ENHANCING THE ACCURACY OF GENDER DATA:

COGNITIVE TESTING OF WORDING ASSOCIATED WITH SUPERVISORY CARE

EL COLEGIO DE MÉXICO

CEGS
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ABOUT THIS REPORT

This publication showcases the results of a qualitative study aimed at cognitively testing wording associated with the time spent on supervisory care. This research roots and builds upon Professor Nancy Folbre's Quantifying Care: Design and Harmonization Issues in Time-Use Surveys research and her long-lasting intellectual contribution to the field of care data. UN Women led this study, in collaboration with the Centre of Excellence on Gender Statistics (CEGS) in Mexico and El Colegio de Mexico, with results presented and discussed during an online webinar in July 2022. The ultimate aim of this study is to contribute to the ongoing international efforts to improve survey methods for time-use statistics and more specifically, the accuracy of gender data on unpaid care work. Additional resources can be found on the Women Count Data Hub at: data.unwomen.org

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FOREWORD

Unpaid domestic and care work is fundamental to the functioning of society and the economy. Around the world, women and girls have borne most of the responsibility for providing care, nurturing and assistance to children, as well as to sick, elderly or people with disabilities, in addition to performing household chores. This results in a problematic time imbalance. "The unequal distribution, between women and men and, in general terms, between the family and society, represents a major obstacle to achieving gender equality, with important consequences for other goals and targets".[1]

The consequences of the greater burden of unpaid work for women and girls mean fewer possibilities to access work that generates income and allows them to escape from situations of poverty and violence, as well as having a more active participation in decision-making. In order to achieve gender equality and the empowerment of women and girls, the recognition, redistribution and reduction of domestic and care work are necessary.

According to the 2020 Sustainable Development Goals (SDG) report tracking 89 countries and territories between 2001 and 2018, on an average day, women spend approximately three times more hours than men on unpaid household work and caregiving, and this time increases when there are small children in the household.[2] The unpaid workload intensifies in emergency situations, such as the COVID-19 pandemic, and patterns show that most of this work continues to fall disproportionately on women and girls.[3]

The involvement of governments, markets and families is essential to advance policies that promote gender equality. For this reason, the United Nations (UN), through SDG Goal 5, Target 5.4 of the 2030 Agenda, called on Member States to: "Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate".[4]

The Global Centre of Excellence in Gender Statistics (CEGS) was established with the support of INEGI and Women Count to focus its work on strengthening the production, availability, analysis and use of internationally comparable data, gender statistics and methodologies on key and emerging issues, in order to achieve gender equality and the empowerment of women.

In 2022, based on the recommendations derived from the United Nations Expert Group on Innovative and Effective Ways to Collect Time-Use Statistics (EG-TUS), CEGS in collaboration with El Colegio de Mexico and Women Count conducted an exploratory qualitative study for the operationalization and measurement of the concept of time dedicated to supervisory care in Mexico. The objectives of this study were: 1) to inquire about the different phrases that study participants associate with the definition of supervisory care; 2) to know how couples in two-parent homes share supervisory care and if they report performing it during the same time slots when both responsible adults are present; and 3) identify whether participants consider that the time during which they, or the people they provide care for, are sleeping is considered as part of the time of supervisory care. The ultimate aim is to improve the accuracy of care data and better inform decision making.

Through interviews with women caregivers of older adults and people with disabilities, single mothers and fathers, as well as couples in two-parent households with minors, the difficulties caregivers have in rationalizing and accounting for the time they dedicate to supervisory care were identified so as to analyse the contextualization of supervisory care as a specific type of care. As it turns out, a prior explanation and assimilation of the difference between active care and supervisory care is essential to achieving a more accurate account of the time dedicated to these types of care.

The methodology and the design of the collection instruments developed for this study will be shared widely, with the aim of enabling and informing pilot studies in other countries. Finally, it is hoped that a proposal will be developed for a set of global questions that can contribute to improving the capture of the time allocated to care activities and to the harmonization of time-use surveys, to allow for comparable analyses at an international level.

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1 UN Women. 2018. *Hacer las promesas realidad: La igualdad de género en la Agenda 2030 para el desarrollo sostenible*. p. 93.

2 United Nations Statistical Division. 2020. *Informe de los Objetivos de Desarrollo Sostenible 2020.*

3 UN Women. 2020. Whose time to care: Unpaid care and domestic work during COVID-19.

4 United Nations Department of Economic and Social Affairs. 2015. Transforming our world: the 2030 Agenda for Sustainable Development.

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I. BACKGROUND, RESEARCH OBJECTIVES AND METHODOLOGY

Background and study objectives

Supervisory care is a social need for the survival, safety and well-being of present and future generations alike. Its provision nourishes social cohesiveness and acts as a fundamental pillar of the institution of the household and family. The fulfilment of the care needs of children (toddlers and infants in particular) and dependent adults heavily depend on unpaid services such as feeding, cleaning and physical care, which are most often provided by women.[1] A main characteristic of such active and direct care services is that their provision entails one-to-one relational tasks between the caregiver and the care receiver, such as breastfeeding a baby, helping a child with homework, tending to a bed-bound elderly person or giving emotional support to someone diagnosed with a terminal illness.[2]

Alongside the demands for active care, dependents' needs for health and safety require adult supervision. In the case of childcare, legal and normative concepts of guardianship (legally imposed or voluntarily acquired) indicate the guardian's responsibility for a young child.[3] Such responsibility translates into being unable to leave a child unattended without ensuring that another person takes on the responsibility for the well-being and safety of the child,[4] thus acting as a constraint on the time of caregivers. Similarly, the survival of people living with severe disabilities relies on the physical proximity of their caregivers.

The constraints of supervisor's demands on time use are particularly acute and manifest in contexts lacking public and private care services. With specific reference to childcare, in places where social norms regarding paternity and maternity favour an unequal distribution of time to supervisory care among parents and other care-providers, women are often a disadvantage. A clear example of supervisory constraints on the opportunities available to unpaid care-providers lies in the low labour force participation of specific population groups, such as women living in households with children.[5]

International statistical guidance first acknowledged the time devoted to minding children in the Trial ICATUS 2005 activity category 07114, which included the following activities: monitoring children playing outside or sleeping; preserving a safe environment; being an adult presence for children to turn to in need; and supervising games. The ICATUS 2005 draft classification included minding children as a division to ensure that this activity was not automatically paired with any other activity.[6] This trial classification also clarified that minding children referred to caring for children without the active involvement implied in categories 07111 (caring for children/physical care), 07112 (teaching, training, helping children) and 07113 (accompanying children to places) and that for the purposes of childcare activities, countries would have to specify an upper age limit. One criterion for selecting such a limit is a legally specified age under which a child cannot be left alone without adult supervision. If no such law exists in a country, then the age limit would be the age accepted by convention or practice

1 Please see the United Nations Statistics Division's The World's Women Report, for various years.

2 UN Women. 2018.

3 Please see, for instance, Ruiz-Casares, M., and I. Radic. 2015. Legal Age for Leaving Children Unsupervised Across Canada. CWRP Information Sheet #144E. Montreal, QC: McGill University, Centre for Research on Children and Families.

4 Depending on the laws and child protective policies in different countries, leaving a young child unsupervised may be considered neglect.

5 Please see, for instance, UN Women and the International Labour Organization (ILO). 2020. The Impact of Marriage and Children on Labour Market Participation, and references therein.

6 According to the UN Guide 2005, minding children could also be considered a primary activity in case simultaneous activities are recorded and a prioritization is made.

when children can be left alone without constant care and supervision. The latest International Classification of Activities for Time-Use Statistics (ICATUS-2016), adopted by the United Nations Statistical Commission in 2016, mirrors it and includes a three-digit activity for minding children and adults.

Despite various efforts to measure the time devoted to the different types of care, Folbre has consistently pointed out that the time dedicated to 'supervisory care' – being on-call to provide active care – is often underestimated in time-use surveys due to differences in survey design and lack of clarity about this type of care in survey questions.[7] Even when time diary methods capture simultaneity through an ad hoc question (such as "What else were you doing?"), respondents may omit reporting supervisory care as this relates to an underlying responsibility rather than an activity per se. The limitations of time-use surveys in capturing the time dedicated to supervisory care do not allow to shed light on the constraints imposed by this type of care.

Until recently, part of the challenges lied in the lack of a reference concept of supervisory care in official statistics. In 2022, the Sub-Committee on Supervisory Care, established under the Expert Group on Innovative and Effective Ways to Collect Time-Use Statistics, started addressing this shortcoming by proposing a provisional definition that could act as reference concept in the context of measuring time use, as follows:

> **Unpaid supervisory care refers to the time a person is 'available and in close proximity' to provide active care for a child or a dependent adult, should the need arise. Supervisory care [is unpaid and] may occur at any location when children or care recipients are also present and in close proximity with the care provider. That is, the respondent is near enough to the care recipient to provide immediate assistance, if necessary. There is no requirement for the care provider and care recipient to be in the same room nor for the care provider to be aware of what the care recipient is doing.[8]**

This definition aligns with the existing body of relevant international statistical standards, such as the Resolution concerning the measurement of working time and Resolution concerning statistics of work, employment, and labour underutilization, adopted by the International Conference of Labour Statisticians (ICLS) in 2008 and 2013, respectively. More specifically, this definition draws a parallel with the concept of on-call time related to employment, particularly relevant to certain occupations – such as doctors and firefighters for instance – and extends it to other forms of work. In so doing, supervisory care relates to the on-call time associated with the unpaid provision of care services to household and family members.

As an emerging good practice in the development of survey methods,[9] the Sub-Committee on Supervisory Care recommended the cognitive testing of questions and wording associated with supervisory care. The expectation was that they may greatly vary among regions and even within countries (e.g., urban versus rural areas). In this context, the present research has three main objectives, as follows:

1. Examine the understanding and associated wording (or word groupings) of supervisory care, as above defined.
2. Inquire into how dual-parent households share supervisory care (i.e., social organization of care at the household level) and whether the reporting of supervisory care overlaps when both responsible adults are present.[10]
3. Identify whether participants consider the sleeping time of the care recipients and caregivers as a component of supervisory care.

This report has the following structure:

- **Section 1** provides an overview of the research objectives and methodology and describes the main sociodemographic characteristics of research participants.
- **Section 2** presents the analysis of wording associated with supervisory care, including semantic aspects associated with physical proximity, and identifies the constituent elements of supervisory care. This section also reflects on potential sources of measurement errors at play when capturing time dedicated to care.
- **Section 3** builds on verbal responses and bodily expressions captured throughout interviews and

7 Folbre, et al. 2005. See also Folbre 2012 and 2021.

8 See the Minimum Harmonized Instrument for the Production of Time-Use Statistics. Background document presented at the 53rd Meeting of the United Nations Statistical Commission.

9 See for instance: Benes, Elisa M. and Kieran Walsh. 2018.

10 For a discussion on the improvement of time-use data-collection when multiple household members are interviewed, see Frazis and Stewart 2012.

highlights the 'everyday experiences and recording of the time dedicated to supervisory care by household characteristics'. It describes the dynamics that take place within households to meet their care demands, as well as the formal and informal networks that households turn to for care. This section examines the extent to which interviewees consider – based on their life experiences – the time they or their care dependents spend sleeping as part of the time dedicated to supervisory care.

