholders in the qualitative research:

1. Focus groups with adult women were conducted on topics covering their personal experience of care work. The four topics of interest were household, childcare, care for the elderly, and care for persons with disabilities. The focus groups used projective techniques, based on the given scenario.

2. Face-to-face interviews were conducted with identified key institutional stakeholders (15 interviews covering various dimensions of the care economy and different stakeholders).

Women from the care sector participated in the focus groups. They discussed key issues, including employment barriers and an in-depth analysis of the care economy in Bosnia and Herzegovina. The participants of the focus groups were identified according to the topic of discussion in each focus group, which was focused on a single topic, such as the segment on the care economy. The focus groups lasted on an average for sixty minutes. The basic demographic characteristics of the focus group sample is presented in Appendix II.

Interviews were conducted with key stakeholders (e.g., NGOs, line ministries, social services, statistical offices and the media) in order to define entry points for care economy policies and programme options,

as an important aspect of women's labour market participation. Interviews were conducted with relevant decision-makers and policymakers according to the identified areas of the care economy. On average, the interviews lasted for approximately 50 minutes. The basic demographic characteristics of the interview sample are presented in Appendix III.

IV. Triangulation

Triangulation was the fundamental method used for drawing conclusions. More specifically, the results of different research approaches (desk, quantitative or qualitative) were analysed independently but the final conclusions were presented after comparing and combining the obtained results with different data collection techniques.

2. MACROECONOMIC PERSPECTIVE ON THE CARE ECONOMY

The economy of Bosnia and Herzegovina is experiencing three major and mutually reinforcing 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. Correction of these imbalances will largely determine the future economic prospects of the country.

Bosnia and Herzegovina has a disproportionately large public sector, which dates back to Yugoslav times and has only been partly reformed since. Public expenditure amounts to nearly half of GDP (Halebic and Halilbasic, 2021). Although public expenditure is high (see Appendix I) it is not pro-poor.² While public companies maintain employment (even in some extreme cases where factories no longer operate) they also generate bills, which are ultimately paid by the taxpayer. In turn, this creates a negative spiral: taxes are high and biased against employment. A large tax wedge swallows over a third of even the lowest paid workers' salaries, making it extremely hard for employers to create formal jobs. Employers also have to operate in the region's worst business environment, which is partly the result of a plethora of regulatory regimes and a rent seeking rather than public service oriented public sector.

Bosnia and Herzegovina did not create new foundations for sustainable economic growth during the period of post-war economic recovery. Financial inflows and particularly aid and remittances (averaging around 20% of GDP) fuelled consumption based economic growth. Today, consumption remains at over 90 per cent of GDP, with only a handful of countries having a higher rate. To sustain high levels of income, create prosperity and

eliminate poverty this country needs to shift towards an economic model built on the production of goods and services rather than consumption (Halebic and Halilbasic, 2021). Exports are worth only 35 per cent of GDP, one of the lowest in Europe and a clear sign of the weak competitiveness of the country's economy. This stems from the poor business climate, the high cost of employment and poor transport infrastructure, which is rated by the World Economic Forum as among the worst in Europe for all forms of transport.

Society is effectively split into a small productive section of the population and a far larger one living off of transfers from the government or relatives, with important urban-rural differences. Only around one in three working-age adults has a job and only one in four has a formal job. Much of the population lives from informal activities, remittances or social welfare. Many of these welfare dependents live in rural parts of the country. The poor and vulnerable have been left out of the system and around half of the population is at risk of social exclusion by one or more measure. Population outflow has been escalating in recent years. According to the United Nations Department of Economic and Social Affairs (UN DESA) in 2017, the emigration rate in Bosnia and Herzegovina reached 49.53 per cent. Emigration combined with low fertility rates³ means that the share of the population aged 65+ is increasing, while the median age of the population is extremely high at 42.5 years.⁴ The economic outlook for the country is further jeopardised by its shrinking and aging population and this places further pressures on the already stretched social security funds.

² Social assistance spending is decreasing: In 2020 it was less than 10% of total government spending and less than 4% of GDP. Three quarters of this amount was paid based on status (war veterans, etc.) as opposed to needs.

³ 1.24 vs. the replacement rate of 2.16. The average global fertility rate is 2.44.

⁴ The world average is 30.9 years.

2.1 Women in the labour market

Low activity and employment rates are key features of the labour market in Bosnia and Herzegovina. Although significantly reduced in recent years, albeit mainly as a result of emigration flows, unemployment is still

extremely high (15.7%). According to all labour market indicators, women are in a less favourable position compared to men and the difference has remained fairly stable over time.

Table 2. Key labour statistics

	2017	2018	2019
Activity rate – total	42.6	42.1	42.1
Employment rate – total	33.9	34.3	35.5
Unemployment rate – total	20.5	18.4	15.7
Activity rate – male	53.3	53.2	51.7
Employment rate – male	43.2	44.1	44.6
Unemployment rate – male	18.9	17.2	13.6
Activity rate – female	32.4	31.4	32.9
Employment rate – female	24.9	25	26.7
Unemployment rate - female	23.1	20.3	18.8
Activity rate gap	-20.9	-21.8	-18.8
Employment gap	-18.3	-19.1	-17.9
Unemployment gap	4.2	3.1	5.2

Source: Labour Force Survey 2017, 2018 and 2019.

Yet the difference between men and women is far more pronounced when looking at the activity and employment rates. Many able bodied women are

inactive, namely out of the workforce. The main reasons for their inactivity are presented in the table below.

Table 3. Economically inactive and the reasons for inactivity (male vs. female)

Economically inactive population as a share of the working-age population (%)	Male	Female	Total
Found a job you will start in three months	10.2	15.2	13.4
Childcare, care for the elderly, etc.	0.3	6.4	4.2
Expect to return to your previous job	0.2	4.4	2.9
Other personal or family reasons	8.2	11.1	10.1
Education	2.1	5.3	4.2
Retirement	29.2	18.4	22.2
Illness or work disability	26.1	13.7	18.1
Other reasons	11.6	9.0	9.9
You believe that you cannot find a job (discouraged)	12.2	16.5	15.0

Source: Labour Force Survey micro data 2017.

The difference between men and women is obvious. As expected, the difference is most pronounced regarding the reasons related to the care of children and the

elderly as well as in the group of discouraged persons⁵ and for other personal and family reasons.

⁵ Those who believed they could not find a job.

2.2 Research findings on employment

In order to identify the problems related to women’s employability, a series of interviews were conducted with employment services and associations that deal with women’s empowerment activities and a focus group was set up in order to identify key issues related to the position of women in this country in relation to various aspects of the care economy.

The level of education of our respondents is presented below. Most of the sample (68.6%) had a secondary school diploma, while 15.7 per cent of our sample had a university degree and 10 per cent had completed primary school. If we focus on the population whose highest level of education was primary school then women were more present in the sample (12.8% women vs. 7% men). Within the population whose highest level of education was secondary school men were more common (65.5% women vs. 71.8% men). If we focus on the representativeness of men and women with a university degree in the sample it is interesting that there were no significant differences in the number of men and women with a university degree (15.8% women vs. 15.6% men). At the same time, the situation in the second education cycle changed in favour of women (5.9% women vs. 4.2% men) with only 1.3 per cent of men from the entire sample holding a PhD.

The results of the research showed that 46 per cent of the sample was employed and 20.3 per cent was unemployed. The remainder (33.5%) was either retired, students or other. In the sample more men than women were employed, but 61 per cent of women were unemployed.

The reasons for being unemployment that our respondents pointed out during the focus groups differed. Among university educated respondents it ranged from an inability to find a job in their chosen profession to their unwillingness to accept any business activity in order to work (e.g., not willing to change their place of residence and their unwillingness to accept

the benefits that were offered). Some of the comments given by focus group respondents on this topic are presented below.

“Although I have applied since the beginning of 2022, to, I think, some 35 jobs, I did not receive any answer nor did I pass the first round. Very few of them invited me for an interview or gave me assignments. The reasons are mostly insufficient skills and the like. This includes the reason why I have not yet been hired.” (H_4)

When we analysed employment according to the area of residence of our respondents we saw that a much higher number of unemployed came from rural areas. Opportunities for employment in parts of the country that are far from the capital and major cities and towns are far less frequent and so people in these areas are mostly focused on certain independent activities that will provide them with a livelihood. Furthermore, a significantly higher number of inhabitants with zero per cent income came from rural areas of Bosnia and Herzegovina. The table below also shows that a greater number of entrepreneurs came from urban areas, while a greater number of public sector employees came from urban parts of the country.

If we look at the table below we can conclude that there are more women than men who have zero per cent support from the government in the form of private or state pensions or other forms of government support. In contrast, a larger number of men receive support from the state. This ranges from 50 per cent to 100 per cent, which underlines the requirement to ensure additional activities on the implementation of gender responsive budgeting in order to equalise the number of beneficiaries of public and private funds between the sexes.

Table 4. Support from the government

Private or state pension or other government support	929	100.0%	Male	Female
0%	782	84.2%	82.2%	86.0%
1-49%	9	0.9%	0.2%	1.6%
50-99%	20	2.2%	3.4%	1.0%
100%	119	12.8%	14.1%	11.5%

2.2.1 Employment opportunities

During interviews with various stakeholders, we explored various female oriented opportunities offered by the employment services, various organisations and the gender centres and came up with some encouraging data. Namely, all of the surveyed organizations continuously carry out various activities aimed at empowering women and providing opportunities for both women and other vulnerable groups. In our country there are various associations and gender centres that deal with women's issues but they are mainly focused on empowerment within the context of employment. An example of the positive practice of giving preference to women in employment by subsidising their employment was recognised in the Federal Employment Agency.

“Specifically, when it comes to women we also noticed the need for some sensitivity and natural sensitivity when accessing our programmes because the number of women who are employed is much smaller ... so we separated as part of the programme to strengthen employment, especially the fund for the measure ‘Employ a woman’, by stimulating the employer with a larger amount of money to apply for this measure.” (IE_5)

A similar practice was present in the Employment Service of Brčko District, which has introduced various programmes that range from self-employment to employment subsidies.

“For a couple of years, that percentage was not very high; it did not move more than 25 per cent. That project that we completed a few months ago, for 2021, [the] per cent of self-employed women through that project is 42 per cent. There is a real and significant shift.” (IE_6)

Moreover, prior to employment, women often resort to various training programmes organised by the employment services and associations. The aim is to empower, retrain and provide the additional vocational training that they need to increase their chances of gaining employment. Associations operating in Bosnia and Herzegovina are adapting to the needs of the market. During the Covid period, they mainly offered various training courses related to IT, social media

management and web design that allowed women to change the business model of their own business or find employment or opportunities to freelance.

“We have done an education project for women starting their own business and women who have already started their own business to help them manage paperwork, to help them reduce costs or to better prepare for that start-up support and how to swim in those waters and get some support. And then they had paid mentors for a year with all necessary support from them.” (IE_5)

Special attention was noted at the cantonal level for the category of women aged 40 plus, who were offered special programmes and employment incentives. This category experiences great difficulty in gaining employment because many terminate their employment in order to start a family, which overshadows their desire to progress in their career or workplace.

“It was just last week that it was up to the government to introduce an employee incentive programme and now we really have programmes that are 40 plus programmes for women, especially for all 50 plus, as hard-to-employ categories.” (IM_2)

There were significant differences in the way money is spent. Compared to men, significantly more women did not have savings. On the other hand, of the sample surveyed 8 per cent more men had savings compared to women. When asked who controls most of your income 52.7 per cent were in the position of managing money independently and 41.7 per cent by mutual agreement with their partner, while 5.6 per cent did so through their partner or parent. Of the total number of respondents, 50 per cent stated that they had not been under stress because of a lack of money in the last three months and yet of those who stated that they were under stress women exceeded men.

The need for support and assistance services for all persons involved in care activities is inevitable. We analysed the most important forms of support on a daily basis, disaggregated according to gender. In general, we could see that the most useful form of support came in the form of free transportation and the payment of amenities such as water and electricity bills (46.7%), followed by financial compensation for care (36.3%), free

government care services (e.g., childcare, care for the elderly, ill or those living with disability) (26.2%) and in-kind support for family needs (21.8%). It was interesting to note that a smaller percentage of women than men expressed the need for these forms of support, with the exception of financial compensation for family or care work (e.g., child benefit, career allowance, old-age pension and disability allowance).

2.2.2 Barriers

2.2.2.1 National level

Through the focus groups and interviews it became evident that strengthening employment institutes by hiring additional staff and digitising their services is the first step needed at the state level. The statistical data we received from the employment institutes is

Table 5. Institutes for employment - statistics

Entity/District	# Institute for employment	# Employment office	#Unemployed		#Workers/Unemployed persons
			Men	Women	
FBiH	1	80	119,743	171,007	650
RS	1	59	71,121	37,403	211
BD	1	0	8,942	3,301	2,000

Moreover, through the analysis of the content available on the websites of the employment services and through the insights gained through the interviews, we can conclude that it is necessary to digitise certain activities of the employment services and related offices. There is no single register that integrates basic data (e.g., on education) on a person and also no data on the skills of and jobs performed by that person, which does not necessarily relate to the education and profession that the person holds. If this were the case then the necessary profiles of people would be reached much easier and faster.

“An advisor in employment service in FBiH should create 15 times more individual plans than an advisor in the EU.”
Federal Employment Bureau

presented in the table below and illustrates the very high number of people per employee.

The Federal Employment Bureau pointed out that it instigated individual employment plans a few years ago but that because of the lack of people to work on them not all persons on the record have individual employment plans. They emphasised that this is not just about creating a document but continuously monitoring people and their applications, talking to employers about the reasons for rejection, improving their skills, etc.

“What I would like is when it comes to this area to be a little stronger in this part of mediation and advisory work. I think this is a shortcoming of the system.” (IE_5)

“Realisation of some possibilities of additional training and retraining, professional training, with which perhaps the best is quality information.” (IE_6)

Another barrier to the improvement of the activities of the employment offices relates to legal regulations and laws. While in Republika Srpska and Brčko District active jobseekers and those who are only beneficiaries of health insurance are registered separately within the institute, this is not the case in the Federation of Bosnia and Herzegovina. This constitutes another reason and additional burden on the employees of the institute who have to deal with people who are there just to enjoy the right to health insurance and not because of their actual need for employment. The inconsistency in the law is evident.

“When Republika Srpska did that they had about 180,000 unemployed. So when that happened, 100.000 disappeared and 80.000 remained. They just said, ‘passive job seekers.’” (IE_5)

An additional problem that arises is that the unemployed are obliged by law to report within 45 days and if they fail to report on more than two occasions then they are deleted from the register. In practice, however, the services avoid these activities, especially in smaller municipalities.

Finally, certain data in the institutes is gender disaggregated but there is additional room for improvement in order to get a clearer picture of the employment gap. Gender responsive budgeting at all levels of government would bring additional opportunities and show the real position of women and the opportunities they achieve in this country.

2.2.2.2 Individual level

According to research, barriers related to women at the individual level relate to additional education as well as available information about the opportunities in our country. In addition to the available education through various associations and institutes, it is necessary to work further on opening opportunities for education for women and to place special focus on rural parts of the country. The provision of special funds to ensure that women have an opportunity to start their own business and get out of the grey zone of business is also required.

“I can implement my love for the exhibition, but it is impossible because there is no understanding from the state. You have no understanding from some of these slightly larger ones, to try it and that’s not how it went.” (M_5)

Although there are opportunities for education and employment and preferential treatment during employment many of these activities are not promoted clearly through the various media channels. They are presented exclusively in the form of announcements on the websites of the institutes and very often do not reach the desired audience. It would be beneficial in future activities to speak more about these opportunities in the media and to provide paid advertisements and other channels for disseminating this information in order to reach rural areas of the country and provide equal opportunities for decent work for all.

2.3 Economic importance of the care sector in Bosnia and Herzegovina – official employment approach

The economic importance of the care economy in Bosnia and Herzegovina was assessed using the official employment approach.⁶ Total employment in different care sectors was first calculated and then employment multipliers, calculated using the input-output framework, were applied to the employment data for the care sectors in order to assess the impact on the wider economy.

This report identifies care sectors using the International Standard Industrial Classification (ISIC Revision 4) at the two-digit level. Based on ISIC Revision 4, the care sectors were 85 for education, 86 for human health activities, 87 for residential care activities and 88 for social work activities without accommodation.⁷ Both public and private service providers operating in these sectors are covered by this classification. The data on this level of aggregation was not available at the state level and therefore it was necessary to combine the data from the two entities (Federation of Bosnia and Herzegovina and Republika Srpska).⁸

The data presented in the table below includes both care and non-care workers in the care sectors. Since the data on the classification ‘occupation’ was not available, we were unable to combine care occupations with care sectors and differentiate between, for example, care workers working in the care sectors and care workers working in other sectors as well as non-care workers working in the care sectors. As the data shows, about 120,000 workers were employed in the four sectors of the care economy amounting to 14.86 per cent of total employment in Bosnia and Herzegovina. The share of employment in the four care sectors was similar in both entities: 14.6 per cent in the Federation of Bosnia and Herzegovina and 15.9 per cent in Republika Srpska. Although employment in the care economy has increased by around 7,000 workers, the share of employment in the care economy decreased over the period 2015–2019.

⁶ Initially it was planned to combine the production and employment approach, but unfortunately the official statistical data on total production and added value were not available for the required level of disaggregation.

⁷ A similar approach was applied by ILO in its 2018 report *Care works and care jobs for the future of decent work*.

⁸ We were missing data on Brcko District.

Table 6. Care sector employment in BiH, FBiH and RS, 2015–2019

Sector		2015	2016	2017	2018	2019
BiH	Education	59,198	62,809	64,117	65,116	65,990
	Human health activities	44,305	43,438	44,217	44,896	45,822
	Residential care activities	835	2,662	3,263	3,467	3,733
	Social work activities without accommodation	1,037	2,400	3,636	3,764	3,896
	Care sectors BiH	105,375	111,309	115,233	117,243	119,441
	Total employment BiH	684,924	711,279	765,809	786,109	803,849
	Care sector share BiH (%)	15.38	15.65	15.05	14.91	14.86
Sector		2015	2016	2017	2018	2019
FBiH	Education	37,324	40,646	41,915	42,797	43,436
	Human health activities	29,235	28,145	28,737	29,034	29,302
	Residential care activities	-	1,862	2,394	2,508	2,649
	Social work activities without accommodation	-	1,382	2,546	2,606	2,676
	Care sectors FBiH	66,559	72,035	75,592	76,945	78,063
	Total employment FBiH	438,949	457,974	505,201	519,800	531,483
	Care sector share FBiH (%)	15.16	15.73	14.96	14.80	14.69
Sector		2015	2016	2017	2018	2019
RS	Education	21,874	22,163	22,202	22,319	22,554
	Human health activities	15,070	15,293	15,480	15,862	16,520
	Residential care activities	835	800	869	959	1,084
	Social work activities without accommodation	1,037	1,018	1,090	1,158	1,220
	Care sectors RS	38,816	39,274	39,641	40,298	41,378
	Total employment RS	245,975	253,305	260,608	266,309	272,366
	Care sector share RS (%)	15.78	15.50	15.21	15.13	15.19

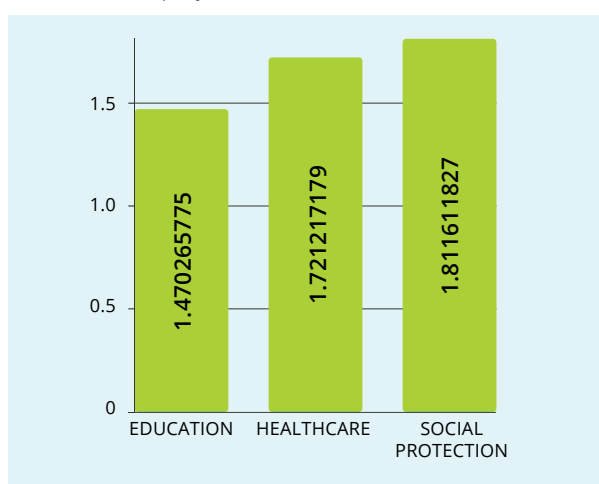
One should note that the data presented above shows the direct economic contribution of the care economy in this country. Building on these findings, we can further estimate the additional contribution of these four sectors to the wider economy.

- **Indirect effects** resulting from the purchase of intermediate goods and services by these four sectors when delivering their services, which supports additional employment within their supply chains.
- **Induced effects** resulting from purchases made by those directly and indirectly employed in the care economy, who use their earnings to buy other goods and services.

Care sectors purchase a wide range of goods and services from suppliers in other sectors to support the delivery of their services. Common examples of the purchases made by the care sectors include, among others, cleaning products and services, food and drink, building maintenance services, utilities, financial services, education and training, furniture and household goods, medical supplies, transport services and fuel.⁹ These are known as intermediate purchases. Those made by the care sectors support employment among supply chain businesses. Induced effects are associated with the purchases of goods and services by individuals directly or indirectly employed in the education sector.

⁹ These are known as the first round suppliers. It is worth noting that the multiplier calculations presented here also include second, third and other round suppliers directly/indirectly connected with the preschool education services.

One of the most commonly used ways to assess the overall impact of economic activity in an industry or sector on the overall economy is through the use of input-output (I-O) analysis. As part of our previous research the Institute of Economics Sarajevo made an assessment of the input-output table and the resulting multipliers for the economy of Bosnia and Herzegovina. Two types of multipliers are usually calculated based on input-output tables. Indirect effects are estimated using the so-called Type I multipliers, while Type II multipliers capture both indirect and induced effects. Multipliers are calculated in relation to total output, value-added, income or employment.



The value of Type II employment multipliers for education, healthcare and social protection in the case of the economy of Bosnia and Herzegovina are presented in the figure below. These multipliers were applied to the previous calculations for the care sector employment. The induced effects are associated with the purchases of goods and services by individuals directly or indirectly employed in the education sector. Type II multipliers capture both the indirect and induced effects, as presented in the figure below.

The Type II multiplier range from 1.811 in the case of social protection to 1.47 in the case of education means that, for example, one job in social protection supports 0.81 jobs in the rest of the economy of Bosnia and Herzegovina through indirect and induced effects. If we apply the employment multipliers for different care sectors to direct employment in each of the sectors then we can assess the care economy contribution to the wider economy in this country. The results are presented in the table below.

Figure 6. Type II multipliers for Bosnia and Herzegovina in 2018

Table 7. Direct, indirect and induced employment effects of the care economy in Bosnia and Herzegovina

	Education	Healthcare	Social protection	Total
Direct employment	65,990	45,822	7,629	119,441
Indirect and induced employment effects	31,033	33,048	6,192	70,272
Total number of supported jobs*	97,023	78,870	13,821	189,713

* Full-time equivalent

As can be seen from the table above, it is estimated that the care sectors support a total of 189,713 jobs in Bosnia and Herzegovina (full-time equivalent). This includes all direct, indirect and induced effects. The indirect and induced effects account for around 58.8

per cent of the total direct employment. The overall direct, indirect and induced effects of associated expenditures are estimated to be around 24.1 per cent of all current jobs in Bosnia and Herzegovina.

2.4 New employment potential in the care economy using the example of preschool education

New employment potential in the care economy was assessed by combining macro and micro approaches. As part of the macro assessment, the share of care sector employment of total employment in this country was first calculated and then compared to the European average in order to check the difference.

As shown in the previous section, there was a total of 119,441 jobs in the care sectors in Bosnia and Herzegovina accounting for 14.86 per cent of total employment. The average care sector employment share in European countries was 17.4 per cent. If the participation of the care sector in Bosnia and Herzegovina were at the same level it would mean a total of 139,870 jobs in the care sector. The difference (20,429 jobs) can be treated as a rough indication of the potential for new employment in the sector.

We also applied the micro approach using the example of preschool education. In 2020, there was a total of 399

preschool institutions in Bosnia and Herzegovina: 215 public and 184 private. These institutions were attended by 27,698 children. The total number of employees in preschool institutions was 4,593 of which 4,303 were women. Around 6,600 (or 20%) children who applied were not enrolled in preschool because of a lack of capacity. Assuming that the same number of children per person were employed in preschool institutions (6 children per employed person) it can be calculated that the establishment of new institutions that would accept all of the children who applied to attend preschool institutions would result in the employment of 1,104 new workers. Assuming that the same ratio of women to men was maintained (15 women per man), the establishment of these institutions would result in the employment of 1,035 women.

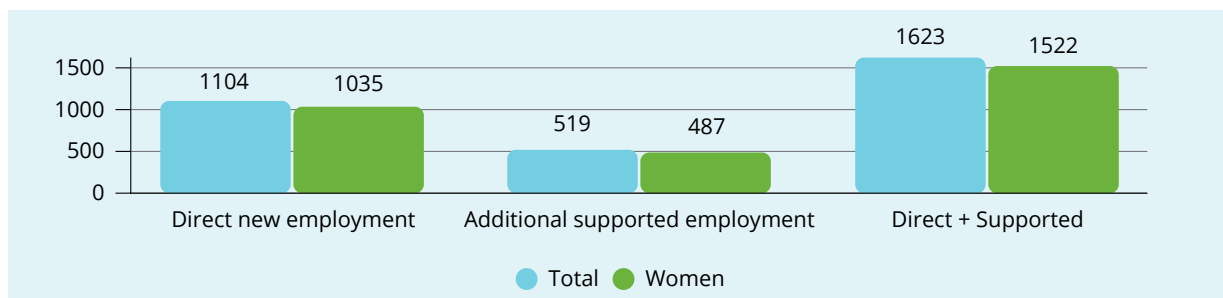


Figure 7. Potential new employment in preschool education

Of course, this is the potential for a direct new employment contribution and, as explained in the previous section, this is just part of the story. New employment in the preschool education sector would have additional (chain) effects on the wider economy resulting from the purchase of intermediate goods and services by the preschool education sector for the delivering of its services (indirect or supplier effect) and from purchases made by those directly or indirectly employed in the preschool education sector (induced or income effects). These effects were captured using estimated Type II employment multipliers.¹⁰

It was estimated that indirect and induced effects would support a further 519 jobs in the wider economy.¹¹ If we were to add these jobs to direct new jobs (1,104) then we would come to the figure of 1,623 jobs¹² supported by the establishment of the missing preschool institutions.¹³

¹⁰ Multipliers for the whole education sector were available.

