POLICY BRIEF – SEPTEMBER 2026

Starved for care: Why we need a UBI to support the nation's caregivers

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Summary

- Care work, such as maintaining households, feeding families, caring for children, and for sick relatives or persons with disabilities, is essential labour and sustains our society and economy. It is undertaken mostly by women, and the majority of it is unpaid.
- Long-standing prejudice means that as a society we place a lower value on care work than other types of work.
- The structure of South Africa's economy and a lack of social support mechanisms, means people with caregiving responsibilities are disproportionately exposed to poverty, and thus women are in general more vulnerable to poverty.
- Even though care work is demanding, time-intensive and vital, doing care work often means being excluded from access to an income, because many carers cannot take on the time commitment of formal employment.
- When caregivers manage to access paid work, they tend to have a greater need for flexibility, which translates into less secure work, with lower pay. Paid work in the care sector — such as in early childhood development (ECD), or home care — which is dominated by women, is also characterised by poorer conditions and lower wages.
- As such, women face the dual burdens of unpaid care work in the home, and lower pay in the job market.
- When the state fails to support care, such as by providing income support to caregivers, and investing in ECD, health and other services, this creates a 'crisis of care' whereby people are forced to take on impossible levels of care work for free, but doing so actively prevents them from being able to access an income.
- This is a gendered crisis — one that reinforces inequality between men and women, and limits women's economic empowerment.
- Addressing this crisis requires the state to ensure (among other things) that everyone with care responsibilities has the necessary income to meet their own basic needs, and those of their dependents.
- A universal basic income (UBI), or a regular payment to all working-age adults, which is adequate to meet basic needs, combined with a significant increase in the value of the Child Support Grant (CSG) is needed to help address this crisis.

Contents

Summary 1
Policy proposals 2
1. Introduction 2
2. What is care work and why is it important? 2
3. The gendered nature of care 3
4. Care and the labour market 4
5. Care in crisis 4
6. Plugging the gaps in our social grant system: The need for a UBI 4
7. Can UBI transform the unequal relations of care? 6
8. UBI should be alongside socialising care 7
9. Recommendations 7
Endnotes 8

POLICY PROPOSALS

- **Introduce an unconditional UBI for everyone aged 18 to 59. This is recommended over targeting income support to caregivers, because doing so may limit their ability to exit the caregiving role.**
- **Ensure that the basic income is set at a dignifying level that meets the basic needs of caregivers, using reference to official measures of need and poverty, like the national poverty lines, the national minimum wage, and/or income tax thresholds.**
- **Increase the value of the CSG, and ensure it maintains parity with the UBI so that those with caregiving responsibilities are not compelled to use their income to meet the needs of children in their care.**
- **Complement UBI with other publicly-funded care-supporting services, including investment in maternity support, healthcare, ECD, and elder care, to recognise that the whole of society is responsible for care, rather than individual women in the home.**

1. Introduction

Care work is the essential labour that sustains our society and economy by nurturing the current and future workforce — birthing and raising children, feeding those who work in waged jobs and doing their cleaning and laundry, and caring for the sick, elderly, and those with disabilities. In South Africa and many other countries it is overwhelmingly done by women. But even though care work is demanding, time-intensive and vital, doing care work often means you are structurally excluded from access to income.

Caregiving in the home for one's own children and family is not paid. It takes up so much time that caregivers cannot easily take on waged work outside the home. When they do manage to access paid work, it is in addition to caregiving duties, and because it can't fit into a standard 9-5 employment model, it is more precarious, with lower pay. Moreover, paid work in the care sector, like paid domestic work, nursing, early childhood development, and social work, is characterised by poorer conditions and lower wages than work requiring equivalent skill and expertise outside the care sector (for example white collar office work). This is because of a long-standing prejudice — the fact that, as a society, we place a lower value on care work than other types of work.

We often imagine that caregivers (often mothers) are supported by breadwinners (often fathers). But this is not the reality in many homes in South Africa, where there is no other working adult to support the caregiver. When there is, they usually do not earn sufficient income to meet the needs of the household, and studies show that they might not share their income equitably with caregivers and dependents. Even if there is a breadwinner, who earns enough to support a caregiver, the caregiver is rendered dependent on the breadwinner, and this lays the foundations for the disempowerment of women, as well as intimate partner violence.

All of this contributes to a 'crisis of care', wherein people are expected to take on impossible levels of care work for free, but doing so also prevents them from being able to access an income. This translates into a material reality in which women and children face malnutrition and starvation at much higher levels than men in our country. This policy brief examines this crisis of care, its structural underpinnings and its impacts on communities, and makes concrete policy recommendations for supporting caregivers through expanded social assistance.

Currently South Africa does not provide any form of permanent social assistance to the majority of caregivers. The only way to truly address this crisis is for the state to ensure that everyone with care responsibilities has enough income to meet their own basic needs, and those of their dependents. The most effective, inclusive, and just path is through a universal basic income (UBI), or a regular payment to all working-age adults (regardless of care responsibilities), which is adequate to meet basic needs, combined with a significant increase in the value of the Child Support Grant (CSG).

We argue that a UBI can help to challenge the gendered relations of care, to shift the ingrained norms and prejudices we have around house and care work, and to distribute care work more equitably. It also recognises that we all contribute to our economy in different ways and we all deserve income security, whether we are caregiving, unemployed, informally or sporadically employed, employed on a low wage, or employed for now. It makes sure no one falls through the cracks, and it affirms that meeting our basic needs is a right, not a privilege conditional on caregiving or waged work. Indeed, a UBI is an affirmation of the critical role that care work plays in the functioning of society.

