

ECONOMIES OF CARE SERIES #1 – OCTOBER 2023

# ENGAGING THE CARE ECONOMY IN THE GLOBAL SOUTH: DEBATES AND CONTESTATIONS



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# 1. INTRODUCTION

The Covid-19 pandemic has, in many ways, re-emphasised concerns around the ‘care economy’, and subsequently brought the ‘crisis of care’ (back) into public debate. The ‘crisis of care’ is a term used by feminist scholars that refers to the growing difficulty among individuals to lead meaningful lives with emotional well-being, physical health, and fulfilling social relationships, while also engaging in various forms of labour to subsidise survival. The ‘crisis of care’ has become a prominent subject of public discourse, garnering attention due to its association with concepts such as ‘time poverty,’ ‘family-work balance,’ and ‘social depletion’ (Fraser, 2017). Essentially, the crisis refers to the mounting pressures that are straining key social capacities responsible for birthing and raising children, caring for family and friends, maintaining households and communities, and nurturing social connections (Dowling, 2022).

The pandemic – and related economic and social crises – inevitably exacerbated the already existing crisis of care. The pandemic’s multifaceted impacts on healthcare systems, economies, and daily life, laid bare the vulnerabilities and inadequacies of care structures worldwide. Lockdowns, social distancing measures, and overwhelmed healthcare systems disproportionately affected caregivers, mostly women, as they contended with increased demands for caregiving, both within households and professional settings. The pandemic not only amplified the physical and emotional burdens of caregivers but has also underscored the interconnectedness of care work with broader social and economic dynamics. The closure of schools and daycare centres, coupled with remote work arrangements, intensified the challenges faced by parents and caregivers, often leading to the difficulties of juggling work, caregiving, and household responsibilities. Additionally, the pandemic revealed the precariousness of paid care work, particularly for low-wage caregivers whose work is often defined by inadequate protection, poor recognition, and low compensation.

A mother feeds her baby in her house in Khayelitsha.  
(Photo: Charles O. Cecil / Alamy Stock Photo)



***By revisiting and critically engaging with past theorisations of care, we can refine our understanding, challenge existing norms and assumptions, and develop more robust frameworks for policy-making and implementation.***

However, theorisation on, and interrogation of, the care economy and the related ‘crisis of care’ long predates the Covid-19 pandemic. For decades, care has remained a core topic in feminist literature regarding ethics, the economy, and social policy (Hassim, 2021). Nevertheless, the resurgence of interest in care in the wake of the Covid-19 pandemic presents a unique opportunity to revisit and deepen our understanding of care, taking into account the important and rich contributions made by feminist scholars across the globe. The renewed attention to care and the care economy demands a rigorous examination of its theoretical foundations and practical implications. By revisiting and critically engaging with past theorisations of care, we can refine our understanding, challenge existing norms and assumptions, and develop more robust frameworks for policy-making and implementation. This opportune moment allows us to harness insights from diverse disciplines and perspectives to advance a more comprehensive and nuanced understanding of care, ultimately leading to more effective and equitable policy responses that prioritise the well-being of caregivers and care recipients alike.

This discussion paper serves as a resource for researchers, policymakers, and the public engaged in discussions surrounding the care economy. It offers insights into the fundamental debates on, and theoretical interventions in, the care economy, shedding light on its historical evolution, socio-political significance, and contemporary relevance. By engaging the theoretical frameworks for care and the care economy, we are able to (re) surface some of the contentions, insights, and learnings from the literature leading to more informed and targeted understandings. A review of contemporary literature also contributes toward recognising the work of earlier feminist scholars, researchers, practitioners, and activists in the struggle to bring care out of the shadowy confines of the so-called ‘private’ domain. This discussion paper details and explores the literature on the ‘care economy’ and the debates that have informed its conceptualisation. There is by no means a singular, continuous tradition of care or the ‘care economy’. Therefore, the discussion here aims to capture broadly some of the debates, contestations, and developments that have informed understandings of the ‘care economy’. It does so by drawing on various debates related to care, social reproduction, and development, particularly from the perspective of feminist political economists and care ethicists.

This discussion paper is the first in a series of publications by the Institute for Economic Justice (IEJ) on economies of care in South Africa. It provides the theoretical and contextual basis from which to engage in more concrete policy engagement. It is followed by an exploration of care and the care economy in South Africa, an overview paper on care policy in South Africa, and then by specific publications focused on the intersection of care and basic income, care and food systems, and resourcing care provision. This paper, therefore, does not dive deeply into these questions but builds a foundation upon which to explore them.

This discussion paper is organised into several sections that follow a historical progression. It commences by investigating the pivotal role played by the Wages for Housework movement in elevating the ‘private’ sphere’s significance and legitimising domestic labour as a valid domain for societal and economic advocacy. The subsequent section delves into the evolution of the ‘domestic work debate’ into the ‘accounting for care project,’ which seeks to integrate care labour into the broader macroeconomic framework. Subsequently, the third and fourth sections engage in an examination of the crucial dialogues surrounding the incorporation of care work into development agendas, with a specific focus on insights from the Global South. In culmination, the paper offers a conclusion that presents three fundamental considerations for effectively navigating the intricacies of the care economy within the context of South Africa and the broader Global South.

## 2. WHAT IS THE CARE ECONOMY?

A definition of the care economy must begin with an interrogation of care itself. It is important to understand care before unpacking the care economy because care is the fundamental concept on which the care economy is built. Broadly, care is the provision of support, assistance, and attention to all persons. However, care is not just a basic human need, it is also essential for human development, well-being, and survival. Due to its expansive and encompassing nature, care is described as a “capacious and polysemic term” as it “denotes a range of activities and dispositions which signal ethical commitments, everyday tasks (labour, both paid and unpaid), personal responsibilities as well as practical interventions in public and social policy” (Hassim, 2021, 54).

The definition of care varies across disciplines. The care ethicists of the late 1990s and early 2000s, such as Joan Tronto (1993), define care as both a *set of values* and as a *practice*. As a practice, care involves the work of care-giving. This refers to the practical aspects of care such as cooking, cleaning, and attending to the maintenance of the household. As a value, care denotes a particular ethic that seeks to fulfil needs, maintain relationships, and support social bonds (Held, 2006). “The Care Manifesto”, developed by a feminist collective in the United Kingdom during Covid-19, define care as “our individual and common ability to provide the political, social, material and emotional conditions that allow the vast majority of people and living creatures on this planet to thrive – along with the planet itself” (Care Collective, 2020, 6).

Care “denotes a range of activities and dispositions which signal ethical commitments, everyday tasks (labour, both paid and unpaid), personal responsibilities as well as practical interventions in public and social policy”. (Photo: Peter Kováč / Alamy Stock Photo)



On the other hand, by attaching care to the notion of the economy, a different conceptualisation is brought into focus. The economy refers to an area of production, distribution, and trade as well as the consumption of goods and services. Drawing from this definition, the term care economy, thus, refers to the economic activities involved in providing care. However, this definition is far too narrow. In actuality, the term 'care economy' is laden with a greater social, economic, and political thrust. It serves as a mechanism and mode of analysis that recognises that care work has significant economic value and is a critical component of the broader economy. This conceptualisation is important because many forms of care work have been excluded from definitions of traditional economic activities despite their inherent social, political, and economic value.

The International Labour Organisation (ILO, 2023) defines the care economy as the "set of activities and relationships involved in meeting the health, social, and educational needs of people throughout the life course". As such, the care economy is often synonymous with the provision, as well as the use of: child care, elder care, education, healthcare, and social, personal, and domestic services. The care economy, therefore, refers to a complex system of activities and social relations that regenerate, maintain, sustain, and support the physical, psychological, and emotional needs of human beings.

