

REDISTRIBUTING UNPAID CARE AND SUSTAINING QUALITY CARE SERVICES: A PREREQUISITE FOR GENDER EQUALITY

SUMMARY

The centrality of care to sustainable development and its relevance for gender equality are now widely recognized by the global community. In “Transforming our world: The 2030 Agenda for Sustainable Development”—also referred to as “Agenda 2030”—unpaid care appears as one of the targets under Sustainable Development Goal 5 (“Achieve gender equality and empower all women and girls”), and policy actors are increasingly recognizing it as a critical issue for sustainable development. Given the consensus on the importance of care—and references to its recognition, reduction and redistribution—this brief delves into key policy issues and dilemmas about how to reduce the drudgery of unpaid care and domestic work, as well as redistributing it more equally between women and men, and between families and broader society.¹ It aims to bridge the gap between the emerging consensus on the importance of care and the not-so-clear policy options for supporting care without reinforcing it as an exclusively female domain.

What is care, who cares, and why does it matter?

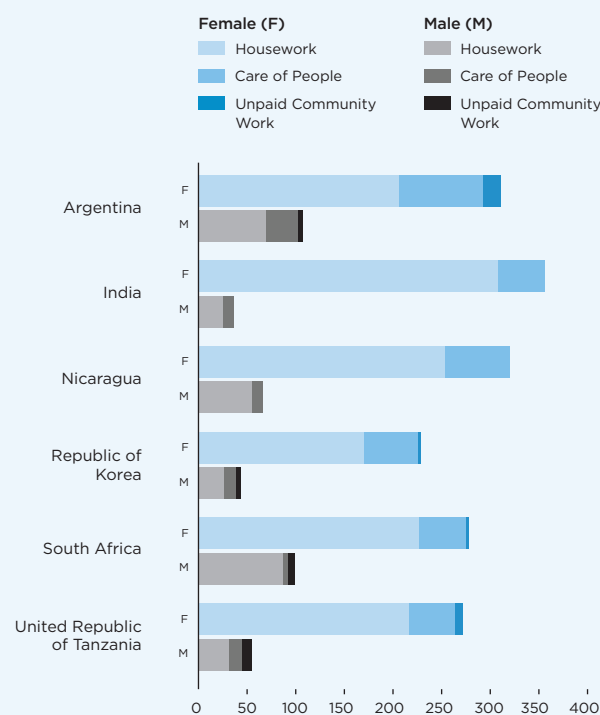
Care refers to the provision of personal, face-to-face services to meet the physical and emotional needs that allow a person to function at a socially acceptable level of capability, comfort and safety.² Caregiving is complemented by the daily domestic tasks of cooking, cleaning and laundering that provide its necessary preconditions.

A significant part of care and domestic work in all societies takes place through relations of family, kinship and friendship, and is done on an unpaid basis. Although this unpaid care and domestic work is not counted as “economic activity” in labour-force surveys, nor incorporated in calculations of gross domestic product (GDP), it has enormous economic value: it contributes to human well-being, builds stronger social ties, and enables economic dynamism and growth. Without this work the economy would grind to a halt.

Yet the costs of providing care are borne disproportionately by women and girls who take on the lion’s share of unpaid care work (see Figure 1). For most women—especially those at the bottom of the wage distribution—caring, for a young child for example, can weaken their labour market attachment, lower the quality of jobs they can access, and often results in a wage penalty (referred to as the “motherhood penalty”).³ Opportunities for education, training and political participation may also be lost.

The benefits of care, however, spill over beyond its direct recipients: children grow up to become adults who work, pay taxes and keep social security systems solvent. It is important

FIGURE 1
Time spent per day on unpaid care and domestic work, by sex



Source: Budlender 2008. Based on time-use surveys in each country: Argentina (2005, Buenos Aires only), India (1998/1999), Nicaragua (1998), Republic of Korea (2004), South Africa (2000) and United Republic of Tanzania (2006).

Note: Argentina covers Buenos Aires only.

that societies find ways to redistribute the costs of providing care more equally between women and men, and between families and broader society.

Unpaid care provided in families is one part of a bigger “care diamond” that also includes paid forms of care provided in public hospitals (state), private daycare centers (markets) or through community services (not-for-profit sector).⁴ Few families can care for their dependents entirely on their own, without accessing some form of paid care for young children or frail elderly persons.⁵ Yet mirroring the lack of recognition and support for unpaid care, paid care is often under-paid and carries a significant wage disadvantage compared to work in non-care occupations involving comparable levels of skill, education and experience (also known as the “care penalty”).⁶

