Children living with disabilities and mother's labor supply in developing countries: evidence from Argentina

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Abstract

This paper aims to estimate the effect of a child's disability on mothers' labor supply. It uses data from the 2019-20 UNICEF's Multiple Indicator Cluster Survey (MICS) of Argentina. Four measures of disability were used: children with a functional disability (based on Washington Group criteria) - distinguishing physical (for seeing, hearing or walking) from other types of functional disability- and children with a disability certificate or pension. The results suggest that having a child with a physical disability reduces a mother's probability of participating in the labor force by 8.3 percentage points. When the child has a disability certificate or pension, the probability that a mother participates in the labor force is reduced by 13.4 percentage points. No significant effect is found for mothers of a child with a functional disability or a non-physical disability. The evidence also shows heterogeneous effects depending on the mother's education. The disincentive to participate is present for non-graduated mothers, while the effect is not statistically significant for graduated ones. These findings are particularly relevant for policymakers in a developing country like Argentina.

Key words: disability, child, female labor force participation

JEL Classification: I14, J16, J22

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1. Introduction

Disability, maternity and the participation of women in the labor force are critical issues in the 2030 Agenda for Sustainable Development, through the achievement of gender equality and the empowerment of women (SDG 5), the promotion of full and productive employment and decent work for all (SDG 8), and poverty alleviation (SDG1) (UN Woman, 2017; UN, 2019). On the one hand, disability is an issue that spans the life of everybody; all people, at different moments of life, require care or could be in a situation of disability (temporary or permanent, for being old or pregnant, or having an accident) (Bango & Cossani, 2021; WHO, 2011). Available data in Argentina indicate that the prevalence of the population with difficulties is 10.2% for the population aged 6 and over. Among children under 6 years of age, the data indicates that 2.7% of them have activity limitations (National Survey on the Profile of Persons with Disabilities [ENDI] - INDEC, 2018).

Children with disabilities are considered one of the population groups who require intensive care (Bango & Cossani, 2021). Particularly, a child with a disability requires additional support for self care and mobility increasing the child care demands on the household members (Gupta et al, 2013). In such situations, the responsibility of the female members of the household, especially mothers, is observed to rise due to powerful cultural norms that assign women the principal responsibility of taking care of sick members of the household (Lewis & Lewis, 1977; Carpenter, 1980; Gupta et al 2013). In this context, there is evidence that care systems can be a fundamental determinant in women's lives, in the lives of women with children, and even more, for women with children with disabilities (Razavi, 2011; Ejiri & Matsuzawa, 2019).[1]

On the other hand, although there has been an increase in the female labor force participation in Latin America in the last half century due to changes in education, family structure and fertility, as well as changes in the socioeconomic environment -including wages, the profitability of working at home, preferences and technology- (Busso and Fonseca Romero, 2015), this growth has decelerated since the early 2000s, particularly for women from most vulnerable households (Gasparini & Marchionni, 2017). In Argentina, the labor force participation rate is around 71.4% for women and 93.6% for men, meaning a gender gap of more than 22 percentage points (CEDLAS, 2022). These issues become particularly relevant in Latin American countries due to the absence of relevant and internationally comparable data

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[1] Care policies have legitimized the work of carers, providing relatively well-protected jobs for women (at least compared to the market or charity sectors), giving unpaid carers more options when seeking employment, and improving access and quality for care recipients (especially those on low incomes) (Razavi, 2011). The target of recognizing and valuing unpaid care and domestic work through the provision of public services, infrastructure, and social protection policies is fundamental to transforming unequal power relations between women and men and addressing structural barriers impeding progress (UN, 2015). Programs and policies that move towards the recognition, redistribution, and reduction of care work at national and local levels, have gradually shaped a situation in which care has ceased to be a women's issue or an issue that can be resolved on its own (Bango & Cossani, 2021).

on disability for the region, considering the need to deepen and strengthen research in this area (UN, 2006, 2011; WHO, 2014).

Our work studies the effect of a child's disability on mothers' labor supply in Argentina using data from the sixth round of UNICEF's Multiple Indicator Cluster Survey (MICS) for Argentina run by the National Institute of Statistics and Census (INDEC) and UNICEF between September 2019 and February 2020. While most of the literature focuses on women's labor participation when having a child, and whether the effect is different if children have a disability (Lewis & Lewis, 1977; Carpenter, 1980; Breslau et al, 1982; Salkever, 1982a, 1982b; Kimmel, 1998; Portefield, 2002; Gould, 2004; Dunkelberg & Spiess, 2007; Reichman et al, 2008; Hatzmann et al, 2013; Gupta et al, 2013; Fotso, 2017; Roddy, 2022), our study fills a gap allowing for analyses that distinguish types and degrees of disability (Salkever, 1982a, 1982b; Hatzmann et al, 2013) and broaden the spatial context to investigate the problem in a developing country like Argentina.

The survey includes a module on health questions, adapted from the WG-Washington Group's Child Functioning Module (hereafter WG-CFM) and is positively highlighted for its statistically robust and internationally comparable data, and because it is one of the few large-scale surveys that include it.[2] Four measures of disability are used: functional disability -based on Washington Group criteria-distinguishing between those related to physical aspects and those related to other functional disabilities, and legal disability, defined as holding a disability certificate, which is a public document valid throughout the country that enables the exercise of rights and access to the benefits provided for the disabled in the legislation (Porto, Rucci & Velazquez, 2023).[3]

The paper is organized as follows. Section 2 presents a brief literature review, section 3 describes the data and lays out the methodology, section 4 presents the main findings and section 5 concludes with discussion, limitations and future research.

