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Task Force 01

FIGHTING INEQUALITIES, POVERTY, AND HUNGER

Challenges and Perspectives on the Intersection Between the Care Economy and Gender-Based Violence (GBV) in Brazil and South-Africa

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Abstract

Women in Brazil and South Africa perform the majority of the unpaid care work. In addition to this disparity, the interaction between women's unpaid care work and unemployment in an economic crisis increases the risk of gender-based violence. Despite G20 guidance in 2023, a significant gap remains in implementing an essential, comprehensive, intersectional approach to combat gender-based violence and promote inclusive systems in the Global South. In the context of economic policies such as austerity and underfunding, this policy brief has explored the nexus between care and GBV and explored case studies from South Africa and Brazil to draw policy proposals. Among the actionable policy recommendations to curb GBV and enhance care as a solution are the following:

1. Employment focused public works programmes for unemployed women.
2. Universal basic income for low-income unemployed women.
3. Investments in research collecting intersectional disaggregated data to inform policies in South Africa and Brazil.
4. Establishment and commitment to Gender Responsive Budgeting Frameworks for national budgeting processes.



Diagnosis of the Issue

The Covid-19 pandemic precipitated an economic and social disruption that manifested in what feminist economists have termed a ‘crisis of care’. Coronavirus recession exacerbated gender inequalities, leading to economic setbacks particularly affecting women, designated as “momcession” and “she-cession” by OECD (2021) and IMF (2021). In much of the Global South this crisis intensified women's unpaid care responsibilities and increased intimate partner violence. Worldwide predictions estimated that for every three months of lockdown, there would be over 15 million cases of intimate partner violence (Ahmed et al. 2022). This context underscores why, during recessions and financial crises, women—who are predominantly engaged in unpaid or underpaid work—are particularly vulnerable to various forms of gender-based violence (GBV), as already evidenced by Jacqui True (2012). Recent feminist studies by Rai et al. (2019), Abed & Kelleher (2022), and Lingham & Johnston (2024), emphasizing how GBV factors such as stress, exhaustion, economic vulnerability, and an increased risk of physical violence can contribute to the care burden.

Notable disparities in distributing both paid and unpaid care work are evident in Latin America and the Caribbean (LAC), with these issues being particularly pronounced in Brazil. The IBGE (2023) found that 2.5 million Brazilian women prioritize family care and household duties over employment. Furthermore, the Brazilian Institute of Economics at the Getulio Vargas Foundation (FGV IBRE) observed that women perform 65% of unpaid care work within families nationwide. This contribution, if recognized economically, would account for at least 13% of Brazil’s Gross Domestic Product (GDP). A similar situation exists in South Africa, where an imbalanced distribution of paid and unpaid care work mirrors the trends seen in Brazil. According to IEJ (2024) in South

African women dedicate about 13.3% of their time to care activities, twice as much as men who dedicate about 7.6% of their time to care.

Using intersectionality to analyze structural inequalities in Brazil and South Africa, it becomes evident that unpaid care work disproportionately impacts women of color. They spend more time on domestic tasks, participate less in the labor force, and disproportionately suffer from poverty and domestic violence (IBGE 2024). This disparity is largely due to caregiving responsibilities, which limit their hours in paid work and reduce their earnings compared to male counterparts. The 'motherhood penalty' further deepens these discrepancies, constituting 80% of the gender pay gap (Whiting 2022). In South Africa, the penalty results in mothers earning less than childless women, with wage disparities consistent across all racial and gender groups—deeply rooted in the legacy of apartheid (Magadla et al. 2019). Black women face the most severe wage gaps and an unemployment rate of 39.8%, far higher than that of other racial groups (Stats SA 2023). Similarly, in Brazil, on average, in terms of income, black women earn 71.31% less than white men, and white women earn 20.42% less than white men (Feijó 2021).

The Women, Peace, and Security Index 2023/2024 by GIWPS & PRIO (2023) ranked Brazil at 115th and South Africa at 91st out of 177 countries, reflecting significant disparities in women's inclusion, justice, and security. In Brazil, the report highlights that a woman is raped every 10 minutes and a femicide occurs every seven hours, with Afro-Brazilian and Indigenous women facing disproportionately high risks of violence. Brazil is also identified as the fifth country with the highest number of femicides, according to UN Women Brazil & OHCHR (2016). Despite a better overall ranking, South Africa faces severe challenges, including declines in women's perception of community safety and average years of schooling (GIWPS & PRIO 2023). GBV is pervasive, with the rate

of women being killed by intimate partners being five times higher than the global average. The World Health Organization recognizes GBV as a major public health problem, causing direct injury, morbidity, and death, as well as indirectly impacting women's health through unwanted pregnancies, associated health risks, and mental illness.

Gender based violence and unpaid care are intertwined particularly in an economic crisis when unemployment increases and work becomes increasingly precarious, increasing stress and intimate partner violence. Furthermore, women and girls from racialized communities are particularly vulnerable due to unequal power structures and social norms that prevent them from accessing basic services (Dugarova 2020). The pandemic has granted visibility to the importance of 'life-work', and women's vulnerability to economic and social crises. However, little progress has been made in economic and social policy in both countries to adequately address women's undue burden of care as well as the resultant issues of GBV.

The response to the economic crisis in many countries, including South Africa and Brazil, has been to implement austerity measures affecting spending in key sectors. Since Covid-19 in South Africa social spending in departmental programs in health and education has not kept up with inflation (IEJ 2021). Covid-19 laid bare the inadequacies of care infrastructure in these countries as a result of years of insufficient investment while austerity measures intensified the crisis by rolling back expenditure at a critical time.

