The Political and Social Economy of Care in a Development Context

Conceptual Issues, Research Questions and Policy Options

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Gender and Development
Programme Paper Number 3
June 2007

United Nations
Research Institute
for Social Development

This United Nations Research Institute for Social Development (UNRISD) Programme Paper has been produced with the support of the International Development Research Centre (IDRC, Canada) and the Swiss Agency for Development and Cooperation (SDC). UNRISD also thanks the governments of Denmark, Finland, Mexico, Norway, Sweden, Switzerland and the United Kingdom for their core funding.

ISSN 1994-8026

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Acronyms

AIDS	acquired immunodeficiency syndrome
CHF	Swiss franc
DLD	domestic labour debate
EoO	equality of opportunity
GDP	gross domestic product
HIV	human immunodeficiency virus
NHE	new home economics
OECD	Organisation for Economic Co-operation and Development
SNA	System of National Accounts
UNIFEM	United Nations Development Fund for Women
UNRISD	United Nations Research Institute for Social Development
WID	Women in Development

Acknowledgements

This paper has benefited from comments made by participants at the United Nations Research Institute for Social Development (UNRISD) research methodology workshop on the Political and Social Economy of Care on 30 November–1 December 2006 in Geneva. I would like to thank, in particular, Debbie Budlender, Evelyne Huber, Eleonor Hutchinson and an anonymous referee for their written comments. Debbie has been an inspiration, sounding board and source of support throughout the process of writing this paper and thinking about issues of care.

Summary/Résumé/Resumen

Summary

Care (whether paid or unpaid) is crucial to human well-being and to the pattern of economic development. Some analysts emphasize the significance of care for economic dynamism and growth. Others see care in much larger terms, as part of the fabric of society and integral to social development. Citizenship rights, the latter argue, have omitted the need to receive and to give care. To overcome the gender bias that is deeply entrenched in systems of social protection and to make citizenship truly inclusive, care must become a dimension of citizenship with rights that are equal to those that are attached to employment.

How problems of care are addressed by society has important implications for the achievement of gender equality, by either broadening the capabilities and choices of women and men, or confining women to traditional roles associated with femininity and motherhood. How care is addressed is at the same time inextricably intertwined with other structures of inequality, especially race and social class. Historically and across a diverse range of countries, women from disadvantaged racial and ethnic groups have tended to provide care services to meet the needs of the more powerful social groups, while their own needs for care have been downplayed and neglected. Analyses of care that falsely homogenize women's interests are thus deeply problematic.

This paper traces the evolution of ideas in the area of gender and care, and analyses some of the main strands of thinking that have contributed to this ongoing debate. The effort to review the literature is far from exhaustive, and it is also biased toward connecting gender analyses of care in developing countries to some of the conceptual and theoretical work on care that, for the most part, takes the developed capitalist economies as its point of reference.

The first section analyses the contribution of feminist economics to the conceptualization, as well as the measurement and valuation, of the unpaid economy, including its care components. There have been important debates within feminist economics on how to conceptualize the connections between the sphere of market-based capital accumulation (the commodity economy), on the one hand, and that of non-market-based social reproduction (the unpaid care economy), on the other, while giving full recognition to the real divisions and differences between them. This has drawn attention to the distinctions between different components that constitute the unpaid economy, throwing the spotlight on care and its distinct characteristics (the difficulty of raising productivity and the associated "cost disease"). The economic dynamics of the paid care sectors—a growing component of the gross domestic product (GDP) in the more developed economies and also a significant employer, particularly of women—are receiving increasing attention, particularly the tendency for market provision to turn to low-wage and high-turnover labour strategies that produce low-quality care services. This literature draws attention to the urgent need for an economic strategy, underpinned by better organization and broader coalitions among care workers, if caring standards are not to deteriorate and care workers are not to fall further behind other workers in pay and working conditions.

Approaching the issue of care from their distinct disciplinary perspectives in social policy and sociology, gender analyses of welfare regimes have contributed to the theorization of care in important ways, some of which intersects with the work of feminist economists. The strengths of this literature, which is reviewed in section 2 of the paper, have included its comparative dimension, based on regime analysis, and its interrogation of a wide range of care-related policies within a comparative framework. While much of this literature is based on the institutionalized welfare states of the advanced capitalist economies, the comparative and institutional frameworks proposed nevertheless provide useful conceptual building blocks for thinking about care in other contexts.

The institutions involved in the provision of care may be conceptualized in a stylized fashion as a care diamond, to include the family/household, markets, the public sector and the not-for-profit sector (including voluntary and community provision). The boundaries of the responsibility mix often shift in response to the claims of social networks and organized interest groups (for example, trade unions and women's groups) as well as through state action. The notion that countries often move back and forth across different sectors is important because it belies the view, deeply entrenched in the modernization narrative, of a linear path along which all countries move with an inevitable shift from "private" (family and voluntary) provision of care to "public" provision (by the state and market).

It is sometimes (wrongly) assumed that if issues of care were to be taken up by policy makers, then the only possible response would be to provide some kind of cash payment for women (for example, wages for housework or mothers' pensions). While this kind of demand may have been voiced historically by some women's rights advocates, it is not the kind of social provision that most modern-day advocates of women's rights prioritize. Ideally, society should recognize and value the importance of different forms of care, but without reinforcing care work as something that only women can or should do, given the well-known and adverse consequences of such gendering: women's financial precariousness and their exclusion from the public domain.

There is enormous diversity in currently existing policy responses to care—arguably greater than that found for other contingencies such as illness or unemployment, and with differing implications for gender equality. Gender advocates have put forward a range of proposals that attempt to overcome the many disadvantages endured by most women because of their responsibilities for caregiving, and sometimes to entice men to contribute more time to it. There are tensions, however, between the different proposals that have been put forward in terms of a wish to support and value care and to liberate women from the confines of caregiving so as to enable their more active presence in the public sphere. There is a wide range of possible policy interventions: cash payments in the form of caregivers' allowance or citizen's wage (more gender-neutral than a mothers' pension); taxation allowances; different types of paid and unpaid leave from employment; social security credits and social services. Some of these are discussed in this paper. The analysis provided by feminist social policy researchers of the outcomes of these diverse provisions in countries where they have been put in place provides useful lessons for "latecomers" in the area of care policy.

The final section of the paper considers the renewed interest in social policy, trailing after the high neoliberalism of the 1980s that was epitomized by the "social investment state" allegedly focused on productive and active welfare, and on investing in children's opportunities. It asks what the implications of these ideas might be for the redesign of social policy, what space is likely to be given to issues of care and whether gender equality and women's movements' claims for services and supports are likely to be accommodated in this new welfare vision.

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Résumé

Les soins* (rémunérés ou non) contribuent de façon essentielle au bien-être humain et au mode de développement économique. Certains analystes insistent sur l'importance des soins pour le dynamisme et la croissance économiques. Pour d'autres, les soins ont un sens beaucoup plus large et font partie intégrante du tissu social et du développement social. Ils estiment que, parmi les droits du citoyen, a été omise la nécessité de recevoir et de donner des soins. Pour surmonter le biais sexospécifique profondément ancré dans les systèmes de protection sociale et n'exclure personne de la citoyenneté, les soins doivent devenir une dimension de la citoyenneté, avec des droits égaux à ceux qui sont liés à l'emploi.

* Soin est utilisé ici dans son sens le plus large ("care" en anglais).

La manière dont la société résout les problèmes de soins a des conséquences non négligeables sur l'instauration de l'égalité entre hommes et femmes, parce qu'elle a pour effet, soit d'étendre les capacités et les possibilités de choix des femmes et des hommes, soit de confiner les femmes dans les rôles traditionnels associés à la féminité et à la maternité. La façon d'aborder les soins est en même temps inextricablement liée à d'autres structures d'inégalité, en particulier la race et la classe sociale. A travers l'histoire et dans les pays les plus divers, ce sont les femmes de groupes ethniques et raciaux défavorisés qui ont le plus souvent dispensé aux groupes sociaux plus puissants les soins dont ils avaient besoin, alors que leurs propres besoins en la matière étaient minimisés et négligés. Les analyses des soins qui présentent à tort les intérêts des femmes comme homogènes sont de ce fait très problématiques.

Cette étude retrace l'évolution des idées dans le domaine du genre et des soins et analyse certains des principaux courants de pensée qui ont contribué au débat actuel. La revue de la littérature est loin d'être exhaustive et a aussi tendance à rattacher les analyses des soins sous l'angle hommes-femmes dans les pays en développement à certains des travaux conceptuels et théoriques sur les soins qui, dans leur majorité, prennent pour référence les économies capitalistes développées.

La première section analyse la contribution de l'économie féministe à la conceptualisation, à la quantification et à la valorisation de l'économie non rémunérée, notamment l'élément soin. Il y a eu des débats importants entre économistes féministes sur la façon dont il fallait conceptualiser les rapports entre la sphère marchande de l'accumulation du capital (économie marchande), d'une part, et celle de la reproduction sociale, extérieure au marché (économie domestique ou non rémunérée), d'autre part, tout en reconnaissant pleinement les divisions et les différences réelles entre elles. Ils ont mis en évidence ce qui distingue les uns des autres les divers éléments constitutifs de l'économie non rémunérée et ont braqué les projecteurs sur les soins et leurs caractéristiques distinctes (la difficulté d'augmenter la productivité et la "maladie des coûts" qu'elle entraîne). La dynamique économique des secteurs des soins rémunérés—qui représentent une part croissante du produit national brut (PNB) dans les économies plus développées et emploient aussi beaucoup d'actifs, en particulier de femmes—retient de plus en plus l'attention, en particulier la tendance du marché à recourir à un personnel mal rémunéré et à en changer souvent, ce qui se solde par des services de piètre qualité. Cette littérature relève l'urgence d'une stratégie économique qui miserait sur une meilleure organisation et un plus large rassemblement des personnels soignants pour éviter une dégradation tant de la qualité des soins que des salaires et des conditions de travail de ces personnels par rapport à ceux d'autres travailleurs.

En abordant la question des soins sous l'angle de leurs disciplines propres, la politique sociale et la sociologie, les analyses des régimes de protection sociale attentives aux différences entre hommes et femmes ont contribué de manière non négligeable à la théorisation des soins, certaines d'entre elles recoupant les travaux des économistes féministes. Cette littérature, dont rend compte la section 2 de l'étude, a plusieurs mérites, notamment sa dimension comparative, qui s'appuie sur l'analyse des régimes, et celui d'interroger un large éventail de politiques des soins dans un cadre comparatif. Si une grande partie de cette littérature s'inspire des institutions de l'Etat providence dans les économies capitalistes avancées, les grilles comparatives et institutionnelles proposées apportent néanmoins des éléments conceptuels qui peuvent être utiles dans d'autres contextes à une réflexion sur les soins.

Les institutions qui dispensent des soins peuvent être représentées sous la forme d'un diamant stylisé dont les facettes sont la famille/le ménage, les marchés, le secteur public et le secteur non lucratif (regroupant les organisations bénévoles et communautaires). Les limites des compétences se déplacent souvent en réponse aux revendications des réseaux sociaux et des groupes d'intérêt organisés (les syndicats et les organisations féminines, par exemple) et à la suite de l'action de l'Etat. La notion d'avancées et de reculs successifs des pays dans les différents secteurs est importante parce qu'elle dément l'idée, profondément ancrée dans les écrits de la modernisation, d'une évolution linéaire que suivraient inévitablement tous les pays

pour aller vers une fourniture des soins par la sphère "privée" (la famille et les bénévoles) à une prise en charge "publique" des soins (par l'Etat et le marché).

On suppose parfois (à tort) que si les décideurs politiques s'attelaient au règlement des questions des soins, la seule réponse possible qu'ils pourraient apporter consisterait à verser de l'argent aux femmes (sous la forme de salaires pour le travail ménager ou de pensions aux mères). Si ce genre de revendication a pu être exprimé par certaines militantes des droits des femmes dans le passé, ce n'est pas la prestation sociale à laquelle la plupart d'entre elles donneraient la priorité aujourd'hui. L'idéal serait que la société reconnaisse l'importance des différentes formes de soins et les valorise mais sans en donner l'exclusivité aux femmes car on connaît les conséquences néfastes d'une telle féminisation: la précarité financière des femmes et leur exclusion du domaine public.

Les politiques actuelles imaginées pour résoudre le problème des soins sont d'une diversité extrême—plus grande, prétendent certains, que celles conçues pour faire face à d'autres aléas comme la maladie ou le chômage—et ont des incidences diverses sur l'égalité entre hommes et femmes. Les militants de la cause féminine ont avancé tout un éventail de propositions qui tentent de venir à bout des nombreux inconvénients qu'entraînent les responsabilités liées aux soins pour la plupart des femmes, parfois en s'efforçant d'amener les hommes à y consacrer plus de temps. Il y a cependant des tensions entre les différentes propositions faites dans le souci de défendre et de valoriser les soins et de libérer les femmes jusqu'à présent confinées dans le secteur des soins pour les laisser investir la sphère publique. Il existe toute une gamme d'interventions politiques possibles: versements en espèces sous la forme d'une allocation à la personne qui dispense les soins ou d'un salaire citoyen (plus neutre au regard du genre qu'une pension aux mères); des crédits d'impôts; différents types de congés payés et non payés pour les employés; des crédits au titre de la sécurité sociale et des services sociaux. Certaines d'entre elles sont examinées plus en détail dans l'étude. Des chercheuses féministes spécialisées dans les politiques sociales ont analysé les résultats de ces diverses dispositions dans les pays où elles ont été appliquées, et dont peuvent s'inspirer les pays qui, sur le tard, veulent adopter une politique des soins.

Dans la dernière section du document, l'auteure se penche sur le regain d'intérêt que suscite la politique sociale après le haut néolibéralisme des années 80, incarné par "l'Etat de l'investissement social", prétendument axé sur une aide sociale active et productive et désireux d'investir dans l'avenir des enfants. L'auteure se demande quelles conséquences ces idées pourraient avoir sur une conception nouvelle de la politique sociale, quelle place pourraient y occuper les questions des soins et si les services et les soutiens que réclament les mouvements pour l'égalité des sexes et les réseaux féminins ont des chances de faire partie de cette vision nouvelle de la protection sociale.

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Resumen

El cuidado* (remunerado o no) es fundamental para el bienestar de los seres humanos y para el modelo de desarrollo económico. Algunos analistas resaltan la importancia del cuidado para el dinamismo y crecimiento económicos. Otros conciben el cuidado desde una perspectiva mucho más amplia, como parte de la estructura social y elemento integral del desarrollo social. En opinión de estos últimos, los derechos ciudadanos han omitido la necesidad de dar y recibir cuidado. A fin de superar el sesgo de género que se encuentra tan profundamente arraigado en los sistemas de protección social y lograr una ciudadanía verdaderamente incluyente, el cuidado debe convertirse en una dimensión de la ciudadanía con derechos equivalentes a aquellos que tienen que ver con el empleo.

* El término "cuidado" es utilizado en el sentido más amplio ("care" en inglés).

La forma en que la sociedad aborda los problemas relativos al cuidado tiene importantes consecuencias para la igualdad de género, ya sea que se aumenten las capacidades y opciones de las mujeres y los hombres, o se perpetúe el confinamiento de las mujeres a las funciones tradicionales relacionadas con la feminidad y la maternidad. Al mismo tiempo, el criterio con que se responde al cuidado está indisolublemente ligado a otras estructuras de desigualdad, en particular a los conceptos de raza y clase social. Históricamente, en una diversa gama de países, las mujeres pertenecientes a grupos raciales y étnicos desfavorecidos han tendido a proveer servicios de cuidado para satisfacer las necesidades de los grupos sociales más poderosos, al tiempo que desatienden y colocan en segundo plano sus propios requerimientos de cuidado. De allí que los análisis del cuidado que falsamente presentan los intereses de las mujeres como un elemento homogéneo resulten sumamente problemáticos.

