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**DAY CARE AND FEMALE EMPLOYMENT IN MEXICO:
DESCRIPTIVE EVIDENCE AND POLICY CONSIDERATIONS**

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Abstract

This paper analyzes the supply and organization of public day care in Mexico and presents a series of considerations as to the formulation of future policy. The research concentrates on the evolution of public policies to provide day care to working women in the formal sector through the Mexican Social Security Institute. Data on the evolution of female labor force participation, changes in family structure, the supply of day care and patterns of child care arrangements, suggest that access to formal facilities falls short of demand. The current policy environment in Mexican social security is one of reform. Innovative policies for the reorganization and expansion of the provision of day care are presently under consideration. This environment, coupled with rapid changes in the needs of Mexican women and families, suggest a situation propitious to a rethinking of day care policy. This reevaluation should be undertaken both at the level of the overall goals of day care as a social or anti-poverty as compared to an employment policy, as well as at the level of the organization of current programs.

Introduction

The increase in the labor force participation of women in Latin America is one of the most significant transformations that has occurred in the region over the past few decades. Mexico is no exception. The rise in labor force participation among Mexican women was the fastest in the region, almost doubling between 1970 and 1990. This rapid increase in the market-based employment of women implies concomitant changes in the need for child care.

The provision of day care to working women has been a long-standing government policy in Mexico. Still, public day care facilities are accessible to only a very limited proportion of the population. Access is mainly through the Mexican Social Security Institute (IMSS), and therefore tied to social security and work in the formal sector. Recent reforms to the social security system have begun to take into account the need to improve and broaden existing public day care institutions. Still, in the face of an ongoing limitation in day care options, Mexican women tend to adopt alternative child care strategies that typically include relying on other family members, friends and neighbors, as well as accepting part-time and informal sector employment.

This paper analyzes recent changes in the potential demand for child care by families due to the rapid increases in female labor force participation and the move toward nuclear families. The main contribution of this research is to summarize information on the supply of public day care not readily available from other sources and to present a series of considerations and suggestions as to the formulation of future policies.

The detailed descriptive and policy information in this paper complements the regression analysis presented in Parker and Knaul (1997). That analysis investigates the ways in which the presence of young children impact upon women's labor force decisions, including increasing the probability of working part-time or in the formal sector, and reducing the probability that women enter the labor force. This paper, on the other hand, describes the shortage of day care options that factor into these effects. It also presents demand-side evidence on trends that suggest the need to broaden the supply of child care in order to place fewer limitations on women's individual, as well as family, labor market decisions and guarantee the highest possible quality care for children while their parents work.

The paper is divided into six sections. The first section provides a brief literature review of earlier studies on the supply of day care in Mexico and places this paper in the context of research on the determinants of women's labor force participation. The next section provides background information on the evolution of women's labor force participation and family structure that suggests that the demand for non-family child care is likely to have increased dramatically over the past two decades. The third presents descriptive information on the patterns of child care

currently used by Mexican families. The fourth section discusses the available information on the history, rationale, structure, coverage and costs of formal sector day care in Mexico. The fifth section provides insight into the social security reform in the area of day care, and a discussion of policies that are currently under consideration. The final section provides a summary and presents policy recommendations.

The data used in this paper are from the 1987 National Survey of Fertility and Health (*Encuesta Nacional sobre Fecundidad y Salud-ENFES*), and the National Income and Expenditure Surveys of 1989 and 1992 (*Encuesta Nacional de Ingresos y Gastos de los Hogares-ENIGH*). These data sets are described in the data appendix. Information on the use and supply of government-provided day-care comes primarily from the Mexican Social Security Institute (*Instituto Mexicano del Seguro Social-IMSS*).

The terms “economically active” and “working” are used interchangeably. Unless otherwise specified, the research is based on a standard economic definition of work that excludes unpaid tasks undertaken in one's own home that are not part of a family business. This definition of economic activity is narrow and does not take account of the important economic contributions of many individuals, especially women, who dedicate their time to household work and the care of young children. Still, data limitations make it necessary to use this narrow view of work for the analysis presented in this paper. It is important to keep in mind that household work may itself be difficult to combine with child care.

1. Recent Studies on Day Care Options in Mexico

Existing literature on the supply of day care in Mexico is scarce. The most detailed study is Tolbert *et al.* (1993), which provides an overview of day care provided outside of the home by non-relatives. The authors provide information on supply, and outline the policies, financing arrangements and regulations that prevail in each of the public, private and social (non-profit) sectors. They come to a series of important conclusions regarding day care that correspond to the discussion presented below. The discussion focuses on the absence of child care options for the majority of poor children and points out that the total supply of day care falls far short of likely demand.

The authors highlight the fact that the vast majority of public day care excludes women who are not working in the formal sector and hence also the majority of poor children whose mothers are often unemployed or working in the informal sector. While public sector day care is of high quality and offers care to the children of a small proportion of mothers working in the formal sector, the model is too costly to be extended in its present form. The authors arrive at the following diagnosis:

The critical policy concept in public day care in Mexico is the provision of services of women who work and their children. Day care is available to assure tranquillity for the woman worker to increase her productivity, not to

increase her training or employment opportunities to better compete in the marketplace. Interestingly, it is the service and not the policy that is child centered...Policies aimed at workers and not at children are likely to be incomplete in terms of equal opportunity and social justice.

The Tolbert study suggests that non-profit day care centers provide important models of service to the poorest families, yet are in short supply. Private, for-profit facilities range in price and quality, but are typically too expensive to constitute an option for poor children. Scarcity of information on both types of services makes it impossible to arrive at a realistic estimate of supply. The study includes two case studies of successful models of non-profit initiatives, and a survey of 12 for-profit centers.

