

How to Invest in the Care Economy: A Primer





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Introduction

This primer is designed to support policymakers and government officials in their efforts to achieve Sustainable Development Goal 5 on gender equality and empowerment of women in their countries. It lays out the basic concepts relating to what is called the “care economy” — the sum total of all paid and unpaid care work. It highlights the implications of a lopsided and gendered division of labour in unpaid care and domestic work. This strengthens the case for governments to invest in the care economy by addressing four care policy categories — care infrastructure, care-related social protection, care services and employment-related care. The primer includes the normative principles and levers of change that will help policymakers and practitioners to create a policy ecosystem that values care work and promotes women’s empowerment.

Section 1

Sustainable Development Goals and the care agenda



At the turn of the millennium, in September 2000, world leaders agreed on the United Nations Millennium Declaration, with the aim of ending extreme poverty. They adopted eight international development goals, called the Millennium Development Goals (MDGs), to be achieved by 2015. Among the eight was the goal on promoting gender equality and empowerment of women. By 2015, progress towards the MDGs had been uneven, with some targets being met while others were missed. As a result, a 2030 Agenda for Sustainable Development was adopted. It envisions a transformation of the world by prioritizing the development of people, the planet, peace and prosperity through global partnerships. The blueprint sets out 17 Sustainable Development Goals (SDGs) with 169 targets and specific indicators to be achieved by 2030 through national policies, regional collaboration, and global action.

SDG 5 articulates the goal to achieve gender equality and empower all women and girls. Box 1 refers to the various targets under this SDG aimed at ending violence and discrimination against women and girls in all forms everywhere while promoting their effective and equal participation in social, political and economic life.

SDG 5.4 pertains especially to the care agenda and underlines the importance of recognizing and valuing unpaid care and domestic work. This work is largely performed by women and girls the world over (ILO, 2018). SDG 5.4 calls for appropriate investments in care infrastructure, social protection systems and public services as a way of promoting shared responsibility for this essential work among the four pillars of society — the State, markets, households and communities. This requires a redistribution of existing patterns of care work, from women to men and from households to the State, markets and communities.

By laying out arguments on why investing in the care economy is crucial and in suggesting pathways and entry points for the next steps, this primer adds to the impetus for building back better and achieving the SDGs through a gender-equitable and greener recovery.



Rahela Begum is a rickshaw puller in Dhaka. She has been doing this for the past three years. Her husband left her to marry another woman. She has two daughters and a son. © UN Women Bangladesh, 2019

BOX 1 Targets for SDG 5 on achieving gender equality and empowerment of women and girls

- 5.1** End all forms of discrimination against all women and girls everywhere
- 5.2** Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation
- 5.3** Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation
- 5.4** Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate
- 5.5** Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life
- 5.6** Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences
- 5.a** Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance and natural resources, in accordance with national laws
- 5.b** Enhance the use of enabling technology, in particular information and communications technology, to promote the empowerment of women
- 5.c** Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels

Source: Goal 5 | Department of Economic and Social Affairs.

Section 2

Key concepts



Economy

The economy is generally understood as the set of activities related to the production and consumption of goods and services, the allocation of scarce resources and the supply of money. An increased level of production and consumption of material goods and services is often equated with development.

Gross domestic product

Gross domestic product (GDP) is an economic indicator that is often used as a proxy for human welfare. It derives from the total value of goods and services produced in a country in a specified period. It is calculated by adding the value of total consumer spending, government spending, business spending and the value of net exports. Although considered an indicator of the health of the national economy, it is at best a crude measure of economic development. It has been criticized for excluding real and important work done by people at home, such as the care of children, sick persons, older persons or other dependants.

System of National Accounts

The United Nations System of National Accounts (SNA) was created with the broad objective of providing “a comprehensive conceptual and accounting framework for compiling and reporting macroeconomic statistics for analysing and evaluating the performance of an economy”.¹ It provides an internationally agreed standard on how to compile measures of economic activity and by corollary what is considered “non-economic”. The SNA production boundary determined what was within the scope of productive activities and therefore considered economically “valuable”.

¹ System of National Accounts.

Because the market forms the core of economic activity, “work” is defined as participation in production activities for pay or profit (Benería, 2003). However, feminist economists have pointed out that this hides a lot of the work performed by women, especially within the household. The exclusion of all domestic production from the sphere of productive work, was a concern raised by Margaret Reid in her 1934 book, *Economics of Household Production* and Marilyn Waring, in her 1988 book, *If Women Counted*, criticized the exclusion of household and care work from the SNA (cited in Benería, 2003).

Through revisions to the SNA in 1993 and again in 2008, the scope of SNA activities and their definitions were broadened to include production destined for the market as well as production of goods for own final use. These definitions of SNA activities are important in the collection of time-use data and satellite accounts of household production that complement national accounts (Charmes, 2019, p. 9).

BOX 2 Promising practice on time-use data from Mexico

In Mexico, the National Institute of Statistics and Geography launched a Household Satellite Account in 2011. The initiative provides information on the economic value of unpaid care work (own-use production work of services). In 2016, the Institute found that women worked 3.1 million hours per week in unpaid care work while men worked 2.6 million hours. Unpaid care work represents 65 per cent of women’s total working time in Mexico, compared with only 24 per cent of men’s working time. The total time spent on unpaid care work by men and women amounts to 23.2 per cent of the country’s GDP, with care and support, such as childcare, representing the largest share. The results of the Household Satellite Account have informed public policy related to gender equality, care services and household expenditure and consumption.

