UNRISD United Nations Research Institute for Social Development

CONFERENCE NEWS

The Political and Social Economy of Care

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Introduction

The parameters of caregiving have changed tremendously over the past two to three decades, as women's entry into the workforce has intensified across diverse regional contexts, family structures have been transformed (with the higher incidence, in some regions, of households with children that are maintained primarily by women), and demographic, epidemiological and sociocultural changes have created new demands for care as well as a new understanding of what "good care" should entail.

Care is commonly thought of as the activities that take place within homes and neighbourhoods, and structured by relationships of kinship and community: caring for children and adults whether able-bodied, ill or frail. But unpaid care work involves many additional tasks, such as meal preparation, and cleaning of homes, clothes and utensils, which are particularly time-consuming in many poorer countries where access to appropriate infrastructure and labour-saving technology is limited. Care has also increasingly shifted outside the home toward market, state and non-profit provision.

The way in which the provision of care is organized and divided across household, market, state and non-profit institutions has important implications for who accesses adequate care and who bears the burden. Feminist scholars and activists have repeatedly pointed out that current divisions of care labour are far from even. Instead there exists what economists would call a "free-rider" problem, with some individuals and social groups (mostly women and girls, especially those in low-income households) doing the bulk of the work and the rest of society benefiting from the outputs of this work. That most care work is done on an unpaid basis does not mean that it comes without costs. Because women and girls take on the lion's share of unpaid care, they have less time for paid employment, self-care, rest, leisure, organizing and political participation. The political and social economy of care is therefore central to gender equality.

While care issues have increasingly been incorporated into the research and policy agendas of advanced industrialized countries, this is not a global trend. Over the past quarter-century, feminist research on institutionalized welfare states has generated a rich literature that challenges many of the premises and limitations of the mainstream social policy literature. Care has been central to these debates. However, this research has been remarkably local. Many of the trends it has documented are not universal and not all of the

policy options it discusses are transferable. This is especially true in a development context, where formal social provisioning is less institutionalized. Care arrangements in developing countries have not received the same level of academic scrutiny as institutional welfare states. Indeed, little is known about the conditions under which caregiving takes place in developing countries.

Since 2006, UNRISD has been carrying out a comparative research project, including eight country studies and a series of thematic papers, to address this lacuna. (Re)thinking and analysing care in a development context raises several crucial questions: what form do care arrangements take in diverse developing countries? How do these arrangements contest or entrench existing inequalities (of class and gender, in particular)? Are families and households (in all their diversity) the only site where care is produced? Is it necessary to distinguish between *different* forms of familialism? How are states responding to structural changes and sociocultural norms that shape care needs? Have issues of care entered the public debate? What forces have facilitated their visibility and to what effect? What should the policy priorities be in each context?

The conference held at Barnard College (Columbia University) in New York on 6 March 2009 brought together scholars from a range of countries and disciplines to reflect on these questions, drawing on diverse country experiences from Asia, Latin America and sub-Saharan Africa, as well as on broader care debates based on research findings from Europe and North America.

Opening Session—(Re)thinking Care: North and South, Past and Present, Research and Reality

The presentations during the opening session interrogated the place of care in research and reality, past and present, North and South, thus setting the scene for the country-level findings presented in the following panels. While Joan Tronto showed how the pursuit of unlimited growth has led to a major "care disorder" in current times, Elizabeth Jelin's speech traced academic and political debates about social reproduction and care from the 1970s onward. Research coordinator Shahra Razavi added yet another dimension for (re)thinking care: she argued that in addition to seeing care as a sector, it is also important to conceive of care as a perspective or lens through which broader policies and processes can be scrutinized—especially in a developing country context.