Este documento describe la evolución de las ideas sobre género y cuidado, al tiempo que examina algunas de las principales corrientes analíticas que han contribuido a este debate. El análisis de la documentación que se ha publicado sobre este tema está muy lejos de ser exhaustivo. Además está sesgado e se inclina a relacionar los análisis del cuidado desde una perspectiva de género en los países en desarrollo con algunos trabajos conceptuales y teóricos sobre el cuidado que, en la mayoría de los casos, tienen como punto de referencia a las economías capitalistas desarrolladas.

La primera sección analiza la contribución de la economía feminista a la conceptualización, medición y valoración de la economía no remunerada, incluido sus componentes de cuidado. En la arena de la economía feminista se han dado importantes debates sobre la forma de conceptualizar las relaciones entre, por una parte, la acumulación de capital basada en el mercado (la economía de bienes) y, por la otra, la reproducción social no basada en el mercado (la economía del cuidado no remunerado), al tiempo que se reconocen plenamente las divisiones y diferencias reales que existen entre las dos. Esto ha resaltado las diferencias entre los distintos componentes de la economía no remunerada y realzado el tema del cuidado y sus características específicas (la dificultad de elevar la productividad y la "enfermedad de los costos" que va de la mano). Las dinámicas económicas del sector del cuidado remunerado—componente cada vez mayor del producto interior bruto (PIB) en las economías más desarrolladas, e igualmente una importante fuente de empleo, en especial para las mujeres—reciben cada vez más atención, en particular la tendencia de los proveedores del mercado a recurrir a estrategias de contratación de mano de obra con salarios bajos y alta rotación, que prestan servicios de cuidado de poca calidad. La documentación analizada realza la urgente necesidad de formular una estrategia económica que se sustente en una mejor organización y en coaliciones más amplias de los trabajadores del cuidado, si se quiere evitar el deterioro de los niveles de cuidado y que los trabajadores del sector queden aún más a la zaga de otros trabajadores en cuanto a condiciones salariales y laborales.

Examinando el tema del cuidado desde las distintas perspectivas disciplinarias de la política social y la sociología, los análisis de los regímenes de bienestar desde la óptica del género han contribuido a teorizar el cuidado de diversas e importantes formas, algunas de las cuales coinciden con el trabajo de los economistas feministas. Entre los aportes positivos de estos trabajos, que se examinan en la sección 2 del documento, cabría destacar su dimensión comparativa, que se basa en el análisis del régimen, y las preguntas que formula sobre una amplia gama de políticas relacionadas con el cuidado en un marco comparativo. Si bien la mayor parte de esta bibliografía se basa en los estados benefactores institucionalizados de las economías capitalistas avanzadas, los marcos comparativos e institucionales propuestos constituyen un cimiento conceptual útil para reflexionar sobre el cuidado en otros contextos.

Las instituciones que participan en la prestación del cuidado pueden visualizarse conceptualmente en la forma de un diamante de cuidado, en el cual se integran la familia o el hogar, los mercados, el sector público y el sector no comercial (incluida la provisión de cuidado por parte de la comunidad y los voluntarios). Los límites de las distintas responsabilidades a menudo varían en respuesta a las demandas de las redes sociales y los grupos de interés

organizados (por ejemplo, los sindicatos y las agrupaciones de mujeres), así como en razón de la acción del Estado. La noción de que los países se desplazan con frecuencia de un sector a otro es importante porque desmiente la idea, profundamente arraigada en el discurso de la modernización, de la existencia de un sendero lineal que recorren todos los países con un cambio inevitable de la provisión "privada" (familiares y voluntarios) del cuidado a la provisión "pública" (a cargo del Estado y el mercado).

En ocasiones se supone (equivocadamente) que si los responsables de la formulación de políticas se ocupasen del problema del cuidado, la única respuesta posible sería brindar algún tipo de pago en efectivo a las mujeres (por ejemplo, salarios por el trabajo doméstico o pensiones para las madres). Si bien algunos defensores de los derechos de la mujer pueden haber reivindicado demandas de esta naturaleza en el pasado, no es el tipo de protección social que los feministas de hoy priorizan. Lo ideal sería que la sociedad reconociera y valorara la importancia de las distintas formas de cuidado, pero sin reforzar la labor de cuidado como una actividad que sólo las mujeres pueden y deben realizar, habida cuenta de las bien conocidas consecuencias adversas que entraña esta vinculación con el género: la precariedad financiera de la mujer y su exclusión del ámbito público.

Existe una enorme diversidad de respuestas al tema del cuidado en las políticas actualmente vigentes, probablemente mayor que la que se ha dado a otras contingencias como las enfermedades o el desempleo, y con distintas implicaciones para la igualdad de género. Los defensores de la igualdad de género han formulado una serie de propuestas dirigidas a superar las numerosas desventajas que enfrentan casi todas las mujeres en razón de sus responsabilidades como proveedoras del cuidado; algunas de dichas propuestas buscan también incitar a los hombres a que dediquen más tiempo a la tarea del cuidado. No obstante, existen conflictos entre las distintas propuestas hechas en cuanto al deseo de apoyar y valorar el cuidado y liberar a la mujer del confinamiento de la provisión de cuidado con el fin de permitirle tener una presencia más activa en el escenario público. Existe una amplia gama de intervenciones de política posibles: remuneraciones en la forma de subvención al proveedor de cuidados o un salario ciudadano (opción más neutra en cuanto al género que la pensión a las madres); exenciones tributarias; distintos tipos de permisos laborales remunerados y no remunerados; créditos de previsión social y servicios sociales. Este documento examina algunas de estas opciones. El análisis que realizan los investigadores de las políticas sociales feministas sobre los resultados de estas distintas medidas en los países donde se han aplicado ofrece lecciones útiles para aquellos que apenas comienzan a incursionar en el área de la política del cuidado.

La sección final del documento está dedicada al renovado interés en la política social que ha venido surgiendo tras la ola del neoliberalismo en los años 80 cuyo epítome fue el "estado de inversión social", que supuestamente se centraba en el bienestar productivo y activo y en la inversión en oportunidades para los niños. ¿Qué implicaciones pueden tener estas ideas para la reformulación de la política social? ¿Qué cabida pueden tener las cuestiones relacionadas con el cuidado? ¿La igualdad de género y las demandas de servicios y apoyo por parte de los movimientos de mujeres pueden conseguir respuesta en esta nueva visión de bienestar?

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Introduction

The dynamics of care are receiving more attention from activists, researchers and policy actors today than they did 20, or even 10, years ago. The current public interest in care is not, however, without precedent. At the beginning of the twentieth century, care issues were also high on the public agenda in Europe, in particular, as a result of agitation by trade unions and some strands of the feminist movement. Putting in place social provisions such as the "family wage", pensions for single mothers and widows, maternity leave and labour protection for women reflected a certain recognition of the need to liberate people—albeit *mothers*—from the obligation to do paid work so that they could perform care services (Knijn and Kremer 1997). This resulted in the fortification of the heterosexual male-headed nuclear family, underpinned by ideological, legal and economic means at the disposal of the state. The male head of the household would be paid a family wage, sufficient to support children and a full-time wife and mother who performed domestic and care work without pay (Fraser 1997). Women's financial dependence on husbands was an integral feature of this model.[1]

In more recent times, women's massive entry into the paid work force—a near-global trend—has squeezed the time hitherto allocated to the care of family and friends on an unpaid basis. While the decline in fertility across many regions means that there are fewer children to be cared for, demographic ageing in some countries and major health crises in others have intensified the need for caring services. In many developing countries where public health services have been severely weakened during the decades of market-inspired reform, much of the care burden has inevitably fallen back on women and girls. In the more developed economies, paid care services have become a growing sector of the economy as a result of women's increasing participation in the paid labour force. These services, in turn, employ many women. In this context, the quality of care, and the pay and working conditions of carers, have become contested policy issues. Paid care services have been susceptible to competitive pressures that generate low-pay and low-quality services—adversely affecting both care workers and the recipients of care (Folbre 2006a).

Recent years have seen a growing literature from diverse disciplinary perspectives and underpinned by distinct conceptual and theoretical foundations converging around the issue of care. These intellectual currents include efforts within feminist economics to construct analytical tools and frameworks for understanding the "other economy" where "the direct production and maintenance of human beings" take place (Donath 2000:116). Policy frameworks, it is argued, need to factor in care as a serious economic and social policy issue, rather than assume that there is an unlimited supply of it flowing from a natural inexhaustible source (Elson 2005; Folbre 2001). At the same time, gender analysis of labour markets, which draws attention to the family, care and welfare arrangements that interlock with the labour-market system, points to unpaid caring responsibilities as an obstacle to the expansion of female employment (Orloff 2002; Rubery et al. 2001). From within social policy research there have been concerted efforts to deconstruct and engender mainstream citizenship frameworks by locating them at the intersection of regimes of welfare, care and (more recently) migration (Lewis 1992, 2001; Anttonen et al. forthcoming). Dovetailing, and enriching, these diverse conceptual and empirical engagements has been a philosophical conversation about the "ethics of care" among feminists of diverse persuasions and disciplines, contesting the narrowness of an ethic of paid work that drives policy agendas and reforms across welfare states (Tronto 1993; Williams 2001).

Why is care important and why should policy be informed by its exigencies? Some analysts, in what may be referred to as instrumentalist approaches to care, emphasize the significance of care for economic dynamism and growth, whether in terms of its contribution to "human capital" or "social investment". Others see care in much larger terms, as part of the fabric of society and integral to social development (Daly 2001). How society addresses care has substantive social significance—for gender relations and inequalities as well as other structures

[1] Needless to say, social reality did not neatly reflect this ideal pattern. Nevertheless, the model provided a powerful normative picture of family life in the industrial era of capitalism.

of power and inequality. Citizenship rights, critics argue, have omitted the need to receive and to give care (Knijn and Kremer 1997). To overcome the gender bias that is deeply entrenched in systems of social protection and to make citizenship truly inclusive, care must become a dimension of citizenship with rights that are equal to those that are attached to employment (Standing 1999).

Many gender analysts have also drawn attention to other structures of inequality that are inextricably intertwined with gender and implicated in how society arranges care. Historically and across a diverse range of countries, both developed and developing, women from disadvantaged racial and ethnic groups have tended to provide care services to meet the needs of the more powerful social groups, while their own needs for care have been downplayed and neglected. This kind of interlock is evident in case studies of domestic workers and nurses' aides in many countries, and raises serious questions about analyses of care that falsely homogenize women's interests (Nakano Glenn 1992). A similar genre of analysis informs much of the recent literature on "global care chains", which draws attention to the ways in which disadvantaged female migrant workers from the developing world fill in the "care deficit" in the more economically advanced countries as a result of welfare state inadequacies and restructuring, on the one hand, and men's reluctance to take on domestic and care duties, on the other.[2]

Systems of social provision and regulation, thus, shape particular ways of organizing and valuing care. While a generic concern for the well-being of families and children may be the stated aim of many of these provisions, what states do and the conditions on which benefits and services are made available (or withheld) carry implicit objectives and significant consequences, supporting particular models of the family and of gender relations (while delegitimizing or undermining others), supporting the reproduction and fertility of particular social groups and "investing" in the children of particular social groups.

Gender advocates have put forward a range of proposals that attempt to overcome the many disadvantages endured by most women because of their responsibilities for caregiving, and sometimes to entice men to contribute more time to caregiving. Some of these are discussed in this paper. There are tensions, however, between the different proposals that have been put forward in terms of a wish to support and value care and to liberate women from the confines of caregiving so as to enable their more active presence in the public sphere. Lister memorably captured this tension as "the contemporary variant of the Wollstonecraft dilemma":

> We are torn between wanting to validate and support, through some form of income maintenance provision, the caring work for which women still take the responsibility in the 'private' sphere and to liberate them from this responsibility so that they can achieve economic and political autonomy in the public sphere (Lister 1994, cited in Knijn and Kremer 1997:350).

How can care be compensated in a way that does not merely provide income security, while confining women, in most cases, to a lower-status, socially excluding role (Standing 1999:350)? Ideally, society should recognize and value the importance of different forms of care, but without reinforcing care work as something that only women can or should do given the well-known and adverse consequences of such gendering: women's financial precariousness and their exclusion from the public domain.

The key objective of this paper is to trace the evolution of ideas in the area of gender and care, and analyse some of the main strands of thinking that have contributed to this ongoing debate.

[2] See Hochschild (2000); Parrenas (2001); Ehrenreich and Hochchild (2002). While some of the literature draws attention to the social disruptions and the "care drain" that result from migrants' absence from their countries and communities of origin—for example, Parrenas (2005)—social policy and care arrangements in developing countries are not their starting point and analytical focus. This is, however, the starting point and analytical focus of the UNRISD project on Political and Social Economy of Care. Migration (whether domestic or across borders) becomes relevant to this project if and when it has a perceptible presence and impact on the care economy in the developing countries being studied.

Many of the shifts within the disciplines and subdisciplines that are elaborated below reflect larger trends within gender studies, especially the shift from "equality as sameness" to various forms of "difference feminism". The latter has prompted a deeper appreciation of traditionally female spheres. It coincides with the trends of "making care visible" in analyses of welfare provision as well as in understandings of the economy and its institutions that are extensively elaborated in the paper.[3]

The effort to review the literature is far from exhaustive and is also biased toward connecting gender analyses of care in developing countries to some of the conceptual and theoretical work on care that, for the most part, takes the developed capitalist economies as its point of reference. There are important areas of feminist scholarship on care that this paper does not attempt to cover, most importantly the normative underpinnings of analyses of care as developed by philosophers and political and legal theorists, which are only referred to in passing. The paper identifies key research questions to be pursued in a new comparative research project of the United Nations Research Institute for Social Development (UNRISD), and suggests useful conceptual building blocks to inform this work. The issues being considered have enormous policy resonance given the way in which care is implicated in the neoliberal and post-neoliberal projects of state-society restructuring. They are also central to women's rights advocacy given the import of care regimes to struggles for gender equality.

Section 1 examines the contribution of feminist economics, conceptually and empirically, to the scholarly and policy debates on care. Section 2 turns to the sociological and political science analyses of systems of social provision and regulation, focusing on "care regimes". It teases out some useful conceptual issues for analysing care in developing countries, and considers different policy options for addressing care, especially from a developing country perspective. Section 3 is more exploratory: it considers the renewed interest in social policy, trailing after the "high neoliberalism" of the 1980s, epitomized by the "social investment state" that is allegedly focused on "productive" and "active" welfare and on "investing" in children's opportunities. It asks what the implications of these ideas might be for the redesign of social policy, what space is likely to be given to issues of care and whether gender equality and women movements' claims for services and supports are likely to be accommodated in this new welfare vision.

1. The "Invisible" or "Other" Economy: The Contribution of Feminist Economics

It would not be an exaggeration to say that the subdiscipline that is now referred to as feminist economics grew in response to the restricted and inadequate view of "the economy" offered by mainstream economic thinking. The dissatisfaction stemmed from two key elements. One was the fact that mainstream economics traditionally privileged the monetized aspects of the economy, while ignoring the sphere of "social reproduction" or "unpaid work", which included both subsistence production (particularly significant in much of the developing world) and unpaid care (for family, friends and neighbours) that kept the social fabric together.[4] The second element of dissatisfaction—shared by other heterodox economists, whether from a structuralist, political economy or human development perspective—concerned the validity and usefulness, for rich countries as well as poor ones, of the neoclassical assumption of "rational choice" as a model of individual behaviour and of the broader macroeconomy and society.[5]

[3] Recent shifts in gender analysis informed by cultural and discursive turns have also been usefully applied to understanding welfare concepts such as "need" (Haney 2002) and "dependency" (Fraser and Gordon 1994), and could be fruitfully applied to current buzzwords such as "care deficit" and "reconciling" work and family life. While some discourse analyses can be useful for understanding policy logics and frameworks, it is not a pertinent issue for the present paper.