Acevedo *et al.* (1986) summarize the results of a study of institutional and informal child care in several low-income areas of Mexico City undertaken by *Mujer y Ciudad*. The study found that working mothers felt that the available child care from neighbors and relatives was insufficient and they sometimes took their children to work with them. Only 9.1% of all mothers had ever used institutional child care and only seven of the families interviewed had rights to official day care services through their place of employment. Among these families, none were making use of the facilities either due to lack of space or preferences for other forms of child care. Still, the survey found that these family members actually cared for children less than 20% of the time. Although they had little experience with institutional care, 69% of all respondents felt that official child care institutions could assist mothers and contribute to child development. Although inappropriate in many ways, official services were still in short supply. The research cites that the Center for Infant Development (CENDI) program, for example, received requests for 92,600 inscriptions for 55,800 openings in 1980.

Using a very interesting survey of women working as ambulatory vendors in the informal sector in Mexico City, Hernández and Zetina (1996) analyze the determinants of type of child care for children age 0 to 3 years. They find that 4.5% of children are left without supervision, 35.6% are cared for by their mother, 35.2% by another family member. The remaining children are cared for by another person with 1.9% attending a day care centre, 3.7% a paid adult, and 18.4% a care provider below the age of 12 years. The authors present the results of logit analysis of the determinants of own mother care versus care from another family member. They suggest that belonging to a nuclear as opposed to extended family, age of child below one year, lack of domestic help in the home, and mother's education being at a primary level or less are significant determinants of the probability of own-mother care among this group of ambulatory vendors.

This review is restricted to recent studies on the supply and use of day care in Mexico. As mentioned above, regression analysis presented in Parker and Knaul (1996) support and expand upon the descriptive data presented in this paper. The

presence of young children tends to have a negative impact on the probability that women participate in the labor force, after controlling for other individual and family characteristics. The effect is strongest for younger children. Despite the right to child care that participation in the formal sector implies, the presence of children has a positive impact on the probability of being employed in the informal sector. Further, the variables suggest a positive impact on the likelihood of working part, as opposed to full-time. The presence of other women in the household who may potentially substitute for the mother in child care tends to have a positive impact on labor force participation, a weaker negative impact on the likelihood of being employed in the informal sector and a negative impact on the probability of part-time employment.

These results fit into a line of research on the determinants of women's labor participation, which have often particularly focused on family coping strategies in the face of economic crisis (for example: Rubin-Kurtzman, 1993; García and Oliviera, 1994; Figueroa *et al.*, 1996; Escobar Latapí and González de la Rocha, 1995; González de la Rocha, 1995). Several other studies have also considered the importance of family structure and the availability of mother-substitutes as determinants of women's labor force participation in Latin America (examples include: Connelly, De Graff and Levison, 1996; and Wong and Levine, 1992). These studies are discussed in detail in the literature review included in Parker and Knaul (1997).

The literature also includes extensive research on child care options and the impact on labor force participation in the United States, Canada and many European countries, some of which are cited in the bibliography to this paper. For an excellent review of the literature on the effects of child care costs on female labor supply for the United States, as well as evidence of these effects for Canada see Cleveland, Gunderson and Hyatt (1996).

For an overview of programs and policy that are more concerned with the developing world see Myers and Hertenberg (1987), Myers (1992), and Young (1995). Levison (1990) provides a discussion of day care options in Brazil. A number of studies of the Colombian system have been undertaken, highlighting low costs, extensive coverage, and a high degree of targeting to the poor (Vélez, 1996; Flórez and Méndez, 1993; Castillo, Ortiz and González, 1993).

II. The Evolution of Female Labor Force Participation and Family Structure in Mexico

Changes in the labor force participation of women and in family structure have important implications in terms of the demand for child care outside of the home. Many countries, Mexico included, have experienced a recent and rapid increase in the number and proportion of women working outside of the home. Further, there is an increasing trend toward nuclear family units and female-headed households. These combined effects suggest an increasing demand for non-family child care that will

have to be met via the supply of private and public day care (Connelly, DeGraff and Levison, 1996).

The increase in the proportion of Latin American and Caribbean women who work outside of the home constitutes an integral part of the recent and profound changes in the organization of labor markets in the region. Their activity rate increased from 18% to 27% over the period 1960 to 1990 while that of males fell from 77% to 70% (Table 1). In 1990, women accounted for 28% of the economically active population as compared to 19% in 1960 (Valdés *et al.*, 1995).

From 1950 through 1970, Mexican female labor force participation was well below that of many other Latin American countries and somewhat lower than the average for the region including Central America and the Caribbean.¹ Nevertheless, between 1970 and 1990, the growth of the labor force participation of Mexican women has been more rapid than in other Latin American countries and has allowed the country to “catch up” to the rest of the region. In Latin America as a whole, female labor force participation increased by 152% between 1970 and 1990 while the participation rate of men increased by only 68%. In Mexico over the same period, the participation rate for women grew by 256%, as compared to 99% for men (Valdés *et al.*, 1995). Between 1970 and 1980, the economically active female population increased rapidly from 15.2% to 26.3% (Table 1), surpassing the rate of 23.5% for the region as a whole. The pace of growth then slowed and in 1990 the participation rate was 29.2%, a figure that is still slightly above the regional rates (Valdés *et al.*, 1995).

The evolution of family structure in Mexico has also undergone important, although somewhat less dramatic, changes. Extended families (parents, their children, and other relatives) continue to be important, yet they are increasingly less common (Table 2). In 1980, 25.5% of families were classified as extended, as compared to 18.3% in 1990 (Martínez Fernández *et al.*, 1993).

