
CARE IN HOUSEHOLDS AND COMMUNITIES

Background Paper on Conceptual Issues

VALERIA ESQUIVEL

Oxfam's initiative *'Innovations in Care'* aims to support development, humanitarian and advocacy practitioners to work more effectively on care issues. Care is understood as a major issue in promoting women's human rights, empowerment and overcoming poverty and inequality. This paper clarifies the main conceptual issues, overlapping terms and debates relevant for local programming and research on 'care in households and communities'. The author explores the increasing prominence of 'care' in international development discourse, including an annex on the historical evolution of the concept, a glossary of terms and extensive references. The second section reviews approaches to bring about change patterns of providing care: the '3Rs' framework to 'recognise, reduce and redistribute' care. The last section unravels debates about measuring care - time use surveys, monetary valuation and recent research on time-and-income poverty.

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INTRODUCTION

Care is a crucial dimension of well-being. People need care throughout their lives in order to survive. Care has long been considered to be the 'natural' responsibility of women, as a result of which the costs of providing care fall disproportionately on women. These costs include forgone opportunities in education, employment and earnings, political participation, and leisure time.

This Background Paper is part of Oxfam's Innovations in Care,ⁱ an initiative which aims to support Oxfam programmes to work more effectively on care issues. Oxfam's new strategic plan makes a commitment to raising awareness of care as a development issue, and to promoting positive change in beliefs and policies around care. Strategies for economic justice, gender justice, and governance include objectives to understand and address care as part of Oxfam's wider programmes.ⁱⁱ Across Oxfam International, staff has engaged with other international NGOs and UN agencies to develop thinking and good practice in relation to care.ⁱⁱⁱ As a result, Oxfam's programmes and teams have identified the need to clarify the competing and overlapping meanings and understandings of care, as a prerequisite for developing Oxfam's care agenda.

This Background Paper will clarify the main conceptual issues and debates that are relevant for addressing care in Oxfam's local programming and research. We hope it will become a reference and basis for Oxfam's emerging work on care, offering Oxfam's researchers and partners a 'common ground' from which to promote research and interventions that address care issues in development and humanitarian programmes in ways that contribute to a more just and gender-equitable distribution of care.

Care in international development discourses

Feminist literature has contested the idea that care is an essentially feminine trait. Nevertheless, around the world it is still the case that women provide most of the unpaid care in households and communities (Budlender 2010), and that the majority of paid care workers are female (Razavi and Staab 2010).

Women stand at the crossroads between production and reproduction, between economic activity and the care of human beings, and therefore between economic growth and human development. They are workers in both spheres – those most responsible and therefore with most at stake, those who suffer most when the two spheres meet at cross-purposes, and those most sensitive to the need for better integration between the two.

Gita Sen (1995, p.12) quoted in Kabeer (2007)

In recent years, 'care' as an analytical category has become increasingly prominent in the discourse of UN agencies, multilateral funding institutions, and donors. In 2009, the Commission on the Status of Women (CSW) chose 'the equal sharing of responsibilities between women and men, including care giving in the context of HIV/AIDS' as a priority theme for its work. This increased the visibility of care within the UN, and supported various stakeholders to mobilise around care (Bedford 2010). The Brasilia Consensus – the outcome of the 11th Regional Conference on Women in Latin America – established 'care as a universal right, which requires strong policy measures to effectively achieve it, and the co-responsibility of the society as a whole, the state, and the private sector' (ECLAC 2010, p.2, cited in Esquivel 2011b).

The World Development Report 2013 on *Jobs* identifies the shortage of care services as hindering female labour force participation, suggesting that ‘public provision or subsidisation of childcare can reduce the costs women incur at home when they engage in market work’ (World Bank 2012: 30). It also applauds the adoption of the ILO’s Domestic Workers Convention and the Domestic Workers Recommendation, a conquest that will help protect the most vulnerable and feminised group of care workers (World Bank 2012, p.141). Most recently, the *Draft Report on the Global Thematic Consultation on Inequalities* (The World We Want 2013, p.25) has highlighted the gender inequality in care workloads, and also the fact that ‘the poorest women usually face the most acute time pressures, bearing primary responsibility for unequally distributed household work while also contributing to household income.’

Different understandings of care shape different care agendas

These examples illustrate the enormous progress made in getting care onto the international development agenda as a public policy issue. Yet, in all cases care is considered to be a women’s (and to a lesser extent a children’s) issue. In other words, care remains ‘woman-specific’, as Daly and Lewis have pointed out (2000, p.283).

The examples above also show that the meanings of ‘care’ are contested. These different understandings of care have concrete effects in shaping different policy agendas (Eyben 2012). Actors adopting a *social justice* perspective may consider care to be a ‘right’, while those adopting a *social investment* perspective may view care as a poverty or a lack of employment issue (Williams 2010). Diagnoses that emphasise gender, class, and race inequalities in care provision highlight women’s costs of providing care. They call for the redistribution of care responsibilities, in particular through active state interventions with universal scope (UNRISD 2010). Diagnoses that focus on the role of care in the production of ‘human capital’, or the efficiency gains of women’s partaking in the labour market when care services are publicly provided or subsidised, usually justify interventions that are focused on ‘vulnerable’ or dependent population groups. Such focused interventions may sideline women’s (and others’) equality claims (Jenson 2010, cited by Razavi and Staab 2012, p.20).

The feminist meanings of care stem from feminist economics, from social policy research, and from feminist philosophy (Razavi and Staab 2012, p.3). In discourse about the role of care within development, these meanings compete with the more conservative and traditional meanings of care, associated with views that restrict the place of women in society to their role as mothers and carers. There is a risk that the same concept that has proven so fruitful in opening up space for a progressive gender-equality agenda might also grow and popularise *at the expense* of this progressiveness, losing its feminist roots to acquire ‘familistic’ connotations (Williams 2010). The challenge for women’s rights advocates is to design a care agenda that remains faithful to its origins, yet which is broad enough to be assumed by a number of organisations and individuals involved in different policy areas as well as by those involved in macroeconomic policy that will fight for change. The latter is particularly important in times of economic crisis and public sector retrenchment (Jolly *et al.* 2012). All this demands ‘a strong commitment from gender advocates – to make a compelling case for the importance of care, to get the issues heard, and to generate sustained pressure for action’ (Esplen 2009, p.2).

WHAT IS CARE? CURRENT UNDERSTANDINGS^{iv}

'Care' as a concept overlaps with similar concepts like care work, domestic labour, reproductive labour, unpaid work, social care, the care economy, etc. This reflects a conceptual evolution that has taken place in the feminist economics literature and in the social policy literature over the last forty years. The Annex to this Background Paper traces the evolution of these different conceptualisations of care. The variety of conceptual legacies, names, and understandings that characterise debates about care can be confusing to those not familiar with them. A lack of shared understanding of terminology and concepts can create difficulties for development conversations around care.

In this section, we explain some of the different terms that are used in debates about care. For each term, we explain its meaning from a feminist or social policy perspective, as well as some of the debates that surround the terms.

Reviewing the concepts and terminology relating to *care*

Care

Care activities are face-to-face activities that strengthen the physical health and safety, and the physical, cognitive or emotional skills of the care recipient (England et al. 2002, cited by Razavi and Staab 2012). Caring for people always takes place within a care relationship between a caregiver and a care receiver (Jochimsen 2003). The limits of care are, however, contested, with some analysts taking a broad definition and others a narrow one. Joan Tronto (2012) has expanded the definition of care to 'the activities that we do to maintain, continue, and repair our 'world' so we can live in it as well as possible', not only including care for people (ourselves, dependents, and not dependents), but also caring for objects, and caring for our environment. At the opposite extreme, the most frequent understanding of caring activities within development debates has narrowed down the focus of care to caring for dependents, excluding the care of non-dependents.^v For example, Daly and Lewis (2000, p.285) define care as 'the activities and relations involved in meeting the physical and emotional requirements of dependent adults and children, and the normative, economic and social frameworks within which these are assigned and carried out' (see the Annex for a thorough discussion on dependency). The breadth of definition that is adopted has implications for the scope of debate and policymaking relating to care.

Unpaid care work

'Unpaid care work' refers to care of persons and housework performed within households without pay, and unpaid community work. Each of these components is discussed further below. As a term, 'unpaid care work' is used similarly to the 'older' terms 'reproductive work', and 'unremunerated work that lies beyond the National Account boundary'.^{vi}

Unpaid care work is *unpaid* because it arises out of social or contractual obligations, such as marriage or less formal societal relationships. It is *care* because it is a group of activities that serves people in their well-being. And it is *work* because it is an activity that has costs in terms of time and

energy (Elson 2000). This definition of care based on work *activities* – or quantifiable ways of spending time – makes unpaid care work particularly amenable to being measured using time-use surveys (UNSD 2005, p.7). This approach to measuring care work is explored further in the final section of this paper.

Unpaid care work sustains our standard of living (the food we eat, the clean dwellings we inhabit, the care we receive) and the fabric of relationships within families and communities. Its sheer volume indicates that it cannot realistically be replaced – at least never fully – by market or state-based care services. The benefits it brings to households and communities can be thought of as an ‘in-kind’ income that ‘comes into a household’ and produces well-being (Folbre 2009). However, providing unpaid care work is also *costly*. It is not always ‘lovely’, even if it is performed ‘out of love’ (Elson 2005). It might involve drudgery and overwork, and it might not be the result of autonomous individual choices but of social pressures, which particularly oppress women and girls.