Unpaid care and domestic work: Addressing unequal burdens

Deep-seated social norms and gender stereotypes shape people’s perceptions of who is responsible for meeting care needs, who needs care and how that care should be delivered. Women’s responsibility for care is taken for granted in most societies as an unquestioned part of daily living.⁷ Women’s responsibility for unpaid care work, however, varies greatly across countries depending on the coverage of public services such as water and sanitation, energy, healthcare and childcare. One six-country study found that the amount and intensity of unpaid care work performed by women tended to be larger among lower-income households due to poorer infrastructure available to them, larger household size and weaker capacity to buy care services.⁸ Focus group discussions carried out by Oxfam in the Philippines, Honduras and Bangladesh placed basic services such as water and electricity at the top of the needs expressed to reduce excessive care work.⁹

Policies to reduce the drudgery of unpaid care and domestic work: Invest in accessible time- and energy-saving infrastructure

In sub-Saharan Africa, women and girls are the primary water carriers for their families, doing 70 per cent of the work in households where water has to be fetched.¹⁰ The issue of investment in improved water infrastructure is often framed as a public health concern, but it also has huge strategic importance for reducing women’s unpaid care and domestic work.¹¹

For example, a study in rural Senegal showed that time savings associated with investments in small water piping systems enabled women to enhance their income earning activities and to set up new livestock-raising enterprises and gardening.¹² What women are able to do with their freed time—paid work, education and training, or rest and leisure—ultimately depends on the socioeconomic context and on whether or not other policies are in place to enhance women’s opportunities.¹³

Water, sanitation and electricity have historically gone to scale through public sector investments. Since the 1980s these services, especially in developing countries, have opened to the private sector, partly in response to weak public sector provision. Private sector involvement, however, has meant even greater neglect of rural and remote areas. Only the state has the reach, and obligation, to provide these services to the poorest and most remote areas. States must therefore provide an enabling policy framework for private actors and direct assistance to the poorest (through income support, tariff adjustment, direct subsidies or cross-subsidies) if water and electricity are to be universally provided.¹⁴

Redistributing unpaid care within families: Engaging fathers

Both caregiving and domestic work are widely seen as “naturally” women’s work—including by many women.¹⁵ Gender norms, however, do change and policy can provide a trigger for such changes.

Nordic countries—especially Sweden, Norway and Iceland—have earned a reputation for putting in place “carrot and stick” parental leave policies that encourage fathers to take on more of the care for their children. The measures adopted have included not only a father’s right to take parental leave (the carrot) but also a “take-it-or-lose-it” father’s quota (the stick), which means that if the father does not use his allocated share, the leave will be lost to the family. A further incentive encouraging fathers to take their allocated quota is a generous wage replacement, financed collectively, which sends a strong message to everyone, including employers, that both parental care and gender equality in its provision are socially valued.¹⁶

Parental leave and fathers’ quotas are not easily transferable to those developing countries where labour markets are extensively informal and where a small proportion of the workforce benefits from any kind of paid leave. It would be more useful in such contexts to encourage men’s parenting roles through child and family allowances (such as cash transfers) and child nutrition programmes by directing them to the child’s primary caregiver, rather than automatically to the mother. The South African Child Support Grant is one example of a child allowance that has moved away from such maternalist assumptions.¹⁷

The South African example is instructive because it was developed in a country with extremely diverse family forms and where 40 per cent of all children live with their mothers but without their fathers.¹⁸ Grandmothers tend to play a significant role in caring for their grandchildren, while their daughters engage in income-earning. This dynamic also exists in many other countries in Southern Africa, Latin America and the Caribbean, where millions of women care for their children without a male partner or spouse with whom they can share care tasks. This underlines the equally important policy of redistributing care responsibilities between families and society through the provision of affordable, accessible and quality care services.

Redistributing care between families and society: The role of care services

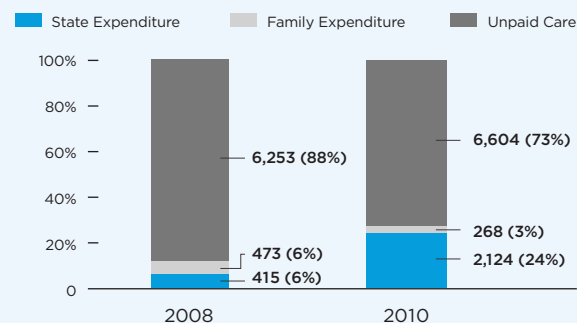
Sustained investments in early childhood education and care services for children below compulsory school age (birth to five or six years), could support both child development goals and provide alternatives to parental care, thereby facilitating women's labour force participation. There is a strong correlation between women's labour force participation and the availability and affordability of childcare services (see Policy Brief No. 2). There are also important economic pay-offs from such investments. For example, it is estimated that expanding early childhood education and care services in Turkey to catch up with the average preschool education and care enrollment rate for Organisation for Economic Co-operation and Development (OECD) countries, has the potential to generate more than 700,000 new jobs of which 73 per cent are likely to go to women. Moreover, as much as 77 per cent of the total expenditure in early childhood education and care services is estimated to be covered in the short run by increased government tax revenues (through employee tax contributions).¹⁹

Less attention has been given to care for frail elderly persons. Elderly care is becoming an urgent issue in developing countries too, in the context of population ageing, family change and migration patterns that place greater physical distance between the elderly and their adult children.