- **Section 4** describes the experience of capturing supervisory care in the context of a time-use diary and stylized questions referring to the time dedicated by caregivers to supervisory care during the previous week (from Monday to Friday and from Saturday to Sunday). This section also presents some illustrative data taken from participants' reporting of time dedicated to supervisory care. The section analyses how couples in two-parent households report the time dedicated to active and supervisory care, as well as time overlaps, discrepancies and reported activities.
- **Section 5** shares lessons learned and provides recommendations to improve the measurement of time spent on supervisory care in time-use surveys.

Methodology

This research adopts qualitative methods, and more specifically face-to-face cognitive interviewing, with fieldwork conducted in Mexico City from 18 February to 3 March 2022. At that time, the country was returning to normalcy after two years of mobility restrictions put in place to contain the spread of the COVID-19 virus. Fieldwork also coincided with phased-in return of children to face-to-face schooling, with parents having the prerogative to decide on in-person school attendance. Cases where children were home-schooled, either totally or partially, were included and this emerges clearly in the dynamics of care provision in some selected households.

The research protocol designed different data-collection instruments.

- **Background questionnaire:** Participants were asked to fill out a background questionnaire to record their main sociodemographic and socioeconomic characteristics as well as those of their care recipients.
- **A brief open-ended questionnaire** was administered to identify the various types of wording associated with supervisory care. To encourage spontaneous verbalizations of supervisory care, the study protocol asked the following question: "How would you call the situation or the moments of the day when you are not interacting with (NAME OF CARE RECEIPIENT), but rather remain nearby in case she/he needs immediate care, help or support?" When respondents verbalized more than one wording, the protocol asked them to prioritize the one considered more adequate to describe supervisory care, and this wording was used in the remainder of the interview.
- **Show cards** depicted hypothetical situations or scenarios for the provision of care. Participants were asked to sort and classify these cards as active care, supervisory care, or neither of the two. This activity allowed to identify to what extent participants were able to distinguish supervisory from active care.
- **A time-use diary** with a probing question on supervisory care was applied (see Table 1). The time-use diary did not intend to generate time-use estimates nor to act as a model questionnaire, but rather to explore the administration of probing questions on supervisory care in the context of time-use reporting. After filling out the time-use diary, participants were also asked to report the time they spent on supervisory care in the previous week, from Monday to Friday and from Saturday to Sunday, to explore stylized-retrospective questions as an alternative method.
- **A semi-structured interview** explored the understanding of the concept of supervisory care in greater depth, as well as the different strategies used by participants to calculate the time reported as supervisory care, the distribution of supervisory care responsibilities within households, and the role of cell phones as facilitators of remote supervisory care.

TABLE 1

Probing questions on supervisory care used in a diary-based reporting

1. First tell me at what time you got up and what you did afterwards. You got up at _____, and then?	2. From what time to what time did this take place?	3. In those moments, were you (proposed phrasing, for example minding) (NAMES)? NOTE: Mark according to the answer		4. If you were not providing active care or _____ (proposed phrasing) (NAME), can you tell me why? 1. You were not near enough to provide her/him with care, help, or immediate support if necessary. 2. There was another adult in charge, _____ (specify). 3. She/he was sleeping. Other _____ (specify).
		1. Yes GO to the following activity.	2. No.	

Study participants

Study participants were purposely selected. Selection criteria included a heterogenous set of households (i.e., composed of dual-parent and single parent households), varying care needs (i.e., children with disabilities, children in different age groups), and varied socioeconomic strata to better capture different models of social organization of care (see Table 2, Table 3, and Appendix). This was also thought to capture alternative semantics associated with supervisory care.

The research administered 21 interviews in 15 households with the following breakdown: six interviews in dual-parent households with children aged between 0 and 13 years; three to single mothers and two to single fathers with children in the same age group; two to women living with elderly adults; and two to women living with people with disabilities. Most interviewees lived in households from a low socioeconomic stratum, while six fell under the middle stratum (see Appendix). Individuals in dual-parent households were interviewed simultaneously but separately to avoid contamination and potential bias.

Eight interviewees were men while 13 were women, with an average age of 33 years. While all men participated in the labour market, only six women had income-generating activities and seven were exclusively devoted to providing unpaid domestic and care services as their main economic activity. Gender gaps in labour market participation are also reflected in their educational attainment. More men than women had a college degree, while almost two-thirds of women respondents had completed a high school degree (grades 10-12). Overall, a lower number of participants completed secondary school (grades 7-9) (Table 2).

TABLE 2.

Household characteristics of participants

Household characteristics of participants Where the woman participates in the labour market		**Dual-parent households**		**Single-parent households**		**Total**
		Where the woman does not participate in the labour market	Woman	Man		
With children	In elementary school (middle social stratum)[a]	2 persons (couple) 1 household	2 persons (couple) 1 household	1	1	6 persons (4 houseshold)
	Up to 2 years of age (low social stratum)	2 persons (couple) 1 household	2 persons (couple) 1 household	1	--	6 persons (3 households)
	In elementary school (low social stratum)	2 persons (couple) 1 household	2 persons (couple) 1 household	1	1	5 persons (4 households)
With dependent elderly or with a person with disabilities	Dependent elderly (low stratum)		2 persons 2 households	--	--	2 persons (2 households)
	Persons with disabilities (low social stratum)		2 persons 2 households	--	--	2 persons (2 households)
	Total					**21 persons (15 households)**

Note a: For the definition of middle and low strata, see Appendix.

TABLE 3.

Sociodemographic characteristics of participants in the study

Characteristics	Number of participants	
	Women	Men
Education level		
Secondary school	2	1
High school	8	4
College, University / MA / PhD	3	3
Main economic activity		
Salaried job / Sales / Provides a service	6	8
Unpaid domestic work and care, exclusively	7	0
Relationship to the head of household		
Is the head of household	4	8
Spouse	7	0
Mother / Father	1	0
Other (Daughter-in-law)	1	0
TOTAL	**13**	**8**

All men self-identified themselves as the heads of household, while only four women – predominantly single mothers – did so. Only two women declared being the head of household's daughter or daughter-in-law. All interviewed men maintained that they participate in their children's care.

II. WORDING RELATED TO SUPERVISORY CARE

What is care? Conceptualization and identification of the scope of activity

The provision of unpaid care is usually shaped by social norms governing parenthood. Over a lifetime and in the context of their upbringing, caregivers may have internalized norms according to which they have to achieve an adequate and socially desirable performance in their role of mother or father.

Care-related activities entail an important sense of responsibility to preserve life and provide protection, to ensure upbringing and education, to provide guidance and instil discipline in children, as well as to fulfil a gendered moral and social duty. In this sense, the topic of care gives rise to an affective appraisal related to filial love and attachment. This, in turn, may affect the collection of data on time devoted to active and supervisory care, since some parents may overreport the time they dedicate to these types of care in view of social desirability.[11]

> *"As a mom, you already have the instinct to look out for them. You have it all the time because you are responsible for them and you cannot stop thinking about how they are doing and what they are doing".*
> **Mother in a two-parent household, who participates in the labour market.**

> *"For me, to take care of them is to protect them, to teach them... to be independent... to [learn to] do their things, right? To feel attachment... to prepare them, right?"*
> **Mother in a two-parent household, who does not participate in the labour market.**

> *"Care is when a person cannot do something for themselves, right? Like a little child or a sick person..."*
> **Father in a two-parent household.**

> *"Providing care is like bathing him, changing his diaper, making sure that he is not dirty, washing his hands constantly, making sure that he eats well... that he sleeps enough – that is taking care of him".*
> **Single mother of a baby.**

To prompt participants to think about different care-related actives, the design of the research protocol found it necessary to explicitly clarify its scope through the following sentence: *"We are going to use the phrase providing care to name activities such as bathing another person, feeding her/him, or playing with her/him."* Interviews identified that the notion participants have of active care comprises four basic aspects:

1. the co-presence of a caregiver and care recipient
2. the directed and sustained attention on the care recipient
3. a sense of exclusive dedication (which implies not doing other simultaneous activities), and
4. a burden of responsibility related to the care recipient's dependency.

Thus, active care tends to be assumed as a type of care that implies being completely present, paying 100% attention. According to the mother of a 6-year-old, it means: *"taking care actively, for you are completely there, taking care. You are 100% there."*

Some participants did not consider selected activities – such as playing, telling a story, or going for a walk with their child – as providing active care since these activities imply a fun interaction, amusement, enjoyment and are therefore considered to be outside the sphere of care. According to this perspective, this type of care is more associated with moments or situations of deep affective connection, of socialization, or something that could be related to 'quality time' in the daily interaction between parents and children.[12] Even

11 See Damián 2014.

12 See Serrano-Pascual, Amparo, et al. 2019 and Moro-Egido 2012.

when these difficulties were present,[13] participants expressed little doubt as to what constitutes active care. Throughout the interviews, some caregivers even appropriated the term 'active care' with ease, although most of the time interviewers tried to use the phrase 'provide care' to prompt reflection and the classification of different types of care.

Caregivers were familiar also with care that does not require co-presence, directed attention, exclusive dedication and a sense of responsibility. Participants freely expressed highly varied wording to refer to supervisory care. The most frequently spontaneous designations were: 'minding' (in Spanish *estar al pendiente/estar pendiente*), 'watching over' *(vigilar)*, 'being aware of' *(estar atenta/o)*, 'taking care from a distance' *(cuidar a la distancia)*, 'observing' *(observando)*, or 'keeping an eye on' *(echar un ojo)*'.[14] One of the participants, a single mother, associated supervisory care with 'non-quality time' because she thought this type of care implies less attention and interaction than active care.

The research design foresaw several stages to determine the phrasing most commonly associated with supervisory care as it anticipated conceptual difficulty in self-identification of the meaning and characteristics of supervisory care. The first stage invited participants to freely express which wording they thought was associated with supervisory care, as follows:

> **What would you call the situation or the moments of the day when you are not interacting with (NAME), but rather remain nearby in case she/he needs immediate care, help or support?**[15]

As per active care, the prompting was deemed necessary to set the scope of supervisory care. 'Minding' (in Spanish 'estar al pendiente / estar pendiente') was the phrase that more participants associated spontaneously with supervisory care: three quarters of interviewees mentioned it as a possibility, and 10 of them offered it as their first or second option. The second-most mentioned phrase was 'being aware of' (in Spanish 'estar atenta/o', see Table 4).[16]

Since most participants proposed more than one sentence, they were asked to identify the phrase they considered most appropriate to refer to the definition of supervisory care. The phrase they chose as the most appropriate was used in the rest of the interview. The great majority chose the wording 'minding' (in Spanish, *'estar al pendiente'* or *'estar pendiente'*) as the most appropriate; three chose 'being aware of' (in Spanish, *'estar atenta/o'*), and the other four proposed diverse options: 'looking out for her' (*'viendo por él/ella'*), 'supervise' *('supervisar')*, 'accompanying' *('acompañando')*, and 'distance care' *('cuidado a distancia')*. The option chosen as the most adequate to designate supervisory care varied the most among interviewees belonging to the medium social stratum,[17] while most of the interviewees belonging to the low stratum chose 'minding'. Overall, more women than men preferred 'minding' as wording associated with supervisory care.

