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Care systems and SDGs: reclaiming policies for life sustainability

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Because of its importance to achieving gender equality, SDG 5 calls for recognition and value of unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate (target 5.4). Beyond this, care is a cross-cutting issue along all of the SDGs.

There is still a huge gender gap in terms of the time devoted to domestic and care activities. The massive burden of domestic and care work on women's lives is the consequence of what we define as unfair social organization of care. This means an unequal distribution of responsibilities between, on the one hand, the State, market, households and communities, and, on the other hand, between men and women.

Care can be considered as a human right. People have the right to receive care and to provide it under conditions that do not restrict other rights or aspects of life. Thus States must respond with adequate public policies to promote, protect and fulfil this right.

Such policies should open up opportunities so that people can choose how they meet their own care needs and those with whom they live, they should take into account the diverse personal and family situations, they should provide access to care for the high number of workers in the informal sector, they should be cross-sectoral and interlinked, they should provide the required budgetary resources, and should assure decent working conditions (including decent salaries) for paid care workers.

As human beings, we are vulnerable and interdependent. Throughout the lifecycle, people need to be cared for when they are young, when they are old, when they are sick, when they are pregnant, when they are temporarily or permanently disabled. The concept of care refers not only to direct care provided from one person to another but also to self-care, to the creation of certain pre-conditions needed for

the provision of care (such as all the domestic work which is necessary to create an adequate environment for the provision of care) and it also refers to the management of care provision.²

Care work is provided, often for free and almost always underpaid, by nurses, teachers, mothers/wives/grandmothers/sisters, domestic workers and many others, the majority of whom are women. The way in which care is socially organized has decisive implications for people's everyday life, and for

¹ Thanks to Kate Donald and colleagues from the Civil Society Reflection Group on the 2030 Agenda for Sustainable Development for thoughtful comments on a draft version.

² For a summary discussion on the concept of care see Esquivel (2011).

gender, social and economic inequalities.

SDG 5 calls on States to “recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate” (target 5.4). In addition, care is a cross-cutting issue along all of the SDGs.

Unpaid care work is directly related to the promotion of sustained, inclusive and sustainable economic growth, employment and decent work (Goal 8), given the effective contribution it makes to the creation of economic value and the vital role it plays in the sustainability of the labour force. Both official and informal care systems, frequently uncoordinated, are at the core of SDGs 1 to 4 (on poverty, hunger, health, education), and unpaid care work absorbs the ‘invisible’ cost of poor infrastructure and service provision. This impacts Goal 6 on water and sanitation, especially in low-income countries, where women often have to walk miles to collect water and dispose of waste. Care is also linked to SDG 9 on industrialization and infrastructure, as gender-sensitive infrastructure is essential to “inclusive and sustainable industrialization”, and to SDG 10 on inequalities, with its specific mention of migration as an inequality-reducing factor (target 10.7). Domestic care and care work is of course one of the main needs of aging populations that is satisfied by present-day migration. Further, the current social organization of care is a key mechanism of reproduction of inequalities that allows some households to get many care alternatives, at the expense of exploiting the work of poorer women, while restricting them to fragile and informal arrangements both of paid and unpaid work. Global care chains³ are strong evidence of the transnational mechanisms that deepen inequality both within and between countries. In brief, creating, improving and expanding care systems (revolutionizing them) is key to achieving many if not all of the SDGs.

3 On the concept and evidence on global care chains see Pérez Orozco (2013).

The contribution of care work to development

The contribution of care work (paid and unpaid) to social and economic development has been long commented upon. “Unpaid care and domestic work is a foundation of sustainable development. It sustains people on a day-to-day basis and from one generation to the next. Without it, individuals, families, societies and economies would not be able to survive and thrive.”⁴ Feminist economists have provided a strong framework to understand the key economic systemic role of care work.⁵ Nowadays, care work represents the largest subsidy to the global economy by reproducing the labour force at very low or no cost. Unpaid care work also serves as a counter-cyclical buffer, absorbing the greatest burden of the response to financial crises. Paid domestic work contributes considerably to poor households’ income generation and is key to preventing households from falling into extreme poverty during economic crises. At the same time, unpaid care work is often the only guarantee of households’ well-being when public services are cut back as a consequence of austerity policies.

The 1995 *Human Development Report* devoted a full chapter to measuring the economic contribution of women’s work, within the framework of the Beijing Platform for Action. Since then, many countries have implemented time use surveys, which are able, on the one hand, to confirm through data-based analysis the inequality existing in the distribution of care responsibilities between men and women, and, on the other hand, to estimate the monetary value of the contribution of care work to the economy.