Evidence from the Republic of Korea suggests that by putting in place a long-term care insurance policy that finances domiciliary and institutional care services for the elderly, it is possible to reduce the relative share of regressive “out-of-pocket” payments made by the elderly to hire care assistance through the market. Equally significant, in just two years since the policy was enacted, the policy has also reduced the share of care that family members (predominantly women) provide on an unpaid basis by 15 per cent (see Figure 2).

FIGURE 2

Relative shares of family/unpaid care, markets and states in elderly care in the Republic of Korea, 2008 and 2010



Source: Yoon 2014.

Unpaid carers benefit from affordable and quality care services. It not only gives them relief from hours of (sometimes) tedious and stressful work, but can also enhance their participation in public life. Care services, however, are complementary to the unpaid care that family members provide, rather than being perfect substitutes. Women, as well as men, who shoulder heavy care responsibilities—for a child with severe disability, a sick friend needing daily assistance, or an elderly parent with dementia—often want the time and financial resources, as well as respect and recognition, to at least temporarily withdraw from paid work. Paid and flexible care leaves, as well as “care credits” in pension schemes, offer the flexibility needed to care for dependents without being penalized financially for taking time out of paid work. Regulating work hours as well as employer-employee negotiated worktime flexibility can also assist women and men in combining employment with caregiving.

Investing in accessible and decent care services

There is considerable inequality in access to paid care services.²⁰ People who are disadvantaged in terms of class, gender, race, disability or migrant status, are likely to have weaker capacity to purchase the care they need. At the same time, the need for care is greatest when one is least able to garner the resources needed to pay for it. For example, adults with severe disabilities are also likely to have diminished earning capacity. This puts care services delivered through markets beyond the reach of those who need them most.

Paid forms of care are prone to low pay and high labour turnover; it is hard to maintain staff morale and quality with low wages and poor working conditions. One source of pressure on wages in the care sector comes from the labour- and time-intensive nature of care work, which resists the automation and geographic relocation that have lowered labour costs in other services.²¹ To stay profitable, private-sector employers tend to resist wage rises and/or reduce staffing levels. This erodes the quality of care and puts pressure on training standards.²² The fact that much of paid care work is performed by women, especially women from disadvantaged groups, also reinforces low pay.

To enable employers to attract and retain staff, jobs in the paid care sector must offer wages and working conditions that are comparable with other jobs that require similar levels of education and commitment. Cross-country evidence suggests that care workers are less likely to face a wage penalty in contexts where public spending on care is high, the public-care sector itself is large and union density is high.²³ In Argentina, for example, early childhood education teachers enjoy the benefits of formal sector employment.²⁴ Austerity measures, conversely, have been shown to erode both the quantity and quality of jobs in the public-care sector, relying on women's unpaid care work to fill the gap.²⁵

Building “high road” strategies in the care sector that provide decent working conditions and produce quality care services requires appropriate regulations (e.g., specifying the number of persons cared for per carer), adequate public funding to reduce

labour turnover and create opportunities for staff training, unionization and building links among care workers to ensure decent wages and work conditions, and emphasizing the common interests of care providers and care users (see Box 1).²⁶

BOX 1

Caring Across Generations

Caring Across Generations (CAG) is a national grassroots movement of families, caregivers, people with disabilities and elder persons working towards a care system that better reflects and supports the realities of 21st century families in the United States. By 2050, the number of elderly persons who will require some form of long-term care and support will double to 27 million. A robust long-term care system and greater investments in the caregiving workforce will be essential to support this unprecedented growth in the elderly population. CAG aims to: develop policy at the local, state and federal levels to expand access to quality care services,

affordable long-term care coverage for seniors and people with disabilities, and adequate standards and benefits; increase awareness of the need to alleviate the burdens of family caregiving; and ensure quality caregiving jobs with adequate training, living wages and benefits. Through on-line campaigning and grassroots organizing, CAG has had many successes to date, including securing changes to the Fair Labor Standards Act, which after decades of exclusion, finally granted home care workers the right to minimum wage and overtime protections as of October 2015.

Source: www.caringacross.org

RECOMMENDATIONS

- Sustain public investment in accessible infrastructure, especially water and sanitation, and provide basic guarantees where there is private provision, as a priority for low-income countries
- Put in place flexible family/care leaves with high income replacement (in countries with formal labour markets) and family/child allowances that encourage men to share care responsibility (in all countries)
- Invest in affordable and quality care services; few families can care for their dependents entirely on their own, without accessing some form of paid care
- Create “high road” strategies in the care sector through appropriate government regulations, adequate public funding, and strategies that build on the common interests of care workers and care users; without such deliberate measures, paid forms of care are prone to low pay, high labour turnover and low quality outcomes
- Not all care can, or should, be pushed out of the family; those who shoulder heavy care responsibilities need infra-

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