13 Feminist economics literature on the use of time and unpaid care work has pointed to the tendency for care work to be misidentified as leisure, resulting in an overestimation of the latter and underestimation of the former. See United Nations 2005; Kalenkoski and Foster 2008.

14 For more comparative wording associated with 'supervisory care' and translations into Spanish, see Table A.2 in the Appendix.

15 In the first interviews, this question referred to the location of the caregiver relative to the care recipient as being 'near enough'. However, due to the meaning participants gave to the adverb 'enough', it was removed.

16 The phrasing 'being aware of" also includes 'provide attention', 'attention', and 'paying attention'.

17 Out of the six participants belonging to this stratum, two women chose 'minding', one man chose 'being aware of', and the remaining three participants mentioned other, different phrasings.

TABLE 4.

Different phrasings spontaneously associated by interviewees with the definition of supervisory care

Associated phrasing	1st	2nd	3rd	4th	5th	Total
Minding *(estar al pendiente / estar pendiente)*	5	5	2	3	1	16
Providing attention *(dando atención)* /attention *(atención)* / being aware of *(estar atenta)* / paying attention *(poniendo atención)*	4	3	2			9
Observing *(observando)*	3	1				4
Their time/my time/give myself some time/free time *(su tiempo/mi tiempo/darme un poco de tiempo/tiempo libre)*	2	1				3
Being available *(estar disponible)*		1		2		3
Accompanying *(acompañando)*		1	1			2
Watching over *(vigilando)*	1		1			2
Non-quality time *(tiempo de no calidad)*	1					1
They do not get complete attention *(no reciben toda la atención)*		1				1
Looking out for her *(viendo por él/ella)*			1			1
Supervision *(supervisión)*	1					1
Being present *(estando presente)*			1			1
Care *(cuidado)*				1		1
Prepared for any situation *(preparada/o para cualquier situación)*				1		1
Assisting *(auxiliar)*	1					1
I am there in case they need me *(estoy ahí en caso de que ellas/os me necesiten)*			1			1
Time to accompany *(tiempo de compañía)*	1					1
Special care *(tiempo especial)*		1				1
Distance care *(Cuidado a distancia)*	1					1
Monitoring *(Monitoreando)*		1				1
Alert *(Alerta)*			1			1

Consonant and dissonant associations of supervisory care

Although 'minding' was the wording most associated with supervisory care, the research sought to examine the suitability of five phrasing options previously mentioned to designate supervisory care: namely, 'minding', 'being available', 'being aware of', 'accompanying', and 'watching over'. Based on participants' assessment, it was possible to distinguish between the phrasings that were consonant and conceptually consistent with supervisory care and those that were dissonant and inadequate. In what follows, consonant phrasings[18] by order of preference are presented and discussed.

Minding *('estar al pendiente' or 'estar pendiente')*

This was the best evaluated alternative. It is the phrasing that best communicates the concept of supervisory care. It is associated with situations where the care recipient can be heard and/or seen, with no need to interact with her/him. It is also associated with a directed action, such as supervising what the care recipient is doing – *'constantly checking on her/him'* – which involves a certain degree of awareness and affective willingness to prevent harm; or ensuring that the care recipient does some task: '*You have to mind that [she/he] does not make mischief or that nothing happens to [her/him], that [she/he] does not do anything harmful, while at the same time you are in the kitchen*'. Regarding this type of care, caregivers tend to be alert and ready to react, should the need arise, but may, on occasion, not be fully conscious of it: *"Although I am doing other activities, I am always minding my parents"*.

18 By consonant phrasing we refer to the phrases that participants considered were related to supervisory care.

Additional meanings of 'minding' could act as potential sources of measurement error. The wording 'minding' (in Spanish, *'estar al pendiente / estar pendiente'*) was partially associated with other meanings, such as 'being worried' (in Spanish, *'estar con el pendiente'*) or 'having pending issues' (in Spanish, *'tener pendientes'*), which do not involve care, but do denote a certain degree of apprehension, stress or anxiety. These meanings give the wording a negative emotional load: 'I worry if my wife goes out alone'.[19] Likewise, the phrase can be associated with an abstract concern about the upbringing and needs of loved ones: *'Minding my daughter to make sure she doesn't need anything, is sad or needs clothes'; 'Minding her to know what she needs at school, how she has been feeling or what kind of cartoons she likes'*. Thus, 'minding' denotes a wider concern for the care recipient's welfare and development, rather than an everyday activity of concrete supervisory care.

Some participants used 'minding' to refer to moments when there is physical distance, but caregivers want to know or are concerned about how the care recipient is doing. Thus, if they are at work, or somewhere else (shopping, for instance), 'minding' via cell phone is identified as an act of supervisory care: *'I am doing my stuff, but I do sometimes call (my mother); that is, I am minding my baby'*. Therefore, 'minding' may mean distance-monitoring via cell phone, which offers a sense of control in case of emergency.

Being aware of *('estar atenta')*

This was the second-best assessed alternative. Its meaning is perceived to be similar to 'minding' (a possible synonym), since both are related to providing assistance to the care recipient. This phrase can refer to the everyday supervisory care that allows carrying out simultaneous activities. However, 'being aware of' can be perceived as a polysemic option that does not exclusively refers to the concept of supervisory care, ('being aware of what she/he is saying', 'being aware so that she/he does not fall down'). Moreover, this phrasing does not necessarily communicate the willingness to act should the need arise, but rather a kind of permanently focused and intensive attention that would bring this phrase closer to the dedication and commitment implied in active care:

> *When you are attentive, you pay attention that something doesn't happen to the child... that he doesn't fall, that he doesn't cut himself, that he doesn't hurt other children.*
> **Father of a 6-year-old boy.**

Among these two alternatives (the best evaluated), 'minding' implies a higher involvement and disposition to action. Respondents mentioned needing to: *'keep an eye on her/him, make sure that she/he is doing what you told her/him to do'; 'whenever needed, I will be there'*. This phrasing is perceived as paying attention from a distance but being alert to some extent. Meanwhile, 'being aware of' alludes to closer attention from a shorter distance; a physical co-presence with fewer possibilities to carry out simultaneous activities and that, moreover, might require visual contact with the care recipient. The mother of a child with a disability expressed this idea as follows:

> *Minding my son allows me to do other activities... and being aware is like being more with him rather than doing other things.*
> **Female caregiver of an eight-year-old child with disabilities.**

Thus, being aware can be pushed towards the conceptual boundaries of active care. Therefore, 'minding' can be considered a more adequate option for the differential designation of supervisory care.

Being available *('estar disponible')*

This is an ambiguous option. On the one hand, it assertively communicates responsiveness and a disposition to act and assist, should the need arise – an important characteristic of supervisory care. On the other hand, however, this phrasing might communicate an unconditional and absolute on-demand availability:

> *I need to be there whenever he needs me; I don't know what you want, but I'm here for you; being there whenever he wants.*
> **Woman caregiver for elderly parents.**

19 The translation does not include the verb 'to mind' because it does not have the same additional meanings as in Spanish: 'Si mi esposa sale sola a la calle, yo me quedo con el pendiente'.

Sometimes 'being available' may refer to situations in which the phrasing might communicate an unconditional and absolute on-demand availability, thus restricting the caregiver's autonomy and liberty: *'Leave everything to go with her', or 'go running if necessary'*, *'Like everything she requires and needs, I have to give her'*, as opposed to 'minding', where the caregiver feels in control of the situation.

'Being available', therefore, does not seem to reflect the real experience of supervisory care: *'I cannot always go running when I am doing something else, but I can mind her/him, and if something relevant happens, I will go even if I am not available'*. In addition, the suggestion of an even greater loss of autonomy creates an emotional reluctance to use this phrasing, something that is clearly visible among caregivers of elderly adults: *'Being available sounds like they can use my time as they want, but no'*. One can sense a certain resentment around the lack of acknowledgement of everyday care work. Interviewees end up assuming this phrasing as a labour-related technical term (similar, for instance, to the availability that doctors must have even they are not in working hours) that can also be related to active care, since the latter implies being available for the care recipient.

However, the interviewees tended to clearly reject two of the assessed phrasings because they considered them dissonant or inconsistent with the concept of supervisory care, particularly since they undo the emotional bond: 'being on call' and 'watching over'.

Being on call (*'estar de guardia'*)

Interviewees tended to immediately reject this option because they saw implicit in it negative connotations regarding care. This phrasing communicates the permanent presence characteristic of a night watchman, a guard, or a policeman. It implies immobility and the duty to remain standing up next to the care receiver, with no possibility to carry out simultaneous activities. 'Being on call' tends to evoke a workplace instruction to meet a schedule, something unrelated to care tasks within the household. If anything, the phrase is associated with nighttime active care— *'spend a sleepless night taking care of a sick person'*—, but it does not refer to everyday care. 'Being on call' creates a sense of duty and personal sacrifice; an imposed distancing that deprives the caregiver-care recipient relationship of affectivity.

Watching over (*'vigilando'*)

A negative appraisal of the term stands out. This phrase is associated with a cold and rough care, it communicates a lack of affective involvement. It implies a state of alert and defense in the face of a possible threat, and it invokes a sense of persecution and punishment characteristic of harassment and espionage: *'Watching over is not taking your eyes off her/him, as if you were a private guard'*. Thus, the phrasing refers to supervisory care from a standpoint of disqualification and distrust. Some caregivers of people with disabilities associated the phrase with an overprotective care that does not encourage the care recipient to develop a sense of autonomy.

Supervise (*'supervisar'*)

This sixth additional alternative wording was mentioned on occasion as a spontaneous designation of supervisory care, and was distinguished from active care as follows:

> *Well, feeding him is like caring for him, while supervising him is just like keeping an eye on him, that he does things independently, but to be checking on him, that is the difference, a child must always be supervised ... To supervise means that he does things, more or less alone, and active care is that you look out for him and teach him things ... Supervision is when things run smoothly and you only have to check on him; and when you have to take care of him or care for him; that is when he needs you to be close, support him, pay attention to him.*
>
> **Father of a 6-year-old boy.**

Although this phrasing was not assessed or examined in detail, we could say that it is associated to the sphere of work and that it would therefore have the same dissonance that can be observed in 'being on call' and 'watching over'.

Semantic considerations regarding physical proximity

The definition of supervisory care adopted in this research makes explicit the condition that the caregiver is 'nearby enough'. When addressing physical

proximity in the provision of supervisory care, the concept of proximity may however be ambiguous and act as a source of error. Although the term refers to the physical closeness between two people, there is a tendency to take it to the sphere of social and affective connection, where proximity means presence, attachment, hugs, support, trust, or an emotional closeness characteristic of upbringing and loving care. Furthermore, in the context of supervisory care, the adverb 'enough' in the phrase 'near enough' appears as an unnecessary intensifier. It could communicate a kind of over-presence that refers to more active care. Its use is therefore contradictory in the sphere of supervision, which is associated with a more moderate proximity. In accordance with these findings, the word 'enough' could be removed from the question about the spontaneous designation of the phrasing for supervisory care.

