

# How governments and donors can help drive a feminist care agenda

## THE GLOBAL CARE GAP

A recent ILO report on the care economy finds that 2.1 billion individuals have an unmet need for care – including children, seniors, the ill, and people with disabilities – and warns of a looming “global care crisis” unless governments step up and invest in the care sector.<sup>1</sup> Yet, care work – both paid and unpaid – is physically and emotionally demanding, undervalued by society, and unequally distributed, with women and girls performing 76.2% of care work globally.<sup>2</sup> McKinsey Global Institute estimates the value of unpaid care work at \$10 trillion or 13 percent of global GDP.<sup>3</sup> Meanwhile, domestic workers typically earn less than half (and sometimes no more than 20 percent) of the average wage in any given country.<sup>4</sup>

**16.4**  
**BILLION**  
**HOURS/DAY**

According to the ILO, 16.4 billion hours per day are spent in unpaid care work – the equivalent to 2 billion people working eight hours per day with no remuneration.<sup>5</sup>

Our economies are built on the backs of women providing care and domestic work day in and day out. The volume and drudgery of this work acts as a barrier to women’s economic empowerment. Evidence from Oxfam research in six countries through its WE-Care program (Women’s Economic Empowerment and Care) shows that women’s economic empowerment (WEE) initiatives do not succeed unless care work is addressed. Unpaid domestic work and care for dependents pose major barriers for women to access the labour market and education, and to pursue decent work opportunities. Low-income women who juggle employment and unpaid care work find

## WHAT IS CARE WORK?

‘Care work’ is an umbrella term used to describe a range of different activities, both paid and unpaid, which are often physically and emotionally demanding, undervalued by society and unequally distributed. For women and girls around the world, laundry, cooking, cleaning, collecting water and caring for dependents take a huge amount of time and energy – between three and six hours per day, or more in rural areas.<sup>6</sup> This is in addition to any paid activities and communal work, thus creating a double or triple burden of work for women,<sup>7</sup> leaving them unable to escape poverty.

Paid care work is no less taxing. The global care workforce spans education, health, institutional care, personal care services and domestic work.<sup>8</sup> Many care occupations are viewed as unskilled or an extension of women’s “natural” role as caregivers, a stereotype that contributes to low status and low pay. Domestic workers face some of the most precarious working conditions and are particularly vulnerable to abuse and exploitation because of isolation, informality and exclusion from labour and social protections.<sup>9</sup>

themselves depleted, working endless days and still unable to escape poverty. Paid care work is no less taxing and is generally rewarded with poverty wages and working conditions that are abusive and exploitative.

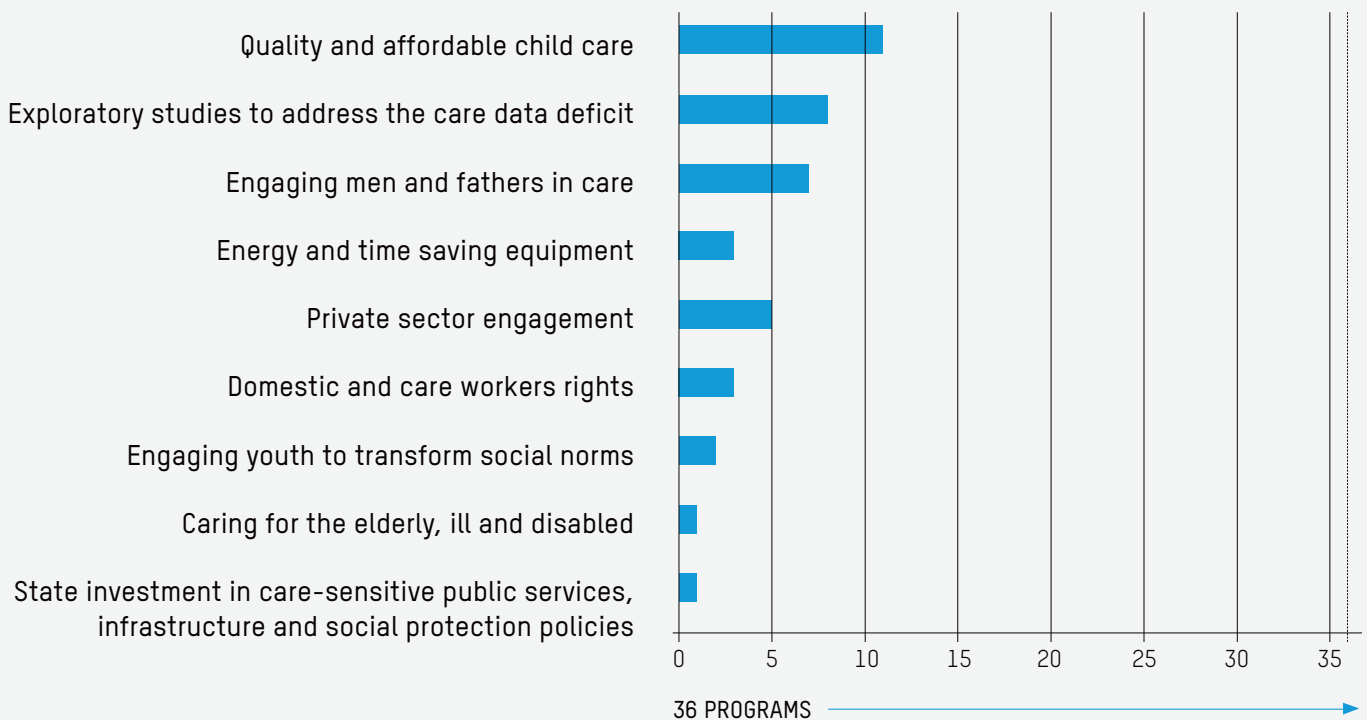
## CARE IS A CRUCIAL AND NEGLECTED AREA OF WOMEN’S ECONOMIC EMPOWERMENT PROGRAMMING