Other definitions emphasise that the care economy is the sum of all forms of care work including both paid and unpaid forms. This definition is important as it highlights a unique feature of the care economy: that the majority of the work contained within this complex web of relations is unpaid, unrecognised, and invisibilised. The logic that underpins the systemic undervaluation of this work is simple: due to its association with women and its unwaged nature, care is prescribed little significance (Esquivel, 2011). However, the inclusion of the term 'economy' in reference to care captures the idea that unpaid care work produces value (and can therefore be considered to be 'productive' or 'economic'), but it is invisible to standard valuations and calculations, such as Gross Domestic Product (GDP) outside of ad-hoc satellite accounts. The care economy, however, is not simply synonymous with 'unpaid care work' as the paid sphere of work, for example, paid domestic labour or work within the healthcare sector, is subject to the same logic that casts unpaid care as 'unskilled' or 'unproductive'. This often manifests in low wages, precarious terms of employment, and poor working conditions within the realm of paid care.

Another perspective on the care economy delves into its intricate arrangements and dynamics, shedding light on its multifaceted nature and the roles played by various institutions. This understanding often employs the metaphor of the care 'diamond' (Figure 1) to illustrate the components that constitute the care economy (Razavi, 2011). Among these components are families or households, the state, the market, and nonprofit organisations. Each of these entities contributes to the care economy in distinct yet interconnected ways, collectively forming a complex web of relations that sustain the well-being of individuals and communities. It is important to underscore that the role of the state within this arrangement significantly differs from that of families or markets (Razavi, 2011).

The state not only assumes the role of a welfare provider but also wields substantial influence in determining the allocation of responsibilities among the various institutions. This allocation is far from arbitrary; rather, it reflects a complex interplay of policy decisions, societal norms, and economic considerations. The state has an important role to fulfil particularly in providing essential resources like healthcare, education, and social welfare, aiming to ensure citizens' basic needs are met and their dignity is upheld. In the absence of adequately providing these services, the responsibility is shifted onto markets, families, and communities, highlighting the intricate balance of power and responsibility within the care economy (Razavi, 2011).

Such a consideration of the agents within the care economy prompts us to examine the underlying dynamics that shape the contributions and interactions of families, markets, and nonprofit organisations in the care economy. It invites us to explore the ways in which each of these institutions responds to the demands and challenges of care provision, considering the context-specific factors that influence their roles. Additionally, this

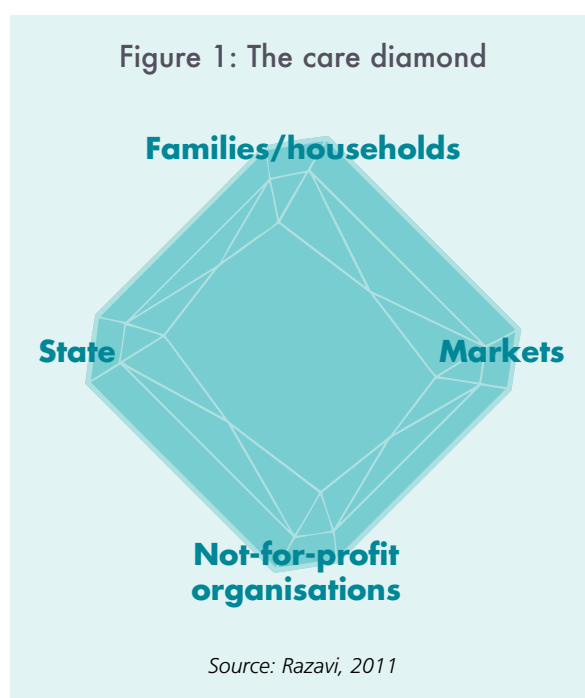
lens encourages us to critically assess how the roles of these institutions intersect and potentially reinforce or challenge prevailing gender norms and power dynamics.

However, over and above its role as a provider of welfare, the state as a site of care is often contested, prompting the question: can the state care? Nel Noddings, care ethicist, explains that institutions, including the state, possess the potential to exhibit care through their policies and practices, which contribute to the overall well-being of individuals and communities. Social policy has a salient role to play in the provision of care and the state's role in shaping care dynamics is indicative of its capacity to enact care.

The term 'care economy' refers to the growing recognition of the *economic, social, and political* importance of care work, both paid and unpaid. It recognises that care is not just a personal responsibility or ethic, but a fundamental aspect of society that supports human development, well-being, and productivity. This means that while we might associate care with personal feelings or behaviours, such as caring about someone or taking care of them, as well as caring about the state of the world, caring activities – and the accompanying ethic which emphasises relationality, interdependence,, and vulnerability – are simultaneously taken for granted and exploited (Tronto, 1993). Care can be a site of fulfilment and identity formation, however, the care economy makes visible the ways in which our personal obligations, as well as our affective, emotional and physical labour, is: 1) expropriated in the process of producing profit, the lifeblood of capitalism; and 2) acts as a subsidy for poor state support. Furthermore, the care economy illustrates how even well-intentioned ways of caring can unintentionally become patronising and restricting due to the ways in which care intersects with race, class, gender, caste, and sexuality.

The concept of the 'care economy' highlights the historically disavowed but inherent economic and social value of care work, which has traditionally been seen as 'low-skilled/unskilled' and a naturalised extension of women's innate disposition (Folbre, 2014a). By framing care as an economic activity, that is, an activity that requires the input of resources, a production process, and an output of goods/services, it becomes easier to understand the importance of this work and to ensure that caregivers are appropriately compensated and supported. In addition, as populations age and families become more geographically dispersed, the care economy offers a conceptual lens by which to trace and examine the changing dynamics of care and further aids in understanding the economic implications of this trend.

The preceding discussion has laid the foundation for understanding the care economy and its intricate components, emphasising its multifaceted nature and the significance of care work, both paid and unpaid. However, the concept of the 'care economy' is not static; it evolves through historical, conceptual, and theoretical interventions that stretch its boundaries and deepen our comprehension. In this section, we embark on a journey through the theoretical and historical interventions of care. By exploring these interventions, we aim to provide a richer, more nuanced understanding of the care economy, one that can adapt to the complex contextual realities it seeks to encompass. These interventions challenge us to reevaluate and contest the definition we've presented, urging us to mould it to better reflect the ever-evolving landscape of caregiving, care labour, and care relationships. This section offers a deeper exploration of the theoretical underpinnings and historical forces that have shaped our understanding of the care economy, inviting readers to engage with its dynamic and evolving nature.



## 2.1 Wages for Housework

The concept of the 'care economy' has its roots in the 'domestic work debate' of the 1970s (Esquivel, 2011). This debate emphasised the connection between capitalism and the division of labour along gender lines, which created a hierarchical structure: husbands situated as the ruling class and housewives as the subordinate class. As a result, domestic work was viewed as essential to the functionality of capitalism and thus needed to be eradicated. The call to 'abolish' domestic or housework manifested in the Wages for Housework campaign in 1972 in Italy. This campaign was led by a group of feminist activists known as the International Feminist Collective. The campaign quickly spread to other countries and became a widespread movement across the Global North with the publication of the book "Wages for Housework: A Perspective on Women's Work" by Mariarosa Dalla Costa and Selma James in 1975.

The Wages for Housework movement argued that the work traditionally assigned to women is essential for the reproduction and maintenance of society and that it should be recognised and compensated just like any other form of work. The Wages for Housework movement made visible the burdens of the 'second shift'. Conceptualised by sociologist, Arlie Hochschild in the late 1980s, the 'second shift' referred to the double burden placed on the 20th century woman wherein participation in the paid labour force was expected over and above contributions to unpaid care work in the home.