Source: Ferrant and Thim, 2019.

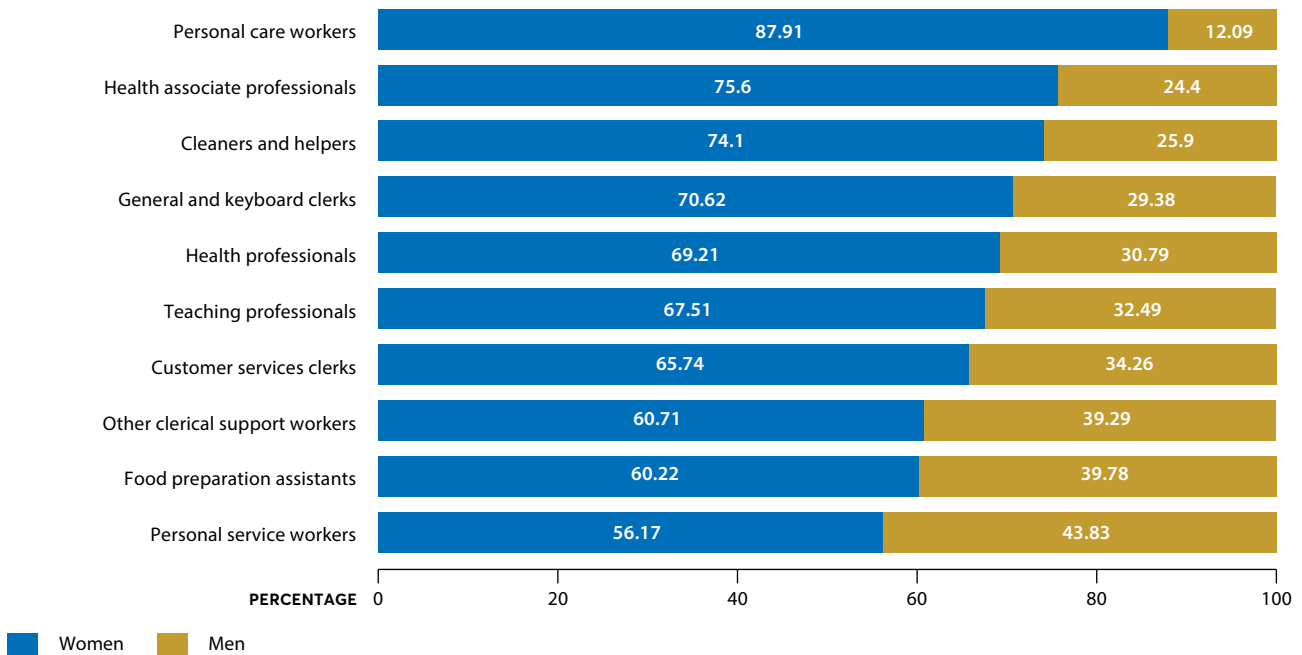
As a result of feminist mobilization and advocacy efforts, the Fourth World Conference on Women in 1995 adopted the **Beijing Platform for Action**, which proposed to design and implement statistical measures that made visible the full extent of women’s work in subsistence, domestic production, caregiving or volunteer work. The work and non-work debates have led scholars to propose the following four categories of work to better understand the complexities of women’s work in the market and care economy. However, such distinctions are often blurred within the household, where women tend to multitask to complete their paid work, unpaid work and unpaid care work responsibilities.

Paid work

In line with the definitions adopted by the SNA and the International Conference of Labour Statisticians, paid work is understood to include activities that are produced for the market and work done for corporations, quasi-corporations, non-profit organizations or government sectors. It also includes work done in households for primary production, non-primary production, construction or other services produced for an income (Charmes, 2019, p. 9).

Paid care work

With an increase in female labour force participation in the past few decades, there has been an increase in the demand for care to be met through the market. Paid care work refers to care jobs in such sectors as health, education, personal care of dependants and domestic work. Women tend to be overrepresented among care workers in a range of jobs, such as nurses, domestic workers, personal carers, teachers and childcare assistants. Figure 1 shows that the top-10 occupations where women tend to be concentrated are mostly in the care sectors. This indicates that the normative association between women and care results in their occupational segregation into care work even outside the home.

FIGURE 1 Top ten occupations with largest proportion of women's employment (percentage)

Source: Authors' depiction of ILOSTAT, 2020.

Unpaid work

Work that is performed without any direct remuneration or profit, yet is for own-use production, can be said to be unpaid. This can take several forms: subsistence work, such as the care and feeding of animals; processing of agricultural products for own consumption; work on family farms; collection of water, fuelwood and fodder; or household and domestic chores. Many countries endeavour to develop "satellite accounts" as a way of supplementing the main SNA to capture the range of this unpaid production of goods and services by households. However, most labour force surveys do not regard these activities as work (Charmes, 2019), resulting in an undercounting of women's economic participation as well as a devaluation of these tasks, which are mostly unremunerated.