¹¹ Women occupied 487 jobs.

¹² Full-time equivalent.

¹³ If we add together the current (4,593) and potential new employment (1,104), using the same approach, it is estimated that the preschool education sector could support a total of 8,376 jobs in Bosnia and Herzegovina or around 1% of total employment in this country.

2.5 Care policy framework

Care policies are public policies that allocate resources in the form of money (including income), services or time to caregivers or people who need care. As illustrated in Table 8, they include leave policies (e.g., parental leave), care services (e.g., early childhood development and care), care related social transfers (e.g., childcare grants), family-friendly work arrangements (e.g., teleworking and flexitime) and infrastructure (e.g., sanitation and the delivery of water to homes).

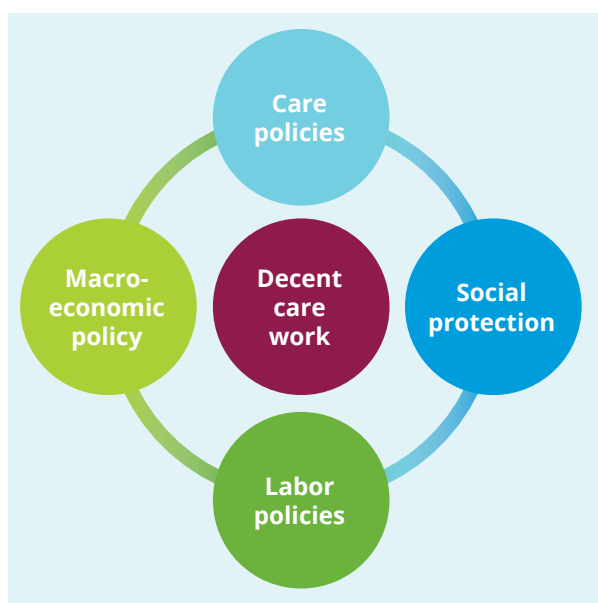


Figure 8. Policy environment for decent care work

Care policies ensure the well-being of society and are a crucial factor in addressing the issue of unpaid care work and for mitigating the inequalities faced by people with high levels of care needs and/or people typically providing care on an unpaid basis.

Care policies work cohesively with macroeconomic, social protection and labour policies to provide a policy environment conducive to advancing decent care work, enabling the recognition, redistribution and, when necessary, the reduction of unpaid care work as well as promoting the representation of and decent work for care workers.

Macroeconomic policies¹⁴ shape women's and men's opportunities for paid employment and the resources available for policies aimed at reducing gender inequalities. Maximising the fiscal space expands the resources available to fund care policies and reduces

and redistributes unpaid care work. In macroeconomic terms, care service provision is favoured for its potential to increase women's labour force participation and to support future human capital development (through children's education).

Social protection policies provide the key policy and regulatory frameworks and institutions that govern care responsibilities. Social protection systems define what type of care is most appropriate and desirable, who should provide care (the public, private or voluntary sectors) and who should pay for it (contributory, non-contributory or employer liability systems according to universal or means-tested benefits), whether the provision is covered via services or payments (such as cash-for-care or independent personal payments) and the nature and level of and the conditionalities attached to care provider benefits/compensation.

Labour policies, including labour protection policies and labour regulations, regulate workers' and employers' rights and obligations at the macro level, institutions and organisations, including private enterprises, cooperatives and other social and solidarity economic enterprises, at the mezzo level, while formal and informal employment arrangements, relations and practices are regulated at the micro level.

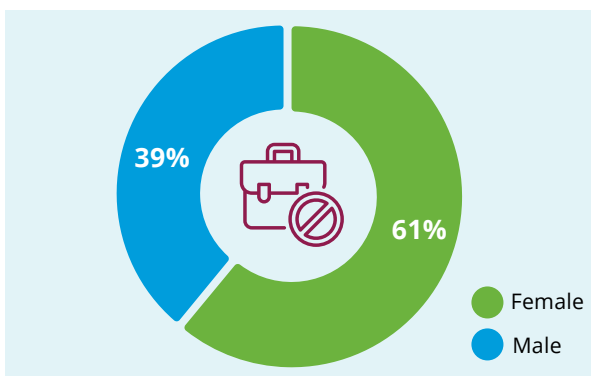


Figure 9. Unemployment

Labour policies can provide opportunities or present challenges for unpaid care providers as well as persons with disabilities who are taking up or returning to paid work. They set out labour standards, such as working conditions, wages (including pay equity), working time arrangements (including overtime compensation) and access to redress mechanisms as well as measures to facilitate the transition from the informal to the formal economy.

¹⁴ Such as monetary, fiscal and trade policies.

Table 8. Care policy framework - an overview

CARE POLICY	BRIEF DESCRIPTION
Leave policies	<p>The right for unpaid care providers in employment to take time off whilst receiving employment protection rights and income security through cash benefits.</p> <p>Typical examples are maternity leave, paternity leave, parental leave, childcare leave and leave to support disabled, ill or older family members with care needs.</p>
Care services	<p>Services that redistribute some of the unpaid care providers' share of unpaid care work for preschool children, ill, disabled and older persons to the public, market or non-profit spheres. In sub-Saharan Africa, for example, care services for people living with HIV are essential.</p> <p>Care services by qualified personnel should be accessible at a reasonable cost according to individuals ability to pay.</p> <ul style="list-style-type: none"> • Early childhood care and education (ECCE) services include services and programmes that support children's survival, development and learning from birth to entry into primary school. These are typically centre or home-based but also workplace services. A distinction is made between early childhood educational development (ECED, for 0–2 years of age) and pre-primary programmes (3 years to school entry age). • Long-term care services include services and policies that support people with long-term care needs, such as ill or older people and persons with disabilities, in their daily life. Services are typically provided at home or in institutions.
Social protection benefits related to care	<p>Benefits related to care include social protection schemes acknowledging the care contingencies that occur in the lives of individuals, such as family care or the upbringing of children, and that address them by providing transfers in cash or in-kind to persons in need of care or to unpaid care providers. These benefits are linked to the cost of pregnancy, childbirth and adoption, disability and long-term care, the upbringing of children and caring for other family members as well as the recognition of care work in social protection schemes for care providers, such as in pension schemes.</p> <p>In addition to leave policies and care services, 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, such as those supporting permanence within or re-entry into the labour force for persons with family responsibilities (for instance, public works).</p>
Family-friendly working arrangements	<p>Working arrangements enable a variety of employee normal working patterns in order to support a balance between work and family responsibilities. These arrangements include flexitime, reduced working hours, the right to obtain or request part-time work and related pro-rata benefits and entitlements, telework or ICT-mobile work. They are typically granted to workers with family responsibilities or people with disabilities.</p>
Care relevant infrastructure	<p>Infrastructure that reduces the drudgery of household work, such as obtaining water, providing sanitation and procuring energy, and provide access to transportation and home labour-saving devices.</p>

3. THE CARE ECONOMY IN BOSNIA AND HERZEGOVINA

3.1 Housework

The role of women in many countries has remained the same over time and they are largely responsible for work related to ensuring the smooth functioning of the family and caring for all its members. Scientific research related to housework over the past decades has focused mainly on the distinction between paid and unpaid work (Bittman et al., 2003) or task allocation (Shaw, 1988). In addition, studies included reflections on the ‘invisible work’ (Hochschild, 1989) and also explored the nature of paid and unpaid care work (Erickson, 1993; Folbre, 2001).

SHORTLIST OF HOUSEWORK ACTIVITIES

<input checked="" type="checkbox"/> SWEEPING	<input checked="" type="checkbox"/> PREPARING MEALS
<input checked="" type="checkbox"/> VACUUMING	<input checked="" type="checkbox"/> CLEANING BATHROOMS
<input checked="" type="checkbox"/> WASHING DISHES	<input checked="" type="checkbox"/> DUSTING
<input checked="" type="checkbox"/> FEEDING PETS	<input checked="" type="checkbox"/> WASHING WINDOWS
<input checked="" type="checkbox"/> DOING LAUNDRY	

In 2010 the Inter Press Service defined housework activities or chores as “tasks performed inside a house to ensure that the basic needs of its members are met, such as cooking, cleaning, and taking care of children or older adults and other dependent family members.”

In 2020, the Helsinki Parliament Banja Luka blamed unevenly designed work-life balance policies for women and men for perpetuating gender-based stereotypes and differences at the workplace as well as uneven employment related responsibilities and care for children and other dependent family members.

“The goal of equal treatment policies is, among other things, to suppress stereotypes about men’s and women’s occupations and roles and to raise awareness of discrimination in this area.”

Unfortunately, research shows that there is still a large gap in almost every country when it comes to different aspects of work, care and housework activities between men and women. In the last few years, a scientific debate has been present as well as various studies that have been published that point out the problem of unpaid work at home, which relates to housework activities in general. Some progress has been made on this issue in Bosnia and Herzegovina, but only through the actions of the gender centres and international organisations. One of the steps that could assure additional progress is the acceptance and implementation of the EU Directive 2010/18/EU that regulates the status and minimum conditions of flexible working as defined by the European Parliament (‘Official Journal of the European Union’, No. L 188 (19 of 12 July 2019)). This Directive sets minimum requirements for paternity leave, parental leave and leave to care for other family members as well as minimum requirements for flexible working conditions for workers who are parents or carers (Helsinki Parliament in Banja Luka, 2020).

3.1.1 Benchmark and comparative overview

The EUROSTAT Harmonised European Time Use Survey statistics in 2018 showed that there are patterns in how women and men use their time. Women are, on average, more involved in housework and care activities than men. Women perform more food management, cleaning, ironing and laundry, while men are more involved in construction and gardening. While men and women both participate in childcare it seems that women are relatively more engaged in physical care, supervision and accompanying their children, while men seem to participate relatively more in teaching, playing and talking with their children.

In 2018, Eurostat conducted a survey into the lives of women and men in Europe. The results show that in 2016 the percentage of women between the ages of 25 to 49 in the EU who took care of their children every day was 92 per cent and the same was done by 68 per cent of men. In Croatia, in 83 per cent of relationships, most of the routine housework chores were performed by women. In 16.6 per cent of relationships both partners performed most routine housework chores on an equal

footing, while in only 0.4 per cent of relationships men were the ones who performed all or most routine housework chores (Klasnić, 2017). A survey on the topic of the economic value of unpaid work conducted in the Republic of Serbia by UN Women in 2020 showed that women in Serbia, on average, use less time for unpaid jobs than women in Bosnia and Herzegovina. The difference was especially significant in terms of childcare: while women in Serbia use an average of 38 minutes women in Bosnia and Herzegovina use 101 minutes to take care of their own children.

Figure 10 illustrates the number of hours spent by women on daily activities in the EU, Bosnia and Herzegovina and Serbia. The EU average is 3.5 hours per day, while the highest number of hours (7 hours) can be seen in Bosnia and Herzegovina. Serbia follows Bosnia and Herzegovina with 4.8 hours per day for unpaid housework activities, while in Croatia it is just 2.5 hours.

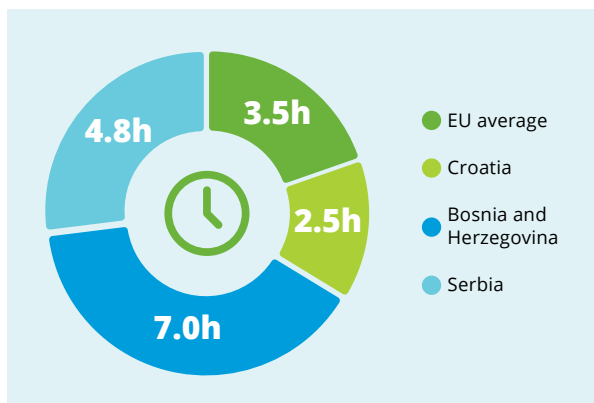


Figure 10. Daily unpaid household activities performed by women

During the desk research we identified two key documents that analysed housework activities in Bosnia and Herzegovina. The first was developed by the Gender Equality Agency of Bosnia and Herzegovina and the Ministry of Human Rights and Refugees for Bosnia and Herzegovina (Hasanagic and Popovic) in 2020, while the second ‘Women’s Economic Empowerment’ was created by UN Women in 2021.

The UN Women study ‘Women’s Economic Empowerment’ offers a broad picture of women’s economic empowerment in Bosnia and Herzegovina but also addresses the issue of unpaid care and housework activities through qualitative and quantitative research. Women use most of their time taking care of children, about 11.7 hours a week. This is followed by activities such as cooking, baking and preparing meals, on which

women spend 10.5 hours a week. Working women spend about 9.5 hours on activities such as cleaning and tidying up the house, apartment or yard. When it comes to laundry, ironing and sewing, women use an average of 5 hours per week on these activities.

Finally, although progress has been made in the context of the general story of the time spent, primarily by women, on unpaid housework activities, there is still much room for improvement. We have seen that Bosnia and Herzegovina lags behind the European average and that the results of current studies in this country point to a significant gap between women and men when it comes to housework activities. Improvement is possible in many aspects, such as including men in the daily routine, giving additional importance to these tasks and promoting equal opportunities for women and men.

3.1.2 Research findings on housework

“**I have to point out the support of the partner is crucial, because without that I think it would be impossible to manage everything.**”
(H_3)

Different activities in regard to housework were most present in terms of overall care activities reported by women in Bosnia and Herzegovina as well as worldwide. Activities such as cooking, cleaning, laundry, grocery shopping and paying bills proved to be extremely time consuming and energy demanding. As our respondents said, the most demanding one is cooking. Respondents, both working and non-working women, all said that they try to prepare homemade meals at least once a day, while some of them prepare all three meals in a day. Some of them claimed that housework and related care activities occupy a full work day for them.

“I usually spend the whole day working in the house and around the house in the garden. There is no special activity that I have accomplished during the day, but the whole work day is spent in those cleaning and cooking activities. And what tires me the most is that every day is the same and all over again.” (H_3)

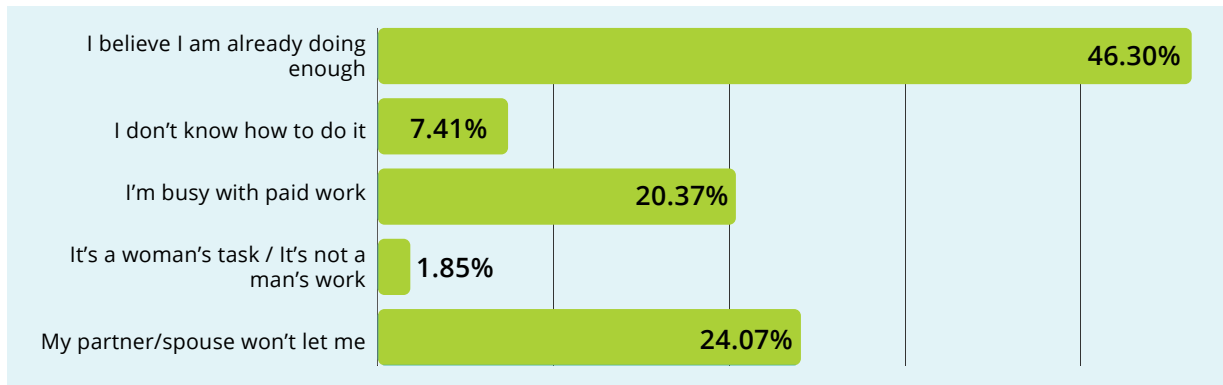


Figure 11. Reasons for not helping more with housework activities

Our respondents believed that in certain instances, such as when women are stay-at-home moms with more than two children or when working demanding jobs in addition to housework or when working shifts, housework should be declared as a beneficial length of service, that they should be paid a minimum wage or at the very least have officially registered length of service.

Working women reported spending two to three hours a day on housework. They also reported having additional help from their partner.

“It also seems to me that it is very difficult for one woman to do it all, because I live with a partner and without his role in sharing and taking over half of all housework, with my extensive job, it would be impossible. He is also doing a shift job that’s demanding and hard and I don’t know how we will organise when the children come.” (H_2)

One might conclude that generation-wise the situation concerning the distribution of housework is changing. Younger respondents claimed that when it comes to their parents their mother takes over the burden, but their everyday life activities are divided equally.

“Times are changing now for women.” (H_5).

Our male respondents thought that they already helped enough (46.3%), but they were willing to do more. Yet 24.07 per cent felt that their partners/wives would not let them (see Figure 11). Again, a significant percentage of 20.37 per cent of men thought that their paid job is enough and therefore they should not share the housework.

Nevertheless, it is interesting to observe the reasons why men do not do more housework activities (see Figure 12). A large percentage of men (30.67%) considered that housework is a woman’s task, while a bit less but still significant percentage of women (24.39%) thought the same.

“My environment is divided when it comes to men helping in housework. I know a lot of people who think that only a woman has to do housework and take care of children, even if she has a job, while the men just take a rest after work.” (H_4)

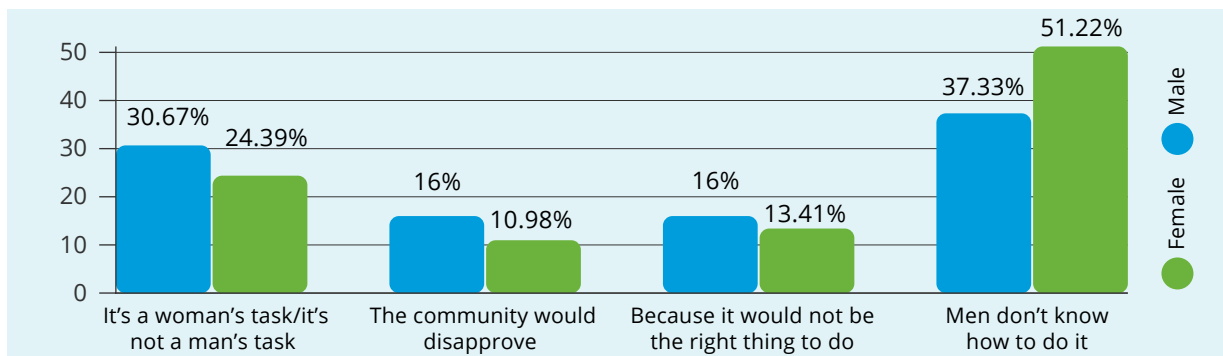


Figure 12. Why should men not do care or domestic work?

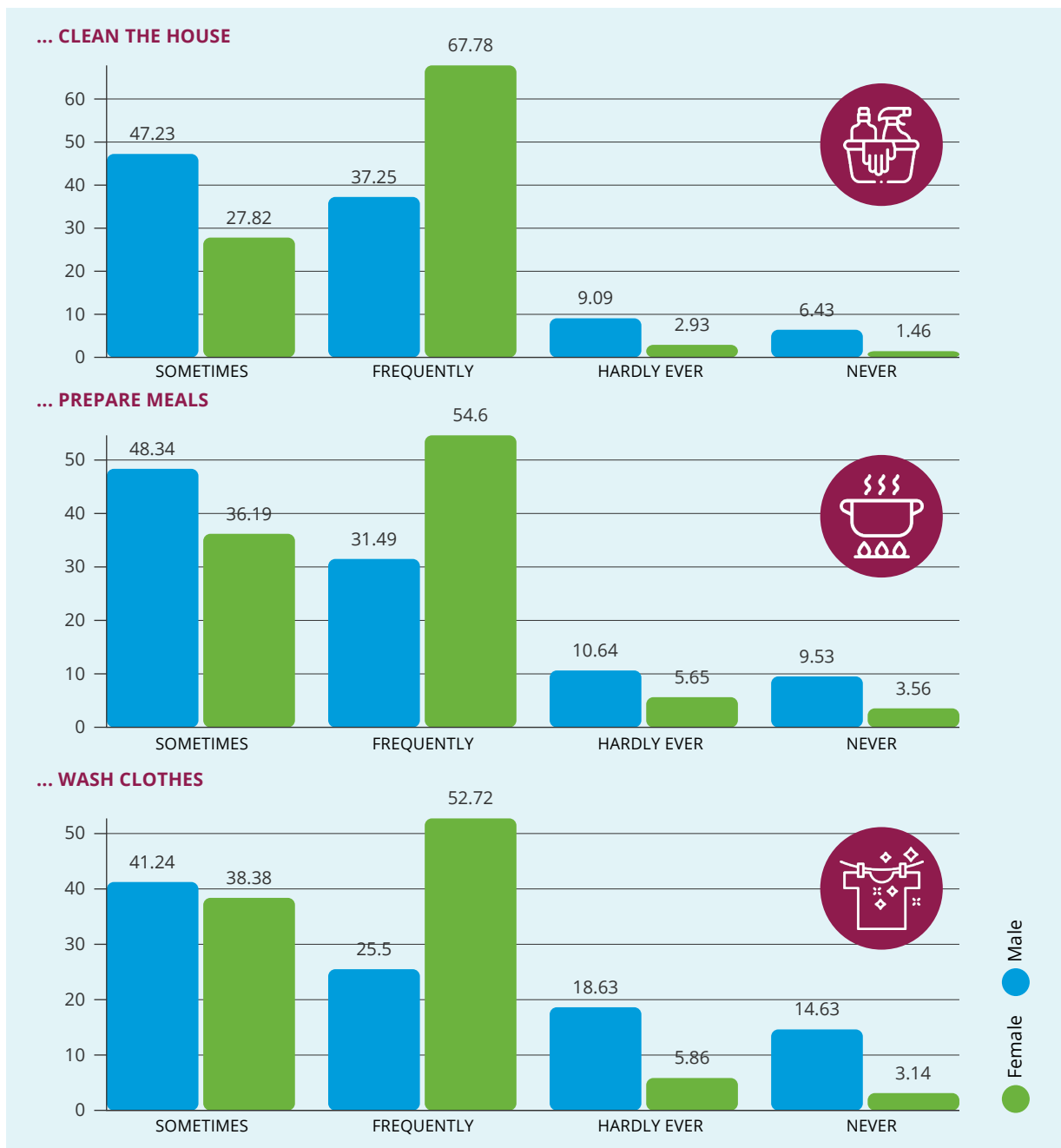


Figure 13. Preparing boys and girls for housework

Yet the primary reason given was that they all believed, women more than men (51.22% vs. 37.22%), that men do not know how to do that type of work, because no one taught them, and that women do it better and therefore it is natural to leave it as it is.

During COVID-19, as expected, housework increased, but significantly more so for women (48.0% compared to 39.1% of men). Yet men were aware of this fact, as 44.1 per cent of them claimed that the amount of time spent on unpaid housework during the pandemic

increased for their spouse. Female respondents were harsh regarding their partners, with 63.4 per cent claiming that the unpaid housework did not increase for their partners during the pandemic.

3.1.2.1 Stereotypes around housework

The reasoning behind why housework is considered a female responsibility is rooted in gender stereotypes. Girls are taught to prepare meals (54.6%), clean the house (67.78%) and wash clothes (52.72%), but boys

are not (see Figure 13). Girls are also exposed to role model learning while they were growing up. As they reported, their father or another man in the home never or hardly ever prepared meals (53.0%), cleaned the house (55.6%) or washed clothes (69.8%).

Overall, the opinion of women was that men do not help as much in the housework, at least not all of them, equally, although this was the case with younger generations. The men considered that they already did enough and reported that they could not do more because they do not know how, while some women support this opinion. Women reported feeling bad when they do not do everything as planned, such as, for example, cooking a meal. Yet while their partners

did not protest, the younger generations felt a sense of under accomplishment. Moreover, the general opinion among the female respondents was that women can change their position and that it is up to them how much help they should expect and therefore receive from their partners.

“I think that we have complicated our lives, we are trying to be good at work and good mothers and everything. So we put too much burden on our backs. I don’t know if it’s control or something, but I think we took a big bite, and it is our own fault.” (H_3)



Figure 14. The need for partners to help with housework

We also analysed the opinion of women respondents on their need for help with household chores from partners/spouses and found that in 85.53 per cent of cases the women believed that men should help with housework activities (cooking, cleaning, shopping, laundry and ironing, etc.). We also analysed, as illustrated in Figure 14, the difference in responses between generations. We saw that women from Generation X had a need in 39.71 per cent of cases and those from Generation Y in 34.56 per cent. The smallest expected need was registered by generation Z (8.82%), which is still, for the most part, yet to reach the circumstances where they would live with a partner/spouse. Finally, just 16.91 per cent of the Baby Boomers generation were of the opinion that women need a partner’s help when performing housework. This is the generation in which it is a habit for a woman to do all the housework, because the employability of women in this generation is significantly lower.

This was confirmed through a further analysis where we linked the reasons why men should not perform

jobs to the generations of respondents. We came to the following conclusions:

- In **Generation Y** the most prominent reason was that men do not know how to do the job (58.49% of cases).
- The most prominent opinion related to the division of labour, namely the opinion that care and domestic work is women’s work, was visible among the **baby boomers** (35.29%). If we look integrally, 67.64 per cent of the respondents believed that this is not a male task and that it would not be the right thing to do.
- The greatest influence of society was visible in **Generation Z**, where a fifth of the respondents thought that the community would disapprove.
- In **Generation X**, in 45 per cent of cases the respondents pointed out that men do not know how to do it and that it is a woman’s job (30%).