According to UN Women, in countries where estimates exist, this contribution exceeds 30 percent of GDP (e.g., Nicaragua, India, Tanzania) and is higher than the contribution made by key sectors of the economy. For example, in Mexico, the monetary value of unpaid domestic and care work is estimated to be 21 percent of GDP, more than manufacturing, trade and construction,

4 UN Women (2018), p. 216.

5 Carrasco Bengoa (2006), Picchio (2001), Rodríguez Enríquez (2012).

transportation and mining altogether.⁶

The monetary value given to unpaid care work is a way of revealing the invaluable contribution it makes to the functioning of the social and economic system, including everyday life sustainability. This comprises the already mentioned reproduction of labour force under appropriate conditions to enable participation in productive processes. Besides, care work is vital to create opportunities of future development of children and young people, and to take care of the human needs of dependent elderly people and people with disabilities.

The unequal distribution of unpaid domestic and care work

In all countries where information is available, the gender gap is confirmed in terms of the time devoted to domestic and care activities. The size of this gap varies from case to case but can be over 100 per cent. These percentages reflect the sexual division of labour, the persistence of gender stereotypes in care work, naturalization of women's ability to provide care, the inaccessibility (due to high costs) of care services in the market and the insufficient and inadequate public provision of these services.

The huge burden of domestic and care work on women's lives is the consequence of what should be seen as the unfair social organization of care, which distributes responsibilities unequally between, on the one hand, the State, market, households and community, and, on the other hand, between men and women. This represents a problem for women whose excessive burden of domestic responsibilities is the main barrier to economic participation. Thus, despite the advancements observed during the last decades, women's labour force participation rate remains lower than men's, unemployment rates are higher, women are over-represented in the informal sector, suffer vertical and horizontal segregation at the professional level and, as a consequence receive, on average, lower earnings than men.

This is not only a women's problem, but also a social one. The fact that women's economic participation is limited by the burden of care responsibilities represents a productivity loss for the entire society, a loss that increases the more educated women are. On the other hand, women's overly demanding workload and time burden lead to fragile, precarious and unsustainable care arrangements that represent a threat to the future development of boys and girls, and increases the vulnerability of dependent elderly people and people with disabilities.

Likewise, the social organization of care works to reproduce inequality, particularly in the absence or weakness of public provision of care services. Women living in households with enough resources to pay for care services (often hiring other women as domestic and care workers, at low wages) can find time to improve their education, to participate both in political or community spaces, and in economic activities. In so doing, they can earn income to afford more care services, free more time and continue in a virtuous circle of realizing their potential. By contrast, many if not most women live in households that cannot afford to buy care in the market, while at the same time they often carry a heavier burden of care work (because they live in larger households, with more dependents). This reduces their ability to engage in income-generating activities and the vicious circle of privation keeps going. In Latin America, for example, women living in households in the 1st income quintile allocate 50 percent more time to unpaid work than women living in households in the 5th income quintile.⁷

In rural areas, the amount of time allocated to unpaid work depends on the availability of basic social infrastructure (water provision, electricity, sanitation). In Sub-Saharan Africa, for example, "where only 55% of household are within 15 minutes of a water sources, women and girls are the primary water carriers for their families, doing the hauling in over 70% of households where water has to be fetched".⁸

6 UN Women (2016).

7 UN Women (2018), Figure 6.3.

8 Ibid., p. 221.

In some cases, these inequalities acquire a transnational dimension, involving global care chains. These involve a combination of, on one hand, increasingly feminized migration processes, driven mainly by economic needs in the countries of origin, and, on the other hand, the so-called care crisis in the countries of destination. Thus, migrant women from the poorest countries are hired in the countries of destination to perform domestic and care work, allowing middle-class women in more developed countries to find more time to participate in the labour market and generate income. At the same time, these migrants leave dependents (usually children) in their countries of origin and other family members, usually women (grandmothers, elder sisters, close relatives) must take care of them. Through these cross-border chains care work is transferred from middle-class women in more developed countries, to migrant workers, to the unpaid work of women in least developed countries. These chains vividly represent inequalities and how they are reproduced, both within and between countries.

Moreover, the labour conditions of paid domestic and care workers are often worse than those of any other economic sector, particularly for migrant women. According to a 2016 ILO report, about 50 million of the 67 million domestic workers aged 15 year and older are estimated to be in informal employment worldwide.⁹

Therefore, the unfair social organization of work is a key node that explains the persistence of socioeconomic inequalities, or, rather, a dimension where the intersection of economic injustice and gender injustice is clearly revealed. In order to break through these mechanisms that reproduce inequality (to move forward towards the accomplishment of SDG 5 and SDG 10, and all the rest), public policies are required.