Care of persons

The ‘care of persons’ component of unpaid care work – mostly but not uniquely devoted to the care of dependents – focuses solely on the material dimension or work content of care relationships. This focus on care work highlights ‘care as a verb and carers as actors but implicitly begs a comparison with other forms of work and labour. Emphasising care as a particular form of labour also draws attention to the conditions under which it is carried out’ (Daly and Lewis 2000, p.285). Indeed, it is the work content of care work – the time actually needed to sustain the care relationship – which overburdens and poses limits for gainful employment and/or leisure time to women (and men) who engage in care relationships. In other words, it is in this work content that the costs of providing care can be measured.

Housework

The ‘housework’ component of unpaid care work refers to household maintenance activities – household chores like cleaning, cooking, and tending clothes, which can also be understood as ‘indirect care’. The gender division of housework, and the impact that housework has on women’s choices, are determined by several factors. These include the technology available within the household; the availability and cost of substitutes to undertake housework; the structure of families and households; the economies of scale derived from different family arrangements; and the role of income in bargaining in/out of housework.

Unpaid community work

The ‘unpaid community work’ component of unpaid care work refers to unpaid working activities provided to households which are not linked to the provider through immediate kinship. It includes work undertaken for friends, neighbours, or more distant family members, and work undertaken out of a sense of responsibility for the community as a whole. The activity content of unpaid community work is very broad and may include care for friends, relations or community members; housework – such as cooking in a community kitchen; or activities that are closer to paid work, such as unpaid community works.

Box 1 Glossary of Types of Work and Care

Wage work

This is performed in return for a wage. Some forms of wage work represent paid care work—such as health care provision, teaching, and other activities where concern for the well-being of the care recipient is likely to affect the quality of the service provided.

Self employment work

This is performed in hope of remuneration. It can be part of the formal sector or informal sector. Like wage work, self-employment work can fit the category of paid care work.

Unpaid work

This is not directly remunerated. It sometimes involves production for the market (e.g. unpaid family workers).

Non-market work

This refers to the production of goods and services not sold in the market, including subsistence agriculture, or production of food for own consumption.

Subsistence production as defined by the System of National Accounts (SNA)

includes those forms of non-market work that involve the production or collection of material goods, such as food for own consumption, or collection of water and wood, but explicitly excludes domestic services such as those central to unpaid care work.

Unpaid care work (also called household work, domestic labour, or family work)

This refers to the provision of services for family and community members outside of the market, where concern for the well-being of the care recipients is likely to affect the quality of the service provided.

Source: Folbre 2012

The Care Economy

The 'care economy' captures the idea that unpaid care work produces 'value' (and can therefore be considered to be *productive* or *economic*), but is invisible to standard valuations of aggregate output. This is because most care 'services' are produced outside of market exchanges.^{vii} As a concept, the 'care economy' is almost interchangeable with 'unpaid care work'. By applying prices to unpaid care work, analysts can determine a monetary value for the 'care economy'. This value can then be compared to the value of the 'paid economy' (GDP).

Going beyond such valuation exercises, analyses of the 'care economy' can help to characterise the ways in which the care economy and the paid economy relate to each other; the work and money transfers that occur between the two; and the consequences of these transfers in terms of well-being (Picchio 2003; Commission on the Measurement of Economic Performance and Social Progress 2009). This 'structural' type of analysis has created opportunities for macroeconomic modelling of the effects of different types of policy on the interactions between the care economy and the paid economy. For example, trade policies may attract women's market labour which is then subtracted from the unpaid care work; transportation and public infrastructure policies can reduce the need for unpaid care work; and anti-crisis employment programmes might take into account that women's employment can increase when public social infrastructure is provided, in the form of care services, among others (Darity 1995; Fontana and Wood 2000; Antonopoulos 2008; Himmelweit 2007).

More recently, the emphasis on the role of unpaid care work in creating well-being has led to the proposal of new well-being indicators that take unpaid care work into account (for further elaboration, see below).^{viii}

Social care

Building on the argument that care produces well-being, a vast literature in developed countries has used the concept of 'care' as an analytical category for the analysis of 'welfare states'. Because 'care' rests at the intersection of social and gender relations,^{ix} care as an analytical category has 'the capacity to reveal important dimensions of women's lives... and at the same time capture more general properties of societal arrangements around personal needs and welfare' (Daly and Lewis 2000, p. 284). Care is understood as a relationship (the *material* and *relational* dimensions of care noted earlier in this paper), and also as a socially constructed responsibility (the *normative* dimension of care) that takes place within particular social and economic contexts (the *institutional* dimension of care). In this context the concept of 'social care' allows us to focus on how the gender norms that mean women remain the main care providers interact with the particular ways in which the state regulates and shapes (by action or omission) the provision of care.

Care regimes

The concept of 'care regimes' can be used to typologise various types of 'welfare states'^x according to the ways in which care responsibilities are assigned and the costs of providing care are assumed (Razavi 2007). In building a picture of a 'care regime' in any given context we might consider the following dimensions:

- Where does care take place? Does care happen within households; in public institutions such as schools, hospitals, day-care centres; or in community institutions?
- Who cares? Are carers primarily women, because they are mothers; parents; or are workers?
- Who pays for the costs of providing that care? Is it the state through cash transfers to women? The state through the provision of free care services? Families who can afford private services? Employers? (Jenson 1997, cited in Razavi 2007).

A clear analysis of the care regime that a given welfare state promotes is a starting point for influencing policy change.

The care diamond

The 'care diamond' analyses how care responsibilities are distributed across four different welfare pillars: families, the State, the market, and the community. It can be used to consider how responsibility for the care of particular groups of dependents such as girls, children, older people, or people who are sick, is allocated across the four pillars. The performance of the 'care diamond' architecture, as Razavi (2007) has called it, can be judged from the perspective of both care receivers and care givers. It is important to pay particular attention to whether the design and application of 'care policies' reduce or exacerbate gender inequities in the distribution of care.

Care policies

'Care policies' are policies that assign 'time to care, money to care, and care services' (Ellingsaeter 1999, p.41, cited in Faur 2009). These range from payments to caregivers or to people who need care; to care services and labour regulations, such as maternity/paternity leave. The concept of care policies therefore encompasses policies developed in different sectors – for example the health sector, the education sector, the 'social' sector (anti-poverty policies), and labour market regulations.^{xi} The concept of 'care policies' enables us to analyse how a range of policies across different sectors have implications for care, and to consider how the totality of these policies is working – for example, using the care diamond approach.

Care policies include, but go beyond, social protection policies. Taking the examples above, it is clear that care policies overlap with social protection policies. However, the definition of social protection as the 'minimal level of income or consumption guaranteed by the state as a right for all citizens and residents' (UNRISD 2010a, p.136)^{xii} implies an adherence to a traditional conception of welfare as equivalent to a minimum level of consumption (or which measures the lack of welfare as income poverty). Within this understanding of social protection, the availability of the unpaid care work necessary to ensure well-being is taken as given, and income transfers do not comprise 'money to care' but only to income to support the consumption of a basic basket of minimum goods and services that does not include this care in a broad sense.

Within the social protection framework, the care work that is covered is exclusively that which households cannot provide, either because it requires expert knowledge (such as health or educational training) or because it is a response to extreme dependence (for example, disability). For the majority of care services, including those aimed at dependent groups such as young children or the elderly, the social protection definition assumes the families will provide the care required. For NGOs like Oxfam which are concerned about gender equality in livelihoods and about social protection, differentiating between truly universal care policies and social protection policies that only guarantee minimum incomes is important. This includes policies and programmes that are justified with a care rhetoric, such as Cash Transfer Programmes which include care conditionalities.

The social organisation of care

In developing countries, care policies may not assign care roles, and subsidies and care services may benefit families and women from different social strata differently. These differences in the way in which different population groups benefit from care policies may not support gender equality, and may even increase (rather than compensating for) income inequities – for example, poor households may pay high costs (when considered as a proportion of their total income) for poor quality care services. For some, the absence of the state might be as ominous as its presence, or, as pointed out by Faur (2011a, p. 969), 'the state itself presents different faces and different outcomes in its various activities' to different population groups. As a result, a growing feminist literature in Latin America has abandoned the care regime concept, and chosen to use the 'social organisation of care' instead. This term refers to the 'dynamic configuration of care services provided by different institutions, and the way in which households and their members benefit from them' (Faur 2011a, p.969). It reflects a less monolithic or 'regimented' approach to social policy.^{xiii}

Care workers

Care workers are wage or self-employed workers whose occupations involve engaging in a care relationship. This typically includes the work of doctors, nurses and other health professionals; early-education, primary and secondary school and university teaching staff; therapists; and nannies. It includes domestic workers, who are expected to do housework (i.e. perform 'indirect care'), but who also mind children and take care of elderly or infirm household members when required. Like unpaid care workers, domestic workers are women in the majority of cases. The association of unpaid care work with 'natural' female characteristics – and not with skills acquired through formal education or training – also implies that most domestic workers have low formal educational qualifications.

Research on care work within the paid economy has identified that some types of care workers are, in some contexts, relatively low paid (Budig and Misra 2010). Their working conditions are deficient as compared with those of other groups of workers (Folbre 2006b).^{xiv}

Conclusions on care concepts

This discussion has shown that a wide range of terms and concepts relating to care are used by different actors within development discourse. Some are more currently used, and preferred to others used in the past. In recent international debates, *care* is more widely used than *care work*, because it conveys broader meanings. The *care economy* is the preferred term among feminist economists. The *care regime* is used by social scientists from the North, and the *social organisation of care* is commonplace among social scientists from the South.