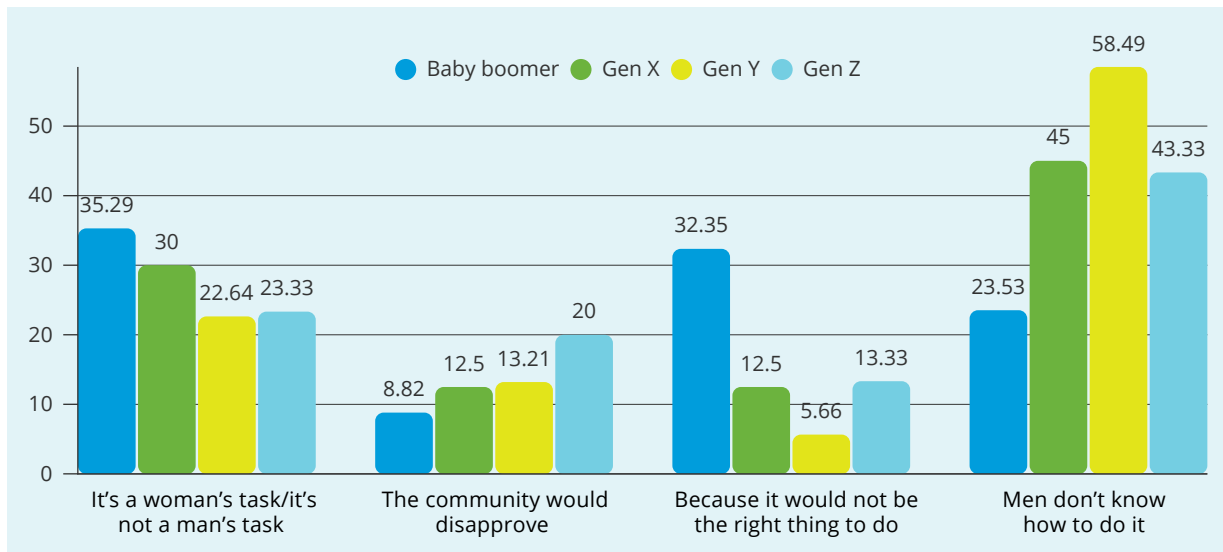


Figure 15. Reasons for men's inactivity in housework

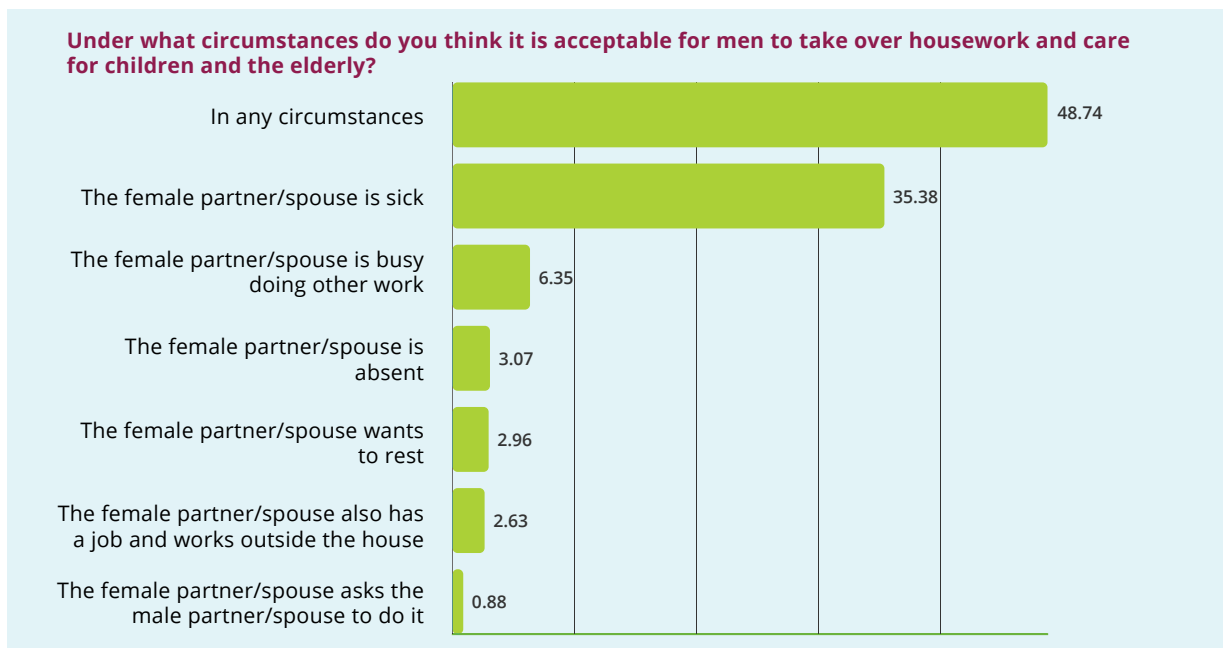


Figure 16. When is housework considered a man's duty

Finally, when we asked a question about the exact circumstances under which men believed that it would be acceptable to take over the housework and care for the children and elderly almost half of the respondents

(48.74%) considered this to be normal under any circumstances, while more than a third of respondents only considered this justifiable if the female partner/spouse was ill.

3.2 Childcare and Education

According to the World Bank (2017a), the use of formal childcare services is at a relatively low level in Bosnia and Herzegovina because of the limited availability of affordable services. The demand for such services is higher than the supply, especially the supply ensured by public institutions and the social services system. The primary challenge for childcare services is to ensure their availability for every child in all parts of the country, particularly in rural areas. The quality of such services is an additional challenge. It is difficult to ensure high standards of quality, especially when it comes to the providers of the service (human resources), the material and the curriculum.

UNICEF is monitoring key indicators related to the situation of children and women across countries in 2022. According to cross-section field study data from 2012, the percentage of children aged 36-59 months attending an early childhood education programme was just 13 per cent in Bosnia and Herzegovina. Some more recent approximations, such as Manojlović in 2019, state that it is 17 per cent and that around 50 per cent of children in this country attend the obligatory 150-hour preschool education programme in the year before they start school.

According to Eurostat (2020), the percentage of children aged between four and the compulsory starting age for primary education in the EU-27 engaged in early childhood education in 2018 was 94.8 per cent. The lowest rate in the EU-27 was in Greece (75%).

There are 399 preschool institutions in BiH (54% public).

Around 17% of children are enrolled in early childhood education programme.

In 2020/21 a total of 6,660 children were on a waiting list for placement in preschool institutions.

According to the Agency for Statistics of Bosnia and Herzegovina (2021), in the school year 2020/2021 there were 399 preschool institutions (215 public and 184 private) with 27,698 children enrolled within the territory of Bosnia and Herzegovina. Compared to

the previous school year, the number of children in preschool institutions had decreased by 9.4 per cent. This can, among other things, be attributed to the COVID-19 pandemic situation. The main drawback of the Agency data is that no percentages of total children are given in the overview and nor is the year-on-year comparison with the indexes.

In terms of enrolment, in the school year 2020/21 about two thirds (64.3%) of children were enrolled in public institutions and around one third (35.7%) attended private institutions. The worrying indicator is that the number of children waiting for placement in a preschool institution was 6,660 (out of which 6,071 were waiting for public and the remainder for private institutions), which represents an increase of 54.3 per cent compared to the previous school year. Interestingly, the number of children in the nursery group had increased by 5.3 per cent compared to the previous year.

The Agency for Statistics of Bosnia and Herzegovina uses the following definition:

“Preschool upbringing and education is an activity that includes upbringing and education, care and protection of children from six months of age to entering primary school. It is performed in public and private preschool institutions.”

Work with children in preschool institutions is organised in educational groups according to the age of the children. Educational groups can be nursery groups for children from six months up until three years of age and kindergarten groups for children from three years of age up until the beginning of their school education, while mixed groups are for children of various ages. In order to establish a deeper understanding of the childcare service system in this country, an overview of the legislation, policies and the system is presented and this is followed by the benchmark with other countries and a comparative overview.

3.2.1 Legislation, policies and the system

According to the World Bank (2017a), although Bosnia and Herzegovina looks relatively progressive in terms of social perceptions of childcare, work and motherhood, norms tend to contribute to negative views about the use of childcare centres. The system of childcare services is very complex and this complicates the

management of these services across the country and contributes to the unequal situation in various units of government. Childcare services are regulated as part of the education system under preschool education and they are institutionalised through 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, the Framework Law on preschool education in Bosnia and Herzegovina ('Official Gazette of Bosnia and Herzegovina', No. 88/07) was approved and this should be the main governing document in the area of preschool services. This document was intended to serve as the basis for further legislation at the entity and cantonal level.

Please Note: An overview of the laws on preschool education across various levels in Bosnia and Herzegovina is available in Appendix IV. As can be seen, 13 different main laws govern this area.

Table 9. An overview of the laws on preschool education (See Appendix IV)

What is striking when it comes to the Framework Law and related laws at lower levels of government is that in the Herzegovina-Neretva Canton and the West Herzegovina Canton the existing laws are still not aligned with the Framework Law, despite the fact that the Framework Law was adopted 15 years ago in 2007. Following the Framework Law, the Law on the Agency for Preschool, Primary and Secondary Education was also adopted in the year 2007.

In 2018, the Agency for Preschool, Primary and Secondary Education, with the support of Save the Children, defined the joint core of the development programmes for preschool education, which is based on the intended learning outcomes (Naletić et al., 2018). There are five core areas: 1) health and physical development, 2) child personality and interaction, 3) speech, language and communication, 4) the world around us and 5) arts and culture. Yet there is no current data on the level of implementation/utilisation of this core programme. In Republika Srpska, for example, the programme that was adopted in 2007 is still the actual programme on the legislation website.

At the state level, the Ministry of Civil Affairs coordinates issues related to preschool education and childcare. At the entity level and in Brčko District there are also the ministries of education, while in the Federation of Bosnia and Herzegovina the Ministry of Education and Science coordinates the work of the cantonal ministries. To further complicate matters, when it comes to the accompanying legislation at the level of Republika Srpska, Brčko District and in every canton in the Federation of Bosnia and Herzegovina there are approximately 15 other documents that regulate this field. The latter relates to the process of founding a preschool institution (both private and public), pedagogical standards and norms for preschool education and other human resources related decisions and rulebooks. This means that although the laws are based on the Framework Law the implementation of legislation and acts are very different across the cantons and across the entities.

3.2.2 Benchmark and comparative overview

In a global comparison, according to the Ministry of Civil Affairs of Bosnia and Herzegovina, Bosnia and Herzegovina ranked second to last in terms of the percentage of children enrolled in childcare services. Therefore, apart from those institutions that are struggling with efficiency and coordination, international organisations such as UN Women, UNICEF and Save the Children are engaged in attempting to improve the childcare conditions in this country. According to official Save the Children data (Save the Children, 2022) from 2022, at least 3,500 preschool age children, mostly belonging to the vulnerable groups, gained access to some form of preschool education and the number of children attending such programmes increased by 40 per cent. Furthermore, Save the Children participated in training more than 20 per cent of all preschool teachers in education for social justice and raised their awareness about working with children that belong to marginalised and vulnerable groups. Lastly, they equipped almost a third (104 in total) of preschool units, focusing on those communities where a preschool infrastructure did not previously exist.

According to the World Bank (2017b), 57 per cent of households in the Western Balkans have at least one child under seven years who benefits from unpaid childcare and 24 per cent of households use institutional/paid childcare outside the home. Furthermore, in the Western Balkans, overall, about half of childcare providers are not accepting new clients.

Nearly a third refer clients to a waiting list. Around 25 per cent of providers in Bosnia and Herzegovina offer a waiting list, this percentage is only lower for Serbia (8%). Even when a child is accepted by a provider the family might not be able to use the childcare services during the summer months. Furthermore, childcare in all Western Balkan countries is almost never free of charge: only 3 per cent is fully and truly free and whereas the others are subsidised but still require a monthly fee.

Lastly, the document titled 'Platform for the Development of Preschool Upbringing and Education in Bosnia and Herzegovina for 2017–2022', which was adopted by the Ministry of Civil Affairs of Bosnia and Herzegovina in 2016, has been one of the reform moves in this area (supported by UNICEF). Representatives of all ministries together with multiple experts participated in its creation.

The overall goal of the preschool education system is defined in the following manner.

“Ensure the optimum conditions so that every child, by the time they start with the primary school, develop and achieve his/her potentials to the maximum through different types of high quality, comprehensive, culturally tailored and inclusive childcare services.”

that women engage in at any given moment of the day. There is not a single moment during the day when men are significantly more involved with children than women (see Figure 17). Furthermore, except for the period from 5 p.m. to 8 p.m., this difference was statistically significant for all periods and therefore we could assume that we could derive a scientifically sound conclusion about the significant differences outlined. Full-time working mothers indicated that they have a lot of trouble organising their day because of their work hours that run from nine till five. All focus group participants agreed that their day is fully booked. They need to get up very early to prepare lunch and everything else for the day and then they rush because not even the kindergartens work after five or six. Basically, besides the mother or working parents, there must be someone else to pitch in and therefore those who Nilotic have grandparents are fortunate. One focus group participant reported that her mother moved to the city where she lives from another city in order to be with her and to help with the children.

“Currently, I do not have my own life. I work and the rest of the day is devoted to kids and their various activities. Language, music instruments, sports ... my kids have so many obligations that we leave home before 8 a.m. and arrive back home at about 10 p.m.” (C_2)

3.2.3 Research findings on childcare and education

According to the findings of our quantitative study, childcare is significantly and predominantly the activity

A further complication in the distribution of childcare activities was introduced by the Covid-19 pandemic, which resulted in an average 61.95 per cent increase in

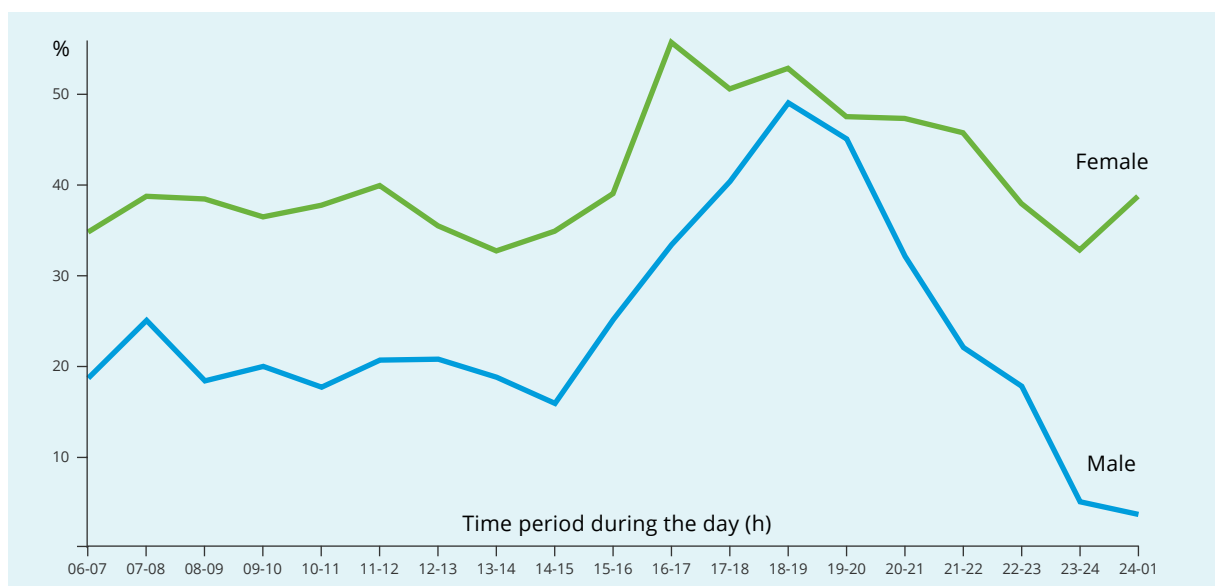


Figure 17. Time spent on childcare by men and women

childcare activities for both men and women. However, when broken down by gender this increase was actually 45.88 per cent for male and 73.55 per cent for female respondents. How the Covid-19 pandemic has changed the lives of everyone and how it affected childcare activities is still to be discovered, as was confirmed by one of our expert respondents from an international institution who stated that these aspects are currently under examination.

“We also now try to learn something from the Covid experience; in essence, our goal is to see how families behaved in this period and how this can help create family-friendly policies.” (II_3)

Respondents were further asked to assess how much time they thought their spouses spent on childcare and whether this increased during the Covid-19 pandemic. An interesting finding here (see Figure 18)

is that male respondents believed that their partners/wives spent less time with their children than they did before. In contrast, female respondents believed that their partners/husbands spent significantly more time on childcare. This suggests that women valued the participation of their partners in childcare activities and potentially even overestimated it. At the same time, men also valued their own participation in childcare activities and helping women. They severely underestimated the role of women who, at any moment of time, do more childcare activities.

It was interesting to see what the differences were in childcare during the pandemic when split across the genders, but also across their employment status (see Figure 19). It can be seen for both men and women that those who work in private/public companies/institutions had the highest increase in childcare activities during the Covid-19 pandemic.

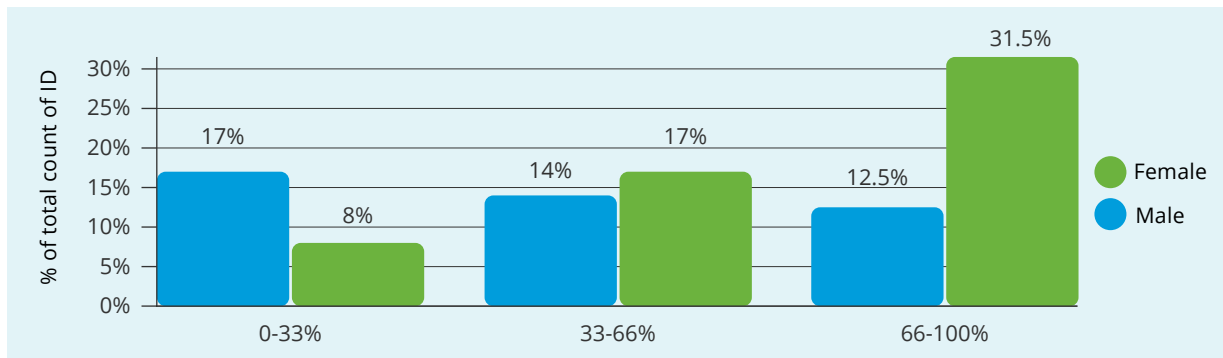


Figure 18. Childcare during the Covid-19 pandemic

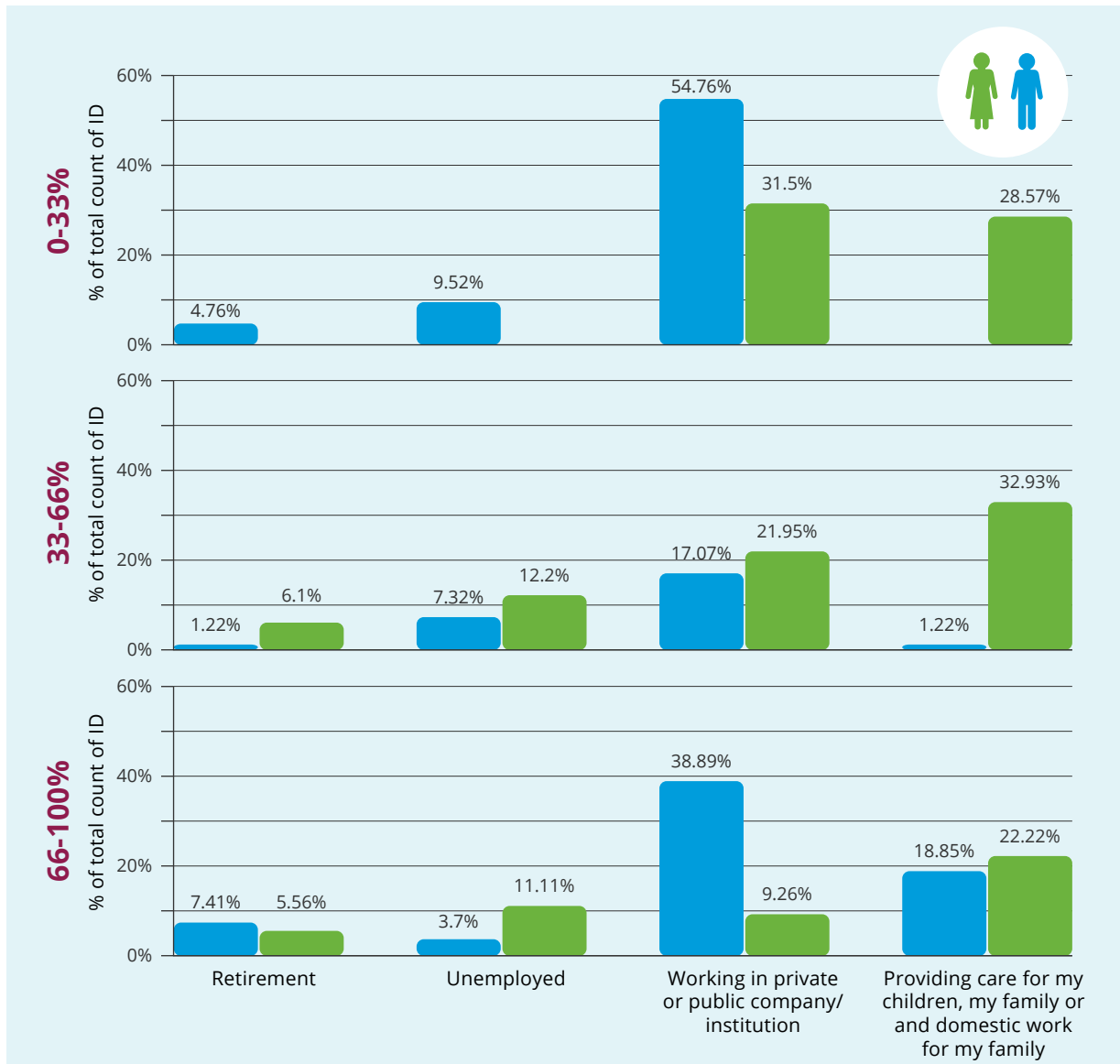


Figure 19. Time spent on childcare activities per gender and employment status

A further point of analysis was the use of care services. Interestingly, 68.6 per cent of respondents who have children were not using the services from care institutions or home visit care services for their children (childcare service, babysitter, etc.). In cases where the respondents stated that they did use care services the majority of them listed kindergartens (69.7%), followed by private playrooms (22.1%), babysitters (21.3%) and after school childcare (20.5%) (see Figure 21).

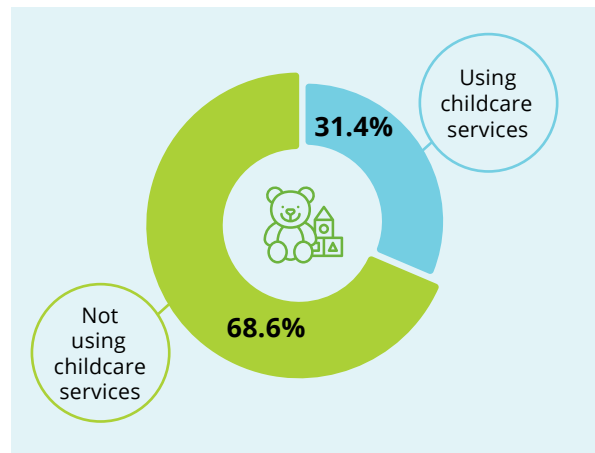


Figure 20. Use of kindergartens

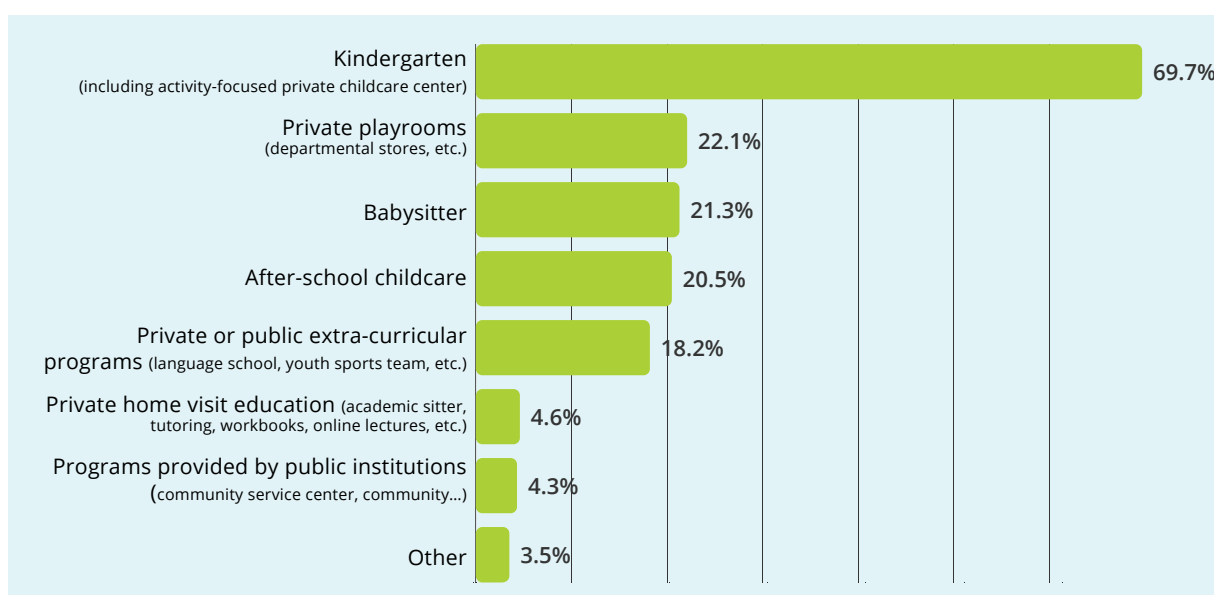


Figure 21. List of childcare services that were used during the pandemic

One of the possible reasons for such low usage of childcare services lies in their availability throughout the country. Both primary and secondary data in this research suggests that in most places across the country kindergartens are not available or if they are available it is really difficult to get a placement in a public kindergarten.

One of the respondents stated *“it is easier to find a job than to find a place in the kindergarten.”*

This was the situation in those places where public kindergartens exist.

“My kids have been in the kindergarten, it is a private kindergarten. With the public kindergartens here in my city I had the experience

that when my son was born I put him on a waiting list for six months and we received the invitation from the public kindergarten during the spring when he was testing for primary school.” (FCG_6)

Only in Sarajevo Canton is there an initiative whereby the cantonal government pays subventions for those who are not accepted by a public kindergarten and in this way co-finances entry into a private kindergarten. This finding is particularly important since respondents stated that for them the top priority in terms of support from the government is free government care services such as childcare, care for the elderly, ill and persons living with disabilities (see Table 10).