Compared with other Latin American countries, in Mexico, a larger percentage of all households are composed of nuclear families (74.5%). Argentina follows with 64.8% being nuclear families, and Bolivia and Uruguay with 59%. Similarly, unipersonal and multiple (including non-relatives) households are less common in Mexico than in other countries of the region (Valdés *et al.*, 1993).

Another change in family structure has been the increase in female headed households in Mexico in recent years. In 1980, the percentage of households headed by a women was 13.8% whereas by 1990 the figure was 17.3%. Female headship still continues to be somewhat less common in Mexico than in other countries of Latin America and the Caribbean, as the overall percentage of female-headed households in Latin America in 1990 was 22.7%. (Valdés *et al.*, 1993).

¹Based on averages from 19 countries: Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, the Dominican Republic, Uruguay and Venezuela.

Rapid change in the use of women's time and in family structure suggest concomitant changes in requirements for child care. Traditional family-based child care networks are likely to be more difficult to organize as the extended family dwelling becomes less common (Connelly, DeGraff and Levison, 1996). Further, placing child care responsibilities on school-aged children and youth is likely to have negative effects on human capital formation. These changes may imply an increasing reliance on non-family child care, both public and private. Further, it may also affect the type of work, as well as the number of hours of work that women are able to perform.

III. Child Care Strategies

Mexican families with working mothers tend to combine a variety of employment, as well as family and non-family day care strategies. Still, the majority of urban working mothers continue to rely on other family members to care for their young children.

The primary sources of care among working mothers interviewed in the 1987 National Survey of Fertility and Health (ENFES) who considered their child in need of day care were family members and friends (Table 3). Older children were listed as the primary caretakers in 11.8% of cases, while 4.9% of the women surveyed mentioned their husband, and 39.6% other unpaid individuals from inside and outside the family. Only 10% of mothers rely on institutions, although an additional 7.9% pay a person to care for their children while they work. Among mothers who work and consider themselves to be the primary caretaker, almost 84% list no secondary source of care. Of the few who list a second care giver, 19.5% cite institutional care and 8.5% a paid person.

Paid and out-of-home day care is concentrated among specific groups. Only a small proportion of families report positive expenditures on child care (Table 4). Results from the pooled samples of the National Income and Expenditure Survey of 1992 and 1989 (ENIGH) show that a total of 2.3% of urban families with children aged 0 to 4 years devoted some portion of their spending to child care, and 12.6% to pre-school facilities. By comparison, 70.8% of these families reported positive expenditures on health care.

Although only a low percentage of families report positive expenditures, day care and pre-school constitute an important part of the overall budget among those who do report positive spending. Expenditures on day care and pre-school constitute 4.5% of total expenditure. This is almost double the average amount spent on health by the same families. Among all families with children aged 0 to 4 years, an average of 0.7% of total expenditure was dedicated to day care and pre-school, 2.7% to health and 42.7% to food (Table 5).

More educated women and wealthier families are more likely to use institutional care or pay for a non-family care giver. Only 2.9% of families in the

poorest 20% of the population reported expenditures on day care or pre-school, as compared to 14.1% of families from the next 60% of the income distribution and 27.6% from the top 20% (Table 6). Similarly, women with low levels of education are more likely to act as the primary source of care for their children, or to turn to older siblings (Table 7). Among women who act as primary care givers, 66.3% have only a primary education or less, and among those who rely on older siblings the figure is 80.9%. In contrast, the educational level of the majority of women who use institutional care or a paid care giver is secondary or higher.

In addition to relying on other caretakers, Mexican women appear to adopt particular employment strategies in order to combine work and family life. Part-time work is particularly common among mothers who act as the primary source of care (Table 8). The majority of women who consider themselves to be the primary care giver work less than eight hours per day, and 22.4% work 4 hours or less. By contrast, the majority of women who rely on older siblings, other family members, friends or paid care givers work 8 hours or more per day. Approximately one-third of women who rely on institutions or paid care providers work between 5 and 7 hours per day.

It is important to note that 30.8% of women who act as the primary care giver report working days of over eight hours. These women are likely to have jobs that are compatible with child care, and this suggests that another important source of flexibility in combining work with child care is the type and sector of work.² Women who work in the informal sector and/or are self-employed may have more control over their schedules, as well as being able to bring their children to work with them.

The distribution of occupations by child care provider support these hypotheses. Almost 50% of self-employed and non-remunerated workers, many of whom work in family businesses, act as primary care providers (Table 9). Among salaried workers and domestic servants, unpaid family members and friends provide the bulk of child care. Only 8.2% and 15.6%, respectively act as primary care providers, while 51.9% and 40.6% rely on family and friends.

Another important explanation for the distribution of occupational choice and child care provision is the number of hours worked at different types of jobs. Salaried female workers, the largest formal sector group, tend to work longer hours than self-employed women and women who work in family businesses (Table 10). Recent findings from the National Survey of Urban Employment (ENEU) also show that the average number of hours worked per week was 39.1 in 1992 for salaried women as compared with 32.8 among the self-employed (Parker, 1995).

Existing child care patterns suggest a heavy reliance on family-based child care and flexible work strategies among working Mexican mothers with young children. As suggested above, changes in family structure and the increased labor force participation of women may generate an increased need for non-family child care. This

²For evidence on self-employment and child care as options that enable women to combine motherhood and work in the US see Connelly (1992).

suggests the importance of evaluating the existing supply of day care, as well as future policies both in the area of child care and promotion of the labor force participation of women.

IV. The Supply of Day Care

Published information on the supply of day care is very limited, and the majority of available statistics refer to public day care provided through the IMSS. The remainder of this section provides an overview of the supply of institutional day care in Mexico, focusing on the social security system as the largest provider at the national level and one where reform initiatives are presently being discussed.