The *care economy* insists on the fact that care is the bedrock of economy and society. The *social organisation of care* offers a detailed critique of the role of the state in shaping access to care. In doing so, irrespective of the different emphases of their disciplines, they have both contributed to the removal of *care* from the purely private realm. Instead, care has been reframed as a concept that is heavily intertwined with *the 'economic'* – the way that economies benefit from work that is neither recognised nor paid for; *the 'social'* – the class and gender relations that permeate social interaction; and *the 'public'* – the policies that directly or indirectly shape the provision of care.

Bringing about change in care: the 'Triple R' framework

Conceptual debates around care work have evolved from treating care work as 'invisible' but 'valuable for production' – and therefore to be measured and possibly compensated for – to treating it as 'essential' to the well-being of those who benefit from it, even if it is 'costly' for those who provide it.

'[T]he accounting [for women's work] project must be viewed, on the one hand, not as an end in itself but as a means to understand who contributes to human welfare and human development – and to what extent. (...) On the other hand, these estimates can provide information for the design of policies to distribute the pains and pleasures of work in a more egalitarian fashion. (...) The challenge [of measuring unpaid care work] leads us to question the ways in which we measure well-being and to understand who contributes to it in our communities and in society as a whole.' Lourdes Benería (2003, p. 160)

The costs of providing care include forgone leisure and overwork. Leisure is a dimension of well-being and gender inequality in its own right, as Fraser (1997) clearly states. Overwork (both paid and unpaid) is an easy measure of the limited possibilities an individual has to choose to *not work*.

This is particularly true in the case of relatively poor households that cannot buy substitutes for their care work. In developing countries, poor households might use lower-productivity technologies than non-poor households, thus further increasing their unpaid working time (Hirway 2010). Also, engaging in simultaneous activities (using time more intensively by doing two or more things at the same time) provides households with more unpaid work at the cost of higher work intensity for those who provide it (Floro 1995).

These costs of providing care are shared unequally between women and men; within households; between households; and within society at large. This has important gender and class implications. The unequal gender distribution of these costs results in the limited opportunities and long hours of total work that women often face when they enter the labour market. The fact that poor households (and women in them) perform more unpaid care work than non-poor households underscores the relationship between income inequalities and care. As Daly and Lewis (2000, p.285) put it, care work is 'an activity with costs, both financial and emotional, which extend across public/private boundaries. The important analytic questions that arise in this regard centre upon how the costs involved are shared, among individuals, families and within society at large.'

In this section, we consider how activists and policy makers can promote a more just distribution of the costs of providing care.

Care and distributive justice

The fact that providing care is costly raises distributive justice considerations. Dependents, non-dependents and society as a whole benefit from unpaid care work. Unpaid care work operates as a 'free transfer' from those who provide care to those who receive it. This has the potential to offset, to some extent, a lack of sufficient income. In addition, unpaid care work has the characteristics of a 'public good': society as a whole benefits from care, and therefore the total benefits outweigh the total costs (Folbre 2004). In this way, unpaid care work in households and communities constitutes a kind of 'subsidy' to the public sphere (the state and the market) (Picchio 2003). From a distributive justice perspective, there is a *distributive conflict* between the living conditions of unpaid care providers – their consumption and leisure time – and the extent to which a society bears or does not bear the cost of care provision from which it benefits on a daily basis.^{xv} This is not a 'private conflict', as care cannot continue to be thought of as the sole responsibility of families and the women in them, but a 'structural conflict'. The extent of this conflict is determined by the level of unpaid care work that is required in any given society, and the distribution of its provision in terms of gender, class, and age.

The amount and type of care that a society 'needs' depend partly on demographic factors, such as the number of dependents; the family structure; or the proportion on elderly people in the population. More importantly, this also depends on how 'dependence' and 'need' are defined. These concepts, as we emphasised before, are socially constructed. The extent to which unpaid care work is 'available' also depends on the prevailing work-family arrangements. By this, we mean the shares of women and men participating in the labour market, and whether this participation hinders or supports unpaid care provision. When states or markets provide some forms of care, care availability expands beyond households and communities. Who benefits from this care provision, and the conditions for access (income, labour market status, etc.) also have strong distributive and political dimensions.

The Triple R framework: recognition, reduction and redistribution of unpaid care work

The Triple R framework as put forward by Elson (2008), offers a framework for analyzing avenues for change towards more just ways of distributing the costs and benefits of unpaid care work.^{xvi}

Figure 1 shows the different ways in which action on *recognition*, *reduction*, and *redistribution* of unpaid care work can take place in *families* (women and men, boys, and girls), *communities and NGOs*, *states* (national, regional, local), and *markets* (employers and care service providers).

Recognition of care work

The first stage in the Triple R framework is to work towards full *recognition* of the nature, extent, and role of unpaid care work in any given context. As the quotation above from Lourdes Benería emphasises, taking care seriously means understanding the whole of its contributions to human development, without losing sight of *who* is making those contributions: , in other words, who is bearing the 'pains and pleasures' of care work. Recognition of care work goes beyond crude aggregate measures of unpaid care work. It requires the development of detailed accounts and analyses that can inform precisely who it is doing unpaid care work, and how much (Esquivel 2011b). Recognition also means avoiding taking unpaid care for granted, and understanding the social norms and gender stereotypes that make women the primary providers of unpaid care work. Recognition also means challenging power relations. These may be reflected in discourses that undervalue care, either explicitly or because they omit discussion of care from development conversations (Eyben 2013). One particular effect of undervaluation of care is care workers' low pay and poor working conditions, which recognition should help to change (Razavi and Staab 2010).

Reduction of care work

We have to insist: it is *unjust* that the costs of providing care fall disproportionately on women, particularly on poor women. When these time costs are the result of lack of social or household infrastructure – such as long travelling distances to buy groceries or access care services; water and fuel collection; manual food processing; or stove-cooking– then there are efficiency gains in care work *reduction* (UNDP 2009; Antonopoulos and Hirway 2010). It is important that an understanding of these potential gains is integrated into the planning and implementation of labour-saving infrastructure investment projects. By doing so, development projects can contribute to a reduction of the costs incurred by those who engage in unpaid care activities – poor women in particular,

Redistribution of care work

The third aspect of the Triple R framework promotes the redistribution of care work. Redistribution may take place within households – for example, between women and men – or within society as a whole, through the development of policies supporting provision of or access to care services.

Redistributing care provision between women and men within households means challenging the gender stereotypes that associate care with femininity. It means challenging the customary law, institutions, norms, and regulations in which these stereotypes are deeply embedded. This will involve challenging the distribution of tasks and roles that are socially defined as 'feminine'. For example, cooking and fetching water; the balance of maternity versus paternity leave; or the societal pressures on women to find ways to reconcile work and family responsibilities.^{xvii} Changes in economic incentives also play a part in intra-household redistribution of care responsibilities. As long as gender wage gaps and labour opportunity gaps exist, the opportunity costs for women to

assume unpaid care roles will remain lower than for men. This makes it economically 'rational' for families and households to maintain a male-breadwinner/female-carer arrangement. Indeed, these various areas of intervention underscore the fact that even in the intimacy and privacy of the household and family, care provision is indeed 'social' (Daly and Lewis 2000).

However, focusing action on redistribution of unpaid care work only at the household level would create the risk of overlooking family contexts in which the redistribution of responsibilities is not possible (because there is no other adult to share them with), or in which the care burden is so much that even when equally shared, the care needs are not met (Esquivel 2008).

'Increased sharing of responsibilities between women and men will not, however, be adequate with respect to addressing the persistent challenges of caregiving in society. The HIV/AIDS pandemic has illustrated the need for increased involvement in care work of all stakeholders – States, the private sector, civil society and households. Policy makers must recognize that care work is a critical societal function, contributing to the reproduction of society and to economic development. A multisectoral approach, including increased investment in quality public services, is needed to reduce the care burden on households.'
United Nations Secretary General 2009, pp.17-18

For this reason, redistributing care means taking action beyond households. Care is not only provided in households and communities, but also in the public sphere of markets and the State. *Who and for whom* care is provided beyond households and communities alters the care provided by these two spheres, reducing their total care work and changing women's and men's shares in care within households and communities in the process. For example, by facilitating care through workplace nurseries or crèches for working parents, care work is redistributed from households to the public sphere. Workplace childcare makes it easier for women with children to choose to take up employment, and this in turn may increase their 'bargaining power' within their households. Providing social infrastructure in the form of care services, serves to redistribute care responsibilities and create job opportunities. Such opportunities may particularly target women workers, since care services are usually staffed with female carers (Antonopoulos 2008).

Conversely, where markets play a major role in care provision – for example when fees must be paid for care services, or paid domestic workers are hired – access to care services beyond households becomes a function of purchasing power. In such cases, the distribution of care services will typically reflect income inequalities, exacerbating the difficulties that poor women face in accessing job opportunities and generating income. Social policies can also reinforce gender stereotypes, for example when cash transfers are tied to conditionalities relating to children's health check-ups or school attendance that mothers are expected to enforce.^{xviii}

The important issue to emphasize is that the distribution of total care work between women and men, and between different households, communities, markets, or States, is neither natural nor independent of the institutions and policies in place. Therefore, these institutions, policies, and interventions *can* choose to redistribute care in a more egalitarian fashion.

MEASURING CARE

The Triple R framework stresses the importance of measurement in deepening our understanding of the extent and nature of care work undertaken within households, communities, and societies. In this section we discuss approaches to measuring care, and some of the challenges that this poses. We focus particularly on the use of ‘time use surveys’, the strengths and weaknesses of these, and how they can be used to influence policy.