In her keynote address, **Joan Tronto** made a strong call to move beyond the "counting games" of a "world without limits". Much of the marginalization of care, she argued, is due to the belief in unlimited wealth creation and constant gains in efficiency, deeply rooted in contemporary economic thinking. Within this framework, care is conceived as an expensive and dilemma-inducing endeavour, because it tends to run up against the limits of frail human bodies and relationships. In a world without limits, care suffers from "cost disease" due to its resistance to productivity increase, and provokes a "nice-person dilemma", according to which those who provide care lose out in an economic structure that rewards participation in the paid economy but offers little or no compensation for care.

> ***On a global level, the commodification of care reinforces divisions, as many poor countries 'export' care to countries which can afford to pay a higher price.***

This dilemma is forced upon families and individuals. It triggers a vicious cycle within which already existing social, ethnic and gender inequalities are deepened. If the price of care goes up, those who already have the advantage in other realms of social and economic life can also afford more and better care. In the case of children, receiving less or lower quality care is likely to lead to more inequalities in the future. On a global level, the commodification of care reinforces divisions, as many poor countries "export" care to countries which can afford to pay a higher price. Finally, there is a growing care deficit causing health, care and basic safety threats for children who are left without adequate adult supervision across countries.

"We can address these inadequacies *within* the paradigm of unlimited growth, but we will not succeed [in

resolving them]", Tronto argued. An alterative worldview—"genuinely and democratically inclusive"—can only be created from the recognition of limits, including those of the human body and the global environment. This requires a broad and encompassing understanding of care as an activity "that includes everything that we do to maintain, continue and repair our 'world' so that we can live in it as well as possible. That world includes our bodies, our selves and our environment, all of which we seek to interweave in a complex, life-sustaining web". Understanding care *not* as a prerequisite to economic growth, but as the centre of human life would allow a shift in priorities from "making money" (or "making stuff"), to "making liveable lives" and "enriching networks of care and relationship". In such an alternative world, the physical, emotional and relational needs of humans would set the limits within which other concerns (including economic growth, employment and institutional organization) are addressed.

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How would a new democratic care politics be fashioned? Who would benefit from such a political movement? In order to generate a sense of solidarity, Tronto proposed turning to a basic and much-neglected aspect of care, namely, the receiving end. Only through thinking of *all* human beings—not only the frail and vulnerable—as continuous care *receivers*, can unity of care*givers* be achieved. It is by articulating our own vulnerabilities that we are less able to distance ourselves from care and more likely to perceive it as an activity which is central, rather than marginal, to our lives.

The current "care disorder" creates obstacles to collective mobilization. These obstacles include contemporary conceptions of democracy, which have tended to omit the need to receive and give care. Making care a political priority could thus become the basis for the next democratic revolution. A genuinely democratic care politics would be characterized not only by its opposition to a political economy based on the idea of unlimited growth, but also by a strong commitment to equality, including the equal accessibility of good care for all human beings. This politics of opposition requires actors to perceive themselves as agents *and* as dependents: "Without this switch in awareness we will hit up against the reality of a world without limits at our own peril", said Tronto.

Elizabeth Jelin's keynote address looked back at the 1970s in order to explore past and present conceptualizations of the domestic sphere, where the bulk of care is provided in the form of unpaid and mostly female labour. She drew parallels between the feminist debates about domestic and capitalist modes of production prompted by Claude Meillassoux's *Maidens, Meal and Money: Capitalism and the Domestic Community* (1981),[1] and more recent discussions of the role of families in welfare regimes inspired by the work of Gøsta Esping-Andersen (1990).[2]

Meillassoux's work examined different modes of production and their role in capitalist economies. He argued that in the transition to capitalism, the "domestic community" was divested of its productive functions, but maintained an essential role in producing and reproducing labour power for the capitalist system. What kind of "product" this labour power was, and whether it was produced for use- or money-value, generated heated debates. Feminists were quick to point to the limitations of Meillassoux's theory, including his ahistorical use of the category "women" and the ambiguity of his concepts. Nevertheless, Jelin argued, the attention to the domestic community and the family's role *within* the larger economic context was the starting point of what is now discussed as "care".