In 1995, IMSS was operating 455 child care centers throughout the country, offering almost 62,000 places to children of working mothers registered in the social security system (IMSS, 1995). The facilities are offered free of charge to the children of insured, working mothers aged 43 days to 4 years.^{3,4} It is important to emphasize that IMSS programs are restricted to formal sector workers. In fact, insurance is typically considered to be synonymous with salaried or formal sector work, and the formal sector is often defined as the sum of IMSS and the public sector. Informal sector workers and firms tend to evade registration with IMSS.

Child care centers are operated by a number of other entities within the public sector and often accept children up to the age of 6 years. These day care institutions are monitored by, and operate under the guidelines of, the Secretariat of Public Education (*Secretaría de Educación Pública*). They must meet a minimum level of hygiene and safety standards certified by the local health and public safety authorities.

ISSSTE (*Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado*) provides day care exclusively to public sector workers, yet stands out as one of the largest operators in the country. According to IMSS (Coordinación de Guarderías, 1996b) in 1995, ISSSTE was offering approximately 22,000 day care spots for the children of public sector employees. Tolbert *et al.* (1993) shows that 6630 children were enrolled in Mexico City. The Federal District runs one of the largest programs in the capital, including a total of close to 15,000 children of employees, and some uninsured working women (Tolbert, 1993). Other state and local governments also operate child care centers. Many public entities offer additional places for children of their employees. The Secretariat of Education, for example, had a total of 5,764 children enrolled in Mexico City in 1995 (Coordinación de Guarderías, 1996b). These include the children of teachers and educational administrators. Another smaller

³Older children are eligible to attend nursery and kindergarten run by the Secretary of Public Education.

⁴Mothers registered at IMSS are also entitled to 90 days of maternity leave that typically begin 45 days before the expected date of delivery.

program which stands out is that of PEMEX, which provides services for its female workers, covering 2,808 children in 1995 (Coordinación de Guarderías, 1996b).

Day care for uninsured working women is provided through DIF (*Sistema Nacional para el Desarrollo Integral de la Familia*) and the Federal District. DIF offered over 5500 places in Mexico City in 1995, as well as operating some programs in other areas of the country. Tolbert *et al.* (1993), estimate the total number of spaces for the working poor to be approximately 20,000 in Mexico City, a figure that covers only a tiny fraction of the population of uninsured women.

Private provision takes many forms, including private for-profit, employment-based, community organizations and home-based initiatives. Very little information is available on the number of private day care centers, although they appear to be quite prevalent. While the Economic Census undertaken by INEGI includes day care centers, the information is only available as part of a larger category of service organizations.⁵

Only a fraction of private day care centers operate in the formal sector and are officially registered through the Secretariat of Education or of Finance. Tolbert *et al.* (1993) report a total of 30 registered private day care facilities. Although registration has not been mandatory in the past, efforts are currently underway to promote registration and accreditation through the Secretariat of Education. Registration implies regular inspections, compliance with an educational curriculum, meeting a minimum standard of hygiene and building requirements, and paying taxes.

Given this milieu and shortage of day care, IMSS should play a particularly important role in provision, both due to its legal responsibilities and due to unmet demand. Since 1962, it is the entity responsible for the provision of day care to working mothers outside of the public sector (IMSS, 1996).

The day care program is financed by a 1%, across-the-board, payroll tax introduced in 1973. It functions as a separate aspect of social insurance, in addition to the existing provisions for health and maternity, work injury and disability. The tax continues to be based on the earnings of all workers in the firm regardless of gender (IMSS, 1996).

The philosophy behind day care insurance is to provide women with the opportunity to participate in the labor market on an equal basis with men, while offering children adequate care and preparation for their future education and human capital development (IMSS, 1995). One premise behind the policy is that the care of children in Mexico is the responsibility of the woman.

By the early 1980s, IMSS was offering almost 18,000 places in day care in IMSS-owned facilities under what is known as the "ordinary scheme". Under this regime, IMSS is responsible for all aspects of day care provision, including both fixed investments such as the construction and maintenance of building, inputs such as personnel and administration.

⁵The Mexico City yellow pages for 1996 list only 119 day care centers (*guarderías*) and 131 nursery/kindergartens (*jardines infantiles*).

In order to further increase the availability of services, in 1983 IMSS began to offer day care services through a participatory scheme in conjunction with private and community organizations. Under this scheme, IMSS advises and monitors the services provided to the children of workers registered in social security, effectively leasing its physical infrastructure to other providers (IMSS, 1996).

In 1996, IMSS was operating 487 child care centers in different parts of the country, offering almost 59,000 places to children below the age of 4 years (Coordinación de Guarderías, 1996a). The participatory schemes account for almost 70% of the centers and for 44% of the children in day care. Attendance tends to be somewhat irregular, so that despite over-registration of approximately 15% in the participatory schemes and 9% in the ordinary schemes, occupation rates are 85% and 94% respectively (IMSS, 1995). IMSS day care tends to be of high quality both in terms of curriculum design, health and hygienic considerations, and physical installations. Norms are set and monitored from within IMSS.

Shortcomings related to cost, coverage and financing are beginning to generate policy discussions to develop new modalities for IMSS day care. While price differentials reflect the high quality of care and investment in child development, it appears there are also efficiency issues to be considered. In June of 1995, the average operating cost per child-month in the ordinary scheme was \$N1,560 (\$US260) and \$N669 (\$US110) in the participatory schemes. These rates are considered to be above the costs of private day care services of similar quality (IMSS, 1995).⁶ Further, child care has generally been provided in costly⁷ buildings constructed by IMSS that usually take between 2 and 3 years to construct.

