

# Research papers

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## Social Mobility, Care Policies, and Social Protection



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## **Social Mobility, Care Policies, and Social Protection**

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### **Abstract**

In this study, we shed light on the connections between social mobility and social protection related to care. The objective is to examine women's opportunities for choice and life achievements in terms of social mobility. In particular, it proposes a broader human development approach that, beyond education, health, and social security, integrates the contribution of both paid and unpaid care work to individuals' wellbeing and social mobility. The results confirm that early childhood care services and care for other population groups, lifelong social security in the households of origin, and women's opportunities to participate in the labour market have positive effects on their social mobility and thus contributes to reducing inequality.

### **Keywords**

Care economy, inequality, labour markets, social mobility

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**Résumé**

Cette étude vise à mettre en lumière les liens entre la mobilité sociale et la protection sociale en matière de soins. L'objectif est d'examiner les possibilités de choix et de réussite des femmes en termes de mobilité sociale. En particulier, elle propose une approche plus large du développement humain qui, au-delà de l'éducation, de la santé et de la sécurité sociale, intègre la contribution des soins rémunérés et non rémunérés au bien-être et à la mobilité sociale des individus. Les résultats confirment que les services d'accueil des jeunes enfants et d'autres groupes de population, la sécurité sociale à vie dans le ménage d'origine et les possibilités pour les femmes de participer au marché du travail ont des effets positifs sur leur mobilité sociale et contribuent ainsi à réduire les inégalités.

**Mots-clés**

Économie des soins, inégalités, marchés du travail, mobilité sociale

## Introduction

Social mobility serves as an indicator of individuals' opportunities to meet their life goals (Campos-Vázquez *et al.*, 2013; Orozco *et al.*, 2019). When the quality and coverage of social protection systems and mechanisms to equalize opportunities are weak, individuals' social origin determines their possibilities of social mobility. These household-level inequalities intertwine with others, including spatial disparities, asymmetric access to services, social protection and infrastructure, and justice mechanisms. In the case of women, in addition to layers of social and spatial inequality, gender disparities further compound the issue (Orozco and Vélez-Grajales 2020).

Gender roles in *care responsibilities*<sup>1</sup> and inequalities in access to services and other mechanisms to address these responsibilities—socially assigned to women—play a significant role in their opportunities for social mobility. Among other effects, these factors create limitations in women's opportunities to access the labour market (Arceo-Gómez and Campos-Vázquez 2014; Apps and Rees 2009; Apps *et al.* 2016; Calderón 2014; Ceballos 2013; Gammage and Orozco 2008; Grossbard 2005; Orozco 2020).<sup>2</sup> Unpaid domestic and care work is

linked to social mobility (Peña *et al.* 2013) as it conditions the choice of a considerable portion of women's time use. This situation, combined with the lack of services and social protection mechanisms, structurally restricts women's freedom of choice to engage in paid activities (Ferrant *et al.* 2014; Orozco 2018), as well as their involvement in social and political spheres (Folbre 2006; Nussbaum 2007; Orozco *et al.* 2016).

The above implies that, in addition to inequalities of social origin, there is an added inequality of opportunities throughout people's life course due to limitations stemming from reconciling the social roles of caregiving and unpaid domestic work, which in turn increases the barriers to social mobility for women. This highlights the importance of social protection policies.

In broad terms, there is a wide consensus that policies related to education, health, employment, income, and social security are key to equalising and expanding opportunities, thereby promoting social mobility. This is reflected in the prioritisation of these agendas in the construction of social protection in Mexico and Latin America, including educational grants,

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<sup>1</sup> This includes the care that girls and women must cover in their homes to provide care for infants and adolescents, the sick or disabled, older adults, and other household members.

<sup>2</sup> Grossbard's WiHO (Work in Household) model integrates the relationship between labour market and household production, based on an extension of Becker's proposal.

health insurance, universalisation of social security, and income transfers. Despite this consensus, the characteristics of prevailing schemes can limit the access of broad groups of people to social protection mechanisms. For example, social security is typically tied to formal participation in the labour force, and access to childcare facilities (CAI, from its initials in Spanish) is constitutionally guaranteed only to female workers, not to men.<sup>3</sup> It is only recently that legislative amendments have been made in Mexico to recognize the responsibilities of both men and women in childcare, thereby extending the provision of day-care services to them as well.<sup>4</sup>

While childcare services are part of social security benefits and also fall under non-contributory protection, the measurement of access to care and research on its role in promoting social mobility are still limited. Beyond childcare, care policies in all their

forms –whether for young children, adolescents, individuals with illnesses or disabilities, older adults, indirect care, etc.– often tend to be excluded from research agendas, even though they are closely related to the wellbeing of these population groups and women carers (RdCMX, COPRED, and ENTSM-UANL 2021).<sup>5</sup> Generally, when discussing social security and protection, the emphasis is placed on access to pensions and healthcare services (CONEVAL 2019), leaving out care in all its dimensions.

The guarantee of the right to care –both giving and receiving care– in Mexican legislation remains a pending issue. It began in 2020 with the approval of a reform to the Political Constitution in the Chamber of Deputies, currently pending in the Senate of the Republic, and a recent proposal for a Law in the Senate, also awaiting discussion. Its formalisation is significant as an expression of social consensus, since

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<sup>3</sup> Although the Political Constitution of the United Mexican States, Article 123, Section XXIX establishes the provision of day-care centres, Section XI of the same Constitution specifies that only women will have access to day care services. See Cámara de Diputados (2021b), Political Constitution of the United Mexican States, article 123. DOF 28-05-2021.

<sup>4</sup> The 2020 reform to the Social Security Law modifies the exclusion and establishes the service to working people. This benefit may be extended to insured persons who exercise parental authority and custody of a minor, as long as they are in good standing before the Institute and are unable to provide care and attention to the minor. See Cámara de Diputados (2021), Social Security Law, article 201, DOF 31-07-2021. In its Article 4, Section III, the Law that governs the Institute for Social Security and Services for State Workers (ISSSTE) establishes as mandatory the care service for the welfare and

development of children. Articles 195 and 196 state that the Institute will provide for the basic needs of the workers and their families through the provision of services that contribute to welfare support and, in accordance with the financial possibilities of the Social and Cultural Services Fund, will provide social services, including care for the welfare and development of children, at reasonable prices. Article 34, section VII, establishes mother and child health care. The 2018 reform of Article 56 considers an occupational accident that which occurs to the worker when moving from the child day-care centre of their children to the workplace. See Cámara de Diputados (2021a), Law of the “Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado”, articles 4, 34, 56, 195, and 196. DOF 20-05-2021.

<sup>5</sup> For a classification of types of care, see Red de Cuidados en México, COPRED and ENTSM-UNAM.

considering that caregiving requires skills that are deemed innate to women (Quevedo *et al.* 2021) restricts its institutionalisation and quality. Socially, this approach promotes the women's exclusive management of caregiving, as there are no institutions supporting the coordinated operation of policies based on the Care Economy (Folbre 2006, 2018). This lack of institutionalisation results in caregiving being predominantly unpaid, therefore leading to inequalities, and in paid women carers being more likely to enter the informal sector of the economy. Overall, this fosters the precariousness of female employment and limits the quality of care services for the population. In view of the above, in this document, we propose the explicit consideration of care services as part of the stratification system and State<sup>6</sup> presence. This is relevant to the study of social mobility because care work – whether paid or not– is highly feminised (ILO 2021; Ayala *et al.* 2021).

In this study, we shed light on the connections between social mobility and social protection regarding care, and how this perspective can broaden the general perception of social protection. The objective is to delve deeper into women's opportunities for choice and life achievements in terms of social mobility. By considering these topics, we expand the scope of human development beyond

education, health, and social security, as we incorporate the contribution of both paid and unpaid care work to individuals' wellbeing and social mobility.

From this standpoint, we conducted various estimates that link social mobility with individuals' background situation within their household and environment. It is important to note that, among other factors, the study of these topics is limited due to data scarcity. This led us to use diverse sources of information and resort to a set of variables that reflect the possibilities of access to extended social protection mechanisms. These variables are measured contemporaneously and over the course of life, using different sources of information.

Throughout this document, we argue that more discussion and, above all, better data are needed to highlight the social costs of not having a National Care System (SNC, from its initials in Spanish), which is a crucial component of social protection. We also emphasize that this approach can contribute to reducing inequalities and improving opportunities and options for social mobility in general, and for women and girls in particular.

The empirical strategy we employed is limited by the availability of information, but it provides elements for the argumentation and, above all, is intended to foster

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<sup>6</sup> As defined by Monroy-Gómez-Franco and Corak (2020): A set of formal and informal institutions that define the rules of resource distribution in society.

discussion and to generate more and better data. Our results confirm that early childhood care services, lifelong social security in the household of origin, and women's opportunities to participate in the labour market have positive effects on their social mobility:

1. Women from the lowest socio-economic stratum residing in areas lacking childcare services face a persistence rate of 68.8%, whereas when such services are available, this rate amounts to 37.2%.
2. Women from the 25<sup>th</sup> percentile reach the 39<sup>th</sup> percentile if they grew up in areas with access to childcare facilities. Conversely, those residing in places with no access to these services remain nearly in the same position as they were originally, i.e., at the 26<sup>th</sup> percentile.
3. Concerning care services for sick, disabled, or older adults, women whose parents belong to the 25<sup>th</sup> percentile reach the 40<sup>th</sup> percentile when raised in areas with access to these services, while those in areas with no access only reach the 29<sup>th</sup> percentile.
4. Women from the 25<sup>th</sup> percentile, whose parents had lifelong social security, reach the 41<sup>st</sup> percentile, which is 10 points higher than the national average.
5. Women's paid work is associated with a lower persistence rate in the first quintile, at 47.4%, compared to 53.9% among those who have never participated in the labour market.
6. While at the national level 11% of inequality of opportunities is explained by social protection, childcare and other care services, for the poorest strata it explains 38%. In other words, it is three times more important compared to the national level.
7. At the regional level, the importance of social protection is four times greater in the country's southern (Guerrero, Oaxaca, Chiapas, Veracruz, Tabasco, Campeche, Yucatán, and Quintana Roo) and north-western (Baja California Sur, Sinaloa, Nayarit, Durango, and Zacatecas) regions, both at 16%, compared to 4% in the northern states (Baja California, Sonora, Chihuahua, Coahuila, Nuevo León, and Tamaulipas).
8. The document is organised as follows: in Section 1, we explain the conceptual framework; in Section 2, we describe the methodology and information sources used; in Section 3, we report the main results of the analysis. Finally, we present the conclusions and recommendations.

# 1. Conceptual framework

The initial endowments of economic wellbeing determine individuals' opportunities and life achievements. Social security and social protection policies (Delajara *et al.* 2018), as well as those aimed at improving the environment and addressing barriers and the consequences of negative shocks, contribute to individuals achieving higher levels of wellbeing, accessing better opportunities throughout life, and increasing social mobility (Orozco *et al.* 2019).

Care is essential for sustaining life and wellbeing, both from the perspective of those who receive it and those who provide it (Garfias and Vasil'eva 2020). However, the organisation of care predominantly falls within the private sphere of households and, within them, on the unpaid work of women. This leads to inequalities in care for those who need it and affects those who provide it (Diagram 1), which in turn interferes with their wellbeing and opportunities for social mobility. In principle, not all care needs are met, and this disproportionately affects the population in the lower socioeconomic strata.

For those receiving care, inequality in care provision and the lack of policies can result in loss of wellbeing and development, particularly documented in the case of the child population.<sup>7</sup> Inequality in access to care can also lead to greater exposure to violence (Manduca and Sampson 2019; MDC 2016), as well as transmission and persistence within the lower strata of socioeconomic distribution. For those providing unpaid care work, mainly women and girls, the burden of caregiving restricts their time use and their choices to participate in education, employment, and income-earning opportunities. It impacts their access to social security and their ability to accumulate assets and wealth. As they reach retirement age, this also affects their access to pensions and protection (Folbre 2006, 2018; Kabeer 1999, 2018; OECD 2021).

Meanwhile, paid domestic and care work is generally carried out under precarious conditions (Quevedo *et al.* 2021; ILO 2021). Approximately 2.4 million domestic workers – almost 10% of Mexico's female workforce – are employed in this occupation. Constituting 94% of the total workforce in this sector, they provide their services without social security benefits, earn low wages, and work under informal conditions. Other paid sectors within the Care Economy are also highly feminised, such as the healthcare sector, where women make up 70% of the workforce. Prioritising social security and protection coverage in these sectors

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<sup>7</sup> Lack of opportunities occurs more frequently in the lower socioeconomic strata (Attanasio *et al.* 2021), affecting economic wellbeing in adulthood, as a result of a process of accumulation of limited capabilities and achievements (Heckman *et al.* 2009).

is crucial to reduce inequalities that act as barriers to social mobility for both those in need of care and those providing it.

The organisation of care is a gender issue as it disproportionately affects women's wellbeing and opportunities for social mobility. However, by interconnecting the rights of both carers and care recipients as interdependent entities, it becomes a matter of public concern that impacts the welfare of both parties (Cámara de Diputados 2020; Garfias and Vasil'eva 2020; Fraga 2018; RdCMX and OXFAM 2021; Ríos-Cázares and López-Moreno 2017; Orozco *et al.* 2021). It also has an overarching impact on social mobility as a whole.

In the absence of care services and policies, a significant portion of care needs in households —whether for children and adolescents, individuals with illnesses or disabilities, or older adults— are addressed through family and social networks in the immediate environment of women. This is mainly done with the assistance of other women who provide unpaid support across households (Orozco 2020; Talamas 2021). A recent study for Mexico documents that the death of grandmothers has a negative effect of 27% on the employment rate of mothers with children under five, highlighting the importance of informal care arrangements. The same study points out that women's alternatives are limited due to the lack of childcare services (CAI) infrastructure (Talamas 2021).

Lack of coordination in a national care system (SNC) results in social costs that particularly affect those in need of care and those providing it. This situation hampers the development of abilities and opportunities for choice for individuals, obstructing social mobility and leading to persistence in the lower strata.

Care policies provide a means to eliminate gender inequality and achieve greater social wellbeing (ECLAC 2021). Recognising that societies require care and that carers are outside social security and protection schemes is crucial for reducing inequalities and promoting social mobility. These inequalities are primarily gender-based, since care responsibility falls mainly on women. Acknowledging this is important because social norms influence institutional decisions and the allocation of resources, thus shaping the distribution of care activities.