Women’s unequal burden of care is increasingly being recognized as a key barrier to their social, political and economic empowerment, and to wider objectives like sustainable development and inclusive growth. For example, SDG 5, Target 5.4 aims at recognizing and valuing unpaid care work “through the provision of public services, infrastructure and social protection policies,” and the ILO reports that unpaid care work constitutes the main barrier to global gender equality and to women’s labour market participation.<sup>10</sup> The Bill and Melinda Gates Foundation also cites the alleviation of unpaid care work as a critical driver of WEE, noting that it is “deeply interlinked with other elements of economic empowerment such as education, access to work, and family planning.”<sup>11</sup> Without access to family planning and contraception, women cannot choose if and when and how many children to have which can increase their care burden and exacerbate already existing inequalities in women’s share of care-giving.

Despite its importance, care work remains a neglected area of programming on WEE, receiving less than half of the financial investment from DAC donor countries compared to other WEE program areas.<sup>12</sup> In fact, WEE programming more generally is considered “a drop in the ocean”,<sup>13</sup> accounting for only 2 percent of DAC ODA. Over the period of 2011–15, Canada’s total investment in WEE was approximately \$85m, less than 0.5 percent of Canadian ODA. Of that, Canadian investment in care work was less than \$8m, or 0.04% of Canadian ODA over the same period.

Of the relatively small proportion of WEE programs that do address care work, most are focused on recognizing, redistributing and reducing women’s unpaid domestic work and childcare. These are important issues, and part of a feminist approach to care which calls for addressing the 4 Rs (recognize, redistribute, reduce, represent), but more attention and investment is needed to advance or “represent” the rights of paid care workers, to support large-scale transformations in public services, infrastructure and social norms, and to address the intersectional dynamics of care.

FIGURE 1 – CARE PROGRAMMING BY TYPE<sup>14</sup>



## A FEMINIST CARE AGENDA

A feminist care agenda requires attention and investment in key action areas:

### 1. SOCIAL NORMS AND WOMEN'S AGENCY

Social norms are powerful drivers of gender inequality in unpaid care work. To address women's and girl's disproportionate care load it is crucial to design gender transformative programming that tackles discriminatory gender norms, stereotypes and behaviours, and identifies ways to measure and evaluate change. Programs engaging youth are crucial to this effort, as gendered socialization starts early in life with girls spending 30 percent more time than boys on domestic work and childcare.<sup>15</sup> Engaging men and fathers in care is also essential to promote the redistribution of care work and the equitable sharing of domestic labour.

### 2. SUPPORT FOR DOMESTIC AND CARE WORKERS' RIGHTS

Support for domestic and care workers' rights is core to a feminist care agenda. This means addressing the inclusion of domestic and care workers' rights in WEE programming and labour standards legislation, and providing support for women's collective organizing for decent work in the care economy. With the growing demand for care globally, the care sector is a key source for future job growth. Despite this potential, paid care work remains characterized by low wages, long hours, a lack of formal contracts and unsafe working conditions. In higher income countries, including Canada, this work is disproportionately performed by migrant, poor and racialized women.