[4] The lack of interest in households, in particular, was as true of neoclassical economics as it was of Marxists; for the latter, the household was primarily an ideological institution. This changed in the 1960s and 1970s as both schools began to take the household more seriously (Himmelweit 2000).

[5] To put it simply, rational choice theory reduces all behaviour to the attempt to maximize individual utilities in the face of economic scarcity; and by aggregating the behaviour of individuals, neoclassical economics builds a theory of the entire economy (methodological individualism).

One strand of thinking within economics that did not ignore the unpaid/invisible sphere of social life, but that, nevertheless, analysed it with limited neoclassical analytical tools, was the "new home economics" (NHE) pioneered by Gary Becker and colleagues. The result was a problematic view of family relations that was premised on heroic assumptions (altruism on the part of the head of household), ignored power relations and inequalities (in welfare outcomes and in access to income and assets) and produced circular arguments (women specialize in homemaking because they earn less in the market, and they earn less in the market because of their household responsibilities).[6] The main point to take from this brief reference to the NHE is that feminist economics was not only critical of the fact that neoclassical economics ignored the invisible and unpaid sphere of social reproduction, but that even when it did turn its gaze to this realm its analytical tools effectively dissolved all differences between an idealized market sphere (found in economic textbooks) and the social sphere.[7]

Making visible "the invisible"

From its inception, therefore, one of the key challenges for feminist economics was to make visible the so-called invisible or unpaid economy. There is some dissonance, however, between those who highlight and seek to make visible the unpaid "economic" work of women and men, and those who emphasize the unpaid *care* aspects of social reproduction. The latter has more recently come into usage and it continues to be dismissed as "non-economic" by the wider economic and statistical community.

The former tendency has a long-standing history within the debates on gender and development, going back to the Women in Development (WID) tradition and the work of the Danish economist Ester Boserup. From the perspective of the WID advocates, the importance of Boserup's *Women's Role in Economic Development* (1970) was that it challenged the assumptions of the "welfare approach" and highlighted women's importance to the agricultural economy.[8] Sub-Saharan Africa, in particular, was singled out as the great global area of "female farming systems" in which women using traditional hoe technology assumed a substantial responsibility for food production. Moreover, Boserup posited a positive correlation between the role women played in agricultural production and their status vis-à-vis men. As we argue elsewhere (Razavi and Miller 1995), one reason why Boserup's research was picked up so enthusiastically by WID advocates was that it helped reject the narrow view of women's roles as mothers and wives, which underpinned much of earlier development policy vis-à-vis women. In general, a great effort was made to distinguish WID from women's programmes that were carried out under the rubric of health or social welfare. Instead of characterizing women as needy beneficiaries, WID arguments represented women as productive members of society.

On the positive side, by highlighting women's participation in production, these researchers provided a timely challenge both to the definition of work (and "active labour") and to the methods of data collection used for generating official statistics. Their overall aim was to make visible areas of unvalorized or non-market production that tend to be disproportionately allocated to women. An important component of this endeavour was the attempt to deal with the much-debated category of generally unpaid "family labour".

After much lobbying and hard work by a variety of networks, researchers and some governments, the System of National Accounts (SNA) was revised in 1993 to include two categories of unpaid work within the purview of national income that had been, hitherto, excluded: (i) undercounted work, that is, the work that is not fully counted due to conceptual and methodological problems of data collection, often described as "difficult to measure sectors" within the market economy (this includes unpaid family work, home-based work, self-

[6] There exists a rich feminist response to the NHE; for a comprehensive overview, see Kabeer (1994:chapter 5).

[7] Fine (2004:part 1, section 4) referred to this as the risk of "economic imperialism", that is, of economics colonizing the other social sciences by imposing a neoclassical mode of analysis on all social phenomenon.

[8] The term "welfare" was used in a pejorative sense.

employment work and other informal sector work); and (ii) uncounted work, that is, primarily subsistence work, the output of which is meant for self-consumption (Hirway 2005:1).

Curiously, the relaxation of production boundaries was not applied to the production of services (as opposed to goods) for self-consumption, except for the own account production of housing services by owner-occupiers and of domestic and personal services produced by employing paid domestic staff (Hirway 2005:1). Effectively, this meant the exclusion of the following items from national accounts and from calculations of gross domestic product (GDP): (i) preparation of meals, laundry, cleaning and shopping; (ii) care of children, the elderly, the sick and people with disabilities within the household; and (iii) volunteer services provided through organizations and groups.

The rationale given for this choice was threefold: (i) unpaid care services have limited repercussions on the rest of the economy; (ii) it is difficult to impute monetary values to unpaid care services; and (iii) the inclusion of unpaid care services will have adverse effects on the usefulness of the accounts for macroeconomic analysis and policy purposes and disturb the historical trends. But it was recommended that the unpaid work that is excluded from the SNA production boundary be measured as "extended economic work" (extended SNA or ESNA) and valued in "satellite accounts".[9] Hirway's response to this exclusion of unpaid care work from the SNA is worth citing at length as it succinctly captures the reasons for the continued invisibility of unpaid *care* work within mainstream economics, and also the kind of "productivist" arguments that need to be made to legitimize it:

> Firstly, these services do not have a limited repercussion on the rest of the economy because these services contribute significantly to the total human welfare and well being and to human capital formation. Secondly, though there are problems with respect to their monetary valuation, these problems are resolvable. And thirdly, attempts need to be made to find out ways and means of incorporating them into macro policies in a meaningful way rather than exclude them from the production boundaries…the concept of non-economic unpaid work is in a fluid status, as it may acquire the status of economic unpaid work in the future! The unpaid non-economic work is after all a macroeconomic variable (Hirway 2005:2–3).

Similar to WID advocates' bias toward "economic" work, most time use surveys in developing countries seem to have been at least initially designed with the "economic" sectors of unpaid work in mind (such as subsistence production), the argument being that conventional labour force surveys do not seem to be able to adequately capture these diverse forms of work. For various reasons, such surveys are less suited to capture unpaid *care* work that tends to occur in intermittent spurts (rather than being a discrete activity with an easy-to-mark beginning and end), overlaps with other activities (looking after a child while doing housework or tending a stall in the market) and often includes responsibility and supervision ("being on call") rather than the performance of a discrete *activity* per se (see box 1). These methodological problems and the question of how these surveys could be better designed to capture unpaid *care* work are not discussed here, as this is the topic of a companion paper published by UNRISD (Budlender 2007). But the point to underline is that thus far the issue of unpaid care seems to have been inadequately appreciated and dealt with by those who design time use surveys, although this may be changing, at least in some countries.

[9] Some countries such as Australia, Canada, Switzerland and the United Kingdom now have satellite accounts that measure the output of unpaid care work, enabling economic aggregates to be calculated that take into account unpaid care.

Box 1: A note on terminology: Unpaid work, care work and unpaid care work

The terms "unpaid work", "care work" and "unpaid care work" are sometimes used interchangeably. This is wrong and misleading, even though there are some overlapping areas among them.

Unpaid work includes a diverse range of activities that take place outside the cash nexus. It includes: (i) unpaid work on the household plot or in the family business; (ii) activities such as the collection of water and firewood for self-consumption; and (iii) unpaid care of one's child, elderly parent or friend affected by a chronic illness.

- Some elements of unpaid work—for example, unpaid work in a family business—are *included* in the SNA production boundary and should be included in calculations of GDP.
- Other elements of unpaid work—for example, collection of firewood and water—are (since the 1993 revision of the SNA) *included* in the SNA production boundary and should be included in GDP calculations, although relatively few countries do this.
- Unpaid *services* such as shopping, meal preparation, washing clothes and so on and unpaid care provided for one's child, elderly parent or neighbour are *excluded* from the SNA and GDP calculations.

Care work involves direct care of persons; it can be *paid* or *unpaid*. Those with intense care needs include young children, the frail elderly and people with various illnesses and disabilities, but able-bodied adults also require and receive care. *Paid carers* include nannies, childminders, nurses and care workers in homes for the elderly and other institutional settings; they can work in a variety of institutions (public, market, not-for-profit).

Direct care of persons (bathing them, feeding them, accompanying them to the doctor, taking them for walks, talking to them and so on) is often seen as separate from the other necessary activities that provide the preconditions for personal caregiving such as preparing meals, shopping and cleaning sheets and clothes. But such boundaries are arbitrary, especially since the persons needing intensive care are often also unable to do such tasks themselves.

- Domestic workers often undertake some forms of care work (for example, childminding) even though they are not defined as "paid carers".
- Parents caring for their own children while on paid "parental leave" are not, strictly speaking, doing unpaid care work nor can they be classified as paid carers.

Unpaid care work is care of persons for no explicit monetary reward. The largest amount of unpaid care work in nearly all societies takes place within households/families, but individuals also perform unpaid care across households and across families—for other kin, friends, neighbours and community members—and also within a variety of institutions (public, market, not-for-profit, community) on an unpaid or voluntary basis.

Unpaid care constitutes the overlapping area across the three categories.

From domestic labour to care

Parallel to the neoclassical work on the household, the 1960s and 1970s also witnessed an important set of debates within Marxist and feminist intellectual circles, in France and the United Kingdom in particular, subsequently referred to as the "domestic labour debate" (DLD). Much of this debate was about how to conceptualize the domestic work of women and its relation to the capitalist "mode of production", so as to better understand the material basis of women's subordination.

To fit women's domestic work into Marxist analytical categories, designed for the analysis of paid commodity-producing labour, domestic labour was described as a client mode of production, somewhat similar to non-capitalist sectors (such as subsistence production) within peripheral social formations (Harrison 1973). The central argument was that domestic labour produced "surplus value", which was then transferred from the domestic to the capitalist

sphere—an argument that was refuted by others for being inconsistent with the Marxist theory of value (Molyneux 1979).[10]

There were also concerns that the recourse to "functionalist modes of argument in constructing the relationship between capitalism and domestic labour" (Molyneux 1979:3) had a tendency to economic reductionism. This critique was in fact part of a much broader attempt by feminist analysts at the time to develop a theory of gender, which was integrated into and informed by the general analysis of changes in the global economy and, yet, which avoided crude analyses of gender relations made exclusively in terms of their function for capital and "the reproduction of capitalist relations of production" (Pearson et al. 1981:x).[11]

On a more positive note, the DLD also prefigured some of the more recent concerns about care and the eventual shift in thinking from "domestic labour" to the care economy. Some feminist contributors to the debate, for example, highlighted the centrality of childcare, both as *the* main barrier to women's participation in paid work, and as the main contribution of domestic labour to capitalist accumulation. Tellingly, and on similar lines, Molyneux (1979:3, emphasis in original) criticized some of the key contributors to the debate for their "narrow focus on the *labour* performed in the domestic sphere by the housewife for the male wage worker" at the expense of theorizing the wider household context. This focus, it was argued:

> has led, among other things, to over-emphasizing the importance for the male wage worker of the labour performed by the housewife, and to the virtual neglect of that performed on behalf of the next generation of workers in rearing children. Thus only one aspect of domestic labour, arguably the least important, is given serious consideration in this debate, a deficiency not overcome by the occasional generic references in the literature to the housewife 'reproducing labour power' (Molyneux 1979:3).

The concept of "reproduction" provided a useful framework for drawing attention to the multiple processes involved in reproducing society, with women's unpaid work as a decisive factor in that ensemble. A threefold distinction was frequently made between the reproduction of human beings, the reproduction of the labour force and social reproduction (Edholm et al. 1977; Molyneux 1979). Molyneux, in particular, argued that the least important for capital was servicing the day-to-day needs of existing wage earners, which could be easily substituted with market equivalents. Servicing children, however, involved at one level similar tasks to those performed for the wage earner, but it also involved greater work and overall responsibility, especially where young children were concerned.

The key lesson to be drawn from this debate is the difficulty of fitting gender issues into Marxist analytical categories that frame men and women essentially as "workers"—there was little room within this analytical frame for caring as a distinct set of activities, which many would argue has a different rationality from other kinds of work (because the person doing the caring is inseparable from the care given) nor, indeed, any space for the analysis of sexuality.

Increasingly, for developed countries at least, care has come to be seen as the core of domestic activities and as the area where gender divisions are starkest and hardest to change (Anttonen 2005). Important here is the realization that, while women spend a large number of hours on a variety of household tasks (though the time devoted to such tasks has been falling), it is caring for others that is the main factor that limits their participation in activities outside the

[10] Molyneux maintained that Harrison's argument was based on a false premise that treats as equivalent, and therefore comparable, the concrete labour in the domestic sphere and the abstract labour time of commodity production; thus, his argument could only hold if the "law of value" was redefined.

[11] The international conference in 1978 on The Continuing Subordination of Women in the Development Process and the edited volume that emerged from it entitled *Of Marriage and the Market: Women's Subordination Internationally and its Lessons* (Pearson et al. 1981), were important milestones in establishing a feminist political economy analysis that was neither reductionist nor functionalist.

household, including paid work.[12] Mothers with young children were those most likely to drop out of employment in the post–Second World War period in the developed world, and the group most hard-pressed in terms of overall hours of work (Orloff 2002). Hence, the emphasis has gradually shifted from seeing the household primarily 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).

Caring is an ambiguous notion stretching from a more pragmatic and practical endeavour of providing physical care, which may to some extent be independent of the relation between the carer and the person cared for, to deeply emotional caring, in which the person doing the caring is inseparable from the care given (Kittay et al. 2005). It is important, however, not to divorce the direct care of persons from other kinds of unpaid work that are preconditions for personal caregiving such as shopping and preparing food and cleaning and washing clothes, sheets and dishes—work that is often done not just for the person in one's care, but also for the entire household. While these tasks do not constitute direct care of the person, they are necessary activities that provide the preconditions for personal caregiving. This is not just an important issue for developing countries, where these tasks are likely to take more time and effort due to the less developed infrastructure and limited access to time-saving domestic technology, it is also an important issue for developed countries, even if for different reasons. In Switzerland, for example, as part of the effort to reduce their costs insurance companies only pay for the medical care of persons who need care. However, as the Swiss economist Mascha Madoerin explained,

> the problem is that in practice, caring labour and housework are difficult to distinguish. Very often sick people are no longer able to go shopping, prepare food or clean (2006:5).

They may even have more difficulties in doing housework on their own than in looking after their health.

Accumulation, paid work and unpaid care work

There have been important debates within feminist economics on how to conceptualize the connections between the sphere of market-based capital accumulation (the commodity economy), on the one hand, and that of non-market-based social reproduction (the unpaid care economy), on the other, while giving full recognition to the real divisions and differences between them that "are grounded in their different rhythms and modalities" (Elson 2004:63). As Himmelweit put it,

> the emphasis on care and how to theorise it within an economics that also deals with exchange relations and the production of tangible goods is a defining feature of the new field of Feminist Economics that has grown up in the 1990s (2000:2).

This section argues that there have been two sets of debates within the field of feminist economics that have helped crystallize the *connections* and the *differences* between these two realms.