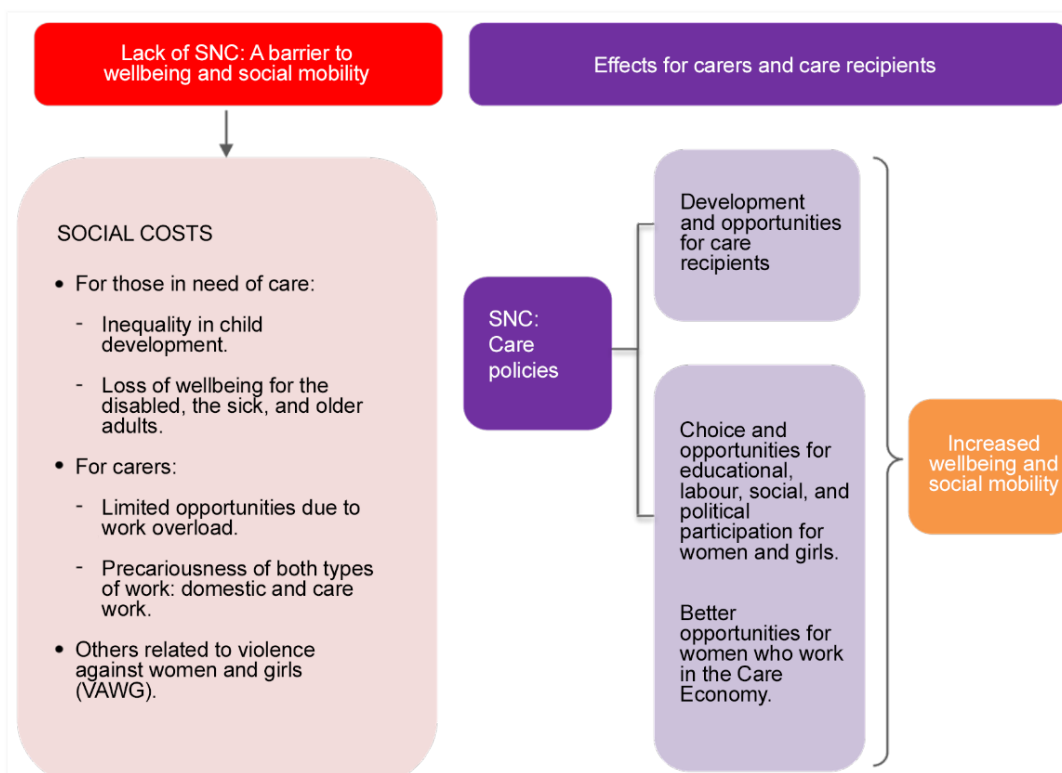
Care policies are multipurpose policies that, when integrated into an SNC, can affect upward social mobility through at least two mechanisms (Diagram 1):

1. They create opportunities for the development and wellbeing of children (Evans *et al.* 2021; Heckman *et al.* 2009; Behrman 2019; Attanasio *et al.* 2021; Straus and Paschal 2009; Campos-Vázquez 2018), and wellbeing for others requiring care. They also

reduce exposure to family and gender-based violence and may mitigate their consequences for girls (UNICEF 2017; Lansford and Deater 2012).

2. They create opportunities for choice for women carers –in educational, work, social, and political domains– by alleviating the burden of unpaid work and enhancing their wellbeing along with that of their households. They foster autonomy, empowerment, and the possibility for women to live free from violence. In general, they also improve opportunities for women undertaking paid work in the Care Economy.

**Diagram 1. The issue, care policies, and their potential effects on social mobility**



Source: Compiled by the authors.

Below is a description of each mechanism.

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### 1.1. Opportunities for development and wellbeing for people in need of care

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Among all groups with care needs, the most thoroughly studied has been that of early childhood, perhaps because care needs are imminent in this population group. According to the Durán Scale (Durán 2012), the time of care required by children under 5 is equivalent to 3 or 4 times that required by a young adult.

Care and early childhood development can affect individuals' cognitive and socio-emotional skills, and influence labour income and opportunities for social mobility later in life (Evans *et al.* 2021; Heckman *et al.* 2009; Attanasio *et al.* 2021).

However, beyond childcare, depending on each country's context, an older adult may require 3 times as much care time as a young adult, a scale of needs very similar compared to the time of care needed in the early childhood (Orozco and Sánchez 2020)<sup>8</sup>. The same is true in the case of sick or disabled individuals. In the absence of relevant policies, the needs for care and the economic and time resources required to meet them affect the socioeconomic situation of households and their members (Orozco 2018). According to CONEVAL figures, women with care responsibilities for children or for the sick, older persons, or people with disabilities experience 14.8% more poverty.<sup>9</sup> The same is true for their households and the people they care for. Addressing the care needs of these population groups through policies contributes to their wellbeing, that of their carers, and that of the people in their family environment. It can also facilitate their reintroduction into education, work, and other areas of life.

The absence of policies implies that care is partially left to those in need of care, to their family members, or may even be neglected. In Mexico, 62.25% of those who provide unpaid care to older adults are women (INEGI ENESS 2017).

Care policies can also play an important role in preventing and addressing violence by reducing the exposure of the population with care needs to risky situations in the home. For children, these risks can include violent discipline (UNICEF 2014), parental violence (Flores *et al.* 2021), and gender-based violence within the family. According to the National Survey on Household Relationships Dynamics (ENDIREH 2016), 9.4% of women experienced sexual abuse during their childhood.<sup>10</sup> In 67.0% of cases, the main perpetrators were their own fathers or stepfathers, brothers, grandparents, uncles, or other relatives (INEGI ENDIREH 2016). Among other consequences of sexual abuse are physical and psychological health damages, and child and adolescent pregnancies.

Although the prevailing focus when talking about care is that of women in their role as carers, the link between *violence against women and girls* (VAWG) and care also highlights the care needs of women and girls. Policies for the prevention, care, punishment, reparation and elimination of VAWG should be part of care policies, as they include active measures to

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<sup>8</sup> Figures of the Colombia Scale, in process of construction for Mexico.

<sup>9</sup> Calculation based on poverty figures published in 2021 by CONEVAL, at national level and for women with care responsibilities.

<sup>10</sup> Touching of their private parts, forced to touch or look at another person's genitals, forced to watch sexual scenes, show their private parts, suffered rape attempts, or were raped.

prevent the harm caused by violence on their wellbeing, while care acts as a secondary and tertiary prevention mechanism (Orozco *et al.* 2020) to contain its negative consequences on their wellbeing and social mobility. However, the data available to measure this are limited (Orozco *et al.* 2020; Orozco *et al.* 2021; Teruel and Orozco 2021). Therefore, the relationship between these issues and social mobility is an emerging line of research.

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## **1.2. Opportunities and wellbeing for women carers**

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Care policies can enhance women's choices and opportunities by reducing their unpaid workload, thereby freeing up their available time. This can increase their chances of participating in education and training, politics, employment, income, accessing social security, accumulating assets and wealth, and, upon reaching retirement age, having access to pensions. By promoting women's autonomy and empowerment, care policies can have an impact on their negotiating and decision-making abilities within their households and in the social and political spheres.

According to the 2019 Report on Social Mobility in Mexico, the gender gap in labour force participation is 41 percentage points, with 41% for women and 82% for men, among individuals aged 25 to 64 (Orozco *et al.* 2019). Childcare responsibilities are linked to women's labour force participation: 43% for women without children under 6 years old, compared to 36% for those with at least one child in this age group. This seven-percentage-point difference is comparable in magnitude to the intergenerational gap, i.e., the changes in the national trend of labour market participation between the generation of the interviewed women and that of their mothers (Orozco *et al.* 2019). Moreover, 77 out of every 100 individuals excluded from the labour market are women. Of these, more than half (68%) are excluded due to factors such as pregnancy, family care responsibilities, marriage, being prohibited from working by a family member, or not having someone to care for their children or sick relatives (Delajara and Graña 2019).

Occupational segregation and the feminisation of paid domestic and care work, characterised by low wages and lack of social security protection also impact social mobility (INMUJERES 2018). The precarious conditions of paid care work contribute to the gender gap, which affects wages, women's access to social protection and other vulnerabilities, such as their exposure to violence resulting from the lack of labour regulation (ILO 2018). The combination of labour gaps and unpaid work reduces wellbeing (OECD 2021) and social mobility for women and girls (Kabbeer 2018).

Investment in CAI infrastructure (López-Acevedo *et al.* 2020) and other care services can promote women's labour force participation. As for home visitation programmes for childcare, even if low-cost for the State (Attanasio *et al.* 2021), they may negatively impact women's time use, labour force participation, and mental health (Evans *et al.* 2021), given that they condition support on their participation in the programme. Measures of co-responsibility and elimination of labour discrimination are also relevant since there is a tendency to penalize maternity that begins during pregnancy and persists in the long term (Campos-Vázquez *et al.* 2021).

The scope of care policies holds extensive potential considering that the value of unpaid domestic and care work within households that can be redistributed amounts to an average of 23.0% of the GDP. Additionally, the unpaid support work provided between households amounts to 2.2% of the GDP. A national care system (SNC) can help reduce gender inequality, as it is women who assume nearly all of these types of work (INEGI 2020, 2021; ILO 2021; Ayala *et al.* 2021).<sup>11</sup>

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<sup>11</sup> As an effect of the COVID-19 pandemic, the value as a percentage of GDP increased to 27.6% during 2020.

## 2. Methodology and data

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### 2.1. Data

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The literature tends to *invisibilise* women in the study of intergenerational social mobility. A recent study considering social mobility in the United States throughout the 20<sup>th</sup> century shows that it is overestimated if women are excluded, particularly the black population (Jácome *et al.* 2021). Studies for Mexico reveal similar findings (Orozco *et al.* 2019, Torche 2019). However, beyond incorporating women in the measurement of social mobility and making estimates by sex, it is necessary to consider issues that are relevant from a gender perspective, such as time use, care, gender-based violence or occupational segregation.

Main official surveys in Mexico lack comprehensive data on childcare (Orozco *et al.* 2016) or access to care services for people with disabilities and older adults (Orozco 2020). This hinders the study of *care* and its link to social mobility.

Recent studies such as Aguilar-Gómez *et al.* (2019) address the links between care responsibilities and intra-generational labour mobility, while Mancini (2019) delves into the relevance of having care alternatives on women's probability of entering the labour market. As mentioned, research focuses on childcare but not on other forms of care for which data are commonly lacking.

In this study, we estimate intergenerational social mobility through a socioeconomic index,<sup>12</sup> considering how access to care services and social security can broaden the possibilities of social mobility for women. It is worth noting that by introducing variables of protection and social security, we assume that while access to these benefits may depend on an individual choice to enter the formal or informal labour market, since protection coverage is not universal, this choice is conditioned by the available infrastructure and market characteristics in the immediate environment.

We employed three approaches: 1) social mobility matrices to measure fluidity; 2) rank-rank regressions to estimate relative social mobility and absolute social mobility (Dahl and DeLeire 2008, Delajara *et al.* 2021, Chetty *et al.* 2014, Monroy-Gómez-Franco and Corak 2020); and 3) regressions to measure inequality of opportunities (IOP) (Monroy-Gómez-Franco and Corak 2019). Our data was based primarily on the ESRU Social Mobility Survey in Mexico (ESRU-EMOVI) and other complementary sources described in the data section.

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<sup>12</sup> The socioeconomic index is estimated from a principal components analysis for both parents and children. The variables considered in the index are listed in Annex IV. For more details on the index, see Orozco *et al.* (2019).

We incorporated themes related to care drawing on findings from Apps and Rees (2009, 2016) and Grossbard (2005) about the positive effects of the availability of nearby childcare services on women's labour force participation and income, particularly for women of reproductive age. Accordingly, we used these variables to construct social mobility matrices and rank-rank models for subpopulations. Additionally, we explicitly introduced these variables in regressions to estimate their contribution to inequality of opportunities (IOP).<sup>13</sup> It is important to note that the degree of social mobility is assumed to be determined by the level of equal opportunity.

In the same vein, we introduced variables that measure social protection at other stages of the life cycle, particularly in relation to women's care responsibilities for other household members. To achieve this, we used an accumulative variable for social security, reflecting access to this type of protection in other life stages. We constructed a current variable measuring access to pensions for at least one of the parents of the interviewee. This variable was intended to capture the effect of social security through two mechanisms: the protection that women had access to during their years of dependency on the household of origin, and the protection of their parents when the latter reach retirement age. This can contribute to reducing women's responsibilities in the care and maintenance of their parents, and is particularly relevant considering that adult women are the main unpaid carers for their parents. This affects women's social mobility, especially when they come from the lowest socioeconomic strata.

We also sought to measure the relationship between women's paid work and their social mobility. To do so, we constructed a cumulative variable capturing women's labour force participation at a given point in their lives.

We tested the relationship of these variables with social mobility through the three approaches used (social mobility matrices, rank-rank regression, and IOP regressions). Besides exploring the contribution of protection mechanisms to total mobility, the rank-rank models allowed us to explore their potential contributions in different segments of the socioeconomic distribution of social origin. We estimated national and separate rank-rank models for men and women from different population groups defined by the set of contemporary variables described. By incorporating these variables, we sought to reflect the potential effect that social protection—in particular, access to care services—and women's involvement in paid work can have on mitigating the effects of their conditions of origin. Additionally, to observe differences throughout the distribution of the national social

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<sup>13</sup> The IOP models for measuring inequality of opportunity were based on Monroy-Gómez-Franco and Corak (2019), introducing contemporaneous variables to the regression.

structure, we obtained average estimators by quintiles of the distribution of social origin, based on rank-rank regressions. Measurements for different regions of the country were made using the data subsets for each region.<sup>14</sup>

We estimated inequality of opportunities using IOP regressions. Following the proposal of Monroy-Gómez-Franco and Corak (2019), we included the characterisation of the environment of origin –given by the availability of health and education services, bookstores, parks and recreation sites, and perception of safety– and the current environment –urban locality–. Furthermore, we explicitly incorporated the availability of care services in the current environment and parents’ access to social security throughout life. We showed the contributions to inequality of opportunities across the distribution and, using regressions for each quintile of social origin, we sought to capture the nonlinear effects of these factors.

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## 2.2. Data

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Our estimates are based on various data sources whose characteristics allow us to approximate our measurement objective, while at the same time delimiting the scope of the analysis. We constructed a synthetic database using data from the 2017 ESRU Social Mobility Survey in Mexico (ESRU-EMOVI) and the National Directory of Economic Units (DENUE, from its initials in Spanish) from the National Institute of Statistics and Geography (INEGI, from its initials in Spanish).<sup>15</sup>

The ESRU-EMOVI measures social mobility between two generations by observing the changes experienced by individuals compared to the socioeconomic condition of their household of origin. To achieve this, the tool captures current and retrospective information (the interviewee at age 14). It makes it possible to identify how opportunities are distributed in Mexico and how different population groups access them, or not. The 2017 ESRU-EMOVI is representative at the regional level<sup>16</sup> and, for women and men between 25 and 64 years old, at the national level. One of the main limitations of the survey for the analysis of social

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<sup>14</sup> Other approaches consider correlations within regions using geospatial or multilevel models, such as those developed by Michelangeli et al. (2020). These are beyond the scope of this paper, but we consider them relevant for future research.