This study identifies at least four registers or scales of physical proximity between caregivers and care recipients, as follows:

- **Bodily proximity:** Being side-by-side, 'very close', 'tight'. Within hand's reach to 'pull him immediately if something happens'. 'Being so close so as to grab him before he falls.' Being at a minimum distance that allows caregivers to react immediately, particularly when there are babies or small children.
- **Visual proximity:** Being in sight, a few metres away.
- **Hearing proximity:** Being in the same house, able to listen from the other room, in the garden, with doors or walls in between.
- **Virtual proximity:** Mediated by the cell phone's screen. Although there is no physical proximity, the immediacy of contact through mobile phones allows caregivers to face situations and meet their care recipient's needs.

Such different types of proximity may call for specific guidance in survey instruments. Respondents' aids could clarify the proximity, so that interviewees homogenously consider the parameters of supervisory care, such as maintaining visual or hearing proximity to the dependent household or family member. Further research will need to specifically focus on the needed proximity of caregivers of people living with a severe disability.

Despite the fact that remotely provided supervisory care did not fall under the reference concept guiding this research, the generalized use of cell phones by caregivers to maintain direct and indirect contact with care recipients became evident since the onset. The interviews highlighted ambivalence and a moral judgment underlying its different uses as a good or bad practice. This technological device has been incorporated into supervisory care in at least three ways:

1. **As a tool for entertainment and distraction.** Cartoons, videos and other digital content allows caregivers to keep babies and small children still, busy and controlled ('It helps to distract him, control him and mind him.') It also enables them to switch or change between active and supervisory care, which in turn facilitates a temporary disconnection from active care, as if the cell phone were a transitional object. However, when used by caregivers, cell phones may act as distractors, both in active and in supervisory care.
2. **As a source of information.** When caring for the elderly, a cell phone can be used to conduct some research, for example, on ailments and medications. Parents can use cell phones to support their children with homework and, during the pandemic, these devices also enabled children to access educational content and online classes.
3. **As a means of communication and interpersonal connection.** Cell phones facilitate long-distance supervision, i.e., technologically mediated supervision. They allow parents 'to mind' children when they are not in the same place, which makes the device relevant as a facilitator of remote supervisory care, especially with older children (in elementary school or teenagers). Men specifically tended to consider the time spent in phone calls from work (to know how children are doing or what they do in the afternoons) as long-distance monitoring or supervisory care. Texts, voice calls and video calls help parents ensure that children are safe and not in need of anything, although the ability to act and provide immediate help is greatly reduced. The idea of providing remote supervisory care through cell phones – mostly mentioned by women – influenced the classification of cards and the report on time devoted by participants to this type of care in the previous-day diary.

Constituting elements of supervisory care

In general, participants frequently associated supervisory care with four dynamics or conditions:

1. **Possibility to carry out simultaneous activities:** The majority of women mentioned the possibility of carrying out various activities alongside the provision of supervisory care: 'I am doing my stuff, but I am watching over them'. This condition creates the experience of 'doing two things at the same time', of 'splitting in two'. Similarly, caregivers identify strategies to keep their care recipients 'amused' so that they can do simultaneous tasks: 'I make him draw cartoons while I shower and prepare breakfast'. These real-life situations present the risk of underestimating the time dedicated to supervisory care when the caregiver only reports the primary activity and probing questions are not in place to capture not only simultaneity but also underlying responsibilities.[20]
2. **Constantly monitoring** the care recipient's situation, state and activity. This component involves a sensory activity that, at a short distance, can be sight – 'keep one's son in sight' – and, at a long distance, may emphasize hearing. In this last case, one must 'keep an ear out': 'You train your ear; when you do not hear anything, it means that they are up to something'.
3. **A willingness to act or intervene** in case of need: 'I am not entirely with her, but if she comes and asks me for something, I give it to her'; 'I am busy, but when she needs me, I am here for her'. This personal willingness involves a certain degree of alertness.
4. **A disconnection from active care**. Supervisory care may be conceived as a type of distance care that allows caregivers to have individual spaces and times, to take 'a break' from direct interaction that takes place in the sense of autonomy and freedom.

Tables 5, 6 and 7 present the results of the card classification activity. The first table (that focuses on 'supervisory care') includes situations that were classified as supervisory care by more than half of the interviewees. The second table (that centres on 'active care') presents those situations that were considered as active care by most participants. Finally, the last table comprises situations that over half of the participants did not associate with either type of care.

TABLE 5.
Situations classified by most participants as supervisory care[a]

Hypothetical situations	Providing active care	Supervisory care[b]	Neither	Does not know	Total
You are doing various household chores, and you are minding your (child/elderly/ person with disabilities) in case she/he needs anything.	1	20	0	0	21
When your child is playing, you keep an eye on her/him in case something goes wrong.	2	19	0	0	21
You are engaged in home office work; your child is playing in her/his room; and there are no other adults at home.	0	19	2	0	21
You are preparing dinner; your (child/dependent adult) is taking a nap; there is no one else at home.	3	17	1	0	21
Your daughter/son invited some friends over; she/he is playing in her/his room; you are cooking.	2	16	3	0	21
You take your child to work because there is no other adult that can stay with her/him.	7	13	1	0	21
You stay home in the afternoon to make sure the children do their homework and to be available in case they need anything.	10	11	0	0	21

Note a: Over half of the interviewees classified the described situations as supervisory care.

Note b: Using the phrase associated by respondents with supervisory care (see Section 2.1).

20 See Charmes 2021 and Rost 2018.

TABLE 6.

Situations classified by most participants as active care[a]

Hypothetical situations	Providing active care	Supervisory care[b]	Neither	Does not know	Total
You wake up your (children/ dependent adult), dress them, and give them breakfast so they can go to school, the daycare centre or the nursing home.	20	1	0		21
You are playing a board game with your child.	17	0	4		21
You are telling a story to your child before going to sleep.	16	1	4		21
You go for a run, there is no other adult at home, so you take the baby in its stroller.	15	5	1		21
You go to the movies; you choose a picture that your child can see.	14	2	5		21
You take your child to the zoo.	13	5	1	2	21
You stay home at night so your (child/elderly/person with disabilities) is not left alone.	13	8	0		21
You need to go shopping for home supplies and you take your (child/elderly/person with disabilities) with you, so that she/he is not left alone.	13	8	0		21

Note a: Over half of the interviewees classified the described situations as 'providing active care'.

Note b: Using the phrase associated by respondents with supervisory care (see Section 2.1).

Findings show a higher ease among participants to classify the different situations associated with supervisory care when described situations involved simultaneous activities, like carrying out domestic chores or home office. Situations where adults devoted time to supervisory care in order not to leave the care recipient alone (or to make sure children did their homework), tended to be associated with active care by a large proportion of respondents (see Tables 5 and 6).

It is worth emphasizing that situations that got the higher percentage of answers associated to supervisory care were those that included the word 'minding' (20 out of 21). Including the words or phrases 'minding' in the question aimed at measuring supervisory care in time-use surveys would likely help caregivers consider the time they are available to provide help when needed.

Although interviewees identified active care clearly, some of them classified situations like taking the children to the movies or to the zoo as leisure time (see Table 6). In the interview, some respondents associated these situations with time for socializing and being together, moments that involve parents showing affection:

> **Interviewer: You go to the movies; you choose a picture that your child can see. How would you classify this?**
>
> **Interviewee:** *That is more like being together, rather than providing care, so it would be neither of the two types of care.*
> **Father of a 4 month-old minor.**

Curiously enough, situations that were not expected to be counted as time dedicated to care (neither active nor supervisory), such as dining with a neighbour or working at the office while the care recipient is home alone, were considered as supervisory care by some participants, who thought they might, as mentioned, 'mind' their care recipients via cell phone (5 and 8 out of all participants, respectively, noted this, see Table 7).

TABLE 7.

Situations classified by most participants as being neither active nor supervisory care[a]

Hypothetical situation	Providing active care	Supervisory care[b]	Neither	Does not know	Total
Your child / elderly / or person with disabilities is watching TV; you are sleeping in the next room.	0	5	16	0	21
You are at your neighbor's house for dinner in the evening, your (child / elderly / or dependent person) is sleeping at home, your partner or any other adult household members are still at work.	0	5	15	1	21
You are sleeping, there are no other adults at home, and your child is watching TV in the living room.	0	5	15	1	21
You are working at the office; your (child / elderly / or person with disabilities) is sick and home alone.	0	8	13	0	21
You take your (child or elderly/person with disabilities) to a party, then you go shopping.	0	9	11	0	21

Note a: Over half of the interviewees considered that none of the described situations correspond to active or supervisory care.

Note b: Using the phrase associated by respondents with supervisory care (see Section 2.1).

Most participants did not consider their sleeping time as part of active or supervisory care, with the exception of a few cases who considered it time during which they are 'on call'. Overall, the hours of nightly sleep were not considered by most interviewees in their estimates of supervisory time. Sleeping at night was considered to imply a total loss of control and consciousness in which 'you let go.' *'When you are sleeping you cannot mind or care for anybody; you are just asleep and lost in your dreams'*; *'You lose knowledge of everything, you die.'* There is an underlying claim to a natural right to rest, a physiological reward that allows oneself to recover and carry on with care tasks, which require energy and effort. This consideration tends to include daytime sleep (naps). For some interviewees, sleeping while performing supervisory care entails a certain social penalty, especially when care recipients are babies or small children. Only a few women and a smaller number of men included daytime sleeping in their estimation, arguing that maternal (paternal) instinct allows for light sleep (dozing) without completely losing consciousness. *'You are aware because you know they are going to wake up and need you.'* By contrast, the hours of daytime sleep of children (babies and small children) and elderly adults are considered in the estimates.

Some of the gender-related differences that emerged during the cards activity illustrated that women tended to identify the types of care more easily than men, and that more men than women associated leisure activities, such as taking children to the zoo, with socializing. A larger percentage of women tended to classify situations with no physical proximity as supervisory care because they assumed 'minding' can be done via cell phone; however, this type of minding does not represent a real time constraint for caregivers, and they cannot provide immediate help, since they are not physically close enough to the care recipient. In general, interviewees from a lower socioeconomic stratum tended to classify active and supervisory care situations better. However, the small number of participants and the qualitative nature of the research did not allow researchers to clearly establish if differences result from socioeconomic characteristics.

III. DAILY CARE DYNAMICS

Everyday care dynamics, by household type

Dynamics between active and supervisory care heavily depends on children's age, the degree of dependency of a person living with disabilities and/or elderly person, household type, and the intensity with which traditional gender roles are internalized. Despite the variety of models for the social organization of care at the household level, this research highlights a gendered allocation of specific care tasks, with men more likely to carry out more recreational care activities, such as playing with children.

In dual-parent households, particularly where women do not participate in the labour market, the everyday organization of care shows a marked difference between workdays (Monday to Friday) and weekends (usually Saturday and Sunday). During workdays, women carry the main burden of childcare. This leads to a higher number of hours available to be counted as unpaid care work, more activities and more transitions from one activity to another, all of which makes the calculation and identification of time devoted to active and supervisory care – and their differentiation – more complex. The father, who is absent during the day, may participate in active and supervisory care at night.

