



Policy Brief 1



International Labour Organization
Regional Office for Arab States

Social Care Needs and Service Provisions in Arab States: Bringing Care Work into Focus in Lebanon

“Who cares for the carers, and why is it taken for granted that women provide, and will continue to provide, care and support to family members and loved ones, with no sense of the cost and value of this work to society and the economy in general?”

Cindy Berman, 2002

Women in Arab States have begun working outside the home in greater numbers as changing social perceptions and economic needs call into question the traditional division of labour between men and women. In the past decade, the region has experienced a 7.7 per cent increase in the number of women in the labour force; the highest change compared with any other region of the world. Yet overall, in the Arab States, women make up only 33.3 per cent of the labour force, which is significantly less than any other region of the world (ILO, 2008).

In the region, demographic shifts, changes in the family and household structures, cuts in public social spending, and increased participation of women in the labour force have raised the need for social care services for children, the elderly, the sick and the disabled. Even in the face of all these changes, one constant that remains is the continued expectation for women to assume the customary role of unpaid social care providers. In the absence of adequate provision of public and private services, women are often left with the decision to manage care activities that consume much time and energy and constrain their labour force participation.

The goal of this brief is to trigger debate on unmet needs in social care provisions in Lebanon. The brief summarizes the findings of a preliminary assessment on social care, highlighting women’s integral role in providing unpaid care, the challenges faced by workers with family responsibilities, and the implications of these factors on women’s participation in the labour force¹.

The brief concludes with detailed policy recommendations for key stakeholders on future actions. It suggests policy, programmatic and institutional changes in the following five areas: data and research; care and social citizenship; coordination and regulation of social care services; awareness and advocacy; and social care workers’ rights in public and private provision of services.

Gender equality at the heart of Decent Work in Arab States

In the context of its Decent Work Agenda, the International Labour Organization (ILO) promotes equal opportunities and treatment for all women and men as to obtain decent and productive work that ensures a fair income, security in the workplace, social protection for workers and their families, prospects for personal advancement, and freedom of expression and assembly. This agenda incorporates the needs and perspectives of the government, workers and employers, and provides a platform of dialogue for constructing consensus on social and economic policies.

Gender equality is at the heart of decent work for all women and men. The analysis in this brief uses a gender equality and workers’ rights perspective to emphasize the need for labour rights and other human rights standards in addressing problems facing workers. It is essential to prioritize the rights of women in order to have equal access to opportunities, benefits, and resources; and to organize toward achieving equity and empowerment. The emphasis, therefore, is on the ways to transform institutional norms, rules, and attitudes for both women and men.



¹ This policy brief is based on “Care Needs and Provisions in Lebanon”, a preliminary assessment prepared by Dr. Seiko Sugita from UNESCO. At the time of the research she was an independent consultant to the ILO Regional Office for Arab States (ROAS).



The ILO works with governments, workers' and employers' organizations to mainstream gender equality considerations in relevant laws, policies, and practices, by addressing the specific and often different concerns of women and men across the life cycle. It also develops and implements targeted interventions that enable women and men to participate and benefit equally from development efforts.

Unmet needs in the provision of social care and the way they impact on women's labour force participation was identified as a priority by the ILO's Regional Office for Arab States (ROAS), based on consultations with policy makers, representatives of workers' and employers' organizations, women's advocates and researchers in the region. Findings from two ILO regional initiatives² underscore the importance of the following issues:

- The need to match the skills available among young unemployed women, especially graduates of social fields such as physical education, psychology, social work and sociology, and the social services needed in physical therapy, counselling, speech therapy, geriatric psychology and hospice care.
- The time and resource constraints faced by women on account of unpaid care responsibilities results in their having to "opt for" informal work arrangements, such as home-based work.
- The role that women migrant domestic workers play in Arab States, in general, and in Lebanon in particular in supplementing social care needs in the absence of sufficient public social care provisions and affordable providers in the private sector.