<sup>15</sup> For a detailed description of the ESRU-EMOVI, see Orozco et al. (2019); for the identification of DENUE services, see Orozco (2020).

<sup>16</sup> The ESRU-EMOVI 2017 is representative for five major regions: the northern region includes Baja California, Sonora, Chihuahua, Coahuila, Nuevo León, and Tamaulipas; the north-west comprises Baja California Sur, Sinaloa, Nayarit, Durango, and Zacatecas; the centre-north includes Jalisco, Aguascalientes, Colima, Michoacán, and San Luis Potosí; the centre is made up of Guanajuato, Querétaro, Hidalgo, State of Mexico, Mexico City, Morelos, Tlaxcala, and Puebla; and the south includes Guerrero, Oaxaca, Chiapas, Veracruz, Tabasco, Campeche, Yucatán, and Quintana Roo.

mobility with a gender perspective is that the indices to measure socioeconomic mobility are based on household-level aggregated variables, which does not capture individual-level inequalities between women and men.

We supplemented the information from the ESRU-EMOVI with data on the availability of childcare services and other care centres for people with disabilities and older adults from the DENUE. We used the same survey year and the locality of residence of the individuals interviewed in the ESRU-EMOVI as a reference for the environment.<sup>17</sup> Based on the DENUE, we identified 13,321 childcare facilities and 1,782 other care centres nationwide. Of the total survey sample, 14,808 individuals were identified whose environment at the time of the ESRU-EMOVI survey had at least one childcare centre –83.8% of the population– and 2,857 with none. Regarding other care establishments, 12,761 surveyed individuals in the ESRU-EMOVI lived in an area with at least one establishment, and 4,904 with none.

The above provides an approximation to the availability of care services in the current environment of the people interviewed. The available information does not identify the availability of such services in the environment of origin. However, most of these services were created after 2007, after the time of reference for the collection of the ESRU-EMOVI information on the household of origin for the youngest cohort in the sample.<sup>18</sup> Due to these limitations, the analysis focuses on showing the relevance and potential contribution of this type of services to the inequalities arising from the environment, and contrasting the gaps associated with the availability of these services for different points of origin.

An important consideration deriving from the ESRU-EMOVI information on parents' access to social security throughout their lives is that the variable used can only be observed when the parents were alive at the time of the survey. This causes a possible selection bias in the data if we consider that the life expectancy of the parents of those who start in the lowest socioeconomic stratum is lower, which would mean that this population group is underrepresented in the data used.

To corroborate the presence of this bias, Figure A shows the distribution of the index of socioeconomic origin for three groups of women: 1) those with at least one parent with a pension, 2) those for whom neither of their parents had a pension, and 3) those with both parents deceased at the time of the interview. Clearly, the index for the group of women

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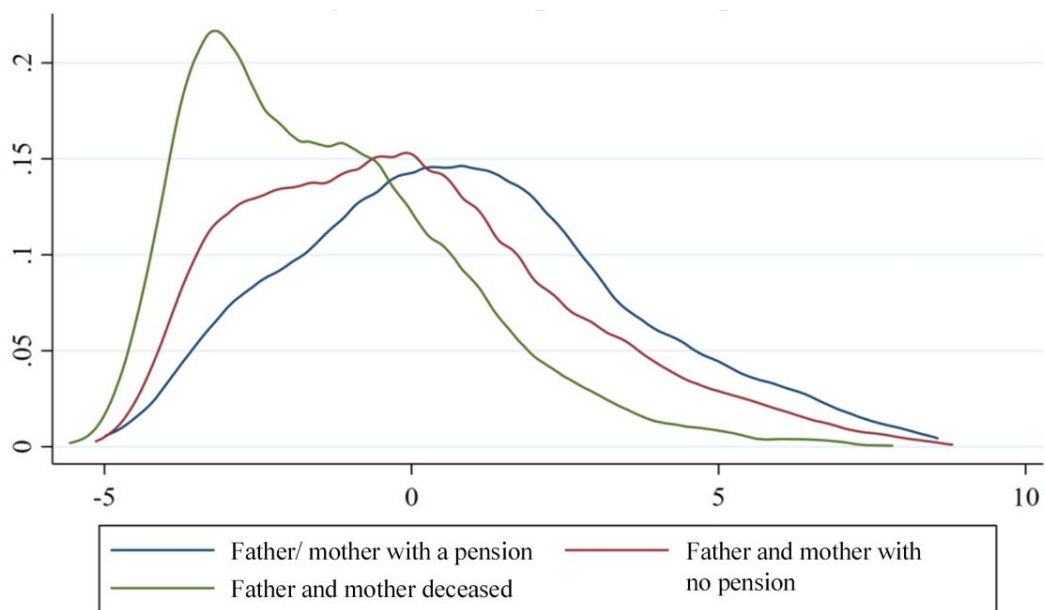
<sup>17</sup> The information was downloaded from <https://www.inegi.org.mx/app/descarga/?ti=6> and corresponds to the Health and Social Assistance Services data.

<sup>18</sup> In the Programa de Estancias Infantiles, it served about 300,000 infants, in 10,000 centres, as of December 2018 (COPSADII 2018). The Economic Census (1999) recorded only 10% of the centres available in the year of the ESRU-EMOVI survey.

whose both parents were deceased is concentrated in the lower part of the distribution, indicating that these women come from more precarious backgrounds. That is, measures of social mobility that consider only those cases for which data on parental access to pensions are available may be overestimated, since they exclude a portion of information on those from lower strata. However, Figure A also shows that the coincidence of the areas under the three curves is large and, therefore, there is a supporting area for the estimates.

Based on these considerations, throughout the analysis, the group of women whose parents were deceased at the time of the ESRU-EMOVI survey was explicitly included and the corresponding estimates were generated.

**Figure A. Socioeconomic index of origin according to parents' access to pensions or parents' death**



Source: Authors' estimates based on the ESRU-EMOVI 2017.

### 3. Results

The results show the potential contribution of labour force participation and access to social security and care services to women's socioeconomic mobility, emphasising the importance of incorporating these variables to study gender inequalities. It highlights the significance of considering them in generating more and better information for future research on social mobility.

In all cases, national distributions and distributions for women belonging to subgroups of the population were used, constructed from the variables of interest.

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#### 3.1 Matrices of social mobility<sup>19</sup>

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Tables 1 to 4 display socioeconomic mobility for subgroups of the female population with and without access to care services, labour market participation, and social security throughout life. Nationally, persistence in the lowest stratum is 49.0% (Orozco *et al.* 2019). According to Table 1, persistence for women residing in environments with no access to childcare services increases to 68.8%, while it decreases to 37.2% when such services are available. In the latter case, long-range social mobility<sup>20</sup> is nearly six times higher compared to women residing where there are no care services, and upward mobility to quintile 3 is also higher, increasing from 9.3% in environments without care services to 20.1% when they are present.

In addition to the positive effect of having services, the above is possibly a combined result of the infrastructure being concentrated in areas of greater wealth and social mobility. In fact, a change in the same direction is observed for the male population, though of lesser magnitude. Using a double difference, considering men and women, with and without access to services, potential access to care centres translates into 3.4 percentage points higher mobility for women. The result is confirmed to a similar magnitude for the case of care services for people with disabilities and older adults (Table 2).

Table 3 illustrates the association between social mobility and access to paid work. The mobility matrices are disaggregated for two subpopulations: women who have participated in the labour market at some point and women who have not. As a result, paid work is

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<sup>19</sup> See Annex I for social mobility matrices.

<sup>20</sup> Long-range social mobility is said to have occurred when a person born at the poorest end manages to reach the richest and vice versa: when a person born in the richest strata descends to the poorest strata.

associated with lower persistence in quintile 1, corresponding to 45.6%, compared to 53.6% among those who have never participated in the labour market. This is consistent with the idea that work is the main source of income for people in the lower part of the socioeconomic distribution, and suggests that women's opportunities for access to the labour market can contribute to their socioeconomic mobility. In contrast, at the upper end of the distribution, persistence remains nearly at the same level, regardless of women's participation in paid work.

On the other hand, the approach we used to estimate the intergenerational effect of social security allows us to confirm that when women from quintile 1 come from households that had social security protection throughout their lives, they show significantly higher levels of social mobility compared to women from the same origins who did not have this type of protection. This suggests a positive intergenerational effect of social protection that can be crucial in social mobility by influencing women's opportunities and life achievements. Social security reflects, among other things, that the household of origin had formal and regular income from paid work of at least one of the parents. This effect also possibly reflects the result of having support mechanisms to alleviate the care and maintenance responsibilities for parents as they reach old age.

Persistence in the first quintile for women who had protection in their household of origin and whose parents have pensions corresponds to 36.8%, and it rises to 53.5% for those who do not have this type of protection. Although mobility is not reflected in a long-range effect, where the differences are just a single percentage point, there is a considerable social mobility towards the third and fourth quintiles, reaching 27.5% and 9.5% respectively, compared to 11.9% and 4.6% towards these quintiles for those who do not have protection in their household of origin (Table 4). This culminates in a 36% increase in social mobility associated with social security throughout the life of the household of origin.

Estimates regarding mobility based on parents' access to social security throughout their lives correspond only to women whose father or mother were alive at the time of the ESRU-EMOVI survey. This, as noted above, creates a selection bias in the information (Figure A). Table 4 displays the social mobility matrix for women whose parents were deceased at the time of the interview. Note that social mobility aligns more with that of those who did not have access to social security in their household of origin. The result is consistent with expectations since this population group is predominantly from lower socioeconomic strata.

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### 3.2 Rank-rank regressions<sup>21</sup>

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Rank-rank regressions<sup>22</sup> show the national results for women and men. In the case of women, we also estimated regressions for different subpopulations identified based on variables measuring the availability of childcare facilities, other care centres, labour force participation, and access to social security throughout life in the household of origin.

Figure 1, panel a, displays the rank-rank regression for the national population, while panel b shows the estimation by quintiles of the distribution. In the latter case, a change in slopes can be observed within each quintile. Persistence, indicated by the slope, is similar in quintiles 1 to 4 but considerably higher within quintile 5, with a closer alignment of the curves by gender in the first quintile.

Higher social mobility in the lower part of the distribution, compared to the upper part, reflects that the population within quintile 1 is more homogeneous, or less unequal, than the population originating from the highest quintile. Thus, beyond the fact that persistence is high at the extremes in the national distribution (Orozco *et al.*, 2019), the exchange of positions within the highest quintile is much lower compared to the lowest quintile. The gender disaggregation shows that throughout the entire distribution, for identical starting points of origin, men reach higher positions than women (Figure 2). As mentioned, the index summarising socioeconomic mobility does not capture gender inequalities at the individual level; it only refers to the mobility of men and women households, which obscures inequalities within them.

Figures 3 to 6 show the results for subgroups of the female population with and without access to care services, labour participation, and parental access to social security, measured cumulatively. It is worth recalling that access to care services is an environmental variable that reflects the available infrastructure, while work and parental access to social security are individual-level variables that reflect cumulative conditions.

Figure 3, panel a, indicates that for equal starting positions, women who have access to childcare services in their immediate environment are able to achieve higher positions across the entire distribution. Panel b shows that the attained position is considerably higher for women with access to childcare services in their immediate environment, and the gap

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<sup>21</sup> See Annex II for rank-rank regression figures.

<sup>22</sup> The rank-rank regressions are estimated based on the information from the socioeconomic indexes: the information from both parents and adult children is divided into 100 groups (centiles), which indicate the position of origin (parents) and the position of destination (adult children). Based on the above, using ordinary least squares regression, we analyse the relationship between the position of destination as an independent variable and the position of origin as a dependent variable.

compared to those without such services is more evident in quintile 1 and the intermediate quintiles, in contrast to the situation in the upper part of the distribution. This reflects that childcare services may be more relevant for women originating from the lowest socioeconomic stratum. Regarding quintile 5 of origin, the availability of childcare services is associated with greater persistence or slope of the rank-rank regression, and therefore, with less downward mobility, meaning a higher probability of not losing the position of relative advantage. A similar result is observed regarding other care services for people with disabilities and older adults, although in this case, the gap in quintile 1 is even greater (Figure 4).

Figure 5 shows slightly higher position achievements for women with a history of labour force participation or those who are actively undertaking paid work, and whose origin is quintile 1 or 2. In the rest of the quintiles, the curves overlap, suggesting that paid work is crucial for women from lower strata, and to a lesser extent for the others. Since these women face more limitations in choosing to participate in paid work due to their care responsibilities, this result reinforces the importance of having care services and policies to enable their opportunities for income generation and social mobility. It is worth noting that the variable used to capture labour force participation at some point in life does not distinguish between women who have worked continuously for several years and those who have participated in the labour market for short periods, so the results may be underestimated. This represents a challenge in capturing information for future studies.

Finally, Figure 6 reveals the contrast for women whose parents have a social security pension, reflecting having had protection throughout their lives. We sought to reflect the potential intergenerational effect on their daughters, stemming from the stability and benefits of social security during the time they lived in the household of origin and from the availability of health care and support mechanisms for their parents in old age. Women with parents who were insured throughout their lives consistently reach higher positions, for all starting points, with larger achievement gaps compared to women with uninsured parents across the entire distribution. Consistent with the rest of the segmentation variables, this variable shows higher social mobility in the lower quintiles, with a curve inflection from quintile 4. This suggests the relevance of this type of intergenerational protection on the social mobility of women with origins in the lower half of the socioeconomic distribution.

In all cases, the variables we used to approximate women's access to some social protection mechanism related to caregiving and paid labour participation are associated with greater upward social mobility. This is reflected in social mobility from origin at the 25<sup>th</sup> percentile, and varies by region of residence in the national territory. Figure 7, panel a, shows the positions achieved by men and women, with men reaching a higher attainment level by

3 points. Regionally, access to childcare is associated with an additional 9–10 points in women's position. In the northern region, this gap widens to 17 points (Figure 7, panel b).