The movement has evolved over time but its core message remains the same: unpaid labour such as domestic work and caregiving in the home, performed mostly by women, should be recognised, valued, and compensated (Esquivel, 2011). However, due to the ways in which theories and ideas travel, many have misconceptualised the crux of the Wages for Housework movement. One misinterpretation of the movement is the idea that it called for women to be paid for their individual domestic labour. This interpretation overlooks the collective and political nature of the movement, which aimed to challenge the social and economic structures that devalued

Unpaid labour such as domestic work and caregiving in the home, performed mostly by women, should be recognised, valued, and compensated. (Photo: International Women's Day march 1977, New York. Bettye Layne, Schlesinger Library, Harvard Radcliffe Institute)



women's labour in the home and in the broader economy. The Wages for Housework movement called for a radical transformation of society that would recognise the importance of unpaid care work and redistribute care responsibilities to create a more equitable and just society. As Hassim (2021, 57) puts it: "arguments for wages for domestic work were a lever to rethink the definition of the concept of value, not to valorise the commodification of all activities".

In addition, the movement received considerable critique. For example, feminist scholars argued that the Wages For Housework movement incorporated "domestic work at the expense of leaving out the analysis of family forms that do not correspond to the archetypal heterosexual couple" (Esquivel, 2011, 12).

Despite criticism, the Wages for Housework movement remains a significant moment in feminist history as it catalysed thinking on the relationship between value and women's labour particularly amongst Marxist feminists. Marxist feminists were primarily concerned with the ways in which traditional Marxism failed to adequately theorise the relationship between production and social reproduction. By using the term 'reproductive work' or 'social reproduction' Marxist feminists sought to demonstrate that the unpaid labour of caregivers, predominantly women, was (and remains) essential to the creation of surplus value and ultimately profit-making. For Marxist feminists, 'reproductive work' refers to the work necessary to reproduce the workforce, both present and future (Esquivel, 2011). This includes giving birth, raising the future workforce, and maintaining survival. The content of reproductive work was essentially the same as that of domestic work, that is, encompassing all the tasks related to meeting the needs of individuals, households, and communities. However, 'social reproduction' extended beyond the maintenance of the household and child-rearing activities. Marxist feminists used this term to highlight the link between capitalism and patriarchy and the role of reproductive work in sustaining both systems.

The work of Marxist feminist scholars such as Maria Mies in the early 1980s contributed to expanding understanding of the relationship between unpaid care, women's labour in the market, and colonialism. Mies' (1980) seminal concept of 'housewifization'<sup>1</sup> demonstrated the linkages between the undervaluation of unpaid care work in the home and the devaluation of women's work in the market. Through a case study of lacemakers in Narsapur in central India, Mies explained that the status of unpaid care work in the home (as non-productive<sup>2</sup> and undervalued) informs the basis upon which women's labour can be cheaply appropriated in the market. The lacemakers of Narsapur were home-based women who made garments, tablecloths, and bedspreads. Despite their contribution to the market, these women were identified as 'housewives' and were not included in employment statistics. Mies argued that the imposition of 'housewife' status on women formed part of a larger project to entrench patriarchal relations in former colonies. By bringing indigenous women under the logic of a Western sexual division of labour, capitalists situated women within the non-productive sphere and thus developed a class of cheap, surplus labour. As a result, even work performed by women within the labour market was, and continues to be, rendered invisible and undervalued because it is seen as a natural extension of women's innate nurturing and domestic abilities.

Women's role in caregiving continues to yield implications for wages. Second-wave feminism, which emerged in the 1970s in the United States, played a pivotal role in raising awareness about gender wage gaps and advocating for gender equality in the workplace. During this period, feminists emphasised the need to address the systemic discrimination and unequal treatment faced by women, particularly in terms of wages and job opportunities. In the 1970s, gender wage gaps were a prevalent issue across various industries and professions.

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1. Housewifization is defined as a "process by which women are socially defined as housewives, dependent for their sustenance on the income of a husband, irrespective of whether they are *de facto* housewives or not. The social definition of women as housewives is the counterpart of the social definition of men as breadwinners, irrespective of their actual contribution to their family's subsistence" (Mies, 2014, 180).

2. Non-productive work refers to activities or labour that do not directly generate goods or services for the market and are typically not measured in terms of economic output or Gross Domestic Product (GDP). These activities often encompass personal or household tasks, caregiving, leisure, and other non-market activities. Marxist feminism and other feminist paradigms do not regard reproductive work as non-productive as it is essential for maintaining and regenerating life. However, it is used as a mechanism to illustrate how this work is traditionally perceived.

## *The Wages For Housework movement and subsequent theorisation on women's paid and unpaid labour has contributed to bringing care out of the 'private' realm and into the political.*

Women's labour was undervalued and often relegated to lower-paying and 'less prestigious' roles compared to those held by men. One of the key reasons behind the wage disparity was the prevailing societal belief that women's primary role was as caregivers and homemakers, which affected their perceived worth in the labour market. Second-wave feminists pushed for equal pay for equal work, highlighting the importance of remunerating individuals based on their skills, qualifications, and job responsibilities rather than their gender. They campaigned for legislative changes and policy reforms to eliminate discriminatory practices in hiring and promotion, and to ensure that women received fair wages for their contributions to the workforce.

The involvement of women in family care has significant impacts on both their employability and personal choices regarding work, leading to decreased earnings. This income reduction arises due to various factors, such as discrimination against mothers, gender-based disparities in job stability and working hours, and the undervaluation of care-related occupations in the labour market. Notably, many care service jobs share similarities with family care, challenging conventional economic assumptions about the link between compensation and job performance (Folbre, 2014a).

The Wages For Housework movement and subsequent theorisation on women's paid and unpaid labour has contributed to bringing care out of the 'private' realm and into the political. The movement emerged as a response to traditional assumptions of the 'private' sphere as fully autonomous from the public realm and thus neither politically nor economically determined. Feminist scholarship and activism during this period reclaimed the household/family as a site of legitimate struggle and highlighted capital's structural, yet disavowed, dependence on reproductive labour (Hassim, 2021).

## **2.2 Measuring and accounting for care**

By the late 1960s and 1970s there appeared to be a shift in the ideological and theoretical interventions on care or reproductive work. Instead of lobbying for the abolition of unpaid reproductive work, the focus shifted to understanding its unequal distribution based on gender and the disadvantageous position of women in the workforce (Esquivel, 2011). As a result, feminist economists and scholars became increasingly concerned with the 'invisible' nature of care work owing to its location 'beyond' the market sphere and its unpaid status. However, there was some dissonance between those who highlighted and sought to make visible the unpaid work of women and men, and those who emphasised the unpaid care aspects of social reproduction for example child-rearing, household maintenance and cleaning (Razavi, 2007, 4).

The former camp – seeking to make visible unpaid 'productive' work – was influenced by the work of Danish economist Ester Boserup who challenged the 'welfare approach' and highlighted women's importance to the agricultural economy particularly in Sub-Saharan Africa (Razavi, 2007, 4). Boserup's work – titled: *Women's Role in Economic Development* – demonstrated that the involvement of women in subsistence production was not fully acknowledged due to the challenges of distinguishing between agricultural and domestic tasks. Women's unpaid agricultural labour was found to be closely intertwined with domestic activities, such as food cultivation, gathering wood, and animal care. As a result, the differentiation between the traditional categorisations of family labour in agriculture and domestic work was prone to blurring, making it difficult to establish clear boundaries. Consequently, there was a tendency to undervalue women's contributions to subsistence production whenever their work was labelled as 'domestic tasks' (Beneria, 1999).

Boserup thus contributed to disrupting the narrow view of women as solely wives and mothers and elevated

the status of women to “productive members of society” (Razavi, 2007, 4). This directive was taken up by the Women in Development (WID) tradition that emerged in the 1960s and was applauded for challenging both the definition of work and the approaches employed for collecting data to generate official employment statistics (Razavi, 2007, 4).