2. Literature review

Children with disabilities can be expected to increase inordinately the child care demands on families due to the children's greater dependence on others for self-care and mobility, the time parents must spend in obtaining medical and related services and in-home therapy, and the limited availability of

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[2] The MICS are household surveys conducted by countries as part of a specific program to provide internationally comparable data on the situation of children and women. Since 2017, some 50 countries and regions have completed surveys using the MICS Round 6 tools.

[3] Argentina is committed to the promotion of the rights of persons with disabilities, ratifying the Convention on the Rights of Persons with Disabilities (UN, 2006) through Law 26.378 (2006) and giving it constitutional hierarchy (Law 27.044, 2014). The Unique Certificate of Disability (CUD by its acronym in Spanish) is the document that allows the exercise of rights and access to the benefits provided for in national laws 22431 and 24901. It can be requested voluntarily and free of charge through the National Agency for Disability (ANDIS by its acronym in Spanish), and the evaluation to obtain it is carried out by an interdisciplinary Evaluation Board.

substitute child care for disabled children (Gupta et al, 2013). Such increased child care demands would tend to inhibit maternal employment because they constitute additional non-market and unpaid work at home, and because of powerful cultural norms that assign to women the first responsibility for the care of sick family members (Breslau et al, 1982). The presence of a child with disability in a household could also lead to an opposite effect on the mother's work activity wherein faced with the additional financial burden due to health care requirements of the disabled child, the mother may choose to enter the workforce or increase her hours of participation (Breslau et al., 1982; Gould, 2004; Gupta et al, 2013). In this sense, a child's disability can significantly and over a long period alter the labor supply behavior of the parents and especially the mother (Fotso, 2017). Some authors indicate that having a child with a serious health condition or health risk results in the mother not working outside the home (Powers, 2001; Corman, 2005) or it also leads to a reduction in the father's working hours (Noonan et al, 2005).[4]

Most of the existing studies on the relationship between labor participation of mothers of children with disabilities find both positive and negative correlation between child condition and mother's labor status. Those who find a negative correlation explains it can reduce the mother's job offer due to the extra time she needs to spend caring for the child, considering if the woman is married, the number of children in the family, or the child health status (Breslau et al., 1982; Salkever, 1982a; Kimmel, 1998, Porterfield, 2002; Dunkelberg & Spiess, 2007; Roddy, 2022). Those who find a positive correlation explains that having a child with disability forces the mother to provide more work as a result of the financial burden of caring for the child, especially in the case of single mothers (Gupta et al, 2013). Haztmann et al (2013) assess the effect of having a chronically ill child on parental employment and parental leisure activity time, and explores the role of demographic, social, and disease-related variables in relation to employment and leisure activities. Roddy (2022) empirically investigates the impact of child chronic illness/disability on earnings, standard of living and the extra cost of disability together, explicitly addressing endogeneity in the standard of living model by using a two-stage process where residuals were harvested to provide efficient estimates. Lastly, Fotso (2017) asses the effect of a child's disability on mothers' participation in the labor market, capturing heterogeneity according to the mother's educational level (distinguishing in "graduated" and "non-graduated" mothers), using data from the 2011 Demographic and Health-National Multiple Indicators Cluster Survey (DHS-MICS) of Cameroon.

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[4] Other studies indicate that having a child with disability also have other effects such as increasing the likelihood that parents will divorce (Corman et al, 1992; Mauldon et al, 1992; Swaminathan et al, 2006) or live apart (Reichman et al, 2004); greater dependence of the mother on public assistance (Reichman et al, 2006): or lower rates of social participation for parents and lower likelihood to have large families (Seltzer et al, 2001; Reichman et al, 2008).

3. Data and methodology

3.1. Data

This study aims to assess the effect of a child's disability on the mother's labor force participation, using data from the sixth round of Multiple Indicators Cluster Survey (MICS) for Argentina run by the National Institute of Statistics and Census (INDEC) and UNICEF between September 2019 and February 2020. The MICS collects information about children in two different questionnaires (one for children aged 0 to 4 and one for children aged 5 to 17)[5] and another questionnaire collects information on women aged 15 to 49. In addition, there are two more questionnaires on the household and the characteristics of its members. Since the observation unit is the mother, we merged each child to his mother. We then built household-specific variables (such as the number of adult men working and the number of non-working adult women), and mother-specific variables (such as the number of children by age group and a binary variable indicating if she has at least one disabled child). Finally, we included other mother-specific variables (such as age, education, marital status, region, wealth and if the household receives the conditional cash transfer "Asignación Universal por Hijo AUH").

3.2. Methodology

We closely follow the research of Fotso (2017) and estimate the following equation:

$$LFP_i = \alpha_0 + \alpha_1 * DisabledChild_i + \alpha_2 * X_i + \mu_i \qquad (1)$$

Where LFP_i (labor force participation) is a dummy variable taking the value 1 if the mother i currently works or actively seeks employment and 0 otherwise; $DisabledChild_i$ is a binary variable indicating if the mother i has at least one disabled child; X_i includes control variables; and μ_i is clustered standard error.