Table 10. An overview of the most beneficial childcare services for respondents

CHILDCARE SERVICE	Percentage
Cash subsidy for family or for care work (e.g., child benefit, career allowance, old-age pension or disability allowance)	39.2%
In-kind support for family needs (e.g., food, medicine, clothing or household equipment)	21.1%
Free government care services (e.g., childcare, care for the elderly, ill or persons living with disabilities)	44.0%
Public infrastructure without fees (e.g., water , electricity and transportation system)	37.4%
Other (please specify)	5.6%

In terms of the actual usage of childcare services, the experiences of the respondents differed based on their geographic location. Cities usually have such an offer of services, either public or private, while more rural and distant areas do not have this option. An excellent example of best practice is the travel kindergarten in Canton Sarajevo.

“We have also introduced the ‘travel kindergarten’ within the project that was financed by Caritas Switzerland. Once the project was finished, we continued to finance it with the approval of the Government of Sarajevo Canton. This ‘travel kindergarten’ visits areas of Sarajevo Canton that are without any infrastructure. We are also focused on marginalised groups. The enrolment for these kids is free of charge (for about 77 kids and 2 hours per day, which is the time that the bus stays in one location). The bus is fully didactically transformed with an interior that reflects a real kindergarten. Up until now, we had the support of the Ministry of Education in Sarajevo Canton; however, we do not know whether this support and the budget line for this project will be extended to the new school year.” (ICH_14)

The effect of the outlined project is twofold: 1) it ensures that all children have the same rights and that their rights are protected and 2) it enables mothers from marginalised groups and endangered families the time to search for a job. As a model, this project functions very well and has the potential to be applied throughout Bosnia and Herzegovina.

In the developed world preschool education is formalised and obligatory as part of the education system. In Bosnia and Herzegovina there is the Framework Law on Preschool Education that prescribes that preschool education is obligatory and free of charge for all children. However, this Law is not fully implemented throughout the country. For example, the laws that regulate this issue are still not introduced in all cantons in the Federation of Bosnia and Herzegovina. Currently, there is an uneven distribution of available kindergarten services and even when they are available they are not free of charge (as the Law prescribes). In Bosnia and Herzegovina, it is therefore necessary to first establish the basis (service infrastructure and availability) and then plan the upgrade (e.g., first by increasing the number of hours the children are obliged to spend in kindergarten).

One of the big issues in this sector in terms of the provision of this service is the caregivers and educators, namely the employees of the kindergartens. Kindergartens have strict regulations and it is necessary to respect the standards and norms with respect to the number of employed personnel, number of children, facilities provided, etc.

“There are no educators who are unemployed; there is currently no one at the employment office. However, it is important to state that we have other positions planned in our systematisation of work (e.g., assistants in classes and speech therapists), but those positions are still not filled.” (ICH_14)

3.2.3.1 Use of other childcare services

In addition to kindergarten, it is essential to evaluate other childcare services provided by government institutions in Bosnia and Herzegovina. These were listed as second priority by the quantitative survey respondents. In the case of childcare services it is important to understand the system on which they are based. Social policy in the Federation of Bosnia and Herzegovina (and in the country as a whole) is based on two important pillars, namely the social security pillar and the social protection pillar. The social security pillar includes all the functions that beneficiaries pay into, such as the pension system, health insurance and unemployment insurance. The pillar of social protection is the one to which the beneficiaries of these special monetary rights do not contribute through the budget of the state/corporation because of their special needs and it is for this reason that they enjoy certain rights. From this point of view, it is important to assess whether the mother is unemployed or employed. Employed mothers are part of the social security system, while unemployed mothers belong to the social protection system. Consequently, there is a new regulation in the Federation of Bosnia and Herzegovina - the Law on Material Support for Families with Children - and one of the key segments of this Law is the issue of financial support for unemployed mothers; the focus of the Law is on birth support.

Two main rights are determined by the new Law: child allowance (from the entity budget) and help for unemployed mothers (from the budgets of the cantons, with the conditions defined by the federal law). The federal level has ensured the basis for this financial help

as well as the key elements to exercise this right. Yet even in these cases, the cantons can be more supportive of women and present better financial conditions. This is why the federal act defines the minimum that should not be gone beyond. In Republika Srpska, the system functions differently. There is the 'c405' contribution that is defined and which makes up the Public Child Protection Fund. Here, these are not only maternity benefits but also child allowance and all other benefits from the family and child protection system. Such a fund does not exist in the Federation of Bosnia and Herzegovina and it is a question of whether or not to form one.

These differences in the system are reflected in the varying scope and quantity of subsidies. Again, they are large and geographically shaped. In Canton Sarajevo (Federation of Bosnia and Herzegovina), for example, mothers receive BAM 2,000 for their third child whereas in Banja Luka (Republika Srpska) this amount is BAM 600. The focus group respondents were asked whether they would accept a salary of BAM 1,500 per month (which is higher than the average salary in Bosnia and Herzegovina) not to work but just to stay at home with the children without using the kindergarten. One respondent mentioned that such a measure is active in Croatia for families with three or more children. However, this is only the case when the children do not go to kindergarten and when the parent does not work. Then the parent gets the status of 'parent educator' and receives considerable funding. Only one respondent from the focus group was willing to consider and accept this proposal.

3.2.3.2 Stereotypes and childcare

Attitudes toward the role of women and the position of women in terms of childcare were shaped considerably by culture and cultural norms and habits. In the focus group that was conducted, representatives listened

to the scenario in which a husband was doing all the childcare activities and where the wife had other tasks, such as housework tasks. The focus group participants did not approve of this division of work and clearly stated that the mother should spend more time with her children. One of the most dominant issues in the narrative was that the husband was 'helping' her with the children. Moreover, even in those instances where the fathers do 'help', the mothers reported that they needed to have an oversight role and that they needed to remind their spouses of all the care activities to be done.

- *"In my opinion, she is a mother who spends too little time with those kids of theirs." (C_5)*
- *"My husband helps me whenever he can; however, he works." (C_4)*
- *"What I cannot help but notice is that we are thankful to them that they're helping us." (C_6)*

A second interesting cultural trait is that women were, in general, more frequently taught how to take care of their siblings at a significantly higher rate than men (see Table 11) when they were a child or a teenager.

Thirdly, women face a lot of difficulties in the employment arena. For example, significantly fewer women take management positions, which demonstrates the differences in salaries. The respondents found this to be true for the service and trade sector.

"If you look at the workforce in this sector the main age is between 30 and 45 and that is the period when employees are moving up in their jobs. At the same time, this is the reproductive age for women and we have even had cases of discrimination in both hiring and career advancement." (IL_4)

Table 11. The distribution of sibling care activities that children/teenagers were taught about across gender

When you were a child or teenager, were you taught how to take care of your siblings?	Male	Female
Never	13.3%	7.8%
Hardly ever	9.1%	5.8%
Sometimes	43.1%	29.6%
Frequently	34.5%	56.7%

A fourth cultural aspect that arose during the research was that culture does not reflect the needs of the women and in particular women who have children. Namely, in the case that they would like to pursue additional education the education services are not adjusted to their needs.

“Educate women but also help them with the kids: kindergarten or the playground at the same time while they are studying. Offer them the services in the evening hours when the woman can leave the kids to someone else or during the weekend when the husband can jump in or when she can take the kids to her parents. We need to be sensible and see what the needs of those women are.” (IC_8)

Finally, single parents should be given particular consideration when it comes to childcare. Single parents are under much more pressure and have a greater need for support.

“I had a rough path in life since for one long period I was not formally employed. I was divorced. I did not get any support from our institutions and my kids have never gotten the alimony from their father – this was a hard

period in my life and my parents have helped me to survive. Interestingly, although I did not have money for different activities after school one of my sons started music school and now he is a candidate for the music academy at the university. The most difficult thing for me was the constant insecurity I was exposed to, without support and without anyone to help to organise life and activities. And it is difficult, since in our society a woman cannot do it on her own. She needs a man.” (C_5)

When it came to alimony the respondent, who is a social worker and who knows this topic well, stated that whenever a complaint is filed with the court about alimony it is processed very efficiently. In Republika Srpska, for example, there have been cases where alimony verdicts amounting to as much as BAM 50,000 have been awarded regularly. However, the issue of alimony must be raised by the child him or herself, and if the children are minors then by their mothers. Furthermore, Republika Srpska is in the process of creating an alimony fund where precisely these described situations will be addressed and where single parents that take full care of their children will be able to receive regular instalments regardless of what the other parent is doing.

3.3 Care for the elderly

In view of the aging population in many countries across the world gaining an understanding of social norms with respect to elderly care is a very important topic. According to UN Women (2015), more than 10 per cent of adults aged 50 or older in the OECD countries are caring informally for an ill or elderly person and around 60 per cent of these caregivers are women. This number is expected to rise by 20 to 30 per cent by 2050. This trend worsened during the COVID pandemic with 56 per cent of women and 51 per cent of men having increased time spent on unpaid care work since the beginning of the pandemic. Interestingly, men were slightly more likely than women to have increased time spent assisting elderly, ill or disabled adults.

Yet despite the increased contribution of men, women still carry the heaviest load: 33 per cent of women compared to 26 per cent of men increased their time spent on at least three activities related to unpaid care work (UN Women, 2020).

In countries where specific social protection programmes have been designed with consideration for care, the focus has been on keeping children, elderly and ill people and persons with disabilities with their families. However, the implicit expectation is that women will provide any required care, either unpaid or in exchange for low levels of support, thus relieving the state of the responsibility (UN Women, 2015).

Certain evidence indicates that ‘outsourcing’ elderly care often goes against traditional beliefs and expectations (Carreiro, 2012). Around 85 to 90 per cent of senior citizens want to age in place at their home (AARP, 2021). In most low and middle income countries there is limited development of formal public long-term care services for older people. The provision of long-term care is a low priority policy, given the extended belief that ‘families’ are better placed to provide care (HelpAge International, 2017).

Moreover, ageism is common in healthcare and when older adults experience it frequently, they are more likely to develop new or worsened disabilities (Rogers et al., 2012). Caring for the elderly, especially long-term, affects women's own health, physical and mental, due to the stress and burden of the work (HelpAge International, 2017; WHO, 2015). The effects are exacerbated for women who are themselves elderly.

3.3.1 Situation in Bosnia and Herzegovina

In BiH 46.7% of women report spending 10 hours weekly on elderly care.

In BiH 72% of respondents thought that there is a lack of adequate and affordable elderly care services.

According to the Agency for Statistics of Bosnia and Herzegovina in 2021, the percentage of the population of Bosnia and Herzegovina in the so-called 'third age', namely over 65, has already exceeded 14.2 per cent, while in Republika Srpska it has reached 17 per cent making it one of the oldest societies in Europe. Humanity is getting older. Life expectancy has increased to an average of 80 years for women and 75 years for men.

According to the 2013 census, Bosnia and Herzegovina had a total population of 2,337,200 inhabitants of which 14.2 per cent were aged 65 or over (for comparison purposes, this figure was 17.7% in Croatia) of which women accounted for 50.2 per cent and men 49.8 per cent. The aging index (percentage of persons aged 60 and over in relation to the number of people aged 0-19) was 40 per cent, which clearly shows the aging process in the population.

In Bosnia and Herzegovina 46.7 per cent of women reported spending 10 hours weekly on caring for the elderly (UN Women, 2021). This directly undermines the economic empowerment of women, because they are expected to provide this care work and are therefore unable to devote this time to paid work and career development.

The family structure is also changing in this country. It is moving away from the former large families with a shorter life expectancy to today's smaller families but

with extended life expectancy. Thus, there are less family members to take care of the elderly. Another very important issue is the phenomenon of migration from Bosnia and Herzegovina by younger people, which means that the elderly lack family care and intergenerational solidarity. Although society in Bosnia and Herzegovina, both in the Federation of Bosnia and Herzegovina and Republika Srpska, has largely retained its traditional family values and will not easily renounce the obligation to care for its elderly members, more omnipresent processes are on the scene today and this indicates a move towards the abandonment of traditional values in this area. The economic difficulties faced by young people, such as their inability to find employment, and the increasing level of emigration among the young and working population has led to a situation where an increasing number of older people must take care of themselves.

In BiH 14.2% of the population is aged 65 or over.

The aging index in BiH is at 40%, which indicates an increasingly aging population.

The capacities, prices and organisation of gerontological centres (homes for the elderly) differ across the country, but the overall offer is scarce. A study conducted by UN Women in 2021 showed that 72 per cent of respondents in Bosnia and Herzegovina believed that there is a lack of adequate and affordable elderly care services in this country. It is estimated that 40 gerontological centres are registered in Bosnia and Herzegovina as either public or, more often, private organisations. Most of them are located in urban areas and are therefore not accessible to all older adults. There is also a lack of geriatric and gerontology specialists who specialise in work with and the needs of the elderly population.

3.3.2 Legislation, policies and the system

The legislation on elderly care is covered by the entities (Federation of Bosnia and Herzegovina and Republika Srpska), but there is also shared jurisdiction between the Federation of Bosnia and Herzegovina and the

cantons. The federal Law on the Principles of Social Protection, Protection of Civilian Victims of War and Protection of Families with Children dating from 2018 (hereinafter, Federal Law dating from 2018) is based on the following definition:

“The elderly person with the need for care is a man older than 65 years of age, or a woman older than 60 years of age, without family or relatives who are legally obliged to provide for his/her sustenance, or if he/she has them, but they are incapable of caring for him/her.”

An allowance to cover the care and assistance of another person can be obtained by elderly persons who for reasons of permanent changes in their health are very much in need of permanent assistance and care from another person in order to satisfy their basic needs of life. However, they must fulfil certain conditions and it is up to the cantonal legislation to determine the value of the allowance to be provided for care and assistance. Their income is taken into consideration when determining the value of such assistance and the corresponding allowance. Finally, home care and assistance at home is an organised way of providing different services such as feeding, housework and other works as needed and covers the maintaining of personal hygiene of the elderly if these persons are unable to take care of themselves (Federal Law dating from 2018).

Each canton tackles this question through different jurisdictions, different ministries and different scopes. In some cantons, for example, there is a ministry with a focus on social issues whereas in other cantons social policy is part of the overall health system and thus leaves social protection and especially care for the elderly on its margins, which was especially pronounced during the pandemic.

Within the Law on social protection each canton, in no more than five articles, focuses on the elderly by further defining the conditions, manner and procedure for exercising their rights and the use of the provided financing as defined in the Federal Law dating from 2018, as described above. There might also be something specific to a particular canton, such as the existence of the public Gerontology Centre in Canton Sarajevo. The Gerontology Centre is a public institution that deals with the problems of aging and old age and in that sense provides accommodation, socialising and health services to the elderly, chronically ill, exhausted and disabled persons as well as others

in need. It aims to organise the best possible quality of life in old age by providing day or half-day services, food and professional assistance and services to the elderly. The centre can also provide healthcare, personal hygiene, food and procurement assistance as well as help with household and other chores to the elderly (Law on Social Protection, Protection of Civilian Victims of War and Protection of Families with Children in Canton Sarajevo, 2018).

In Republika Srpska the situation is somewhat less complex. There is one regulation that tackles the issues of financial assistance and institutionalised care activities. Assistance with care activities is provided to an older person from the entity budget if the person is unable to cover the cost of help and care at home through their own funds or the funds of a relative who has the obligation to support them in accordance with the Law. This means that in the first place it is up to the living relatives to provide care and financial support. However, if an elderly person qualifies for assistance the Law states that this includes “household chores, maintaining personal hygiene, procuring food and organising meals, and meeting other daily needs.” (Law on Social Protection in Republika Srpska, 2020).

In terms of organised institutions in Republika Srpska, there is a home for the elderly or a gerontology centre and a day centre, which provide different daily activities but without housing. The Law on Social protection in Republika Srpska states that the home for the elderly provides its beneficiaries with “housing, food, care, clothing, healthcare, cultural and entertainment, recreational, occupation and other activities, social work services and other services depending on the needs, abilities, and interests of the beneficiaries.” (RS Law, 2020). It can, however, extend those activities to the individual homes of elderly persons as well organise specific geriatric services for those in need of intensive care and nursing. The Law states that the Day Centre provides “living room, food, health supervision, occupational therapy, cultural, entertainment and recreational activities and other activities according to their abilities and preferences.” A day centre can be established as an independent institution or within other social protection institutions that provide services to adults and the elderly.

3.3.3 Institutions in Bosnia and Herzegovina

There are two formal public gerontology centres in the entities, one in Sarajevo in the Federation of Bosnia and Herzegovina and one in Banja Luka in Republika Srpska. There are also different homes for the elderly, centres for daily activities and/or services for care activities, organised either by NGOs or as private entities with or without collaboration with the public sector. Several private companies provide assistance to the elderly in Bosnia and Herzegovina.

The project 'Establishment of Centres for the Elderly in the Federation of Bosnia and Herzegovina and Republika Srpska' is implemented in cooperation with the United Nations Population Fund of Bosnia and Herzegovina (UNFPA BiH). In the Federation of Bosnia and Herzegovina there are different day centres for the elderly that aim to improve the health and quality of life of the elderly in three cantons. The project aims to improve services for the elderly and contribute towards improved development of policies and programmes for this population. The experiences from the project will be used, among other things, in drafting a support strategy for the elderly living in both entities in Bosnia and Herzegovina.

In Bosnia and Herzegovina there are currently only two palliative care centres, which are situated in public health institutions in Tuzla and Ljubuški. The amount and insufficient capacity of such centres is a problem faced by doctors and patients and their families. The purpose of palliative care is to facilitate the last months of life for patients who are in the terminal or advanced stage of a disease. The goal is that through the provision of adequate control of the symptoms of the disease the patient suffers as little pain as possible; this includes psychosocial support to allow the patient to cope with the disease more easily. Since a terminal disease also represents a burden on the family members adequate care and support must be provided.

The Law on healthcare in the Federation of Bosnia and Herzegovina envisages palliative care institutions (Federal Law on Health Protection, 2013) and in 2012 the entity parliament adopted the 'Strategy for the Prevention, Treatment and Control of Malignant Neoplasms in the Federation of Bosnia and Herzegovina for 2012–2020', with the special emphasis on palliative care. In Sarajevo Canton care for the most difficult patients is mainly reduced to home palliative care services. A project to build a hospice in Sarajevo within the Clinical Centre of the University of Sarajevo

was launched in 2012, but it has yet to be implemented. According to European standards, it is necessary to provide eight to twelve palliative care beds per 100,000 inhabitants. Bosnia and Herzegovina is still far from this average and the families of terminally ill patients on their deathbed are still largely left to fend for themselves.

3.3.4 Benchmark and comparative overview

Aging populations have pushed governments to introduce this to the agenda, especially during the time of Covid-19. There are different approaches to resolving the issue of an aging population. The UK follows a 'staggered care' system where elderly people are gradually given more support as they age. This ranges from initial home help with tasks like cooking and cleaning to care and medical support from trained personnel who either visit their home on a daily basis or live there with them all the way up to permanent placement in a residential care home or nursing care home. None of the services are free, although some people aged over 65 get help towards the costs and others use their savings (Global Healthcare, 2020). In Belgium most of this type of care is publicly funded by social contributions and general taxes. Yet family members in Belgium do their best to ensure that their elderly relatives can stay in their own home for as long as possible. Belgium also offers 'service flats' for elderly people who want to live independently but still have access to home help services, assisted living and cooked meals if they need them (Global Healthcare, 2020).

In countries like Germany a cohabiting scheme means that elderly people can live together in a community apartment, which gives them more independence and the opportunity to socialise. Additionally, Germany has 'multigeneration' centres where the elderly and young families can visit for socialisation or utilise the available care services. Similar creativity is seen in the Netherlands where Dutch university students live in nursing homes (Arosa, 2021). In exchange for 30 hours volunteering with senior residents each month students live rent free in their own rooms. The senior residents benefit immensely from contact with younger people who spend time with them, keep them up to date with the outside world and form real connections.

Yet the most creative solution comes from Japan, which is experiencing a tremendous increase in the number of senior citizens and where 38 per cent of the population will be over 65 by 2040 (Arosa, 2021). Japan has instituted a special currency known as Fureai Kippu

(Caring Relationship Tickets). The basic unit of currency is one hour of volunteer service to an elderly person. Participants volunteer their time and are compensated with credit that can be used for themselves or a loved one. Senior citizens can help other older citizens and earn currency that can then be banked or spent on their own care. Younger family members living at some geographic distance from their loved ones can earn credits by helping senior citizens in their own neighbourhood and then transferring the credits they accrue to their aging parents.

3.3.5 Research findings on care for the elderly

Social issues, including care for the elderly, should be more in focus in Bosnia and Herzegovina because the same issues and problems exist regardless of the area. This problem is not even differentiated between rural and urban areas, because families are bigger in rural areas and there are more members to provide help and support to the elderly. One could say that the situation is more difficult in urban areas, but there are support systems in big cities in the form of public and private institutions. However, public institutions should focus more on those in social and economic need as the private ones are rather expensive for everyday use. There is also a need to prolong quality living for as long as possible. This is done through healthy aging centres, which should be organised in each municipality in Bosnia and Herzegovina. This concept can be self-financed and self-sustainable if the municipality can provide a place for it.

Within the elderly segment, we identified three categories:

- Those in social and economic need without family members to take care of them who therefore need public institutions to care for them. This has to be addressed strategically with clear duties and costs. This does not directly influence care work for women.
- Elderly with dementia, those who are immobile or suffer from a terminal disease and are taken care of by their family members. This is the most complicated group that tends to use private institutions or NGOs that provide support if they can afford it. These people are mainly unwilling to move to a home for the elderly and therefore their family members take on the biggest burden.

- Active elderly who can take care of themselves and live on their own but also need a level of assistance (paying bills, buying groceries and being taken care of when they require more medical attention, etc.). Healthy aging centres are an excellent solution for prolonging their well-being and can combine more activities at one source.

Survey analysis showed that care for the elderly is divided almost equally among men and women; thus, in the total sample, 16.4 per cent of men took care of the elderly and 18.8 per cent of women. Their time use was also distributed equally, except during the night when more men took over (16.2%) compared to women (2.0%). Yet, as our respondents reported, night is an especially difficult time for taking care of the elderly.

“Only night and insomnia and that is the hardest for me, because my grandmother is demented and she sometimes switches day and night. She sleeps when I am at work, but at night she walks, she calls me at night, when I go to bed, she wakes me up. Honestly, not sleeping is killing me.” (R_5)

During the pandemic, as expected, care activities increased for both men and women as the elderly were ill more and even those who could take care of themselves under normal conditions were more demanding during the upsurges of the pandemic. When it came to care for the elderly women took greater responsibility providing for and taking care of their parents and in-laws: 57.14 per cent of women compared to 40.94 per cent of men.

You could say that it is rooted in our culture to take care of the elderly and that it is not something foreseen as a purely female responsibility but rather a family duty.

“Before, the families were bigger and living together so we always had someone to take care of the elderly. One of the issues of modern life, especially in urban areas, is that families have one or two children, living in nuclear families and both adults are working. So, taking care of elderly becomes a true challenge.” (IG_11)

Nevertheless, while growing up, children are taught to take care of older family members. The same distribution was found for boys and girls (see Figure 22).

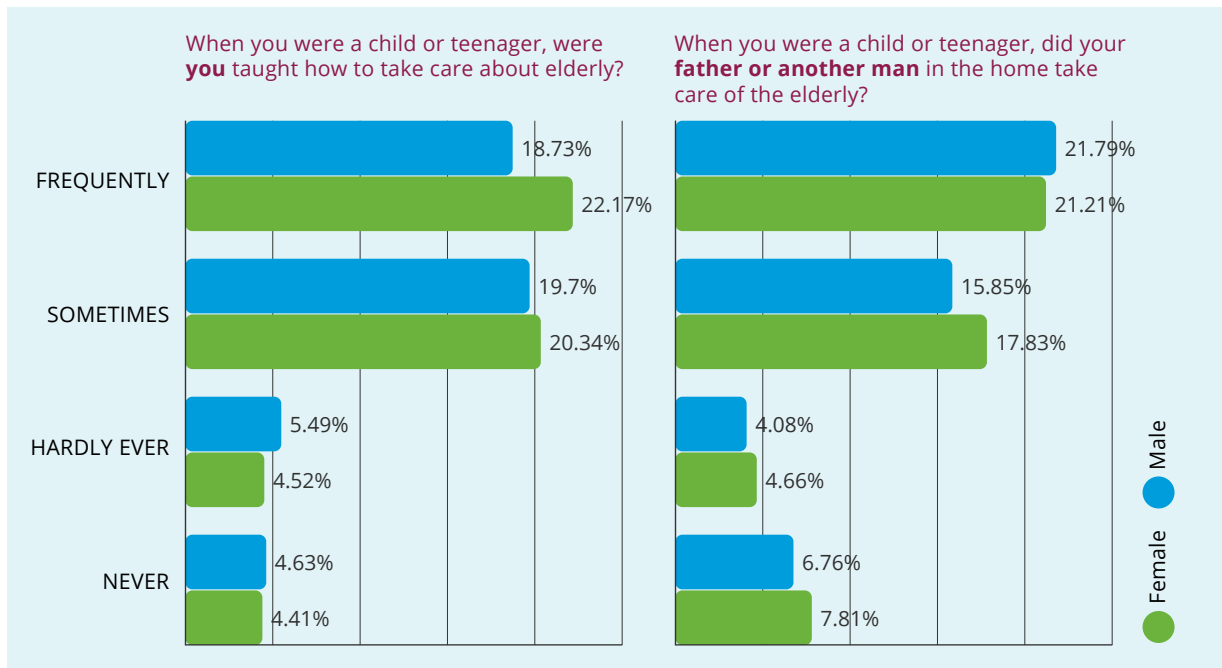


Figure 22. Boys and girls taking care of the elderly

While growing up, children were also exposed to male family members taking care of their parents and this suggests that model learning was employed.

However, qualitative analysis within the focus group was divided when it came to the equal distribution of care for the elderly within the family.

“I do all the work, plus working full time. My husband is less involved in everything that is going on within the household. Maybe because I take care of a female person, so it is ‘just us girls around the house’. He sometimes helps, just sometimes.” (R_6)

“This is not my situation. I don’t want to do all the work. Sometimes I can do it all, but I don’t want to. Men need to help and be included in the care activities as much.” (R_5)

The overall opinion was that women do most things in the care sector and that this appeared to be normal. Yet it could be because women voluntarily take on more activities because they think that they will do it better, that they are more organised, that they know the routine, etc.