The number of spaces available in day care in IMSS by delegation, as well as the number of children who are potentially eligible for these services are presented in Table 11. Only a fraction of formal sector workers have access to day care services. While there is some variation by area of the country, IMSS day care places never reach a coverage level of 10 percent of potential demand (defined as number of spaces per eligible child between the ages of 0 and 4). This is clearly a simple measure of coverage as many women would prefer to use non-IMSS child care such as relying on family members. As a proportion of all children aged 0 to 4 years of working women registered through IMSS, the day care program was attending to 5.1% of potential demand in 1995. IMSS calculates that 70% of these children actually require day care, implying that the program satisfies 7.1% of real demand.

⁶The are also above the costs of day care in other countries. In Colombia, for example, the community-based *Hogares Comunitarios de Bienestar*, cost \$US24.85 on average per child-month in 1991 (Castillo, Ortiz y González, 1993). The *Centros de Atención Integral al Preescolar y Hogares Infantiles (CAIP)*, tend to offer more professional services in a more institutionalized environment, and are consequently 32% more costly. This figure is still well below the estimated unit costs for IMSS day care facilities.

⁷The cost to construct an IMSS child care center is estimated at approximately \$35,000 pesos per child (about \$4,500 dollars), not taking into account costs of operation.

V. Day Care Reform and Policy Initiatives

A reform of the social security system was passed by Congress in 1995. The new Social Security Law will theoretically go into operation during 1997 (Diario Oficial, 1995). This reform is focused in great part on financing issues and involves all aspects of social security including pensions, workers' compensation, occupational safety and health, as well as day care.

The reforms in the area of child care are less far-reaching than in other parts of social security. In very partial recognition of the fact that only mothers have the right to day care, the 1995 law extends the right to widowed and divorced males who retain custody of their children.

One of the reasons for the currently low coverage of day care in IMSS is that the revenues from the child care payroll tax have historically been used to finance deficits in health and maternity insurance. Between 40% and 50% of the day care allocation has in fact been used up in the provision of health services. The 1995 reform stipulates that the payroll tax must be dedicated entirely to the newly combined rubric of day care and social services with at least 80% paying for child care (IMSS, 1996).

In parallel to the reform, IMSS is also considering a series of initiatives designed to increase coverage and reduce unit costs of services. Two of the possibilities are expansion through child care centers run by community organizations that would open a new scheme under the title "neighbor community" (*vecinal comunitario*) and, rebates (*reversión de cuotas*) of IMSS child care quotas to firms that assume the responsibility of providing child care to their employees. These options would avoid the high costs involved in construction of new buildings (buildings would be rented), and would also permit a more rapid expansion of child care services. Further, in the case of fee rebates (*reversión de cuotas*) to employers, new facilities in the neighborhood or place of employment may result in child care programs that are more conveniently located for mothers, thereby permitting the mother to spend more time with her children.

In the case of child care centers run by the community, IMSS would pay a community organization a fixed fee per child to provide child care services to children of mothers who are registered in IMSS. There currently exist 11 child care centers of this type in IMSS, covering 988 children (Coordinación de Guarderías, 1996a).

In the case of fee rebates (*reversión de cuotas*), IMSS would return a portion of the quotas paid directly to the firm (based on the number of children of IMSS mothers between the age of 3 months and 4 years of age who work at the firm). Provisions for quota rebates for health and day care were actually stipulated in both the former and the new Social Security Law, but to date there are no children who are covered under the return of child care quotas. Virtually no efforts have been made in the past to use

rebates in day care due to concerns about potential reductions in the quality of services and monitoring issues.⁸

Planned reforms to the financing of day care will also be used within the restructuring process to increase coverage and begin to address issues of distribution. In the upcoming year, the budget allocated to child care centers should substantially increase from its level in 1996, as 80% of the 1% payroll tax will be used exclusively for child care centers. IMSS has taken advantage of this increase to begin to implement a capitated budget, in which the size of the budget given to each state (*delegación*)⁹ is a function of the number of children between the ages of 3 months and 4 years of IMSS mothers in the state. The new budget should help to expand coverage in areas where child care needs remain unsatisfied, thereby resulting in a more equitable distribution of child care resources.¹⁰

VI. Summary and Policy Recommendations

Working mothers tend to combine a variety of employment and child care strategies in order to accommodate their dual roles at home and work. Their decisions regarding both employment and child care are at least partially limited by the lack of institutional alternatives described in this paper. Rapid and on-going change in women's labor force participation patterns and the declining prevalence of the extended family require concomitant adjustments in the provision and financing of day care.

In evaluating existing policies it is first important to recognize that although Mexican women may prefer to rely on family-based child care, many are not able to do so. Further, it is necessary to take into account possible concomitant effects in such areas as human capital formation and human development. Youth, and particularly young women, may become child care providers at the expense of their ability to attend school, and to accumulate labor market experience and training. In addition, the alternative of taking children to work has limitations. The workplace, especially if it is the street, is not always an appropriate environment for child care.

In addition to considering particular aspects of existing programs, it is necessary to evaluate the objectives behind public day care policies. As it is presently

⁸It is worth emphasizing that, while the IMSS child care centers are considered to be of high quality, their cost is such that only a small percentage of demand has been covered. A separate issue not discussed here is whether the quality is "too high", such that it would be preferable to reduce quality and expand coverage (for instance, by reducing spending on non-necessity items such as microwave ovens in the child care centers).

⁹There are 38 delegations, while there are only 32 Mexican states. Mexico City represents 4 delegations, the State of Mexico is divided into 2 delegations, as is the state of Veracruz.