Unpaid care and domestic work

The work that the SNA boundary excludes is typically the production of services within the household for own use. These include:

- 1 Unpaid domestic services for own use within households, such as cooking, cleaning or shopping.
- 2 Unpaid care-giving services to persons of own household, such as looking after children, older or sick persons, people with disabilities or other adults requiring care.
- 3 Unpaid community or voluntary services or services rendered free to other households or the community.

These activities can be further classified as direct (care of dependants) or indirect care (domestic tasks, such as cooking, cleaning and collection of water or fuelwood). Multitasking by women blurs the boundary between direct care and indirect or household responsibilities because they are often carried out simultaneously.

Care economy

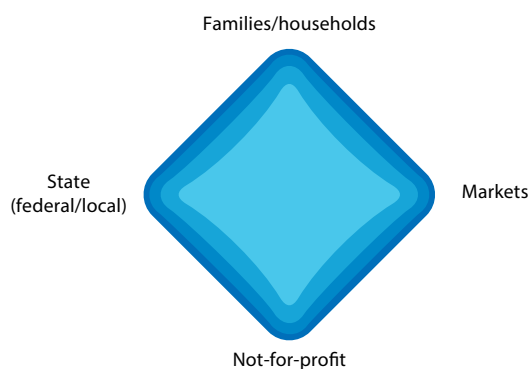
Overall, the **care economy** refers to paid care work and unpaid care work provided by people as part of human survival, welfare and reproducing the labour force. Care is the cornerstone of all human development because it “contributes to meeting the material and/or developmental, emotional and spiritual needs of one or more other people” (Chopra and Sweetman, 2014, p. 409). It is a good thing. Yet, because it is pervasive and all encompassing, care also “goes largely unremarked and unquestioned” (ibid., p. 410).

SNA definitions still leave out much of this work or are yet to be integrated in data collection by labour force and household surveys. This leaves care work unrecognized as valuable or productive work. Therefore, it is also referred to as the “hidden care economy”.

Care diamond

The “care diamond” refers to the four main institutional actors or stakeholders in society among whom the care work of society can be distributed. These are — the State, markets, households and communities, as shown in figure 2. While in an ideal situation all four actors would be involved in care provision, typically women and girls within households perform the lion’s share of this care work. This unequal distribution of care responsibilities has gendered implications for women’s and girls’ rights and equality across income, livelihood, health, well-being, public participation and crisis resilience. Redistribution of care work across other stakeholders of the care diamond is needed for women’s and girls’ well-being and gender equity.

FIGURE 2 Care diamond



Source: Razavi, 2007, p. 21.