The WID approach lobbied for gender-disaggregated data and saw to the inclusion of categories that were previously non-existent in national accounts. This included: 1) undercounted work (work that is not accurately measured due to issues related to data collection, often categorised as ‘hard to measure sectors’ within the market economy, that is, unpaid family work, home-based work, self-employment work, and other informal sector work; and 2) uncounted work (mainly subsistence work, where the output is intended for personal consumption) (Razavi, 2007, 5). However, the relaxation of production boundaries<sup>3</sup> did not extend to the production of services (as opposed to goods) for personal use, with the exception of housing services provided by homeowner-occupiers and domestic and personal services that involve the employment of domestic staff (Razavi, 2007). As a result, several items were excluded from the national accounts and from calculations of GDP. This included the preparation of meals, care for children, the elderly and disabled within households, as well as volunteer services. Unlike subsistence production, the case of domestic production, for example, “was of a different nature” wherein this “type of work was not viewed as a substitute for market-oriented goods and services” (Beneria, 1992, 1549).

3. The ‘production boundary’ refers to the conceptual and analytical distinction between economic activities that are traditionally recognised and measured as part of the formal market economy (such as paid employment and production of goods) and activities that are typically excluded from these measurements (such as unpaid household labour, caregiving, and community work).

The ‘invisible’ nature of care work owing to its location ‘beyond’ the market sphere and its unpaid status requires disruption. (Photo: AfriPics.com / Alamy Stock Photo)



*The WID approach remained firmly rooted in neo-classical economics which views individuals as utility maximising agents and emphasises women's capacity for 'rational' thought and action (Wilson, 2015)*

By excluding domestic and related forms of work, scholars and feminist activists argued that the WID approach sought to reify an 'economic bias' in understandings of work. This differed substantially from those that lobbied to make visible the unpaid care aspects of "life making" (making life, maintaining life, and generationally replacing life). The WID approach remained firmly rooted in neo-classical economics which views individuals as utility maximising agents and emphasises women's capacity for 'rational' thought and action (Wilson, 2015). Thus, the WID approach tended towards 'gender economics'. The central premise of gender economics is a strong conviction that it is possible to eliminate androcentric elements from neoclassical economic discourse without altering its core principles. Similarly, it asserts that achieving gender equality is achievable within the framework of capitalism without challenging its fundamental structure. This approach is often referred to as 'add women and stir' as it seeks to integrate women's perspectives without compromising scientific rigour or being overly influenced by politics.

The WID approach emphasises that the problem lies in the misuse of the scientific method, which inadvertently allows sexist biases to seep in. It contends that by incorporating women's experiences and perspectives into the data used to test and validate hypotheses, a more comprehensive and unbiased understanding of economic dynamics can be achieved (this is picked up further below). The rationale for leaving out unpaid care services was that this labour had limited influence on the rest of the economy and converting unpaid care services to a monetary value was an insurmountable task. However, many scholars have argued that the WID approach ultimately sought to "identify discrimination against women within the development process, but did not place it in the context of gendered structure of power, or relate unequal gender relations to those of class, race or imperialism" (Wilson, 2015, 3).

WID adherents recommended that the unpaid work that was generally and historically excluded from the System of National Accounts (SNA)<sup>4</sup> production boundary, that is, unpaid production of goods and services by households, be measured as 'extended economic work' (Razavi, 2007) or in 'satellite accounts' (Beneria, 1992). This call was reflected in the 1985 World Conference to Review and Appraise the Achievements of the United Nations Decade for Women, which made recommendations to measure the contribution of women's paid and unpaid work. The Beijing Platform for Action in 1995 further established women's unpaid care work as a macroeconomic category through the 'accounting for women's work' project. Feminist economists such as Marilyn Waring (1988) proposed using time use surveys to measure unpaid care work and argued that traditional economic measures such as GDP ignore this work, which if properly valued, would significantly increase the contribution of women to the economy. Time use surveys provided data on the amount of time women spend on unpaid care work, which made it possible to properly account for, and make visible, the contribution of women's unpaid care work.

Many criticisms have emerged in relation to the 'accounting for care' paradigm. Some scholars, such as Barbara Bergmann, have argued that while accounting for unpaid work certainly yields important outcomes both ideologically and practically, "too much energy is spent on it" (Beneria, 1999, 100). Most of the criticism of the accounting paradigm amounts to a scepticism around the real transformative potential of the method (Beneria, 1999, 99). In addition, concern still remains around the role of statistics on housework in reifying gender norms – 'glorifying the housewife – and ultimately valorising housework (Beneria, 1999, 100). Others have

4. The System of National Accounts (SNA) is a comprehensive framework used by economists to measure and analyse a country's economic activities and performance. It provides a standardised set of guidelines and methods for calculating indicators such as Gross Domestic Product (GDP), which is a key measure of a nation's economic output. The SNA defines the structure and categories of economic activities, transactions, and sectors within an economy.

problematised the 'accounting for care' approach because it subjects practices of life-making to the same logic and formulations applied to commodities. In doing so, value is prescribed in highly specific, economic terms.

The Gender and Development (GAD) approach emerged as the most influential critique of the WID adherents. The GAD approach prioritised making visible "the sphere of social reproduction which remained invisible or naturalised in WID approaches" (Wilson, 2015, 4). The GAD approach analysed and criticised the role of the WID tradition in mainstreaming income-generating projects that targeted women, often with the consequence of increasing women's overall work burden by not recognising the degree of care work already undertaken by these women.

However, overall most feminist scholars and activists recognise that "the effort to measure and document unpaid work has a number of purposes" (Beneria, 1999, 101) and should be used as part of a blended approach to bringing care onto the public, social, and economic agenda. It is widely accepted that it draws attention to the importance and value of unpaid work, which is generally ignored and undervalued. Secondly, it develops concrete indicators that can assess the contribution of unpaid work to social well-being and human resources. It also provides insights into the allocation of time between paid work, unpaid work, and leisure, at both micro and macro levels. Efforts to measure and document unpaid care work can also be used to incorporate a gender dimension in budgeting and resource allocation and assist policymakers in analysing trends to design effective policies and actions (Beneria, 1999).

## 2.3 Mainstreaming care

While the concept of the 'care economy' has its roots in the literature and movements discussed above, it is difficult to trace the exact emergence of the term 'care economy' as it coincides and intersects with a broader theorisation of care. Certainly, debates on valuing and recognising unpaid care contributed to the proliferation of literature on the topic and subsequently expanded the boundaries of interrogation, allowing for further theorisation on the care economy.

While many feminist scholars and practitioners across the globe were already interrogating the content and value of women's unpaid care work, here we take Diane Elson's 3R/Triple R framework developed in 2008 (for a United Nations Development Programme policy brief titled: Gender Equality and Poverty Reduction) as a significant milestone in the conceptual development of the 'care economy'. The 3R model "offered a framework for analysing avenues for change towards more just ways of distributing the costs and benefits of unpaid care work" (Esquivel, 2013, 12). Elson's model put forth three strategies to ensure that care was made visible: recognition, reduction, and redistribution (also known as the 3 Rs).

Recognition of care work is the initial step in the Triple R framework, aiming to acknowledge and understand the significance and extent of unpaid care work in a given context. It involves going beyond simplistic measures of unpaid care work and developing comprehensive accounts and analyses to identify who is engaged in unpaid care work and to what extent. Recognition also entails challenging social norms and gender stereotypes that assign women as the primary caregivers. Additionally, it involves questioning power dynamics that undervalue care and lead to low wages and unfavourable working conditions for care workers.

The second 'R' – reduction is an essential aspect that highlights the injustice of disproportionately burdening women, especially those from disadvantaged backgrounds, with the costs of providing care. When the time costs are due to the lack of social or household infrastructure, such as long distances for essential supplies or limited access to care services, there are potential efficiency gains in reducing care work. Integrating an understanding of these gains into infrastructure projects can help alleviate the burdens faced by those engaged in unpaid care activities, particularly poor women.