Figure 7, panel d, shows the relationship between access to social security throughout life of the household of origin and social mobility. Women with origins in the 25<sup>th</sup> percentile, whose parents had lifelong protection, achieve higher levels of social mobility, 10 points on the national average. This gap is consistent across regions, except in the central-northern region, where it corresponds to only 5 points. Women whose parents have passed away achieve levels of absolute social mobility from the 25<sup>th</sup> percentile that are similar to those of women whose parents had protection, but there is a significant gap compared to women whose parents did not have protection throughout life. This result may reflect the burden of care and support for older parents who did not have protection throughout their lives. However, this result does not provide an integrated perspective on the role of older parents because it is important to remember that older adults, especially grandmothers, constitute the most important family protection networks for the care of their grandchildren and other young children. It was not possible to conduct an integrated measurement of the burden and contribution of older adults due to limitations in the available information and sample sizes, but we suggest considering the issue in future research agendas.

With the limitations already mentioned for this variable, labour market participation is associated with higher absolute social mobility from the origin at the 25<sup>th</sup> percentile, with the largest gaps in the achieved position in the country's south and central-northern regions. In particular, in the southern region, entering the paid labour market equals the achievement of women in the northwest and central regions, with a gap of 19 points in the position reached (Figure 7, panel f).

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### 3.3 Inequality of opportunities (IOP)<sup>23</sup>

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As mentioned earlier, to estimate inequality of opportunities, we used the socioeconomic index and the factor decomposition proposed by Monroy-Gómez-Franco and Corak (2019).<sup>24</sup> Beyond estimating the extent of inequality of opportunities and the contribution of the factors analysed, our interest was focused on detecting non-linear behaviour of the factors

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<sup>23</sup> See Annex III for IOP regression figures.

<sup>24</sup> The difference between the analysis of Monroy-Gómez-Franco and Corak (2019) and the one presented in this paper is that the authors use a wealth index comprised only of assets for parents and children, while the socioeconomic index we used considers, in addition to household assets, parents' education. The index is estimated from an ordinary least squares regression with the socioeconomic index as the dependent variable and the factors considered as the independent variables. For the data in this paper, we used the Stata `iop` command developed by Soloaga and Wendelspiess (2014); for more details, see: <https://journals.sagepub.com/doi/pdf/10.1177/1536867X1401400408>.

that explain it, along the distribution of origin. Figure 8 shows the national estimate and for the 5 quintiles of this distribution. The relative contribution of each factor varies considerably by quintile. In particular, being a man or a woman contributes more to explaining inequality of opportunities for people with origins in the central part of the distribution, quintile 3, and, to a lesser extent, in quintiles 2 and 4.

In general, inequality of opportunities is explained by different factors in each socioeconomic stratum. The region of origin and the type of locality of current residence (urban/rural) are more important for those who come from the lower part of the distribution. This result is relevant because it suggests that the environment contributes to explain inequality of opportunities for the population with origins in the lowest strata, but it is practically irrelevant in determining inequality of opportunities for people born into wealth (Figure 8). This may be due to the fact that the wealth of their families of origin and their family ties compensate and function as a protection net, regardless of the environment.

Socioeconomic origin, the most relevant factor for capturing inequality at national level, is very important in the social mobility of the population of the two highest quintiles of the distribution, but its contribution is very small for those who come from the lower section. This reflects a greater homogeneity in the socioeconomic level of the parents within quintile 1, compared to what occurs in quintile 5. In contrast, for the lower stratum population, we observe a considerable weight of the region of origin—starting points in quintiles 1 and 2—and a considerably low relevance of this variable in the upper part of the distribution. This suggests that when the household of origin belongs to the lower part of the distribution, the region of birth determines the opportunities for social mobility, while an affluent origin makes the place of birth less relevant (Figure 8).

In Figure 9, we introduced access to childcare services, services for the disabled and older adults, and parental social security throughout life as relevant variables of the current environment and the characteristics of the household of origin. These three variables make up our approach to social protection. Our objective is to better characterize the current environment and inheritance conditions that relate to women's social mobility and care responsibilities. As expected, this translates into a reduction in the contribution of factors associated with region of origin from 49% to 31% in quintile 1, and from 17% to 9% for rural-urban place of residence.

The largest contribution of the social protection variable comes from care services. Nationally, 11% of inequality is explained by social protection. When disaggregating its components, care has an effect of 11% in the case of child care, 13% in the case of other care services, and 4% parental social security throughout life. The relevance of these components

is maintained throughout the distribution of origin.<sup>25</sup> However, the relevance of social protection is much higher for the poorest strata. For this population, the effect of social protection explains 38% of the inequality of opportunities they face. That is, more than three times compared to its contribution at national level. A similar situation occurs in quintiles 2 and 3, where the contribution doubles with respect to the national figure, reaching 21% and 20%, respectively.

Although the contribution of protection in the highest quintile only represents 15% (quintile 5), it is relevant even in this stratum, as it decreases the weight of the parents' socioeconomic level from 68% to 57%. It also reduces the influence of rural-urban place of residence in all quintiles, but its effect is much more subtle on skin colour discrimination (Figure 9).

Regionally, the importance of social protection is four times higher in the country's south (Guerrero, Oaxaca, Chiapas, Veracruz, Tabasco, Campeche, Yucatan, and Quintana Roo) and northwest (Baja California Sur, Sinaloa, Nayarit, Durango, and Zacatecas), both with 16%, compared to 4% in the north (Baja California, Sonora, Chihuahua, Coahuila, Nuevo Leon and Tamaulipas) (Figure 10). In addition, the contribution of origin status and skin colour is more relevant in the north, 60% and 10%, respectively, compared to the centre-north and south.

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<sup>25</sup> These figures are not shown in Annex III.

## Conclusions and recommendations

Women are responsible for almost all care work, and they provide it on an unpaid basis, in the private sphere, outside of social protection and social security. Besides this, paid work within the Care Economy is also mostly performed by women, and is characterised by low levels of income and precarious working conditions. Representative examples of the paid care sector are domestic workers and health care workers.

The results of our research suggest that early childhood care services, social security throughout life in the household of origin, and opportunities for women to participate in the labour market have positive effects on their social mobility. The findings suggest that these expanded social protection factors are particularly crucial for individuals originating from the lower segments of the socioeconomic spectrum and influence women's accomplishments. However, the results also show that these mechanisms equally influence other points on the social ladder, including the upper segment. Controlling from the starting point defined by the socioeconomic status of their parents, women's achievements are considerably higher, so that care-related social protection and security can help to compensate for inequalities of origin.

Another discovery from the study is the strong connection of these factors with the environment. Their incorporation into the models assessing inequality of opportunities reduces the weight of the region and the environment of origin, somehow enabling a breakdown of the overall impact of the environment into distinct factors associated with women's care responsibilities and the presence of social infrastructure in their residing areas. Our results using this type of model indicate that the effect of regional and environmental factors is larger for those from the lower socioeconomic strata, compared to a small contribution for those from the upper part of the distribution. This reinforces the usefulness of the progressivity and redistribution approach in social protection policies, but does not imply that they should be designed in a segmented manner nor that their availability should be conditioned by location on the social ladder.

The information available on access to care services presents important challenges for data sources in Mexico, both official and other specialised sources on social mobility. The exploratory exercises carried out in this study suggest the need for more and better data that incorporate a gender and care perspective in the study of women's social mobility. This entails incorporating specific items into the questionnaire design and taking into account the sample sizes of the surveys for analysing population groups with the highest care needs—such as children, the sick, the disabled, and older adults—along with their women carers

and the services available to ensure the right to care. This information would allow a more accurate approach to the study of social mobility in general and of women in particular.

The approach we utilized is delimited by the available information on services and the social protection they offer, but it does not include other protective measures that could also influence social mobility. An example of such a measure is child support payments following parental separation; this can impact the economic wellbeing and care of children and adolescents if not enforced properly, in line with the law. It is also closely associated with economic violence against their mothers and women carers. Beyond access to social security, our results also suggest that studying non-contributory social protection for older adults or people with disabilities may constitute another field of study related to social mobility and women's care responsibilities.

Finally, as we pointed out in the initial sections, policies for the prevention, attention, punishment, reparation, and elimination of violence against women and girls should be integrated into care policies. These measures act as a mechanism to mitigate the negative consequences of violence on their wellbeing and social mobility. This avenue of research should be explored in future studies.

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## Annex I. Social mobility matrices

**Table 1. Women's socioeconomic mobility according to the availability of local childcare facilities**

### (a) No local childcare facilities

		socioeconomic index of current household (%)					
		Quintile 1 (lower)	Quintile 2	Quintile 3	Quintile 4	Quintile 5 (upper)	TOTAL
socioeconomic index of household of origin	Quintile 1 (lower)	68.0	20.3	9.3	1.8	0.6	100.0
	Quintile 2	45.3	28.9	16.9	8.2	0.7	100.0
	Quintile 3	21.0	32.7	30.0	12.8	3.5	100.0
	Quintile 4	11.8	29.1	21.2	26.2	11.7	100.0
	Quintile 5 (upper)	8.1	20.8	18.6	31.9	20.6	100.0

### (b) With at least one local childcare centre

		socioeconomic index of current household (%)					
		Quintile 1 (lower)	Quintile 2	Quintile 3	Quintile 4	Quintile 5 (upper)	TOTAL
socioeconomic index of household of origin	Quintile 1 (lower)	37.2	30.2	20.1	8.8	3.8	100.0
	Quintile 2	28.6	28.9	20.5	16.6	5.4	100.0
	Quintile 3	12.4	27.8	26.6	22.4	10.8	100.0
	Quintile 4	5.3	16.4	28.3	26.9	23.2	100.0
	Quintile 5 (upper)	1.5	4.7	12.3	24.3	57.1	100.0

Source: Compiled by the authors with data from EMOVI-2017 and DENUE 2017.

Notes:

1. Each quintile corresponds to 20% of the population according to the socioeconomic index of the household of origin (parents) and the current household (women interviewed).
2. The socioeconomic index was estimated based on the common principal components (CPC) method. Years of education, a series of household assets, and household overcrowding are considered.
3. The information on childcare facilities comes from DENUE data as of 2017, with a total of 13,321 observations.
4. Social mobility matrices have the following number of observations: 1,539 in the first group and 7,558 in the second group.

**Table 2. Women's socioeconomic mobility according to the availability of other local care facilities****(a) No local care facilities for people with disabilities or older adults**

		socioeconomic index of current household (%)					
		Quintile 1 (lower)	Quintile 2	Quintile 3	Quintile 4	Quintile 5 (upper)	TOTAL
socioeconomic index of household of origin	Quintile 1 (lower)	62.8	23.3	10.5	2.2	1.2	100.0
	Quintile 2	39.8	31.9	16.5	9.3	2.5	100.0
	Quintile 3	15.7	31.4	31.3	17.7	4.1	100.0
	Quintile 4	9.7	26.5	29.1	24.5	10.3	100.0
	Quintile 5 (upper)	4.8	12.6	21.6	26.7	34.3	100.0

**(b) With at least one local care centre for people with disabilities or older adults**

		socioeconomic index of current household (%)					
		Quintile 1 (lower)	Quintile 2	Quintile 3	Quintile 4	Quintile 5 (upper)	TOTAL
socioeconomic index of household of origin	Quintile 1 (lower)	31.8	30.2	22.8	11.0	4.3	100.0
	Quintile 2	27.3	27.0	21.7	18.3	5.6	100.0
	Quintile 3	13.0	27.5	25.5	22.2	11.8	100.0
	Quintile 4	4.9	15.3	27.2	27.4	25.1	100.0
	Quintile 5 (upper)	1.4	4.5	11.5	24.3	58.2	100.0

Source: Compiled by the authors with data from EMOVI-2017 and DENUE 2017.

## Notes:

1. Each quintile corresponds to 20% of the population according to the socioeconomic index of the household of origin (parents) and the current household (women interviewed).
2. The socioeconomic index was estimated based on the common principal components (CPC) method. Years of education, a series of household assets, and household overcrowding are considered.
3. Information from other care facilities comes from DENUE information with 2017 cut-off, with a total of 1,782 observations.
4. The matrices have the following number of observations: 2,577 in the first group and 6,520 in the second group.

**Table 3. Women's socioeconomic mobility according to their accumulated labour participation****(a) women who are or have been employed**

		socioeconomic index of current household (%)					
		Quintile 1 (lower)	Quintile 2	Quintile 3	Quintile 4	Quintile 5 (upper)	TOTAL
socioeconomic index of household of origin	Quintile 1 (lower)	45.6	26.2	16.9	7.8	3.5	100.0
	Quintile 2	30.9	29.2	18.5	15.7	5.7	100.0
	Quintile 3	14.0	28.2	25.8	21.2	10.9	100.0
	Quintile 4	5.6	16.4	25.7	28.5	23.8	100.0
	Quintile 5 (upper)	2.2	4.8	11.3	25.3	56.5	100.0

**(b) women who have never been employed**

		socioeconomic index of current household (%)					
		Quintile 1 (lower)	Quintile 2	Quintile 3	Quintile 4	Quintile 5 (upper)	TOTAL
socioeconomic index of household of origin	Quintile 1 (lower)	53.6	26.6	14.7	3.8	1.3	100.0
	Quintile 2	33.9	28.6	21.8	13.5	2.2	100.0
	Quintile 3	13.2	29.4	30.0	20.4	7.0	100.0
	Quintile 4	6.7	20.7	32.4	22.6	17.6	100.0
	Quintile 5 (upper)	0.8	6.7	15.6	22.7	54.2	100.0

Source: Compiled by the authors with data from EMOVI-2017 and DENUE 2017.

Notes:

1. Each quintile corresponds to 20% of the population according to the socioeconomic index of the original household (parents) and the current household (women interviewed).
2. The socioeconomic index was estimated based on the common principal components (CPC) method. Years of education, a series of household assets, and household overcrowding are considered.
3. Information The matrices have the following number of observations: 6,568 in the first group and 2,527 in the second group.