Today, households and families are still central to economic and social processes. Yet the daily physical, social, emotional and moral reproduction of human

[1] Meillassoux, Claude. 1981. *Maidens, Meal, and Money: Capitalism and the Domestic Community*. Cambridge University Press, New York. The French original was published in 1975 under the title *Femmes, greniers et capitaux*.

[2] Esping-Andersen, Gøsta. 1990. *The Three Worlds of Welfare Capitalism*. Polity Press, Cambridge.

beings is absent from national accounting systems as long as it is carried out in the domestic sphere and not remunerated. This invisibility of families and the contribution of women's unpaid work to social welfare continued to be a contentious issue during the 1990s. Indeed, Esping-Andersen's *Three Worlds of Welfare Capitalism*—in which he depicted the role of, and relationship between, markets and states as central to the functioning of different welfare regimes—paid no attention to the role of households and families in welfare provision. The critical engagement with his work generated an empirically grounded and theoretically informed feminist literature that challenges mainstream conceptions of social policy and the welfare state, and Esping-Andersen's later work (1999)[3] incorporated the household into welfare regime analysis. In contrast to Meillassoux's work, Jelin argued, the recent welfare regime literature is not limited to the relationship between capitalism and the domestic community, but looks instead at a range of different institutions involved in the provision of welfare.

This growing analytical complexity moves current analysis away from the kind of "grand theories" that Meillassoux's work built upon. But while Meillassoux was interested in and able to apply his hypotheses to Africa and Europe alike, the current welfare regime literature builds almost exclusively on the experience of advanced capitalist economies. Its concern with access and entitlements to social welfare and dignity makes the *state* central to the analysis. Hence, its theories are less applicable to the other half of the world where households, families and communities play a dominant role in social provisioning.

In her opening statement, **Shahra Razavi** elaborated on Jelin's concern about the need to (re)think care in a development context, outlining a set of questions emerging from the UNRISD project. Drawing on Jane Jenson (1997),[4] she argued that it is useful to think about care as a *perspective* or *lens*, rather than a sector or particular set of activities. Because good care requires a variety of resources, including material resources, time and skills, broader policies and structures can facilitate or hamper caregiving. This is particularly important in a development context, where many of the preconditions for caregiving cannot be taken for granted. These include appropriate infrastructure and technology to increase the productivity of unpaid domestic work, as well as the availability of paid work to bring in a decent wage, with which to purchase some necessities for caregiving (such as nutritious food for the family and transport fees to reach the nearest health centre). It therefore cannot be assumed a priori that the processes of growth and economic development lead to an improvement in caregiving and human welfare. The question is, instead, whether capital accumulation—a necessity for developing countries—facilitates caregiving and enhances human well-being, or whether it occurs at their expense.

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Despite the fact that both welfare and care are mainly assured through informal family networks and relations, an exclusive focus on families and households can be misleading. The "care diamond" analogy put forth by the project illustrates the multiplicity of sites and institutions involved in care provisioning. Families/households, markets, the public and the not-for-profit sectors work in a complex manner, and the boundaries between them are neither clear-cut nor static. Although families and households are the bedrock of care provision in most countries, there is great diversity among developing countries with respect to state capacity (fiscally and administratively) and the willingness to provide social and care services or put forth comprehensive social protection measures. The six project countries also vary greatly with regard to the "familializing" (for example, care leave provisions, transfers for caring and social rights attached to caregiving, such as

[3] Esping-Andersen, Gøsta. 1999. *Social Foundations of Postindustrial Economies*. Oxford University Press, Oxford.

[4] Jenson, Jane. 1997. "Who cares? Gender and welfare regimes." *Social Politics*, Vol. 4, No. 2, pp. 182–187.

pension care credits) or "de-familializing" (such as public provision of care services and public subsidy of market care services) emphases of their social policies. The focus on public policies also allows moving beyond an agenda, currently pursued by some multilateral institutions, focused exclusively on micro-level interventions aimed at getting more men involved in caregiving. According to Razavi, these micro-level measures around the promotion of fatherhood, for example, are largely insufficient, at least in many developing countries, where much more needs to be done in terms of putting in place the policies, programmes and structural changes that can help redistribute the costs of caregiving across social classes and also make it more viable for women to renegotiate their care responsibilities with men.