The redistribution of care work, the third element of the Triple R framework, aims to redistribute care respon-

sibilities both within households and across society. This involves challenging gender stereotypes that associate care exclusively with femininity and questioning customary laws, institutions, norms, and regulations that reinforce these stereotypes. It requires addressing the division of tasks and roles defined as ‘feminine,’ such as cooking, water collection, and balancing work and family responsibilities. Economic incentives also play a role in redistributing care responsibilities within households, as long as gender wage gaps and limited labour opportunities persist. These interventions emphasise that even within the intimate realm of the household, care provision is a social phenomenon (Esquivel, 2013).

Elson’s 3R framework has greatly influenced policy development on the care economy and remains among the core pathways by which to achieve a more gender equal society and greater planetary wellbeing. Since Elson’s contribution in 2008, care (both paid and unpaid) has been adopted by a range of scholars and organisations, including the International Labour Organization (ILO), the World Bank, and the World Health Organization (WHO), as an important site of policy advancement. In early 2022, the UN Secretary General’s High-Level Panel on Women’s Economic Empowerment released a renewed toolkit which expanded the 3R framework to 5Rs: recognise, reduce, redistribute, reward, and represent. According to UN Women (2022), the addition of ‘reward’ and ‘represent’ aims to incorporate a decent work agenda wherein care workers (both paid and unpaid) are guaranteed visibility in social dialogue.

The uptake of the ‘care agenda’ by global organisations has generated mixed responses. There is general consensus that the ‘mainstreaming of care’ is evidence of the enormous progress made in getting care onto the international development agenda as a public policy issue. However, many feminist scholars, particularly Marxist and socialist feminists, view the mandate of global organisations and their associated approach to care with a great deal of scepticism. In recent years, the World Bank, for example, has progressively recognised the importance of care work in achieving gender equality, social justice, and sustainable development around the world. While outwardly warranting applause, the grounding for such an endeavour is broadly informed by

Women wash laundry in the river at a village in the foothills of the Drakensberg, KwaZulu Natal, South Africa. (Photo: Carolyn Eaton / Alamy Stock Photo)



a liberal agenda. The World Bank situates the recognition of care within a highly individualised rights-based framework and promotes largely market-based solutions to creating a supportive policy environment for care (Wilson, 2015). The hegemonic mainstreaming of the care economy from the perspective of organisations such as the World Bank has catalysed the emergence of two main concerns: firstly the pitfalls of embracing human capital theory as a pathway to putting care on the political, economic, and social agenda, and secondly, the relevance of the care economy for the Global South, these criticisms are tackled in the next subsections.

## 2.4 Human capital development, productivism, and care

Compatible with the neoliberal turn of the 1980s, the WID approach has “remained dominant within development institutions such as states, the World Bank and other international organisations and the majority of NGOs” (Wilson, 2015, 5). The catchphrase of the World Bank in the early 2000s, “Gender Equality is Smart Economics,” epitomises how a predominantly neoliberal framework has continued to shape and subsequently dominate the discourse on the avenues for attaining freedom and empowerment for women. This perspective operates under the assumption that the involvement of women in the economy serves not only as a method to enhance gender parity, but also as a strategy to propel economic expansion and bolster market viability. Thus, gender equality is repackaged as instrumental to economic growth.

A prominent motif within development initiatives advancing this approach was the portrayal of the hyper-industrious and enterprising young girl hailing from a low-income household in the global South (Wilson, 2015). This representation aimed to underscore the “empowering potential of neoliberal globalisation while disregarding concerns related to structural inequalities” (Wilson, 2015, 7). Microfinance programs took centre stage as the primary means of promoting ‘empowerment,’ aiming to illustrate the social power of the individual. However, the systemic and cultural barriers inhibiting women’s workforce participation largely endured.

The view that women’s economic involvement not only fosters gender equality but also drives economic growth and market competitiveness has encroached upon and remained prevalent in debates on recognising, revaluing and supporting care. However, it is also accompanied by narratives of social investment and human capital development. This mode of justification posits that social and financial investment in care, such as childcare, improves women’s capacity to join the labour market. Throughout feminist history, there has been some level of advocacy for equal access to employment, viewing it as a means to achieve social recognition, financial independence, and an opportunity for women to break from the traditionally assigned roles of ‘wife’ and ‘mother’ (Orozco, 2022). Indeed, a decent wage offers humanising elements and can facilitate women’s independence from men regardless of class (Lewis, 2006). However, the crisis of care, in other words the increasing challenge of providing care for dependents, has shed light on the shortcomings of relying solely on employment for women’s emancipation for two reasons.

Firstly, joining the labour force does not necessarily liberate women from the gendered division of labour. In fact, women are tasked with balancing paid work and unpaid care labour, which often manifests in physical, mental and emotional depletion (Rai *et al.*, 2013). Secondly, on average women tend to work in low-quality jobs in vulnerable conditions (Addati *et al.*, 2018). Thus, the right to engage in waged labour that was denied to marginalised social groups such as women, has, subsequently lost its original significance upon being attained. In other words, the right to paid work has been largely secured, but it now exists in a context where the job market is highly precarious and discriminatory. Spanish philosopher, Celia Amorós, refers to this as the “scorched-earth policy” wherein “the rights that previously excluded social groups manage to be obtained are [now] marked by a loss of their previous meaning” (Orozco, 2022, 137). Thus, employment, instead of offering financial security as it did before, is now accompanied by uncertainty and instability, particularly low-income, feminised jobs such as care. This means that most women arrive at employment precisely at the moment when it has been feminised, that is, defined by poor conditions of employment and precarity (Orozco, 2022).

***The emphasis on participation in paid labour, for example, is not accompanied by sustained commitment to ensuring that waged employment is responsive to the disproportionate burden of care, rising precarity and the ever-present gender wage gap.***

Among international and financial institutions such as the World Bank, recognition and subsequently the prioritisation of care is couched in the primary political goal of removing both the visible and hidden obstacles that hinder women's complete access to all economic spheres including employment and loans (Wilson, 2015). This framework is adopted without critical engagement of the reality of employment or debt under neoliberal capitalism. In other words, the emphasis on participation in paid labour, for example, is not accompanied by sustained commitment to ensuring that waged employment is responsive to the disproportionate burden of care, rising precarity and the ever-present gender wage gap. The underlying model of the ideal adult worker in this approach obscures and takes for granted gender disparities within households and the job market.

The social investment approach, both explicitly and implicitly, deals with gender-related issues as it proposes reforms for welfare states. It promotes the idea of enhancing women's participation in the workforce and suggests redefining the division of responsibilities between families and the state concerning children as a form of human capital. However, the human capital development and social investment approach to advancing recognition for, and the revaluation of, care work (or reproductive labour more broadly) also yields consequences for those who are not the idealised agents of development. Among the foremost justifications to support and revalue care is that it is essential to producing, maintaining and sustaining the future and present workforce (Jenson, 2009). However, such a framing is grounded in an ableist paradigm which has the potential to exclude individuals who are not of working age or unable to work, for example older persons and long-term care facilities. Moreover, the social investment approach diminishes the significance of the emotional and relational aspects of caregiving within families, while emphasising a primarily functional role for families in society and the labour market. Consequently, this approach introduces new challenges for both men and women and potentially gives rise to further disparities among women and men.