The risk of current visions for women's economic empowerment

There is widespread agreement about the importance of promoting women's economic empowerment to

reduce inequalities and foster economic and social development. The vision promoted by the IMF and World Bank, for example, and taken up by the Secretary-General's High Level Panel on Women's Economic Empowerment,¹⁰ argues that women's economic empowerment is 'smart economics', and equates empowerment with getting women into the workforce or able to produce marketable products at home.¹¹

However, this vision must be enlarged to embrace the nature of women's labour force participation and recognize unpaid work. While in some cases, the myriad welfare programmes promoting women's micro-entrepreneurship may contribute to the generation of income and help improve (at least partially) women's and households' living standards, they also create a double shift for women because unless they provide care solutions, they increase women's total work time. Research on programmes in Asia, for example, designed to create conditions for women's economic empowerment, fail to recognize tensions in balancing unpaid work and paid work. For instance, the Karnali Employment Programme in Nepal provides at least 100 days of waged employment through public work programmes to households living in extreme poverty, targeting female-headed households. However, lack of childcare, long distances to worksites and problematic working conditions work against women's effective participation.¹²

Service provision cuts – billed as 'cost-saving' measures – are often made on the implicit or explicit assumption that women will take up the slack, thereby transferring the costs to women. For example, cuts in healthcare might reduce access to sexual and reproductive health services and increased teenage pregnancy rates, adding to the care burden of young women. Similarly, such cuts transfer the provision of care for people with chronic diseases to the household, through early hospital discharges and the need for family assistance by inpatients.

9 ILO (2016).

10 United Nations (2016).

11 See for example: www.imf.org/external/themes/gender/ and McKinsey Global Institute (2015).

12 Chopra and Zambelli (2017). See also Cookson (2018).

Likewise, reduced public investment in social infrastructure (e.g., water and sanitation) may cause an increase in unpaid work. Similarly, the privatization of care-related service provision could potentially exacerbate gaps and inequality owing to the application of copayments and fees.¹³ Employer strategies that rely on private companies for care provision risk the same problem, particularly in countries with a high level of informal employment, which lacks such benefits, therefore, increasing inequality among workers.

The maternalistic vision of social policies

In many countries, cash transfer policies play a key role in improving, at least partially, the living standards of the poorest women. However, their maternalistic approach creates tension for the transformation of the social organization of care. In fact, feminist analysis of conditional cash transfer programmes shows that their impact on women's lives and the promotion of women's rights is ambiguous.¹⁴

These programmes, which have become the backbone of social policies in many developing countries, represent a significant transfer of resources to women who are the main recipients. For many of them, it is the first time they are subjects of public policies, in stable and direct relation with the State. Also, regardless of the amount, for most of them it represents a stable income that can be combined with other precarious income-generating activities (e.g., by other members of the household) to improve household living standards. And with this income (even if it is to be spent on their children), they can strengthen their negotiation position inside the household.

However, these programmes, in turn, end up significantly reinforcing women's role in care provision, mainly by the nature of the conditionalities imposed. First, because they address mothers rather than women; second, because they relate to care aspects

(school attendance and health check-ups) for which women are responsible; third, because generally non-compliance results in termination of benefits, they impose a moral and normative vision of 'good motherhood'; and fourth, because they may discourage women's labour force participation, particularly when eligibility requirements exclude earned income. At the same time, they do not provide for effective mechanisms of graduation from the programmes, resulting in women's welfare dependency.

Reclaiming integrated care policies for the transformation of the social organization of care

Care can be considered as a human right. People have the right to receive care and to provide it under conditions that do not restrict other rights or aspects of life. As a right, care can be enforced, and States must respond. Which is the direction that public policies should take to address the transformation of the social organization of care?

First, they should try to open up opportunities so that people can choose how they meet their own care needs and the needs of those with whom they live. Rather than simply implementing foreign paradigms of de-familization and/or commodification of care, they should set the conditions to allow for household members to choose how they wish to combine care services and unpaid care work.

Second, public policies should consider diverse personal and family situations should and be designed accordingly. On the one hand, it is necessary to better know how the social organization of care is shaped in rural areas, where the definition of care itself is contested. On the other hand, it is necessary to relinquish binary and traditional notions (men/women, nuclear households) to understand the reality of different types of family organization, their specific needs and, therefore, the specific policies required. For example, extending paternity leave is essential, but how will this change the life of a woman living in a single-parent household? Or, rather, how are care-related leave systems adapted to the reality of single-parent families, or adoptive families, or same-sex parents?

¹³ Hall (2014) provides examples of PPPs failures. See also UN Women (2018), Box 6.4.

¹⁴ For a feminist analysis of conditional cash transfers see Martínez Franzoni y Voorend (2008), Rodríguez Enríquez (2011), Cookson (2018).