Finally, Razavi pointed to the problem of "welfare pluralism" in a development context, where care is spread thinly across the care diamond. In theory, governments can orchestrate the mix of public, private and community provision, guaranteeing accessible services for everyone, as well as good working conditions for care workers. But this requires a state with both fiscal and regulatory capacities to regulate non-state care providers, enforce quality standards and underwrite some of the cost of service provision for low-income users. It also requires the political will to invest in basic public health and education services, and appropriate infrastructure, as the bedrock of social provisioning to reduce the unpaid care burden placed on families and households. However, the reason why governments often enter into public-private partnerships is to save costs (especially those related to staff). As a consequence, Razavi argued, particular attention needs to be paid to the kind of employment that public-private mixes offer to their workforce. Pluralism in the provisioning of social and care services can have unequalizing, if not exclusionary, outcomes in contexts where the state fails to play a leadership role. In historically more unequal societies, pluralism can easily slip into fragmentation as gaps are filled by providers that offer services of varying quality which cater and are accessible to different segments of the population. In such contexts private provision (of health, pensions and care services) for the better-off may be underwritten by state subsidies, while meagre resources are channelled into poor-quality public or "community" health, education and care services for the majority who may be required to make in-kind or "under-the-table" contributions in order to receive them.

Session 1—State Responses to Social Change in Europe, Argentina and the Republic of Korea

The past decades have witnessed major economic, demographic and social changes that have had important consequences for the organization of care. Among these shifts are declining fertility rates; changing marriage patterns, household and family structures; ageing; and migration. How are states responding to these changes? How are responsibilities for financial provision and caregiving (re)assigned in different contexts?

> ***While diversity is the defining feature of policy measures in Europe—including funds, services and time for care, as well as their relative weight in each national setting—the withdrawal of the state emerges as a common feature across countries, even those with a strong tradition of state-provided social and care services.***

In her presentation, **Mary Daly** provided an overview of trends in the European context, focusing on the drivers and ideological underpinnings of contemporary care-related reforms in the areas of health, social protection, family and employment policies. She argued that reforms are not really driven by an interest in care itself, but rather by what is perceived as demographic, social and economic exigency. Aside from the economic instrumentalism around labour market activation and investment in the development and well-being of children as the "citizen-workers of the future",[5] care-related policies seem to be driven by concerns over

[5] Lister, Ruth. 2003. "Investing in the citizen-workers of the future: Transformations in citizenship and the state under New Labour." *Social Policy and Administration*, Vol. 37, No. 5, pp. 427–443.

the family as a key institution in the creation and maintenance of social fabric and order. While diversity is the defining feature of policy measures—including funds, services and time for care, as well as their relative weight in each national setting—the withdrawal of the state emerges as a common feature across countries, even those with a strong tradition of state-provided social and care services. Furthermore, consensus seems to be emerging on some key ideas about the linkage between people's family and market roles that ultimately underpin social policy making.

Five tendencies become particularly apparent. First, governments increasingly treat all women as workers, pursuing a rise in the share of dual-earner households; and second, they regard paternal involvement in family life as desirable. Third, child well-being and development has increasingly become an independent concern of social policy as an investment in human capital, which leads to the fourth tendency, the fact that some non-maternal childcare is seen as necessary. Last, there are separate debates about elderly care with different combinations of self-sufficiency and public funding being promoted mainly from the areas of health and pensions. Although the first two tendencies have roots in feminist thought and movements, Daly argued that they are underpinned less by concerns over gender equality, than by hard-bitten economic considerations. On the one hand, support for traditional male breadwinner/female caregiver households has come to be seen as costly and, thus, dual-earner families who can fend for themselves have become the desired norm. On the other hand, policy makers hope that male bonding with small children will be good for child development and make men more likely to provide for their offspring at later stages—thus relieving public budgets of child support.