Feminist scholars such as Amaia Perez Orozco (2022, 59) argue that "insisting that the care economy must function well for the true market economy, for example through employment, to function can be a useful strategy for obtaining funds for certain services". However, there are other political claims that are lost in the process. Orozco (2022, 59) notes that such a framing "also means renouncing the dimension of the conflict with capital that allows us to question the working day or paying off national debt". Placing emphasis on the centrality of investing in care because it yields the benefit of deepening the 'capital' necessary for economic growth, often turns all persons, particularly women, into mere instruments or objects of development. As Jenson (2009, 472) explains, "closer attention reveals, however, that something [is often lost] in the translation of egalitarian feminism into the gender awareness that infuses the social investment perspective"

Consequently, principles of 'human capital development' and 'social investment' as a pathway to amass political, social, and economic acknowledgement and recognition for care have been questioned by a number of scholars. For example, Esquivel (2011, 21) poses: in light of such a grounding, "how much 'economy' is there in discussions about the 'care economy'?" Esquivel (2011, 21) argues that an over-emphasis on social policies for redistribution can potentially overlook the economic processes that create an unequal distribution of income, time, and resources. An approach that carries an emphasis on efficiency and performance assessment leaves intact the structures which have created an explicit boundary between the realm of social reproduction and the realm of production. The result, as Esquivel (2011, 21) notes, is that the "social content of economic policies and the economic content of social policies" is neglected in pursuit of more superficial gains.

## 2.5 Critique from the Global South

Due to its conception and development in the Global North, many feminist scholars have debated the content of 'care' and applicability of the 'care economy' in regions such as Asia, Africa, and Latin America (Esquivel, 2011).

Feminists in the Global South (for example, Ossome, 2021 and Naidu, 2018), particularly in India and Africa, have problematised the narrow conceptualisation of care that places primary focus on cleaning, cooking, and childrearing. While these are important features of care, there is certainly more to consider within the 'care boundary'. Historically, feminists have called for care to be dislocated from traditional associations with femininity, the individual and the 'private,' that is, the family or the household. However, less emphasis is placed on dislocating care from the Global North. Much of the theorisation of care has primarily emerged from, and reflects the perspectives of, the Global North. This historical background unavoidably has implications for how care is understood as both an ethic and a practice (Raghuram, 2016).

In reality, however, care practices, that is, what falls within the remit of care and the ethic that informs this work varies across the globe. As Ossome and Naidu (2018, 4) note, "in advanced capitalist countries, women's responsibilities for reproductive work have tended to be in the context of care work as the welfare state socialised other aspects of reproductive labour". In contrast, in the Global South, women's reproductive labour

Young children lie down on mats for a nap during rest time in an Early Childhood Development Centre in Cape Town. (Photo: Andrew Aitchison / Alamy Stock Photo)



is not “merely restricted to care work and also includes participation in noncapitalist forms of production<sup>5</sup>” (Ossome and Naidu, 2018, 4).

Nancy Folbre (2014b) explains that unpaid care work is generally understood to be perfectly synonymous with non-market work (the production of goods and services not sold in the market, including subsistence agriculture, or production of food for own consumption and volunteer work) or work that does not yield direct monetary reward. However, in developing countries, women spend a large portion of their time tending to gaps in physical infrastructure and poor social investment. Unlike most women in high-income countries, access to labour-saving and time-saving goods and services remains restricted according to location (rural/urban dwelling), socio-economic status, and race. In sub-Saharan Africa, for example, women and girls spend 40 billion hours a year collecting water, equivalent to a year’s worth of labour by the entire workforce of France (UN Women, 2014).

While the gathering of goods such as food from a plot or firewood from the forest does not yield a direct wage, there is greater substitutability between both the labour required to process these consumptive goods and the goods themselves. As a result, many ‘workers’, particularly women in the Global South, are engaging in activities that are indistinguishable in most respects from paid employment (Folbre, 2014b, 134). Censuses and labour force surveys in developing countries often enumerate and identify ‘unpaid family workers’ who contribute to a family farm or enterprise without receiving direct payment. In addition, those that labour in the so-called ‘informal’ sector also “straddle the boundary between paid and unpaid activities” for example when women street merchants take care of their children as they sell their products (Folbre, 2014b, 135).

The exact typology of care is important because the strict dichotomy between ‘paid’ and ‘unpaid’ is incongruent with the complexities of work and social reproduction, particularly in the Global South. Thus, the contestation over the definition of unpaid care work is not a mere ‘nomenclatural disagreement’ but suggests the need to move beyond the term “unpaid care’ to create room for a more disaggregated analysis, distinguishing among forms of care work according to their relationship to the market, characteristics of the labour process, and types of beneficiaries (Folbre, 2014b, 134).

The content of care work is therefore shaped and reshaped in a complex interplay between economic, social, cultural, and technological factors. Considerable variations exist concerning the responsibilities, financing, locations, regulation (if any), and the types of relationships involved in caregiving across different care settings. Even within a single setting, such as a household, distinctions arise based on the extent and nature of dependency in the caring dynamic (for example, caring for children, older adults, disabled individuals, or able adults). In households, care can be financially supported by individuals, state subsidies, non-governmental organisations, or even organised through corporate entities, paid caregivers, or family members. These differences extend across various caregiving settings, resulting in substantial diversity within the realm of care. The significance of each site and the organisation of care within them are influenced by the historical context and the institutional framework of caregiving (Raghuram, 2016).

It is therefore conceptually regressive to situate ‘housework’ or ‘care’ as an abstract category that can be compared like-for-like across different social classes, global regions, and historical periods. The debate around what exactly falls within the production / social reproductive boundary, or if noncapitalist forms of production should be included in notions of ‘care,’ reflects early debates during the 1960s and 1970s between the WID and GAD approaches. This debate is yet to be resolved but points to the importance of feminists from the Global South in enriching insights on the ‘care economy’.

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5. Noncapitalist forms of production refer to economic systems that exist outside the framework of capitalism. These systems include practices such as subsistence agriculture, gift economies, commons-based production, cooperatives, self-sufficiency economies, and socialist planned economies. In these systems, production is organised for needs rather than profits, resources may be shared collectively, and ownership and decision-making structures differ from the capitalist model.

In addition to the nuances in the typology or exact boundaries between 'paid' and 'unpaid' care work, the care economy is often used to articulate a set of distinct shifts or trends in care. In the United Kingdom for example, among feminist economists, the care economy has recently been used to articulate concerns around the re-privatisation and 're-familiarisation' (the concentration of caregiving with the family unit) of care, particularly in the realm of education and care for older persons (Stevano *et al.*, 2021). It is important, however, to note that even in these countries, state intervention in care has varied by race, ethnicity, and class.

Over the last decade financialisation has contributed to the reorganisation of reproductive sectors such as healthcare and education through the imposition of public-private partnerships. Relatedly, the adoption of austerity measures and an overarching neoliberal macroeconomic framework has led to four main shifts in the Global North context: a) an overall intensification of household responsibility for care, b) an increasing sense of atomisation among society and impoverished sense of the collective, c) the erosion of social provisioning, d) and the rapid commodification of survival (Bakker, 2007). As a result there has been a notable retrenchment in social provisioning by the state in some countries of the Global North. Care is undergoing a number of changes such as moving from women to men, from the public sphere to the private realm, and from medical domains to social contexts. This redistribution can take various forms. For example, with the increasing consumption of food outside the household, men are now more involved in catering and associated cleaning tasks, which were traditionally not their domain when households were the primary sites for food consumption.

However, care in the Global South is subject to trends that are connected but nonetheless different. The provision of care has always been largely 'private,' that is, either provided by the family (mostly women) or accessed through the market. Care, particularly caregiving, thus differs in two marked ways in the Global South: 1) the burden of reproductive tasks was never fully shouldered by either capital or the state; and 2) women's involvement in reproductive labour extends beyond care work and encompasses participation in non-capitalist modes of production. By contrast, to date the 'care economy' as a conceptual lens, due to its theoretical development in the Global North, has been predominantly used to track the shift from public (for example, state-supported) to private provision (family and market-based) and encompasses a rather narrow understanding of care-related work. Furthermore, in the Global South, the impact of colonial and postcolonial politics has been notable in shaping the family structure, the provision and funding of care, and the overall nature of care practices. The complexities of care in this region continue to evolve and are subject to ongoing changes (Raghuram, 2016).