Section 3

Gendered dimensions of unpaid care work

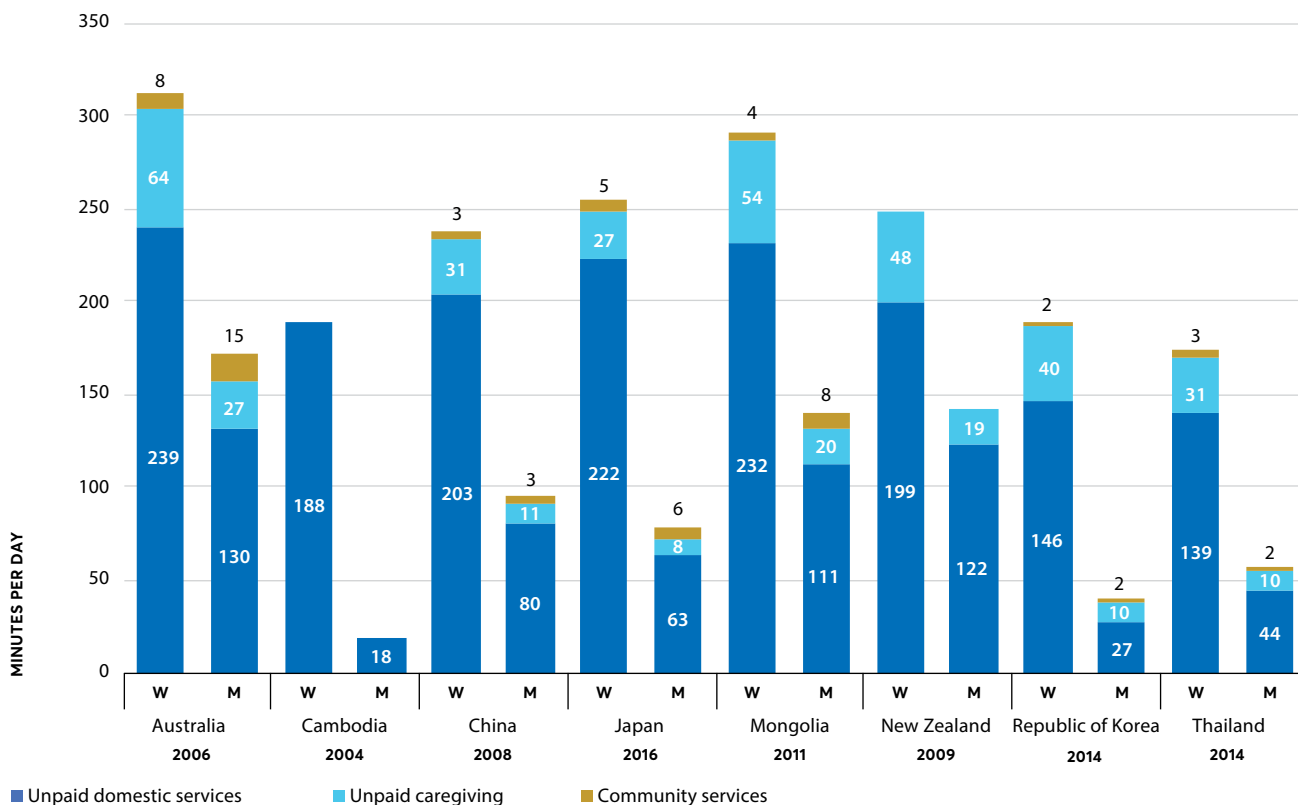


There is overwhelming consensus (and data) that most of the unpaid care and domestic work are performed by women the world over. Women spend 3.2 times more hours on unpaid care work globally than men, while women in countries of Asia and the Pacific spend up to 4 times more hours (ILO, 2018). **Time-use surveys** are the most widely used metrics for capturing the nature and essence of paid and unpaid work performed by men and women. The time-use surveys show how individuals spend their time during the day or in a week and what the gendered division of labour is within households.

Figure 3 and figure 4 summarize the distribution of men's and women's time across unpaid domestic services, care-giving to household members and volunteer work in 14 countries in the Asia-Pacific region. These graphs vividly portray the picture of women's disproportionate contribution to care work in all countries. Women spend more time than men on unpaid care activities, with the gap varying from twofold to as high as tenfold more time in some countries. Regional variations also exist, with women in South and Central Asian countries spending a greater number of hours in unpaid care and domestic work than women in South-East Asia. This is referred to as the "intensity" of care jobs. In addition, care jobs are often arduous and hard, especially without basic amenities, such as water, electricity or energy-saving devices, such as washing machines or vacuum cleaners. Cleaning, looking after sick or older persons, washing clothes and cooking over wood-fired stoves can all take a toll on women's and girls' health.

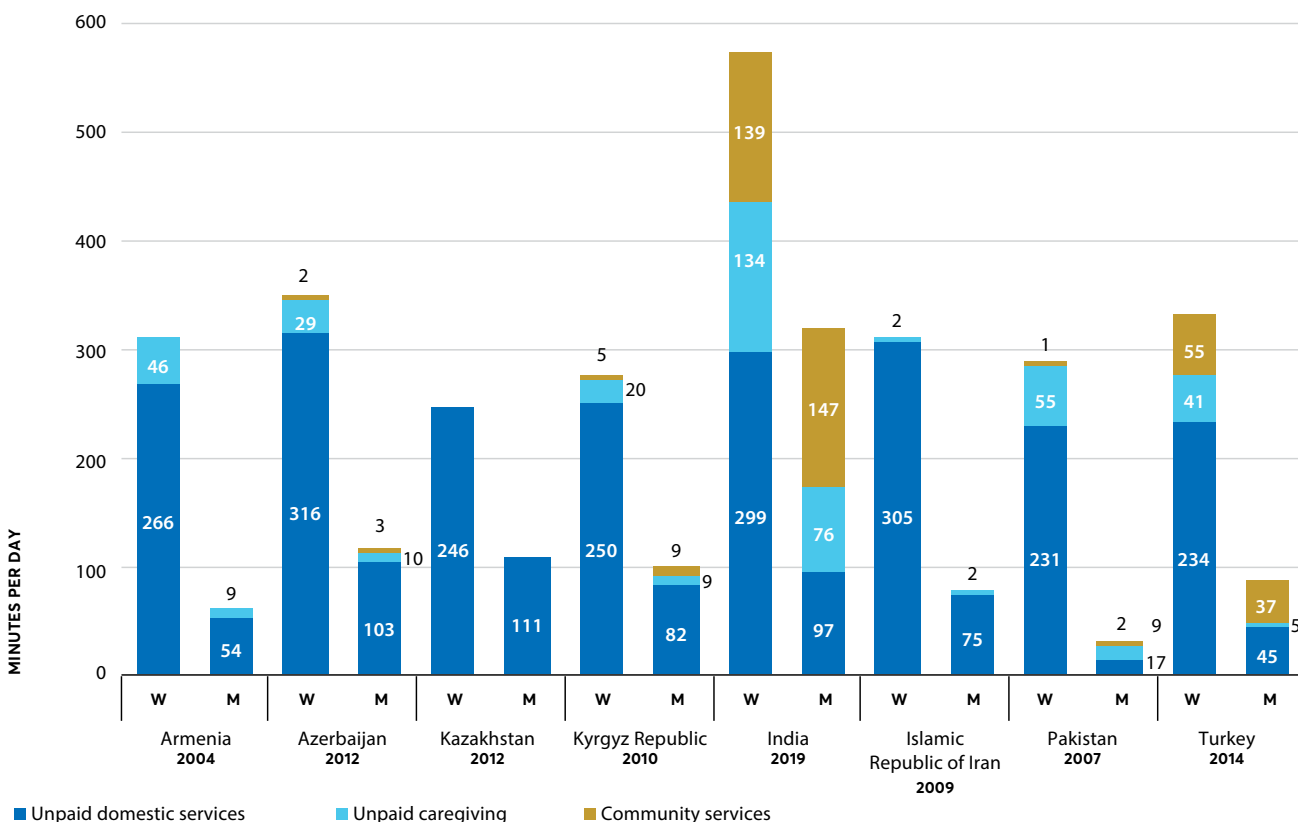
Despite several methodological challenges in accounting for care work, inconsistencies in data collection and the huge cost of conducting such surveys (Charmes, 2021; Folbre, 2021), time-use data provide valuable insights into how unpaid care and domestic work are performed across countries. Time-use survey data can pinpoint important areas where policy interventions are needed, such as investments in small infrastructure like piped water or fuel sources or time- and energy-saving devices, especially in rural areas. These investments benefit women immensely by reducing the time and energy spent on domestic chores.