Measuring is never done in a vacuum. Measurement must be guided by clear conceptualisation of what is to be measured, how, and why. Clear concepts, categories and definitions are a pre-requisite (not an output) of measurement. Measurement informs decisions and agendas, and has to be of good quality in order to be reliable. ‘What we measure affects what we do; and if our measurements are flawed, decisions may be distorted’ (Commission on the Measurement of Economic Performance and Social Progress 2009, p.7). Before undertaking measurement activities in any given context, Oxfam and its partners should take time to discuss and agree upon clear concepts and categories to underpin measurements..

The material dimensions of care can be measured through a variety of instruments. The most well-known of these are time-use surveys (TUS). Time-use surveys pre-dated the Beijing Platform for Action, but their use grew rapidly as a result of the BPFPA, particularly in developing countries. For Oxfam and other NGOs involved in advocacy, it is critical to be aware of the decades-long work by economists and social scientists on measuring care, the evidence already available, and the need to use this evidence in policy advocacy.

Valuing unpaid care work can help us to compare its value with other monetary aggregates. Paid care work can also be measured and contrasted with unpaid care work, either in time or money terms. The monetisation of care work, performed by applying a ‘market price’ to care working hours, makes this money value comparable with other monetary aggregates, like GDP. Finally, care work can be incorporated into new ways of measuring poverty and well-being.

Measuring unpaid care work using time-use surveys^{xix}

What are time-use surveys?

Time-use surveys show how women, men, girls, and boys spend their time in a given day or week. This allows researchers to measure unpaid care work in relation to other forms of work (paid work, subsistence work) and to other activities, such as studying or leisure time. These surveys, therefore, provide evidence of the gendered division of labour within households and the interdependence of women’s and men’s paid and unpaid work.

Time-use surveys in the South

The Beijing Platform for Action appealed to countries to make visible the full extent of women’s contributions to economic development by conducting regular time-use studies to measure unremunerated work. Since then, time-use data have been increasingly collected and analysed in the South. Collecting time-use surveys in the South is not an easy task, as less developed contexts put restrictions to the endeavour– notably higher illiteracy rates and limited statistical budgets.

Despite this, experts in the South have produced reasonably good-quality data through innovative methodological approaches in time-use data collection, and are increasingly improving their analyses to make them more amenable to be used as evidence in policy making. This body of evidence can be used by development actors such as Oxfam and its partners to inform a variety of interventions. Only the *use of time-use data for change* will convince those in statistical offices and governments that it is valuable to collect these data (Esquivel 2011b).

Differing approaches to time-use surveys in the South

As time-use surveys have been implemented in the South, differences have emerged in the way in which time-use surveys have developed in different contexts. Differences and commonalities relate both to the objectives and methods of the surveys. Although most time-use surveys in the South aim to give full visibility to the contribution of women's unpaid work to the economy, they also tackle issues of particular interest in national or regional contexts. The detailed measurement of care work for the sick – particularly in response to the HIV/AIDS pandemic in Africa – or of child labour are priorities in some cases. In other cases, the key objectives of time-use surveys are to shed light on the size and characteristics of the labour force in order to complement information provided by regular labour force surveys. Many surveys make it possible to measure individuals' total working time –paid or unpaid. Others show the effects of deficient social infrastructure (such as health and education) and physical infrastructure (such as availability of water and electricity) on the time devoted to unpaid care work. These provide insights into aspects of development which have not yet been fully explored.

Measuring care using activity diaries

Although methodological alternatives do exist, there is consensus that for time-use surveys to provide good quality information about unpaid care work, *24-hour activity diaries* should be used. *Twenty-four-hour activity diaries* are 24-hour schedules, divided into fixed time slots (fifteen, thirty, or sixty minutes long) with room for one or more activities to be recorded in each of them. They can be self-administered, or can be filled in during interviews. *Stylized diaries* are an adapted form of activity diaries, which cater for the requirements of illiterate or rural populations. In stylized diaries the activities are predefined in the questionnaire (sometimes with a pictogram accompanying the name of the activity), and respondents have to choose the activities corresponding to each time slot.

In most 24-hour activity diaries, respondents choose the words with which they tell/write about their activities. Researchers therefore need to develop a classification of activities to 'translate' the responses into *activity codes* that can be subsequently aggregated. The way in which activities are classified will differ according to the specific objectives of a time-use survey. The classification of activities must 'provide a set of activity categories that can be utilized in producing meaningful statistics on time-use. These have to be meaningful in relation to the broad range of objectives of national time-use studies.' (UNSD 2005, pp. 179, 759)

Diaries are the only survey instrument that allow for the consistent collection of information on *simultaneous activities*. Given that the care of persons is often performed *at the same time* as other activities, the failure to record simultaneous activities accurately results in a downward bias in estimations of unpaid care work. Where Oxfam initiatives propose studies that include time-use exercises, it will be important to pay attention to the recording of simultaneous activities.

Basic (descriptive) indicators on care work based on time-use data

Time-use diaries produce indicators based on the aggregation of all times collected, and their classification into different broad activities. The indicators can be averaged among population groups (women, men, girls, and boys). Such information produces time-use *profiles*. For example, it can tell us the (mean) minutes per day spent on selected unpaid care work activities: for example: collection of fuel or water, housework, or care of persons (see Budlender and Moussié 2013,p.20, Figure 4). Time use profiles can also capture women's and men's total work (both paid and unpaid), which is a crude yet telling comparison of the length of the working day.

It is also possible to measure participation rates, for example, how many women among all women in a population engage in unpaid care work, compared with men. The same indicator can be calculated for paid work, and also for unpaid activities that are part of the System of National Account estimations, like collecting fuel or water (see Box 1). The comparison of participation rates shows clearly when the work that women do differs drastically from those men do.

Valuation exercises

As mentioned before, the Beijing Platform for Action tied the measurement of unpaid care work to valuation^{xx} and the compilation of household sector satellite accounts (HNSA). Household Sector Satellite Accounts are separate from the National Accounts –which produce/provide us with Gross Domestic Product estimations– yet they follow national accounts' conventions and are therefore comparable to GDP.

HNSA exist in developed countries but there is still a limited number of valuation exercises in the global South. These have not become fully fledged satellite accounts because they contain insufficient information on household inputs other than unpaid work (for example, household capital). Calculations of the aggregate monetary value of unpaid care work and its comparison to other aggregates like GDP show its *structural role* in supporting the paid economy. More relevant or policy purposes, the value of unpaid care work in households has been compared to the value of the care services produced by the public sector in health and education, in order to make the case for an increase in the public provision of the latter (Budlender 2008).

Time-use data for policy design and monitoring

There are several ways in which that detailed time-use data can provide evidence for policy design. Detailed time-use data can reveal complicated travelling patterns or long walks due to the absence of public transportation. It can show how safe water and sanitation create changes in time use.

Detailed time-use data can:

- Show the differences that access to childcare facilities make in children's and parents' daily routines;
- Demonstrate the impact on the paid and unpaid work of different family members when a family member is in need of intense care;
- Reveal the role of household technology, family structure, and household and members' income in the intra-household distribution of housework;
- Show effect of very young children in mothers' and fathers' care patterns and labour market participation;

- Reveal the ways in which poor families compensate with their unpaid work for the absence of a decent income.

If they are to produce policy-relevant detailed information, time-use data collection methodologies need to be shaped according to policy objectives. These objectives should influence the activity selection^{xxi}, sampling design and coverage, and the choice of specific background information requested.

For example, activity selection might enable respondents to provide lots of detail on some dimensions of their time-use while combining others into more generalized categories, depending on which issues the survey seeks to illuminate.

Sample design and coverage is important in producing policy-relevant data. Using information for different population groups to analyze distributive issues requires large enough (and correctly balanced) samples.

Certain types of background information may be needed in order to make sense of the data collected during time-use surveys. For example, information on household structure (kinship relationships and the number and ages of children); the distance to water sources, schools, hospitals, transportation, and shopping facilities; weekly paid working schedules; or school and kindergarten attendance of the children in a household may be required to be used as 'controls' if differential patterns of time-use are to be identified.

Measuring well-being using time-use data

Time-use data can be used to enhance or inform measurements of well-being and welfare, and to develop better understandings of time and income poverty. It does this by making the otherwise invisible costs, trade-offs, and value of care work visible in measures of welfare and poverty.

The extended income measure

Income is the standard measurement of welfare. It indicates the purchasing power of households and, as such, constitutes a good approximation of household consumption. However, household consumption is higher than actual expenditures on goods and services, since the unpaid care work performed within households creates expanded consumption possibilities for household members. 'Services' provided by unpaid care work complement monetary income, and provide an 'extended' measure of well-being (Folbre 2009). Time-use surveys show that unpaid care work is greater amongst low-income households. This supports the idea that a certain degree of substitution exists between unpaid care work and monetary income (since there are some available market substitutes for the former). As a result of this pattern, an incipient literature analyzing the distribution of households' 'extended income' has found that the value of unpaid care work has an equalizing role, since in some circumstances it may compensate for monetary income inequities (Zick *et al.* 2008; Frazis and Stewart 2006).