The estimation is carried out by Ordinary Least Squares (OLS) since the linear probability model generates results that do not differ substantially from probit or logit regressions (Angrist & Pischke, 2009) and the coefficient of interest in a linear model has a straightforward interpretation, unlike the same parameter in a non-linear specification.[6]

We use four disability measurements. First, following Porto, Rucci & Velazquez (2023), we distinguish between functional and legal disability. Then, within the functional category, we distinguish between disabilities related to physical and non-physical aspects.

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[5] The first questionnaire collects information about all children aged 0 to 4. For children aged 5 to 17, the survey randomly selects only one child in each interviewed household and the questionnaire is administered to the mother or primary caregiver.

[6] We have also tested a Logit model and the estimates did not substantially differ.

The functional difficulty measure is based on the WG-Washington Group's (UN) Child Functioning Module (CFM) provided in the MICS survey. Functional difficulty for children aged 2-4 years[7] is defined as having responded "A lot of difficulty" or "Cannot at all" to questions within the domains Seeing, Hearing, Walking, Fine motor, Communication, Learning and Playing; and "A lot more" for the domain of Controlling behavior. For children aged 5-17, a Functional difficulty is defined as having responded "A lot of difficulty" or "Cannot at all" to questions within the domains of Seeing, Hearing, Walking, Self-Care, Communication, Learning, Remembering, Concentrating, Accepting change, Controlling behavior and Making Friends; and "Daily" for the domains of Anxiety and Depression.[8] The second disability measurement considers those children receiving a disability pension or a single disability certificate. Finally, the third and the fourth measures split the functional category into two: the physical measure considers those children who present difficulty in seeing, hearing or walking, while the non-physical considers those children aged 2-4 who present a difficulty in the domains of Fine motor, Communication, Learning, Playing and Controlling behavior; and those aged 5-17 who present a difficulty in the domains of Self-Care, Communication, Learning, Remembering, Concentrating, Accepting change, Controlling behavior, Making Friends, Anxiety and Depression.[9]

Control variables include mother-specific variables such as age and age squared -as proxies for laboral experience- a categorical variable for her maximum educational level -as a measure of her human capital-, her marital status -a dummy variable indicating whether she is married or not- and the number of children aged 0 to 1, 2 to 4 and 5 to 17. We also include household-specific variables that might affect the mother's labor force participation decision, such as the number of adult males within the household who are employed -as a proxy of other sources of income-, the number of other adult females within the household who do not work -as an indicator for the presence of other women who could take care of the children while the mother is working-, a dummy variable indicating whether some member of the household receives the conditional cash transfer "Asignación Universal por Hijo AUH" and a dummy variable indicating whether the household is within the three highest wealth quintiles. Finally, we include regional dummies to account for differences in characteristics of the labor market related to geographical location. A detailed description of the variables is presented in Table A2 in the Appendix.

Following Fotso (2017), the model is estimated for the full sample of mothers and also considers two subsamples according to their educational level: those who are "graduated", defined as having achieved at least incomplete tertiary education, and those considered "non-graduated", i.e., those who have attained at the most complete secondary level. The rationale is to capture potential heterogeneities between both groups since less educated women could be less inserted in the labor market, which in

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[7] This measure is not defined for children aged 0 to 1 years old since the MICS does not collect questions on functional disability for this age group.
[8] See Table A1 in the Appendix for a complete description.
[9] This distinction allows us to explore whether there are differences according to the type of difficulty.

turn could lead them to make different decisions regarding labor market participation in the event of having a child with a disability. In addition, more educated mothers could be better informed about social protection programs and the rights granted to people with disabilities.

3.3 Descriptives stats

The sample consists of 8,558 women aged 15 to 49 who have at least one child under 17 years old living with them. Among those from whom information about disabilities is available, 13.4% have at least one child with a functional disability[10], while this share drops to 3.2% if we consider the legal definition. Considering the functional definition, the share remains close to the overall rate (12.3%) for the non-physical domains, and it drops to 1.8% if we consider the physical domains (Table 1).[11]

Results differ if we distinguish between graduated and non-graduated women: overall, the percentage of women with at least one child with disabilities is higher among the less educated group, and this remains for the four definitions considered. The largest gaps are observed for the functional and the non-physical definitions (more than 4.6 and 3.8 percentage points, respectively), while it is around 1.3 percentage points for the legal and physical definitions.[12]

Table 1. Mothers with at least one child with a disability, by education level (%).

	Total	Graduated	Non-graduated
Functional definition	13,4%	10,0%	14,6%
	(7236)	(2064)	(5109)
Physical definition	1,8%	0,8%	2,1%
	7284	2083	5137
Non-Physical definition	12,3%	9,5%	13,3%
	7323	2092	5165
Legal definition	3,2%	2,2%	3,6%
	8493	2373	5831

Note: It is worth mentioning that the physical and non-physical categories are not mutually exclusive.
Source: own elaboration, based on 2019-20 MICS-UNICEF Argentina. Number of observations in parentheses.