Work and family reconciliation policies have become a major topic for discussion on care in the European context. According to Daly, these are not only driven by the desire to increase parental employment through working time and leave regulations that facilitate the participation of both parents in the paid economy. The aim is also to soften the hard edges and harmonize market and family institutions, because the quality of family life in the short term is perceived to be crucial for maintaining social order in the long term. This perception goes hand in hand with the recognition of the limits of the processes of individualization and de-familialization. It has triggered policies that provide families with more rights to provide care and try to harmonize institutions and spheres of life.

Daly concluded her remarks by arguing that European states are "hopelessly confused", with care policies endorsing several directions at once. Greater provision of care services (de-familialization and commodification) provides incentives to dual-earner families. At the same time, greater time rights (such as care leaves, working-time reductions, flexible hours) enable parents to provide more care (familialization and de-commodification). Consequently, there is no simple trend toward an "adult worker model".[6] The trend to individualization also needs to be qualified, Daly argued, as policies are directed at children *in* families, *in* communities and *in* markets, and at women and men as embedded in family contexts. As a result, care is still provided through a mix of states, markets, the voluntary sector and families. Women are increasingly assigned a dual role—as carers and earners—and gender equality is being replaced as a policy priority by concerns over public finance, investment in children as the citizen-workers of the future and the quality of family life as a stabilizing factor of long-term social order.

Ito Peng's presentation echoed many of Daly's remarks. First, she said, economic motives have been a key driver of recent care policy reforms in the Republic of Korea. These reforms suggest a possible modification of a regime that has historically been based on a male breadwinner model and strong familialism. Indeed, state support for time, cash and services for care has increased since 2003, mainly under the banner of family/work reconciliation policies. The duration of fully paid maternity leave has been extended to 90 days for both standard and non-standard workers (that is, temporary and daily workers), and a three-day paternity leave introduced. The government also pursued

[6] Lewis, Jane and Susanna Giullari. 2005. "The adult-worker-model family and gender equality: Principles to enable the valuing and sharing of care." In Shahra Razavi and Shireen Hassim (eds.), *Gender and Social Policy in a Global Context: Uncovering the Gendered Structure of "The Social"*. UNRISD and Palgrave, Basingstoke.

part-time work and flexible work time regulations. Furthermore, parents in standard employment now have the right to nine months parental leave during which they are entitled to a monthly state subsidy. Monetary child benefits have been increased and extended, and childcare services have been expanded from around 2,000 centres in 1990 to almost 30,000 centres in 2007. Many of these centres are run by private for-profit and not-for-profit institutions whose activities are heavily regulated and subsidized by the state.

A combination of interconnected demographic, economic and political factors has led to this unprecedented social policy turn toward families and children in the Republic of Korea. First, plummeting fertility and rapid population ageing have spurred the concern about labour shortages in a country which, historically, has been unreceptive to immigration. Second, since the 1997 Asian economic crisis, the Republic of Korea has been struggling to reinvigorate the economy and create employment. As a response to economic crisis and the International Monetary Fund's (IMF) bail-out conditions, the government undertook profound labour market restructuring, including deregulation and flexibilization. This process under-mined male breadwinner arrangements, as "family wages" increasingly disappeared. At the same time, the growing numbers of women joining labour markets reduced the time available for unpaid care. Third, women's movements and "femocrats", whose representation in government has risen over the past decade, have been demanding gender equality. To address the different demands, the government turned to "social investment"–style policies aimed at mobilizing female labour and increasing fertility through an expansion of options for reconciling work and family life. At the same time, the expansion of childcare services was perceived as a route to job creation and investment in human capital, as well as a way to respond to some of the demands of the women's movement. While this logic has spurred important policy changes, it is also based on a very narrow definition of care—the care of dependents, mainly children and the elderly. Taking care of their needs has come to be perceived as instrumental to economic growth and development.