¹⁰It is worth noting that part of the changes in the New Law of Social Security include the moving of affiliation of domestic servants to the ordinary scheme, whereby employers will be able to affiliate their domestic servants at a reduced cost. Under this form of affiliation, domestic servants would have the right to put their children in IMSS child care centers.

conceived, public day care is essentially an employment-based program for women with only a few programs for the uninsured. There are important advantages to this scheme, including the fact that it acts as an incentive to employment. Still, coverage as it is presently formulated is segmented even within the labor force. If truly employment-based, day care should cover all workers, not only those who are in the formal sector. The difficulty inherent in expanding the program beyond the formal sector is that from a narrow, legal point of view the informal sector does not exist as workers pay no taxes.

A further complication with the employment-based program is that it tends to exclude unemployed and discouraged female workers. Although IMSS affiliates retain their rights to social security for a period following the end of a particular job, this period is short and only applies to the insured. It is likely that job search is an activity that is highly incompatible with child care. A policy to expand child care support to women who are looking for work, while complicated to administer, would likely act as an important stimulus to labor force participation and assist in more efficient matching of jobs and skills.

Public day care is also segmented by gender. With the exception of male widows, the right to child care is tied exclusively to the labor force participation of women. While there have been some important policy efforts to stimulate the integration of the female into the labor market, parallel policies to integrate the male into the responsibilities of child care and domestic duties are incipient. Aside from the gender bias that this implies, a day care policy that is provided exclusively to females fails to recognize ongoing changes in the organization of families and current realities of the Mexican labor market. Divorce and family break-up, for example, often mean that fathers are responsible for their children during long stretches of time that may include working days. The current formulation of day care also assumes not only that women will care for children if they are not working, but also ignores the fact that males who work in the formal sector may have children with women who work in the informal sector. One means of remedying this situation is to reconceptualize policy so as to consider child care as the responsibility of the family as a unit, as opposed to the woman as an individual. As a corollary, day care would have to be formulated as a family-based right that applies equally to the father and the mother.

Another issue in the current formulation of day care is the age restriction. Care for young school-aged children in the afternoons is likely to be a problematic issue for many working couples. While extending child care beyond the age of 4 (6 in some institutions) would be a costly undertaking, it would be worthwhile to investigate the extent to which this prevents or limits female labor force participation and the implications for child welfare.

The current structure of public day care leaves ample room for policy initiatives to expand coverage, improve distribution, reduce costs and diversify services. For example, existing public policies do little to stimulate alternate forms of

child care for either the wealthy or the poor through the organized private sector or at the community level. The policies presently being considered by the IMSS to link private and public provision through employer and community-based plans and through the program of quota rebates (*reversión de cuotas*), constitute innovations in this respect. In developing these policies, it may be useful to take into account the ongoing debates regarding quota rebates and the private public mix in health provision.

A large proportion of poor families are likely to be uninsured. The children of these families are often especially likely to benefit from high quality child care, as these programs, in addition to acting as important source of early childhood stimulation, may also be designed to include nutritional supplements and training in health and hygiene. Reaching poor families would imply a reconceptualization of the goals of current public policy towards considering day care, not only as an employment-based right in the formal sector, but also as an anti-poverty, child development program as suggested by Tolbert *et al* (1993).

Day care could be extended beyond the formal sector by linking it to programs to reduce poverty and target social expenditure. One possibility is an expansion of the dif and ddf programs. Another is to use the programs that are run through the Secretariat of Social Development (SEDESOL), an entity that has at times initiated special day care projects, but has little to do with existing programs.

A model for extending day care to the poor is through small-scale, home and community-based programs that can be geographically targeted to poor families. These types of day care programs have been undertaken in a number of Latin American countries, including Colombia and Bolivia (Myers, 1992). The neighborhood day care programs that have been promoted in Colombia through the *Instituto Colombiano del Bienestar Familiar* for example, have been highly rated for their low cost, coverage and targeting. In the case of Colombia, it is interesting to note that the program is largely financed out of a payroll tax. These programs are often run out of the houses of mothers who live in the community, although they may also make use of existing public infrastructure such as schools and clinics. They typically provide: a subsidy for home, or a component for building, improvement with a focus on sanitary and cooking facilities; nutritional supplements; educational toys and supplies; and basic training for the women who run the day care centers. Many of these women have their own families, and the program offers them a convenient income generating activity that may be combined with caring for their own children (Vélez, 1996; Castillo, Ortiz and González, 1992; Floréz and Méndez, 1994).

It is clear that efforts to expand the coverage of day care should include a mix between public, private and non-profit initiative. The formulation of regulatory mechanisms, that are at present very unclear, will be a key factor in future initiatives. A policy that is worth considering is to extend the coverage of the existing registration process and to transform it into a licensing system. This would help to prevent the decline in quality that is a feared byproduct of the policies for quota rebates and

community-based programs presently under consideration at the IMSS. An effort to register these programs would also provide information from the supply side that would be very important for the organization and planning of public day care. Further, it would be possible to make this information more readily available to the public through the Secretariat of Education.

While a licensing system has clear advantages, it is also necessary to take into account the fact that many businesses will try to escape registration in a program that could complicate their ability to evade taxes. Further, an overly bureaucratic system will generate its own inefficiencies. At present, registration involves a series of complicated procedures. In Mexico City these include: registration with the federal tax department, obtaining an operating permit through the *Delegación*, being inspected by the fire department, obtaining a permit to open from the local Department of Health, and registering as a Center for Infant Development (*Centro de Desarrollo Infantil*) with the Secretariat of Education which involves regular inspections.

As a corollary to the reformulations of day care programs, it is also necessary to consider policies that promote job flexibility, facilitating women's own efforts to combine work and child care. A number of alternatives exist, including the provision of employee-based child care, flexible scheduling, job sharing and working from home.