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[10] This rate is in line with results from ENDI 2018.
[11] It must be taken into account that, unlike the legal definition, the functional measures -both physical and non-physical- are built from self-reported disabilities, which might be subject to measurement errors. Fotso (2017) also warns about this potential measurement bias, but argues that the fact that the disability and employment questions are addressed in different questionnaires prevents women from revealing "a non-existent health condition (false positive) in order to rationalise their poor labour market outcomes" (Fotso, 2017; pp 33). On the other hand, since "the probability of false reporting decreases with the intensity of the condition" (Baker et al, 2004; pp 1090), it is also acceptable to assume that the functional, physical and non-physical definitions, which consider the more severe disability conditions, are less likely to be subject to measurement errors.
[12] The differences are statistically significant at 1% level.

Table 2. Labor force participation rate, by education level (%).

	Total	Graduated	Non-graduated
Functional definition			
Child w/o disability	69,1%	82,0%	64,2%
Child w/ disability	68,7%	87,5%	64,0%
Difference	-0.35 p.p.	5.48 p.p.	-0.21 p.p.
Physical definition			
Child w/o disability	69,2%	82,3%	64,5%
Child w/ disability	54,3%	80,8%	50,6%
Difference	-14.88 p.p.**	-1.48 p.p.	-13.88 p.p.*
Non-Physical definition			
Child w/o disability	69,0%	81,9%	64,2%
Child w/ disability	68,7%	87,1%	63,9%
Difference	-0.25 p.p.	5.24 p.p.	-0.28 p.p.
Legal definition			
Child w/o disability	67,9%	81,6%	63,0%
Child w/ disability	54,9%	83,0%	48,7%
Difference	-13.03 p.p.***	1.35 p.p.	-14.3 p.p.**

***$p < 0.01$, **$p < 0.05$, *$p < 0.1$.
Source: own elaboration, based on 2019-20 MICS-UNICEF Argentina.

Table 2 shows the labor force participation status of women in our sample. Overall, labor force participation is higher among women with children without disabilities, regardless of the definition of disability. The greatest differences are observed for the physical definition (69.2% for mothers of children without disabilities against 54.3% for mothers of at least one child with a physical disability) and for the legal definition (67.9% against 54.9%)[13]. A similar pattern is observed when restricting the analysis to the subsample of non-graduated mothers, i.e., the participation rates are around 14 percentage points lower for the mothers of at least one child with a physical or legal disability[14]), and the levels are systematically lower than for the full sample. By contrast, a different picture is observed among graduated mothers: except for the physical definition, the labor force participation is slightly higher for those who have a child with disabilities than for mothers of children without disabilities. The differences range between 1.4 percentage points for the legal definition and 5.2 to 5.5 percentage points for the non-physical and the overall functional definition, respectively. In turn, labor force participation is 1.5 higher for graduated mothers of children without physical disabilities than for graduated mothers of at least one child with a physical difficulty. However, none of these differences are statistically significant.

Additionally, labor force participation rates among graduated mothers are strongly higher than those of non-graduated, regardless of the disability condition of their children, and all differences are statistically

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[13] These differences are statistically significant at 5% and 1% level, respectively.
[14] Statistically significant at 10% and 5% level, respectively.

significant at 1% level. This supports the estimation strategy of splitting the sample into graduated and non-graduated mothers.

Regarding socio-demographic characteristics, mothers are, on average, 34 years old, 70% of them are married, 78% of them have one or two children, 42% have primary complete or secondary incomplete as her highest educational level and almost 52% of them are among the three highest quintiles of wealth. Besides, they are mostly based in the metropolitan area of Ciudad Autónoma de Buenos Aires and Gran Buenos Aires (31%) and the Pampeana region (21%). More than 75% of them belong to a household where there are adult men working, and nearly 33% of them live with other adult women who do not work.

4. Results

Table 3 summarizes the estimation of $\propto_1$ in equation (1) for the four alternative measures of disability and for the different subsamples. The full results of the OLS estimates can be found in the Appendix.

Table 3. Models of mother's labor force participation.

Child w/	Total	Graduated	Non-graduated
Functional disability	0.0124	0.0111	0.0101
Physical disability	-0.0826**	0.0338	-0.114***
Non-Physical disability	0.0183	0.00212	0.0205
Legal disability	-0.134***	-0.0794	-0.153***

***p < 0.01, **p < 0.05, *p < 0.1.
Source: own elaboration, based on 2019-20 MICS-UNICEF Argentina.

Considering the functional definition, no statistically significant differences in labor status between women who have at least one child with a disability and those who do not are found. This result is obtained for the pooled sample of mothers (Column 1) and it persists if we estimate the model for graduated mothers (Column 2) separately from non-graduated mothers (Column 3). The same is found when restricting the definition to non-physical domains.

In contrast, systematic differences are found when considering alternative definitions of disability. Following the legal definition, we find that those women who have at least one child receiving a disability pension or holding a single disability certificate are 13.4 percentage points less likely to participate in the labor force than other mothers.

Findings are similar when considering physical disabilities: those mothers who have at least one child with difficulties in seeing, hearing or walking are 8.3 percentage points less likely to participate in the labor force. In both cases, these results hold for the non-graduated (Column 3) but not for the graduated

mothers subsample (Column 2). Moreover, coefficients are slightly larger -around 2 to 3 percentage points- for the less educated than for the pooled sample. As suggested by Fotso (2017), this result could be explained by "greater ability of graduated women to cope with disability without adjusting their labour for market participation, probably because they are more informed about public supports to disabled people" (Fotso, 2017; pp 38).