“Men are not prepared to take care of their parents, to take them to doctors, to feed them, clean them, sort meds, etc.” (R_8)

The above view is contrary to the research, which shows that boys are prepared equally for this activity in life as girls whilst growing up. Those who took care of their elderly said that the biggest problem is a healthcare system that does not operate sufficiently. The respondents believed that agism is present in healthcare institutions, that elderly people are neglected and that those with dementia and/or no-one to take care of them are left aside and cannot expect much from the healthcare system. This situation worsened significantly during the COVID-19 pandemic. Respondents reported a more difficult situation after hospitalisation in the form of decubitus, bacteria, immobilisation, etc.

“For us the main problem is the healthcare system. My mom was ruined while she was in the hospital. The healthcare system needs to be improved, that is the only solution for all of us.” (R_7)

Taking care of the elderly also requires financial resources. Those in need and those who do not have anyone to take care of them can receive help in the form of financial incentives and can also be placed in public homes for the elderly free of charge, while any kind of additional help for the rest involves high costs.

“What would help me personally is not so much finances as a little more free time for me. If there is another person who could cover me for a while that would be the biggest help.” (R_6)

Through such statements one could conclude that everyone is still hoping for the system to provide help. As presented in Table 12, they mainly expect a cash subsidy (44.3%) and other care services provided by the government free of charge (47.8%). Other help, which again relates to costs and finances, was seen as a public infrastructure without fees by 34.6 per cent and in-kind support in the form of food, medicine, clothing, etc. by 24.7 per cent of respondents. While those in need can be granted a free place at a home for the elderly those in public homes have to pay between BAM 800 and BAM 900 monthly, depending on the category. In private homes for the elderly in Sarajevo the monthly fee is up to BAM 1,500 for a single bedroom. Therefore, private homes for the elderly are occupied mainly by people whose children live abroad as part of the diaspora, about 80 per cent of them, and usually the costs are divided among siblings.

“I know that most of our patients have tried living on their own in their apartments at first. But as they were paying two or three women to help them, they realised that this is a cheaper and more rational option.” (R_2)

Yet for some of our respondents the financial aspect, even though scarce, was not the main issue. The biggest problem for them is having more time for themselves, their lives and regular activities. This is something very important to consider when analysing care activities and the corresponding burden, which is placed predominantly on women.

“I wish I had someone to help me a little more during the night, so I could get through it calmly and without getting up seven or eight times. Also, if doctors or nurses could be more involved. We don’t need healthcare as much as home care.” (R_5)

There are many private institutions offering this kind of help in taking care of the elderly at home. One example is the Red Cross in Tuzla, which charges BAM 11 per hour.

“Red Cross is wonderful, but you can’t pay too much. For example, today if I pay five hours for me it is too much. So I can afford one hour per day and sometimes that is just to have someone come over and make her a coffee and sit down and talk to her.” (R_9)

Which of these supports/services would be most beneficial to you during the day that you just described?	Percentage
Cash subsidy for family or for care work (e.g., child benefit, career allowance, old-age pension, disability allowance)	44.3%
In-kind support for family needs (e.g., food, medicine, clothing, household equipment)	24.7%
Free government care services (e.g., childcare, care for people who are elderly, ill or living with disability)	47.8%
Public infrastructure without fees (e.g., water, electricity, transportation systems)	34.6%
Other (please specify)	4.0%

Table 12. Support in caring for the elderly

Prior to the pandemic, there was a similar initiative in Canton Sarajevo within the public institution the Gerontology Centre. Government officials now plan to focus more on it and to offer home visits to those who do not require constant care and to those who are not in direct social need.

“We are working on an additional project ‘help in home’ for those who are not living in the Gerontology Centre but require additional help. This is a project that began before the pandemics and now we are revitalising it in cooperation with NGOs. This will be major added value to our Gerontology Centre and an extra source of income.” (IM_2)

greatly among them. Some are for those in social need and without family members to take care of them (in Canton Sarajevo, for instance, a total of 808 elderly is registered as being without anyone to take care of them), while others are focused on living conditions, life quality, different activities and tasks, field trips, excursions, etc.

“We pay a lot of attention to occupational therapy. While we have rural patients we provide horticultural activities for them and for urban there are different activities, they are professionals in their fields and they still want to feel useful. Before Covid, we had an excellent collaboration with primary and secondary schools; it’s a fantastic combination for those grandmas and grandpas to connect with children.” (IG_11)

3.3.5.1 Homes for the elderly

The offer of homes for the elderly is increasing and improving as a result of increased competition, both in the private and public sector. While public institutions are mainly focused on those who cannot afford any other type of care privately run homes offer a variety of services and quality assurance. The institutions collaborate among themselves but the quality differs

The situation in Sarajevo is somewhat different than in Banja Luka because there is a significant number of private homes for the elderly and a variety of different offers. Therefore, the public institutions focus mainly on those in social need and those who have no family members to take care of them.

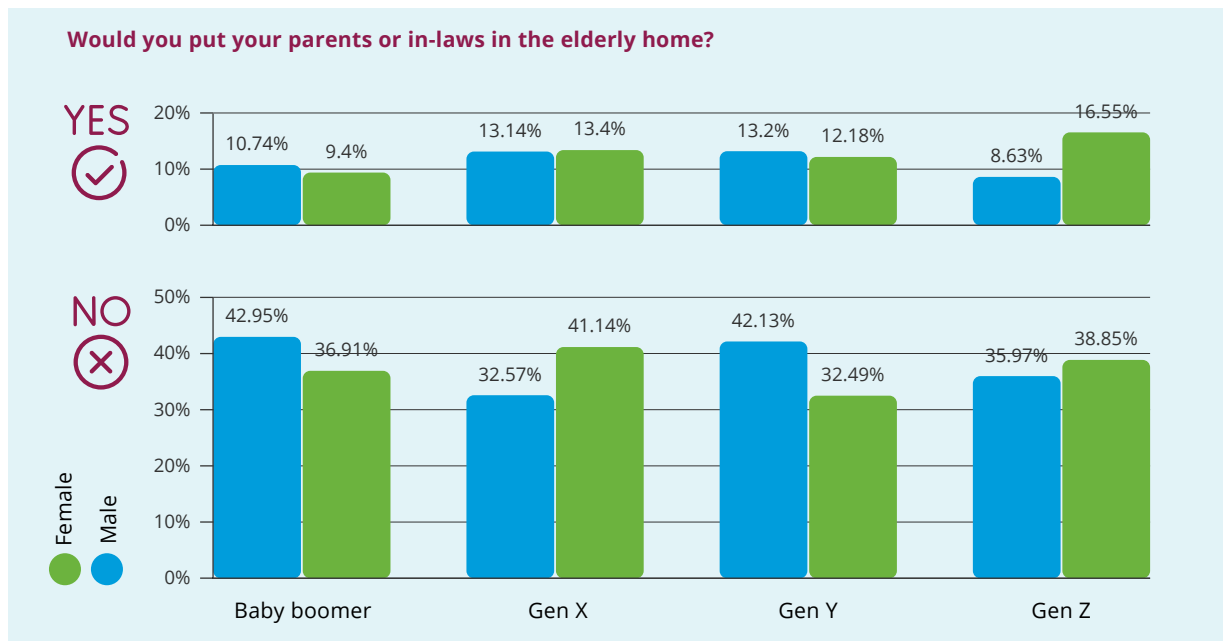


Figure 23. Opinion on homes for the elderly according to gender and generation

Stereotypes regarding homes for the elderly are deeply rooted in our culture and there is significant resistance to living in a specialised home. Almost 60 per cent of our respondents, regardless of gender, were opposed to the idea of putting their parents or in-laws in a home

for the elderly (see Table 13). Although 44 per cent thought that their family and friends would support or at least would not judge their decision, they would still not even consider it.

One of the respondents thought that stereotypes are changing, especially after seeing what is on offer, but that adequate services need to be provided.

“Once they get used to being with their own generation, with whom they have a lot in common and having different activities all day long, they are satisfied, don’t want to go and their families are happy.” (IG_11)

Yet the respondents were united in their decision to oppose placing their loved ones in a home, irrespective of the generation to which they belong. Although there was a slight decrease in their strong opposition to placement in a home for the elderly it was not significant because it was not followed by a corresponding increase in their willingness to put parents or in-laws in such a home.

Most of the respondents were of the opinion that their family and friends would support this decision; however, it was interesting to note that older respondents were more confident in the opinion in their surroundings. Generation Y thought that their family and friends would gossip about their decision if it were pro homes for the elderly, while compared to the others Generation Z thought that their surrounding environment might strongly oppose the idea of homes for the elderly (see Table 14).

Respondents gave several reasons why they would not put their family members in a home for the elderly. The reasons ranged from ‘lousy living conditions’ to price and even emotional extortion.

“I would never put my mother-in-law in an elderly home, because I love her and respect her ... I am not like that; I am too emotional.” (R_5)

There was the opinion among the respondents that regardless of what the surrounding environment might say those in a home for the elderly would feel abandoned by their children. Although this is stereotypical behaviour boosted by the surrounding environment it is not judgmental but rather a reflection of emotional pressure.

Respondents who had experience with public homes for the elderly shared very negative feelings regarding the conditions, while those who had contact with private homes were positive in their comments.

“I am currently working in a private elderly home, which is a completely different story in relation to the public one. I will agree with you that in the public nursing home, unfortunately, the situation is very bad, from unhygienic conditions to not taking care of ones in need, while in the private one I can say people pay a certain amount of money monthly and demand and receive all care and attention. Our protégés are very satisfied with our work.” (R_2)

Table 13. Stereotypes on homes for the elderly according to gender

Would you put your parents or in-laws in a home for the elderly?	Male	Female
No.	57.8%	54.1%
Yes.	17.6%	16.1%
I don't know.	24.7%	29.8%
Do you think your family and friends would support your decision to put your parents or in-laws in a home for the elderly?	Male	Female
They would fully support me.	17.4%	24.1%
They would not judge my decision.	26.4%	20.0%
They would gossip about my decision.	17.1%	12.4%
They would strongly oppose this idea.	9.9%	12.7%
I don't know.	29.2%	30.8%

To conclude, homes for the elderly were not popular whatsoever among any generation and those who decide to use their services demanded more than just bed and food. They wanted company, activities and a variety of services. However, they agreed that for this to happen the institution has to have educated and skilled staff.

“We have six people in the social department – defectologist, psychologist, social worker, occupational therapist, etc. This cannot be just room, food and therapy. They still live and they want to feel alive, feel useful, create new value ..” (IG_11)

3.3.5.2 Healthy aging centre

About 15 years ago, the first healthy aging centre was established in Bosnia and Herzegovina as one of the outcomes of an international project based on public health. Since then, several centres have been opened in Bosnia and Herzegovina based on its know-how,

both in the Federation and in Republika Srpska as well as around the region. These centres are based at the municipal level and receive great support from the municipal governments, mainly in the form of free of charge adequate space. One of their establishers and director (IG_10) stated that they intend to create a place where the elderly will feel comfortable, where they will benefit and grow and where they find a place for themselves. The users of these centres are refreshed and reenergised, not so much on the physical but rather on the mental level. They feel useful again and most are livelier after years of regular visits to these centres compared to how they were before they attended.

“We have family members of our beneficiaries living around the world and they are happy to be sponsors for the Centre or for different activities, as they see the benefit their parents have by spending time with us. We began with gym, but moved to different activities now: computers (they all have social media now), language, art, reading club ..” (IG_10)

Table 14. Stereotypes about homes for the elderly by generation

Do you think your family and friends would support your decision to put your parents or in-laws in a home for the elderly?	GENERATION				
	SILENT	BABY BOOMERS	X	Y	Z
They would fully support it.	41.0%	61.5%	6.5%	12.8%	9.5%
They would not judge my decision.	0.0%	14.1%	31.2%	24.5%	24.0%
They would gossip about my decision.	0.0%	3.7%	15.4%	21.9%	20.1%
They would strongly oppose this idea.	0.0%	8.6%	10.6%	12.4%	18.5%
I don't know.	59.0%	12.1%	36.4%	28.4%	27.9%

Beneficiaries of the centre are mostly women (around 80%) and most of them have lost their spouse. The respondents within the focus group stated the importance of mental health and the activities conducted by institutions such as the healthy aging centres.

“It's something wonderful; people have different activities, those who have been alone for years, isolated from society, people who may not have children and have no one to visit them for days, it really comes to them as a rebirth.” (R_3)

“We want healthy aging centres to be the place where elderly will feel comfortable, fulfilled and satisfied.” (IG_10)

Mental health is important and for the people in the diaspora it is a necessity. The BiH population is majorly displaced and most of them have their parents living here with no one to take care of them. They claim that

this requires enormous organisation in addition to the financial aspect. However, knowing that their parents have someone to visit them, talk to them or take a walk with them is a great help. In Tuzla nurses within the organisation of the Red Cross come to the address of elderly persons, pick up medicines, go to the market or just spend time talking to them.

“I feel safe now that I know the head nurse from the Red Cross, who organises everything for my parents related to doctors, is a big help to me. She is my saviour. I have someone coming from the Red Cross to my parents every day for an hour. Everyone is very kind and my mother now mainly needs just a conversation, someone to sit next to her and to talk to her. And believe me, it means a lot. It means a lot to me and it means a lot to my mother.” (R_9)

When summarising the research regarding care for the elderly in this country we can conclude first and foremost that there are many shortcomings in our system when it comes to the elderly. Healthcare is underdeveloped and neglected, the private home care system is expensive when it comes to full-time use and most of the activities are placed on family members. For those who do not have family members or the financial means to take care of themselves there are public homes, but the overall system and the offer needs to be improved. The other category of elderly persons is those who are not in direct financial need but oppose the idea of living in a home for the elderly and they need more in-home support. One of the role models that can be replicated is the example of the Red Cross, not forgetting the healthy aging centres and their activities. More intensive work in such centres is recommended whereby the elderly could socialise and as a result help to slow down the aging process and the potential onset of dementia.

3.4 Care for persons with disabilities

3.4.1 Legislation, policy and the system

In Bosnia and Herzegovina there is no formal definition of a person with a disability that applies at 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) to describe people with various functional limitations. Furthermore, there is no official data on people with disabilities. People with physical disabilities, chronic diseases, hearing and vision impairments, mental retardation, autism and multiple impairments are among those who qualify. The term ‘people with special needs’ is used increasingly because of increased inclusion based on basic human rights and awareness of inclusion.

Bosnia and Herzegovina has several laws and bylaws that govern the issue of disability. Furthermore, international agreements in the field of disability that the state of Bosnia and Herzegovina has signed and ratified are part of the internal legal system and legally supersede the domestic laws.

At the state level, Article II of the Constitution, ‘Human Rights and Fundamental Freedoms’, stipulates that the State and both entities will ensure the highest level of internationally recognised human rights and

fundamental freedoms, that the rights and freedoms provided for in the European Convention for the Protection of Human Rights and Fundamental Freedoms together with its protocols directly apply in Bosnia and Herzegovina and have priority over all other laws.

The document ‘Disability Policy in Bosnia and Herzegovina’ combines the perspectives of persons with disabilities and government institutions and 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.

Table 15. Legislation on care for PwD in Bosnia and Herzegovina
(See Appendix V)

See the Appendix V for the summary of the legislation that concerns the rights of persons with disabilities in specific areas at the state and entity level and Brčko District. In terms of legal jurisdiction in areas relevant to persons with disabilities (PwD), most of the legislation is at the entity and Brčko District level. In addition, in the Federation of Bosnia and Herzegovina jurisdiction is divided between the entity level and the cantonal level.

In addition to the presented laws, there are several cantonal laws that address these areas in the Federation of Bosnia and Herzegovina. The areas that address the needs and rights of PwD are vast and varied. Each jurisdiction has enacted laws that are neither interrelated nor harmonised. The legislature in each system has its own mechanism for registering and keeping track of persons with disabilities. In the domain of social protection the measures are mostly centred on financial assistance and institutional care with less emphasis placed on community rehabilitation and community care.

3.4.2 The situation in Bosnia and Herzegovina

There are no statistics on the actual number of persons with disabilities (PwD) and no databases of PwD at the entity level. The estimation shows that out of the total number of inhabitants (according to the 2013 census) the number of persons with disabilities was 294,058 or 8.3 per cent of which 132,975 were men and 161,083 women, while the status of 51,407 persons was unknown. In the Federation of Bosnia and Herzegovina the number of persons with disabilities was 181,927, in Republika Srpska it was 104,454 and in Brčko District the number was 7,677. In 2021, the Institution of the Human Rights Ombudsman of Bosnia and Herzegovina reported that 126,324 inhabitants were beneficiaries of some form of social protection with PwD being frequent beneficiaries of social protection.

To be able to exercise their rights a person must first, through an assessment and classification process, obtain the status of a person with a disability. In this country the classification and assessment of persons with disabilities are divided into various systems; each system should ensure that only eligible individuals obtain assistance under that system. Different models of aid and support for persons with disabilities are available in Bosnia and Herzegovina. These include, among others, healthcare, financial aid, institutional care, vocational rehabilitation and employment, education and inclusion, day care and other social activities and social services, accessibility and physical adaptation of the environment and access to transport. Existing institutional methods are dominated by financial aid models and the promotion of employment for PwD, while inclusion in the community remains a neglected aspect.

In the Federation of Bosnia and Herzegovina records on employed persons with disabilities are kept by the employment service in accordance with the person's place of residence. However, the Fund lacks information on the number of PwD working in the open labour market. The Republika Srpska Fund is required by law to keep records on PwD employed within the entity. However, this fund only has information on the number of employees in the real sector because it is responsible for the payment of financial incentives and refunding the contributions paid by the employers. The Fund of the Federation of Bosnia and Herzegovina does not have data on the number of PwD employed, while the Fund of Republika Srpska placed the number of employed PwD in the real sector at 1,190 in 2020 (Institution of the Human Rights Ombudsman of Bosnia and Herzegovina, 2021).

When it came to the number of employees with disabilities engaged through the incentive programmes in the Federation of Bosnia and Herzegovina a total of 1,910 persons were employed over the period 2018–2020, while in Republika Srpska the total was 92 persons (Institution of the Human Rights Ombudsman of Bosnia and Herzegovina, 2021).

Hence, it was possible to conclude that the issue of the employment of PwD is largely regulated in the two entities. However, when it came to inclusion in society and social protection as well as care for PwD the systems were decentralised, not integrated and mostly unregulated (especially when it came to caregivers).

3.4.3 Care for persons with disabilities

Care: The quality of services for PwD is inadequate, particularly in terms of the level of care provided. Only a limited number of disabled people are placed in specialised institutions. According to the data of the Agency for Statistics of Bosnia and Herzegovina, social protection institutions for disabled children, youth and adults with disorders in mental and physical development take care of a total of 2,434 PwD (data for 2020).

Table 16. Beneficiaries of institutions for disabled children, youth, adopted children and adults, according to age and gender

		Age							
		0-2	3-6	7-10	11-14	15-17	18-21	22-35	35 or above
Total	2,434	17	109	204	291	219	230	296	968
Male	1,448	9	73	133	188	145	134	248	518
Female	986	8	36	71	103	74	96	148	450

Source: The Agency for Statistics of Bosnia and Herzegovina (2021).

Yet many people with disabilities are cared for by family members without being included in the care economy system at all. The most common caregivers are parents who, in the absence of social support, take on the role of both a medical worker and a teacher for their child. Caregivers are often tethered to a disabled person most of the day and therefore have little opportunity for regular employment; providing care to a relative is neither compensated nor recognised by the health and pension insurance systems.

The care system enables a person with a disability entitlement to financial aid if for reasons of permanent changes to their health they require the help of another person in order to meet their basic living needs. Yet with the adoption of the Law on Parents-Caregivers in the Federation of Bosnia and Herzegovina, caring for a person with a disability will now be recognised as work from this year (2022) forward. Parents-caregivers will be entitled to a regular monthly allowance equal to the amount of the net minimum wage in the Federation of Bosnia and Herzegovina 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 stipulate that one of the parents of a child with disabilities 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 an amount equal to 25 per cent of the lowest salary in Republika Srpska in the preceding year.

Social protection: Bosnia and Herzegovina spends just under 19 per cent of GDP on social protection, while social assistance accounts for around 4 per cent of GDP. In comparison to other countries in the region, the largest expenditure goes on payments to war survivors and disability payments whereas the lowest proportion is spent on family and child benefits. Inequality in terms of access to social assistance is evident in, for example, child allowance, which varies between the entities and

among the cantons and municipalities (UNDP in Bosnia and Herzegovina, 2021).

Education: One of the barriers to children with disabilities receiving a sufficient education is social stigma and discrimination. Children with disabilities are integrated into regular education, regardless of the fact that most schools are not ready to accept them because they lack the appropriate infrastructure and transportation. Teachers are not adequately trained in the use of appropriate learning techniques for working with children with disabilities and are therefore unable to provide them with the necessary individual support they require. There is a scarcity of school aids to assist both pupils and teachers. In terms of gender, girls account for one third of all pupils in special education schools at all levels of schooling in this country (UNDP in Bosnia and Herzegovina, 2021).

3.4.4 Benchmarking and comparative overview

Social aid varies greatly between countries and thus in some countries individuals are fully cared for whereas in others, such as, for example, the United States, support is limited to the minimum and most PwD do not receive anything in the form of disability benefit from the United States system of benefits. In Germany if a person suffers from longer-term disability that individual will receive a pension regardless of age. Disabled children are automatically enrolled in the health insurance programme with their parents and incur no additional charges. Children and students with disabilities are entitled to a variety of rights, including wheelchair access and, in some cases, a sign language translator. Employing PwD entitles businesses to privileges and tax savings. People on disability benefit in Norway receive additional assistance to pay for a caregiver, make house modifications and pay for taxies, among other things. Disability pensions in Denmark are means tested and housing allowance can be added to pensions (Guardian, 2015).

EU Member States paid around EUR 276 billion on disability benefits in 2018, accounting for 7.6 per cent of total expenditure on social protection benefits (Eurostat, 2020). Over the last decade, social spending as a proportion of GDP in the OECD countries has generally decreased. France remains the country most committed to social benefits, with the government spending about a third of GDP on social services in 2019. Scandinavian countries rank high on the list, with Denmark, Sweden and Norway all allocating more than 25 per cent of their GDP. The OECD average was 20 per cent (Buchholz, 2021). In comparison, Bosnia and Herzegovina spends just under 19 per cent of GDP or less than the OECD average.

3.4.5 Research findings on the care provided to persons with disabilities

Persons with disabilities (PwD) in Bosnia and Herzegovina have very poor support structures for establishing a functional life, which leads to poorer health, lower educational attainment and lower economic participation. The reason for this can be attributed to a number of factors emanating from the system through which public services are provided whereby people with disabilities continue to experience barriers to accessing services such as health, transportation, education and employment. This situation is even more complicated by the complex public administration in Bosnia and Herzegovina, which results in a completely different environment for PwD from canton to canton, with different rights and different paths to access them.

However, the problems faced by PwD and caregivers across the country are very similar:

- the person's level of disability (whether they are completely dependent on caregivers or can care for themselves);
- the age of the PwD (preschool, school age or adult).

In the sample, 7.6 per cent of respondents stated that they provide care for a person with a disability. There were no significant gender differences. Of those who cared for a person with disability 35.6 per cent were employed, 10.5 per cent of them contributed fully to the household budget, 9.9 per cent were receiving a private or a state pension or other government support as their only form of income and 5.5 per cent were living off social/state support.

3.4.5.1 Quality of life and caregiving

“Our entire family must all adapt to his [PwD] needs and requirements.” (IG_10)

The family of a child with disability has to adjust several aspects of their lifestyle in order to accommodate the requirements and needs of the child. Caring for PwD can be a physically and mentally demanding job, depending on the type of disability, which also affects the quality of life of the caregiver. It was frequently reported that parents of disabled children experience physical and psychological distress thereby diminishing their quality of life. When you factor in the insufficient level of support offered by the system it is clear that the quality of life of the entire family is deemed completely inconsequential. Needless to say, the quality of life of persons with disabilities and those who provide care for them is abysmal in Bosnia and Herzegovina.

“Despite the fact that our son is quite high-functioning he has difficulties that make his life difficult as well as that of our entire family, because we must all adapt to his needs and requirements.” (D_7)

Parents face numerous challenges before receiving a diagnosis for their child, which can take a long time. Following the diagnosis comes the phase of having to accept and face the diagnosis as well as consider one's own and the child's life and future. Caregivers require assistance to cope with physical, mental and emotional stress at all stages.

“There is a significant shortcoming in healthcare in terms of not providing support to parents when a diagnosis is communicated to them. I received no assistance from a psychologist, psychiatrist or another specialist of that kind.” (D_7)

“We are in fact doctors to our children.” (D_8)

The greatest burden when caring for a disabled child falls on their parents. This influence, however, frequently extends to grandparents, who try to make life easier for their children. In this regard, one of the respondent believed that her mother had invested a significant part of her life in helping care for her disabled granddaughter and making life a little easier for her own daughter.

“I was mostly helped by my immediate family, meaning my parents ... My mother is already old, she is 83 years old, and she practically sacrificed a part of her life to help me, to keep me physically and mentally safe, and to have one child of normal development.” (D_4)

Problems with getting a diagnosis, coping with a diagnosis, organising life for a child with a disability and organising their own life are just some of the problems that families face as caregivers for PwD. The system should provide support for each of the above-mentioned problems and especially in the part on organising the life of a PwD, which also incorporates healthcare, education and even employment. However, family members, most often mothers, are forced to become doctors and teachers for their children. Again, the system does not provide education or training and therefore parents are forced to manage on their own, find information on the Internet and get information through various non-governmental organisations and specialist associations.

“I believe it is absurd, because there are services and people who have been educated to provide those services [to PwD]. Why was it necessary for me, an economist, to retrain as a caregiver? I completed certain training and education to become an educator for my child ... because my child was experiencing a so-called regression and I realised that no one could help me and that I had to learn.” (D_6)

As a result, parents become informal caregivers and take on the continuous and demanding task of providing care. This reduces the strain on service providers and thus saves taxpayers money. Nonetheless, families with disabled children frequently face discrimination and a lack of comprehension.