Finally, efforts to expand day care provision and reformulate policies may provide an important impetus to a reorganization of other programs affected by increases in female labor force participation. To take one example, school calendars include long and concentrated vacation periods, under the assumption that there will be an adult in the home to care for the child. To summarize then, the rapid increase in female labor force participation constitutes one of the most important transitions in Latin America in recent decades and one with which institutional structures have still to adjust.

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Appendix 1: Data Sources

In order to develop a detailed descriptive picture of female labor force participation and child care the paper includes information from the National Income and Expenditures Survey (ENIGH) of 1989 and 1992, as well as the National Survey of Fertility and Health (ENFES) of 1987.

The ENFES of 1987 includes the following question directed to working women: While you work, who is in charge of the care of your children? The survey is national, although this paper uses only the data on cities of 20,000 or more inhabitants. The sample includes 9310 women aged 15 to 49 who form part of 8763 families. The ENFES is the only public data set in Mexico that explicitly includes a question on where children are cared for while a women works.¹¹ Still, it is used only in the descriptive work as it provides no information on child care expenditures and has limited information on employment of the mother (no wage information, hours worked or other variables to identify whether the mother is employed in the formal or informal sector).

The ENIGH is a national household level survey with detailed information on all types of household income and expenditures. It is used to enrich the information from the ENFES by adding data on the amount of child care expenditures for children in day care centers and in kindergarten. The reference period is three months. The ENIGH is also used to analyze the percentage of female workers who report that they receive child care as a job benefit. The samples from 1989 and 1992 are combined.

¹¹Two surveys of child care and domestic time use were undertaken in 1994, "*Encuesta sobre Organización Doméstica*" and the "*Encuesta sobre Organización Familiar*". Neither of these surveys have been processed or made available to the public.

Table 1

Evolution of the Labor Force Participation Rate 1950-1990
Mexico versus Latin America ^{1/}

	1950	1960	1970	1980	1990
Mexico					
Females	12.2	14.3	15.2	26.3	29.2
Males	81.8	72.5	65.7	70.4	71.8
Latin America ^{1/}					
Females	23.1	18.1	19.2	23.5	27.2
Males	82.1	77.5	71.8	69.6	70.3

Notes:

^{1/} Includes 19 countries: Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Dominican Republic, Uruguay and Venezuela.

SOURCE: Valdés *et al.*, 1995. *Boletín Demográfico*. Año 25 No. 49, CELADE, Santiago.

Table 2

The Evolution of Family Structure in Mexico, 1980-1990

Type of family	1980	1990
Nuclear	72.1	79.3
Extended	25.5	18.3
Multiple	2.4	2.4

Notes:

^{1/} Nuclear families include one or both parent and their children. Extended families also include other relatives. Multiple families include non-relatives.

SOURCE: Martínez Fernández, 1993. INEGI, X and XI Censos Generales de Población, 1980 and 1990.

Table 3

Who Cares for the Children of Working Women

	Primary care giver	Primary or secondary care giver
The mother herself	19.5	19.5
Older siblings	11.8	12.5
Husband	4.9	6.1
Other unpaid family members and friends	39.6	42.6
Institutions	10.0	12.9
A paid person	7.9	9.9
No one	6.2	6.2
n	964	964

Notes:

^{1/} The question corresponds to: While you work, who is in charge of the care of your children? (space for two possible answers)

^{2/} The sample is restricted to currently working women who consider that their children are young enough to require care, and to urban areas with 20,000 or more inhabitants and cities of 20,000 or more inhabitants.

^{3/} Figures are calculated using expansion factors.

^{4/} Primary care giver is based on the first response to the question regarding who provides care to children.

SOURCE: National Survey of Fertility and Health (*Encuesta Nacional sobre Fecundidad y Salud-ENFES*). 1987.

Table 4

Proportion of Families with Children Aged 0 to 4
with Expenditures on Day Care, Pre-School and Health Care

	All families
Day care centers	2.3
Pre-school	12.6
Day care and pre-school	14.4
Health	70.8
n (pooled 1989 and 1992)	4965

Notes:

^{1/} Sample restricted to include only families with children aged 0-4 years and cities of 20,000 or more inhabitants.

SOURCE: National Income and Expenditure Survey (*Encuesta Nacional de Ingresos y Gastos de Hogares-ENIGH*), 1989 and 1992.

Table 5

Expenditures on Day Care and Pre-School
as a Proportion of Total Family Expenditure
Among Families with Children Aged 0-4 Years

	Among all families	Among families with positive expenditures on day care or pre-school
Day care and pre-school	0.7	4.5
Health	2.7	2.5
Food	42.7	36.2
n (pooled 1989 and 1992)	4965	722

Notes:

^{1/} Samples are restricted to include only families with children aged 0-4 years and cities of 20,000 or more inhabitants.

SOURCE: National Income and Expenditure Survey (*Encuesta Nacional de Ingresos y Gastos de Hogares-ENIGH*), 1989 and 1992.

Table 6

Proportion of Families with Children Aged 0 to 4
With Expenditures on Day Care and Pre-School
by Income Distribution

	Proportion with positive expenditures on day care or pre-school
Bottom 20%	2.9
20-60%	14.1
Top 20%	27.6
All	14.4
n (pooled 1989 and 1992)	722

Notes:

^{1/} Sample restricted to include only families with children aged 0-4 years and cities of 20,000 or more inhabitants.

SOURCE: National Income and Expenditure Survey (*Encuesta Nacional de Ingresos y Gastos de Hogares-ENIGH*), 1989 and 1992.