Effects of the control variables have the expected sign.[15] Having children under 1 year old or between 2 to 4 years old decreases the mother's labor force participation under all the specifications, reflecting the additional time required for early childhood care. Similar effects are found for mothers of children between 5 to 17 years old.[16]

The labor force participation also decreases for married mothers and, except for the graduated mothers' subsample, for those who live in a household where there are adult men who currently work. A similar effect is found for those who live in a household where a member receives the 'AUH' transfer.[17] These results might reflect that, overall, mothers have less incentives to participate in the labor force when there are other sources of income in the household.

In turn, the labor force participation rate increases with the age of the mother, but at a decreasing rate. It is also higher for those who belong to wealthier households[18] and for those who are based in the Buenos Aires province. As expected, the labor force participation of the mothers also increases with education and this result holds for both the complete sample and the subsamples.

Contrary to our assumption, the presence of other adult women who do not work has no effect on the mothers' labor force participation. However, this variable could be subject to measurement error since the survey does not have complete information on the total number of other women who might be available for child care in a household.[19]

5. Concluding remarks

This research assesses the effect of having a child with disability on female labor force participation in Argentina, considering alternative measures of disability and distinguishing between women´s educational level. Although the research is ongoing and results are preliminary, the estimates suggest

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[15] See Tables A3, A4, A5 and A6 in the Appendix.
[16] Except for the case of the graduated mothers, for which the coefficient -although negative- is not statistically significant when the legal definition is used.
[17] Garganta, Gasparini & Marchionni (2017) also found a negative effect of the program on female labor force participation using Argentina's national household survey (Encuesta Permanente de Hogares, EPH).
[18] The effect is not statistically significant for the graduated mother's subsample.
[19] This variable is built from information provided in the household members' questionnaire. In cases where information on a woman's labor status is missing, the variable is set to missing for all women in the household, since it is not possible to count the total number of women who do not work.

that having a child with disability reduces women's participation in the labor market. This finding is in line with the evidence obtained by international studies for developed countries (Powers, 2003; Portefield, 2002; Powers, 2001) and is opposite to the findings of Fotso (2017), who found that having a child with disability increases the likelihood of the mother to be employed in Cameroon.

The estimates also suggest that this result is driven by the non-graduated women. Within this group, those who have a child with disability are less likely to be active in the labor force, while no differences are found between graduated mothers. This fact might reflect that, beyond the disability issue, the less educated women are less linked to the labor market per se, which could make them behave differently in the case of having a child with disabilities. The more educated women may be more aware of available care programs and thus less constrained by a child's disability condition.

The study presents certain limitations. First, there are many concerns regarding the labor force participation measurement. The data allows for identifying whether a woman works or not, but there is no information on weekly hours worked, nor on wages, so we cannot distinguish between full-time or part-time jobs. This distinction is not minor, since mothers who must take care of a child with a disability might allocate time to paid and unpaid tasks differently from other mothers. In the same vein, there is no information on the type of tasks performed or the informality rates to capture potential heterogeneities among these groups. Mothers of children with disabilities could be more likely to work in informal jobs, with shorter hours and flexible schedules to better combine their professional activity with child care.

Second, except for the AUH program, we do not have information on other sources of income (pensions, social transfers, capital income, etc.). It is reasonable to assume that mothers who have non-laboral sources of income could be more encouraged to leave the labor market in the event of having a child with disabilities in order to allocate more time to child care.

Third, the disability measures also present some limitations. The first one is related to the way in which the information is collected. As previously mentioned, for children aged 5-17, the specific questionnaire is referred to only one child per mother, so there is no information on the rest of her children, particularly on whether or not they have any disability. Moreover, for children aged 0-1, no information on disabilities is collected.[20] The second limitation is particularly relevant for the functional, physical and non-physical definitions, and it is related to the fact that these difficulties are self-reported. Unlike the

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[20] However, the Washington Group together with UNICEF warn that, due to the complexity of measuring disability in the population of children, it is not advisable to disseminate information on the population of 0 and 1 years old and to take precautions in the analysis of information on 2 to 5 years old. The complexity of measuring disability in children is based on the heterogeneity of this population (from young children to adolescents), on the differences in their evolutionary development and on the intermediation of this information by those who answer the questionnaire, who are the parents or guardians (INDEC, 2018).

legal definition, these measures are built from the answers provided by the mothers in the survey, which might be subject to false positive or false negative biases.[21]

However, to the best of our knowledge, this is the first study that examines the labor force participation of women who have a child with disabilities for a Latin American country, considering heterogeneities by mother's education and based on alternative disability measures. Moreover, since it is based on the use of the MICS survey, the analysis could be extended to other countries for which the survey is also available. Future research agenda is planned to continue in this direction.

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[21] See Fotso (2017) for a discussion of these potential measurement errors.