Time-and-income poverty

However, even if the 'extended income' of a household is greater than its monetary income, it does not mean it is sufficient. To determine sufficiency, an independent measure of household needs is necessary. The calculation of absolute poverty measures requires a definition of needs using a 'combined' minimum of monetary income and domestic and care work. Vickery (1977) and Harvey and Mukhopadhyay (2007) have shown that for a household to live with/attend the living conditions

implied in the income poverty threshold (defined as the income necessary to purchase a basic bundle of goods and services) a minimum level of unpaid care work is required: that to convert purchased groceries into meals, washing powder into cleaned clothes, etc., and for dependents in the household to be cared for. In certain households this *minimum level of unpaid care work cannot be obtained* due to high household production requirements, extensive hours of paid work, or both, *making them 'time-poor' households*. Elaborating on these contributions, Zacharias *et al.* (2012) propose a measure of time-and-income poverty that shows the size of the 'hidden poor' population. The hidden poor are accounted for as non-poor in official poverty calculations, but are income poor due to their inability to buy substitutes for the unpaid care work they are deprived of, given their time deficits.^{xxii} In other words, households can be poor in income (and in other dimensions like voice and capabilities) *and* also in terms of *care* when they face time deficits. Oxfam and like-minded development actors have advocated for a nuanced and holistic understanding of poverty, going beyond income to include voice and health, for example. It will be important to consider this new thinking that includes 'time to attain a minimum care level' as a critical dimension of poverty reduction strategies.

Mapping care services and time-saving infrastructure provision

In addition to gathering detailed information about how household members use their time, a full understanding of care work in any given context also requires analysis of the care services that exist *outside* of the household.

Care services provided by markets, states, or communities can provide alternatives to the unpaid care work provided in households. Using a variety of methods, we can map these alternatives. Depending on the focus of the intervention, mapping should seek to understand *who* gains access to care services, and *how* access is gained (for example, as a right of dependents, by paying for services, or in return for voluntary work).

Country-level quantitative information on health care and education services may be available, produced by Ministries or Secretariats of Health and Education. When only crude numbers exist (number of boys/girls attending school, for example), it is important to put those numbers in relation to total population numbers (of school-age boys/girls in our example) in order to produce information on *coverage rates*. Alongside this numerical information, the characterization of access rules, and whether these vary (from province to province, for example) or overlap (those who gain access through employment might also be those who could pay for the care services) can help to explain coverage rates and variations across population groups.

Official information on existing care services might be insufficient or dated at the local level, but can be collected through *censuses* of care-provider institutions in each community. These censuses could include information on the number of care-recipients, the access rules (and waiting lists/demand), the opening hours, the number of care workers, and the costs involved in providing care (salaries of care workers, costs of materials, activities, and infrastructure, etc.).

CONCLUSIONS

This Background Paper has shown that ‘care’ has gained fruitful/powerful meanings that have successfully permeated development discourse. Care cannot be thought as women’s private responsibility any longer. Care shouldn’t remain invisible in development practise and policy design. Care work, care services, the impact of care policies, can and should be measured to bring about change.

This Background Paper has attempted at clarifying the main conceptual issues and debates around care. It has focused particularly on the role of unpaid care work both in supporting the well-being of care-receivers and society as a whole, but also in reinforcing gender and income inequalities experienced by care-givers. The importance of unpaid care work for well-being argues for the need to treat care as a collective responsibility.

The way care is conceptualized bear direct relationship with the envisioned avenues for change. This paper has shown the advantages, weaknesses and blind spots of the various terminologies and approaches that are applied to care. This should enable Oxfam staff to adopt language and approaches that are appropriate to their own contexts, and to approach debates around care with greater sophistication and confidence.

The ‘Triple R framework’ offers Oxfam’s staff and others an effective tool to support their analyses and action in relation to care. As Figure 1 shows, by combining this type of analysis with specific tools for measuring care work, we can build up a picture of how care work is distributed within a given society, and use sound data to support action and policy recommendations for change.

Figure 1: The Triple R framework: a multi-level framework to support action and measurement on care

	Families, women and men, boys, and girls	Communities and NGOs	States: national, regional, local	Markets (employers and care service providers)
Recognizing	<ul style="list-style-type: none"> Care provision is time-consuming, demanding, and sustains well-being of all family members Caring is not a feminine trait, but a defining human attribute 	<ul style="list-style-type: none"> Care at the community level is often based on voluntary work that goes unrecognised. Should it be remunerated? By State subsidies? Raising awareness on unpaid care 	<ul style="list-style-type: none"> Policies should be designed avoiding taking family (women’s) care provision for granted, for example, through cost-benefit analysis that includes unpaid care work 	<ul style="list-style-type: none"> Good pay for private sector care workers Paid leaves and other forms of support for care, without reinforcing gender stereotypes.

		work engaging with different actors (NGOs, community members, etc.)	<ul style="list-style-type: none"> • Good pay for public sector care workers • Increased protection for private sector care workers, particularly paid domestic workers 	
Measuring for recognition	<ul style="list-style-type: none"> • Information on household technologies and efficiency • Information on time-use • Information on household structure • Information on access to basic and care services 	<ul style="list-style-type: none"> • Measuring through service and infrastructure mapping 	<ul style="list-style-type: none"> • Measuring through service and infrastructure mapping • Measuring through time-use surveys, feeding into valuation exercises and time-and-income poverty measures • Measuring gender gaps in schooling, access to services, etc. 	<ul style="list-style-type: none"> • Measuring through service and infrastructure mapping
Reducing	<ul style="list-style-type: none"> • Engage in labour-saving infrastructure changes 	<ul style="list-style-type: none"> • Engage in labour-saving infrastructure changes 	<ul style="list-style-type: none"> • Provision of labour-saving social infrastructure • Provision of core public services 	<ul style="list-style-type: none"> • Credit and other forms of support for investments in labour-saving infrastructure
Measuring for reduction			<ul style="list-style-type: none"> • Monitoring change 	
Redistributing	<ul style="list-style-type: none"> • Equal distribution of care provision among women and men within households 	<ul style="list-style-type: none"> • Engage in challenging gender stereotypes relating to care work • Make unpaid care work a dialogue issue 	<ul style="list-style-type: none"> • Provision of free public care services • Support and regulate work-family conciliation policies (including paternity leaves 	<ul style="list-style-type: none"> • On-the-job care services • Implement work-family conciliation policies (including paternity leaves and

		<ul style="list-style-type: none"> Organise to articulate demands for care Organise to challenge gender norms and beliefs 	<ul style="list-style-type: none"> and working hours) Elimination of all forms of discrimination against women, including gender wage gaps 	<ul style="list-style-type: none"> working hours) Elimination of all forms of discrimination against women, including gender wage gaps
Measuring for redistribution		<ul style="list-style-type: none"> Use time-use and other indicators to support demands 	<ul style="list-style-type: none"> Monitoring change through various indicators, including time-use surveys 	<ul style="list-style-type: none">

ANNEX: THE CONCEPTUAL EVOLUTION OF CARE^{xxiii}

The conceptual evolution of care shows the contexts, in which the different concepts surrounding the idea of ‘care’ were coined, and the various meanings and agendas of their proponents. Sometimes a concept is simply a new, easier name for an old formulation. But in most cases, the concepts only partially overlap, losing some of their meaning and gaining others along the way. For each concept or term, this Annex discusses the contribution of the concept to increasingly sophisticated analyses and advocacy, as well as the debates, omissions, and critiques that emerged along the way. Oxfam staff working with others will benefit from understanding the meanings, frameworks, and agendas that different concepts were instrumental in articulating. Understanding these will help staff to be able to reach a ‘common ground’ with different Oxfam partners.

The origins of the concept: from ‘domestic labour’ to ‘reproductive work’

The ‘domestic labour debate’: critiquing capitalism and men’s exploitation of women

We can locate the origins of the current debates on ‘care work’ – and on ‘care’ more broadly – in the so-called ‘domestic labour debate’. Developed during the 1970s, this debate sought to understand the relationship between capitalism and the sexual division of labour. It considered that

households were characterised by a ruling class (husbands) and a subordinate class (housewives) (Gardiner 1997; Himmelweit 1999). As such, domestic labour was considered to be a requirement of capitalism (or of men who 'exploited' their women) and should therefore be abolished. The debate's main contribution was in making visible a structural issue as extensive as class – rather than women's domestic labour being 'natural' or a personal choice. However, this effort to incorporate domestic labour in conceptualisations of Marxist origin was made at the expense of leaving out of the analysis family forms that do not correspond to the archetypal heterosexual couples, and 'to the virtual neglect of that [labour] performed on behalf of the next generation of workers in the work of rearing children' (Molyneux 1979, p.4). Care of elderly and disabled household members was also omitted (Gardiner 1997).

The household as a site of production

The 'domestic labour' debate was abandoned with meagre results, due to its many unsolvable issues: the claim that all women constitute a class; a purely economic approach to explain women's subordination; and insufficient attention to the role of wage labour in women's experience (Gardiner 1997). Also, the attempt to explain the position of women without explaining the sexual division of labour – the differences in the work that women and men do, a historical feature that pre-dated capitalism and could therefore not be reduced to material conditions only – was forcefully criticised by feminist scholars (Hartman 1981). The domestic labour debate did however make crucial contributions to preparing the ground for what would later be called 'feminist economics'. Similar to the 'new home economics', it established the household as a site of production, and not only of consumption (Becker 1965 and 1981; Gronau 1986 and 1997). But, quite unlike it, it challenged the justification of women's position in the household as being a logical result of their 'efficient' specialisation in housework and person caring (England and Budig 1998). The 'domestic labour' debate also sparked a feminist critique of the sexual division of labour, examining 'the ways in which social expectations about the meaning and substance of women's work creates and perpetuates gender inequality' (Bakker 1999, p.391).