During weekends, the greater involvement of men stands out, with men assuming a momentary or situational responsibility for their children's care (playing with them, bathing them, taking them to the park). Thus, a kind of passing of the torch is somehow put into motion that allows women to temporarily disconnect from care tasks; a relative break that is frequently filled by women's domestic workload. Meanwhile, during weekends, family activities (eating out, going for a walk, shopping) are perceived as leisure time that allows caregivers to simultaneously take care of children. Therefore, supervisory care during weekends and evenings can be shared with men, thus generating a sense of co-involvement and a greater gender balance: 'We both take care of them together', while also perceived as leisure time.

In some dual-parent households, women have to urge men to assume the situational responsibility of taking care of their children: *'I have to take care that my husband fulfils his tasks as a father; that is, I mind him so that he takes care of [our son]'*. This dynamic implies a kind of supervision over masculine care. Men sometimes take control and assume responsibility for their children as a concession to women, as a way to give them space for rest or leisure. 'I know that she is here with the girl all week, so I tell her, if you want me to, I will lend you a hand so that you can do something.' Thus, men take occasional or sporadic care of their children while women go to the gym or out with friends.

In dual-parent households, where care responsibilities are more balanced, women and men can take turns doing household chores and taking care of the children, thus assuming a shared care scheme. However, even in more progressive couples, where negotiating the everyday responsibility of care is possible, men's work commitments tend to be prioritized, as well as their career-development-related activities.

> *I am the one in charge of feeding the child, also of knowing what is needed at home, what needs buying, of ordering groceries or remembering to buy groceries [...] I have to do more administrative tasks, household chores, food, etc.; and he is only in charge of economic tasks, because we really work the same amount of time.*
>
> **Woman who participates in the labour market and has a 6-year-old minor.**

Time dedicated to supervisory care during weekdays may diminish due to the need to generate income. This leads to children being left alone when they are considered 'independent' (as in a case in which a 9-year-old girl was left alone during her parents' working hours – that is, 8 hours plus commutes). However, time devoted to supervisory care may increase in households where the caregiver works from a home office.

As is the case of single mothers, women who belong to dual-parent households and hold paid jobs claim they can do so because they rely on support networks made up by grandmothers, mothers-in-law and sisters.[21] Therefore, time reported as dedicated to supervisory care is usually low in comparison with women who are dedicated exclusively to their homes and to caregiving.

Among men in dual-parent households, care time increases considerably on weekends, particularly time devoted to active care. On the other hand, supervisory care decreases, at least to some extent. Also, men who work from home, either in two-parent or single-parent households, consider their working hours to be supervisory care time.

In single-parent households, it is possible to observe two supervisory care arrangements:

- **Single mothers or fathers as sole guardians** of their children's care, although grandparents can occasionally be in charge, if necessary.
- **In multi-generational households where the single mother/father lives with her/his parents**, it is mainly the grandmother who is co-responsible for care and can provide supervisory care in substitution of the main caregiver. Single mothers and fathers can rely on the help of relatives living in the same dwelling (this happens more in the lower socioeconomic stratum). A single father's mother and sister, for instance, all living in the same dwelling unit, can provide supervisory care to the female child, if it is required. This involves reciprocal, alternate support: 'When I have to go out, they [sister and mother] keep an eye on her, and if my sister needs help, I keep an eye on my mother and niece'.

The responsibility of caring for elderly adults tends to fall on a woman in the household or a woman of the family, while men may be excused because of their paid work activities, as well as imposed social gender norms in terms of care. Taking care of parents can be experienced as a family commitment that is assumed when faced with a responsibility void among siblings: *'... everyone passed the buck, so I decided to do it myself'*. This decision, that has important implications on the caregiver's lifestyle, meets the sense of honour and duty, and releases the caregiver from guilt: *'If, God forbid, she dies tomorrow, I did my duty'*.

Regarding persons with disabilities, it is mothers who, mainly and almost solely, assume the role of caregiver for children with different needs. Although on occasion husbands, brothers or grandmothers can offer surrogate care when strictly necessary, mothers take on the general responsibility of the care recipients. In the case of women caregivers who take care of people with disabilities and/or elderly adults, the time devoted to supervisory care is linked to the degree of dependency of the care recipients or to their ability to perform certain activities autonomously.

In general, during weekends family life intensifies and care responsibilities may be slightly blurred when husbands or other relatives participate; this in turn reduces the time devoted to supervisory care. At the same time, the variety of activities makes it more difficult to count the time dedicated to this type of care. Quite the opposite occurs with single parents, as well as mothers in dual-parent households who hold paid jobs, since the time dedicated to active and supervisory care tends to increase on weekends.

Supervisory care in dual-parent households

A main objective of this research was to delve into how the time dedicated to care, particularly supervisory care, is reported by couples in dual-parent households. In what follows, Tables 8, 9 and 10 illustrate three examples, with the first column presenting activities reported by women, regrouped by general categories, and the second column describing activities in some detail by time slots. Similarly, the third and fourth columns describe the activities reported by the men, first in detail, then in general. The moments reported by either of the parents as devoted to supervisory care are highlighted in blue, while the overlaps in the time devoted by them to active care are highlighted in brown. The first couple, Celia and Roberto, parents of Juan, a six-year-old,,[22] reported the activities they carried out during a workday. Celia does not participate in the labor market and Roberto is almost never at home during workdays. Table 8 shows supervisory care, as

21 Likewise, the interviewed single mothers pointed out that, in order to care for their children, they need flexible work hours or part-time jobs, many times of informal nature (food stalls, for example) as well as family support to fulfill their role as providers and caregivers.

22 Pseudonyms apply.

distinct from active care, was only reported by Celia. The time she reported as having dedicated to supervisory care was very early in the morning and late at night, since most of the time that she spent with her son was dedicated to carrying out activities related to active care. In the afternoon, the child was under the care of his grandmother. This indicates that members of another household helped the couple to look after their child. It should be noted that there were some overlaps in the time reported as dedicated to active care in the evening; however, in general there were few overlaps in the time dedicated by the couple to active or supervisory care.

The second couple, Sandra and Jorge are parents of Louis, a six-year-old whom they homeschool; in addition, they both have a paid job and work from home. This is one example where the pandemic-related changes in the organization of everyday activities and care are more evident. Even though both parents contribute monetarily to the household, the provision of care for the child and domestic chores continue to be organized according to quite a traditional scheme. Sandra declares that she is *'the one in charge of feeding the child, also of knowing what is needed at home, what needs buying, of ordering groceries or remembering to buy groceries'.*

TABLE 8.

Time-use report on a workday of a two-parent household in which the woman does not participate in the labour market: Monday

Hr	Celia		Roberto	
	Activities	Details	Details	Activities
5			He got up at 5:30 am	
6	She got up at 7 am		He took a shower, had breakfast and went to his office at 6:30.	Personal care, travelling to work
7	Active care, supervisory care, personal care	Her son watched TV while she took a shower. She prepared and gave him breakfast, and took him to school at 7:30	He arrived at work at 7:30.	Travelling, paid work
8	Domestic work	She returned home at 8:30, and did domestic work	He was at work.	Paid work
9				
10	Sports	She went to the gym		
11			He had breakfast.	Personal care
12			He was at work.	Paid work
13	Personal care, travel associated with active care	She took a shower and picked up her son		
14	Active care	She went to the park with her son		
15	Active care	They returned home and ate lunch.		
16	Domestic work, leisure	Her child went with her grandmother to collect rents.	He had lunch.	Personal care
17			He was at work.	Paid work
18		She did some domestic work and watched TV.	He returned home.	Travelling from work
19	Active care, domestic work	Her son returned at 19:00. She helped him with his homework, prepared and gave him dinner. She put him to bed.	He played with his son while his wife prepared dinner.	Active care
20				
21	Domestic work	She attended her husband.	He did some home office, and then went to sleep at 23:00.	Paid work, personal care
22	Other activities, supervisory care	She had an argument with her husband until 2:00 am. She minded her son because the boy talks while he's asleep.		
23				

TABLE 9.

Time-use report on a workday of a two-parent household in which both parents have a paid job and are still working from home: Monday.

Hr	Sandra		Jorge		
	Activities	Details	Details	Activities	
	She got up at 8		He got up at 8		
8	Domestic work, personal care, and active care	Prepared and gave breakfast to her child.	Helped to make breakfast, then he started working.	Domestic work, personal care, and paid work	
9	Paid work, supervisory care	Her child was next to her while she worked.	He worked and minded his son at the same time (he paid attention to what his son needed, like water, food, etc.).	Paid work, supervisory care	
10					
11	Active, supervisory care and paid work	She switched between her paid work / active work (helped her kid with his homework) and supervisory care (she minded her son in case he needed water, food, etc.).			
12					
13					
14	Active care, personal care	They went out to eat from 14:30-15:30.		Active care, personal care	
15					
16	Paid work, supervisory care	Her child was next to her while she continued working.	He continued working.	Paid work	
17					
18	Paid work	She continued working.	At 5:45 he took his son to karate lessons.	Active care	
19	Active care and shopping	She went out with her son to buy some food for dinner.	He returned home with his son and continued working.	Paid work	
20	Active care, personal care	They had dinner.		Personal care	
21	Active care and leisure	She and her son watched a movie.	He played Nintendo with his son.		Active care and 22 leisure
22		She and her son went to sleep at 22:00.	His son went to sleep at 22:30.		
23			He played on the computer and then sent work emails.		Leisure and paid work

As Table 9 shows, the reported care time, both active and supervisory, shows overlaps.

The overlap for supervisory care occurs in the first part of the day. Both parents declared that, while carrying out work-related activities between 10 am and 2 pm, they were also providing supervisory care. Sandra said: *'[while I work] I mind my son [...], the son is obviously a child, mother I am thirsty, mother I am hungry, sometimes you give him some fruit ...'*. For the same time slot, Jorge also declared having 'minded the minor', and said: *'I, for instance, told him to pick up his toys and kept asking him 'have you cleaned up?' Or he suddenly came and told me, papa I am thirsty, and I poured him a glass of water...'*.

Later, the whole family went out to eat and both parents reported this time as active care. They reported this as active care since they consider the street a dangerous place. Sandra explicitly stated the idea – common among the participants – that the presence of both parents is experienced as shared care time. Thus, according to Sandra, when the three of them ate out, caring for her son *'is more relaxed [...] because we share the responsibility, but we have to take a lot of care anyway'*. As a result, both parents declared to have provided active care. While both members of the couple declared being able to disconnect from care for a few moments during the day, these moments are rare. Besides, in the late afternoon, when both parents are off work, they also reported simultaneous active care time.

This couple's experience reveals that carrying out paid activities at home complicates the establishment of clear limits between the time dedicated to work and care. It also lays bare the fact that, since no schedule determines who is in charge of the child, both parents assume – according to the interview – that they are 'minding', 'being aware of' or 'taking care of' their son. This also illustrates the key role that contextual variables (such as 'with whom') may play in improving data on care and more specifically, supervisory care.