Table 7

Choice of Primary Child Care Provider by Education of Mother

	Primary or less	Secondary	Preparatory or vocational	University
The mother herself	66.3	20.0	4.0	9.8
Older siblings	80.9	7.8	--	--
Other unpaid family members and friends	45.1	34.9	9.9	10.1
Institutions	25.7	38.4	21.6	14.5
A paid person	26.4	27.3	23.2	23.1
No one	74.8	20.9	--	--
n	401	286	99	115

Notes:

^{1/} Results for employers and independent professionals are not reported as the sample size is very small. - indicates sample cell size of less than 10 observations.

^{2/} The sample is restricted to currently working women who consider that their children are young enough to require care, and to urban areas with 20,000 or more inhabitants and cities with 20,000 or more inhabitants.

^{3/} Figures are calculated using expansion factors.

^{4/} Primary care giver is based on the first response to the question regarding who provides care to children.

SOURCE: National Survey of Fertility and Health (*Encuesta Nacional sobre Fecundidad y Salud-ENFES*). 1987.

Table 8

Primary Care Giver by Hours of Mother Works Per Day

	1-4 hours	5-7 hours	8 hours	9 or more hours
The mother herself	22.4	32.1	14.7	30.8
Older siblings	22.2	16.2	13.1	48.5
Other unpaid family members and friends	9.8	25.2	22.1	43.0
Institutions	20.2	30.8	7.3	41.7
A paid person	2.3	36.0	28.2	33.5
No one	6.5	32.3	13.4	47.9
n	141	260	180	375

Notes:

^{1/} The sample is restricted to currently working women who consider that their children are young enough to require care, and to urban areas with 20,000 or more inhabitants and cities of 20,000 or more inhabitants.

^{2/} Figures are calculated using expansion factors.

^{3/} Primary care giver is based on the first response to the question regarding who provides care to children.

SOURCE: National Survey of Fertility and Health (*Encuesta Nacional sobre Fecundidad y Salud-ENFES*), 1987.

Table 9

Occupational Choice by Primary Care Provider

	Self-employed	Salaried workers	Domestic servant	Non-remunerated worker
The mother herself	39.2	8.2	15.6	48.6
Older siblings	14.9	10.3	17.7	--
Other unpaid family members and friends	34.9	51.9	40.6	14.9
Institutions	1.0	12.2	7.8	--
A paid person	2.9	11.3	2.2	--
No one	--	5.6	--	--
n	174	611	87	63

Notes:

^{1/} Results for employers and independent professionals are not reported as the sample size is very small. -- indicates sample cell size of less than 10 observations.

^{2/} The sample is restricted to currently working women who consider that their children are young enough to require care, and to urban areas with 20,000 or more inhabitants.

^{3/} Figures are calculated using expansion factors.

^{4/} Primary care giver is based on the first response to the question regarding who provides care to children.

SOURCE: National Survey of Fertility and Health (*Encuesta Nacional sobre Fecundidad y Salud-ENFES*). 1987.

Table 10

Hours Worked Per Day by Occupational Choice

	Mean	Standard error	n
Employer	8.4	.83	23
Self-employed	7.1	.2	324
Employee	8.4	.05	2580
Domestic Servant	8.8	.14	552
Non-remunerated worker	7.1	.32	149

Notes:

^{1/} Results for independent professionals are not reported as the sample size is very small.

^{2/} The sample is restricted to women with less than university education and cities of 20,000 or more inhabitants.

^{3/} Figures are calculated using expansion factors.

SOURCE: National Survey of Fertility and Health (*Encuesta Nacional sobre Fecundidad y Salud-ENFES*), 1987.

Table 11
Insured Working Women and Day Care Places
by IMSS Subdivisions, June 1996

Delegation	Insured women aged 15-44	Children aged 0-4 to insured women 15-44	Number of actual day care places	Percentage of day care places per eligible child
Aguascalientes	48,094	15,743	817	0.0512
Baja California	165,575	55,440	3,090	0.056
Baja California Sur	20,018	6,583	642	0.098
Campeche	19,560	6,157	515	0.084
Coahuila	123,875	40,445	2,122	0.052
Colima	22,692	6,996	606	0.087
Chiapas	48,147	14,835	670	0.045
Chihuahua	212,643	71,145	4,448	0.063
Durango	47,585	15,263	938	0.061
Guanajuato	114,721	37,075	1,182	0.032
Guerrero	64,083	19,455	912	0.047
Hidalgo	46,632	14,759	836	0.057
Jalisco	283,444	88,693	2,910	0.033
México	270,475	87,588	2,491	0.028
Michoacán	82,500	24,162	1,481	0.061
Morelos	52,507	15,878	1,358	0.086
Nayarit	32,455	9,009	720	0.080
Nuevo León	204,536	67,471	2,026	0.030
Oaxaca	54,212	17,023	941	0.055
Puebla	126,415	40,750	1,260	0.031
Querétaro	58,100	19,514	1,138	0.058
Quintana Roo	30,632	10,704	1,028	0.096
San Luis Potosí	66,849	21,028	1,076	0.051
Sinaloa	91,853	28,841	2,250	0.078
Sonora	107,870	34,976	2,710	0.077
Tabasco	45,293	13,495	500	0.037
Tamaulipas	147,876	48,921	2,153	0.044
Tlaxcala	25,352	8,129	490	0.060
Veracruz Norte	119,571	33,823	1,229	0.036
Veracruz Sur	58,070	15,864	1,194	0.075
Yucatán	55,575	17,378	1,582	0.091
Zacatecas	37,551	11,789	532	0.045
Northeast 1	224,950	71,928	3,210	0.045
Northeast 2	112,819	37,165	3,390	0.091
Southeast 3	280,958	89,842	4,075	0.045
Southeast 4	142,332	46,579	2,310	0.050
Total	3,645,820	1,164,446	58,832	0.051

SOURCE: IMSS, 1996 y Encuesta Nacional de Empleo 1995