Despite debates around the exact dimensions of the paid/unpaid boundary and conceptualisations of care, it is commonly accepted that the 'care economy' does not necessarily preclude an analysis which centres on specific realities of the Global South. For example Esquivel (2011, 6) explains that the care economy "has been a very fruitful concept in [Latin America] for articulating gender equality demands and initiating dialogue with policymakers". The care economy has the capacity to track the changing conditions of care beyond a shift from the public to the private (Stevano *et al.*, 2021). The analytical and conceptual significance of the 'care economy' is often attributed to its potential in installing 'care' as a public policy issue thus removing it from the private realm and reducing its narrow association with women and the home.

## **2.6 The impact of the Covid-19 pandemic**

The Covid-19 pandemic highlighted the critical importance of care work in sustaining human life and enabling economic activity. The pandemic also brought to light the extent to which collective responsibility for care is severely lacking. For example, vaccines and other mitigation measures were presented as individual choices without sufficient social support to ensure accessibility to all, particularly in the Global South. During the early stages of the pandemic, a noticeable divide emerged between individuals who could work from home and those who could not. The latter group included low-wage workers with limited rights, as well as those engaged in 'essential' jobs, spanning from healthcare professionals to grocery store employees and informal

***The pandemic did more than just highlight the existent crisis of care and the crucial role of care work – it also displayed some of the faultlines within theorisation on the care economy.***

workers, among others (Stevano *et al.*, 2021). Notably, these essential roles were often occupied by people of colour, women, and migrants, reflecting the feminised, class, and racialised dimensions of care work. As a whole, the workforce has experienced a feminisation process (as reflected in precarious terms of employment and dwindling working conditions), but the essential work sector has witnessed an even more significant impact. The ‘essential’ worker discourse played a crucial part in exposing the salient role of care and service workers in the reproduction and maintenance of society. In fact, prior to the pandemic the concept of essential workers did not have significant presence in the literature or policy debates.

However, the notion of an ‘essential worker’ also exposed the tokenistic interest and superficial investment in the care economy to date (Stevano *et al.*, 2021). The essential worker classifications ceased to break with the same narrow definitions of care work (both paid and unpaid) that feminists in the Global South have problematised. Both unpaid reproductive and informal work was largely excluded from the essential productive boundary (Stevano *et al.*, 2021, 16). For example, in Mozambique informal goods and food markets were forced to close in the capital city of Maputo. Food remained under the category of essential goods but those providing these goods in the informal economy, mostly women, were not only left without a livelihood but access to social protection. Consequently, the typology of essential work served to perpetuate productivist and Western biases, rendering the concept of essential work largely inapplicable in low-income, Global South economies.

Stevano *et al.* (2021) note that even those classified as ‘essential workers’ were more often than not left exposed and unprotected at a time of great uncertainty. The disposability of those engaged in ‘essential’ work was “reinforced by asking them to continue to work amidst lack of safety and inadequate protective equipment” (Stevano *et al.*, 2021, 199). Thus, despite being labelled as ‘essential’ and receiving recognition, these accolades often appeared to be more of a response to societal expectations rather than a genuine appreciation for the work and the individuals performing it.

The deployment of the essential worker categorisation also brought to the fore questions around the transformative potential of recognising devalued forms of work as essential. In other words, as Stevano *et al.* (2021, 187) put it “can we re-valorise the reproduction of human life without reproducing capitalist relations of exploitation?”. In many ways, the essential work classification was used to mark those essential or indispensable to the reproduction of capitalist economic activity. However, the classification failed to “subvert the [longer-term and embedded] relations of power that make them disposable” (Stevano *et al.*, 2021, 191). Thus, while the importance of the work of care and social reproduction more broadly was made visible, there was no indication that this visibility translated into safeguarding the conditions of reproduction.

The pandemic did more than just highlight the existent crisis of care and the crucial role of care work – it also displayed some of the faultlines within theorisation on the care economy. Many feminists (for example, Kabeer, Ravazi and van der Meulen Rodgers, 2021) view the exceptional nature of this crisis as a unique opportunity for societies to reconsider and envision the future of their economies. The content of this re-imagination may differ, but activists, scholars, researchers, and academics have largely called for: a shift away from a limited emphasis on market-based production and trade, and instead, establishing an economy based on social provisioning; allocating resources that support and foster interdependencies; and mechanisms that evaluate progress in ways that more accurately reflect the well-being of individuals and society as a whole. The pandemic revealed that while the freak epidemiological outbreak of Covid-19 could be regarded as a catalyst for the crisis of care globally, it is in fact largely a “manifestation of the existing systemic fragilities of capitalism” (Stevano *et al.*, 2021, 186).

# 3. CONCLUSION: KEY TAKEAWAYS FOR ENGAGING ON THE CARE ECONOMY IN THE GLOBAL SOUTH

This historical unpacking of the 'care economy' serves as a critical exploration of the intersection of economic structures, care relationships, caregiving labour, and the prevailing need to recognize the intricate influence of capitalism and patriarchy on these domains. These insights are critical for framing a more comprehensive and nuanced perspective on the care economy and its implications for future policies and actions.

Throughout the exploration of the care economy, critical insights and perspectives emerge, thoroughly examining the intricate nature of care work, its historical evolution, and its contemporary relevance in this region. Concluding this endeavour, three key takeaways are presented, each offering a nuanced perspective on the care economy and its profound implications for policy and action. These takeaways underscore the importance of recognizing context, thoughtfully engaging with discourses and strategies, and integrating the care economy into broader struggles for a more equitable and sustainable future in the Global South.

## 3.1 Critical engagement with contextual variation

When approaching the care economy in the Global South, it is essential to start by embracing contextual sensitivity. This involves a deep understanding of the local context, including historical influences, socio-economic factors, and the legacy of colonialism, as these factors mould caregiving dynamics. Avoiding a one-size-fits-all approach is crucial, as care responsibilities, financing mechanisms, locations, and regulations can vary widely across caregiving settings, even within households. Care extends beyond conventional tasks like cleaning, cooking, and childcare, encompassing practices like subsistence farming and communal caregiving that are prevalent in these regions.

Challenging the Global North's perspective, which has heavily influenced the understanding of care, helps break down the clear distinction between 'paid' and 'unpaid' care work, particularly as many activities in the Global South closely resemble paid employment. Additionally, it is important to acknowledge that care trends differ between the Global North and Global South. In the Global North, financialisation, austerity measures, and neoliberal policies have intensified household responsibility for care and reduced state social support, impacting gender roles in caregiving and shifting care provision from public to private domains. Conversely, the Global South has a historical context of 'private' care involving family and market-based provision, shaped by colonial and postcolonial politics, resulting in unique dynamics.

For this reason we explore, in the next paper in this series, the concrete history of care provision in the South African context.

## **3.2 Careful consideration of the discourses and strategies used to advance the care agenda**

In engaging with the care economy in the Global South, it is crucial to consider the discourses and strategies used to advance the care agenda thoughtfully. The dominant justification for recognition, revaluation, and redistribution of care is grounded in a human capital development or social investment model. The question that must be asked is, what is lost or gained in advancing the care agenda through this or other frameworks? The human capital development model tends to prioritise skills development and education. However, many marginalised communities in the Global South encounter significant barriers to accessing quality education and decent job opportunities.

The Covid-19 pandemic has exposed the limitations of current approaches, emphasising the need for transformative policies that prioritise care workers (both paid and unpaid), champion wellbeing, and promote transformative justice. Ideas, intentions and political aims have a great deal of importance and must align with how policies are advanced. Thus, it is essential to interrogate the ways in which the recognition and revaluing of care transcends mere strategic means for securing funds or enhancing economic growth.