Accumulation, crisis and care

The first set of arguments, emerging as a response to, and critique of, structural adjustment policies, began to theorize the gendered cost of macroeconomic policies by documenting the ways in which women's unpaid work was acting as the "shock absorber" in times of economic crisis (Elson 1991; Palmer 1991). In the context of "fiscal restraint" and the creeping commercialization of public welfare services (through the imposition of "user fees" and other

[12] There are obvious economic reasons why the drudgery of domestic work and the time devoted to such tasks as cleaning and cooking has declined: "economies of scale" in producing clothes and food on a large-scale industrial basis and the introduction of time-saving technology for other domestic tasks such as washing clothes and dishes.

charges), it was argued that the cost of providing care was being increasingly shifted from the monetized public sector to the unpaid care sector. For example, changes in the organization of the health sector, which were leading to shorter stays of patients in hospitals—essentially cost-saving devices for the public sector—were being "matched by longer periods of convalescence at home and greater expenditure of nonmonetized resources on patient care" (Elson 1995:1856).[13]

At the same time, structural adjustment policies also favoured the production of "tradable" goods—be it agricultural commodities or manufactured products. This, too, often translated into an intensified demand for female labour, especially in the context of economic crisis that was pushing large numbers of women into the paid work force (especially of the informal kind) as a way of countering the drop in real wages of other earners in the household (Cagatay and Ozler 1995; Gonzalez de la Rocha 1994). Women, it was argued, were, thus, the ones who took on a disproportionate share of the costs of "adjustment" through the intensification of both their paid and unpaid work, with adverse implications for their physical and mental health (Cagatay et al. 1995).

While the tensions between the commodity economy and the unpaid care economy become particularly stark during periods of economic crisis, with adverse implications for women, the process of capital accumulation, Elson (2005) suggested, even in successful development episodes such as in East Asia in the 1960s and 1970s, engenders a potential trade-off with levels of non-market output. A process of accelerated growth requires imports of productivity-enhancing equipment and intermediate inputs. Exports are needed as a way of generating foreign exchange (to avoid long-run aid dependency), through agriculture as well as diversification of exports toward manufactures and services. Countries that have grown rapidly (in East Asia, for example) have managed such diversification, typically by increasing exports of garments and electronic products, which are often produced by employing "cheap" female labour. "The basic problem is that a sustainable capital accumulation process requires an increase in marketed output to generate tax revenue and foreign exchange, but this may be at the expense of production of non-marketed output" (Elson 2005:6). Extending the working day cuts into time for sleep, leisure and self-care, with adverse implications for human capabilities.

But the tensions outlined above between the commodity-based and the unpaid economies can be attenuated through both productivity increases in the unpaid economy and/or by shifting some of the unpaid work into the paid economy. This, as Himmelweit (2005) argued, is, indeed, what has been happening across a wide range of developed economies for which data are available. First, within the unpaid economy itself, the balance of unpaid work time between different activities has been changing, with a larger proportion of domestic time devoted to caring activities as of 2005 compared to the early 1920s when the first time use studies were carried out. The balance of unpaid work time between these tasks (caring versus domestic work) is shaped by differential productivity growth, since for some domestic tasks (for example, cleaning and cooking) productivity has been rising through the introduction of domestic machinery and/or the purchase of processed raw materials, freeing up more time for the care component (Himmelweit 2005:8). Similar productivity enhancements are much more difficult when care is more narrowly defined (discussed further below).

Second, in nearly all developed economies, those with unpaid caring responsibilities have been increasingly shifting their time to paid work; the labour market participation rates of married women, then women with older children and finally those with pre-school children have successively risen (Himmelweit 2005:8). Historically, the paid care sector has tended to evolve alongside the unpaid care sector: as women have entered paid employment they have often entered jobs in the paid care sector (as domestic workers, childcare workers, teachers, nurses and so on). Thus, paid care is an increasingly important economic activity, both as an

[13] This is, of course, not just a developing country phenomenon: cost-cutting measures within health services in many rich countries have entailed similar consequences.

expenditure item in household and public budgets and as an employer of labour. In the United States, for example, while only 4 per cent of all workers were employed in professional care services in 1900, by 1998 these services employed one-fifth of the paid labour force (Folbre and Nelson 2000:table 3).

This is not to suggest that the problem of gender inequality in the care domain has been resolved in the developed economies. Gender differences remain significant in the division of both unpaid domestic and unpaid caring work as time use surveys repeatedly show, as well as in the structuring of the paid care economy, to which we turn below. Table 1 provides a comparable data set for selected Organisation for Economic Co-operation and Development (OECD) countries on time spent by women and men (in two-adult families with a child under five years old) in unpaid and paid work; within the unpaid category the ratio of hours spent by women to men on childcare and on all unpaid work is also given. Neither in terms of total unpaid work nor unpaid childcare do any of these countries approach gender equality, even though there are noteworthy variations across countries, with some countries appearing at the more egalitarian end of the spectrum (for example, Australia, Canada and Sweden) and others at the opposite end (for example, Austria, Italy and the Netherlands).

Table 1: Time spent in unpaid and paid work by men and women in two-adult families with a child under five years old (average hours per day)

	Men *(average for all men)*		**Women** *(employed full-time in paid work)*		**Ratio: Women to men**	
	Unpaid	**Paid**	**Unpaid**	**Paid**	**Childcare**	**All unpaid**
Canada (1998)	4.0	6.3	5.1	5.9	1.4	1.3
United States (1995)	2.5	6.2	4.2	4.9	1.9	1.7
Denmark (1987)	2.3	7.2	4.0	5.4	2.0	1.7
Finland (1987)	2.8	6.1	5.6	3.9	2.8	2.0
Sweden (1991)	3.7	6.4	6.1	3.9	1.9	1.6
Italy (1989)	1.8	6.6	6.4	4.2	2.7	3.6
United Kingdom (1995)	3.1	6.3	7.4	3.5	1.4	2.4
Austria (1992)	2.2	6.9	5.8	4.7	2.2	2.6
Germany (1992)	3.4	6.1	6.2	4.1	2.1	1.8
Netherlands (1985)	2.9	5.2	6.2	1.7	2.4	2.1
Australia (1997)	2.9	6.1	4.6	6.0	1.8	1.6

Source: OECD 2001:table 4.5, p. 140.

It is difficult to obtain reliable data on changes in the balance of unpaid work, and shifts from the unpaid to the paid economy (and/or the reverse) over time for many developing countries, since the collection of time use data is fairly recent, and few (if any) countries have sufficiently reliable and comparable surveys to allow processes of change to be tracked over time. It would also be useful to know, if comparable data sets were available, how the proportion of time devoted to unpaid care activities in different developing countries compares to that in the more structurally developed economies: Does the time devoted to unpaid care rise as economies develop? This would seem plausible if we assume that productivity increases in time-consuming domestic work would tend to free up time for direct care of persons. Low-income countries affected by serious health crises, such as in southern Africa ravaged by HIV and AIDS, would most probably contradict this hypothesis. These countries have seen an intensification of women's and girls' unpaid caring time, in addition to the continued drudgery of domestic work, particularly among low-income households that can ill-afford hired help.

It is not unreasonable to assume that there are also significant differences in many middle- and low-income countries (perhaps more so than in some high-income countries where appropriate infrastructure and domestic technologies are widely diffused) across the rural/urban divide as

well as across social classes as far as the use of productivity-enhancing infrastructure and domestic technology and the employment of paid domestic labour are concerned. For example, while for many middle-class households (say, in India, Nicaragua or South Africa) the availability of piped water and domestic technology, and especially the hire of (cheap) domestic labour, may mean relatively small amounts of time allocated to domestic and care tasks by women and girls, the picture will be very different among low-income urban and rural households, where the drudgery of domestic work undertaken without even the most basic technology and infrastructure (for example, piped water) must absorb a significant proportion of both women's and children's time.

Unpaid care, paid care and the "cost disease"

Good quality care, whether paid or unpaid, is very labour intensive. The attempt to increase the productivity of care work by increasing the numbers of people cared for at any one time quickly runs into the risk of reducing the quality of the output (the output being the care itself). The difficulty of increasing productivity without cutting into the quality of the output is in fact one of the distinctive features of care work (Himmelweit 2005). In other words, there is a definite limit to the number of infants and small children or frail elderly and handicapped adults that one person can care for. "Going beyond this limit results in neglected children, not productivity improvements" (Donath 2000:118).

However, productivity increases elsewhere in the economy (in manufacturing, for example) and related wage increases will exert an upward pressure on wages in caring professions and, hence, the costs of providing care will rise relative to those goods that are experiencing increasing productivity. Baumol first used this argument in the 1960s to explain why productivity inherently rises much more slowly in the arts than in the rest of the economy:

> The legitimate theatre, the symphony orchestra, the chamber group, the opera, the dance—all can serve as textbook illustrations of activities offering little opportunities for major technological change. The output per man-hour of the violinist playing a Schubert quartet in a standard concert hall is relatively fixed, and it is fairly difficult to reduce the number of actors necessary for a performance of Henry IV, Part II (Baumol and Bowen 1965:500).

Feminist economists have drawn on Baumol's analysis of the "cost disease" of the service sector[14] to explain some of the problems afflicting the paid care sector (Donath 2000; Himmelweit 2005).

> Because productivity improvements are very difficult for most services, their cost can be expected to rise faster, year in, year out, than the cost of manufactured goods. Over a period of several decades, this difference in the growth rate in costs of the two sectors can add up, making services enormously more expensive compared with manufactured good (Baumol and Blinder 1985:546, cited in Donath 2000:118).

How the problem of high labour content (and relatively constant productivity) in care services is dealt with varies depending on the sector of the economy where care takes place. Below we consider each sector in turn: (i) unpaid care in families and households; (ii) paid care in markets; (iii) paid care in the public sector; and (iv) care (both paid and unpaid) in the not-for-profit sector.

Unpaid care: A large proportion of care (both in output terms and in the amount of time it absorbs) is provided unpaid by household and family members, even in the more developed

[14] The prediction that relative prices would increase did not turn out to be true for the service sector as a whole, given the rapid development of digital information technology in the 1970s and 1980s that transformed many aspects of clerical, retail and banking work (Folbre 2006a). Most jobs in the care sector, however, are less information intensive and more person oriented, which requires types of physical and personal interaction that cannot be conducted over the phone or the Internet (Folbre 2006a).

economies, which have seen a significant shift in the provision of care into the paid sectors of the economy. Table 2 provides estimates of paid and unpaid work for the canton of Basel-City in Switzerland. In this wealthy city with highly advanced industry and service sectors, the amount of time that is absorbed by unpaid work (204.4 million hours) exceeds the time that is allocated to paid work (173.3 million hours). Predictably, women contribute almost twice the amount of time that men devote to unpaid work. Table 3 provides a breakdown of the unpaid work into several components. Looking specifically at unpaid caring work that takes place in the household, it is interesting to note that it has a monetary value (922 million CHF)[15] that is higher than the personnel costs of hospitals, crèches and schools in the city combined (681.1 million CHF). Again, as with unpaid work more broadly, *unpaid care* work is disproportionately undertaken by women (591.2 out of a total of 922.0 million CHF).

Table 2: Paid and unpaid work of women and men living in the canton of Basel-City (15+ years): Volume of work (in millions of hours) and value of work (in millions of CHF)

Type of work	**Hours** *(millions)*	**CHF** *(millions)*
Total unpaid work	204.4	5,679.9
Total paid work	173.3	6,453.5
Total unpaid work of women	132.6	3,613.7
Total paid work of women	75.3	2,387.8
Total unpaid work of men	71.9	2,066.3
Total paid work of men	98.0	4,065.7

Source: Gleichstellungsbüro, Stat. Amt und Frauenrat des Kantons Basel-Stadt (eds.), 2003, *Der kleine Unterschied in den Staatsfinanzen, Geschlechterdifferenzierte Rechnungsanalysen im Kanton Basel-Stadt*, pp. 119/123 (in German), cited in Madoerin (2006).

Table 3: Unpaid work (by component) compared with selected state expenditures of the canton of Basel-City

	Total *(in millions of CHF)*	**Performed by women** *(in millions of CHF)*
Value of unpaid work		
Total	**5,679.9**	**3,613.6**
Housework (without care labour)	4,238.5	2,777.8
Caring labour in the household	922.0	591.2
Services for neighbours, friends outside household	224.0	145.1
Voluntary work	295.4	99.5
State expenditure of Basel-City		
Total	**3,690.8**	
Personnel costs of hospitals	502.0	
Personnel costs of crèches/schools *(0–15 years old)*	179.1	
All state personnel costs	1,637.3	

Source: Gleichstellungsbüro, Stat. Amt und Frauenrat des Kantons Basel-Stadt (eds.), 2003, *Der kleine Unterschied in den Staatsfinanzen, Geschlechterdifferenzierte Rechnungsanalysen im Kanton Basel-Stadt*, pp. 116/127 (in German), cited in Madoerin (2006).

Unpaid care imposes costs on those who provide it in the form of financial obligations, lost opportunities and foregone wages—which is not to deny that it also generates intrinsic rewards, stronger family and social ties and good quality services for dependents (Folbre 2006b). But the costs are disproportionately borne by women, while many of the benefits go to society more broadly. It is difficult after a certain point to cut down on the amount of time needed to carry out good childcare or eldercare without eroding the quality of the care that is offered, although

[15] $1 = 1.22 CHF approximately (April 2007).

some productivity gains within the unpaid sector are possible by pooling care arrangements with neighbours or friends (Himmelweit 2005).[16]

In different regional, country and socioeconomic contexts, and for a variety of reasons, increasing numbers of women with caring responsibilities have entered paid work. In doing so, some aspects of care are being shifted to the paid care sectors (market, public, not-for-profit) and/or allocated on an unpaid basis to mothers, sisters or daughters (rarely to husbands, fathers, brothers or sons). "The more industry is technically advanced and the more an economy is developed, the more work and consumption shift to the service sector and the more the 'cost disease' gains economic importance" (Madoerin 2006:4). It is arguable that the movement of care from the unpaid to the paid sectors has been more significant in the developed countries than in developing countries, although comparable data sets are rarely available to allow such comparisons to be rigorously made. So, a priori the problem of "cost disease" should manifest itself more powerfully in the developed economies. This is perhaps one of the main reasons why policy makers in these countries have had to recognize care issues and respond to them in a variety of ways.

Markets: Care providers operating within markets frequently attempt to keep wages down (or to increase the hours of work for the same wage) by using "docile" labour. Women, particularly from rural, immigrant, minority and marginalized communities, are frequently recruited for such work, with disadvantaged ethnic and racial groups often overrepresented as frontline carers (Nakano Glenn 1992; Twigg 2000).[17] In many countries, both developing and developed, paid care work is highly female dominated as well as being low status and low paid compared to other forms of paid work involving similar levels of skill and training. Traditional gender ideologies are often used in inappropriate ways to justify the low pay that carers receive on the grounds that part of the remuneration is psychological in nature and that no/low skills are involved, given that "all women and girls" are able to do these things.

In low-wage and low-cost care markets, labour turnover tends to be high, and opportunities for training and retaining labour are rarely used (Folbre 2006a). These factors underpin the vulnerability of paid care services in poorly regulated markets to low-pay and low-quality outcomes (Folbre 2006a).[18] While both consumers of care services and paid carers have an interest in providing and receiving good quality care, there is a limit to how much wage increases can be passed on to care-users who are themselves very often income constrained. In fact, intense need for care—for example, by adults with serious physical or mental disabilities or chronic illnesses—often coincides with a diminished capacity to earn income. There are conflicting interests involved here with implications for feminist politics: raising the wages of domestic workers and nannies, many of them women from disadvantaged racial and ethnic groups, so that they can actually support themselves and their children at a decent level would mean that many middle-class women would no longer be able to afford the services they are providing (Nakano Glenn 1992).

In many middle- and low-income countries, commercial services of the formal kind that provide good quality care are underdeveloped and cater to a very limited market. In these countries, it is at the most informal end of the market spectrum that care is widely provided—namely through the employment of domestic workers who perform a wide range of domestic and care tasks. In many of these countries, domestic service has been, and continues to be,

[16] Himmelweit (2005:10) also argued that there are potential one-off productivity gains when childcare is moved from individual household into group settings where greater economies of scale are possible, whether by commodification or through state and voluntary provision. Such a productivity gain, she maintained, has fuelled the movement of many women with caring responsibilities into employment.