**Table 4. Women's social economic move mobility according to access to the parents accumulated social security**

**(a) Father or mother has a pension**

		socioeconomic index of current household (%)					
		Quintile 1 (lower)	Quintile 2	Quintile 3	Quintile 4	Quintile 5 (upper)	TOTAL
socioeconomic index of household of origin	Quintile 1 (lower)	36.8	23.0	27.5	9.5	3.3	100.0
	Quintile 2	21.3	27.7	20.2	25.8	5.0	100.0
	Quintile 3	9.8	24.3	27.5	23.5	15.0	100.0
	Quintile 4	1.9	10.6	25.4	35.1	27.0	100.0
	Quintile 5 (upper)	1.4	1.9	10.3	25.2	61.3	100.0

**(b) Neither father or mother has a pension**

		socioeconomic index of current household (%)					
		Quintile 1 (lower)	Quintile 2	Quintile 3	Quintile 4	Quintile 5 (upper)	TOTAL
socioeconomic index of household of origin	Quintile 1 (lower)	53.5	27.7	11.9	4.6	2.3	100.0
	Quintile 2	38.2	28.9	18.6	10.1	4.2	100.0
	Quintile 3	16.7	31.2	25.9	19.1	7.0	100.0
	Quintile 4	6.7	20.9	29.1	24.2	19.1	100.0
	Quintile 5 (upper)	1.4	7.6	14.0	23.4	53.7	100.0

**(c) Father and mother have deceased**

		socioeconomic index of current household (%)					
		Quintile 1 (lower)	Quintile 2	Quintile 3	Quintile 4	Quintile 5 (upper)	TOTAL
socioeconomic index of household of origin	Quintile 1 (lower)	45.0	25.4	19.3	7.5	2.8	100.0
	Quintile 2	22.6	30.5	22.5	19.8	4.6	100.0
	Quintile 3	9.7	19.9	33.6	22.9	14.0	100.0
	Quintile 4	6.3	15.1	24.0	25.1	29.6	100.0
	Quintile 5 (upper)	8.2	2.6	13.1	23.5	52.6	100.0

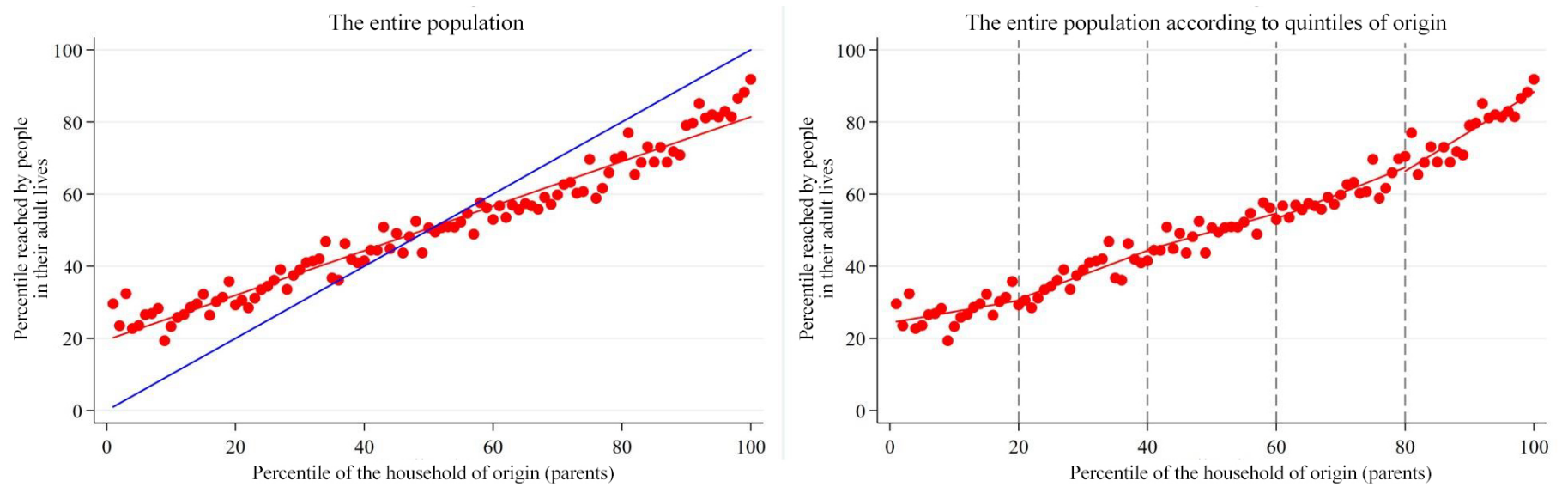
Source: Compiled by the authors with data from EMOVI-2017 and DENUE 2017.

Notes:

1. Each quintile corresponds to 20% of the population according to the socioeconomic index of the original household (parents) and the current household (women interviewed).
2. The socioeconomic index was estimated based on the common principal components (CPC) method. Years of education, a series of household assets, and household overcrowding are considered.
3. The matrices have the following number of observations: 1,787 in the first group; 4,718 in the second group, and 2,264 in the last group.

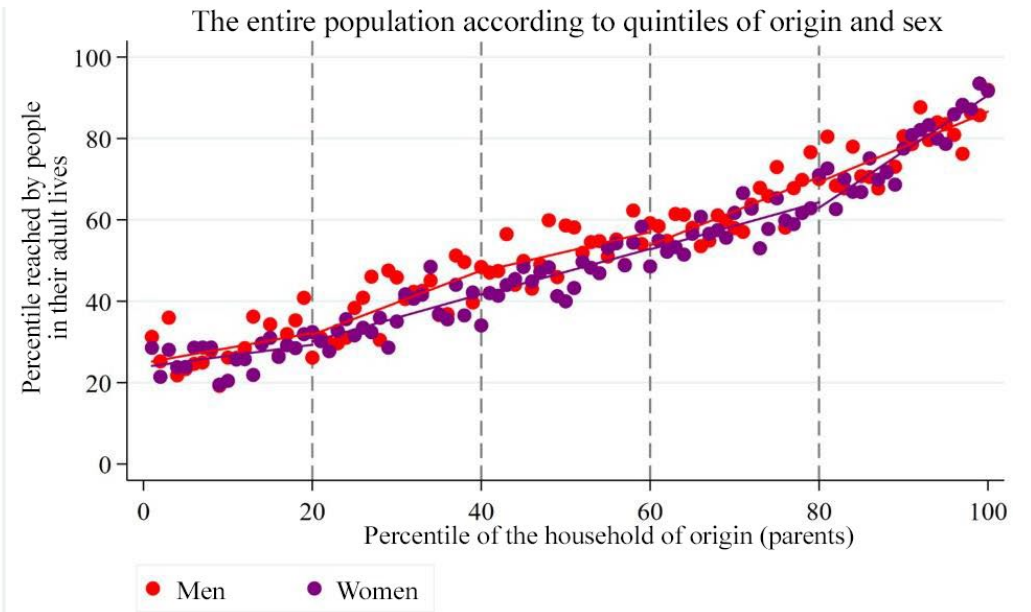
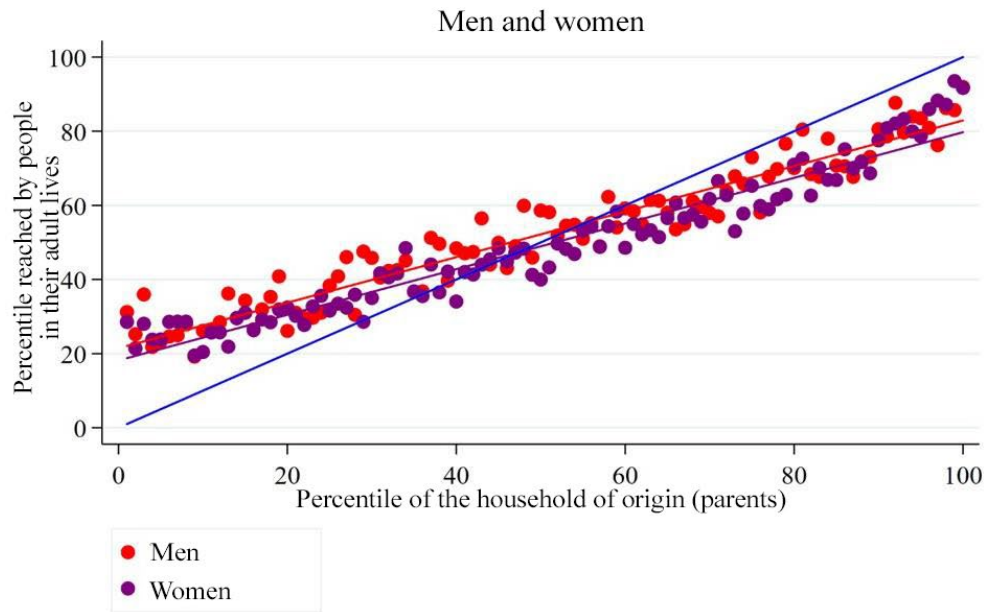
## Annex II. Figures of rank–rank regressions

Figure 1. Average socioeconomic ranking achieved by the population according to the socioeconomic ranking of their household of origin



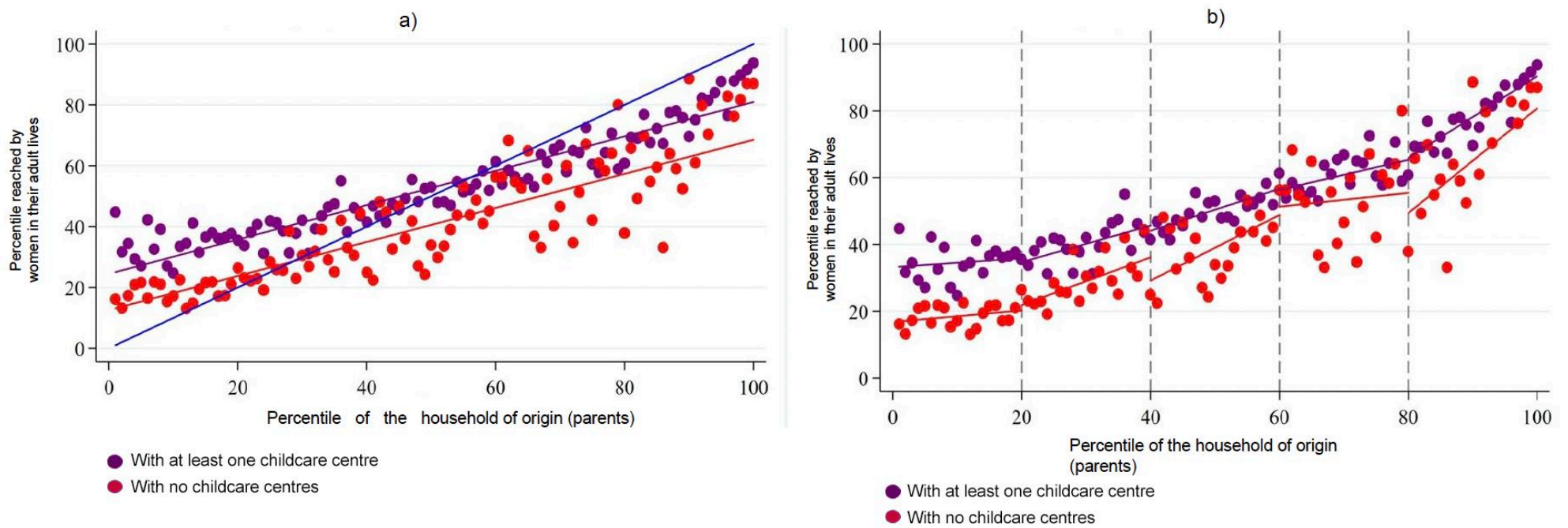
Source: Compiled by the authors with data from EMOVI-2017.

**Figure 2. Average socioeconomic ranking achieved by the population according to the socioeconomic ranking of their household of origin and their gender**



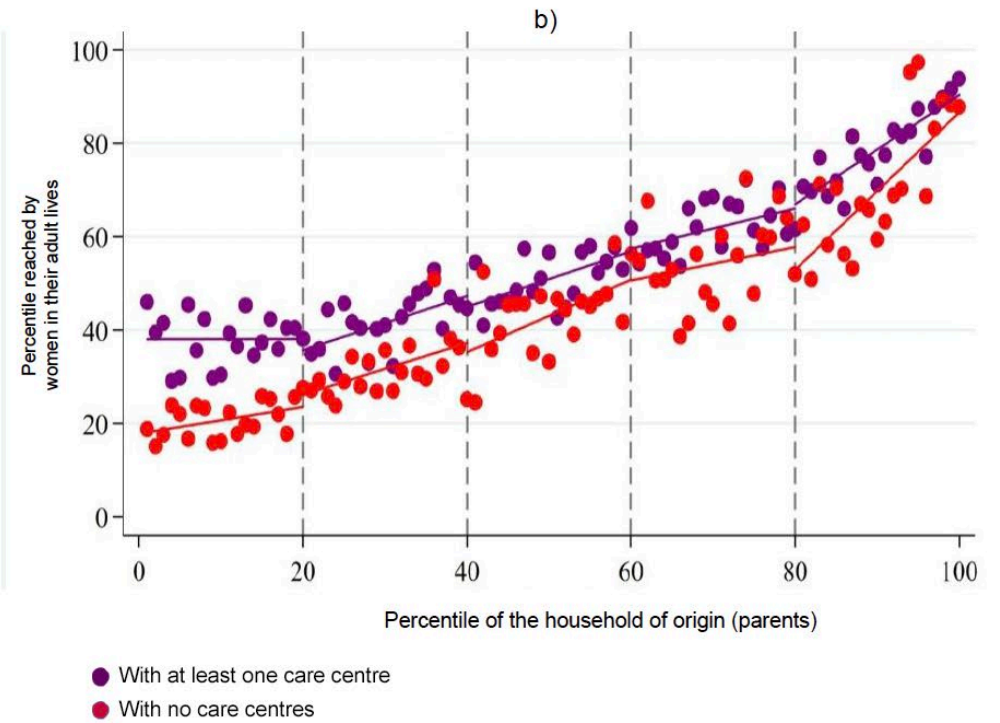
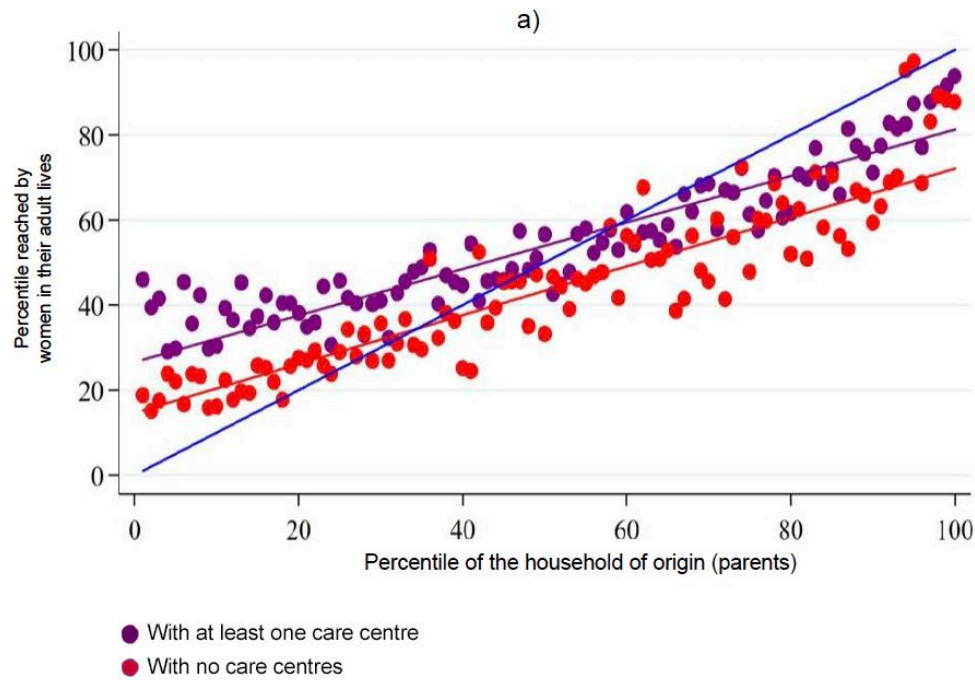
Source: Compiled by the authors with data from EMOVI-2017.