“People with disabilities in Bosnia and Herzegovina face numerous challenges, the most significant of which are in people’s minds. When it comes to solving the problems of people with disabilities we are most helped by people who are in one of these positions, if they have a personal problem and if they have someone in the family or someone in the environment. So, they are more sensitive or have a little more understanding for these problems.” (D_4)

3.4.5.2 Gender and caregiving

When it comes to caring for persons with disabilities (PwD) during the day from 6 a.m. to 10 p.m. more women than men care for a person with a disability whereas from 10 p.m. to 1 a.m. approximately the same proportion of women and men provide care for the PwD. Yet traditionally women bear the responsibility of caring for people with disabilities, particularly children.

“Our mentality is such that the mother is typically the pillar of the family, especially if the child has special needs. Mothers carry the majority of the problems. There are many single mothers, including myself, who hustle for the existence of the family, who care for their child and who work to improve their children’s quality of life.” (D_1)

As many as 70 per cent of marriages involving children with developmental disabilities end in divorce, with the mother bearing the majority of the caregiving responsibilities.

In addition to the fact that women bear the responsibility of caring for a child with a disability, experience demonstrates that men not only do not care for the child but quite often turn their backs on the child and the mother. According to the experiences of the respondents who participated in the primary research, as many as 70 per cent of marriages involving children with developmental disabilities end in divorce with the mother bearing most of the caregiver responsibilities.

In such situations, the mother is compelled not only to care for the child but also for the family budget.

“I have friends who are single mothers whose husbands have failed to withstand that pressure ... is it their internal mental pressure or the pressure of the environment ... Men react a little differently than mothers who protect children and family and who can endure in the long run as well as in certain situations.” (D_4)

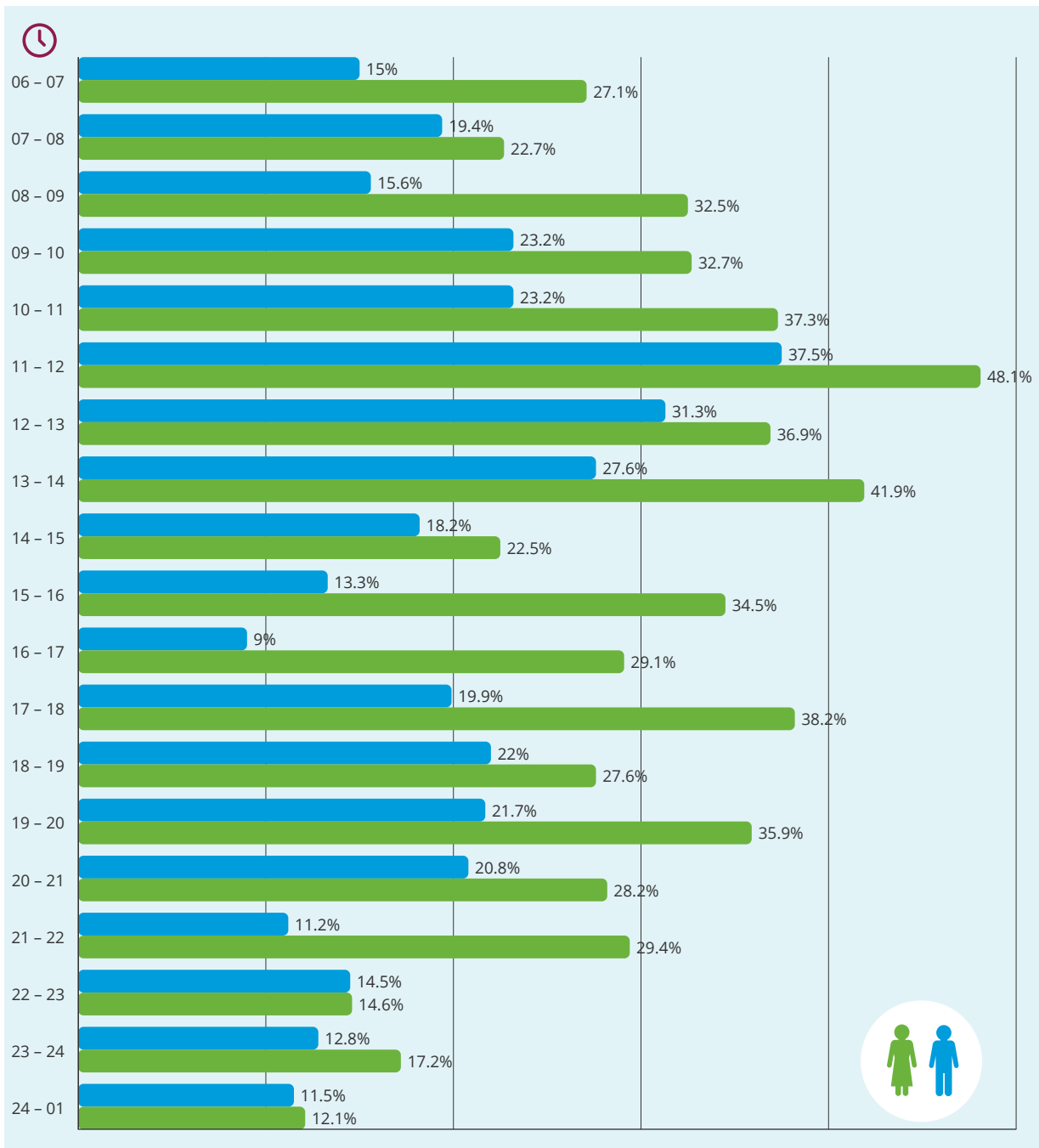


Figure 24. Daily responsibilities of caregivers – male vs. female

When a person is required to provide care for another individual who suffers from a disability the primary factor that is affected is their employment potential. In the vast majority of cases the caregiver must give up employment, regardless of occupation or level of education, because it is nearly impossible to obtain system based assistance for the daily care of PwD.

“At some point you and your spouse sit down and decide which of you will not work. I believe this occurs in 90 to 95 per cent of cases ... We had to decide whether to leave the child or try to ensure he made as much progress as possible and so I am currently unemployed, despite having a law degree.” (D_7)

Women are more likely than men to abandon their careers to care for a child. In addition to leaving their job and losing their financial independence this has a profound psychological effect on women.

“I ultimately decided not to work. It is our economic problem, but it also carries with it a psychological moment in which I become a housewife despite never wanting to be one; I am aware that I must give up my career to help my child.” (D_6)

In addition to giving up their career, the lack of support from the system forces women to train themselves in how to provide health and educational services to their children. Parents therefore become both doctors and teachers for their children, even though they are not trained for these roles.

Finally, in addition to the daily struggles of caring for a disabled child in many areas, parents are always concerned about what will happen to the child if something happens to them.

“I hope to live in a system that allows us to be a little more relaxed as parents. We can't leave this world ... we all wonder what will happen to the children if we die one day.” (D_1)

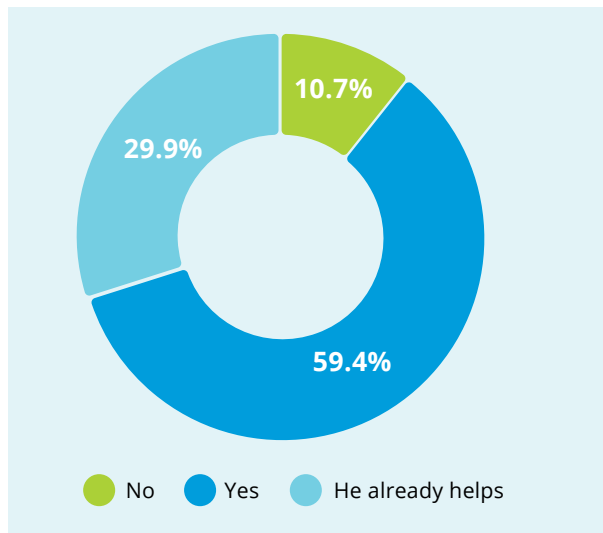


Figure 25. The desire to have help from the male partner/spouse

When asked if they would like their male spouse to assist them in caring for a person with disabilities 59.4 per cent said yes. The main reasons given by those who said that they would not want help from their male spouse were that he would not know how to help (36.3%) and that he was busy working (26.4%).

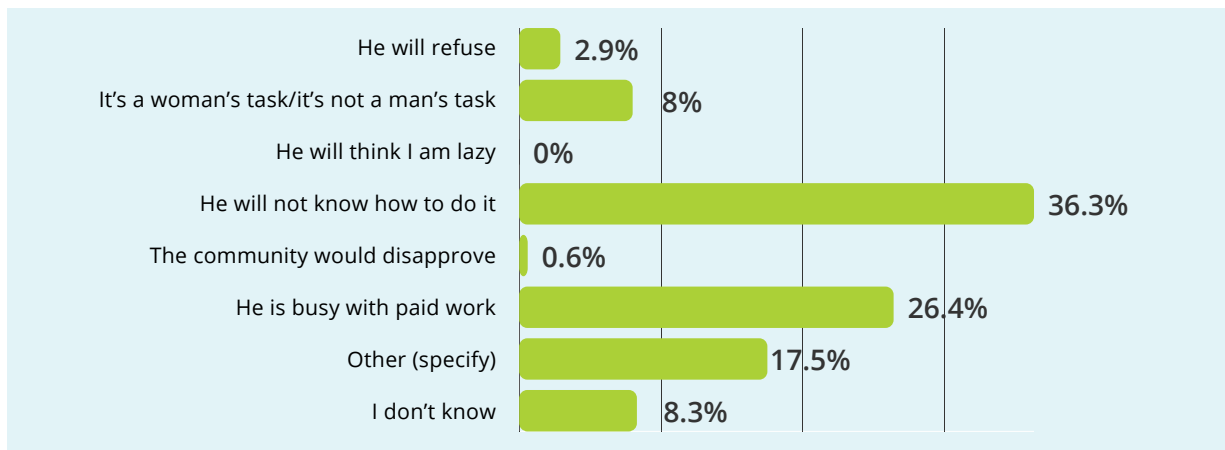


Figure 26. Reasons for not wanting help from a male partner/spouse

3.4.5.3 The needs of caregivers

When it came to the needs of caregivers that the system could meet the majority (59.6%) believed that cash subsidies for families and care work as well as free government care services would be beneficial (46.1%), while 34.1 per cent of respondents stated that they would benefit from in-kind support for family needs and 32.6 per cent responded that they would benefit from a fee free public infrastructure.

Parent educators are not yet recognised in the Federation of Bosnia and Herzegovina, but parent caregivers recently received such recognition. This is, in part, a family-friendly policy in action.

“We are very happy that parents-caregivers are recognised in the Federation of Bosnia and Herzegovina. We talked with parents of children with difficulties in development (or with disabilities) to recognise the specificity of the needs and everyday difficulties they have and to try to satisfy them through discussions with institutions. However, one should be careful with the application of this measure since, in essence, parental status means a caregiver and this can also mean that they still do not have the opportunity to find more support services for their children.” (II_3)

Table 17. The support/services that would be most beneficial for caregivers

Which of these support/services would be most beneficial to you during the day that you just described?	
Cash subsidies for families or for care work (e.g., child benefit, career allowance, old-age pension, disability allowance)	59.6%
In-kind support for family needs (e.g., food, medicine, clothing, household equipment)	34.1%
Free government care services (e.g., childcare, care for people who are elderly, ill or living with disability)	46.1%
Public infrastructure without fees (e.g., water, electricity, transportation systems)	32.6%
Other	1.3%

Although some laws and policies exist to protect and improve the lives of persons with disabilities (PwD) the individual human experiences and feelings of caregivers and parents remain the reality of caring for a disabled individual. The harmonisation of laws at different levels would contribute towards an improvement in the rights of PwD and caregivers and reduce the current geographical discrimination, while the availability of information on their rights would contribute significantly towards improving the condition of these families.

“We have laws but they are not implemented in practice. We have a lot of them. We have things that need to happen, but they don’t because people don’t have sensibility. What we get, I mean people with disabilities, is financial support and accommodation in institutions and what we want are support services that help both PwD and the people who care for them.” (D_1)

Because of the complexity of the system, the higher levels of government and the division of competencies, caregivers frequently lack knowledge about their own rights and the rights of persons with disabilities. In this regard, a one-stop shop for persons with disabilities and caregivers is required in order to at least centralise the services of providing information on competencies and rights and then the provision of services.

“You don’t have any institution that will tell you what legal rights you have, making it a little easier for you to exercise those rights in the beginning ... I have educated myself a lot. I am an economist, but I have devoted a lot of time to researching my rights, that is, reading the law. I read every day, because it was absurd for me to be told that I had no right to anything.” (D_7)

Families dealing with disability require psychological support and understanding. Furthermore, the experiences expressed by the respondent demonstrate that collaborative efforts yield greater results.

“We’re here to fight as hard as we can, and I believe we can accomplish so much together and that we should unite.” (D_3)

Finally, the system must be designed and organised in a way that addresses and recognises the needs of persons with disabilities based on the following.

1. The level of disability of a person with disabilities (PwD)

- **People who require constant care:** If a person with disability requires constant care this will result in a complete disruption of the normal life of the individual and the individuals who must provide this care. In this case, the greatest need of the family is adequate day care for the person with disability.

“The biggest problem is taking care of the child during working hours.” (D_7)

- **People who can care for themselves:** Stephen W. Hawking stated that disability need not be an obstacle to success. Despite suffering from motor neuron disease for virtually his entire adult life Mr Hawking has pursued a distinguished career in astrophysics and maintained a happy family life.

2. The age of the person with disability

- **Preschool children:** It is necessary to provide full daily care for children with disabilities in order to enable the mothers of those children to be employable and to work in the knowledge that their children are being cared for.
- **School-age children:** Daily care for PwD in need of full care and the full inclusion of PwD able to participate in education.
- **Adults:** Daily care for PwD in need of full care and the full inclusion and training of PwD who can work.

Persons with disabilities in Bosnia and Herzegovina require substantial education and support. The system recognises the significance of employing PwD and there

are a variety of incentives for those who do so. However, in order to maximise the integration of disabled people into society a systematic approach towards training is required. The education system is not designed to accommodate the unique requirements of everyone.

“You have two choices: declare people with disabilities incapable of work and receive disability benefits or decide that the child is capable of working and lose your disability benefits, leaving you with a working child who cannot be employed anywhere.” (D_7)

The United Nations Convention on the Rights of Persons with Disabilities, which was adopted in 2006, seeks to “promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.”

This represents a significant shift in the global perception and response to disability and yet, as in other segments, different countries have achieved this objective to varying degrees. Disability is complex and, depending on the context, interventions to overcome disability related deficiencies are numerous and systemically distinct.

4. CARE IN NUMBERS

On average, women in Bosnia and Herzegovina spend about 6 hours and 32 minutes on unpaid care activities. Men spend 3 hours and 31 minutes.

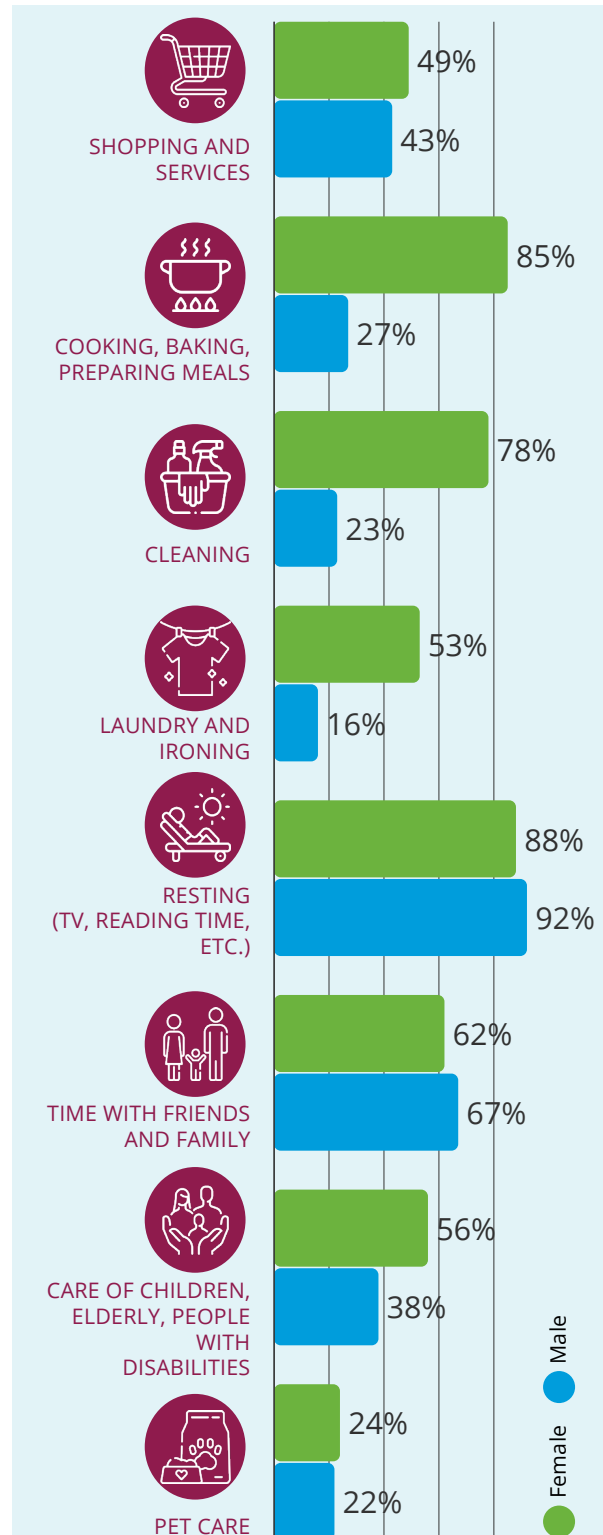
Of greatest interest in understanding the care economy in Bosnia and Herzegovina was the analysis of the time use domain. We conducted this analysis based on quantitative survey data obtained from respondents who were asked what tasks they perform from 6 a.m. to 1 a.m. past midnight. In the analysis we focused only on care related tasks and excluded sleeping time, education and other work. It is interesting to note that an unequal number of men and women performed similar tasks each day. For example, 85 per cent of women in our sample reported cooking at least once a day but this was only true for 27 per cent of men.

Similar differences existed when it came to other household tasks, such as cleaning (23% of men and 78% of women) and washing laundry and ironing (16% of men and 53% of women). These numbers can be better understood through the qualitative insights given by the respondents who participated in the quantitative study, providing some of their views by answering open questions from the survey.

“Men should help their wives in activities such as vacuuming the house, wiping the table after lunch or similar. But I think that, provided that the woman is healthy and capable, it is not natural for a man to wash the windows.” (Survey respondent IDs 6_D, A_4)

Unpaid care activities and social activities are analysed in more detail below in Figure 27.

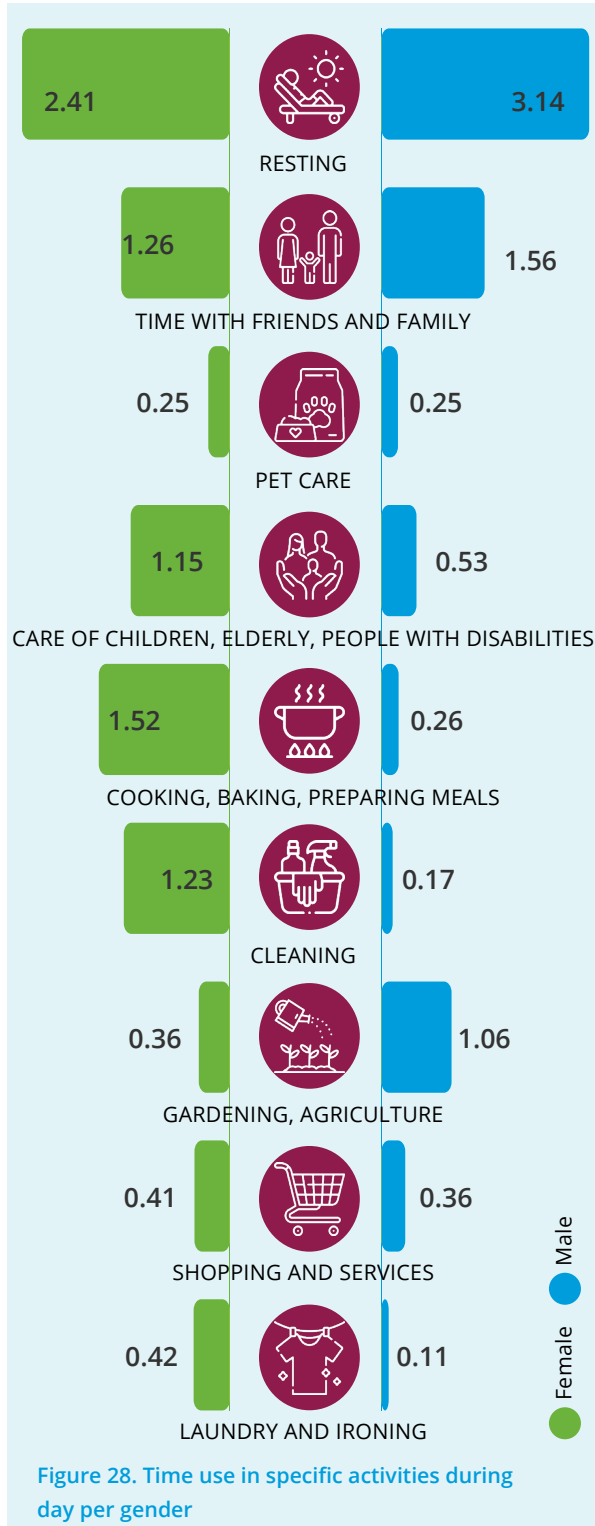
There were significant differences in the percentage of men and women involved in caring for children, the elderly and persons with disabilities (38% of men compared to 56% of women). The percentage of men and women who participated at least once a day in activities such as gardening and farming, shopping and services, pet care, and social activities balanced



* Percentage of women/men that do the activity at least once during the day

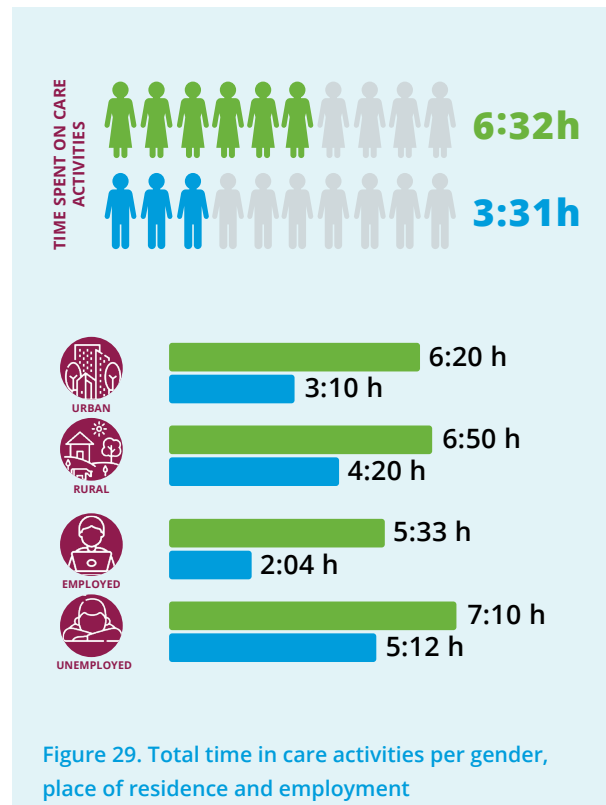
Figure 27. Time use – women vs. men

out to some extent. It is important to note that these figures do not reflect the amount of time spent on these activities but indicate the percentage of the population that participates in these activities at least once per day. Frequencies were obtained if the respondent stated at least once that they did a certain activity in the specified period.



While 85 per cent of women cook at least once a day this is true for only 27 per cent of men.

In the next phase of the analysis, we wanted to find out how much time men and women spend on average per day on activities related to the care economy. To understand it we had to calculate how much time all men and all women in the sample spent on each activity relative to the number of the category's population. We first focused on two main subdomains of daily life: the care activities subdomain and the social activities subdomain. The first subdomain, care activities, measured gender differences in terms of the participation of women and men in caring for and raising their children or grandchildren, care for the elderly and persons with disabilities as well as their participation in household activities. The second subdomain looked at the time that women and men invested in social activities. It measured gender differences in relation to sport, cultural and recreational activities conducted by women and men outside the household.



Women in rural areas spent much of their time on unpaid care activities (6:50 hours per day), while women in urban areas spent slightly less time on these activities (6:20 hours per day). At the same time, men in both rural and urban areas spent 40 to 55 per cent less time on care activities than women (between 4:20 and 3:01 hours).

Figure 29 shows that on average women spent 1.85 times more time on care activities (women 6:32 hours compared to men 3:31 hours) but only 0.79 of the time that men spent on social activities. These differences

were less negative for rural women (compared to rural men) than for urban women (compared to urban men). Surprisingly, the largest difference in time spent on care activities appeared when comparing employed women with employed men, women spent around 5:33 hours on care activities or more than twice as much time as employed men (2:04 hours). The findings show that women spend about 42 minutes per day and men 11 minutes on laundry and ironing and that both genders spent approximately the same time only on shopping and service activities and pet care.



Hours	Gender / Area of living				Employment Vs Gender			
	Urban Men	Urban Women	Rural Men	Rural Women	Employed Men	Employed Women	Unemployed Men	Unemployed Women
Resting (TV, Reading time etc.)	3:08	2:25	3:24	3:05	2:45	2:05	3:46	3:07
Spending time with friends and family	2:14	1:37	1:26	1:09	1:44	1:09	2:09	1:37
Pet care	0:20	0:25	0:31	0:26	0:16	0:17	0:34	0:31
Care about children, elderly, people with disabilities	0:50	1:23	0:59	1:02	0:44	1:08	1:04	1:20
Cooking, baking, preparing meals	0:33	1:46	0:14	2:01	0:14	1:40	0:39	2:00
Cleaning	0:22	1:24	0:11	1:21	0:11	1:08	0:25	1:33
Gardening, agriculture etc.	0:24	0:16	2:14	1:07	0:21	0:17	1:57	0:49
Shopping and services	0:39	0:46	0:29	0:33	0:25	0:38	0:49	0:42
Laundry and ironing	0:11	0:42	0:11	0:43	0:07	0:39	0:16	0:44

Table 18. Gender inequalities in terms of time spent (in hours) on different activities

When it came to caring for their own children, elderly and family members with disabilities women on average spent 41 per cent more time on this activity than men (1:15 minutes versus 53 minutes on average respectively). Unequal time use distribution is something that women are aware of in Bosnia and Herzegovina. In our focus groups, for example, we played respondents a story in which a husband and wife shared care activities related to raising their own children equally and asked the respondents to comment on it. The comments we received were very consistent.