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Table A1. Definition of types of disability

Type		Domain	Associated questions (2-4)	Associated questions (5-17)	Difficulty
Functional	Physical	Seeing	Does (name) have difficulty seeing?		"A lot of difficulty" or "Cannot at all"
		Hearing	Does (name) have difficulty hearing sounds such as other people's voices or music?		
		Walking	When (name) does not use the device or receive assistance, does (name) have difficulty walking? When (name) uses the device or receives assistance, does (name) have difficulty walking? Compared to children of the same age, does (name) have difficulty walking?	When (name) does not use the device or receive assistance, does (name) have difficulty walking 100 (or 500) metres on level ground? Compared to children of the same age, does (name) have difficulty walking 100 (or 500) metres on level ground?	
	Non - physical	Fine motor	Compared to children of the same age, does (name) have difficulty picking up small objects with (his/her) hand?	N.a.	"A lot of difficulty" or "Cannot at all"
		Communication	Does (name) have difficulty understanding you? When (name) speaks, do you have difficulty understanding you?	When (name) speaks, does he/she have difficulty being understood by people within this household (or outside the household)?	
		Learning	Compared to children of the same age, does (name) have difficulty learning things?		
		Playing	Compared to children of the same age, does (name) have difficulty playing?	N.a.	
		Controlling behavior	Compared to children of the same age, how often does (name) kick, bite or hit other children or adults?	Compared to children of the same age, does (name) have difficulty controlling his/her behavior?	"A lot more" (2-4) "A lot of difficulty" or "Cannot at all" (5-17)
		Self-Care	N.a.	Does (name) have difficulty with self-care, e.g. eating or dressing him/herself?	"A lot of difficulty" or "Cannot at all"
		Remembering	N.a.	Compared to children of the same age, does (name) have difficulty remembering things?	
		Concentrating	N.a.	Does (name) have difficulty concentrating on activities he/she enjoys?	
		Accepting change	N.a.	Does (name) have difficulty in accepting changes in his/her routine?	
		Making Friends	N.a.	Does (name) have difficulty making friends?	
		Anxiety	N.a.	I would like to know how often (name) is very anxious, nervous or worried.	"Daily"
		Depression	N.a.	I would like to know how often (name) is very sad or depressed.	
Legal: Children receiving a disability pension or a single disability certificate					

Source: own elaboration, based on 2019-20 MICS-UNICEF Argentina.

Table A2. Definition of variables

Variable	Definition
Dependent variable	
Labor force participation	1=currently working or actively seeking; 0=otherwise
Variables of interest: child's disability	
Child w/ functional disability	1=has at least one child with functional disability; 0=otherwise
Child w/ legal disability	1=has at least one child with disability pension or certificate; 0=otherwise
Child w/ physical disability	1=has at least one child with difficulty for seeing, hearing or walking; 0=otherwise
Child w/ non-physical disability	1=has at least one child aged 2 to 4 with difficulties in Fine motor, Communication, Learning and Playing or at least one child aged 5 to 17 with difficulties in Self-Care, Communication, Learning, Remembering, Concentrating, Accepting change, Controlling behavior and Making Friends; 0=otherwise
Control variables	
Number of children aged 0-1	Number of children aged 0-1
Number of children aged 2-4	Number of children aged 2-4
Number of children aged 5-17	Number of children aged 5-17
Mother's age	Mother's age
Mother's age squared	Mother's age squared
Married	1=married or living in couple; 0=otherwise
Education	0=incomplete primary; 1=complete primary or incomplete secondary; 2=complete secondary; 3= incomplete tertiary; 4=complete tertiary
Wealth	1=household is within the three highest wealth quintiles; 0=otherwise
Region	1=CABA and GBA, 2=Buenos Aires province, 3= Cuyo, 4=NOA, 5=NEA, 6=Pampeana, 7=Patagonia
Number of adult men working	Number of adult men working
Number of adult women not working	Number of adult women in the household other that the considered mother who are not working
HH receiving 'AUH'	1=some member of the household receives the AUH transfer; 0=otherwise

Table A3. Model of mother's labor force participation. Variable of interest: having at least one child with functional disability

	Total (1)	Graduated (2)	Non-graduated (3)
Child w/ functional disability	**0.0124**	**0.0111**	**0.0101**
	(0.0156)	**(0.0269)**	**(0.0187)**
Number of children aged 0-1	-0.134***	-0.0698***	-0.160***
	(0.0151)	(0.0265)	(0.0179)
Number of children aged 2-4	-0.0623***	-0.0689***	-0.0640***
	(0.0108)	(0.0187)	(0.0131)
Number of children aged 5-17	-0.0337***	-0.0200*	-0.0368***
	(0.00609)	(0.0120)	(0.00723)
Mother's age	0.0529***	0.0750***	0.0495***
	(0.00661)	(0.0127)	(0.00802)
Mother's age squared	-0.000704***	-0.000987***	-0.000669***
	(9.45e-05)	(0.000174)	(0.000116)
Married	-0.208***	-0.125***	-0.239***
	(0.0139)	(0.0244)	(0.0168)
Education level = 1, Incomplete secondary	0.103***		0.0909***
	(0.0273)		(0.0274)
Education level = 2, Complete secondary	0.169***		0.159***
	(0.0281)		(0.0284)
Education level = 3, Incomplete tertiary	0.154***		
	(0.0311)		
Education level = 4, Complete tertiary	0.346***	0.155***	
	(0.0302)	(0.0189)	
Wealth	0.0385***	-0.00438	0.0532***
	(0.0137)	(0.0243)	(0.0161)
Region = 2, Buenos Aires province	0.0675***	0.0638*	0.0648**
	(0.0251)	(0.0332)	(0.0309)
Region = 3, Cuyo	0.0128	0.0436	-0.00205
	(0.0227)	(0.0308)	(0.0280)
Region = 4, NOA	-0.0437**	-0.0356	-0.0437
	(0.0219)	(0.0342)	(0.0268)
Region = 5, NEA	-0.0185	0.0194	-0.0334
	(0.0221)	(0.0325)	(0.0264)
Region = 6, Pampeana	-0.0192	0.0272	-0.0392
	(0.0207)	(0.0304)	(0.0254)
Region = 7, Patagonia	0.0241	0.0614*	0.00587
	(0.0227)	(0.0328)	(0.0271)
Number of adult men working	-0.0274***	-0.0204	-0.0302***
	(0.00881)	(0.0197)	(0.00976)
Number of adult women not working	-0.00704	-0.00411	-0.00526
	(0.00832)	(0.0159)	(0.00950)
HH receiving 'AUH'	-0.0368***	-0.136***	-0.0139
	(0.0129)	(0.0296)	(0.0142)
Constant	-0.172	-0.472**	-0.0626
	(0.115)	(0.230)	(0.136)
Observations	7,131	2,055	5,073
Adjusted R-squared	0.149	0.135	0.123