Dora and Salvador (Table 10) provide the last example of a care-time report in couples. Dora's main economic activity is the provision of unpaid domestic work and care, while Salvador refurbishes houses and apartments, and has a stand in a street market on Saturdays. He therefore does not usually spend much time at home.

TABLE 10.

Time-use report on a day off of a two-parent household in which the woman does not participate in the labour market.

Hr	Dora		Salvador	
	Activities	Details	Details	Activities
8	Supervisory care, leisure	She got up at 8 and watched a movie while her son was still sleeping.		
9			He got up at 9:30	
10	Domestic work, active-supervisory care, personal care	She prepared breakfast, and ate it with her son and husband.	He prepared breakfast with his wife and ate it with her and their son.	Domestic work, personal care, supervisory care
11	Domestic work, supervisory care	She did some domestic work.	He ironed some clothes.	Domestic work
12	Personal care	She took a shower.	He took a shower and then helped his son bathe.	Personal care, active care
13	Shopping, supervisory care	They went to the market with their son to buy him clothes.	They went to the market with their son to buy him clothes.	Shopping, active care
14				
15	Domestic work	She cooked lunch, while her husband helped their son do his homework.		
16	Active care, supervisory care, personal care	They had lunch.	He helped his wife cook lunch, and then they had lunch.	Domestic work, supervisory care, personal care
17	Leisure, supervisory care	They watched a movie.	They watched a movie.	Leisure, active care
19			They went out to buy dessert.	Active care, personal care
20	Active care	She prepared the things for her son to go to school the next day.	They continued watching the movie.	Leisure, active care
21	Supervisory care	She rested while her son watched a movie in bed.	The three of them had dinner.	Personal care
22			His son watched a movie in bed.	Supervisory care
23			He talked with his wife until 23:30.	Socialize

Dora and Salvador are parents to a 6-year-old child, who at the time of the interview had partially returned to face-to-face classes at school. This couple was asked to report on a day off, so that the collected information refers to activities carried out one Sunday before the interview. Both parents reported having gone to the market with their son, after which they ate at home, and watched a movie together in the evening. The time reported as dedicated to supervisory care by this couple also overlaps (see Table 10). However, there was more clarity about who provided active care and when since this type of care presented few overlaps. This is probably because the father is not at home during weekdays and assumes part of the responsibility for the care of his child during weekends. He can therefore identify and report these care tasks more clearly: helping his son bathe or helping him with his homework, for instance. But, again, leisure activities are assumed by both parents as supervisory care time and, for this reason, their time reports overlap.

In this couple's case, the overlaps occurred when one of them reported active and the other one supervisory care; for example, while the whole family was at the market, the woman reported minding her son, although she recognized in the interview that her husband was taking care of the child (active care) while she was buying their groceries.

These three examples show the overlapping of both active and supervisory care times when both parents are present, since there is no clarity as to who is responsible for the child or care recipient at that time.

IV. REPORTING SUPERVISORY CARE IN TIME-USE MEASUREMENT

The use of time-use diaries and stylized retrospective questions

The administration of a time-use diary aimed to explore the extent to which people spontaneously (or not) report the time dedicated to supervisory care, as well as any difficulties in distinguishing between supervisory and active care. On the other hand, the administration of stylized retrospective questions sought to identify the problems faced by interviewees when calculating the total time devoted to supervisory care during the reference week, and whether they were able to distinguish the time devoted to active care from that dedicated to supervisory care.

The information gathered through the time-use diary and stylized retrospective questions illustrate the differences in the time reported by participants as dedicated to active and supervisory care. After having filled out the time-use diary, the 21 participants were asked, through a stylized question, about the time that they allocated to supervisory care from Monday to Friday and from Saturday to Sunday. It is worth mentioning that in no case can the average number of hours reported in Tables 9 and 10 be taken as precise or representative, since only 21 purposely selected people were interviewed. In addition, it should be noted that only the waking time was reported, since the time-use diary did not ask about the hours of sleep. Taking this into account, the average waking time fell within an acceptable range: 15.6 hours.

The number of hours captured as supervisory care time by using the time-use diary was consistently higher (an average of 6.9 hours; see Table 11) than the number of hours captured by using the stylized question (an average of 5.5 hours; see Table 12). Among other reasons, this results from including in the diary a probing question aimed at inquiring if, aside from the reported activities, the interviewees had 'minded' the care recipient. During the interview, participants tended to answer this question saying they had indeed provided supervisory care, particularly in those moments when the care recipient was within proximity of the caregiver (for example, women performing domestic chores while their children played in the next room, or parents working from home on weekdays):

> *When I prepare food, if I am in the kitchen, I always hear my daughter or watch what she is doing from afar.*
> **Mother of a woman with disabilities.**

In these circumstances, caregivers are alert – although on occasion they may not be fully conscious of it – so that they are ready to provide care if the care recipient requires it:

> *Even when we are watching TV or lying down, we are relaxed. Anyway, we are minding my parents in case they need something.*
> **Woman caregiver of her parents.**

Nevertheless, when it comes to the time availability restrictions that this imposes (not being able to take a job outside the home, for example), this is more evident for people who are the sole responsible caregivers and only receive occasional support. It is usually women who find themselves in this situation.

Most participants found it difficult to provide an estimate of supervisory care time through stylized retrospective questions. For the most part, their measurement was based on the image of what constitutes a 'regular or normal' workday or day off. For instance, some women considered the time devoted to household chores when children were at home (four daily hours on weekdays, for example) as supervisory care, and then they multiplied it by five to estimate the time dedicated to this type of care from Monday to Friday.

Taking the above into consideration, the average number of hours reported as supervisory care time was higher for weekends when using the diary: 7.2 hours (8 participants; see Table 11) and 5.1 using the stylized question (applied to the whole sample, 21 persons; see Table 12). This difference decreases for workdays: 6.7 hours with the diary (using data for 13 cases) and 5.6 hours with the stylized question. Regarding the characteristics that care organization acquired during the pandemic, the diary illustrates that some parents working for pay from home reported their working hours as time devoted to supervisory care, since minors had not yet returned to face-to-face activities at school or had done so with reduced schedules.

Through the application of the diary, the number of hours reported as supervisory care was greater among men (8.2), than among women (6.1, see Table 11). This situation occurred, on the one hand, due to the high number of hours reported by those men who worked from home and, on the other hand, because half of them reported on activities carried out on a day off, and all of them stated that they were 'minding' their children during a considerable part of the day. With the stylized question, it was women – particularly those not holding a paid job – who reported a greater number of hours devoted to supervisory care (see Table 12). The high number of hours reported as devoted to supervisory care by men on weekends has its counterpart in the relatively scarce time reported for this type of care by women with no paid job in two-parent households with children, most of whom were also interviewed on weekends. They declared to have spent less time on this type of care due to men participating more and to spending these days visiting grandparents or relatives.

TABLE 11.

Time (in hours) spent in supervisory and active care, by population groups (hours reported in a day)[a]

Category (observations)		Supervisory care[b]	Active care	None	Total[c]
All participants (21)		6.9	4.9	3.8	15.6
Reported day	Workday (13)	6.7	5.4	3.2	15.4
	Rest day (8)	7.2	2.8	3.7	14.8
Social stratum	C, medium (6)	5.0	5.0	6.0	16.0
	D, low (15)	7.6	4.8	2.9	15.4
Sex	Women (13)	6.1	5.4	3.8	15.3
	Holding a job	6.2	5.8	3.5	15.4
	Not holding a job	6.0	5.2	4.2	15.3
	Men (8)	8.2	3.9	3.8	15.9
According to age and situation of care recipients	Less than 2 years old (5)	8.1	5.1	3.0	16.3
	Between 6 and 13 years old (13)	6.4	4.9	4.2	15.5
	Elderly adult (2)	8.0	2.6	4.4	15.0
	Person with disabilities (2)	4.9	8.6	2.5	16.0
Parents in:	Two-parent households	6.5	4.5	4.3	15.4
	Women (6)	5.4	4.8	5.0	15.2
	Men (6)	7.7	4.2	3.7	15.5
	One-parent households	8.1	5.1	2.9	16.1
	Women (3)	6.8	6.4	2.1	15.3
	Men (2)	9.9	3.2	4.1	17.1

Note a: Non-representative information; the number of cases is reported in brackets.

Note b: Does not include the time reported as 'minding' via cell phone.

Note c: The time-use diary did not ask about the number of sleep hours. In this regard, the total waking time reported nevertheless falls broadly within acceptable margins: 15.6 hours.

Another difference noticeable in Table 11 is the one between social strata. The medium stratum shows a lower average of time devoted to supervisory care (5 hours), while the low stratum reports 7.6 hours. However, this may be attributed to the first stratum comprising only caregivers of minors between 6 and 13 years of age, while participants from the low stratum included caregivers of all types. When applying the stylized question, differences virtually disappeared (5.8 and 5.4 hours for medium and low strata respectively, see Table 12).

TABLE 12.

Average number of hours reported by respondents as dedicated to supervisory care through the stylized question for the previous week (Monday to Friday, and Saturday to Sunday)[a]

Category		Average				
		From Monday to Friday		Saturday to Sunday		Estimated daily average
Total		Total	By day	Total	By day	
Social stratum	Medium (C)	29.2	5.8	11.2	5.7	5.8
	Low (D)	26.8	5.4	9.9	5.3	5.4
Sex	Women	30.9	6.2	9.8	5.8	6.1
	Not holding a job	36.9	7.4	9.3	4.6	6.6
	Holding a job	24.0	4.8	10.5	5.3	4.9
	Men	21.8	4.4	10.9	5.4	4.7
According to age and situation of care recipients	2 years old and younger	17.1	3.4	8.4	4.2	3.6
	6 to 13 years old	28.4	5.7	11.1	5.5	5.6
	Persons with disabilities	30.0	6.0	8.0	4.0	5.4
	Elderly adults	45.0	9.0	12.0	6.0	8.1
Parents in	One-parent households	33.0	6.6	14.0	7.0	6.7
	Two-parent households	21.8	4.4	8.8	4.4	4.4

Note a: Non-representative information, number of cases: 21.

Based on these results and on the experiences reported by participants during the cognitive testing, the researchers consider that the time-use diary provides a finer approach to the everyday reality experienced by caregivers, since the calculation for the whole week is susceptible to a greater margin of error. According to most participants, it was more difficult to report the time devoted to supervisory care when they were asked to calculate it over a whole week. The previous-day diary holds some advantages over the stylized question, since it enables interviewees to more easily recall the performed activities and how they solved the demands of care, whereas with the stylized question they tend to rationalize and may underestimate the time devoted to supervisory care and, therefore also underestimate the restrictions imposed on time availability for caregivers. In this regard, one of interviewees stated:

It was difficult (to calculate for the whole week), because not every day is the same... being able to give you the (number of) hours... was very difficult for me.