FIGURE 3 Time spent in unpaid care and domestic work in eight countries of East Asia, South-East Asia and the Pacific



Source: Authors' compilation from data tables in Charmes, 2019, pp. 28–31.

FIGURE 4 Time spent in unpaid care and domestic work in eight countries of the North and Central Asia and the South and South-West Asia subregions



Source: Authors' compilation from data tables in Charmes, 2019, pp. 28–31 and for India from NSO, 2019.

Section 4

How does unpaid care and domestic work impact women and economies?



SDG 5.4 reiterates the importance of recognizing and valuing unpaid care and domestic work and the promotion of shared responsibility within the household and the family as nationally appropriate. This target has been established in the face of acute discrimination and disadvantage that women and girls experience on account of their disproportionate care responsibilities. This section outlines how the disproportionate amount of time and energy spent by women on unpaid care and domestic work adversely affects their full participation in economic, political and social life.

Reduced labour force participation and income poverty

Studies from India have noted how marriage itself and its ensuing increase in domestic work represent a big barrier to women's labour force participation (Deshpande and Kabeer, 2019). This is exacerbated by the male breadwinner or female caregiver stereotypes prevalent in many societies, which limit women's participation outside the home.

Even when women have been able to enter the paid labour market, they face multiple challenges in the form of the "motherhood employment penalty", the "motherhood wage penalty" and the "motherhood leadership penalty" (ILO, 2019). This adversely affects women from either joining the workforce or from continuing in the workforce after motherhood.

Research in India and Nepal found that childcare, especially for mothers with children younger than 5 years, represents a significant impediment to the way women are able to participate in paid work, specifically determining the hours, location and type of paid work that women can engage in (Chopra and others, 2020). Azcona and others (2020) corroborated these findings, showing that many subregions of Asia and the Pacific have a wide discrepancy between men's and women's labour force participation in households with children younger than 6 years. Not only is there more childcare to be done but there is also an increase in the intensity of domestic work with each additional child. This can explain the sharp drop in the workforce participation of women in households with three or more children.

Greater representation in the informal economy

Informality is a prevalent characteristic of labour markets. The ILO estimates that more than half of the global workforce and as many as 90 per cent of workers in micro and small enterprises are in the informal economy.² And 1.3 billion of the world's 2 billion informal workers live in the Asia–Pacific region (ILO, 2020). The informal economy includes workers in micro and small enterprises, in home-based work, in self-employment and in seasonal, migrant or agricultural work, all of which are not regulated by formal contracts, labour legislation and required conditions of work. Studies have also noted the contradictory role of the State in promoting informal employment through the use of employees as project consultants, as temporary workers, as outsourced or contractual workers and sometimes even as “volunteers”, especially among care services, such as community nurses and health care workers (Remesh, 2017; Yun, 2018).

Women in Asia and the Pacific are overrepresented in informal and vulnerable work as care providers, health care workers and small entrepreneurs. This can often mean working in ad hoc and insecure jobs, in hazardous industries and in low-paid jobs with adverse and dangerous working conditions. Around 64 per cent of women workers are in informal employment, according to United Nations estimates (ESCAP and UN Women, 2020, p. 22). Women often “choose” informal work because of the flexibility of time and workplace that such jobs afford, typically allowing women to undertake paid work while fulfilling unpaid care work responsibilities, such as collection of water, fodder and fuelwood (Chopra and Zambelli, 2017).

Informal employment also means women do not benefit from social protection programmes and social insurance benefits. This has cascading effects later in life, when older women tend to have less income and social protection support than men but tend to live longer than men.

Time poverty and depletion

The intensity and arduousness of care tasks directly correlate with the extent and scope of public service provisions. For example, research in South Asia emphasizes that although men engage in some household work and childcare, their participation is sporadic, while women are always working, either on domestic or paid tasks alongside supervisory childcare (Zaidi and Chigateri, 2017). This time poverty leads to emotional and physical stress and depletion because women feel they are never able to complete their chores adequately or catch uninterrupted sleep or get any rest (Chopra and Zambelli, 2017).