In Brazil and South Africa, a substantial gap persists in implementing a comprehensive, intersectional approach in design of policies that is essential to effectively combat all forms of GVB and promote inclusive economic systems. Part of the problem



is that GBV is not theorised through the lens of the care economy that reveals the link between social and economic gender inequality and GBV. Such an approach should centre the care economy in solutions to GBV and emphasise the need to empower women economically and socially.

Recommendations

The multi-pronged approach suggested by this policy brief attempts to encompass policy suggestions that tackle some of the main issues regarding care economy and GBV. This requires solutions that are tailor-made to these countries.

Recommendations from the previous T20 group in India, Global Gender Gap Report, and UN Women programmes emphasise the need to strengthen the care pillar and centralise it within social protection systems (Chakravarty *et al.* 2023; UN Women 2021). South Africa has made notable progress in addressing the care economy in some respects. For instance, its policy and legislative framework for the care sector demonstrate a well-intentioned approach, aiming to provide quality universal coverage for healthcare, early childhood development (ECD), education services, and protections for domestic workers (Harambee 2022). It is notable that a clear strategy for resourcing for care that prioritises care as an urgent economic and social problem is however still lacking.

In May 2023, Brazil established the National Secretariat for Care and Family Policy, taking a significant step towards enhancing care policies across the nation. This initiative aims to secure universal access to care, enhance working conditions for paid care workers, and reduce the disproportionate unpaid care work burden on women. It directly tackles social assistance gaps, with a focus on addressing GBV and femicide, especially in the context of the Maria da Penha Law. Furthermore, the policy framework highlights the positive, indirect impact of the *Bolsa Família* social program on caregivers and victims of domestic violence, demonstrating its effectiveness as a Conditional Cash Transfer (CCT) program in terms of economic autonomy (Bartholo *et al.* 2019).

As noted earlier, women's unpaid care responsibility influences women's labour force participation by preventing them from undertaking paid employment or undertaking flexible employment at unfavourable terms. A policy that reduces and redistributes their unpaid care burden will free women to pursue paid employment. On the other hand, financial independence can enhance women's bargaining power within marital relationships, potentially reducing the risk of domestic violence (IPEA 2019).

The South African National Strategic plan on Gender-based violence (NSP 2018) emphasises economic power with enhanced access to preferential procurement, housing, access to land and income. GBV campaigns and policies in Brazil have primarily focused on the punitive aspect of penalising perpetrators. However, this approach overlooks a crucial aspect: the socioeconomic dynamics that contribute significantly to domestic violence.

Among the actionable and feasible recommendations made by this policy brief are:

Employment programmes for low income unemployed women: policy-makers must factor in an approach that makes the programme as accessible as possible, so that it caters to the most vulnerable - women - who are most likely to be a victim of domestic violence. That means that such a program must also offer opportunities to allow for the development of professional skills to enhance women's economic empowerment (Goodman 2018). Access to state funded daycare for mothers, shelter and basic infrastructure that enables caregivers to provide care, especially to their children, will also enhance women's labour force participation (Kodama *et. al.* 2022).

Universal basic income for low income unemployed women that allows them to meet their needs as caregivers. South Africa has one of the most extensive grant systems in the world covering a child grant, older persons grant, a social relief of distress grant, and disability grant among others. These grants are targeted and means tested which means able bodied unemployed persons, especially women with care responsibilities are not covered. A universal basic income grant could help to alleviate poverty and the burden of care by enhancing women's economic empowerment.

Funding allocation for intersectional data collection and for unpaid care economy research. Both countries need to invest in research collecting gender, race, and class-disaggregated data to inform more effective GBV and care policies in these countries. South Africa and Brazil both have time use surveys which are useful in accounting for unpaid care work. There is a data gap in South Africa of approximately 10 years, even though Brazil has more up-to-date surveys, there are biases in how this data is collected and interpreted. We also suggest a research agenda within G20 countries that is based on feminist economics methodologies that aim to recognise, reduce, and redistribute care work (IEJ 2023). Such an approach should systematically estimate and value the impacts of the unpaid care economy in the formal economy.

Establishment of and commitment to gender responsive budgeting frameworks for national budgeting processes to track the flow of funds from governmental budgets to the effects and results experienced by various categories of individuals. Additionally, it encompasses tactics aimed at altering budgetary procedures and policies to ensure that both expenditures and revenues contribute to diminishing disparities between women and

men. In both countries this can be achieved through the introduction of new legislation that mandates the budgeting process to be gender-responsive.

Scenario of Outcomes

Given the complexity of the issues the policies proposed in the previous section will require a multi-sectoral approach. Although the investment in care infrastructure and GBV, reprioritization of expenditure could be significant, the benefits could outweigh considerably the possible downsides, a significant step forward in combating domestic violence and by giving poorer women a chance to escape poverty. Strengthening the care infrastructure also effectively supports women by providing the necessary care for domestic violence survivors. Adequate child care and elder care also enhances women's economic power and independence by improving their employment prospects and improving labour market outcomes.

The research agenda proposed is also of significance for future policy-makers. With decently funded care and GBV research that seeks to collect intersectional data, it's possible to produce better informed policies that are able to tackle the specific challenges faced by women. A research agenda that is based on evidence and rigorous data effectively estimates the real value of the unpaid care work in our economies as an important step towards recognising the contribution of the unpaid care sector in GDP and also recognising these workers as a part of the workforce.

In terms of the improved transparency during the budgeting process as well as the intersectional budgeting, an aspect not yet adopted by both countries, the adoption of such a policy would represent a dramatic shift in the way public policies are made, including gender as a priority in policy-making in all aspects of the policy cycle.



Overall, the suggestions presented were drawn from the lessons learned from the Brazilian and South-African experiences, together with pertinent policy choices presented by recent literature. These policies tackle fundamental and urgent aspects of GBV and its intersection with care and promote holistic solutions.

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