**Figure 3. Average socioeconomic ranking achieved by women according to the socioeconomic ranking of their household of origin and the presence of at least one local childcare centre**

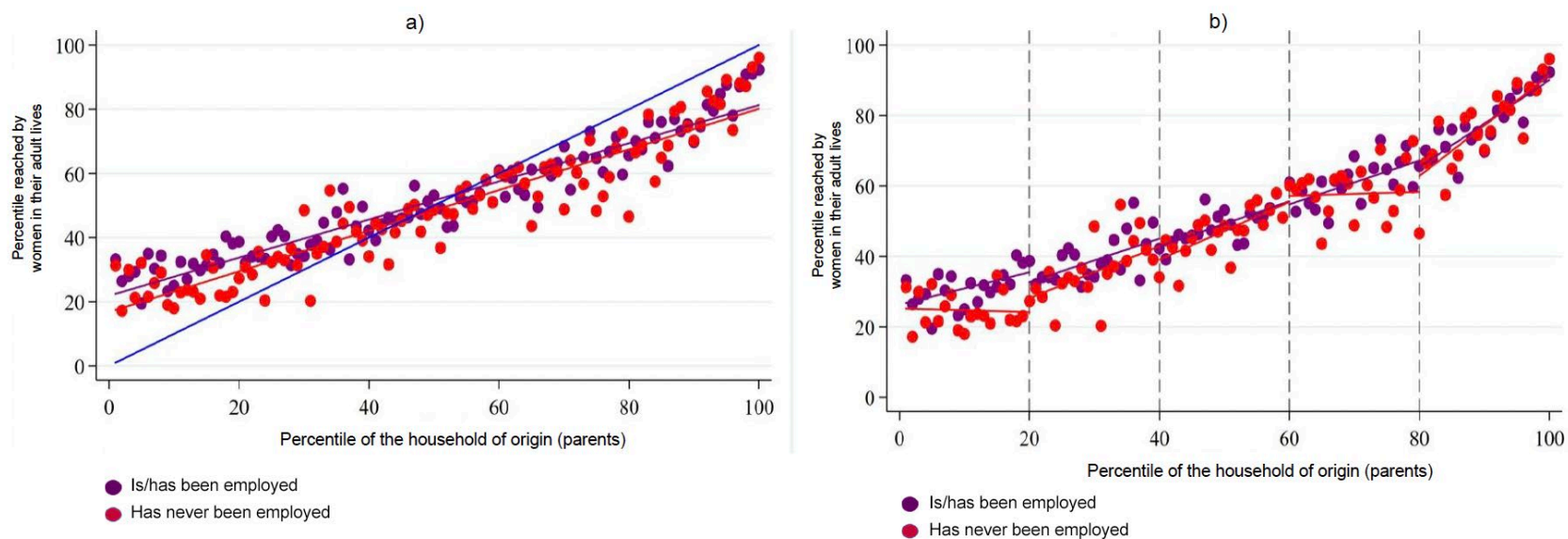


Source: Compiled by the authors with data from EMOVI-2017 and DENUE 2017.

**Figure 4. Average socioeconomic ranking achieved by women according to the socioeconomic ranking of their household of origin and the presence of at least one local care centre for people with disabilities or older adults**

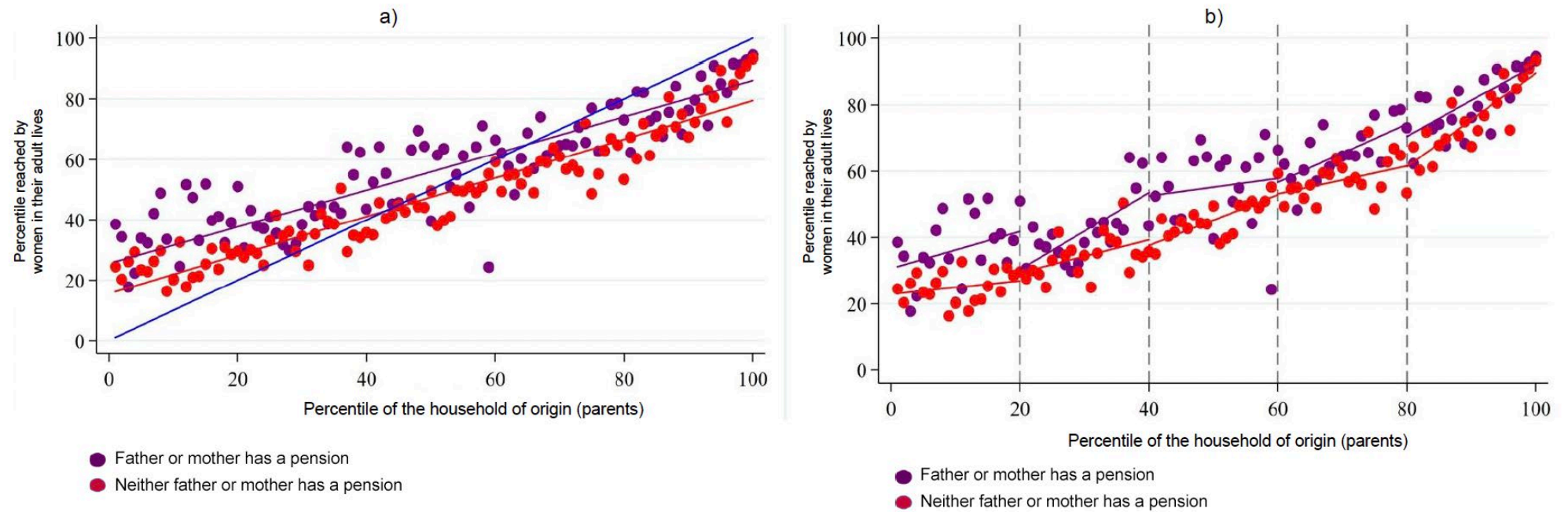


**Figure 5. Average socioeconomic ranking achieved by women according to the socioeconomic ranking of their household of origin and paid work status**



Source: Compiled by the authors with data from EMOVI-2017.

**Figure 6. Average socioeconomic ranking achieved by women according to the socioeconomic ranking of their household of origin and their father's and/or mother's access to a pension**



Source: Compiled by the authors with data from EMOVI-2017.

**Table 5. Rank-rank models**

VARIABLES	MODEL 1	MODEL 2		MODEL 3		MODEL 4		MODEL 5		MODEL 6	
	The entire population	Men	Women	No childcare	With childcare	No other care centres	With other care centres	Is/Has been employed	Has never been employed	At least one parent with pension	Neither parent has a pension
	Centile children	Centile children	Centile children	Centile daughters	Centile daughters	Centile daughters	Centile daughters	Centile daughters	Centile daughters	Centile daughters	Centile daughters
Socioeconomic origin centile	0.619*** (0.00637)	0.615*** (0.0101)	0.616*** (0.00821)								
Socioeconomic origin centile— Women only				0.559***	0.565***	0.574***	0.547***	0.594***	0.633***	0.608***	0.640***
Constant				(0.0210)	(0.00933)	(0.0161)	(0.0102)	(0.01000)	(0.0150)	(0.0187)	(0.0113)
	19.56***	21.45***	18.16***	12.58***	24.47***	14.65***	26.61***	21.87***	16.81***	25.51***	15.52***
	(0.371)	(0.607)	(0.464)	(0.842)	(0.574)	(0.709)	(0.649)	(0.600)	(0.820)	(1.257)	(0.676)
Observations											
R2	15,023	5,926	9,097	1,539	7,558	2,577	6,520	6,568	2,527	1,787	4,718
	0.385	0.384	0.382	0.316	0.327	0.332	0.306	0.350	0.413	0.372	0.403

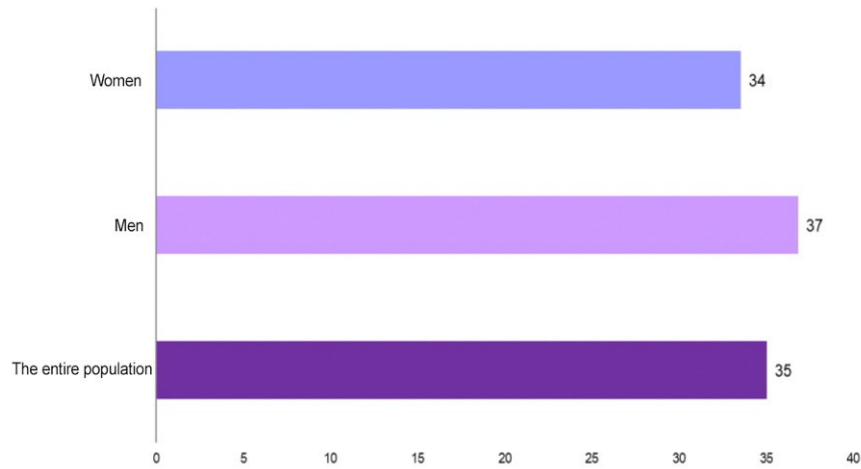
Standard errors in parentheses

\*\*\* p<0.01, \*\* p<0.05, \* p<0.1

Weighted models.

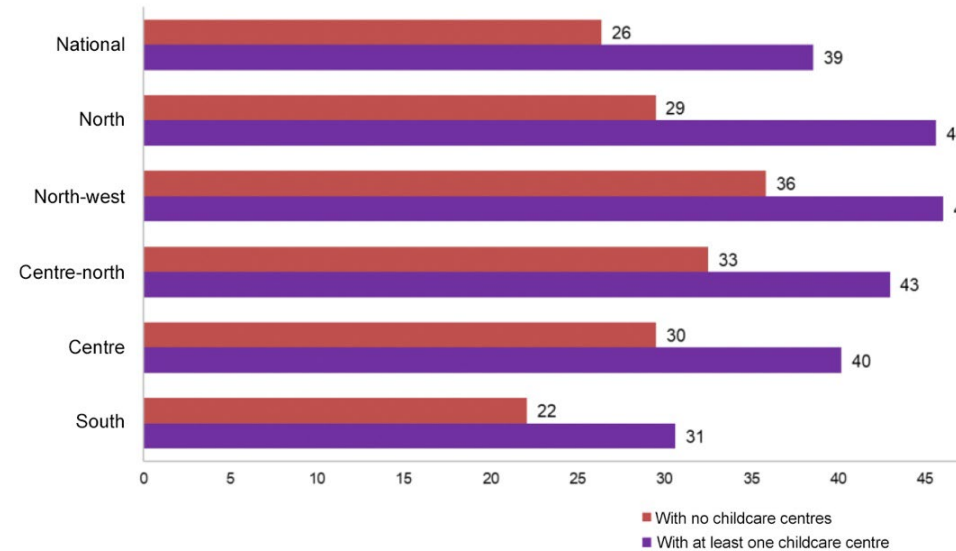
**Figure 7. Socioeconomic position attained by women from households with the lowest socioeconomic status (origin at the 25th percentile) by region, various subgroups (scale 0 to 100)**

**PANEL A. Socioeconomic position attained by persons with origins in the 25th percentile by gender**



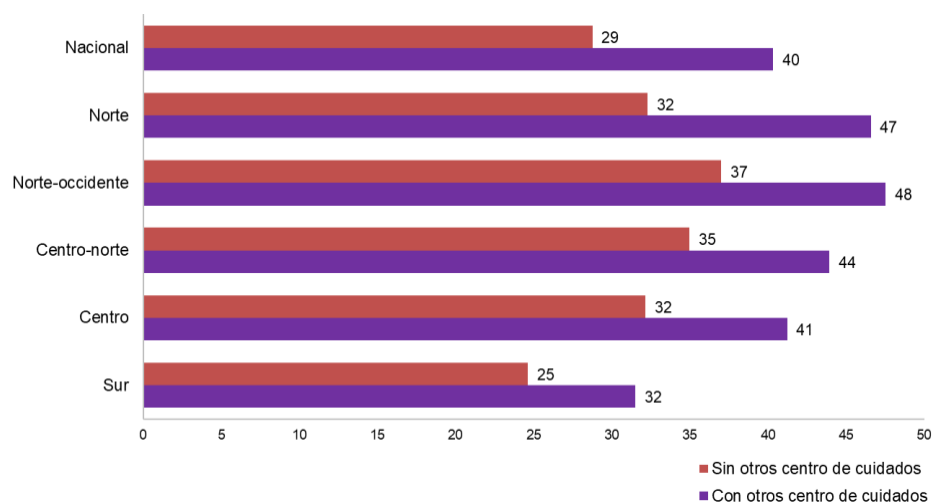
Source: Compiled by the authors based on data from the ESRU-EMOVI 2017. Weighted data.

**PANEL B. Socioeconomic position attained by women with origins in the 25th percentile according to the presence of childcare facilities**



Source: Compiled by the authors based on data from the ESRU-EMOVI 2017 and DENUE 2017. Weighted data. The interval considered is between the 20th and 30th position of the household of origin.

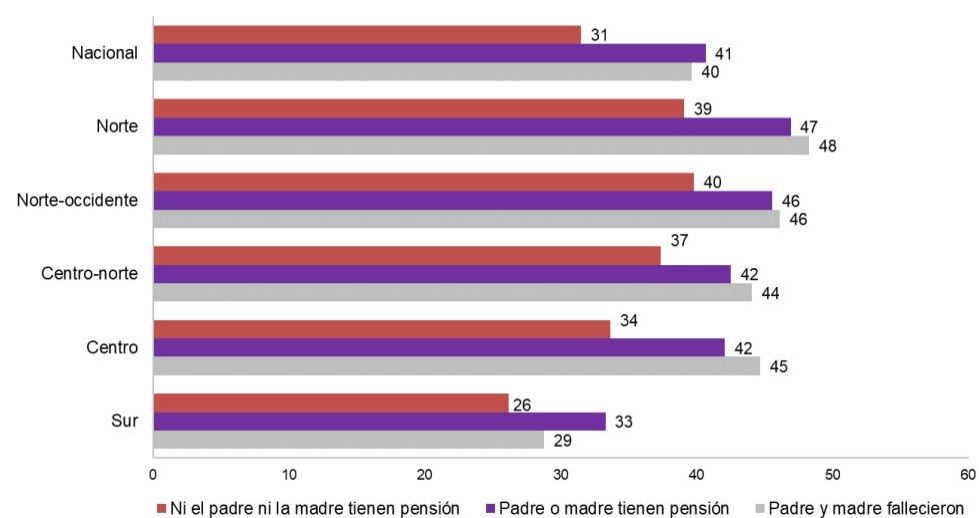
**PANEL C. Socioeconomic position reached by women with origins in the 25th percentile according to the presence of care centres for people with disabilities and older adults**



Source: Compiled by the authors based on data taken from the ESRU-EMOVI 2017 and DENU 2017. Weighted data.