BOX 3 Promising practice on care infrastructure from Cambodia

In line with the National Strategic Development Plan and the Cambodia Sustainable Development Goal targets, the Ministry of Rural Development has made important progress in rehabilitating rural roads at the provincial, district, commune and village levels. Improvements in rural road infrastructure have made travel easier for everyone. Women have better access to health centres, schools, markets and employment opportunities, thereby contributing to overall poverty-reduction efforts in rural areas. The percentage of rural population with access to improved water supply increased from 44.2 per cent in 2013 to 53 per cent in 2015 to 58.3 per cent in 2017, while 70.9 per cent had access to improved sanitation in 2017, up from 37.5 per cent in 2013. Additionally, for many rural women, switching to biogas has not only saved them money but has freed them from collecting firewood. Doing domestic chores is much faster, enabling women to have more free time for income-generating activities and participating in community activities.

Source: National Review Report on 25th Anniversary of Beijing Platform for Action (2019). Available at www.asiapacificgender.org/country-reviews.

² “Informal economy”, Decent Work for Sustainable Development Resource Platform.

The absence of infrastructure, especially piped water, electricity or fuel sources, food services, good roads and safe transport, significantly increases women's time in water collection (Chakraborty, 2008) and other household tasks. This is likely to affect women in rural areas and disabled and older women much more acutely (ESCAP and UN Women, 2020).

Intensification of care work during crises

Withdrawal of public services or cuts in welfare spending often result in an intensification of domestic chores in households. The COVID-19 pandemic is a topical illustration of the additional pressure and strain on women as a result of difficulty in accessing food, water, health and educational services (UN Women, 2020a).

Rapid gender assessments after onset of the pandemic found that time spent by women on cooking, cleaning and household tasks had increased considerably, even as men made more contribution within the home due to the lockdowns. And 27 per cent of women, compared with 14 per cent of men, reported time increases in three or more domestic activities under lockdown. The demands of childcare increased dramatically due to school closures. And female single parents in many countries faced acute stress in trying to combine paid work with unpaid work and childcare (UN Women, 2020b).

Adverse effects on physical and mental health

While some attention has been given to women's sexual and reproductive health care services (ESCAP and UN Women, 2020), the depletion of physical and mental well-being caused by a disproportionate share of unpaid care responsibilities is less widely captured and addressed. Balancing arduous paid work (especially in the informal sector) with unpaid care work can be a source of mental and emotional stress in addition to the physical burden that long hours and the back-breaking workload puts on women (Chopra and others, 2020). Inadequate rest and sleep, no time for leisure and arduous effort expended in household tasks in the absence of access to infrastructure all add to the length of the workday for women and deplete their physical and mental well-being. Absence of accessible and affordable childcare services increases the responsibility of both direct and supervisory childcare that often falls to women. This is more acute in areas where men have migrated out to find work.

With more women entering the paid labour force, the time available for doing unpaid care work is either squeezed or results in the intergenerational transfer of care to mothers, sisters, daughters and grandmothers. The existence of global care chains, with care workers migrating from countries in the global South to countries in the global North, point to care deficits, or a "crisis of care". The next section recommends actions for policymakers and governments to address this growing concern.

BOX 4 Promising practices on care-related social protection from the Russian Federation

To respond to the challenges created by the COVID-19 pandemic, the Government of the Russian Federation initiated important measures to enhance childcare support:

- Increased allowances to mothers covered by the Maternity Capital Grant and expanded beneficiaries, affecting 27 million children.
- Provided childcare allowances for children younger than 18 months and first-born children.
- Provided a one-off cash transfer to families with children younger than 17 years, irrespective of family income.
- Provided cash support for each child younger than 18 years to parents who became unemployed due to the pandemic.

Source: ESCAP, 2021, p. 65.