[17] This argument is now being made in the context of theoretical work on the relationship between globalization, migration and care (Hochschild 2000); for a critique, see Yeates (2004).

[18] For the United States, where market provision far outweighs public provision in paid care services, Folbre (2006a) provided evidence of quality problems to which the former is susceptible. Almost 95 per cent of nursing homes in the United States are privately owned, though most receive some public subsidy. Turnover rates among workers are very high. About 40 per cent of nursing homes have "repeatedly failed to pass the most basic health and safety inspections", and government inspection of nursing homes across the country showed "that more than one-fourth cause actual harm to their residents" (Folbre 2006a:21–22).

typically the largest employer of women in urban areas. The labour "contract" tends to be verbal, while wages are very low and working conditions often poor, with few if any social rights attached to the labour contract. Moreover, the skills necessary for performing domestic and care work are often undervalued. In several countries, gender advocates have lobbied governments to pass legislation that would provide basic labour and social rights for domestic workers, such as minimum wage legislation, and coverage in terms of unemployment and health insurance: Argentina, Chile and South Africa provide some recent examples of countries where such legislative efforts have been made, although their effective implementation would require close monitoring and sustained political pressure.

Public sector: The problem of low productivity growth and the related cost increases in the public care sector are often interpreted as signs of inefficiency, "rather than as the consequences of an inherent characteristic of care" (Himmelweit 2005:7). To date, the problem of spiralling costs seems to afflict the public care sectors in a number of developed countries (Folbre 2006a; Madoerin 2006). This contributes to political pressures for "privatization" of public services, and efforts to make the public sector behave more like profit-making entities, by raising user charges and/or "rationalizing" staff time, sometimes with perverse outcomes as far as the quality of care is concerned. In the Swiss context, for example, the public sector usually assumes financial responsibility when low-income people stay in a nursing home. But nursing homes are very expensive, and their costs are a growing item of expenditure for municipalities and for the public pension programme that has to pay for the health costs of people on low incomes not covered by private insurance. To reduce costs, there is an effort to provide nursing care at home. But, as Madoerin explained:

> The services that provide health care at home (Spitex) are under enormous pressure to be 'efficient', to reduce costs and to restrict their work to medical care. Working in Spitex is a typical women's part-time job. Currently many have left the service because they feel that they are no more able to do their job well, and that the job is becoming stressful (2006:5).

Constrained government funding for the public health sector, and the retreat of government toward a mainly regulatory and priority-setting role, have been contested policy issues in many developing countries as well (Mackintosh and Koivosulo 2005). Writing about the public sector provision of health care in the low-income African country of Tanzania, Mackintosh and Tibandebage (2006) argued that the liberalization of private practice alongside the severe deterioration in the funding of the public health sector has led to the demoralization of many nurses who work in the public sector, with highly adverse consequences for the quality of patient care. The following vignette, in the words of a matron in a maternity ward, conveys the nurses' side of the story:

> This kind of thing [bad behaviour] happens, and it is because of poor morale, low commitment, severe overwork and low salaries. Imagine, you are a nurse on duty. … You may have a ward of 40–60 seriously ill patients. … You are two trained people at best. How will you divide yourself? You are constantly over-working and under pressure. You are worried about family problems and commitments. For twelve hours you do not know what is happening to your children. And you may not have as much as a cup of tea. Then there is the problem of the commitment of other staff. You are a nurse by profession. The doctor, who is supposed to be responsible, works his official hours and goes away, he waits to be called. You are there, someone is bleeding and you cannot help them. She needs to be operated, no one is there, there are no facilities (Mackintosh and Tibandebage 2006:246).

Not-for-profit sector: The labour-intensive nature of care and the difficulties in improving the productivity of care work in the not-for-profit sector are dealt with in a variety of ways, depending on the characteristics of the organization under consideration. In many "voluntary" and "community"-based organizations and initiatives, the labour costs are absorbed, in part at least, by frontline care workers who may, for a variety of reasons, perform the work for less pay

(than in the market sector) or even for no pay at all. Some of these organizations have emerged out of women's mobilization and collective struggles (for example, Mothers' Clubs in Peru) and, thus, the performance of collective duties is tied to broader social goals and benefits. The attraction to cash-strapped governments of partnering with these organizations for the provision of care is understandable as the subsidies that governments give are often a fraction of the full cost of care that these organizations provide. There is a limit, however, to how much care providers can absorb the costs (through self-exploitation) without negative implications for the quality of care that is offered, especially as "partnership" with governments and international donors tends to change the character of such organizations with adverse implications for the voluntary spirit that once underpinned their work.[19] Not-for-profit organizations at the more formal end of the spectrum tend to receive funds from a variety of sources to keep them solvent and to pay their operating and staff costs. Those at the more informal end of the spectrum may rely on their staff's motivation and commitment, but instability in this sector is endemic (Himmelweit 2005).

Mixing "love" and "money": Implications for the quality of care?

The discussion above focuses on the implications of the "cost disease" in the care sector for carers as workers, while the issue of *quality* of care was raised only tangentially. The growth in different forms of paid care, however, is raising important questions about the quality of care: "How are good caring relationships to be sustained between strangers who are systematically thrown into intimate contact with each other?" (Meagher 2006:34). In the private sphere of family and friendship, as Meagher argued, we assume (or hope) that bonds of filial piety or love will engender good caring relationships. But paid carers "meet our needs not because they love us but because it is their job to do so" (Meagher 2006:34). Posing the question in slightly narrower terms, Folbre and Nelson (2000) wondered what happens to the quality of care when many of the intimate tasks we associate with care are performed in relationships that include the explicit movement of money?[20] What are the implications, they ask, of "this mixing of the realms of 'love' and 'money' for economic analysis, societal well-being and public policy?" (Folbre and Nelson 2000:124). Reactions to this question have tended to be very diverse (and heated).

There is a simple view within neoclassical economics (along the lines of Becker's NHE) that sees all social behaviour, including intrahousehold and familial relations, as a matter of choice and exchange. From such a perspective, the movement of care into explicit markets should not engender any qualitative change because intrahousehold and family relations, even without explicit prices and budget constraints, reflect the decisions of "rational economic men" (and women). If anything, the new arrangements may be leading to even more economic efficiency. The opposite view would bemoan the movement of care into markets on a priori assumptions that markets must degrade caring work by replacing motivations of love/altruism with self-interest.[21]

Both approaches, as Folbre and Nelson (2000) concluded, seem problematic. The first approach ignores all that is known about market failures, imperfect information and the difficulties of monitoring effort and quality of care—problems that seem to be particularly rife in care markets. Not only children and elderly people, but also working age adults find it difficult to monitor care quality, which undermines arguments about consumer sovereignty. There are many externalities from care that go beyond the individual care recipient and, hence, the care services that consumers may choose (given their budget constraints) could be socially

[19] These organizations also tend to be vulnerable to government patronage; the history of Comedores Populares (People's Kitchens) in Peru is instructive in this respect (Blondet 2002; Molyneux 2007).

[20] Focusing on markets, as Folbre and Nelson (2000) did, is narrower than the public sphere that Meagher had in mind, which in addition to markets also includes the public sector and the not-for-profit sector.

[21] This kind of scepticism toward markets/money, as Folbre and Nelson (2000) rightly pointed out, originates from opposite ends of the political spectrum: from the Left there is the fear that monetization of care will lead to its inevitable commodification (a point that is taken up later in the text), and from the conservative Right, an ideological attachment to a particular model of the family where proper care is/should be carried out translates into deep scepticism toward non-familial provision of care.

suboptimal. For all of these reasons, paid care services can be particularly susceptible to competitive pressures that often generate low-pay/low-quality outcomes.

But the second approach is also problematic because it is premised on an idealized view of unpaid care: it ignores the compulsory side of "altruism" in unpaid caring, or 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. As Elson (2005:2) put it, the fact that much "unpaid care work is done for love, does not mean that we always love doing it". From the perspective of recipients of care, family care can engender a humiliating sense of being dependent and a burden, as some disability rights activists have argued; when carers are paid for the care they provide, the recipients can experience some relief from this humiliating dependence (Williams 2001).

Folbre and Nelson (2000) provided an illuminating discussion of why marketization should not be equated with inevitable commodification.[22] This simplistic equation, they argued, ignores "how real-world markets are often domains of rich and complex social relationships, aspects of reward, appreciation, reparation, gift and so on" (Folbre and Nelson 2000:133–134). Paid work need not displace a strong sense of responsibility, empathy and even love for those being cared for—much depends on the organizational characteristics, public policies and societal norms that shape such work.

> Child care markets can be examples of 'rich' markets in which the movement of money is only one dimension in a complex relationship of child, caregivers and parents including elements of (when it is going well) trust, affection, and appreciation (Folbre and Nelson 2000:131).

The key question is how to provide the motivations and incentives to sustain "rich" or "thick" markets and how to weed out the "thinner" markets that produce "not so good" care. How could such a "high-road" strategy be constructed, which implies higher cost but also sufficiently higher effort and quality to compensate (as opposed to "low-road" strategies that involve low cost but high labour turnover and poor quality outcomes) (Folbre 2006a)? How could policy sustain good quality care in the public sphere, which inevitably cannot rely on "love" and "familial piety" for its sustenance? How could professional, skilled, and compassionate forms of paid care be nurtured (Meagher 2006)? What kinds of organizational changes are needed to help establish and sustain successful caring relationships?[23] What are the roles that public policy/regulation should play, and what is the role of trade unions in this process (Folbre 2006a)?

While it is beyond the scope of this paper to explore these important questions in any depth, it is useful, nevertheless, to highlight some of the strategies that are being suggested for shifting paid care provision to the "high road". For the United States context, Folbre (2006a) made a number of general recommendations, some of which may be relevant for other countries, for example: (i) building links among care sector workers (nurses and teachers who are relatively better organized need to include less empowered workers such as nurses' aides and childcare workers in a broader coalition); (ii) emphasizing the common interests of care workers and care recipients (the links between working conditions and service quality need to be better publicized); (iii) challenging the claim that "care should not pay"; (iv) promoting unionization (and communicating research results on the connections between unionization, better working conditions and care quality to consumers); and (v) rethinking the role of the public sector (improving and strengthening regulatory standards and public oversight in the care sector).

[22] Their distinction resonates with those who have drawn attention to "real" markets as they operate through the interaction of social groups, as opposed to "abstract" markets in economics textbooks (Hewitt de Alcantara 1993).

[23] Meagher makes a strong, and in my view convincing, argument that we should not expect paid carers to reproduce an idealized private sphere. She argues for the "conceptual separation of caring motivations from feelings of affection in paid care, and for the privileging of cognitive understandings of caring motivations in the place of feeling-based understandings". This has the advantage of bringing caring motivations into the domain of skills that paid carers can learn. Linking caring motivations (and practices) to skills also provides additional arguments for proper recognition of care work. "This is not to deny that feelings of affection might arise between carers and those they care for, nor that these feelings can underpin caring motivations and thus good quality caring relationships. Rather, I argue that these feeling are not—or even cannot be—a necessary basis for good quality care" (Meagher 2006:48).

In other contexts, such as France or Sweden, where the public sector already plays a significant role as provider of care services (for young children, the elderly and so on), a key question is how to build up public confidence in such institutions and sustain their financing (through general taxation) in a context marked by rising costs of public services and vociferous, sometimes ideologically motivated, accusations of "inefficiency" levelled against them.

Paid care services in many developing countries are locked into a "low-road" strategy, based on market provision of the most informal kind (paid domestic workers and nannies), coupled with some public provision of health care and (in some countries) pre-school education that are under enormous fiscal stress. While better regulation of informal domestic work, along the lines suggested earlier (minimum wage, social insurance), seems advisable, such strategies need to be buttressed by better organization among domestic workers themselves, and perhaps some forms of coalition building with (relatively) better-organized care workers such as teachers and nurses—a challenge that few trade unions seem to have risen up to. The predicament of public health services and the dangers of commercialization, including of the public sector itself, have been widely written about (Mackintosh and Koivusalo 2005). In some low-income countries, the staffing and financing of health systems has reached crisis proportions, evident in the out-migration of doctors and nurses from these countries to higher-income destinations. In such contexts, policy responses should not undermine the human rights of professional staff by preventing migration through punitive and exclusionary responses, but instead address the problem of rebuilding low-income health systems in order to provide decent wage and working conditions (Mensah 2005).

To sum up, the feminist economics literature has made a significant contribution to the better understanding and conceptualization as well as measurement and valuation of the unpaid economy. In more recent years, the literature has drawn attention to the distinctions between different components (or activities) that constitute the unpaid economy, throwing the spotlight on care and its distinct characteristics (difficulty of raising productivity and associated "cost disease"). The economic dynamics of the paid care sectors—a growing component of GDP in the more developed economies and also a significant employer, particularly of women—are receiving increasing attention, particularly the tendency for market provision to turn to low-wage and high-turnover labour strategies that produce low-quality care services. The literature draws attention to the urgent need for an economic strategy for caring if caring standards are not to deteriorate and care workers are not to fall further behind other workers in pay and working conditions.

2. Welfare Regimes and Care Regimes

Approaching the issue of care from their distinct disciplinary perspectives in social policy and sociology, gender analyses of welfare regimes have contributed to the theorization of care in important ways, some of which intersects with the work of feminist economists.[24] One of the strengths of this literature has been its cross-national comparative dimension, based on "regime analysis". Regime analysis conveys a sense of clusters of countries around dominant institutional patterns and policy logics, and was used by Esping-Andersen (1990) to characterize the relation between state and economy across advanced capitalist countries, building on the work of Richard Titmuss in the United Kingdom in the 1950s and 1960s, who wrote about institutional and residual welfare states. The other strength of the gender literature has been its interrogation of care-related policies, using comparative analysis to reflect upon their strengths and weaknesses in terms of a number of criteria and objectives, including gender equality and women's choices in engaging in paid work and/or in providing care for their dependents (Daly 2001).

[24] If the journal *Feminist Economics* is the venue for the debates on care within feminist economics, then *Social Politics* is the forum for feminist social policy analysts.

Despite these conceptual and analytical strengths, the limitation of the gender literature has been its confinement (to date) to the advanced capitalist countries of Europe and North America, which arguably stand "at the forefront in treating care as an exigency for social policy" (Daly 2001:33). It is argued here that the comparative and institutional frameworks proposed in this literature, nevertheless, provide useful conceptual building blocks for thinking about care in less developed countries, where care may not be an explicit object of policy, but where state policies, nevertheless, make certain assumptions (right or wrong) about how care is provided in society, with implications that are deeply gendered.

The invisibility of care in welfare regimes

Despite the centrality of care to human welfare, it was absent in the first wave of comparative social policy research associated with the welfare regimes school (Esping-Andersen 1990). This influential analytical framework, applied to modern welfare states in advanced capitalist and democratic countries, was premised on three key dimensions: state-market relations; social stratification; and social rights essentially defined as the right to "exit out of work" (or to decommodify labour).[25] The proposed three-way classification of welfare capitalism—into liberal, corporatist/conservative and social democratic—was used as a starting point for cross-national welfare state analysis, with the addition of the "Latin Rim" or Mediterranean regime in some later analyses.

Feminist analysts were quick to point out that it was the male worker who served as the ideal-typical citizen in this literature (Lewis 1992; Orloff 1993). The starting point of the analysis was the economically independent citizen-worker, and the focus was on aspects of state social provision that were most relevant for their income security (pensions, unemployment insurance). The social policy benefits and services that were important to citizens who were financially dependent on other family members, the vast majority of them women, were neglected.