Daily itineraries captured through the time-use diary

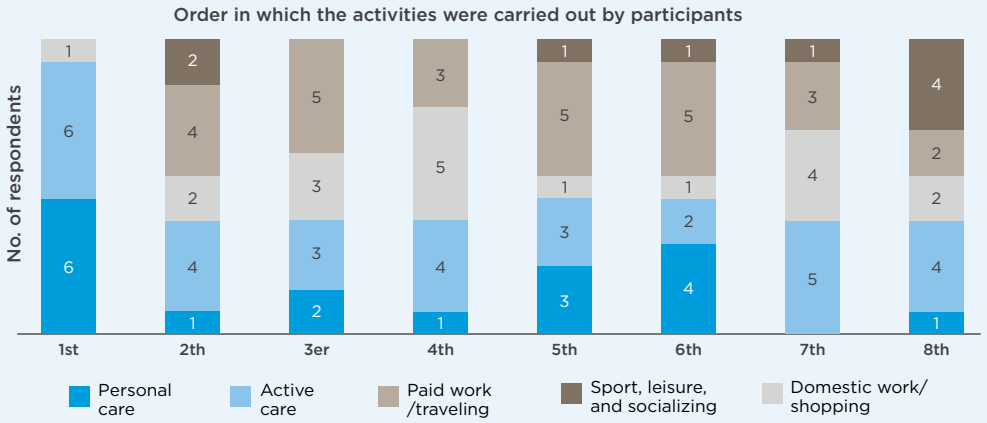
The time-use diaries allowed itineraries to be traced or to establish how interviewees carry out their different activities throughout the day.[23] Four charts below illustrate the order in which participants carried out specific activities throughout one day, such as personal care, domestic work, caring for others, etc. Chart 1 includes the information reported for a workday in the time-use diary by 13 participants, of which seven were women. The first column represents the first activity reported by the 13 respondents, the second column represents the second activity, and so on, up to the eighth and last activity.[24]

23 Charted activities refer to activity groups, such as "personal care", which includes showering, eating, resting, sleeping, etc. (see Appendix on pre-coded activities).

24 Researchers only used eight activities because the charts only have an illustrative character.

FIGURE 1.

Itinerary of activities carried out by respondents on a workday[a]



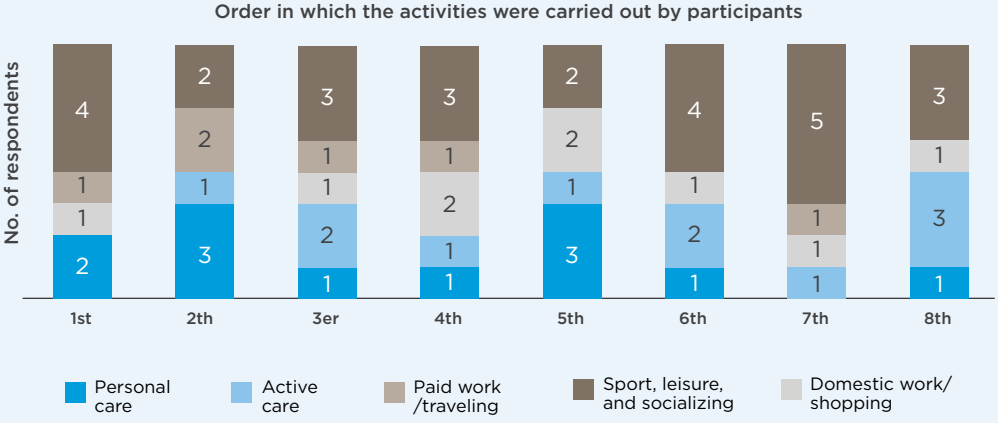
Note a: Number of participants interviewed with previous-day diaries for a workday: 13.

This figure shows that the predominant activities at the beginning of the itinerary for a workday are personal care (higher for men), and at-home active care, which is usually provided by women. To a lesser extent, we find domestic-work-related activities, also mainly carried out by women, and mostly related to food preparation. As daily activities unfold, an increase can be observed in time spent on commuting and paid work, and unpaid domestic work, as well as a decrease in the time dedicated to active care, especially because children are focused on educational activities (online or at school). The burden of care intensifies towards the end of the day, as do leisure, socializing and sports-related activities. In this case, activities such as watching TV and using a cell phone or a computer predominate.

Figure 2 includes information regarding activities carried out by eight participants on the weekend, half of them women, and all of them belonging to dual-parent households. Care activities on weekends unfold more placidly; leisure is prioritized, and usually all household members participate, including the care recipients. Thus, the predominating activities on a day off are related to personal care, and sports, leisure and socializing.

FIGURE 2

Itinerary of activities carried out by respondents on a day off (Absolute values)[a]



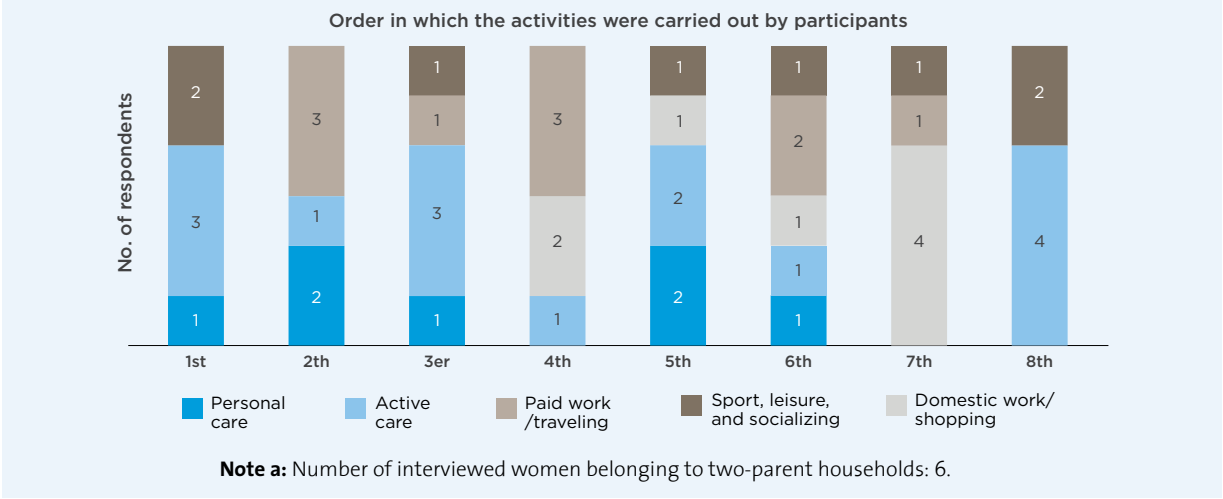
Note a: Number of participants interviewed with previous-day diaries for a day off: 8..

The care of others appears as participants' second or third activity. Nonetheless, it is important to mention that, in the time-use diaries, participants very frequently reported some activities that are usually classified as care time (e.g., taking children to the park) as socializing or leisure time. Figure 2 also shows that, although unpaid domestic work and shopping are activities generally carried out during weekends, sports, leisure and socializing are undoubtedly the main activities. Some participants reported having done paid work, generally associated with informal jobs (construction and selling in street markets). However, the time dedicated to these activities was partial and most of the remaining time was reported as spent with the family.

Figures 3 and 4 show gender differences in the itineraries of dual-parent households (six in each chart). As can be observed, the itineraries are remarkably different. Although data combine workdays and days off, women's reports tend to start with active care and, to a lesser extent, personal care. Then, as the day unfolds, domestic and paid work take on importance. Finally, the daily itinerary tends to end with active care.

FIGURE 3.

Itinerary of activities of women in two-parent households (Absolute values)[a]

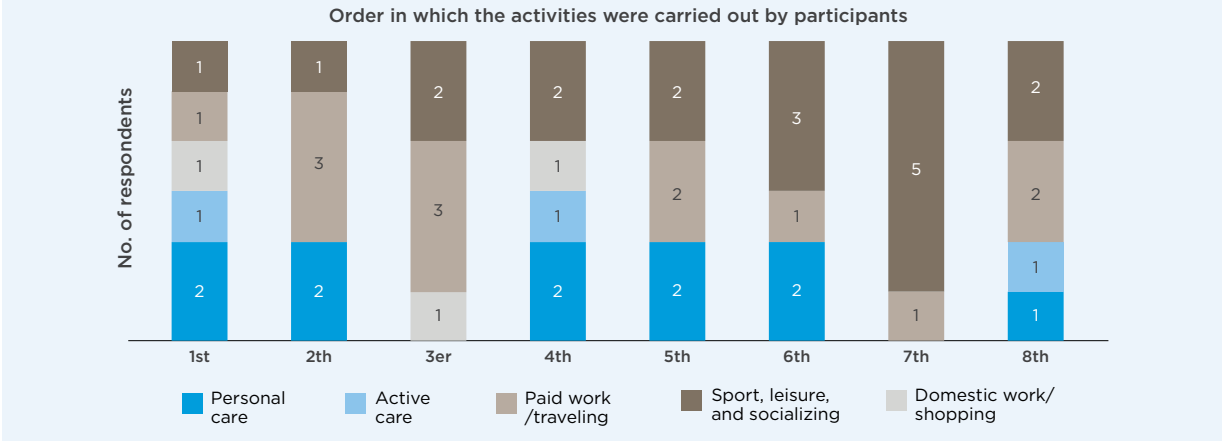


Note a: Number of interviewed women belonging to two-parent households: 6.

Few women declared carrying out any sports, leisure or socializing activities. On the contrary, sports activities (attending football games on weekends or going for a run on weekdays) figure predominantly in men's itineraries, as does paid work. Active care is very rarely reported among men, although on occasion they declare taking their children to their sports activities (such as football). The absence of domestic work activities among men is evident, even when the interviewees are young.

FIGURE 4.

Itinerary of activities of men in two-parent households (Absolute values)[a]



Note a: Number of interviewed men belonging to two-parent households: 6.

V. LESSONS LEARNED, CONCLUSION AND RECOMMENDATIONS

Lessons learned

Cognitive aspects and day-to-day experiences influence the reporting of supervisory care. First, a conceptual void on supervisory care is at play. While the conceptual refinement of definitions of unpaid care work lays the groundwork for improving its accuracy, respondents' scarce understanding of the difference between active and supervisory care goes hand-in-hand with a lack of conceptual clarity.