### 3. PUBLIC SERVICES, INFRASTRUCTURE, AND SOCIAL PROTECTION POLICIES

Governments have a role to play in addressing the unequal burden of care. State subsidized child and elder care, parental leave and social protection policies are important levers to redistribute care within households and between families and the state. Public infrastructure like electricity and piped water and renewable energy technologies like solar lamps and cook stoves reduce the drudgery and burden of unpaid domestic labour

by reducing or eliminating the time it takes to collect firewood or prepare food, for example. There is also a great potential in terms of job creation for paid care givers for the elderly, ill and disabled, provided that these care jobs are regulated and provide decent pay and working conditions.<sup>16</sup>

### 4. CARE AND SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

The level of unpaid care work that women do affects their access to sexual and reproductive health services and that lack of access can increase their care burden. When women and girls shoulder a significant share of care work in the home, they may not have the time or the resources to go to a clinic, to access contraceptives or to receive critical pre and post-natal services.<sup>17</sup> Maternal and child health professionals have documented the lack of affordable childcare and lack of sick leave on women's health.<sup>18</sup> Conversely, without access to family planning and contraception, women cannot choose if and when and how many children to have which can increase their care burden and exacerbate already existing inequalities in women's share of care-giving. This further affects the health and economic consequences that result from unplanned or frequent pregnancies, such as unsafe abortions.

In addition to the relationship between care work and women's ability to access their sexual and reproductive rights and services, both care and sexual and reproductive rights are fundamental facilitators of gender equality. Low income and marginalized women, in both rich and poor countries, have few chances of being entrepreneurs or entering into higher paying stable jobs if they are unable to realize their sexual and reproductive rights or are trapped in low paying informal jobs due to significant care responsibilities. A feminist agenda for care includes sexual and reproductive health and rights, and better comprehensive programming across economic and SRHR priorities.

### 5. CARE AND THE PRIVATE SECTOR

The private sector provides about 90 percent of jobs in developing countries, and is well-positioned to be an essential partner for addressing global care gaps.<sup>19</sup> The private sector is increasingly being engaged to participate in care by, for example, establishing care-sensitive workplace policies, like parental leave or

flexible work hours, and by providing or subsidizing childcare. Yet women who work in the informal labour sector or in global supply chains seldom have access to these benefits from employers. A feminist approach to care means advocating for decent working conditions for all individuals, including the most marginalized workers.

## 6. RESEARCH, DATA AND INTERSECTIONAL ANALYSIS OF CARE

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For decades, a lack of reliable international data confounded efforts to formally recognize care as a global issue. In response, programs focused on strengthening the production, availability and use of internationally comparable data and statistics on women’s burden of care have increased considerably over the past decade. Most of these studies employ time use surveys, which are useful for highlighting the uneven distribution of care work within a household or country, but less useful in designing context-specific interventions. Understanding gender care gaps and underlying reasons is part of a feminist care agenda, and this means looking to new research and research methods.

A feminist care agenda calls for the adoption of intersectional approaches that address care work in the context of social and economic vulnerability – for example, care in humanitarian and conflict settings, care in the aftermath of climate change events, and the dynamics of care in relation to global migration patterns. Greater attention must also be paid to the experiences of marginalized women and workers facing intersecting barriers.

## RECOMMENDATIONS

Now is the time to increase international attention and investment in care. Working with local women’s rights organizations and feminist movements, governments and donor organizations can help drive a feminist care agenda by committing to:

1. Demonstrate leadership on care in intergovernmental, donor-led and diplomatic spaces and champion the importance of care to the global economy and to a feminist agenda.
2. Increase investment in standalone care programming to build the evidence base on care, fund programming on key action areas, and convene organizations working on care to advance a feminist agenda.
3. Integrate a care-sensitive approach within existing development programming by taking steps to include impacts on paid and unpaid care in the monitoring and evaluation frameworks of all programs, even when care is not the primary focus. Ensure comprehensive programming across priorities recognizing the impact of care on economic, SRHR and other program goals.
4. Ratify ILO Convention C189 on Decent Work for Domestic Workers and follow Recommendation No. 201 to strengthen national law and policies on domestic work.

## NOTES:

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