Reproductive work: same content, different focus

Later on, the focus shifted from elaborating exploitation 'in the home' as a requirement of either capitalism (or men) to conceptualising *the conditions of social reproduction*. Instead of the abolition of domestic labour, 'reproductive work' was understood as being *necessary* for the reproduction of the existent and future labour force. Benería's definition of the content of reproductive work does not diverge much from that of domestic labour, as it is *centred in the household*. For her, reproductive work includes 'all tasks related to the satisfaction of the household's basic needs, such as clothing, sanitation and health and food transformation (...) The core domestic work is therefore the maintenance activities required to *produce labour power on a daily basis*, which include the transformation of goods into use values for consumption.' (Benería 1979, p.211, emphasis added) A more modern definition is still based on the reproduction of the labour force – even if the complexity of this reproduction implies aspects beyond those related to workers' biological needs. For Picchio (2003, p.11), reproductive work today involves 'the upkeep of living spaces and domestic goods, care of the health, education and psychological needs of the family members, and the maintenance of social relationships.' (Picchio 2003, p.11)

The 'Accounting for Women's Work' project

As in the case of domestic labour, reproductive work is a *macroeconomic* category, as it refers to functioning of the whole economic system. Through reproductive work, the household sector *contributes to production by reproducing the labour force* (i.e. current and future women and men

workers) on a daily basis. Because reproductive work is overwhelmingly women's work, these contributions place women in a subordinate economic position that disadvantages them in market production in general, and in the labour market in particular (Benería 1979; Benería and Sen 1981). The fact that reproductive work is performed in the private sphere of the household, and *unpaid* – this is to say, outside money exchanges – makes it 'invisible' in standard measures of the economy, reinforcing its low social value. Measuring, making visible, and valuing reproductive work, and incorporating this value in macroeconomic modelling and in aggregate measures of economic activity (the GDP) was a logical development of the conceptualisation of reproductive work as a macroeconomic category. This is the origin of the 'Accounting for Women's Work' project, which was crystallised in the Beijing Platform for Action (Benería 2003, p.131; Waring 1986). It is also the origin of many of the efforts on time-use data collection in the South (Esquivel *et al.* 2008).

The Beijing Platform for Action: making 'unremunerated work' visible in national accounts

The Beijing Platform for Action (BPfA)^{xxiv} appealed to countries to 'recognise and make visible the full extent of the work of women and all their contributions to the national economy, including their contribution in the unremunerated and domestic sectors' by 'conduct[ing] regular time-use studies to measure, in quantitative terms, unremunerated work' (UN Fourth World Conference on Women 1995, Strategic Objectives A.4 and H.3). It did this by recommending the development of methods 'for assessing the value, in quantitative terms, of *unremunerated work that is outside national accounts, such as caring for dependents and preparing food*, for possible reflection in satellite or other official accounts that may be produced separately from but are consistent with core national accounts, with a view to *recognising* the economic contribution of women and *making visible* the unequal distribution of remunerated and unremunerated work between women and men.' (UN Fourth World Conference on Women 1995, Strategic Objective H.3, point [f]; emphasis added)

'Un-remunerated work? Care as a 'not' category

The wording of the BPfA merits close analysis. Firstly, the BPfA terms reproductive work 'unremunerated work'. Although the content of both definitions is strictly the same – including housework ('preparing food') and care work ('caring for dependents') –, the definition of unremunerated work relies on what such work is *not*. It is work that is *not* remunerated or paid for – as opposed to the more positive definition of reproductive work, in which this work was defined based on the *function* it serves to the economic system as a whole. Secondly, also evident in the BPfA phrasing is the use of macroeconomic concepts, like the 'domestic sector', which restricts the purpose of time-use data collection to feeding into calculations of national accounts, and ultimately influencing GDP measurement. It is from here that the 'accounting for women's work' project derives its name. Lastly, a strong emphasis on *recognition* and *visibility* emerge as major objectives for the accounting endeavour. This was related to the political agenda behind the call for time-use data collection.

The 'Wages for Housework' campaign

A major force behind the demands for measuring and valuing unremunerated work in Beijing was the Wages for Housework Campaign (WFH). This campaign was very active in the 1970s in Italy and the UK and debated in the United States (Cox and Federici 1975; Prince Cooke 2010). The wages for housework agenda connected very clearly the *recognition* and valuation of unremunerated work to its *remuneration* – as a way of gaining women's autonomy (Dalla Costa 2006).^{xxv}

Recognition and redistribution of care in the Beijing Platform for Action

Claims for recognition of care emerge from the struggles of the ‘politics of identity’ – defined by sexual, gender, ethnic, religious, or national boundaries – against cultural injustice (Fraser 1997). *Recognition* or *cultural justice* differs from *redistribution*, which is associated with demands for *economic justice*. As Nancy Fraser explains, the ‘recognition dimension corresponds to [...] institutional patterns of cultural value’ – what a society commonly understands as ‘valuable’. The distributive dimension ‘corresponds to the economic structure of society, hence to the constitution, by property regimes and labour markets, of economically defined categories of actors, or classes, distinguished by their differential endowment of resources.’ (2000, p.117)

For the WFH proposal, however, distributive justice does not take the form of redistribution of unremunerated work but of *compensation*. In exchange for women’s unpaid contributions to production it is money, not work, that gets redistributed. The issue was – and still is – highly controversial. The wording of the BPFA shows that the controversy was closed at the time by leaving aside any reference to wages for housework while accepting the ‘accounting for women’s work’ framework. In the process, however, this meant placing the measurement and valuation of unremunerated work, and its inclusion in GDP – a profoundly economic theme – in the cultural realm. It also meant omitting any direct reference to *alternative* forms of distributive justice in connection to the measurement and valuation of unremunerated work.

‘Recognition’ has advanced but ‘redistribution’ is still far off

More than sixteen years after Beijing, the ‘accounting for women’s work’ project presents a mixed picture. On the one hand, it has successfully challenged the notion of ‘work’ as being associated only with production for market exchanges (Collas-Monsod 2010; Benería 2003). That restricted definition of work left all forms of unremunerated work outside the economy: the subsistence sector, and housework and care work that takes place in households and communities.^{xxvi} Existing evidence in 1995, and subsequent time-use surveys, has demonstrated the striking gender differences in the distribution of housework and care work, which is overwhelmingly done by women (UNDP 1995; Benería 2003; Budlender 2010; Hirway 2010). As Diane Elson has summarised, the accounting project aimed for all women’s work to be ‘counted in statistics, accounted for in representations of how economies work, and taken into account when policy is made’ (2000, pp.21-2). Unfortunately, this last part of the project – related to policy – went missing (Esquivel 2011b). Recognition in and of itself proved to be less powerful than expected, as it did not necessarily lead to demands for the redistribution of women’s work – between women and men, or between families and communities and the State. In turn, challenging the ways in which national accounts are compiled proved to be insufficient to bring about gender-aware macroeconomic policy, even where satellite accounts and measures of the aggregate value of unremunerated work existed.^{xxvii}

The discovery of ‘care’ beyond unremunerated work

A shift in focus: ‘from labour to care’

Since 2000, the conceptual focus has shifted once again, this time moving ‘from labour to care’ (paraphrasing the title of a book edited by Susan Himmelweit (2000) that recounts this evolution). Emphasis is now placed on the role of unremunerated work (or *unpaid work*) in generating well-being, rather than on women’s costs of providing it. In other words, the focus is more on the positive aspects of care work – the benefits it produces in those who receive care – and less on the negative aspects – the stress, strain, and restrictions it imposes on those who provide care. While

reproductive work definitions are task-based, *care work* was initially defined as ‘labour undertaken out of affection or sense of responsibility for other people, with no expectation of pecuniary monetary reward’ (Folbre 1995, p.75). This follows Joan Tronto’s definition of caring activities as those in which the needs of the care receiver ‘are the starting point for what must be done’ (1993, p.105, cited by Jochimsen 2003, p.239).

The care relationship

This new definition of care is both *motivational* and *relational*, given the element of affection involved. Care is provided in a face-to-face relationship, – between mother and child, nurse and patient, ailing father and son – and motives for caring go beyond pecuniary reward to include love and affection, duty and responsibility, and even social and family pressure. Care work, in turn, can be thought of as the *material dimension* or work component of the *caring relationship*, a relationship that also has a *communicative dimension* or motivation component, and a *resource dimension* or financial component (Jochimsen 2003, p.234). The latter always exists –someone is incurring in costs to provide care– but becomes more evident when a third party pays for the carer’s time and effort, such as salaries or paid leave for carers.

Expanding the concept to paid care...

Defined in this way, there is no reason to exclude from care relationships those situations in which the caregiver is *remunerated* or paid for.^{xxviii} Indeed, one important difference between reproductive work and care work is that the newer concept departs from the BPfA framework to be defined ‘more specifically, focusing on the labour process rather than the relationship to the site of production (home versus market) or the production boundary (in the SNA [System of National Accounts] or not)’ (Folbre 2006, p.186).^{xxix} This new formulation therefore expands the concept of reproductive work by including also the study of care work performed in the paid economy – the work of teachers, nurses, doctors, paid domestic workers, and so on.^{xxx}

...but narrowing the concept to direct care of persons

In another sense, however, this definition narrows the focus of care to the ‘direct’ ‘care of persons’ component of reproductive labour. It thereby excludes most housework tasks, like cleaning or cooking, by which people would no longer demonstrate relatedness. As Folbre and Nelson (2000, p.129) put it, ‘[i]t matters little to most people, for instance, who vacuums their floors or cleans their toilets’.^{xxxi} This conceptual change seems to have accompanied changes in the actual content of what households and families *do* in developed countries, as ‘those activities remaining in the home are the more personal aspects of domestic life’ (Himmelweit 1995, p.9). Indeed, in these countries ‘home life is becoming more and more concentrated in sharing meals or telling bedtime stories for which substitutes cannot be purchased’ (Nelson and Folbre 2000, p.129).^{xxxii} Implicit in this last assertion is a demarcation of what care work is, and what it is not, ultimately based on the limits for its commodification. Because care is always provided within a care relationship, the *nature* of care itself changes when it is commodified, because the relationship changes (Himmelweit 1995, p.9). The feelings and motivations that accompany care work become non-transferrable, and therefore ‘non-commodifiable’ (Lynch 2007).^{xxxiii}

Debates over housework: is it more or less equally distributed than care of persons?