Third, the debate on the social reorganization of care needs to be separated from the employment issue. The prevailing approach is still to consider how care arrangements can be facilitated for workers; but these strategies only cover formal paid workers. This can be clearly seen in regulatory frameworks (e.g., care-related leave systems). Finding a way to provide access to these benefits to the high number of workers in the informal sector represents a key issue, particularly for developing countries where informality and precarious labour are still the most common type of employment for most of the population (particularly women) and where young people increasingly have no paid work opportunities, thus suffering high unemployment and work inactivity rates.

Fourth, the maternalistic approaches to care provision must be revisited, as it is not a matter of designing policies to assist mothers and protect children but about thinking how we socially reorganize care provision for people in need of help due to age or physical conditions. It is also a matter of opening up possibilities so that people can choose how to receive and provide care, not only through care policies,

but also by strengthening health protection policies and policies to promote sexual and reproductive rights, including, for example, the right to voluntary terminate pregnancies. Furthermore, it is not only a matter of thinking about providing care for dependent people, but of envisioning a social organization that guarantees the sustainability of human and non-human life.

Fifth, there is an urgent need to adopt an integrated approach to public policy strategies. Such an approach is not only relevant to account for the multiple dimensions of this issue but also to: i) avoid the solution of a problem through the generation of new ones, ii) avoid deeper social fragmentation, and iii) achieve a more efficient use of resources. It requires public institutions that can simultaneously address the different dimensions of care, but, at the same time, it means ensuring that the transformation sought through specific policies (such as extended parental leave, provision of care services for early childhood, etc.) are not undermined by macroeconomic policies.

The National Care System in Uruguay¹

Box 4.1

Uruguay's National Care System, first put on the policy agenda by civil society organizations (mostly women and feminist organizations), turned out to be a priority on every political party platform in the last national election. The combination of a social demand for the transformation of the social organization of care, together with political will, produced a set of integrated policies in 2015 that aim to build a consistent care system. Its design includes three core dimensions: i)

care provision for children under three years old, which includes: day care provision (in public institutions, as universities, workplaces, community spaces), easy access to credit to improve care infrastructure, extension of paternal leave and implementation of parental leave; ii) care services for elderly people and people with disabilities, which includes: personal assistance, day care and long-term residential institutions, tele-assistance; iii) professionalization of paid care

work, through training activities as well as certification of labour competencies and validation of previous training.

¹ For details see: www.sistemadecuidados.gub.uy.

The integrated approach shows that there is a need not only for care policies, but for a set of policies that reduce the burden of care work. Improving water provision, sanitation, access to energy (gas, electricity) and to efficient public transport can help reduce unpaid care work time as well as providing better environment for care giving.

Sixth, governments must commit to moving this issue forward through the allocation of the required budgetary resources. Caring discourses or ‘gender’ or ‘feminist-friendly’ attitudes are not enough. We need political will and funds. For example, estimates of the fiscal effort needed to make early child education and care services universally available in South Africa and Uruguay show that, depending on the scenario, a gross annual investment of between 2.8 percent and 3.2 percent of GDP would be needed to cover children aged 0 to 5 years.¹⁵

While the implementation of public policies to transform the social organization of care requires fiscal efforts, this cannot be used as an excuse to delay progress. First because governments can and should adopt tax reforms to make taxes more progressive and their collection more efficient (through increased taxation on personal income, reduction or removal of tax benefits for huge corporations and addressing illicit financial flows in the context of specific mechanisms of international tax cooperation). And second, because the implementation of care policies has a fiscal cost but its absence has a socioeconomic cost that must be recognized. The fragile care arrangements that threaten child development, the underuse of women’s paid labour, the risk of socioeconomic vulnerability all entail a cost for society that offsets the costs to the public budget. Moreover, while the cost of implementing care services might be moderate, the benefits for women, but also for children’s present and future life can be huge.

Moreover, assuring decent working conditions (including decent salaries) for paid care workers is an essential part of the needed transformation. As mentioned, domestic and care jobs are, almost

everywhere, among the most informal and less paid. There is an urgent need for countries to reinforce legal frameworks that provide care workers with equivalent labour rights and social protection as the rest of the economy (in line with ILO Convention 189). It is necessary that governments adapt national norms to these standards, as well as implement mechanisms for monitoring compliance. An additional note should be made that care provisioning could become an important economic sector that would offer employment opportunities and contribute to domestic demand. Specific policies will be needed in order to avoid a further feminization of the care sector, and pay the salaries needed to attract more men to provide these services.

The unfair social organization of care violates people’s basic rights and needs to be transformed if we want to make progress towards the achievement of the SDGs. It will be impossible to leave no one behind unless this issue is fully addressed. It is time to reclaim integrated care policies for the sustainability of life.

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¹⁵ UN Women (2018).

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