Women's roles in social care

Unpaid and unmeasured care work

Box 1. Defining unpaid care work

Unpaid care work consists primarily of housework, cooking and caring for children, the elderly, the sick and the disabled. While household work is impersonal, given that any person can do it without substantially affecting the quality of the outcome, care work is interpersonal and emotional in nature. Each of the three words in "unpaid care work" holds a deeper meaning, whereby "unpaid" denotes lack of wages; "care" entails responsibility for people's well-being, which in itself requires extensive mental and emotional effort (not necessarily always done with personal attachment); and "work" represents time and energy costs, which usually stems from social or contractual obligations.

The extensive amount of unpaid care work carried out in any society is most often unequally divided not only between women and men, but also across class, religion, ethnicity and other social divides. Women's abilities to engage economically, socially, and politically are often limited by their disproportionate responsibilities for unpaid domestic and care work. Even if they find it rewarding, the situation nevertheless carries significant costs for women, both financial and social (see Box 2).

Box 2. Leila's painful dilemma

When I decided to take care of my mother, who was paralyzed and losing her autonomy, I quit my job. I did not have any choice, but I feel bitter when I think of the small retirement I could have had working for four more years there especially considering the precarious situation that I am in, financially and professionally, since then. But I do not regret my decision. I took care of my mother by myself and I am satisfied.

— Leila, babysitter, 40 years old, single, Borj Hammoud, Beirut

Source: Sugita, 2008.

Because of economic assumptions as to what constitutes "work" (i.e. what a person gets paid to do outside the home), conventional labour statistics and national accounts only take into account paid activities that are linked to the market. Despite efforts to make unpaid care work visible, it continues to remain unaccounted for in most methods of measuring economic activity. That there are so many different types of unpaid care work (e.g. volunteer, household, childcare, etc.) also makes describing and analysing its dynamics more challenging.

Social policy-making that ignores work of this magnitude is likely to fail in delivering optimal societal outcomes, such as returns on women's education in the form of labour force participation and productivity. Many argue that adequate tools to measure and value unpaid informal care work need to be employed to provide a better understanding of the social and economic costs and returns of sustaining household care needs.

Paid care workers employed in childcare, nursing, elderly care and care for the disabled are among the lowest paid of all workers. They generally work with precarious contracts and are rarely organized. Most often performed by women, paid care work is undervalued on account of its association

² Gender Equality and Workers' Rights in the Informal Economies of Arab States (2006-8); and Protecting the Rights of Women Migrant Domestic Workers in Arab States (2005-8).

with unpaid care work undertaken in the household by women family members. The emotional effort involved in care work is often unrecognized in traditional and modern job evaluation methods.

Unmet needs for social care provisions and women's work

Social care needs in Lebanon are affected by changes in demographics, family and household structures, cuts in public social spending, and increased participation of women in the labour force as well as the political and economic situation of the country. Lebanon has seen some rapid changes in demographic trends on account of the political and economic upheavals in the country over the last 30 to 35 years. Rapid declines in fertility (i.e. the total fertility rate is 2.7), mortality, and morbidity rates have resulted in a compressed demographic transition, with an age dependency rate of 53.3 per cent, and an even higher young dependency rate (Yaacoub, 2008).

The traditional family care link is affected by emigration, especially of men leaving women and children behind to manage everyday responsibilities, including care of the sick, elderly and disabled. In Lebanon, internal and regional conflicts have led to the loss of life of large numbers of people (more men than women) and a considerable increase in the number of disabled, especially among men who were often the front-line fighters. Coupled with emigration of young men distortion in the sex ratio with much fewer men than women is resulting in an ageing society that consists predominantly of women, many of whom are vulnerable to poverty and poor health. Frequently, these older women cannot work, and have few assets and little or no access to welfare benefits or pensions. Poverty and insecurity in old age and dependence on relatives, or whatever public services that might be available, limit these women's access to quality health services, when often most needed.

As in other Arab societies, in Lebanon, unpaid household and care work is considered “a woman's job” – and not usually subject to negotiation. The family is a central social and cultural asset, as well as the place where gender division of labour is practised and reproduced. Social rituals and celebrations – such as weddings, funerals, engagements, births, birthdays, and extended family meals – require considerable time and labour, most often provided by women. These factors can partially explain the low labour force participation of women.