The focus on direct care of persons and the omission of housework from the analysis is also justified by the fact that, at least in developed countries, ‘it is in caring behaviour where gender divisions are more stark’ (Himmelweit 2000, p. xvii).^{xxxiv} However, opposing the care of persons to

housework because housework can be commodified generates some conceptual dilemmas. In principle, care work, defined as direct care of persons, does not represent the bulk of unpaid work in developing countries since women and men are more likely to perform housework than care work (Budlender 2008). Equally important, the conceptual emphasis on the limits of care commodification might be less relevant when a relatively low proportion of care work is commodified—i.e., when the nature of some fundamental care relationships, such as those between parents and children, is not at risk. In such situations, there are gains in overall productivity to be derived from transfers of care provision from households to the market, the community, or the state— i.e., from ‘socialising’ some of this care— that need not necessarily be detrimental for dependents’ well-being (Himmelweit 2007, p.587).

Debates over housework: a pre-condition for care of persons

Secondly, housework can be thought of as a form of ‘indirect care’ (Folbre 2006). Although most people may not care who vacuums their floors or clean their toilets, floors have to be vacuumed, toilets cleaned, and meals prepared in order for care of persons to be provided. Thus, housework becomes a ‘pre-condition’ for care of persons to take place (Razavi 2007, p.8). The fact that the degree of commodification of housework depends on household technology and income underscores the fact that housework commodification is closely related to income inequality in advanced economies, and certainly also to poverty in developing countries (Gardiner 1997, p.242; Budlender 2008, p.27). Moreover, it could be argued that differentiating housework from care of persons in this way is a ‘first world’ bias, similar to that posed by Wood (1997) regarding the artificial differentiation, in rural contexts, between subsistence production and reproductive work in the System of National Accounts.

Care for healthy adults – beyond the focus on dependents

Perhaps rather more important in conceptual terms is narrowness of the definition of care work ‘as the activities and relations involved in meeting the physical and emotional requirements of *dependent adults and children*, and the normative, economic and social frameworks within which these are assigned and carried out’ (Daly and Lewis 2000, p.285, emphasis added). In stressing dependency, the care relationship is redefined in a profoundly asymmetric way, as the care receiver *depends* on the caregiver for her/his subsistence and development (Jochimsen 2003, p.240). This exclusive focus on dependent care entails a new change in focus, converse to that of the domestic labour debate: from *women as dependents* (initially, married housewives) whose domestic labour benefited capitalists and adult workers, to autonomous self-sufficient women who *care for dependents*, particularly children.^{xxxv} The definition thereby excludes the care of everyone else, including healthy adult men.^{xxxvi}

Notions of dependency and care

There are a number of theoretical consequences associated with this emphasis on dependency. The idealisation of care as a relationship between an autonomous caregiver and a dependent care receiver might hide the ‘social pressures on women to provide unpaid care, as well as the risks of self-exploitation and economic insecurity to which unpaid carers are frequently exposed’ (Razavi 2007, p.16). The emphasis on dependent care evokes a static (and dualistic) notion of dependency, by which dependents are completely deprived of autonomy (Fraser and Gordon 1994).^{xxxvii} Such a dependency concept might apply to very young children;^{xxxviii} it is doubtful, however, that it applies to frail, elderly, or disabled dependent adults (Williams 2009, p.29). Receiving care is not necessarily opposed to independence or personal fulfilment, and autonomous adults may also give and receive care on reciprocal terms, such as the care that occurs among friends, significant others,

and family members. In effect, it is not dependence or independence, but rather, 'interdependence', which characterises the human condition (Sevenhuijsen 1998; Tronto 1993).

Care needs and responsibilities are socially constructed

Moving beyond autonomy and dependency leads us to a more complex understanding of socially and ideologically constructed 'needs' and 'care responsibilities'. Indeed, when we compare different societies, we find out there is almost nothing inherently 'natural' about care relationships.^{xxxix} This critical stand opens up the path for the analysis of whether care needs are being met, who meets them (or fails to meet them), and how being able to meet these needs (or being sanctioned for failing to meet them) intersect with other dimensions of inequality like class, sexuality, household composition, or stage in the lifecycle (Gardiner 2000, p.100; Williams 2009). It also leads to a feminist interrogation of the dominant ideological discourses (and public policies) that assign care roles to some women, while limiting the care roles assigned to other women and to men. This is illustrated by the following example from the USA:

When an impoverished African American woman quits her job to care for her young children, social policy represents her as a lazy parasite on the social body. Her labour, rearing her children, has little or no value (...). When an affluent white woman does the same thing, she is extolled as a 'good mother.' When poor Black, Latina, or Filipina women are paid to care for the children of the affluent, this labour is suddenly valorised.

Drue Barker (2005, p.2201)

Housework, care of persons and unpaid community work constitute 'unpaid care work'

Moving beyond autonomy and dependency also sheds light on the 'social relations' content of the work that takes place in households and families. By this we mean the 'social' (as opposed to 'private') aspects of gender inequalities 'in workloads and standards of living' (Gardiner 2000, p.100). The exclusion of care for non-dependents is problematic precisely because it is still the case that men, and not only dependents, benefit from women's housework and care work (Picchio 2003, p.11). Ignoring these other components of the 'old' reproductive work in the analysis obscures an element of persistent gender inequality, particularly acute in contexts where poverty and incomplete markets pose limits to the *commodification* of housework (the ability to buy substitutes for housework) either because there are no market alternatives or because they are not affordable – as is the case for poor households both in the advanced economies and in developing countries. In these cases, gender inequalities might not be solved by the simple expedient of buying replacements for housework. Moreover, they might be *reinforced* by money income inequality.

Unpaid care work has relational, material, and financial dimensions

A possible synthesis of the conceptual evolution from *reproductive work* to *unpaid care work* – the terminology currently adopted by the UN agencies – is the shift from 'seeing the household as a site of work, although it undoubtedly still is, to seeing it as a site of care, which it undoubtedly always was' (Himmelweit 2000, p.xviii). Analyses that understand unpaid work *solely* as a requirement from market production tend to omit the fact that this work sustains *emotional and caring* relationships within families and 'produces' well-being (Benería 2003). Analyses that focus on the emotional and motivational content of care often disregard its *material and financial* dimensions, which generate costs on the part of those providing care, and are closely linked to gender and income inequalities (Razavi 2007). Conceptually, both types of analysis provide unique insights and need to be integrated.

Care becomes a social policy category but is deprived of its former structural content

The contributions of the social policy literature on care can be summarised by the 'care regime' and the 'social organisation of care' concepts (see main text). These do not question the association of care with dependent population groups –the narrowing down of the concept which is evident in the Northern literature on care. However, when we compare contributions from Latin American countries - which emphasise childcare - with those from northern Europe -which stress the absence of State support for motherhood- or with contributions from Spain or China, which focus on elder care - it becomes evident that different contexts take different views about what is 'natural'.

The richness of social policy analyses - which consider the production of welfare as a key policy issue - has enabled social movements to articulate their demands around state responsibility for the provision of care. However, this focus on the state and its regulatory potential tend to ignore the *structural* dimensions of care provision. An exclusive focus on social policies runs the risk of leaving unexamined and unexplained the processes by which the actual *distribution* of income, time, and resource takes place *before* social policies tackle these 'collateral' effects of economic performance through their *redistribution* (Esquivel 2011a).

Indeed, it seems that the literature has come full-circle. The macroeconomic and structural dimensions which were once central have become absent from debates about care, sometimes even also excluding the funding dimension (Esquivel 2008; Bedford 2010). This happens partly because the economic analysis is seen as an abstract and academic issue among those who have no training in economics, and partly also because the literature on 'welfare regimes' focuses on variations in welfare attributable to the operation of states and not to their economic structures. This is because these comparative exercises are based on economies (the OECD countries) that are where there are some important similarities. In developing countries, in which the economic structures vary so greatly, it does not seem sensible to ignore the economic substrate to analyse social policies (or their absence) in isolation.

Restoring the structural content of care into the debate does not only involve making unpaid care work visible. It also requires us to bring together analysis of the social content of economic policies and the economic content of social policies (Elson and Cagatay 2000).^{xi}

The other big piece I was really pleased to see emphasised, especially at the EGM [Expert Group Meeting], is that there were lots of structural economists there who kept returning us to the task of thinking about the state, and not shifting this burden on to the shoulders of poor people, poor men, poor women...It was really nice to be in a room with people who were working structurally around these issues. It's part of the reason why I like working around the care economy, because it forces you to engage with the role of the state, with what structural adjustment has meant for the continent of Africa...If you do a lot of programmatic work, it's very easy to feel that those are ridiculous pie-in-the-sky things to be thinking about, especially if you are funded by [some major donors], who just don't really allow you to think about those kind of things very much in the way you do your work. So that was really nice (Interviewee 13).

Kate Bedford (2010, p.16), excerpt from one of the interviewees who took part in the discussions leading to the 52nd Commission on the Status of Women meeting.