Eleonor Faur's presentation on childcare arrangements in Argentina focused on how care-related social policies are shaped by and contribute to the reproduction of the marked social inequalities that characterize the country. Similar to the Republic of Korea, Argentina has experienced profound changes in poverty, inequality, employment patterns, family and household structures, as well as recurrent economic crises, over the past decades. These changes have modified childcare needs and demands. Because social policy is highly stratified—with some entitlements being universal, while others are subject to targeting and means-testing—and income inequalities are severe, care strategies differ according to household income. This is why, Faur argued, there is no such thing as a "care policy" in the country, and it is difficult to identify a "care regime", as the concept implies a relatively stable configuration. Instead, she suggested "social organization of child care" as a way of characterizing "the constantly developing configuration of childcare services provided by different institutions".

> ***In Argentina, because social policy is highly stratified—with some entitlements being universal, while others are subject to targeting and means-testing—and income inequalities are severe, care strategies differ according to household income.***

Three different sets of policies shape the social organization of care in Argentina. First, regarding employment-related rules and regulations, the stratified nature of the labour market translates directly into different entitlements with regard to care. Maternity leave entitlements, for example, are restricted to those in formal employment (in a context where half of the female workforce is informally employed). They are further stratified along the lines of employment in the private sector (90 days) and public sector (up to 165 days for public school teachers, for example). Due to lax enforcement, mandatory company-based childcare largely depends on collective bargaining agreements, which vary widely across sectors and firms. A second set of care-related policies are to be found in the realm of anti-

poverty strategies. In response to the 2001/2002 economic crisis, poverty reduction programmes have targeted poor families with cash transfers and nutritional programmes aimed at improving educational, health and nutritional indicators. To a large extent, these programmes rely on the unpaid care work of poor women, while the state has been reluctant to extend education and health services. Thus, far from providing options for de-familialization, Faur said, Argentina's poverty reduction programmes seem to promote "familialism and maternalism for the poor". According to Faur, it is the third set of policies—early education services—that could potentially universalize childcare arrangements across social classes. The introduction of mandatory preschool attendance for five-year-olds in 1993 has significantly narrowed the regional and class inequalities in this age group's access to early education. However, significant class differences remain among younger children, with lower income families much less likely to put their children in preschool. Although coverage for lower age groups is higher in the city of Buenos Aires, a large share of the enrolment is absorbed by private providers, while state provision has remained rather stagnant over recent years. This raises serious issues with regard to affordability. In poor communities, on the other hand, the state supports alternative community-based childcare programmes that rely on volunteer or non-professional staff.

Faur concluded by summarizing the stratified nature of care arrangements in Argentina: poor families rely on unpaid maternal care or care by other relatives.

Discussion

The discussion that followed delved further into the issue of inequality raised by Faur. One participant voiced concern over the fact that only the Argentina presentation had focused on class inequalities in care, and questioned whether this stemmed from the deliberate choice of the researchers or whether it reflected different social realities. Several participants pointed to the differences in economic development trajectories which had resulted in significantly lower levels of income inequality in the Republic of Korea. There, Peng argued, postwar economic growth had been premised on a national narrative of one homogenous (mono-ethnic, mono-racial) nation. This led to a growth path which was more inclusive and less prone to perpetuating income inequalities. As anxiety over demographic change increased, however, this narrative proved problematic. Opening the country to immigration in order to confront possible labour shortages would have meant questioning the narrative on which national identity and cohesion had been built. Another participant added that lower income inequality in the Republic of Korea had restricted the market for domestic workers—a common care solution for higher

> ***The need to reconnect debates about care to larger debates about social transformation and social citizenship was also underlined, with the argument that an inclusive feminist agenda also needs to question inequalities of race, ethnicity and national origin.***