Women continue to enter the labour market in Lebanon, representing 23.3 per cent of those working (Yaacoub, 2008). Given their advanced education levels, there is great potential for women's increased participation in labour markets. With the rising levels of unemployment among young educated women, especially for graduates of care-related fields (i.e. physical education, psychology, social work and

sociology), social policy commitment and action toward addressing social care needs could also help create jobs for those with relevant backgrounds. Coupled with increased investments, regulation, and monitoring of social care services, young men and women graduates could be offered further training in business management skills to prepare and encourage them to start up their own enterprises as social care providers.

It is important to note that in Lebanon 57.8 per cent of the women and 67.2 per cent of the men work informally with neither economic or social security nor effective legal protection (Yaacoub, 2008). Often women may have to opt for home-based work as a strategy, when faced with limited or no access to childcare facilities, or other social care services for elderly, sick and disabled. In balancing reproductive and productive spheres of life, home-based work allows women to take care of their families, while also earning a living.

Regardless of their labour force participation, though, women in Lebanon continue to carry the burden of unpaid care work. Despite the extent of women's contributions, there are no substantial societal changes in recognizing and valuing social care needs and responsibilities, and sharing of unpaid care between men and women in the household (see Box 3).

Box 3. Nadia's “double” day

I leave home around 8:00 for my paid work and leave work around 15:30. I first go to my father's house nearby. I am the closest to him and the most available among my three siblings. Everyday, I make sure that he has eaten and taken his medicines as he suffers from diabetes. I clean the house. If he has friends over, I prepare coffee for them. It is normal for us both that I come to see him every day. How I wish that he could find a new wife who will take care of him.

By the time I get to my house at 17:00, my children are already at home. My 17-year-old son picks up my 6-year-old son at school every day. When I come in the house, I say loudly ‘I am home.’ If they want to see me, they come. I usually spend 2-3 hours preparing meals and cleaning the house. I receive neighbours and friends sometimes, but I continue working. My husband is no help in this situation.

— Nadia, nanny, 35 years old, married, Shatila camp, Beirut

Source: Sugita, 2008.

Social care services

In the context of the crisis and post-conflict situations in Lebanon, coherent and integrated care policies were neither prioritized nor fully developed. Institutional care services – offered by governmental, non-governmental and non-profit organizations, and the private sector – have been limited in their availability and accessibility, often due to their costs. The Lebanese State is not a social state which prioritizes social service provision. In the absence of appropriate safety nets, like pensions and health insurance, families and businesses are left with the burden of supporting the vulnerable and unemployed on their own, by devising multiple coping strategies. As a result of the government's failure or inability to provide adequate social infrastructure, a major caregiving labour burden is transferred to women and girls.

The provision of care services depends on the prevailing political situation and the relationship between the government and civil society. The concept of “social citizenship” is central to any discussion about who is considered eligible for state services and welfare benefits. In fact, “citizenship” continues to be mainly associated with national citizenship in Arab States, because a variety of constraints preclude active political and civic voice and participation.

In Lebanon, non-Lebanese citizens (i.e. refugees, migrants and children of women who are married to non-Lebanese citizens) are excluded from having access to social services or social assistance. Furthermore, in Lebanon, public benefits are often used as a means to exchange gifts or favours between life-long friends within small, and often hierarchical, groups (i.e. clientalism). The challenge is to establish the basis for rights to social services and benefits for all people living and residing in Lebanon, be it men or women, citizens or non-citizens.

Care deficits

In Lebanon, one clear indication of the deficit in social care options is the steady increase in demand for more paid care services by employing migrant domestic workers, most of whom live in their employers' homes. Women migrant domestic workers have become indispensable in providing the much needed home-based help and care for middle- and upper-middle income households in Lebanon. In addition to allowing the women of these households to participate more actively in the public sphere, they also provide care for the children, the elderly, the ill and the disabled in the absence of quality, affordable and accessible social care services.

For a majority of middle class families, this seemingly “low cost” solution is accessible with relative ease through the global labour market, which comprises countless poor women in need of jobs to support their families in sending countries. Even though there are no official stock surveys to provide

the exact numbers, administrative data from national institutions, embassies and non-governmental organizations estimate that there are between 130,000 to 200,000 migrant domestic workers in the country (ILO/IOM, 2008).