NOTES

- ⁱ Oxfam aims to increase the recognition of care work, reduce the drudgery of care work, and redistribute responsibility for care more equitably, as a precondition for achieving women's political, social and economic empowerment, and for overcoming poverty. The initiative will facilitate improving the design and impact of selected programme interventions to address 'care work'. Working with others, Oxfam will use this programme evidence and experience to influence governments at various levels, donors, and companies – and to communicate to Oxfam staff and partners - to recognise and address care as a development and poverty issue.
- ⁱⁱ For example, a survey of programmes promoting women's economic leadership in agricultural enterprises and markets identified the challenge that women smallholders lack sufficient agency to be able to renegotiate their household and caring responsibilities. Some programmes have analysed and addressed 'care' in order that women smallholders may participate in and lead the agricultural enterprises.
- ⁱⁱⁱ This includes discussions with Action Aid, the Institute of Development Studies, the UN Special Rapporteur on Extreme Poverty, UN Women, and Care USA. The Journal Gender and Development plans a learning event on care in 2014.
- ^{iv} This section is based on Esquivel 2011a and Esquivel *et al* 2012. The paragraphs on care workers are based on Esquivel 2010.
- ^v Self-care is usually not considered part of caring activities because it occurs outside of care relationships.
- ^{vi} This is the terminology that was used in the Beijing Platform for Action.
- ^{vii} See the annex for further elaboration. I emphasise that unpaid care work is 'productive' rather than 'reproductive' because the latter tends to have biological, 'non-economic' connotations.
- ^{viii} It is worth noting that there are other approaches to the 'care economy' within feminist economics that tend to use more microeconomic arguments. These include the idea that unpaid care work is an 'externality' to the economic system, because families produce the next generation of workers without being able to 'charge' for them (i.e. their production is a 'public good') (Folbre 2008). Or that wages in care sectors will increase more than productivity, because productivity gains are not a possibility in them, pushing labour costs up, i.e., creating a 'cost-disease' (Himmelweit 2007; Folbre 2006). I've elaborated elsewhere that this 'cost-disease' argument is only valid in a 'full employment' scenario, one in which neither the developed nor developing economies find themselves at the moment (Esquivel 2010).
- ^{ix} These are the norms that shape what is expected from women and men, and therefore their behaviour. Gender relations vary across societies and time.
- ^x By 'welfare states' we refer to the diverse ways in which states do or do not provide for the welfare of their citizens.
- ^{xi} See Esquivel 2011a: 32 for an outline of how to evaluate 'care policies'.
- ^{xii} One of many definitions: this definition in particular implies universalism.
- ^{xiii} For assessments of the 'social organisation of care' in Latin America see Rodríguez Enríquez (2007), Salvador (2009), Martínez Franzoni *et al* (2010), Figueira *et al* (2009), Faur (2011b).
- ^{xiv} There are diverse explanations for this. Some have focused on the work content of care occupations. Because this work content is associated with women and mothering, it is socially undervalued, which might affect 'people's sense of how much the [care] job should be paid' (Budig, England, and Folbre 2002, p.457). A related argument justifies lower pay by arguing that 'care has its own reward', i.e. that 'care-prone' workers accept lower wages because they 'like' doing their work. Other explanations have focused on the particular characteristics of care sectors, where productivity might lag behind that of other sectors. Consequently, mounting competitive pressures might generate lagging relative wages, falling care standards (particularly in the public sector), and/or higher costs of care services as compared to other industries (Himmelweit 2007; Folbre 2006b). Yet other explanations have focused on specific labour market contexts and the characteristics of care workers' employment. For example, the growing supply of migrant care workers (mostly women) might keep care wages relatively low (Pérez Orozco 2009). In labour markets with high inequalities in earnings and/or high unemployment, care workers might be placed at the bottom of the pay hierarchy, 'crowding' these sectors and putting downward pressure on wages (Folbre 2006b).
- ^{xv} This is a major assumption. There can be 'care deficits', when care needs are *not* met. In such cases, the costs of *not* receiving care are entirely born by care dependents, with deleterious effects on their well-being.

- ^{xvi} See also UNDP (2009) and Budlender and Moussié (2013).
- ^{xvii} It means, indeed, challenging ‘the natural order’, as Eyben (2013) points out.
- ^{xviii} Even if they are framed as ‘cash for care’, it should be stressed that these policies are not meant to pay for care but to sustain minimum consumption through income transfers. See Esquivel (2011b, section 2.2) for further elaboration.
- ^{xix} This subsection is based on Esquivel *et al.* (2008).
- ^{xx} Unpaid care work valuation is a relatively simple exercise. Annual hours of unpaid care work are multiplied by an hourly price that reflects the *replacement cost* of this work (typically, the hourly wage of domestic workers) to arrive at a monetary aggregate.
- ^{xxi} The classification of activities used for coding in the case of activity diaries, and the list of activities in other survey instruments.
- ^{xxii} Given these time-deficits are calculated at the individual level (and then added up to the household level), it is possible to analyse gender differences in time-deficits. In contrast, income ‘deficits’ (absolute poverty) are calculated at the household level, under the assumption that income is equally shared within households. The time-and-income poverty measure proposed by Zacharias *et al.* (2012) combines the two.
- ^{xxiii} This Annex is based on Esquivel 2011a and 2011b.
- ^{xxiv} The Beijing Platform for Action is the agreement reached by governments at the 1995 United Nations Fourth World Women’s Conference.
- ^{xxv} In the words of Selma James: ‘When we say wages for housework we don’t expect that the first pound, dollar or lira that comes to us is going to transform the situation and the society. We have a number of objectives with the perspective of wages for housework. The first (...) is for housework to be visible. And that has immediate implications both directly and indirectly; that is, women can say ‘This is what I have been doing’ to their families and to their communities generally. (...) This money was women’s by right, this was owed to us. We must have this money as an entitlement.’ (Global Women’s Strike 2009)
- ^{xxvi} Although the subsistence sector is seldom included in practical terms due to lack of data, the UN System of National Accounts has included it as part of the production boundary (that is, included in gross domestic product [GDP] calculations) since 1993.
- ^{xxvii} The enormous efforts put into building satellite accounts are indeed long-term endeavours, as only with ‘time series of household production, ...will [we] be able to analyse the interplay between market production and household production and their relative changes.’ (Varjonen and Aalto 2006, p.11)
- ^{xxviii} According to Folbre and Nelson (2000), the fact that care is done for pay does not necessarily preclude it having a ‘giving’ element, since ‘giving’ is part of various ‘rich’ monetary exchanges. Markets can accommodate care without necessarily depriving it of feelings.
- ^{xxix} Gardiner (1997, p.240) is emphatic, however, on how the differences between care provided by households, and care provided in the market or in the public sector go beyond the ‘labour process’. ‘First, the social relationships between carers and those cared for in a household context are different from the impersonal market relations of buyers and sellers. Second, (...) costs and benefits of household care are shared in a personalised way (...). Third, the relations of dependence between households and markets are asymmetrical. Domestic labour is associated with economic dependency in contexts in which economic independence is based on access to market earnings.’
- ^{xxx} The analysis of care occupations has shown that women are overrepresented in them – demonstrating the persistence of the idea that women are ‘naturally’ equipped to provide care –, and that these occupations tend to receive lower salaries than comparable workers in non-care occupations. For recent studies on care workers, see the articles edited by Razavi and Staab (2010).
- ^{xxxi} Authors are clearly referring to middle-class, developing country ‘people’.
- ^{xxxii} These assertions are supported by time-use data. See, for example, Bianchi *et al* (2000), Sayer (2005), Gershuny (2000), and Gershuny and Sullivan (2003).
- ^{xxxiii} Later writings take a somewhat less strict view. For example, Folbre (2008b, p.376) states that ‘debates over whether care should or should not be ‘commodified’ often overstate the consequences of whether care work takes place inside or outside the money economy. Most forms of care for dependents– including but not limited to children– require a combination of paid and unpaid work. Substitutability between the two is limited, especially at the extremes. Few families can care for dependents entirely on their own, and few schools or hospitals can operate successfully without cooperation from family members. But most people reach for a balance among the different types of care that help them meet their needs.’

^{xxxiv} This dichotomy is also maintained by orthodox utility-maximising models of the household, which conceive of housework as a 'costly' activity most people would choose to avoid and demand substitutes for, and caring as a 'rewarding' activity, more akin to leisure than to housework (England and Budig 1998, p.106). Recently, Goodin *et al.* (2008) have proposed the criterion of 'socially necessary' time to frame choices regarding unpaid work: only beyond the minimum necessary time does the choice to perform an activity emerge. In this way, they do not need to (arbitrarily) differentiate care work from housework: both are necessary up to a certain threshold, and a matter of choice beyond it.

^{xxxv} Perez Orozco (2006, p.13) goes even further to suggest that women 'obtain' their autonomy by putting someone else in a dependent position.

^{xxxvi} Care for able-bodied adults is acknowledged only in the latest contributions to the debate, and even then only in passing (Folbre 2006, p.186; Himmelweit 2007, p.581).

^{xxxvii} However, Jochimsen (2003, p.241) poses that it is possible to reclaim 'the power of the concept of dependency to capture essential human relations which exists alongside moments of autonomy.'

^{xxxviii} Children themselves have agency, voice, and rights, even though they cannot act upon these themselves.

^{xxxix} There are perhaps exceptions in relation to some aspects of the care of very young children or of people whose lives are at risk.

^{xl} See Esquivel (2011a, p.21) for further elaboration.

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