Several elements were, therefore, suggested for gendering the study of welfare regimes. First, the state-market dichotomy was considered to be far too limited, and the provision of welfare by *families* and through women's paid and *unpaid work* needed to be given full recognition (Lewis 1992).[26] As Esping-Andersen (1999:11) observed nearly a decade after the publication of his classic study of welfare regimes, the problem is "the blindness of virtually all comparative political economy to the world of families. It is, and always has been, inordinately macro-oriented." In other words, the focus of political economy on the interplay of state and market effectively meant that families were given short shrift.

The second dimension related to the "decommodification" criteria, which was central to welfare regimes analysis. Paid work, feminists argued, provided women with a degree of autonomy vis-à-vis marriage (or dependence on parents) and, thus, needed to be included in the analysis of welfare states. The extent to which states promote or discourage women's paid employment—the "right to be commodified" as Orloff (1993) referred to it—was critical to women's emancipation. Access to paid work and to social security were important social rights that gave women the right to "exit out of the family" (Hobson 1990).

A third source of criticism was that the welfare regime literature neglected, for the most part, the provision of welfare *services* (as opposed to transfers such as pensions and unemployment benefits), which were a key social citizenship right of the post–Second World War era. The literature did not, therefore, provide a satisfactory account of differences in the organization of the care of children and adults, which were critical to gender analysis (Anttonen and Sipliä

[25] Decommodification was defined as "the degree to which individuals, or families, can uphold a socially acceptable standard of living independently of market participation" (Esping-Andersen 1990:37).

[26] In his later work, Esping-Andersen (1999) underlined the extent to which his own earlier work, as well as the work of other political economists, has ignored the family and women's contribution to welfare through the provision of unpaid work (including unpaid forms of care work).

1996; Huber and Stephens 2000). State provision of care services that helps to shift the burden of welfare from the family to the state, or from women to men, could potentially further women's gender interests. The gender division of labour in caretaking and domestic work within non-familial institutions also needed to be acknowledged.[27]

Finally, feminists also drew attention to the issue of autonomy with respect to family and care decisions (Orloff 1993; Hobson 1990). Women's responsibilities for care work rendered them financially dependent, with concomitant constraints on their capacity to make decisions free from economic coercion. Women could enjoy greater autonomy in terms of decision making either when they have an independent source of income from paid work or when they can access some sort of state-backed entitlement (in the form of citizen's wage or state payment for care work).

One approach, following Lewis (1992), was to analyse welfare regimes with reference to the strength or weakness of the "male breadwinner" policy logic. This was manifested along three axes: (i) how women are treated in social security and tax systems; (ii) the level of social service provisioning (particularly childcare services); and (iii) women's position in the labour market.[28] Lewis's intention was to obtain some measure of the relationship between paid work, unpaid work and welfare. In this schema, Sweden was classified as a weak male breadwinner (or dual breadwinner) model given women's high rates of labour force participation, good public provision of childcare services and separate taxation along with high marginal tax rates. Ireland and the United Kingdom were classified as "strong male breadwinner" regimes, and France somewhere in between ("modified male breadwinner model") (Lewis 1992).

From welfare regimes to care regimes: Some conceptual building blocks

One important criticism of Lewis's typology was its lack of adequate attention to care, and to the various payments for care, which constituted an important variation across welfare states (Sainsbury 1994). Gendering welfare states, Sainsbury (1994:169) went on to show, require that women's entitlements "not only as *wives* and *workers* but also as *mothers* and *citizens* be built into the analytical framework and investigated as cross-national variations". Lewis's (1992) model only identified the first pair of entitlements, while disregarding the second pair.

In a provocative article, Jenson (1997) argued that it was time for everyone, and not only those concerned with gendering, to think more seriously about care in contemporary welfare states. Thinking about welfare states as being about care raised three key questions that needed to be placed at the heart of any care-centred typology and analysis of social policy: the identity of the carer and that person's relation to the recipient of care; the financing of care; and the institutional location of care (see box 2).

Indeed, all welfare regimes have a "caring regime" even if, as in strong male breadwinner countries, it has historically been private (Lewis 1997). It, therefore, seems important for a gender-centred analysis of welfare to ask how caring for dependents is undertaken. This seems particularly germane at a time when important policy changes are under way—part and parcel of the restructuring of welfare states—with new caring practices being put into place that are likely to have consequences for gender relations and gender equality (Jenson 1997).

Other analysts spoke of different "modes of caring": the household/community mode; the exchange mode (to be found in markets); and the bureaucratic modes (Fisher and Tronto 1990).

[27] The Swedish experience, nevertheless, underlined the point that even when care was "going public" women became the archetypical employees of social care institutions in jobs that were relatively low status and low paid in the public sector. An additional problem with Esping-Andersen's typology was that it did not account for important gender outcomes such as women's employment rates in different countries; for example, lone mothers' participation rates in the labour force were high in the "liberal" welfare regime of the United States as well as in social democratic Sweden, albeit for different reasons and with different outcomes as far as the poverty of their households is concerned (Lewis 1997). Others pointed to major differences within the "social democratic" cluster, with Norway often standing out as an exception (Leira 1993; Sainsbury 2001).

[28] In much of the earlier literature on care, children were the main focus of attention. It is only recently (perhaps in response to population ageing) that care of the elderly is taken more seriously.

Similarly, Knijn and Kremer (1997) argued that care could be provided on the basis of paid or unpaid work, whether by agreement or voluntarily, and it could be provided professionally or on the basis of moral obligation. The existence of a diverse range of policies with respect to care has prompted the development of alternative analytical frameworks around the idea of "social care regimes" (Anttonen and Sipilä 1996; Daly 2001).

Box 2: Three questions to frame a care-centred typology of social policy

Who cares? Is it the collectivity or the family? If the latter, then is it both parents or is it only mothers? In Sweden, just as in liberal welfare states, generous parental leaves were designed to allow the parents to care for young children.

Who pays? Differential proportions of the costs of caregiving may be assumed by the family, by the state or by the employer. In Sweden, for example, the costs of care are collective in that parental leaves are close to wage-replacement levels and paid out of social charges levied on employers. Parents pay only 13 per cent of costs of extrafamilial childcare, with the rest coming from the central government and municipalities.

Where is care provided? Non-familial childcare could be provided as a public service (in schools and childcare centres) or through markets (which may include non-profit as well as for-profit caregivers). The care may be tailored to meet individual needs (a nanny or family daycare) or on a more collective basis such as a municipal crèche.

Source: Jenson 1997.

In the context of welfare state restructuring, where there is much talk of a new agenda for "re-privatizing" and redistributing care, and where forerunners (for example, Sweden) and latecomers (for example, Switzerland and the United Kingdom) in the public policy of care are facing the same problem of how to produce care in a situation where neither family-based care nor state-led social care service provision can be the only solution, it is evident that innovations in this field will have to involve new welfare/care "mixes" (Anttonen 2005:91).

The care diamond

A variety of terms have been used to refer to the institutional arrangements that contribute to the sum total of societal welfare: welfare *regimes*, the welfare *triangle* (state, market and family), welfare *architecture* or the welfare *diamond* (Jenson and Saint-Martin 2003). In all of these conceptualizations, which go beyond a notion simply of the welfare *state*, the accent is on the diversity of sites in which welfare is produced and the decisions taken by society to privilege some forms of provision over others. The liberal welfare regimes are described as market biased; others, especially the southern European or Japanese models, are seen as powerfully familistic; and still others (the Nordics) put the accent on state delivery of welfare (Esping-Andersen 1999).

It is important to underline that the role of the state in the welfare architecture is of a qualitatively different kind, compared to, say, families or markets, because the state is not just a provider of welfare, but also a significant decision maker about the responsibilities to be assumed by the other three sets of institutions. Some would even argue that what the state does not take on is left to markets, families and communities (Jenson and Saint-Martin 2003:81). When public health services, for example, are not adequately financed to cater to the needs of all citizens, then the message being sent is that other institutions must fill the gap. In many poorer countries, private small-scale and largely unregulated provision has come to play an important role in urban primary health care as a result of underinvestment in public services (Mackintosh and Koivusalo 2005).

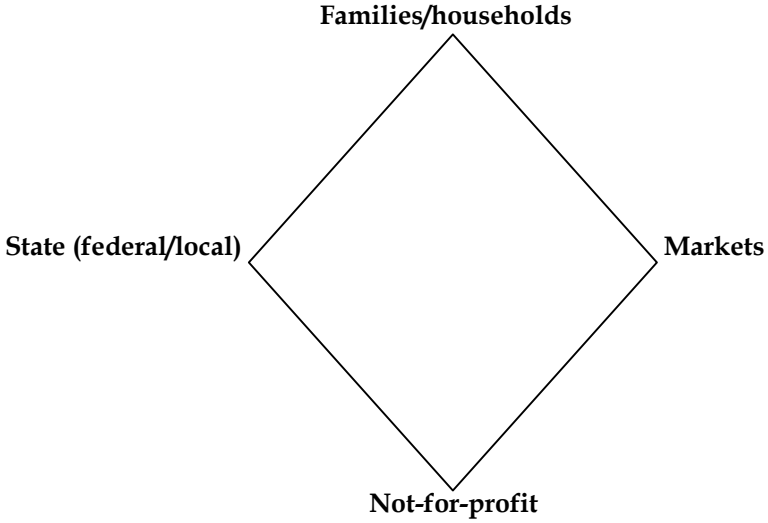
Esping-Andersen (2002:57, cited in Jenson and Saint-Martin 2003:80) wrote of a "welfare triangle" whereby society's total welfare package combines inputs from "the welfare state proper, markets (and especially labour markets) and families". The notion of a "welfare diamond" adds voluntary

provision to "the triangle" (Evers et al. 1994, cited in Jenson and Saint-Martin 2003). This notion, which could be extended to the care domain, seems even more attractive for our purposes, as it includes not only the state, market and family, but also the heterogeneous cluster of care providers that is variously referred to as the "community", "voluntary", "non-market" or "non-profit" sector. Some of the organizations that fall under this broad umbrella such as charities, for example, have been important both historically and currently in providing care services.

Indeed, one major precedent of modern social care in Scandinavian countries has been charitable poor relief (the other root being locally administered poor relief through municipalities), which was motivated by religious commitments as well as educational, feminist and moral ideals (Anttonen 2005). The work of charities and welfare organizations in all their diversity constituted a foundation for the later (beginning in the nineteenth century) differentiation process of poor relief practices, as different organizations specialized in working with different target groups such as children and orphans, poor single mothers, and prostitutes (Anttonen 2005). This may have resonance in many developing countries, where minimal care services for the elderly, orphans and the chronically ill are provided through charitable, religious and community-based organizations.

Hence, we could think of the "care diamond" as the architecture through which care is provided, especially for those with intense care needs such as young children, the frail elderly, the chronically ill and people with physical and mental disabilities (see figure 1). The institutions involved in the provision of care may be conceptualized in a stylized fashion as a care diamond, to include the family/household, markets, the public sector and the not-for-profit sector that would include voluntary and community provision. Typologies are always problematic and some forms of provision may fall through the cracks, as in the case of "voluntary" care work that is paid or family care provided by parents while on paid leave. Moreover, market provision is rarely pure, as the state often subsidizes and regulates market providers. There are, nevertheless, important institutional differences across these diverse points of the diamond, the overlaps notwithstanding.[29]

Figure 1: Care diamond



Even in developing countries where families assume a dominant caring role, other institutions such as the state, community organizations and markets play a part in the provision of care.

[29] This ensemble is also sometimes referred to as the care sector, embracing economic activities in the home, community, market and state that fit loosely under the rubric of human services and have a particularly strong personal and emotional dimension: activities such as childcare, health care, eldercare, social work and education are often included (Folbre 2006b).

Indeed, paid forms of care by domestic workers, nannies and other women, as has been argued, have been and continue to be important sources of employment for women in many developing countries. Non-familial care may be quite modest in many developing countries: young children, the elderly, those with disabilities and the sick are largely cared for by women on the basis of family, household and kinship relations. But with the rise in women's labour force participation in many countries, the intense demand for care in contexts marked by high HIV/AIDS prevalence and the emphasis on the need to "invest" in children (see below), issues of care are slowly emerging on the public agenda. In Brazil, for example, there has been significant expansion in pre-school nurseries since the late 1970s in response to diverse forms of mobilization and popular struggle by mothers, neighbourhood networks and parish priests as well as changing ideas and discourses more recently absorbed by the state about the need to "invest" in good quality pre-school education (Sorj 2001).

In some southern Africa countries, there is increasing agitation and advocacy by HIV/AIDS patients, their families and other activists for greater *public* responsibility for the provision not only of drugs and treatment, but also of care. The burden of care on women (because they are the primary caregivers), many argue, is corroding their ability to seek employment and income. This increases the risk of economic disempowerment for the women concerned (with all its concomitants in terms of economic vulnerability and social exclusion), while also depriving their households of a source of income (Urdang 2006). In some countries, governments are looking into alternative, non-familial forms of care provision, for example, through home-based care, which is playing an increasingly important role as a supplement to the unpaid work that family members, kinship networks and neighbours provide and as a stand-in for the services that the overburdened public hospitals and clinics cannot/do not provide. The bulk of the home-based carers work on a "voluntary" basis, that is, without pay or for very little pay, and often even without the most basic equipment that is needed to safely perform their tasks. Often they contribute from their own resources to meet the food and other requirements of the households for which they provide care (Budlender 2004). Most of these workers are women.

The notion that countries often move back and forth across sectors is important because it belies the view, deeply entrenched in the modernization narrative, of a linear path along which all countries move with an inevitable shift from "private" (especially family and voluntary) provision of care to "public" provision (by the state and market).

The boundaries of the responsibility mix, thus, often shift in response to claims making by social networks and organized interest groups (for example, trade unions and women's groups) as well as through state action. In the Republic of Korea, for example, which is a country that is often characterized as highly familistic in the provision of care, the rapid ageing of the population combined with declining fertility rates, have sparked fears of an increased dependency rate, labour shortages, greater social security burden, economic slowdown and population decline. To exacerbate the situation, the increase in women's labour force participation rates and widening generational divide in the ideas about family and gender relations have brought issues of child and elderly care, and the role and capacity of the family in providing individual welfare, to the centre of policy debates. Since the country also experienced a political regime shift in the 1990s, the earlier structure of social policy making was disrupted and opportunities emerged for new actors such as women's groups to engage in the policy-making process. Issues of care for the young and the elderly became central in these public debates, and the state was pressured to take on an increasingly important role in its financing, if not direct provision (Peng 2006).

An important set of questions to be raised here concerns the significance of political institutions and partisan configurations, and the role of ideology and religion, in how states construct systems of social provision and care arrangements, and with what inputs from political and civil society. Processes of democratization in many parts of the developing world in the 1990s raised social expectations that more redistributive policies would be followed as, indeed, happened in countries such as Japan and the Republic of Korea (Kwon 2005; Peng 2006).

However, important factors that need to be taken into account when considering the link between liberalization and redistribution are the strength of political organizations among low-income and working classes as well as broader state-society relations. In many developing states that have undergone political liberalization over the past two decades, for example, in sub-Saharan Africa, political parties are not well established around social programmes, but rather tend to be vehicles for personalistic power and ethnic ambitions (Hassim and Razavi 2006). Trade unions are relatively weak, exacerbated by the large informal and agricultural economies. Policy alternatives are rarely the basis on which voting takes place, even in a country with a relatively diverse and long tradition of party mobilization such as South Africa. In these cases, the elite bias of political competition is reinforced and women's organizations, like other sectors of civil society, may see few incentives in advancing their claims through the party system (Hassim and Razavi 2006).