Within the current system, there are no provisions in place to confirm whether Lebanese households can afford to provide decent terms and conditions of work for women migrant domestic workers – such as private space, sufficient food, seasonally appropriate clothes, healthcare in case of illness, and basic communication with families back home (ILO/IOM, 2008). Whether locally employed or coming from abroad, domestic workers remain vulnerable to labour exploitation and abuses (e.g. low wages, non-payment of salaries, excessive work hours, restrictions on rest time and movement, withholding of passports, lack of privacy, unhealthy or unsafe working and living conditions). They are excluded from labour laws, and the responsible national institutions have limited capacities to enforce the partial and imperfect regulations that are in place in the country.

Work-family balance

Considering the value placed on home life, Lebanese women's abilities to combine work with family responsibilities continue to be a central issue in determining their participation in the labour force. They are discouraged from joining and rising in the workplace in several ways. Women still face discrimination from employers, especially in the private sector, who opt for hiring men – the presumptive “bread winners” in society. This preference may be based on the flawed assumptions about women not being as productive as men at work and that employing them costs more on account of maternity benefits. In the absence of laws, regulations and institutional arrangements that value the shared social responsibilities of child rearing, elderly care and care for the disabled and terminally ill, women are penalized in the workplace for being the main caregivers at home for those in need.

Some countries have provisions for parental leave, including some Arab States, allowing both parents “official leave” around the time of childbirth, for child caring and rearing, as well as family care responsibilities. To help employees better reconcile their work and family responsibilities, these leave practices – along with part-time, flexible time, telecommuting, other paid and unpaid leave arrangements and child-care centres in the workplace – are becoming increasingly common in national laws and in enterprise practices around the world.

The balancing act of workers with family responsibilities captures the urgent need to address the situation with supportive social and labour policies and practices. In order to create equal opportunity and treatment between men and women

workers with family responsibilities, and between such workers and other workers, the ILO adopted the Workers with Family Responsibilities Convention (No. 156) in 1981.

The Convention focuses on the constraints of unpaid work as one of the underlying causes that restricts women's access to employment opportunities. It is meant to help national governments take measures to develop or promote public or private community services (see Box 4). However, Lebanon has not yet ratified this Convention.

Box 4. Articles from Workers with Family Responsibilities Convention (No. 156)

Article 5: All measures compatible with national conditions and possibilities shall further be taken to: (a) take account of the needs of workers with family responsibilities in community planning; and (b) develop or promote community services, public or private, such as child-care and family services and facilities. **Article 6:** The competent authorities and bodies in each country shall take appropriate measures to promote information and education which engender broader public understanding of the principle of equality of opportunity and treatment for men and women workers and of the problems of workers with family responsibilities, as well as a climate of opinion conducive to overcoming these problems.

Source: ILO Convention Concerning Equal Opportunities and Equal Treatment for Men and Women Workers: Workers with Family Responsibilities, 1981 (No. 156).

Key findings and recommendations

The case of Lebanon illustrates the unmet needs in provision of social care present throughout the Arab States – and around the world. The demand for social care is growing on account of demographic factors, changes in family and household structures, cuts in public social spending, and increased participation of women in the labour force. However, the limited availability of high quality, affordable, and accessible services coupled with the lack of comprehensive attention to social care policies and programmes result in failure to respond to the rising demand. Women are expected to bear the brunt of social care work as unpaid, home-based care givers. In the absence of adequate provision of public and private services, they are often left to manage care activities that consume much time and energy. The limitations in the choices for social care affect women's abilities to participate in the labour market, civic and political life and fulfil their potentials and aspirations.



Based on the principle of gender equality at the heart of decent work, this brief provides detailed recommendations for policy, programmatic, and institutional changes that recognize the implications of unpaid care work carried out by women in households. It also calls attention to the need to redistribute social care responsibilities beyond women to men, employers, and institutions, both public and private. The recommendations emphasize the value of care work and the rights of care workers, whether paid or unpaid. These recommendations are also presented in the following section.