The interval considered is between the 20th and 30th position of the household of origin.

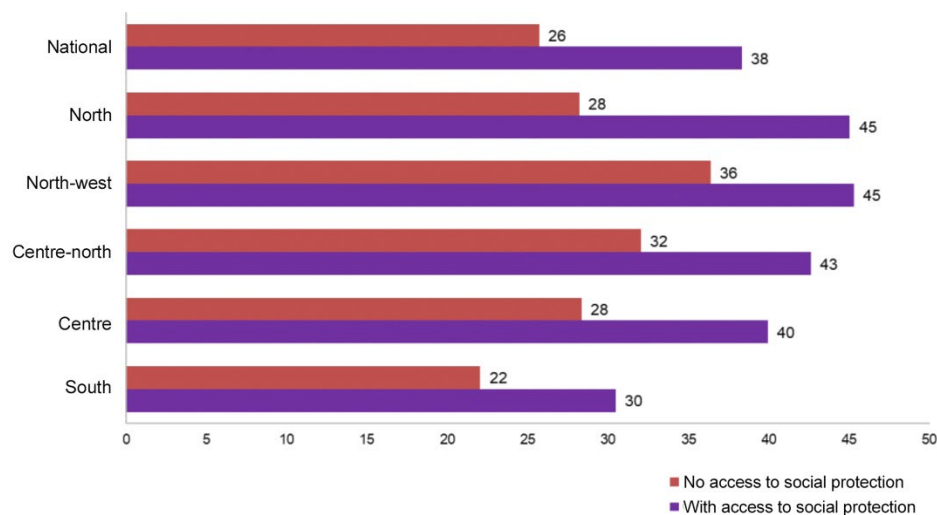
**PANEL D. Socioeconomic position reached by women with origins in the 25th percentile according to their access to social security schemes (father or mother has a pension)**



Source: Compiled by the authors based on data taken from the ESRU-EMOVI 2017. Weighted data.

The interval considered is between the 20th and 30th position of the household of origin.

**PANEL E. Socioeconomic position reached by women with origins in the 25th percentile according to their access to social protection schemes**

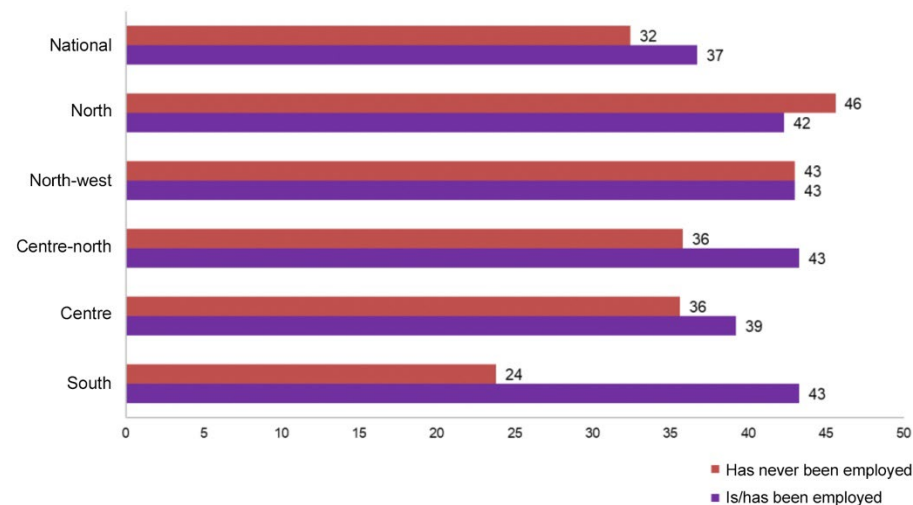


Source: Compiled by the authors based on data from the ESRU-EMOVI 2017 and DENUÉ 2017.

The social protection variable considers access to care services (for children, the sick, people with disabilities and older adults) and parental pensions. Weighted data.

The interval considered is between the 20th and 30th position of the household of origin.

**PANEL F. Socioeconomic position attained by women with origins in the 25th percentile according to their paid labour participation**

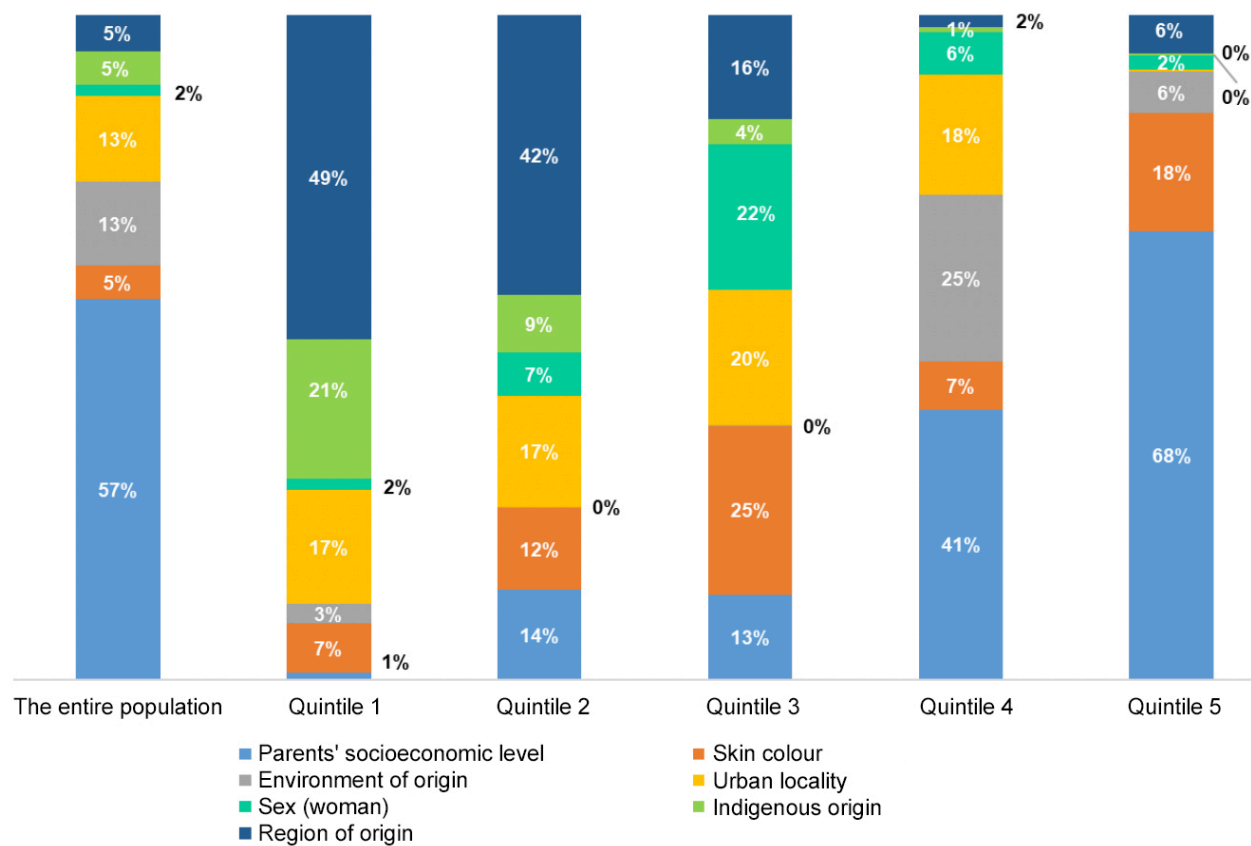


Source: Compiled by the authors based on data from the ESRU-EMOVI 2017. Weighted data.

The interval considered is between the 20th and 30th position of the household of origin.

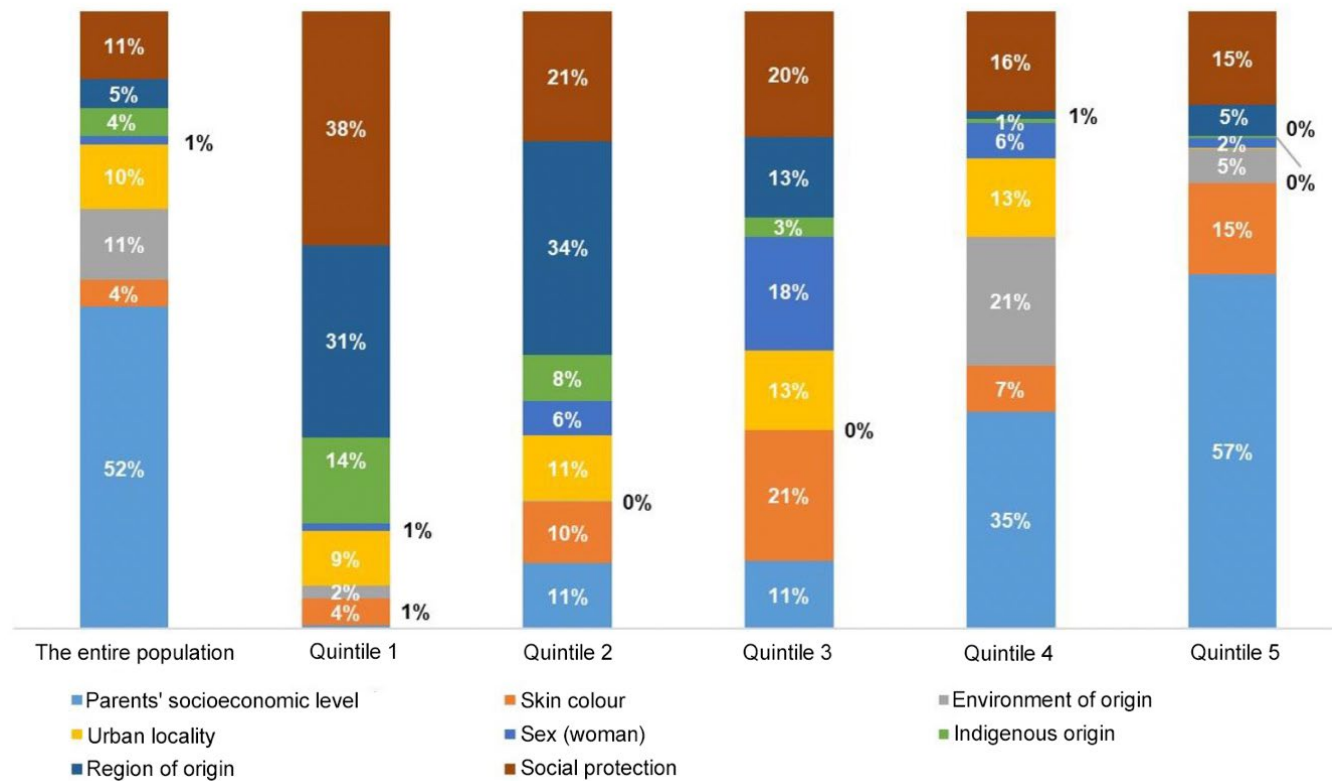
## Annex III. Figures from IOP regressions (inequality of opportunities)

Figure 8. Determinants of inequality of opportunities according to the socioeconomic quintile of the household of origin



Source: Compiled by the authors based on data from the ESRU-EMOVI 2017.

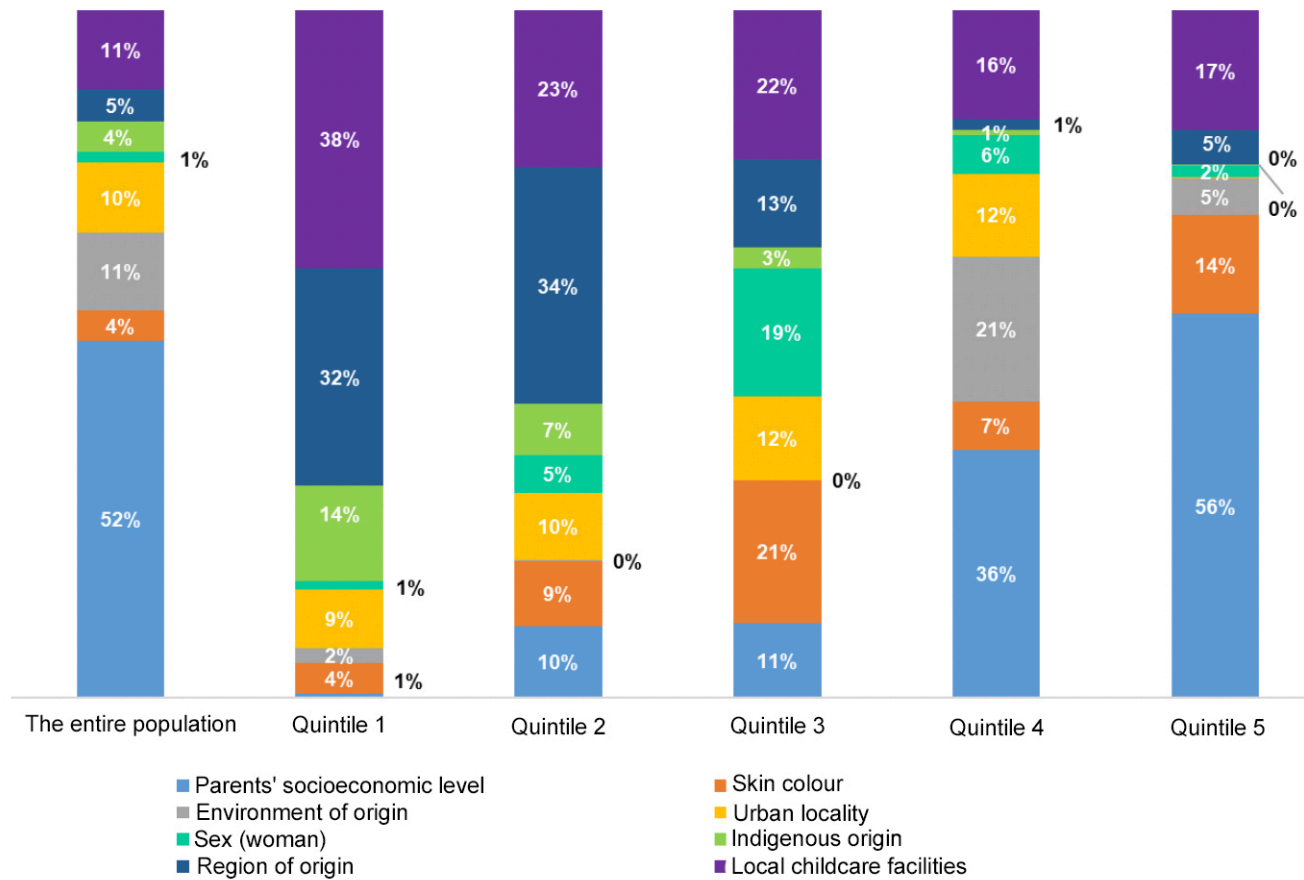
**Figure 9. Determinants of inequality of opportunities according to the socioeconomic quintile of the household of origin, considering access to childcare facilities, other care services and parental pension (social protection)**



Source: Compiled by the authors based on data from the ESRU-EMOVI 2017 and DENUE 2017.