Section 5

Investing in the care economy

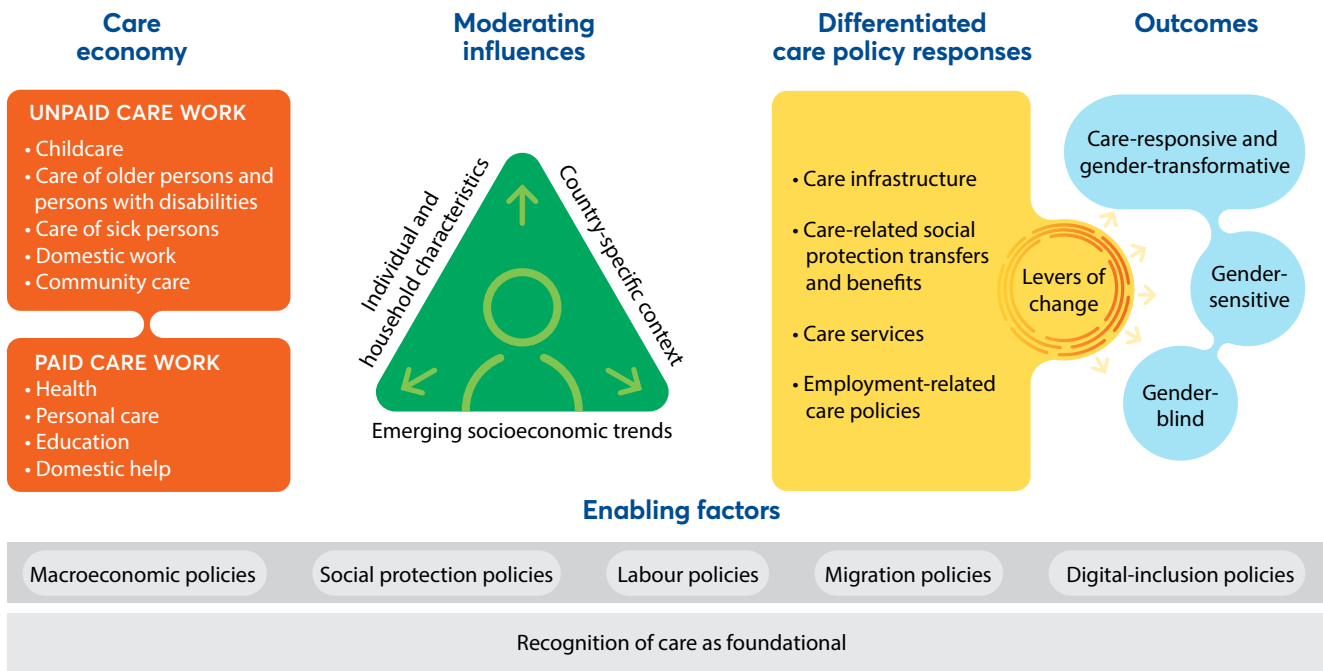


There is a critical need to recognize and value women's time and labour spent in care work, especially its unremunerated aspects. Investing in the care economy requires a series of efforts at multiple levels with policies and programmes that reduce, redistribute and adequately reward care work. The policy recommendations in this section aim to help member States achieve SDG 5.4 as part of the 2030 Agenda.

The Triple R framework (Elson, 2008) has been proposed as one pathway to address the issue of unpaid care. The three Rs it outlines are: recognize, reduce the drudgery and time spent, and redistribute care work from women to men or from households to other pillars of the care diamond. More recently, a high road to care, or the 5R framework, was expanded upon by the International Labour Organization, adding elements of just "rewards" for care workers as well as adequate "representation" and voice in decision-making (ILO, 2018).

The conceptual framework shown in figure 5 allows a comprehensive approach to achieve care-sensitive and gender-transformative outcomes. It begins with recognizing care as foundational, positive and the centre of all human life and activity. This is the core normative principle that must guide policy actions. Feminist ethics of care emphasize the interdependence and relationality of all human beings. Acknowledging this interdependence enables us to develop more caring communities, more caring economies, more caring States and more caring democracies (Care Collective, 2020; Tronto, 2013; Women's Budget Group, 2020).

In addition to a normative commitment to value care work, a framework of rights and legislative obligations is necessary to create a supportive institutional context within which care policies can be designed and adopted. The SDGs provide an international framework for member States to pursue sustainable and inclusive growth. States must be the guarantor of rights and take a strong regulatory role in the provision of market services by protecting the interests of all stakeholders. Redistributive policies have the potential to address the gender-differentiated care needs of women as well as challenge the patriarchal status quo simultaneously. This calls for a shift in mindset, from seeing women as beneficiaries of welfare expenditures to appreciating their role as significant contributors to long-term human welfare.

FIGURE 5 Conceptual framework for care-sensitive and gender-differentiated policies

Source: Adapted from ESCAP, 2021, p. 14.

Care policies measures

Figure 5 illustrates four main care policy categories or areas under which adopting measures can make a material difference to the lives and care responsibilities of women:

- 1 Care infrastructure** — water, sanitation, energy, transport, food services and health care infrastructure for persons who are sick (HIV patients, COVID-19 patients) or living with a disability and pregnant women.
- 2 Care-related social protection** — cash transfers, cash-for-care, vouchers, tax benefits and non-contributory pension schemes.
- 3 Care services** — childcare, older person care and care provisions for persons with a disability or illness through the State or the market.
- 4 Employment-related care** — leave policies, family-friendly working arrangements, flexitime, career breaks, sabbaticals, severance pay and employer-funded or contributory social protection schemes, such as maternity and parental leave benefits.

Technical recommendations on specific policy measures that can be adapted to national contexts for each care policy category are given in box 6. The extent to which policy measures are both **care-sensitive** and **gender-differentiated** will determine whether member States are able to transform the status quo. Care-sensitive measures are defined as those that explicitly address the care needs of dependant and vulnerable people, while gender-differentiated measures are those that explicitly identify and respond to women's care needs by targeting women as beneficiaries of these measures. Measures that are care-sensitive as well as gender-differentiated can be said to create *care-responsive and gender-transformative outcomes*.

The quality, accessibility, affordability, universality and intention to prioritize care must be central when designing and implementing these policies. To ensure the successful implementation of the proposed care policy measures, the following factors must also be made available by governments:

A Finance and gender-responsive budgeting — These are essential to ensure that adequate institutional capacity is created to meet the differentiated care needs of women. Despite tightening fiscal space due to the pandemic, investment in the care economy represents a robust avenue for potential recovery. Investments in care sectors, such as education, health and childcare, have been shown to have higher potential to generate employment and returns than traditional infrastructure investments (De Henau and Himmelweit, 2021; Ilkcaracan and others, 2015). Creating gender and development budgets within each government agency and line ministry could be a way to encourage all agencies, and not just the women’s machineries, to advocate for change.