1. Data and research

Findings

- Quantitative and qualitative research on care (i.e. undertaken, procured, negotiated and redefined among household members) and care needs is scant.
- The traditional male-headed household model used for data collection and studies (i.e. 2004 National Household Survey in Lebanon) fails to capture intra-household dynamics (i.e. decisions, labour participation and unpaid care work).
- Efforts at mapping service provision are not sufficiently coordinated among stakeholders. Specifically, updated comprehensive information is not available on care providers, types of care, and comparative costs and benefits of care services.

Key Stakeholders

- Central Statistical Administration
- Ministries of Labour; and Social Affairs
- Policy think tanks and research institutions
- International donor agencies
- Local and international NGOs

Recommendations

- Quantitative and qualitative data need to be collected and analysed to capture paid and unpaid care work.
- Data need to be collected and analysed on variations in income, expenditure and government spending within and between households and businesses, and within government ministries and departments.

- Intra-household surveys should be undertaken to move beyond the traditional male-headed household model to capture the different types of households, decisions and gender division of labour in households.
- Sex-disaggregated data on economic activities should be compiled and presented in a Social Accounting Matrixes.
- Time-use surveys should be conducted twice in a given year and across several years to capture gendered patterns of time use.
- Additional gender-responsive indicators should be included in household and labour force surveys:
 - Discouraged workers and home-based workers need to be counted to show centrality of household as a unit of analysis for workers with family responsibilities.
 - Paid and unpaid care provisions need to be disaggregated in the analysis, distinguishing among different forms of care work in relation to the market, characteristics of the labour process, and types of beneficiaries.
- Research should be carried out using a “gender lens” to analyse social policy on social care needs and differential implications of care giving on women and men within households (i.e. staying out or dropping out of the labour market, working informally from home and other impacts of care giving on women’s lives).
- Social care needs and the current disconnected system of care providers should be mapped and cost out.

2. Care and social citizenship

Findings

- Lebanon does not have a comprehensive social care system of policies and programmes. Most households in need of services have to devise their own plans.
- Access to the few existing public social care services is based on poverty criteria.
- Even for the majority of middle-income households, costs of private or non-governmental services are prohibitively high. Distance is also an impediment for many.

Key stakeholders

- Ministries of Social Affairs; Labour; Economy and Trade
- Lebanese Economic and Social Fund for Development
- Policy think tanks
- International donor agencies
- Local and international NGOs

Recommendations

- Policy frameworks need to take into account:
 - Provision of childcare and overall social care (home and market-based), as a basic element to advancing employment opportunities for women and enabling them to move to more formal jobs (e.g. salaries paid to domestic workers and other care workers should be tax deductible for households in need);
 - Workers’ family responsibilities, including maternity benefits, part-time, flexible time, paid leave and unpaid leave for men and women, for all establishments, including small and medium-sized enterprises in the private sector employment;
 - Public campaigns emphasizing the “family care responsibilities” of men as fathers, sons, husbands and siblings that encourage them to take more active care roles.
 - Labour policies on different types of leave (paid and unpaid) and subsidies should be developed and put into effect.
 - Family support strategies and programmes (i.e. childcare, after-school care, elderly care and care for the disabled) should be designed and implemented and be made accessible to the widest range of citizens possible.
 - Public and private institutions should collaborate to improve the country’s care services infrastructure, with a specific focus on lowering costs and addressing populations in need of special care (e.g. corporations providing subsidized day care).

3. Coordination and regulation

Findings

- The Ministry of Social Affairs is not fully realizing its role as the lead government agency in devising and coordinating social care service provision.
- Non-governmental and private social service providers are largely unlinked and fall far short of filling the deficit of affordable, accessible and quality care.
- Quality control mechanisms to regulate and monitor social care providers are not in place, leaving households exposed to substandard services.