“Well, it looks like a fairy tale. It sounds like a great theory, that they do their work equally. It is far away from that in reality!” (FG_HW)

The data on time use sorted according to the type of area (urban/rural) showed that women in rural areas are more burdened by unpaid care jobs. The same

also works for employed women (compared to both employed men and unemployed men) and unemployed women (compared to employed men, unemployed men and employed women).

Employed women spend more than twice as much time on care activities as employed men.

It is worrying to see that employed women have the most difficult burden when it comes to housework beyond their working hours, which is a significant demotivator for the economic empowerment of women. One of our focus group respondents raised this issue.

“I got a job and in 15 days my husband said ‘do you have to do it, what do you think about quitting?’ It was a mess at home because we used to have lunch at a certain time on the table. When I started working that was no more, because I couldn’t make it. I came home from work when he was already home, there was no lunch. I left for work at the same time he did. I quit my job.” (FG_HW)

Although the data collection was conducted at a single point in time, we wanted to gain at least an exploratory insight into men’s involvement in caregiving activities over time without adopting a longitudinal approach. Therefore, our respondents were asked about the involvement of their father or another male figure in their household when they were growing up concerning activities such as cleaning, preparing meals, caring for

the elderly and caring for siblings and other children in the family.

Figure 30 only shows the percentage of respondents who answered that their father or another male figure was not involved in these activities at all. It shows that the percentage of men who never participate in care activities is slowly decreasing and so, albeit very slow, there are some positive changes. In order to track progress over time and to understand patterns and changes in behaviour, time use surveys should be made part of institutional statistical reports. Currently, this is not the case. When we put together all the evidence from the time use surveys we should have sufficient evidence to argue that there is no gender equality in Bosnia and Herzegovina in terms of participation in unpaid care activities. To put it another way, the fact is that women are far more burdened by unpaid care responsibilities than men.

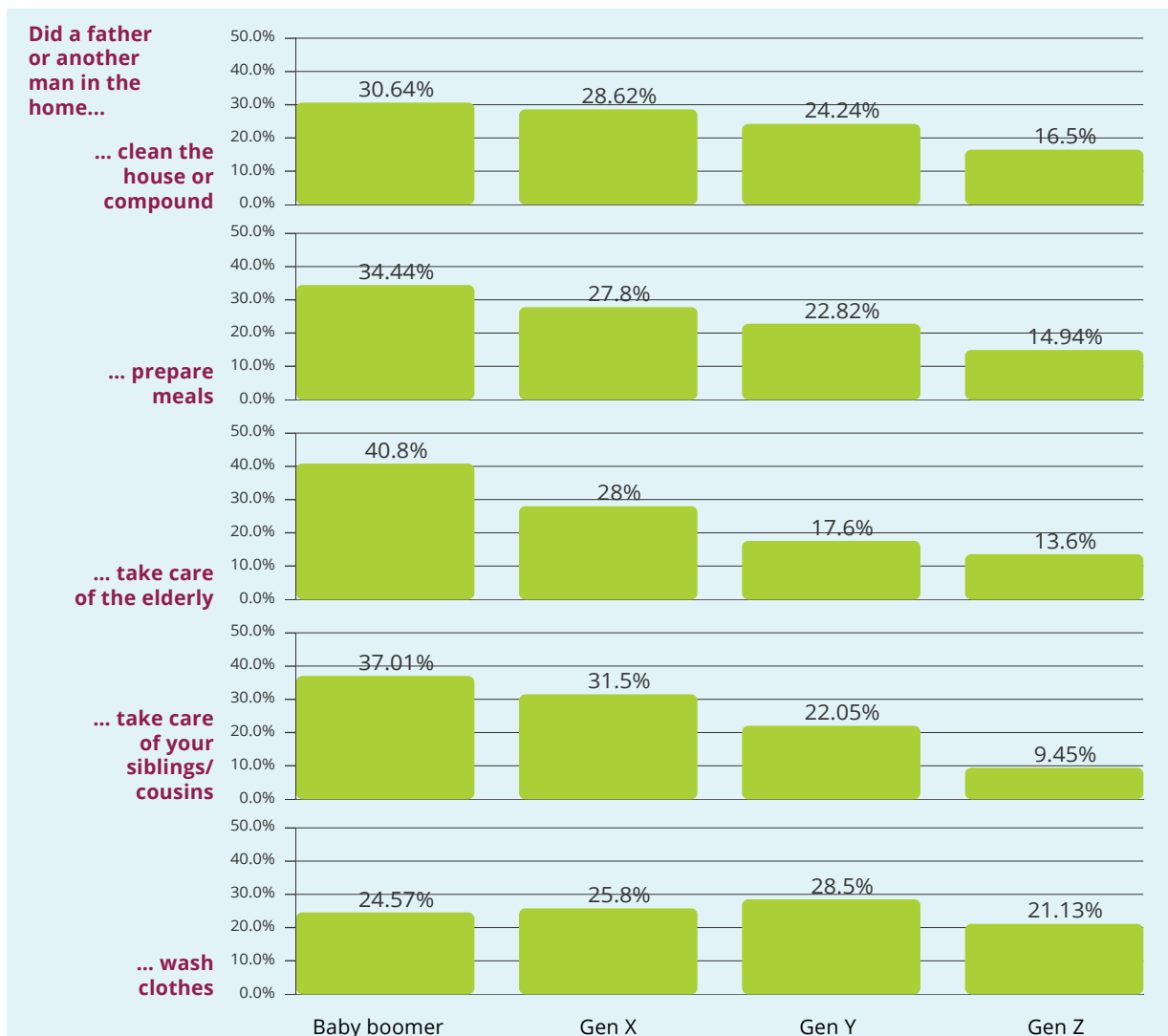


Figure 30. Participation of the father figure in care activities over the generation

5. POLICY AND PROGRAMMING RECOMMENDATIONS

Based on the analysis of the previously collected primary and secondary data, policy and programming options were created for stakeholders and UN Women in order to improve the care economy segment in Bosnia and Herzegovina. Although several recommendations, both policy and programming, can be proposed for each area of care, which would lead to the improvement of the system, the emphasis of this study is exclusively on recommendations that contribute to improving the understanding of the disproportionate responsibility for care as a source of inequality. This should inevitably lead to positive changes for fairer care and service delivery in households and communities, which will ultimately contribute to women's empowerment.

The care sector is complex and heterogeneous, with a variety of issues and problems that are deeply rooted in the system in this country. The following represent a small part of the overall problem:

- **the inadequate support provided through the healthcare system to people in need and care providers;**
- **limited employment policies and an extremely high unemployment rate, especially for women;**
- **an education system that does not provide sufficient support for children with disabilities;**
- **a society that overall has underdeveloped empathy for care needs and care providers.**

Therefore, the care sector and system require improvement through the application of different policy programmes in all of the above-mentioned areas. Namely, healthcare for elderly persons with dementia or immobility should be better organised and delivered to the elderly and their families on a timely basis, skilled and better educated employees should be found for all sectors (e.g., homes for the elderly, specialised schools for persons with disabilities (PwD), employment agencies, etc.) and inclusion within the school system, etc. should be improved in order to contribute to lowering the burden on women as the main providers of care in Bosnia and Herzegovina and to enable better pay and conditions for care workers

to help shift care work away from highly gendered so-called 'women's work'.

Nevertheless, this study focuses on those policies that will directly influence women and their care activities in four main segments: housework, childcare, care for the elderly and care for persons with disabilities. Policy options are categorised within the care policy framework (see Table 8) and graded according to priority. Some policies are suitable for programming options, but five of them are described specifically in more detail as case studies. Those case study programming options are 1) multi-care centres, 2) parenting schools, 3) advocacy options, 4) a one-stop shop for PwD and the elderly and 5) one policy option for the Law on social protection in the Federation of Bosnia and Herzegovina.

Concerning the latter option, the basic problem of exercising the rights of employed mothers in the Federation of Bosnia and Herzegovina is the fact that their right to compensation/salary during maternity leave currently comes under the social protection system. This in essence means that an employed mother is treated as a person in a state of social need.

The procedure, bodies and financing of this right are regulated in more detail at the cantonal level. This has led to a situation where the lack of coordination, the procedures and the amount of maternity leave compensation for working mothers differ from canton to canton. Therefore it is not possible to speak of an equal position of mothers in the workplace in the Federation of Bosnia and Herzegovina. Since compensation for maternity leave is financed directly from the budget (and not from health insurance) the amount paid is based in principle on the average salary in the canton and not on the mother's salary before she took maternity leave. The money paid by working mothers (an obligatory payment from salaries that each employer pays monthly) for health insurance (covering this risk) remains in the healthcare system, while this benefit is paid from the social protection budget.

Besides working mothers, other social categories are also discriminated against because of the misallocation of available budgetary resources that deprive them of certain rights to the protection of families with children. In addition to geographical discrimination there is also sectoral discrimination in this area. Namely, the labour

Law stipulates that the employer may (or may not) pay an employed mother the difference from her full salary during maternity leave.

Furthermore, the existing legal framework in the field of social protection in Bosnia and Herzegovina creates a number of difficulties when defining the concept of social services. Among other things, it does not provide a clear definition of social services as a key element of the social programme. A new law needs to be passed

in the Federation of Bosnia and Herzegovina that would make a distinction between the two channels for the provision of social services: a) Social services in the network (social services provided by institutions founded by the entities, cantons and municipalities and legal and natural persons with whom the relevant ministry and local self-government units have concluded an agreement on the provision of social services) and (b) social services outside the network.

The issues experienced by people involved in care activities, including childcare, care for persons with disabilities and care for the elderly, are the result of a number of factors, the most significant of which are the following:

- The complexity of the public administration system and the delegation of power between various levels of government, which frequently are not coordinated or interconnected.
- Lack of a systematic approach to addressing the identified issues, particularly in terms of delivering care and guaranteeing a sufficient level of quality of care.
- The existence of a gap between politics, namely between what is portrayed on paper and what actually occurs in practice.

Yet each of the aforementioned sectors of the care economy requires a distinct analysis and strategy for addressing the observed deficiencies and establishing a more equitable and effective system. In other words, improving the situation in the aforementioned sectors requires a systemic approach to each sector individually. This approach should target the integration and harmonisation of the complex system, the provision of adequate care and the laws of enforcement.

Given that the focus of this study is on the disproportionate allocation of responsibility for care as a source of inequality with a focus on gender, the following recommendations have the priority goal of initiating positive change in order to achieve more equitable care provision in households and communities and that will contribute towards women's empowerment.

An overview of the recommendations together with a description, policy level/priority and programming priorities is presented below in Table 19.

Table 19. Overview of the policy and programming recommendations

RECOMMENDATION	CATEGORISATION OF POLICY	CARE SECTOR	DESCRIPTION	POLICY LEVEL	POLICY PRIORITY	PROGRAMMING PRIORITY
1 EMPLOYED WOMEN'S MATERNITY LEAVE BENEFITS	Leave policies	Childcare	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.	Entity/Canton	High	Medium
			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.	Entity/Canton	High	Medium
2 OBLIGATORY PATERNITY LEAVE	Leave policies	Childcare	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.	State/ Entity/ Canton	Medium	High
			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.	State	High	Medium
3 IMPLEMENT A LABOUR LAW CAMPAIGN	Leave policies	Persons with disabilities (PWD)				

<p>4</p> <p>LAW ON CARE SERVICES</p>	<p>Care services</p>	<p>Elderly PwD Childcare</p>	<p>The new Law on Social Services in the Federation of Bosnia and Herzegovina focuses on the following:</p> <ul style="list-style-type: none"> - social services and other rights from the social protection system and monitoring the provision of support provided to the users; - 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; - institutional protection services that provide accommodation and treatment for beneficiaries in an institution, family model of care, shelter or other organised forms of housing; - support and counselling services for individuals and families. 	<p>Entity/Canton</p>	<p>High</p>	<p>High</p>	<p>Low</p>
<p>5</p> <p>HOME HELP SERVICES</p>	<p>Care services</p>	<p>Elderly PwD Childcare</p>	<p>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.</p>	<p>Canton/Local</p>	<p>Medium</p>	<p>High</p>	
<p>6</p> <p>EMPLOYMENT FOR CAREGIVERS</p>	<p>Care services</p>	<p>Elderly PwD Childcare</p>	<p>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.</p>	<p>Entity/Canton/ Local</p>	<p>Medium</p>	<p>Low</p>	
<p>7</p> <p>DAY CARE</p>	<p>Care services</p>	<p>PwD</p>	<p>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).</p> <p>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.</p>	<p>Canton</p>	<p>Medium</p>	<p>Medium</p>	<p>Medium</p>

<p>8</p> <p>LABOUR MARKET ACTIVATION OF DISCOURAGED WOMEN</p>	<p>Social protection benefits related to care</p>	<p>Elderly PwD Childcare</p>	<p>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.</p> <p>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.</p>	<p>Entity/Canton</p>	<p>High</p>	<p>High</p>
<p>9</p> <p>PARENTING SCHOOL</p>	<p>Social protection benefits related to care</p>	<p>Childcare</p>	<p>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.</p> <p>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.</p>	<p>Entity Local</p>	<p>High Low</p>	<p>High Low</p>
<p>10</p> <p>TIME-USE SURVEYS</p>	<p>Social protection benefits related to care</p>	<p>General household</p>	<p>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.</p> <p>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.</p>	<p>State/Entity</p>	<p>Medium</p>	<p>Medium</p>
<p>11</p> <p>ONE-STOP-SHOP</p>	<p>Social protection benefits related to care</p>	<p>PwD Elderly</p>	<p>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.</p>	<p>Canton</p>	<p>High</p>	<p>High</p>

<p>12</p> <p>WORK-LIFE BALANCE</p>	<p>Family-friendly working arrangements</p>	<p>General</p>	<p>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.</p>	<p>State/Entity/Canton</p>	<p>High</p>	<p>Medium</p>
<p>13</p> <p>MULTI-CARE CENTRES</p>	<p>Care relevant infrastructure</p>	<p>Elderly Childcare</p>	<p>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.</p>	<p>Entity/Canton/Local</p>	<p>Medium</p>	<p>Medium</p>
<p>14</p> <p>MEN'S PARTICIPATION IN HOUSEWORK</p>	<p>Public awareness</p>	<p>Housework</p>	<p>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.</p>	<p>Local</p>	<p>Medium</p>	<p>High</p>
<p>15</p> <p>LIFE IN HOMES FOR THE ELDERLY</p>	<p>Public awareness</p>	<p>Elderly</p>	<p>Promote life in homes for the elderly. Aim to help address stereotypical views of life in a home for the elderly.</p>	<p>State/Canton</p>	<p>Medium</p>	<p>Low</p>

ADVOCACY

Programming opportunities



Description

Awareness and media campaigns are needed to improve understanding of unpaid care work and gender stereotypes in general, but also specifically on certain issues. For example, advocacy and media campaigns encouraging more fathers to take their fair share of childcare, especially in households where mothers continue to work, can be a useful tool to raise awareness and potentially promote longer-term post-crisis change.

Caregiving issues can be integrated into existing campaigns, such as health campaigns highlighting the dangers of traditional cooking methods or education campaigns about the use of new technologies. In doing so, it is important to work with local celebrities or artists who are advocates for gender equality, such as fathers who share their experiences and joy of spending parenting time with their children. It is especially important to work with men and local gender equality advocates at the community level, as this is one of the most effective ways to change negative social norms.

The public sector, non-governmental sector, and media can be important partners in these efforts. Traditional and social media are important actors in changing social norms at the workplace and societal levels and should not be neglected.

Responsibility

Public communication campaigns and advocacy on issues of unpaid care work and therefore be funded from the budget of the government, public and aid institutions, non-governmental institutions and with the support of the media. These activities should be organized at the state level but also at the local level in municipalities throughout BiH.

Media

A communications strategy needs to be based on the communication budget that is split across several different media and/or marketing outlets. This approach offers bigger chances of reaching members of the target groups, and it can also become more effective because it's widespread.

An example of this sort of strategy may include:

- ▶ Organizing an event that will be later on publicized by local media.
- ▶ Approaching media contacts for a story in the general news section.
- ▶ Promoting the event on social media, website, or in the email signatures.
- ▶ Direct mail-out of information on the event to the contact database.
- ▶ Using OOH (e.g., billboards, flyers or posters and strategically place them to promote the event).

OBJECTIVES

Public Communication Campaigns and Advocacy are conducted to increase:

- ▶ understanding of unpaid care work and gender stereotypes related to unpaid care work
- ▶ greater sharing of housework and men's involvement in unpaid housework.
- ▶ greater sharing of care for children, elderly and people with disabilities and men's involvement in these activities.
- ▶ Understanding the importance of fathers in the lives of children.
- ▶ A number of fathers taking paternity leave.
- ▶ Awareness 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).

Why should you care about UNPAID CARE WORK?

Media representatives stated in the interview that it is difficult to publicize the care related topic unless there is an ongoing media campaign, which can additionally be followed up through media statements. Media statements are reactive (as opposed to proactive) and based on what is current at the moment.

"No matter how important the topic, if it is not current, it will not be aired. The presenter must broadcast current news. The solution is to make the topics of care current by the ongoing public communication and advocacy campaigns", said IG_10.

Benchmark

The following good practice examples can be used for inspiration:

- ▶ SheSays in UK
- ▶ "Women are same as men, only less valuable" by YEP, BiH
- ▶ HeForShe by UN Women

MULTI-CARE CENTERS

Programming opportunities



To ensure healthy aging with prolonged life quality, the elderly should have purposeful activities, collaboration with children in multi-generational projects is advised, and knowledge and skill transfer to working-age women is an additional benefit.

Description

MULTI-CARE CENTERS FOR THE ELDERLY, CHILDCARE AND WOMEN

Establishing multi-care centers as public institutions on a municipality level using a good practice where possible will ensure (1) a **place for the elderly** and their healthy aging activities, (2) a **place where preschool children** can spend several hours in educative activities, i.e. elderly reading stories, elderly playing with them, thus having a positive outcome for both groups, and (3) **activities for women** (working age) who can collaborate in those centers, have different educational classes among themselves and/or develop different skills to create business start-ups.

Some examples of the activities can be:

- ▶ Skill transfer from elderly to younger women – sewing, knitting, weaving, cooking, art making, etc.
- ▶ Knowledge transfer across generations – younger women teaching basic IT and social media tools to older women, or vice-versa.
- ▶ Elderly who were doctors, teachers, etc., helping other members and/or teaching children in the centers.

Responsibility and budgeting

Multi-care centers are created to be self-financed and self-sustained. They should be organized on a municipality level throughout BiH, and the municipality should provide adequate space free of charge. They will finance themselves through the following opportunities:

- ▶ Volunteering of the staff, who are also users and beneficiaries of the centers. This can be transferred to a paid activity after the first year of operating.
- ▶ Beneficiaries pay a symbolic fee of 5-10 KM monthly.
- ▶ Family members in diaspora support the work of the centers and sponsor specific activities.
- ▶ Working women paying for classes (cooking, sewing, knitting, weaving...)
- ▶ Working women pay for child care and educational activities.

OBJECTIVES

Multi-care centers are established to ensure:

- ▶ Healthier aging and prolonged life quality
- ▶ Postponing dementia and depression
- ▶ Provide an educative framework for preschool children
- ▶ Provide childcare for mothers for several hours
- ▶ Ensure collaboration among women
- ▶ Give an opportunity for women to socialize and develop skills
- ▶ Potential start-up ideas and business incubators.



Women stated in previous research (UN Women, 2020, Women's Economic Empowerment in BiH) that having a place to meet and collaborate empowers them to take actions to begin own business or to be more proactive in the society.

"Now we are creating the project of time banks, where elderly are engaged. This lady used to be a physics teacher, and children learn physics from her textbook. She can provide tutoring hours to children, and they can go shop for her, or to the pharmacy, or pay bills for her in the same amount of time. She will feel useful, they will get the best tutoring, and all utilities and activities will be covered. This is the concept of time bank", said IG_10.

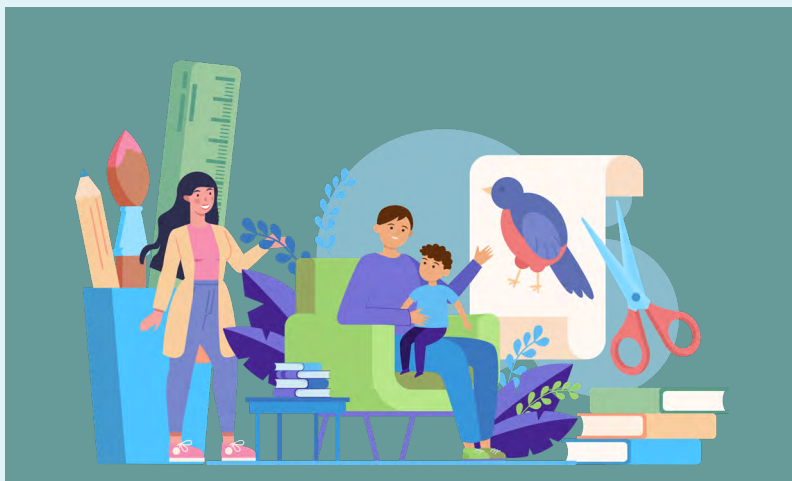
Benchmark

The following good practice examples in BiH should be employed:

- ▶ Healthy aging center in Novo Sarajevo
- ▶ Red Cross in Tuzla
- ▶ Nahla Sarajevo
- ▶ Medica Zenica

PARENTING SCHOOL

Policy and programming opportunities



Parenting school should be conceptually and operationally introduced across BiH as a relevant mechanism that will empower parents to conduct their childcare activity in a more adequate and appropriate manner.

Description

PARENTING SCHOOL

Parenting schools should be (virtual) organizations where parents, parents-to-be, and caregivers can come together to learn and raise awareness about how to guide children as they grow up. The structure of parenting schools should be built in parallel with the maternity courses that currently exist in BiH. They should be developed in cooperation and joint responsibility of ministries of healthcare, education and social affairs. In this way, a necessary link and more synergy across these sectors could be created.

Parenting schools should be introduced as a mandatory activity for both (new) parents for at least four weeks at the frequency of twice a week. Topics that this type of school generally covers are: (1) care of the newborn, (2) breastfeeding and feeding the baby, (3) teeth and dental care of the child, (4) safety in the car with children, (5) important developmental milestones up to the age of 1 year, (6) key developmental milestones for toddlers, (7) physical therapy, (8) psychologist.

Other topics that could be introduced are those related to the problematic issues, such as the problem of too much screen time, the impact of social networks, etc.

Participation in this school makes it possible to advise and support (new) parents and help them organize their childcare. It is also a means to involve both parents in childcare. An extension

of the basic programme could be to offer additional parent education programs, e.g., a school for parents of teenagers. Those programs would be organized in afternoons in kindergartens or schools.

School for parents would involve additional indirect policy measures and integrational activities such as: not allowing the husband to participate in the labor without attending the school, allocating the additional points when signing up children in the kindergarten (depending upon the completed courses), etc.

Responsibility and budgeting

Parenting schools should be established in Republika Srpska at the entity level, and in the Federation of BiH, at the cantonal level, with funding coming from the respective budgets. Primary contacts for parenting schools should be established through the network of health centers where main sets of courses should be implemented. Cooperation and synergies between ministries of healthcare, education and social protection should be created.

Apart from a polity option, parenting schools represent an excellent programming opportunity for international organizations, who can assist governmental institutions in creating the curricula for the parenting schools, finding experts, training the trainers for the particular courses and further promoting relevant and important topics for childcare.

OBJECTIVES

Parenting school is established to:

- ▶ Provide advice and support to (new) parents in a holistic way.
- ▶ Cover a range of topics relevant for (new) parents.
- ▶ Illustrate the typical path of children's development to parents.
- ▶ Help parents organize their childcare activities.
- ▶ Engage both partners in childcare activities.
- ▶ Ensure obligatory participation of both parents through various indirect policy mechanisms.



Currently, parenting schools are missing as a concept in BiH. They should be institutionally established in close collaboration with the cantonal ministries in charge of healthcare, and in collaboration with ministries of education and ministries in charge of social protection.

"We start our journey as parents completely unprepared. There should be initiatives to educate us and prepare for what is coming." FGC_2



ONE-STOP SHOP - PWD AND SENIORS

Policy opportunity



One-stop shop empowers senior citizens, PwD, parents, caregivers and others to find answers to disability-related questions and quickly locate the services they need – anytime, day or night.

Description

ONE-STOP SHOP FOR PERSONS WITH DISABILITIES AND SENIORS

Establishing a one-stop shop at a public institution (cantonal government) using best practices wherever possible will result in (1) an increase in the level of information about PwD and senior citizens, (2) an improvement in the implementation of laws addressing the rights of citizens with special needs and senior citizens, and (3) a contribution to the promotion of the rights of citizens with disabilities or belonging to the category of senior citizens.

One-stop shop entails the establishment of a counter at the cantonal government whose sole purpose is to provide information and assistance to senior citizens or their caregivers, persons with disabilities, or their parents, guardians, or caregivers in exercising their legally defined rights. This one-stop shop would provide the following services:

- ▶ informing the aforementioned categories of citizens of all rights guaranteed by law at all levels of government. In order for this to be possible, the employee must be educated on all laws and acts addressing the rights of these groups of citizens and be able to provide information from all institutions responsible for PwD or senior-related issues.

- ▶ assistance in exercising these rights (in terms of filling out the necessary forms and submitting them to the relevant institutions).

This service entails that at the aforementioned counter, the aforementioned categories of citizens could download relevant information and forms, as well as submit their requests, which would then be forwarded to the appropriate competent institution. In other words, this store would be a one-of-a-kind location for informing and requesting all administrative procedures for these demographic groups.