B Care and gender-disaggregated data — Evidence for policymaking is an important first step. This requires data on the nature, time, type and extent of unpaid care and domestic activities performed by different household members. Although time-use surveys are regarded as the most comprehensive in explicating the gendered patterns of men’s and women’s paid and unpaid work, they are also time-, energy- and cost-intensive. Piggybacking on existing household and labour force surveys can be an alternative source of data collection. However, an explicit intent of capturing unpaid care statistics is imperative.

C A whole-of-government and whole-of-society collaborative approach are requisite for any movement forward. Interministerial collaboration with sectoral ministries and the ministry of finance and planning alongside the women’s ministry could represent a way forward. Media campaigns that challenge entrenched cultural norms can create the necessary momentum for change. These will help bring about mindset shifts by encouraging the value and redistribution of unpaid care work from women to men and from families to other stakeholders in society.

Investing in the care economy requires a multipronged approach and efforts from multiple stakeholders. Policy solutions must be accompanied by a shift in mindsets and institutional legacies. Most fundamentally, the value of care to human societies and to the planet must be recognized.

BOX 5 Promising practices on employment-related care policies from the Republic of Korea

After onset of the COVID-19 pandemic, the Ministry of Employment and Labour announced that employees with children could reduce their working hours to take care of their children due to the postponement of the new school term. Parent employees also received up to five days of leave along with childcare support. This measure was limited to households who were not receiving paid family emergency leave from their workplace.

The Government also announced Comprehensive Measures for Public Welfare and Economy to Minimize the Impact of COVID-19 and Early Overcoming, in February 2020. The programme targeted workers with children younger than 8 years who need family care due to the absence of day-care centres. Family care expenses were provided, at 50,000 Korean won per person per day, along with temporary support for up to ten days.

Source: ESCAP, 2021, p. 62.

BOX 6 Recommended policy measures under each care policy category

Care infrastructure	Employment-related care policies
<ul style="list-style-type: none"> • Provide piped water, especially to rural areas. • Provide hygienic sanitation facilities, with a focus on the menstrual health and hygiene of women and girls. • Encourage clean sources of fuel and energy for cooking and other domestic purposes. • Create affordable access to kitchen and other home appliances and technologies that reduce the time and energy spent on domestic chores. • Ensure safe, reliable and affordable transport options for women and girls. • Expand social care infrastructure, such as schools, hospitals, care homes and housing for underserved communities and vulnerable populations, including older and abandoned persons. 	<ul style="list-style-type: none"> • Mandate gender-equitable care leave to meet a variety of care needs, such as the care of young children; sick, older or terminally ill family members; or dependants with a disability. • Introduce shared parental leave policies for early childcare. • Offer creche facilities for workers with young children, either onsite in workplaces or near workers' homes as appropriate. • Create flexible working policies and family-friendly work arrangements that allow workers to combine paid work with caring responsibilities. • Ensure that employers offer adequate paid sick leave and health insurance coverage. • Encourage formal contracts and decent work conditions for women migrant and informal sector workers.
Care-related social protection	Care services
<ul style="list-style-type: none"> • Expand social assistance programmes, such as unconditional cash transfers, to support the care responsibilities in low-income households, especially childcare and care of sick or older persons. • Encourage non-contributory social insurance schemes for vulnerable women and women employed in the large informal sector. • Avoid combining conditionalities that reinforce pre-existing gender inequalities and burden women more when designing social welfare schemes, such as public works programmes, subsidies, vouchers or school meals. • Connect social protection programmes to labour market activation and skill-building opportunities. 	<ul style="list-style-type: none"> • Fund universal, public childcare centres for children younger than 6 years that are easily accessible and affordable. • Offer institutional care to vulnerable groups, such as persons who are disabled, abandoned, orphaned or terminally sick. • Create integrated personal care arrangements for the care of older persons. • Ensure universal health coverage and public health care services for economically disadvantaged persons. • Ensure decent work conditions for domestic and paid care workers, especially migrants.

Section 6

Conclusion



Care is a cross-cutting issue across several SDGs. Even though women are disproportionately impacted by care work, care is not an issue limited to women's interests only. As debated and demonstrated by decades of scholarship, care is an issue of interest to women, men, children, older persons, sick persons, persons with disabilities, governments and economies. The ongoing pandemic has provided ample proof of the universality and centrality of care. The actions and choices of governments in the face of this crisis will determine the course of the rest of history.

The 2030 Agenda must remain a guiding post for member States to close persisting gaps in development and reduce poverty and inequalities. This will need a recognition of multiple intersecting inequalities and axes of vulnerability on which women particularly sit. Recognizing and valuing unpaid care and domestic work and promoting shared responsibility is the lever needed to transform gender relations and in effect transform the world.

Investments in the care economy can yield not only progress towards gender equality and women's empowerment but also create inclusive growth and human development by addressing the interlinked issues of poverty, health, education, decent work and gender equality.

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