One single mother stated:

> *Well, between providing care and minding someone, I don't know what to answer, because I say to myself it is like always being alert, you are always concerned ('al pendiente') about whether they need something.*

Another mother stated:

> *I think I had never thought about how long you are really totally caring for your kid, or you are just minding her... it confused me.*

This may result in an impulse to include all hours in a single care-account carried out 24 hours a day: a 24/7 job. This impulse responds to cognitive resistance from the conceptual ambiguity concerning different types of care. In most cases, the task of counting only supervisory care time required clarification:

> *If we had not seen the difference, well, I would have told you that I was minding [them] 24 hours a day, but knowing it is not the same to provide care and to mind, I can estimate based on that how many hours am I minding and how many hours am I providing care.*

Caregivers identified and reported time dedicated to supervisory care with more ease when they were able to establish a previous conceptual distinction. A key factor to improve accuracy when a person counts time she/he has minded someone lies in the conceptual clarity preceding identification and time estimation. When participants were asked whether they found anything difficult to answer, the mother of a 6-year-old said:

> *Yes, the difference between minding someone and active care was a bit tricky, because for me they were almost the same; rather, they were the same.*
>
> *Interviewer: And now?*
>
> *No, because I now understand the difference perfectly.*

The time-use instrument employed in this research included a reinforcement question in order to capture supervisory care. This instrument was applied in two different ways. In the first, a free report on time use was allowed, starting with the first of three segments in which the day was divided.[25] Participants were then asked to list their activities starting from the moment they woke up to better anchor their memory. When finalizing their account for each segment, they reviewed the listed activities and were asked if at those moments: 1) they were providing care (active care); 2) they were minding another person (or the alternative phrasing to denote supervisory care); or 3) none of these. The second approach was to ask after the participants had listed each activity if, at those moments, they were providing some sort of care. This procedure was a bit more tedious, but the former caused some

25 The segments encompassed: 1) from the moment the person gets up until 2 pm; 2) from 2 pm to 10 pm; and 3) from 10 pm to the moment the person goes to bed.

confusion because during the process caregivers recalled other unreported activities. No attempts were made to report the minding a care recipient as an activity in itself, even though the interview focused on this type of care. Moreover, in this study, participants generally recalled having performed supervisory care tasks only when the probing question was applied.[26]

Difficulties increased when participants had to calculate the supervisory care time with reference to the previous week:

> *I think it is easier to remember the day before because it is more recent, but to calculate the hours of the previous week... there, the difficulty does increase.*

In the context of stylized retrospective questions on supervisory care, participants resorted to some strategies that facilitated the counting of hours. For example, women in two-parent households considered the time spent by children at home, after school, and the time devoted to domestic chores (for example, 4 daily hours on weekdays), as supervisory care and they multiplied it by 5 to estimate the time dedicated to this type of care from Monday to Friday. Similarly, women and men in lockdown situations considered remote work (for example, if they worked from home for 8 hours on weekdays) as time devoted to supervisory care if their children were also at home. Overall, it was easier to establish strategies to facilitate the calculation for those who had pre-established routines (for example, going to work at a fixed hour). Thus, single parents and participants with jobs outside their homes contemplated their workday established routines for calculation (e.g., opening shop for 5 hours a day) and reported that time as supervisory care when children are around. Women caregivers of elderly adults first calculated time devoted to active care (feeding, helping the care recipient to get up, administering medication), then estimated as supervisory care time the remaining waking time.

Secondly, a constant switching mechanism, that is, a constant transfer from active to supervisory care is at play throughout the day. For example, a woman with adult care responsibilities stated:

> *I take my mom to the bathroom and then back to her room and then I go to the kitchen. I do not say 'oh I have just taken care of my mom', no... Same with my dad, 'hey dad, did you already take the medicine?' I do not say 'oh I just provided him with care,' right?... Knowing exactly how many hours a day you are minding someone is very difficult because days are never the same.*

Another common scenario is a mother reporting that she devotes time to active care (bathing and dressing a young child), and when performing domestic chores, she has the child watch television, thus entering into supervisory care mode. This transfer between types of care prevails throughout the day, whether through a brief, sudden switch, or through switches after prolonged periods of time. These variations in different types of care activities have a fluctuating duration and intensity and become more complex when caring for more than one person (two children, two elderly adults, a child and an elderly adult, a child and another child with a disability.) Moreover, the switch from one care task to another may be imperceptible and not necessarily conscious, since care tasks may be performed automatically:

> *'It is very complicated to know exactly how many hours a day you are minding others. I do not keep it in mind.'*

The intermingled experience of care and everyday life – *'I totally include her in everything we do together... all my activities I do with her'* (elderly adult caregiver) – along with the permanent switching from active to supervisory care, and the inclusion of care recipients in everyday activities, forces caregivers to consider scattered moments and situations throughout the day when measuring time. Caregivers may proceed naturally and instinctively, so that care becomes automatic and other everyday activities take precedence. It also entails a limited awareness of the time dedicated to different caregiving activities:

> *I really do not say I am minding my parents, as 'oh! I have been minding for an hour'; I already do it by instinct.*

Thirdly, variability in the routine of care activities and time devoted to them may affect recall. *'I do not prepare meals at the exact same hour, nor do I take the*

26 Similarly, a study conducted by Oxfam found that women and men usually do not report care time in time-use surveys when care-related tasks are carried out as secondary activities (see Rost 2018).

same time to bathe him,' 'not every day is the same.' Variations in the daily routine, unforeseen events and a margin of flexibility, as well as circumstantial changes in schedule involving planning and time devoted to other activities, generate a sense of difficulty when trying to establish precisely the beginning and end of each task. This becomes more complex for caregivers when asked to calculate time with reference to the previous week. Other variability factors are linked to the mood, temperament and age of care recipients (quiet children may lead to greater supervisory care time, while restless children may lead to greater active care time), changes in health conditions of elderly adults (paying a visit to the doctor, going to the hospital), as well as the unpredictability of events when caring for people with disabilities (psychic or emotional instability and a greater or lesser degree of dependency).

Fourth, social desirability bias and the moral burden of care affect reliability.[27] In measuring time devoted to care, a desire to demonstrate that the role of caregiver or parent is being fulfilled is noticeable. A certain emotional burden can be observed, which may imply a moral challenge regarding disposition and task fulfillment on the part of caregivers. This self-perception as a possible target of criticism or disqualification then opens the door to the possibility of social judgment when exposing a flaw in one's own performance:

> *'Now that I think about it, I realize I should spend more quality time with my children.'*

Fifth, double counting of supervisory care time may occur in dual-parent households. This study highlights that double counting can take place in households in which more than one adult provides care. Future research should explore this scenario in greater detail to assess the analytical treatment of shared responsibilities.

27 On social desirability, see Moro-Egido 2012; and Serrano-Pascual, Amparo, et al. 2019.

CONCLUSION AND RECOMMENDATIONS

This study concludes that there are facilitators and enablers for the reporting of time spent on supervisory care. To this end, it recommends the following:

Recommendation 1

Instrument design should include an explanatory task that facilitates the conceptualization of supervisory care, ensures the understanding of questions and, therefore, achieves a more reliable reporting of the time devoted to supervisory care. In this regard, time-use instruments should provide supporting examples/survey vignettes to help respondents grasp the difference between active and supervisory care.

Several cognitive aspects influence the reporting of time spent on supervisory care. Respondents may not be familiar with the conceptual distinction between active and supervisory care or respond in a conceptual vacuum simply because they are not used to thinking in this way. In this exercise, having a previous grasp of the difference between active and supervisory care was crucial for successfully capturing supervisory care time. Once the meaning of supervisory care was made clear to caregivers, participants were able to better identify and report the time dedicated to this type of care and distinguish it more easily from active care. Thus, to improve the reliability of data on supervisory (and active) care, the survey instrument needs to provide more guidance.

Recommendation 2

Time-use instruments must explicitly include a probing question to capture the time spent on supervisory care, since respondents do not report it spontaneously. To minimize burden and respondents' fatigue and when diary-based approaches are adopted, this probing question could be incorporated as a summary question.[28]

The experience of exploring the reporting of supervisory care within the context of time-use measurement confirms that study participants generally recalled having performed supervisory care only when the probing question was administered.The intermingled experience of care and everyday life demands that counting the time devoted to supervisory care does not add an extra burden to the reporting of primary activities. The survey design should take into account that caregivers may proceed naturally and instinctively in the reporting of primary activities, especially when the provision of care becomes automatic and routinary. A probing question in the narrative of the primary activities may disrupt reporting. Difficulties may arise from accurately counting the constant changes in activities carried out during the day. These changes may imply a constant transfer from active to supervisory care, which makes identification and calculation of the time dedicated to supervisory care more difficult.

Recommendation 3

The wording of the probing question on supervisory care should be clear enough for respondents to understand that caregivers should be in sufficient proximity to provide physical assistance when needed. Restrictive criteria of bodily proximity or overly permissive criteria of digital-mediated proximity should be ruled out to help respondents understand the scope of supervisory care.

A relevant aspect to be considered in the design of the probing question lies in the scope of supervisory care. From the onset of the study, the generalized use of cell phones by caregivers to maintain indirect contact with care recipients became evident. To some extent, the use of mobile phones may facilitate long-distance supervision. This is particularly evident when care recipients are children in primary education or teenagers and when physical assistance is not needed. It is therefore crucial that participants' understanding of 'minding someone' is strictly restricted to a condition of proximity, with the only exception of caregivers' sleeping time. Such a condition should ideally be included in the wording of the probing question, or as a supporting aid, and should not be too restrictive (i.e., bodily proximity) nor too permissive (i.e., digitally mediated supervisory care).

28 Allard et al. 2007 compared the results obtained in time-use surveys conducted in the United States in and prior to ATUS. The authors found that while there were no major changes in the time reported by respondents for primary care, the increase in the time reported for secondary care was very relevant (0.8 versus 5.8 hours per day). The fundamental difference was that 'in the earlier time-diary studies that collected secondary activities, secondary childcare information was collected via the "What else were you doing?" question', while the ATUS introduced a number of questions, which asked: 'after the time diary has been completed, ask respondents to report times and episodes during the diary day in which a child under age 13 was "in your care".' (p. 28).

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VII. APPENDIX

Characteristics and socioeconomic strata of participants [29]

Middle social stratum (Socioeconomic level C):

Households have resources and access to services that allow them to have an 'adequate' but austere quality of life, without luxuries.

- The main source of income comes from wage labour. In addition to the head of the household, there may be more household members contributing additional income.
- The head of the household has high school studies or a bachelor's degree obtained at a public university. Children study in public schools, and when they are in private schools, these are usually of little prestige.
- Heads of household usually have jobs such as: professionals, government employees or employees of private companies, with medium positions. They can also have a small business of their own, usually in commerce.
- The house is self-owned or rented.
- They usually have computers, televisions, a microwave and paid Internet.
- The home has at least one car for family use.

Low social stratum (Socioeconomic level D)

- Households have an inadequate quality of life. Sometimes they do not have access to all basic services, and they regularly have minimal sanitary conditions.
- The main source of income comes from the informal sector. Incomes are usually low and sometimes irregular. And household members who have jobs usually do not have employment benefits or social security. They usually receive help from the government, through social programmes.
- The head of the household has an incomplete level of high school education, technical, secondary or lower studies.
- Heads of household may be engaged in services and informal sector trade.
- The house can be their own, but in precarious conditions, or be lent or rented, and they can share it with other relatives.
- In the house, they have little space of their own. They do not have amenities. A significant portion of their spending is allocated to food.

Comparison between wording associated with 'supervisory care' and translations into Spanish

English	Spanish
Supervisory care	*Cuidados de supervisión*
To be on call	*Estar de guardia*
To take care of / to look after	*Cuidar*
To be aware of	*Estar atenta*
To mind	*Estar al pendiente / estar pendiente*
Care	*Cuidados*
To be in the care of	*Estar al cuidado de*
To watch over	*Vigilar*
Assistance	*Atención*
To be available	*Estar disponible*

29 The characteristics for each stratum are provided for illustrative purposes only and may vary by country. For further information see: https://www.amai.org/NSE/index.php?queVeo=NSE2020

www.unwomen.org
www.facebook.com/unwomen
www.twitter.com/un_women
www.youtube.com/unwomen
www.flickr.com/unwomen