Responsibility and budgeting

One-stop shops should be established and funded at the cantonal level. To implement this measure, one or two employees (depending on the number of disabled and senior citizens in certain cantons) must be hired (or reassigned) to work at a one-stop shop. These employees must receive extensive training on the rights of people with disabilities and the elderly at all levels of government, as well as on the administrative procedures that address the needs of these citizens.

Then, a direct communication link must be established between the one-stop shop and all institutions responsible for an issue or the rights of people with disabilities or seniors.

OBJECTIVES

One-stop shop is established to:

- ▶ Empower senior citizens, persons with disabilities, parents, and caregivers to find answers to disability-related questions and quickly locate the services they need – anytime, day or night.
- ▶ Enable seniors and PwD to interact with their environment.
- ▶ Increase the level of information of seniors, PwD and their caregivers.
- ▶ Enforce the implementation of laws that address the rights of seniors, PwD and caregivers.
- ▶ Advise and support seniors, PwD and caregivers regarding their rights and opportunities.
- ▶ Improve the quality of life of seniors, PwD and their caregivers.



A one-stop system for people with disabilities and seniors for all their needs and issues is much fairer and less complicated than the current system with shared responsibilities between different levels of government. At the same time, it is not necessary to change the competence of institutions, but only to establish counters and educate employees to provide services for different institutions.

"You don't have any institution that will tell you what legal rights you have, making it a little easier for you to exercise those rights in the beginning... I have educated myself a lot, I am an economist, but I have devoted a lot of time to researching my rights, that is, reading the law, I read every day because it was absurd for me to be told that I had no right to anything." D_7

REFERENCES

- AARP Study (2021). Available at www.aarp.org/home-family/your-home/info-2021/home-and-community-preferences-survey.html. Accessed 10 October 2022.
- Agency of Statistics of Bosnia and Herzegovina (2021). *Bosnia and Herzegovina in numbers 2021*. Available at https://bhas.gov.ba/data/Publikacije/Bilteni/2021/NUM_00_2021_TB_1_BS.pdf. Accessed on 20 May 2022.
- Agency for Statistics of Bosnia and Herzegovina (2021). *Demography and Social Statistics: Pre-School Upbringing and Education in the School Year 2020/2021 - First Release*. Available at https://bhas.gov.ba/data/Publikacije/Saopštenja/2021/EDU_07_2020_Y2_0_BS.pdf. Accessed on 13 January 2022.
- Arosa (2021). Available at <https://arosacare.com/senior-care-around-the-world/>. Accessed on 15 February 2022.
- Bittman, M., et al. (2003). When Does Gender Trump Money? Bargaining and Time in Household Work, *American Journal of Sociology*, 109(1), 186–214. Doi: 10.1086/378341.
- Buchholz, K. (2021). *These countries spend the most, and the least, on social benefits*. World Economic Forum. Available at www.weforum.org/agenda/2021/02/social-spending-highest-lowest-country-comparison-oecd-france-economics-politics-welfare. Accessed on 15 February 2022.
- Cantillon, S. and Teasdale, N. (2021). Unpaid Work: A Regional Analysis of Europe and Central Asia, *UNECE – UN Women Series: Rethinking Care Economy and Empowering Women for Building Back Better*.
- Carreiro, S. (2012). “Gender differences and perspectives on elderly care in China”, *Undergraduate Review*, 8, 145-51.
- Erickson, R. J. (1993). ‘Reconceptualizing Family Work: The Effect of Emotion Work on Perceptions of Marital Quality’, *Journal of Marriage and the Family*, 55(4), p. 888. Doi: 10.2307/352770.
- Eurostat (2018). *How do women and men use their time – statistics*. Available at <https://ec.europa.eu/eurostat> Pristupljeno 20. januara 2022.
- Eurostat (2020). *How much is spent on disability benefits in the EU?* Available at <https://ec.europa.eu/eurostat/web/products-eurostat-news/-/edn-20201203-1>. Accessed on 14 January 2022.
- Eurostat (2020). *Early childhood and primary education statistics*. Available at https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Early_childhood_and_primary_education_statistics. Accessed on 14 January 2022.
- Folbre, N. (2001). *The Invisible Heart: Economics and Family Values*. New York: The New Press.
- Global Healthcare (2020). Available at <https://healthcareglobal.com/digital-healthcare/what-do-care-systems-look-around-world>. Accessed on 12 January 2022.
- Guardian. (2015). *Which are the best countries in the world to live in if you are unemployed or disabled?* Available at www.theguardian.com/politics/2015/apr/15/which-best-countries-live-unemployed-disabled-benefits.
- Hasanagic, S. and Popovic, M. (2020). *Uticaj rodne podjele porodičnih i kućanskih poslova na profesionalni život zaposlenih žena u Bosni i Hercegovini*. Sarajevo.
- HelpAge International. (2017). *Investing in an Ageing World: Shifting Debates from Costs to Investments*. HelpAge International, London. Available at <https://ageingasia.org/investing-in-an-ageing-world-shifting-debates-from-costs-to-investments/>
- Helsinški parlament građana Banja Luka (2020). Predstavljanje direktive o usklađivanju profesionalnog i privatnog života - direktiva (EU) 2019/1158.
- Hochschild, A. R. (1989). *The Second Shift: Working Parents and the Revolution at Home*. New York: Viking.

- Institution of the Human Rights Ombudsman of Bosnia and Herzegovina (2021). *Special Report on the Effectiveness of Legal Solutions on Vocational Rehabilitation and Employment of Persons with Disabilities in Bosnia and Herzegovina*. Available at www.ombudsmen.gov.ba/documents/obmudsmen_doc2021072208592983bos.pdf.
- Inter Press Service (2010). *Gender and Development Glossary: A Tool for Journalists and Writers*.
- International Labour Organization (2018). *Care work and care jobs for the future of decent work*. Geneva: ILO.
- Klasnić, K. (2017). Utjecaj rodne podjele obiteljskih obveza i kućanskih poslova na profesionalni život zaposlenih žena.
- Law on Health Protection, 'Official Gazette of the Federation of Bosnia and Herzegovina', nos. 46/10 and 75/13.
- Law on Principles of Social Protection, Protection of Civilian Victims of War and Protection of Families with Children of the Federation of Bosnia and Herzegovina, 'Official Gazette of the Federation of Bosnia and Herzegovina', nos. 36/1999, 54/2004, 39/2006, 14/2009, 7/2014, 45/2016, 19/2017 and 40/2018.
- Law on Social Protection, Protection of Civilian Victims of War and Protection of Families with Children, 'Official Gazette of Canton Sarajevo', nos. 38/14, 38/16, 44/17 and 28/18.
- Law on Social Protection in Republika Srpska, 'Official Gazette of Republika Srpska', nos. 37/12, 90/16, 94/19 and 42/20.
- Manojlović. (2019). Predškolsko obrazovanje u Bosni i Hercegovini - Pravo ili privilegija. Available at <https://diskriminacija.ba teme/pred%C5%A1kolsko-obrazovanje-u-bosni-i-hercegovini-pravo-ili-privilegija>. Accessed on 14 January 2022.
- Ministry of Civil Affairs of Bosnia and Herzegovina (2016). *Platform for the Development of Preschool Upbringing and Education in Bosnia and Herzegovina for 2017-2022*. Available at http://www.mcp.gov.ba/attachments/bs_Migrirani_dokumenti/Sektor/Obrazovanje/Obrazovanje-strate%C5%A1ki/Platforma_za_razvoj_pred%C5%A1kolskog_odgoja_i_obrazovanja_u_Bosni_i_Hercegovini_za_period_2017_do_2022_bos..pdf. Accessed on 14 January 2022.
- Naletić, et al. (2018). Zajednička jezgra cjelovitih razvojnih programa za predškolski odgoj i obrazovanje definisana na ishodima učenja. Available at <https://aposo.gov.ba/sadrzaj/uploads/ZJCRP-predskolski-odgoj-i-obrazovanje-B.pdf>. Accessed on 14 January 2022.
- Novak Djokovic Foundation (2011). *Novak Djokovic Foundation Kindergarten in Topola*. Available at <https://novakdjokovicfoundation.org/the-power-of-season-of-giving-campaign/>. Accessed on 14 January 2022.
- Peng, I., Cha, S. E., & Moon, H. (2021). *An Overview of Care Policies and the Status of Care Workers in South Korea*. Program on Gender Analysis in Economics (PGAE). American University, Washington, DC. DOI: 10.17606/EHN0-R646
- Regional Cooperation Council (2020). *Regional Overview of Western Balkan Economies Regarding the European Pillar of Social Rights*.
- Rogers, S. E., Thrasher, A. D., Miao, Y., Boscardin, W. J., and Smith, A. K. (2015). Discrimination in healthcare settings is associated with disability in older adults: health and retirement study, 2008–2012. *Journal of General Internal Medicine*, 30(10), 1413-1420.
- Save the Children (2022). About us. Available at: <https://nwb.savethechildren.net/about-us>. Accessed on 14 January 2022.
- Shaw, S. M. (1988). 'Gender Differences in the Definition and Perception of Household Labor', *Family Relations*, 37(3), 333. Doi: 10.2307/584572.
- UNICEF (2022). Country Profiles: Bosnia and Herzegovina. Available at: <https://data.unicef.org/country/bih/>. Accessed on 13 January 2022.

UNDP in Bosnia and Herzegovina. *Social Inclusion in Bosnia And Herzegovina 2020 - National Human Development Report Extended Summary*. Available at <https://www.undp.org/bosnia-herzegovina/publications/national-human-development-report-2020-social-inclusion-bosnia-and-herzegovina>. Accessed on 14 January 2022.

UN Women Bosnia and Herzegovina (2021). 'Women's Economic Empowerment'.

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.

UN Women (2020). *Rapid Gender Assessments on the Impacts of COVID-19*, April–November 2020.

UN Women (2016). *Redistributing Unpaid Care and Sustaining Quality Care Services: A Prerequisite for Gender Equality*.

UN Women (2015). *Progress of the World's Women 2015: Transforming Economies, Realizing Rights*.

World Bank Group (2017a). *Promoting Women's Access to Economic Opportunities: Bosnia and Herzegovina. Policy note*.

World Bank Group (2017b). *Promoting Women's Access to Economic Opportunities in the Western Balkans. Building the Evidence*.

APPENDICES

Appendix I. Consolidated government social protection/assistance spending 2011–2020 in millions of BAM

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Total revenue	11,357.1	11,459.5	11,406.5	11,961.7	12,333.5	12,767.3	13,479.3	14,389.6	15,018.1	14,430.7
Total spending	10,908.7	11,170.8	10,938.8	11,350.1	11,587.0	11,672.3	11,913.4	12,738.4	13,334.3	14,474.8
Total social protection spending	4,330.3	4,394.4	4,423.7	4,658.0	4,729.5	4,755.0	4,758.5	5,013.2	5,223.4	5,508.0
Contributory benefits	3,138.6	3,264.9	3,309.0	3,475.0	3,567.8	3,627.8	3,603.3	3,820.9	4,034.1	4,229.0
Social assistance	1,168.3	1,103.6	1,090.9	1,158.7	1,129.0	1,093.7	1,119.3	1,155.7	1,148.5	1,226.1
Social assistance - employers	23.4	26.0	23.8	24.3	32.7	33.5	35.8	36.5	40.8	52.8
Share of social protection spending										
- % of total spending	39.70	39.34	40.44	41.04	40.82	40.74	39.94	39.35	39.17	38.05
Share of social assistance spending										
- % of total spending	10.92	10.11	10.19	10.42	10.03	9.66	9.70	9.36	8.92	8.84
Share of social protection spending										
- % of GDP	16.51	16.76	16.52	17.03	16.54	15.90	15.17	14.99	14.80	16.09
Share of social assistance spending										
- % of GDP	4.54	4.31	4.16	4.32	4.06	3.77	3.68	3.56	3.37	3.74

Source: Governance finance statistics; Central Bank of Bosnia and Herzegovina.

Appendix II. Demographics of the focus group participants

Focus group on the topic 'Housework'

H_1	She has been a journalist for 20 years and for the last eight years she has run the small business Fashion Beauty Love. She has also started another online magazine focused on weddings. She lives with her partner.
H_2	She does not have a permanent job but works on temporary occasional jobs. She is also engaged in a non-governmental organisation as a project coordinator and event organiser. She has lived in Sarajevo for three years now with her partner.
H_3	She comes from Bihać, is happily married, has two children and is currently on maternity leave. She has a degree in economics and is a textile engineer. She has 20 years of work experience and currently works in the tourist community as a professional associate. She is also an external coordinator for projects in an NGO.
H_4	She is 23 years of age and comes from Mostar. She has a degree in communication. She is currently unemployed and registered at the employment service. She is a member of one of the largest student organisations in Europe. She lives with her parents, younger brother, younger sister and grandmother.
H_5	She is 55 years of age and lives in Mostar. She is a single mother. She is retired and has a pension transferred from her husband and works occasionally. She is a volunteer member of an NGO group.
H_6	She is 47 years of age and an active member of 'Duga' from Banja Luka. She graduated as a professor of history and Latin. She has worked 12 to 13 different jobs and worked for ten years as a journalist and school teacher, but she is currently unemployed. She has been married for 18 years and has one 12-year-old son.
H_7	She is 59 years of age and comes from Banja Luka. She is employed, and lives with her husband. She has daughters and grandchildren. She is a member of Duga.

Focus group on the topic 'Childcare and Education'

C_1	Married with three children. Has no formal work experience, but works freelance and earns above the average.
C_2	Married with two children. Has worked at a private company for over 15 years. Completed higher education and has difficulty to balance family life with work.
C_3	She is married with two children. She does not work in her area of expertise, but manages to balance her private and work duties very well.
C_4	Married and currently on maternity leave with a second child.
C_5	Single mother of two boys older than 12. Now employed in a public service as a secretary.
C_6	Married with three children. A social worker in practice as well as a specialised family therapist.

Focus group on the topic 'Care for the Elderly'

R_1	A widow, she has helped families with elderly persons and in particular immobile people for the past 22 years. She has strength and wants to help elderly people while she can.
R_2	Married with two children. She has worked in the care industry in homes for the elderly for the past 10 years. Currently, she is a nurse at a private home for the elderly in Sarajevo. She works full time in that demanding but fulfilling job.

R_3	She is 29 years of age and well educated. For a longer time, she had elderly people in the family to which she provided help and care.
R_4	She lives in Brčko and has two children. For the last seven years, she has been taking care of elderly persons. She loves doing it, helping people and taking care of those who cannot take care of themselves, and the extra she earns is important. She only works with them during the day.
R_5	She is from Laktaši and works full time at a public institution. She is married with two children, twins. She used to work at a home for the elderly, but for the past nine years she has taken care of her husband's grandmother who is immobile with dementia and requires constant care.
R_6	She lives in Banja Luka and works at the Centre for Social Welfare. She lives in a big family, also with a grandfather who is in need of help and care activities.
R_7	She comes from Tuzla and takes care of her mother, who has dementia. Her brothers sometime help, but, in general, she takes care of the mother all the time. Her mother has several illnesses and her health situation is very demanding.
R_8	She is from Fojnica and has taken care of her father-in-law for the past five years. Before that, she took care of her mother-in-law until she died.
R_9	She lives in Germany (diaspora) and has elderly parents in Tuzla with no one to take care of them. She frequently uses the services provided by the Red Cross, which is active in Tuzla, and pays them BAM 11 per hour, and she is very satisfied with their activities.

Focus group on the topic 'Care for Persons with Disabilities'

D_1	A 52-year-old woman from Mostar and mother of a 25-year-old daughter with intellectual and physical disabilities.
D_2	A 24-year-old woman from Mostar who takes care of her uncle who has been diagnosed with autism and who is 35 years old. His parents also take care of him but they are already old.
D_3	A 56-year-old woman from Tuzla and mother of a boy with developmental disabilities, delayed psychomotor development and vision problems.
D_4	A 56-year-old woman from Banja Luka and mother of a 28-year-old daughter who has multiple disabilities, vision and motor problems. Her daughter is completely dependent on the help of another person as she is completely immobile and requires care 24 hours a day.
D_5	A 63-year-old woman from Banja Luka and mother of a 38-year-old man who graduated from a special school because of his inability to follow the regular school programme (learning difficulties).
D_6	A 40-year-old woman from Sarajevo and mother of a 9-year-old boy who was diagnosed with disharmonious development with elements of autism. In 2019, in addition to developmental disorder, the boy was also diagnosed with epilepsy.
D_7	A 39-year-old woman from Sarajevo and mother of a 9-year-old boy diagnosed with autism spectrum. The boy attends regular school with the help of an assistant and is quite functional.
D_8	A 25-year-old woman from Sarajevo and mother of a 10-year-old boy with type 1 diabetes. She is the president of the Association of Patients with Type 1 Diabetes in Sarajevo.
D_9	A 49-year-old woman from Tarčin and mother of a 28-year-old son with cerebral palsy. He has problems with gait, speech and limited vision, but has no mental problems. He graduated from regular college.

Appendix III. List of interviewed stakeholders

#	Stakeholder Group	Institution	Code	Position	Gender
1	Institutions: ministries at the state, entity and cantonal level.	Ministry of Labour and Social Policy of the FBiH	IM_1	Assistant Minister, Sector for Social Welfare and Welfare of the Family and Children	Male
2		Ministry of Labour, Social Policy, Displaced Persons and Refugees of Canton Sarajevo	IM_2	Minister	Female
3	International community	UNICEF	II_3	Child Protection Section	Female
4	Labour unions	Union of Trade and Services of BiH	IL_4	President of the Union	Female
5	Employer associations	Federal Employment Service	IE_5	Director of the Service	Female
6		Employment Institute of Brčko District	IE_6	Head of Employment Services Sector	Female
7	Civil society and NGOs	Women's association 'Ruka'	IC_7	President of the Association	Female
8		Centre for education and research 'Nahla'	IC_8	President and Founder	Female
9		Association for Advancement of Education and Support for Children with and without Developmental Delays (EDUS)	IC_9	Executive Director and Founder	Female
10	Institutions for geriatric care	Healthy aging centres, the Public Health Partnership Association	IG_10	Director	Female
11		Gerontological Centre Banja Luka	IG_11	Director	Male
12	Gender equality institutions	Gender Centre of Republika Srpska	IGE_12	Director	Female
13	The media	N1 TV	IME_13	Journalist	Female
14	Childcare	Public institution 'Djeca Sarajeva'	ICH_14	Director	Female
15		'Mašin Svijet' Kindergarten	ICH_15	Director	Female

Appendix IV: The overview of laws on pre-school education across various levels in BiH
 (on January 2022)

#	Constitutional Units	Law title	Official Gazette	
			No.	Name
1	Bosnia and Herzegovina (National level)	<u>Framework Law on pre-school education</u>	88/07	“Official Gazette BiH”
2	Republika Srpska	<u>Law on pre-school education</u>	79/15	„Official Gazette Republika Srpska”
3	Una-Sana Canton	<u>Law on pre-school education</u>	8/10	„Official Gazette Una-Sana Canton”
4	Posavina Canton	<u>Law on pre-school education</u>	8/08,10/16	„Official Gazette Posavina Canton”
5	Canton Tuzla	<u>Law on pre-school education</u>	12/09, 8/11, 10/13, 8/18	„Official Gazette Canton Tuzla”
6	Zenica-Doboj Canton	<u>Law on pre-school education</u>	7/10	„Official Gazette Zenica-Doboj Canton”
7	Bosnian-Podrinje Canton	<u>Law on pre-school education</u>	15/09	„Official Gazette Bosnian-Podrinje Canton”
8	Central Bosnia Canton	<u>Law on pre-school education</u>	10/17	„Official Gazette Central Bosnia Canton”
9	Herzegovina-Neretva Canton	<u>Law on pre-school education</u>	5/00	„Official Gazette Herzegovina-Neretva Canton”
10	West Herzegovina Canton	<u>Law on pre-school education</u>	7/98	„Official Gazette West Herzegovina Canton”
11	Sarajevo Canton	<u>Law on pre-school education</u>	26/08, 21/09, 33/2, 31/22	„Official Gazette Sarajevo Canton”
12	Canton 10	<u>Law on pre-school education</u>	08/09	„Official Gazette Canton 10”
13	Brčko District BiH	<u>Law on pre-school education</u>	13/07, 19/07, 39/08, 21/10, 48/16, 22/17, 24/20, 13/21	„Official Gazette BD BiH”

Appendix V: Care for PwD legislation in BiH

EQUALITY AND NON-DISCRIMINATION

Bosnia and Herzegovina

- The Constitution of BiH
- The Law on Prohibition of Discrimination ("Official Gazette of BiH", No. 59/09 and 66/16)
- Framework Law on Primary and Secondary Education in Bosnia and Herzegovina ("Official Gazette of BiH", No. 18/03)
- Framework Law on Higher Education in BiH ("Official Gazette of BiH", No. 59/07 and 59/09)
- Disability Policy in Bosnia and Herzegovina ("Official Gazette of BiH", No. 76/08)

Persons with disabilities exercise their rights on the basis of the Law on Prohibition of Discrimination. The law states that the prohibition against discrimination applies to all public bodies as well as all natural or legal persons, both in the public and private sectors, in all areas, including employment, membership in professional organizations, education, training, housing, health, social protection, goods and services intended for the public and public places, and the performance of economic activities and public services.

Women with disabilities - the Law on Gender Equality in BiH prohibits all forms of discrimination based on sex in all areas of life and work.

Children with disabilities - According to the framework laws on education in Bosnia and Herzegovina, every child has an equal right of access and equal opportunities to education without discrimination on any grounds.

HEALTHCARE

Federation of Bosnia and Herzegovina

- Law on Health Care ("Official Gazette of the FBiH", No. 46/10 and 75/13)
- Law on Health Insurance ("Official Gazette of the FBiH", No. 30/97, 7/02, 70/08 and 48/11)
- Law on Rights, Obligations and Responsibilities of Patients ("Official Gazette of the FBiH", No. 40/10)
- Law on Protection of Persons with Mental Disabilities ("Official Gazette of the FBiH", No. 37/01, 40/02, 52/11 and 14/13)
- Law on Pension and Disability Insurance ("Official Gazette of the FBiH", No. 13/18, 93/19 and 90/21)
- Law on the Establishment of the Institute for Medical Expertise ("Official Gazette of the FBiH", No. 70/07)

<p>Republika Srpska</p>	<ul style="list-style-type: none"> • Law on Health Care (“Official Gazette of the RS”, No. 106/09 and 44/15) • Law on Health Insurance (“Official Gazette of the RS”, No. 57/22) • Law on Rights of Patients (“Official Gazette of the RS”, No. 45/13 and 25/19) • Law on Protection of Mental Health of the RS (“Official Gazette of the RS”, No. 67/20) • Law on Pension and Disability Insurance (“Official Gazette of the RS”, No. 134/11, 82/13, 96/13, 103/15 and 111/21)
<p>Brčko District</p>	<ul style="list-style-type: none"> • Law on Health Care of the Brčko District of BiH (“Official Gazette of the Brčko District of BiH”, No. 52/18, 34/19 and 16/20) • Law on Health Insurance of the Brčko District of BiH (“Official Gazette of the Brčko District of BiH”, No. 19/20)
<p>VOCATIONAL REHABILITATION AND EMPLOYMENT</p>	
<p>Federation of Bosnia and Herzegovina</p>	<ul style="list-style-type: none"> • Labor Law (“Official Gazette of the FBiH”, No. 26/16 and 89/18) • Law on Mediation in Employment and Social Security of Unemployed Persons (“Official Gazette of the FBiH”, No. 43/99, 32/00 and 29/03) • Law on Vocational Rehabilitation, Training and Employment of Persons with Disabilities (“Official Gazette of the FBiH”, No. 9/10)
<p>Republika Srpska</p>	<ul style="list-style-type: none"> • Labor Law (“Official Gazette of the RS”, No. 1/16, 66/18, 91/21 and 119/21) • Law on Professional Rehabilitation, Training and Employment of the Disabled Persons (“Official Gazette of the RS”, No. 98/04, 91/06, 12/09, 39/09 and 37/12)
<p>Brčko District</p>	<ul style="list-style-type: none"> • Labor Law of the Brčko District of BiH (“Official Gazette of the Brčko District of BiH”, No. 34/19, 2/21 and 6/21)

SOCIAL PROTECTION	
Federation of Bosnia and Herzegovina	<ul style="list-style-type: none"> • Law on Federal Ministries and Other Bodies of Federal Administration (“Official Gazette of the FBiH”, No. 58/02, 19/03, 38/05, 2/06 8/06 and 61/06) • Law on the Fundamentals of Social Protection, Protection of Civilian Victims of War and Protection of Families with Children (“Official Gazette of the FBiH”, No. 36/99, 54/04, 39/06, 14/09, 7/14, 45/16, 19/17 and 40/18) • Law on the Rights of Veterans and Members of Their Families (“Official Gazette of the FBiH”, No. 33/04, 56/05,70/07, 9/10 and 90/17)
Republika Srpska	<ul style="list-style-type: none"> • Law on the Rights of Veterans, Disabled Veterans and Families of Killed Veterans, Defense and Patriotic War of the Republika Srpska (“Official Gazette of the RS”, No. 134/11, 9/12 and 40/12) • Law on the Protection of Civilian Victims of War (“Official Gazette of the RS”, No. 24/10)
Brčko District	<ul style="list-style-type: none"> • Law on Social Protection of the Brčko District of BiH (“Official Gazette of the Brčko District of BiH”, No. 04/04, 19/07, 02/08, 21/18 and 32/19) • Law on Supplementary Rights of Families of Killed Soldiers and War Invalids (“Official Gazette of the Brčko District of BiH”, No. 26/04 and 2/10)
CARE	
Federation of Bosnia and Herzegovina	<ul style="list-style-type: none"> • Law on Parents Caregivers in the Federation of Bosnia and Herzegovina (“Official Gazette of the FBiH”, No. 75/21) - The law will be in force from 2022
Republika Srpska	<ul style="list-style-type: none"> • Law on Amendments to the Law on Child Protection (“Official Gazette of the RS”, No. 107/19)



**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.



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