***$p < 0.01$, **$p < 0.05$, *$p < 0.1$.
Clustered standard errors in parentheses.
Source: own elaboration, based on 2019-20 MICS-UNICEF Argentina.

Table A4. Model of mother's labor force participation. Variable of interest: having at least one child with legal disability

	Total (1)	Graduated (2)	Non-graduated (3)
Child w/ legal disability	**-0.134***	**-0.0794**	**-0.153***
	(0.0300)	**(0.0530)**	**(0.0361)**
Number of children aged 0-1	-0.147***	-0.0929***	-0.172***
	(0.0135)	(0.0226)	(0.0162)
Number of children aged 2-4	-0.0595***	-0.0710***	-0.0566***
	(0.0101)	(0.0178)	(0.0123)
Number of children aged 5-17	-0.0300***	-0.0115	-0.0340***
	(0.00587)	(0.0112)	(0.00704)
Mother's age	0.0587***	0.0749***	0.0561***
	(0.00575)	(0.0115)	(0.00690)
Mother's age squared	-0.000782***	-0.00100***	-0.000751***
	(8.33e-05)	(0.000160)	(0.000101)
Married	-0.194***	-0.108***	-0.224***
	(0.0129)	(0.0235)	(0.0153)
Education level = 1, Incomplete secondary	0.107***		0.0986***
	(0.0265)		(0.0267)
Education level = 2, Complete secondary	0.180***		0.175***
	(0.0271)		(0.0277)
Education level = 3, Incomplete tertiary	0.163***		
	(0.0302)		
Education level = 4, Complete tertiary	0.354***	0.159***	
	(0.0291)	(0.0181)	
Wealth	0.0321**	-0.00786	0.0454***
	(0.0130)	(0.0230)	(0.0155)
Region = 2, Buenos Aires province	0.0650***	0.0710**	0.0575*
	(0.0236)	(0.0302)	(0.0301)
Region = 3, Cuyo	0.0136	0.0469*	-0.00149
	(0.0221)	(0.0282)	(0.0280)
Region = 4, NOA	-0.0458**	-0.0539*	-0.0387
	(0.0209)	(0.0319)	(0.0253)
Region = 5, NEA	-0.0305	-0.00814	-0.0390
	(0.0212)	(0.0313)	(0.0256)
Region = 6, Pampeana	-0.0158	0.0336	-0.0352
	(0.0196)	(0.0280)	(0.0245)
Region = 7, Patagonia	0.0189	0.0574*	0.00111
	(0.0214)	(0.0311)	(0.0256)
Number of adult men working	-0.0252***	-0.0248	-0.0269***
	(0.00809)	(0.0185)	(0.00894)
Number of adult women not working	-0.0132*	-0.00465	-0.0141
	(0.00802)	(0.0145)	(0.00942)
HH receiving 'AUH'	-0.0351***	-0.124***	-0.0135
	(0.0124)	(0.0275)	(0.0136)
Constant	-0.283***	-0.454**	-0.202*
	(0.0997)	(0.205)	(0.116)
Observations	8,115	2,350	5,763
Adjusted R-squared	0.158	0.145	0.128

***p < 0.01, **p < 0.05, *p < 0.1.
Clustered standard errors in parentheses.
Source: own elaboration, based on 2019-20 MICS-UNICEF Argentina.

Table A5. Model of mother's labor force participation. Variable of interest: having at least one child with physical disability