Indeed, in the third paper of this series we see clearly how South African care policy has been shaped by a 'familialist' discourse and how the underpinning assumptions and biases thereof have retarded the genuine expansion of care provisioning.

## **3.3 Integration of the care economy as a site of necessary struggle against the climate crisis, austerity measures, and other social and economic crises**

Viewing the care economy as an entry point for assessing our struggles against capitalism, particularly in the face of rising austerity measures and the climate crisis, is imperative. The historical context of the 'care economy' and the evolution of feminist movements provide valuable insights and strategies for advancing these critical struggles. The concept of the 'care economy' has deep-rooted connections to the feminist movements of the past, from the Wage for Housework campaign to the struggle for land in much of the Global South. These efforts underscored the inherent link between capitalism and the gendered division of labour. Recognising domestic work as essential to capitalism's functioning, the movement called for the recognition and compensation of unpaid care work, fundamentally reshaping societal perspectives.

In conclusion, understanding the historical context and evolution of the care economy through feminist movements can serve as a powerful foundation for addressing contemporary challenges such as austerity measures and the climate crisis. Indeed, it is precisely these issues and their intersection with care that the policy aspects of this project interrogates. This prompts us to recognise the inherent value of care work and its central role in reshaping our economic and social structures toward a fairer and more sustainable future.

# REFERENCES

- Addati, L., Cattaneo, U., Esquivel, V., and Valarino, I. 2018. [Care work and care jobs for the future of decent work](#). International Labour Organisation (ILO). (Accessed on: 4 October 2023).
- Bakker, I. 2007. Social reproduction and the constitution of a gendered political economy. *New Political Economy*, 12(4): 541-556. DOI: [10.1080/13563460701661561](#).
- Beneria, L. 1992. Accounting for women's work: The progress of two decades. *World Development*, 20(11):1547-1560. DOI: [10.1016/0305-750X\(92\)90013-L](#).
- Beneria, L. 1999. The enduring debate over unpaid labour. *International Labour Review*, 138(3): 287-309. DOI: [10.1111/j.1564-913X.1999.tb00389.x](#).
- The Care Collective (Chatzidakis, A., Hakim, J., Litter, J., and Rottenberg, C.). 2020. [The Care Manifesto: The politics of interdependence](#). London and New York: Verso Books. (Accessed on: 4 October 2023).
- Dowling, E. 2022. [The Care Crisis: What caused it and how can we end it?](#) London and New York: Verso Books. (Accessed on: 4 October 2023).
- Elson, D. 2016. Plan F: Feminist Plan for a Caring and Sustainable Economy. *Globalizations*, 13(6): 919-921. DOI: [10.1080/14747731.2016.1156320](#).
- Esquivel, V. 2011. The care economy in Latin America: Putting care at the centre of the agenda. United Nations Development Programme.
- Esquivel, V. 2013. [Care in households and communities: Background paper on conceptual issues](#). London: Oxfam GB. (Accessed on: 4 October 2023).
- Folbre, N. 2006. Measuring Care: Gender, Empowerment, and the Care Economy. *Journal of Human Development*, 7(2): 183-199. DOI: [10.1080/14649880600768512](#).
- Folbre, N. 2014a. [Who Cares? A feminist critique of the care economy](#). New York: Rosa Luxemburg Stiftung. (Accessed on: 4 October 2023).
- Folbre, N. 2014b. The Care Economy in Africa: Subsistence production and unpaid care. *Journal of African Economies*. 23(1): i128-i156. DOI: [10.1093/jae/ejt026](#).
- Fraser, N. 2017. 'Crisis of care? On the social-reproductive contradictions of contemporary capitalism', in, Bhattacharya, T. (ed.). [Social Reproduction Theory: Remapping class, recentring oppression](#). London: Pluto Press, pp. 21-36. (Accessed on: 4 October 2023).
- Hassim, S. 2021. Why Care? *Transformation: Critical Perspectives on Southern Africa*, 107: 53-66. DOI: [10.1353/trn.2021.0028](#).
- Held, V. 2006. [The Ethics of Care: Personal, political, and global](#). Oxford: Oxford University Press. (Accessed on: 4 October 2023).
- International Labour Organization. 2023. [The Care Economy](#). (Accessed on 4 October 2023).
- Jenson, J. 2009. Lost in translation: The social investment perspective and gender equality. *Social Politics*, 16(4): 446-483. DOI: [jxp019](#).
- Kabeer, N., Razavi, S. and van der Meulen Rodgers, Y. 2021. Feminist Economic Perspectives on the Covid-19 Pandemic, *Feminist Economics*, 27(1-2): 1-29. DOI: [10.1080/13545701.2021.1876906](#)
- Lewis, J. 2006. Employment and care: The policy problem, gender equality and the issue of choice. *Journal of Comparative Policy Analysis: Research and Practice*, 8(2): 103-114. DOI: [10.1080/13876980600682014](#).
- Mies, M. 1980. Housewives Produce for the World Market: The lace makers of Narsapur. Geneva: International Labour Organization.
- Mies, M. 2014. [Patriarchy and Accumulation on a World Scale: Women in the international division of labour](#). New York: Bloomsbury Publishing. (Accessed on: 4 October 2023).
- Naidu, S.C. and Ossome, L. 2018. Work, gender, and immiseration in South Africa and India. *Review of Radical Political Economics*, 50(2): 332-348. DOI: [10.1177/0486613416666530](#).
- Ossome, L. 2021. The care economy and the state in Africa's Covid-19 responses. *Canadian Journal of Development Studies / Revue canadienne d'études du développement*, 42(1-2): 68-78. DOI: [10.1080/02255189.2020.1831448](#).
- Orozco, A.P., and Mason-Deese, L. 2022. [The Feminist Subversion of the Economy: Contributions for a Life Against Capital](#). Brooklyn, New York: Common Notions. (Accessed on: 4 October 2023).
- Rai, S.M., Hoskyns, C., and Thomas, D. 2014. Depletion. *International Feminist Journal of Politics*, 16: 86-105. DOI: [10.1080/14616742.2013.789641](#).
- Raghuram, P. 2016. [Locating care ethics beyond the global north](#). *ACME: An International Journal for Critical Geographies*, 15(3): 511-533. (Accessed on: 4 October 2023).
- Razavi, S. 2007. [The political and social economy of care in a development context: Conceptual issues, research questions and policy options](#). Geneva: UN Research Institute for Social Development. (Accessed on: 4 October 2023).
- Razavi, S. 2011. Rethinking care in a development context: an introduction. *Development and Change*, 42(4): 873-903. DOI: [10.1111/j.1467-7660.2011.01722.x](#).
- Stevano, S., Ali, R., and Jamieson, M. 2021. Essential for what? A global social reproduction view on the re-organisation of work during the Covid-19 pandemic. *Canadian Journal of Development Studies/Revue canadienne d'études du développement*, 42(1-2): 178-199. DOI: [10.1080/02255189.2020.1834362](#).
- Tronto, J.C. 1993. *Moral Boundaries: A Political Argument for an Ethic of Care* (1st ed.). London: Routledge. DOI: [10.4324/9781003070672](#).
- UN Women. 2022. A toolkit on paid and unpaid care work: From 3Rs to 5Rs. *New York: UN Women*.
- UN Women. 2014. [Collecting and carrying water, burdensome reality for women](#). (Accessed on: 4 October 2023).
- Waring, M. and Steinem, G. 1988. *If Women Counted: A new feminist economics*. San Francisco: Harper & Row.
- Wilson, K. 2015. Towards a Radical Re-appropriation: Gender, Development and Neoliberal Feminism. *Development and Change*, 46: 803-832. DOI: [10.1111/dech.12176](#).



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