On the other hand, without political rights and access to the public sphere, women cannot even enter debates about social policy. Unlike South Africa, political liberalization in the ex-socialist countries did not open spaces for feminist interventions. Some of these states "retraditionalized" the family, upholding the distinction between the public and the private spheres (Haney and Pollard 2003). The family was seen as "a site of refuge amidst chaos and unpredictability…and served as a model and metaphor for transition" (Haney and Pollard 2003:7). In Poland, even the brisk changes from Left- to Right-wing governments during the 1990s did not result in progressive policies for women because of the dominant social conservatism (Steinhilber 2006). Women were poorly represented in government and the bureaucracy, and there were few openings for feminists to make policy interventions. However, in response to the scaling back of benefits, and in particular the restrictions on women's rights to abortion, women's organizations are beginning to make social policy reform part of their political activism. Similarly in countries such as Iran where religion has become deeply politicized, the family and motherhood are idealized as the antithesis to Western individualism, making feminist struggles for more egalitarian social policies that recognize women's rights extremely difficult to pursue (Moghadam 2006; Razavi 2006).

Policy options for care

It is sometimes assumed (wrongly) that if issues of care were to be taken up by policy makers, then the only possible response would be to provide some kind of cash payment for women, for example, "wages for housework", "mothers' stipends" or "mothers' pensions". While this kind of demand may have been voiced historically by some women's rights advocates (for example, early twentieth century maternalists), it is not the kind of social provision that most modern-day advocates of women's rights prioritize. Not only is "wages for housework" not the only possible policy option (and certainly not the most desirable from a gender equality perspective), there is also enormous diversity in currently existing policy responses to care—arguably greater than that found for other contingencies such as illness or unemployment (Daly 2001). The possible policy interventions range through cash payments in the form of caregivers' allowance or citizen's wage (more gender-neutral than a mothers' pension), taxation allowances, different types of paid and unpaid leave from employment, social security credits and social services (see box 3). Many of these policy options are already in place in a wide range of European welfare states as well as in other industrialized countries. Some of them may be less relevant for developing countries, for example, paid and unpaid leave provisions may seem of marginal relevance to countries where the great bulk of employment is of the informal kind and involves self-employment. But there are also a number of important social policy options in developing countries that affect the social rights and inclusion of those who provide unpaid care, for example, the design of pension systems and the extent to which they recognize unpaid work as a "contribution", the provision and design of health and education services and the design of various family and child benefits (Razavi 2007).

Nevertheless, the analysis provided by feminist social policy researchers of the outcomes of these diverse provisions in countries where they have been put in place provides useful lessons

for "latecomers" in the area of care policy. Table 4 sets out the different policy provisions with respect to care, and how they rate in relation to different objectives, including gender equality.

Box 3: Universe of provision for care

- Provisions relating to *monetary and social security benefits* (for example, cash payments, social security and pension credits, tax allowances).
- Provisions relating to *employment-related measures* (for example, paid and unpaid leave, career breaks, severance pay, flexi-time, reduction of working time).
- *Services or benefits provided in kind* (for example, home help and other community-based support services, childcare places, residential places for adults and children).
- *Incentives toward employment creation or toward provision in the market* (for example, vouchers for domestic employment, exemptions from social security contributions for people employed as carers, tax reductions for the costs of employing a domestic helper, subsidies for private care).

Source: Daly 2001:adapted from table 2.1.

Cash benefits, in the form of family and child allowances, were never intended for paying for care (Daly 2001). The idea, rather, was to assist families with some of the material costs of raising children, and in the process redistributing resources from smaller to larger families and to a period in the lifecycle of families when they are most likely to be hard-pressed financially (Daly 2001). It is only recently that policy has begun to recognize the costs involved in caring for children in terms of the income that the carer has to forego. While family allowances vary widely, a common characteristic is that they often defray only a small percentage of the cost of bringing up children, and "fail to protect women adequately from the increased risk of poverty that motherhood imposes" (Folbre 1994:122–123). Moreover, while concern for the well-being of families and children is often the stated aim of these provisions, what states do and the conditions on which benefits are made available carry other implicit objectives and consequences, supporting particular models of the family and of gender relations.

While cash benefits paid to carers may be a less costly option for the public sector compared to the provision of public childcare services, there are several disadvantages attached to this policy option from a gender equality perspective (Daly 2001). Cash payments tend to strengthen the provision of care by family members (often mothers), thereby exonerating other sectors from responsibility. In addition, the danger, as mentioned above, is that the payment is often at a low level and brings with it few social security or employment rights. Finally, although providing a payment for the work that women have traditionally done may valorize that work, it also tends to confirm women/mothers as natural care providers. This last problem could be avoided if payment for care is done in a more gender-neutral form, such as through a carer's allowance or even a citizen's wage, which is supposed to cover care contingencies and other life events, and to be open to both women and men, in all sorts of households and caring arrangements.

One example from the developing world worth citing here is the Child Support Grant provided in South Africa. In recognition of the great diversity of family and household forms in the South African context, and the need to move away from the male worker/female carer model, the Lund Committee redesigned the grant after the democratic transition chose to adopt a "follow the child" approach, whereby the grant would be paid to the primary caregiver on behalf of the child. This has been judged an important symbolic and discursive shift away from the familial male worker model of the household (Hassim 2006). Receipt of the grant is not conditional on the child attending school, or on the mother/carer having to attend "nutrition and hygiene" sessions or having to perform unpaid community work—a controversial feature of family and child benefits in other developing countries.

Table 4: How policy provisions rate in relation to different objectives

Policy provisions	Choice/ quality for care receiver	Choice/ quality for caregiver	Gender equity	Legitim-ization of care	Creation of a welfare mix	Alteration of labour supply/ demand	Reduction of public costs
Cash payment to carer	+	?	-	+	-	+	+
Cash payment to person cared for	+	?	?	?	+/-	+/-	+
Public services	+	+	+	+	?	+	-
Leave	+/-	?	?	+	?	+	+
Incentives toward employment creation	-	-	?	?	?	+	+
Incentives toward market-based care	?	?	+	?	+/?	+	?

Source: Daly 2001:table 2.4.

The feminist social policy literature, on the whole, rates the provision of public services for care-related needs more positively than cash payments.[30] While it acknowledges that this strategy carries heavy financial implications for the public budget, and may even risk "crowding out" other forms of service provisioning (by the market or not-for-profit sectors), it has several important advantages from a gender equality perspective. It tends to legitimize care work, provide relatively well-protected jobs for women (at least compared to the market sector), give unpaid carers greater choice in seeking employment, and improve choice and quality on the part of both caregivers and recipients of care (especially those on low incomes). While it is acknowledged that locating care work within the public sector is not in itself a panacea for the inferior working conditions that often characterize it, it tends to be better paid when it is located in the public sector than when undertaken privately by individuals (Daly 2001).

It is also interesting to note that the provision of public services for the care of young children owes its origins in most European countries to educational goals, such services being intended as a good for children (rather than parents or mothers). It is only since the 1970s that childcare services have become increasingly viewed as an incentive or support for maternal employment—a point to which the paper returns below. The current global policy rhetoric about investing in children's capabilities, as is argued below, may provide opportunities, in some developing countries at least, for a shift in education policies toward educational/care services for younger age cohorts.

Farewell to maternalism[31]

Not only have traditionalist discourses, both scholarly and popular, historically reified women's domesticity and their maternal duties and capabilities to construct an unequal public/private dichotomy, but a hankering after a moral traditional family model also features in some contemporary communitarian and "family values" literature debating the "crisis in parenting" (Etzioni 1993), for example, in the United States.

Yet, it is not just men and patriarchs who have seen care as part of a female ethical world, which is characterized by interpersonal connections, compassion and altruism. Feminists themselves have

[30] There is a feminist critique of the idea that public services are the most beneficial for feminist goals. Some argue for more effort to have men provide care, and also for employers to allow workers to take time off work in order to provide care.

[31] This phrase is taken from Orloff (2006) although I am using it in a different sense here. For Orloff, the phrase refers to policy shifts and the possibility of women making welfare claims as mothers. Here, I am using the phrase to refer to the possibility of women organizing as mothers to make certain welfare or citizenship claims.

not infrequently drawn attention to women's greater attachment to the private/moral/ethical realm of family, children and care (versus a male public/rational realm of market and politics). Gilligan (1982) was not the only one to speak about "a different" female voice, and it is a powerful discourse because it seems to valorize a part of women's lives that has not been taken seriously.

Women's movements in developing countries have an uneven record of organizing for better and more appropriate forms of social protection. Yet, it could be argued that women *have* successfully made claims on the state, often by harnessing their maternal roles to political claims making and advocacy for justice and for better conditions and social support for their families and communities (Hassim and Razavi 2006). In the modern history of Latin America, for example, women have successfully organized around maternal claims to demand justice and redistribution.

The rise of community welfare provisioning, organized by women's neighbourhood associations in several Latin American countries, provide different illustrations of how maternal identities could be mobilized to create gendered forms of civic engagement to hold families and communities together through voluntary work and to remind the state of its own moral failings. In the context of the economic crisis that began in the late 1970s and became acute during the 1980s and 1990s, Peruvian women in poor neighbourhoods, for example, created and led the so-called "subsistence organizations" such as community kitchens, Mothers' Clubs, and "Glass of Milk Committees" (see box 4) to provide for the basic sustenance needs of their families and communities (Blondet 2002).[32] Although distanced from politics in the conventional sense of the term, the actions comprising these different forms of female participation are based on "the politicisation of the private sphere, which requires a reformulation of the meaning of politics itself" (Jelin 1990:9). For the women involved, participation in these collective efforts could foster skills and confidence, take them out of the isolation of the home, create new social networks and give them a sense of purpose and recognition for their social function within the community (Blondet 2002)

Yet, even though maternalist politics has had contradictory outcomes in different countries, this form of claims making shares an implicit acceptance that the rights women were claiming should come in return for certain pre-given responsibilities tied to traditionally ascribed gender roles. This acceptance of traditional gender roles rendered maternalist movements and demands controversial. Many fear that maternalism may reinforce the patriarchal gender order, constrain women's entry into the labour market and entrench women's economic dependence on men (Moghadam 2006; Koven and Mitchel 1993).

It is in response to such shortcomings that feminists have begun to make arguments for an "ethic of care" that is a universalist paradigm that goes beyond the problematic notion of "women's morality" (Tronto 1993:3). The central argument put forward by Tronto is that care needs to be made a central aspect of human life and that this is not possible if we leave current moral boundaries intact.

> Care is not a parochial concern of women, a type of secondary moral question, or the work of the least well off in society. Care is a central concern of human life. It is time we began to change our political and social institutions to reflect this truth (1993:180).

Ultimately, it is only when all persons are conceived from the start as interdependent—that is, as persons who need, give and receive care[33]—that gender equality can be reached. At a practical level, this requires that policies provide incentives for men to share in the work of care (whether paid or unpaid), through parental leave schemes, for example, and policies such as

[32] A study carried out in 1995 showed that the 24,018 Mothers' Clubs, 42,447 Glass of Milk Committees and the 9,869 *comedores* between them brought together 1,526,676 women, who worked almost 285 million hours of voluntary labour in a year, which was the equivalent of 154,683 persons working full-time (cited in Molyneux 2006).

[33] See Fraser (1997); Lister (1997); Tronto (1993).

"daddy quotas" first pioneered in Sweden. Changing paid work cultures is the other side of the coin—whether through shorter working days or other means.

The demise of the male breadwinner model family: Continuity and change

The past two decades have seen a remarkable rise in women's economic activity rates in many parts of the world, especially in Western Europe and Latin America.[34] While some of this increase may be attributed to the greater attentiveness of labour force enumerators to the variety of work that women do (seasonal, casual, subsistence and so on), it is also suggestive of a number of real changes. Convergence in female and male economic activity rates hardly signals gender equality in terms of labour market indicators.

Women's increasing participation in paid work in the last quarter of the twentieth century is seen as a point of convergence among European Union member states. This suggests that a major shift may be under way from the "male breadwinner" model toward an "adult worker model family" (Lewis 2001:1) in which women are adding paid work to their existing responsibilities for care, while men seem to be changing their work patterns only slightly. However, workforce participation rates are crude indicators of working women's situations. They reveal nothing about the intensity of men's and women's employment (part-time versus full-time), wages and work conditions, their relative contribution to paid and unpaid work or about gender-differentiated patterns of participation over the life course (Orloff 2002). These factors complicate the picture.

Thus, in the OECD countries, many women work part-time or drop out of the labour force altogether at far higher rates than men. It is now sometimes argued that gender difference is increasingly based on time, with men working full-time and women working part-time (see figure 2). This has replaced the older gender distinction between men's participation in paid work and women's full-time domesticity and absence from the labour market. There is variation in the quality of the work women engage in between countries as well as in the mix of paid and unpaid work, but the basic pattern is the same: men "specialize" in paid work, while doing little at home; women do the bulk of unpaid work, increasingly in combination with employment (Orloff 2002). Finally, it is important to underline the fact that there is still a substantial earnings gap between men and women in the OECD countries, despite a policy mindset that assumes that women, like men, work full-time and are financially independent. This is partly because so many women work part-time, but there are also earnings gaps among full-time workers (Orloff 2002:table 1).

Table 5 shows a range of possible positions that women and men can adopt in terms of paid work and arrangements for care. Lewis (2001) argued that while the male breadwinner model (1) has eroded as women have increasingly taken on paid work, there has been no simple move from a male breadwinner (1) to a dual career model (5) or "universal breadwinner model" as Fraser (1997) called it. In most Western countries, given women's lower earnings, the new model amounts to a "one-and-a-half earner model" (2 and 3), rather than a more gender egalitarian dual breadwinner model (4) or a dual career model (5).

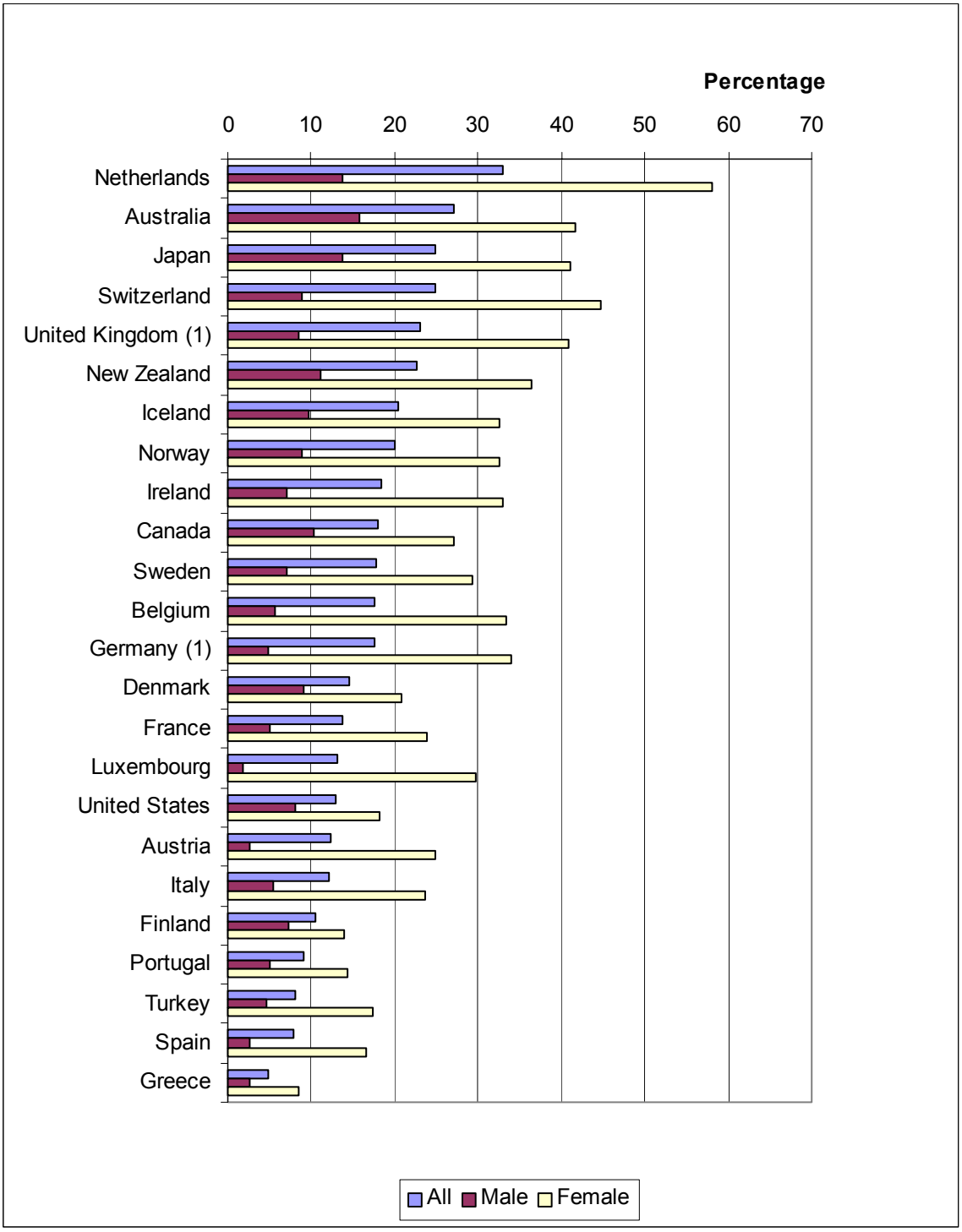
This is raising new questions about the organization of care, and about how income and social security (especially in old age) are to be derived, especially by those who are in the work force but on the margins of the labour market (that is, many women).