	Total (1)	Graduated (2)	Non-graduated (3)
Child w/ physical disability	**-0.0826****	**0.0338**	**-0.114*****
	(0.0357)	**(0.0627)**	**(0.0413)**
Number of children aged 0-1	-0.133***	-0.0655**	-0.161***
	(0.0151)	(0.0263)	(0.0179)
Number of children aged 2-4	-0.0626***	-0.0697***	-0.0645***
	(0.0108)	(0.0186)	(0.0131)
Number of children aged 5-17	-0.0333***	-0.0199*	-0.0361***
	(0.00608)	(0.0119)	(0.00721)
Mother's age	0.0533***	0.0754***	0.0492***
	(0.00659)	(0.0127)	(0.00801)
Mother's age squared	-0.000708***	-0.000994***	-0.000664***
	(9.42e-05)	(0.000174)	(0.000116)
Married	-0.207***	-0.124***	-0.239***
	(0.0138)	(0.0241)	(0.0167)
Education level = 1, Incomplete secondary	0.104***		0.0927***
	(0.0272)		(0.0273)
Education level = 2, Complete secondary	0.171***		0.162***
	(0.0279)		(0.0283)
Education level = 3, Incomplete tertiary	0.156***		
	(0.0310)		
Education level = 4, Complete tertiary	0.346***	0.154***	
	(0.0301)	(0.0188)	
Wealth	0.0376***	-0.00353	0.0520***
	(0.0137)	(0.0242)	(0.0161)
Region = 2, Buenos Aires province	0.0720***	0.0680**	0.0682**
	(0.0251)	(0.0329)	(0.0309)
Region = 3, Cuyo	0.0138	0.0453	-0.00141
	(0.0227)	(0.0306)	(0.0280)
Region = 4, NOA	-0.0417*	-0.0352	-0.0414
	(0.0219)	(0.0335)	(0.0269)
Region = 5, NEA	-0.0182	0.0184	-0.0326
	(0.0223)	(0.0324)	(0.0265)
Region = 6, Pampeana	-0.0163	0.0301	-0.0372
	(0.0207)	(0.0300)	(0.0254)
Region = 7, Patagonia	0.0272	0.0664**	0.00803
	(0.0228)	(0.0325)	(0.0271)
Number of adult men working	-0.0279***	-0.0200	-0.0309***
	(0.00877)	(0.0195)	(0.00972)
Number of adult women not working	-0.00740	-0.00398	-0.00596
	(0.00828)	(0.0159)	(0.00947)
HH receiving 'AUH'	-0.0359***	-0.132***	-0.0137
	(0.0128)	(0.0295)	(0.0140)
Constant	-0.177	-0.478**	-0.0569
	(0.115)	(0.229)	(0.136)
Observations	7,177	2,074	5,100
Adjusted R-squared	0.149	0.132	0.125

***p < 0.01, **p < 0.05, *p < 0.1.
Clustered standard errors in parentheses.
Source: own elaboration, based on 2019-20 MICS-UNICEF Argentina.

Table A6. Model of mother's labor force participation. Variable of interest: having at least one child with non-physical disability

	Total (1)	Graduated (2)	Non-graduated (3)
Child w/ non-physical disability	**0.0183**	**0.00212**	**0.0205**
	(0.0162)	**(0.0283)**	**(0.0195)**
Number of children aged 0-1	-0.134***	-0.0657**	-0.161***
	(0.0150)	(0.0262)	(0.0178)
Number of children aged 2-4	-0.0628***	-0.0705***	-0.0639***
	(0.0108)	(0.0186)	(0.0131)
Number of children aged 5-17	-0.0337***	-0.0199*	-0.0369***
	(0.00609)	(0.0119)	(0.00722)
Mother's age	0.0530***	0.0746***	0.0494***
	(0.00661)	(0.0127)	(0.00801)
Mother's age squared	-0.000705***	-0.000985***	-0.000667***
	(9.44e-05)	(0.000174)	(0.000116)
Married	-0.206***	-0.122***	-0.238***
	(0.0138)	(0.0242)	(0.0167)
Education level = 1, Incomplete secondary	0.107***		0.0953***
	(0.0270)		(0.0271)
Education level = 2, Complete secondary	0.174***		0.164***
	(0.0277)		(0.0280)
Education level = 3, Incomplete tertiary	0.161***		
	(0.0308)		
Education level = 4, Complete tertiary	0.350***	0.153***	
	(0.0299)	(0.0188)	
Wealth	0.0395***	-0.00293	0.0542***
	(0.0137)	(0.0242)	(0.0162)
Region = 2, Buenos Aires province	0.0684***	0.0672**	0.0642**
	(0.0251)	(0.0329)	(0.0308)
Region = 3, Cuyo	0.0144	0.0474	-0.00112
	(0.0227)	(0.0306)	(0.0279)
Region = 4, NOA	-0.0411*	-0.0342	-0.0401
	(0.0219)	(0.0336)	(0.0267)
Region = 5, NEA	-0.0182	0.0173	-0.0319
	(0.0221)	(0.0324)	(0.0262)
Region = 6, Pampeana	-0.0166	0.0297	-0.0361
	(0.0206)	(0.0301)	(0.0253)
Region = 7, Patagonia	0.0253	0.0662**	0.00572
	(0.0228)	(0.0325)	(0.0272)
Number of adult men working	-0.0285***	-0.0207	-0.0316***
	(0.00873)	(0.0195)	(0.00968)
Number of adult women not working	-0.00647	-0.00393	-0.00481
	(0.00829)	(0.0158)	(0.00947)
HH receiving 'AUH'	-0.0358***	-0.130***	-0.0141
	(0.0128)	(0.0294)	(0.0140)
Constant	-0.179	-0.464**	-0.0677
	(0.115)	(0.229)	(0.136)
Observations	7,211	2,083	5,125
Adjusted R-squared	0.149	0.130	0.124

***p < 0.01, **p < 0.05, *p < 0.1.
Clustered standard errors in parentheses.
Source: own elaboration, based on 2019-20 MICS-UNICEF Argentina.