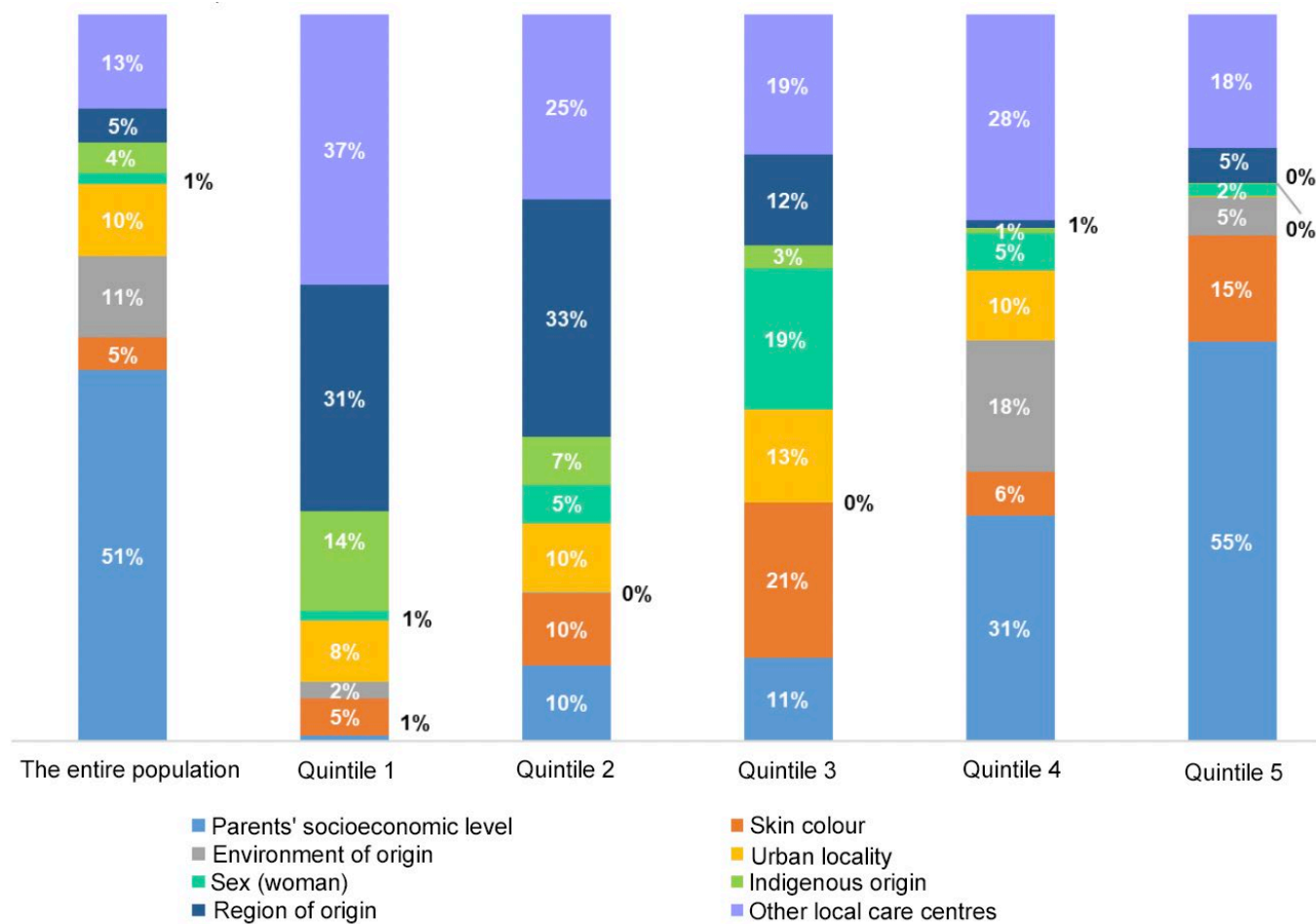
Note: The "Social protection" variable considers access to care services (for children, the sick, the disabled and older adults) and parental pensions.

**Figure 9.1. Determinants of inequality of opportunities according to the socioeconomic quintile of the household of origin, considering access to childcare facilities**



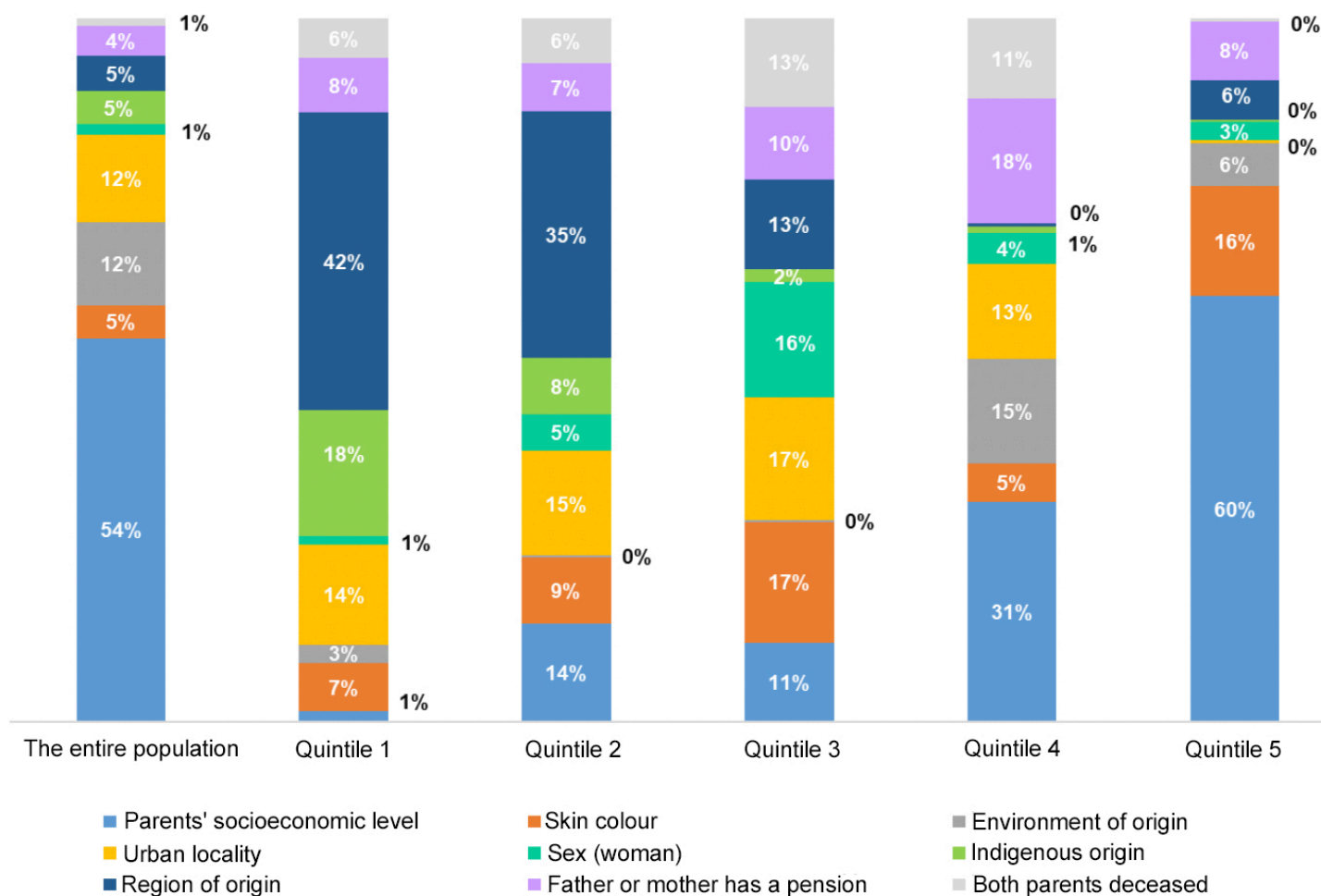
Source: Compiled by the authors based on data from the ESRU-EMOVI 2017 and DENUE 2017.

**Figure 9.2 Determinants of inequality of opportunities according to the socioeconomic quintile of the household of origin, considering access to care facilities for people with disabilities and older adults**



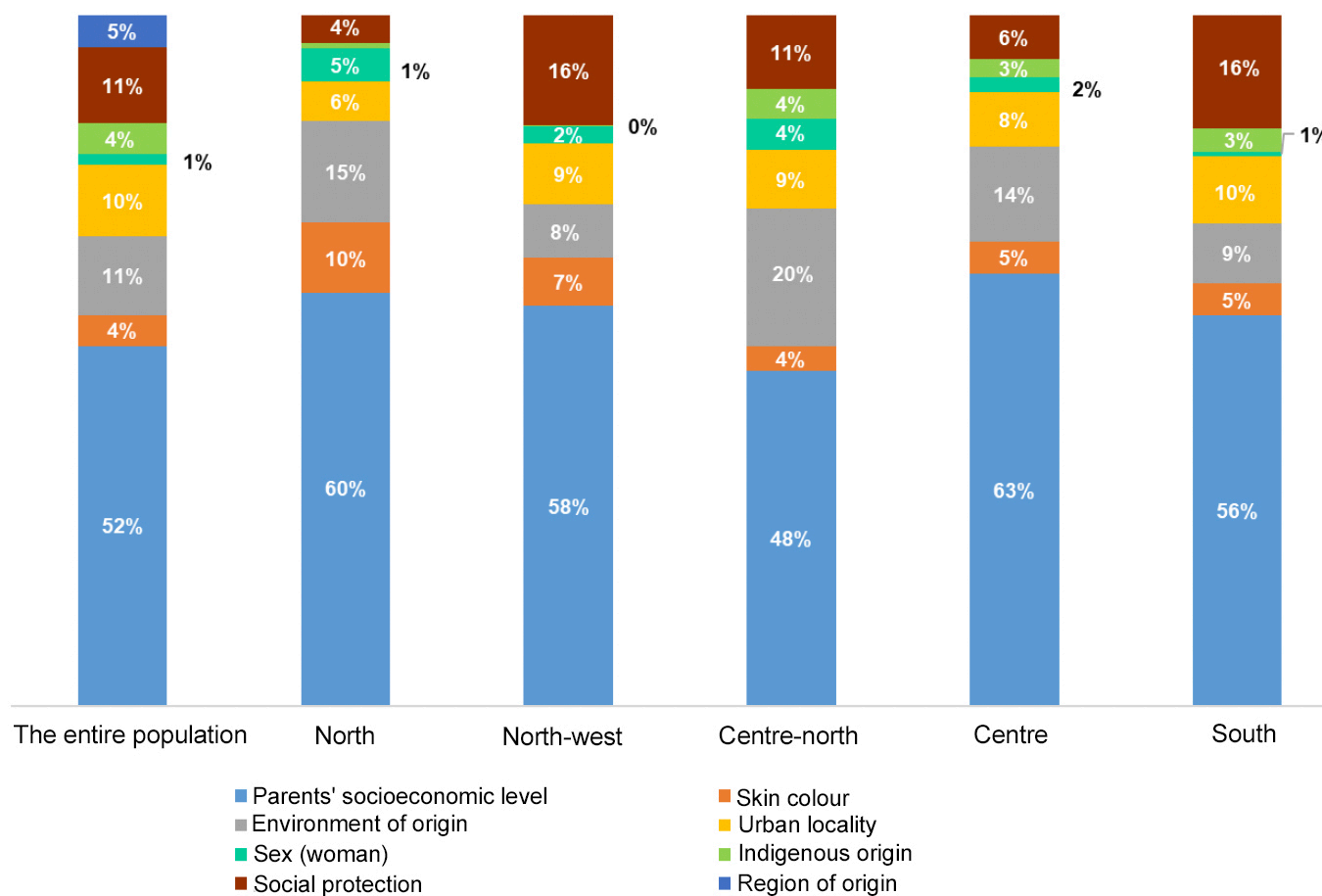
Source: Compiled by the authors based on data from the ESRU-EMOVI 2017 and DENUE 2017.

**Figure 9.3 Determinants of inequality of opportunities according to the socioeconomic quintile of the household of origin, considering the father's or mother's access to social security (pension)**



Source: Compiled by the authors based on data from the ESRU-EMOVI 2017.

**Figure 10. Determinants of inequality of opportunities according to region of origin, considering access to childcare facilities, other care services, and parental pension (social protection)**



Source: Compiled by the authors based on data from the ESRU-EMOVI 2017 and DENUE 2017.

Note: The "Social protection" variable considers access to care services (for children, the sick, the disabled and older adults) and parental pensions).

## Annex IV. Socioeconomic index variables

<b>Variables considered in the socioeconomic index, parents and children</b>	
Interviewee (current household)	Interviewee's parent (household of origin)
Years of schooling	Parents' average years of schooling
Overcrowding in the household	Overcrowding in the household
Piped water in the residence	Piped water in the residence
Stove	Stove
Electricity	Electricity
Refrigerator	Television
Washing machine	Refrigerator
Landline telephone	Washing machine
Computer	Landline telephone
Video player	Computer
Microwave	Video player
Cable TV	Microwave
Owns another property (not the one they live in)	Cable TV
Owns a business premises	Owns another property (not the one they live in)
Owns land for agricultural work	Owns a business premises
Owns work animals	Owns land for agricultural work
Owns cattle	Owns land or plots not used for agricultural work
Bank account	Car or truck
Bank credit card	Tractor
Internet	Owns work animals
Boiler	Owns cattle
Home help	Has savings in a savings account
Home owner	Bank credit card
Car or truck	Boiler
Earthen floor in the house	Home help
	Vacuum cleaner
	Owns properties

Note: The socioeconomic index is estimated from a principal components analysis for both the current household (adult children's household) and the household of origin (parents' household).



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