Key stakeholders

- Ministries of Social Affairs; Labour; Economy and Trade
- Private sector
- International donor agencies, especially the ILO and UNFPA
- Local and international NGOs



Recommendations

- The Ministry of Social Affairs' lead role in coordinating social care provisions and including them in social policy should be better established. Limited resources, good practices and expertise should be shared among stakeholders as to decrease the duplication of efforts.
- Stakeholders and concerned ministries should work to harmonize and coordinate efforts. Ongoing and disparate social care services should be better integrated into existing socio-economic policies and programmes as to achieve more effective coverage and delivery.
- The concerned ministries and NGOs should practice an integrated management approach to social care service provisions.
- The Ministry of Labour should look into ratification and implementation of Convention No. 156 on Workers with Family Responsibilities.
- Regulatory standards for public and private care service provision – at both the institutional and household levels – need to be set up to monitor quality of care. Good practice cases should be highlighted to encourage collective evaluation and standard-setting on social care.
- Home-based work, often undertaken by women who are juggling work in the market and the unpaid care work in the household, should be regulated and protected.
- A participatory policy dialogue consisting of key national stakeholders is needed to reach a common understanding for policy and programmatic responses on care service needs and provision.

4. Awareness and advocacy

Findings

- There is a lack of awareness in Lebanese society about unpaid care work, its implication on gender equality and on the labour force participation of women (and men).
- Trade unions have limited knowledge of the implications of unpaid care work to women's entry

into the labour market and are unfamiliar with organizing local and/or foreign domestic workers performing paid housework and care work in the country

Key stakeholders

- Ministries of Social Affairs; and Labour
- International donor agencies, especially the ILO and UNFPA
- Local and international NGOs
- Trade unions

Recommendations

- Policy briefs and studies relevant to the topic should be circulated in appropriate forums, including among trade unions and employers' organizations to spark debate among policy makers about the future of social care needs and provision in Lebanon.
- Awareness raising and training should be designed for national stakeholders to be better equipped to address the social care deficits in the country. Policy awareness sessions are needed to promote households' rights to social care and protection of care workers' rights – working both formally and informally and in private and public institutions.

5. Care workers' rights

Findings

- Guidelines to protecting care workers' rights do not exist for employees or employers. Care workers are paid low wages; are not organized; lack social protection and do not have access to career development assistance.
- Graduates in fields relevant to social care service provision (e.g. social work, psychology, physical education) are overrepresented among the unemployed, with an overwhelming majority being young women.
- Both local and foreign domestic workers, who provide care within households, are vulnerable to exploitation and abuses because they are excluded from labour laws and labour protections, such as State inspections. They most often work without standardized unified contracts or have no contracts at all. They are not allowed to form their own unions or join existing unions. They have few avenues for dispute resolution. These workers are also isolated and have no training opportunities to upgrade their skills.

Key stakeholders

- Social Security Administration
- Ministries of Social Affairs; Labour; and Education
- Vocational training institutions
- Trade unions
- Employers' organizations

Recommendations

- Mechanisms should be developed to promote and monitor care workers' rights.
- Guidelines should be created for public and private care centres on recalibration of wages and gender-neutral job evaluations. Eliminating the gender bias in salary-setting processes require assuring that job evaluation systems are gender neutral and do not systematically ignore or undervalue the emotional effort involved in work done by those in care-taking roles.
- Both local and foreign domestic workers should be included in labour laws, allowed to unionise, and provided with unified standardized contracts. This should be supported by the establishment of labour inspections of private employment agencies.
- The Ministries of Labour and Social Affairs should use social workers to mediate and resolve disputes between care providers and their employers, especially for domestic workers.
- Multi-employer institutions can be launched to promote career building and development should be provided to national and foreign domestic workers and caregivers to improve their skills.
- An official certification programme for care givers, including those within households, should be established to professionalize the occupation.
- Young educated unemployed women and men in relevant fields should be provided with add-on vocational training in appropriate specializations of care services as to build their knowledge; and in business as to encourage them to start up their own enterprises. Increased commitment to and investment in social service policy and care services are needed in order to:
- Generate employment for unemployed young female and male graduates in relevant fields;
- Provide labour market-oriented training and entrepreneurship development with direct impact on increased and improved youth employment;
- Lessen women's care-giving burdens and time constraints to enable their fuller participation in the labour force; and
- Respond to social services and care provision needs of households in a comprehensive and systematic manner.

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This brief has been prepared as a contribution from ILO ROAS for the public awareness raising campaign on "Gender Equality at the Heart of Decent Work".