There have been a variety of reactions in the academic literature to the shift in women's roles and the emergence of the so-called "adult worker model family". For many feminists, the key issue is the terms and conditions on which the shift to the new model is taking place (Giullari and Lewis 2005). Many feminists have, after all, long argued in favour of women's financial independence. But the nature of the choices that women and men face and the pursuit of gender

[34] There are, however, important exceptions to this general global trend, notably in Eastern and Central Europe and Central Asia, where there have been reversals in women's economic activity rates since the early 1990s; see UNRISD (2005:figure 1.2).

equality critically depend on the extent to which social policies address the issue of care work as well as the extent to which women are able to obtain economic security through the labour market. Within the context of the European Union there are concerns that policies with respect to care are poorly conceived (they often assume that commodification of care can constitute a sufficient policy response) and poorly developed compared to policies with respect to major social services (such as health and education) (Giullari and Lewis 2005).

Figure 2: Part-time employment rates in OECD countries (percentage of total employment), 2001



Note: (1) Data for 2000. **Source:** UNRISD 2005:figure 5.2.

Table 5: Patterns of male and female paid work and arrangements for care

1. Male breadwinner model	
Male FT earner	Female FT caregiver
2. Modified breadwinner model	
Male FT earner, female short PT earner	Care supplied mainly by female earner and kin
3. Gendered dual earner model	
Male FT earner, female long PT earner	Care supplied mainly by kin, and state/voluntary/market
4. Dual earner-carer model	
Male PT earner, female PT earner	Care supplied by male and female earners
5. Dual career model	
Male FT earner, female FT earner	Care supplied mainly by market and kin/state/voluntary sector
6. Single earner (lone mother family) model	
Female earner FT or PT, or reliant on state benefits	Care supplied by the mother alone or mother/kin/state

FT = full-time; PT = part-time. **Source:** Adapted from Lewis (2001), with some changes in terminology.

Policy attempts to push women, especially mothers of young children, off "welfare" and into employment are a hallmark of the new vision for social policy across a wide range of developed countries (especially the United Kingdom and the United States). In the context of labour market flexibility, and where childcare services remain far from adequate (even where public expenditure on this item is growing, as in the United Kingdom), how likely is a "welfare to work" strategy to provide decent livelihoods for women and their dependents, especially for those with relatively low levels of skill and education? These are some of the questions that preoccupy gender policy analysts of developed countries and the record so far is quite mixed. They are clearly not issues of direct relevance to many developing countries, with markedly different social policy trajectories. But, as argued below, ideas about welfare and work do percolate across national policy communities, though selectively and reformulated in ways that reflect regional and country specificities.

3. The Post-Neoliberal "Social Investment State": Children and Their Needs

The past decade or so has witnessed a renewed interest in social policies, and some governments have increased social spending to soften the impacts of economic reform. These changes have come in the wake of widespread realization of the failure of the neoliberal economic model to generate economic growth and reduce poverty. At the same time, processes of political liberalization have opened spaces for social movements in many parts of the developing world to articulate demands for more effective social policies that mitigate the effects of market failures and reduce inequalities.

In this context, several observers have drawn attention to a shift in policy perspectives from the "high neoliberalism" of the 1980s to a post-neoliberal "social investment" approach endorsed and promoted by both European and the OECD social policy actors.[35] This approach is centred on productive (or active) social welfare, which is understood to mean investments in human capital and in lifelong learning (especially in the capabilities and opportunities of children) and in employability programmes (Jenson and Saint-Martin 2002; Myles and Quadagno 2000). Its proponents often contrast the "social investment" approach with the "passive" approach to welfare of the postwar welfare state, which is seen in largely negative terms as having been oriented to "consumption" and accused of nurturing "dependency".

[35] Some have used the metaphor of the "third way", articulated by the eminent sociologist Anthony Giddens (1998) and popularized by Tony Blair, prime minister of the United Kingdom, to highlight the key features of the contemporary policy environment in Europe and North America (Myles and Quadagno 2000), which overlaps with the "social investment approach".

The notion of a "social *investment* state" implies a different time perspective than the one found in the postwar welfare state. For state spending to be effective, proponents argue, it must not simply be consumed in the present, to meet current needs, it must also be an investment that will reap rewards in the future.

> The post-war welfare state focused on redistribution, on fostering greater equality in the there-and-now whereas a social investment state should emphasize equality of life chances. This involves distribution and redistribution of opportunities and capabilities more than resources (Jenson and Saint-Martin 2003:91).

Underpinning this shift has been a subtle change in how inequality is understood: the notion of "equality of outcome" seems to have given way to "equality of opportunity" (EoO) as the "default position in contemporary liberal democracies" (Phillips 2006:18).[36]

These are powerful ideas that are being translated into the redesign of welfare systems, though in diverse ways, and shaped by regional and country specificities. What are the implications for care and for gender equality?

Children are an important constituency of the "social investment state" because investing in their opportunities is likely to reap the highest "pay-offs" in the future (compared to adolescents, adults and the elderly). In the European Union, even as countries were retrenching and cutting back on social expenditure, in the mid-late 1990s, family and child benefits constituted one area which experienced growth (in fiscal terms) (Jenson and Saint-Martin 2003).[37] In developing countries, and within development cooperation and the aid industry, attention to children and their needs is nothing new. But the policy interest in "human capital" and the shift to the "social investment state" seems to have given child-centred and human capabilities programmes renewed impetus and force.[38]

Children are highly visible in the *World Development Report 2006* on equity (World Bank 2005), which sees "investments in children" as a powerful mechanism for overcoming inequalities in the future (while the report shies away from redistributive policies here-and-now such as land reform, progressive income taxation, capital gains tax and so on since these measures, the report fears, are all likely to cause capital flight). The report emphasizes early childhood development programmes as having some of the highest "rates of return" ($2–$5 for every dollar invested!). The most successful programmes, the *World Development Report 2006* added, are the ones that involve children from an early age, with strong parental (read, maternal) involvement along the lines of the Mexican programme Oportunidades and other conditional cash transfer programmes (that often implicitly, at least, expect mothers to fulfil certain maternal duties in return for the cash stipend provided by the programme).

This renewed policy interest in children could provide opportunities and policy openings for the development and expansion of pre-school education programmes for children. Having constituencies, composed of women's groups, child rights advocates and others, at the national level championing such policies could make a significant difference, as happened in Brazil in the 1970s when pre-school education received a major boost (Sorj 2001).

It, thus, seems like a missed opportunity that the policy literature advocating investments in children's capabilities (again, the *World Development Report 2006* is a good example) is so silent about the huge amount of unpaid care work that goes on in all societies to sustain infants and

[36] To put it crudely, EoO is about equalizing starting points and, in the process, maintaining a commitment to personal responsibility. For an insightful critique of EoO and defence of "equality of outcome", see Phillips (2006).

[37] As Myles and Quadango (2000:166) noted, "if Third Wayism has a soft spot it is for children".

[38] While it is imperative to show how these ideas, originating in European and OECD policy circles, are percolating into other regions, and being shaped (distorted or transformed) by regional and country forces and specificities, there is little doubt that ideas do travel and organizations such as the World Bank, different parts of the United Nations, international non-governmental organizations and transnational movements are important conduits for this.

children (as well as people who are elderly, sick or disabled, and also able-bodied adults) on a day-to-day basis and from one generation to the next. Compared to the unpaid care that goes on silently and is almost taken for granted everywhere, the much-celebrated early childhood programmes are a drop in the ocean. In fact, many of these programmes rely on women's unpaid work for their success (one wonders what the "rates of return" would look like if the unpaid work provided by women and girls was counted as a cost).

Moreover, there are a host of questions that are not even asked because the existence of the unpaid care economy remains unacknowledged in the policy literature: How could policies—both economic and social—support the care economy? What kinds of incentives are needed to help redistribute this work more equally between women/girls and men/boys? As Molyneux (2006) has argued with respect to the Oportunidades programme, women may be happy to contribute their time to their children's future, but they still need programmes that can further their own economic security through training and links to employment. There is little in the design of such programmes that can further women's economic security, and "scant, if any, childcare provision for those women who want or need it because they work, train or study" (Molyneux 2006:441).

Reflecting on a different context, that of Canada, Dobrowolsky and Jenson (2004) documented a shift in policies focused on women and children that reverberates with Molyneux's critique of Oportunidades. Focusing on the issue of childcare, they showed how a feminist vision of childcare as a cornerstone for women's full citizenship, economic autonomy and well-being that was dominant in the 1960s and 1970s has given way to a redefinition of childcare as an issue that is about children—especially poor children. The quotation below captures in a succinct form some of the key shifts that have contributed to a displacement of claims making in the name of women, and a strengthening of claims for children, especially poor children.

> Those advocating in the name of women find themselves increasingly excluded or find themselves compelled to use the language of children's needs. Whereas notions of social rights in citizenship regimes in the 1960s and 1970s accommodated an equality discourse that provided some space for women and women's movements to make claims for services and supports, transit through the era of neoliberalism both effectively sidelined talk of social rights and spending and made equality claims for adults difficult to sustain. Then when governments began to consider the possibility of 'investing' again, after years of cutback and downsizing, the spending and programme redesign envisaged frequently focused on children, leaving in the shadows the women who provided their care (as well as care for others) and rendering invisible class, gender, and other structures of inequality among adults (Dobrowolsky and Jenson (2004:155).

This is not to suggest that there are inherent and irreconcilable conflicts of interest between women and children. But tensions with women's interests can and do arise when policies and programmes designed to benefit children assume and take for granted the work women undertake in ensuring their children's needs as something that mothers "do". When this happens, "the social relations of reproduction remain unproblematised, and the work performed easily naturalised" (Molyneux 2006:439).

Moreover, the instrumentalism of current approaches to "investing in children" and emphasis on "productive welfare" are problematic not only for advocates of gender equality, but perhaps also for those who advocate for better care: What happens to the care of "unproductive" elderly or disabled people? This is where rights-based approaches to care that have emphasized the "right to time to care and the right to be cared for" look more promising (Knijn and Kremer 1997:332). Also, sometimes there are implicit national, ethnic or racial underpinnings to instrumentalist claims for care, which are troubling. For all of these reasons, gender equality advocates who are tempted by the opportunity to make alliances that might gain resources for caregivers should exercise caution.

Box 4: The unpaid care work in a Glass of Milk

A United Nations Development Fund for Women (UNIFEM)-funded Gender Responsive Budgeting Initiative in the municipality of Villa El Salvador, Peru, calculated the value of the unpaid work done by women in delivering what the municipality calls "self-managing" services. One example of such a service is the Glass of Milk programme. In this programme, the municipality pays for basic materials and the milk, but women in the community provide the labour involved in organizing the programme and distributing the milk to beneficiaries. This programme accounted for more than a third of the municipal budget, or $3 million, at the time of the research.

The research team interviewed women beneficiaries to find out how much time they spent working on the programme. They then multiplied the number of hours by Peru's minimum wage. When they compared this amount with the total budget for the Glass of Milk programme, they found that if the women's work were paid, it would have added 23 per cent to the total budget. This unpaid care work contribution was in addition to contributions by the community to cover expenses such as fuel, sugar and utensils.

In effect, in this programme the women are subsidizing the government budget. If they were not prepared to offer their services for free, government would need to employ staff to do the work. Similar subsidization happens when women provide health care to other members of their households and the community. If this care was not provided free by women as part of their family and community duties, those who are ill would be more likely to consult government health services for care and, thus, increase the burden on the government budget.

Sources: Andía-Pérez and Beltrán-Barco 2002; Pearl 2002.

Conclusion

The scholarly literature on the political and social economy of care has been enriched by conceptual and empirical analyses from diverse disciplinary perspectives. This paper pays particular attention to two strands of this literature, namely feminist economics and gender and social policy, which provide important complementarities as well as overlap. What feminist economics has brought to this relatively new area of research are its distinct conceptual frameworks, which render visible critical areas of the economy that have escaped analytical and empirical scrutiny by "malestream" economics, namely the production and maintenance of human beings. Feminist economists (and statisticians) have also been able to make noteworthy breakthroughs at the level of empirical methods for "counting" and valuing the unpaid components of this work (through time use surveys and through the valuation of unpaid work). The attention that is now being given to the dynamics of paid care across various sectors, and to the ongoing shifts between paid and unpaid care, constitutes new and exciting areas of research.

The sociological and social policy literature that has set out to engender welfare state analysis has made more effective use of comparative methods for understanding the institutions of care in all their diversity—not limiting itself to the micro-institutions of family and household, and by bringing other care providers into its analytical fold. This interest in institutions has been matched by a focused and comparative analysis of care policies across institutionalized welfare states. It has, therefore, had more to say about different care-related social policies and their impact on gender equality.

There has been a shift over time in both sets of literature away from an undifferentiated "unpaid work" toward greater recognition of its different components, and in particular of its care dimensions. The two strands of thinking converge at many different points—both conceptual and policy. One is their critique of the undervaluation of care (both paid and unpaid), the other is their scepticism toward markets (both in terms of providing good quality care to care recipients and decent work to care providers), and a third is the need for voice if those providing care, on a paid or unpaid basis, are to access social rights and enhance their economic security.

Research on care issues in developing countries could usefully combine several elements elaborated in these different bodies of literature. One is the need for a solid empirical foundation that can capture the extent of care work, both paid and unpaid, across different institutions. The time use surveys that are becoming increasingly available for many developing countries provide a good starting point. The data that are available through these surveys need to be scrutinized as well as better standardized to allow comparison. The other is the need for a more systematic and institutionalized analysis of the care sector or care diamond in different countries, and their outcomes. This is necessary not just for a better "design" of care policies (in a technocratic sense: "evidence-based policy"), but also for more informed and effective advocacy by those who see an important link between how societies organize care and how they fare in terms of gender equality and women's economic and social security.

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GE.07-01327-June 2007-1,500

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