2. What is care work and why is it important?

What is care work?

Care work is a broad term encompassing various forms of work that take place in different spheres of the economy, both paid and unpaid. In simple terms, we can think of care work as the labour that sustains our societies. It includes all tasks required to support and nurture people, ranging from the most basic survival needs and human development to the emotional labour required to sustain relationships.[1]

Care can happen in a number of different ways. It can occur horizontally (within generations) by maintaining the present workforce; for example, a spouse helping their partner prepare

for work by preparing their meals and ironing their uniform. It can also happen vertically (across generations) through the building of the next generation of workers with activities like birthing and caring for children and by honouring the previous generation of workers through elder care. Care also takes place at the community level, where it plays a crucial role in sustaining social bonds, families, and individuals. This includes practices such as neighbours looking after each others' children, community members organising meal support for households during times of illness or bereavement, or local groups providing informal childcare or elder support.[2]

South Africa's 2010 Time Use Survey (TUS) breaks down the activities considered to comprise care as follows:[3]

- Household maintenance: Cleaning, servicing, and repairs
- Nutrition: The preparation and serving of meals
- Childcare: Carrying, birthing, breastfeeding, looking after, training, and instructing children
- Health and Elder Care: Caring for the sick and elderly
- Logistics: Transportation of household members and their goods
- Community Support: Volunteering for other households and the community[4]

Care work is economically vital, but hidden

A term closely related to care is 'social reproduction', which refers to the work that prepares people to participate in the paid economy every day. Without social reproduction, there is no economy, no society, and no culture. Yet, capitalist economic production has split the economy into two spheres: the economic sphere, which consists of paid work in factories, offices, etc., and the social sphere, where social reproduction mainly happens. The care work in the social sphere is often unpaid work, because it is dismissed as unproductive and seen as being undertaken out of love, virtue, or duty, rather than for the pursuit of money.

While care work can exist in the public or market sphere, such as in schools, hospitals, or paid domestic work, the vast majority of care is relegated to the 'home', where it becomes invisible, unacknowledged, and unpaid. Within the home, caregivers carry the burden of this essential labour, yet remain unrecognised for the immense value they generate. As a result, they often lack the pay, acknowledgement, and security that accompany most other forms of work. South Africa's official statistics classify 'homemakers' (or full-time unpaid caregivers) as 'not economically active'. Yet homemakers are the workforce behind the workforce — they work long hours to sustain households and the broader economy. The fact that this work is not compensated is not a reflection on the value of the work itself, but the value that we place on it as a society.

3. The gendered nature of care

Care work is profoundly gendered. Traditional gender roles and societal expectations place the vast majority of the burden of care on women. According to official statistics, 88% of all homemakers (full-time unpaid caregivers) in South Africa are women.[5]

Women are more likely to perform everyday care and housework. In the latest South African TUS roughly **92% of women reported participating in household maintenance daily, compared to about 70% of men.**[6] The disparity is even sharper when looking at the care of others, with **29% of women providing direct care to others daily, compared to only about 5% of men.**[7] Even when looking just at households with children where we would expect all adults to engage in some childcare, the pattern remains, with approximately **65% of women participating in direct daily care versus only 15% of men.**[8]

Where men do participate in care and housework, they spend less time on it than women. **Women spend 2.5 times more time on household maintenance and 7 times more time on the care of persons than men on average.**[9] Even when both men and women in a household are employed full-time, women do more care and housework.[10] As a result, the TUS shows that women have significantly less leisure time compared to men, which is referred to as 'time poverty'.

Alongside devoting more of their time to care, women are also more likely to shoulder the primary responsibility for childcare. **A nationally-representative study found that over 90% of children have a woman as their primary physical caregiver, with mothers being the most likely to fill this role.**[11] For Black children, even when a mother is not the primary caregiver, the role is most likely to fall to another woman, such as their grandmother, aunt, or older sister, rather than a man, including their father.[12]

But this doesn't necessarily mean that men are disproportionately taking on the responsibility of being the financial provider. Contrary to the 'male breadwinner' trope, the evidence also shows that Black women are increasingly likely to be both the primary physical caregiver and the primary financial provider for children.[13] This double burden stems partly from the increased likelihood that South African children will grow up without fathers in the home.[14]

Paid care work is also often gendered and undervalued. Professions such as healthcare, education, social, and domestic work remain gendered, underpaid, and are conferred less social status.[15] This can be seen, for example, in the exceedingly large pay gap between engineers and nurses despite these professions requiring the same years of education and similar levels of skill and expertise.[16] Domestic work is a particularly precarious profession in South Africa, and **97% of domestic workers are women.**[17] Most domestic workers lack access to standard formal sector protections; for example, only 12% are registered for the Unemployment Insurance Fund (UIF).[18]

Across different metrics, unpaid care work consistently shows up as gendered, with the majority of the work performed by women. When care is invisibilised and unpaid, it becomes a structural barrier that impacts the wellbeing of caregivers and those they care for. Given the often rigid and unaccommodating structure of the labour market, it also dictates who can and cannot participate in the paid economy (and to what extent).

4. Care and the labour market

Since a large proportion of unpaid caregivers are also responsible for providing financially for their families, they are often forced to try to find waged work in addition to their caregiving responsibilities. However, the labour market is inherently exclusionary to those with care responsibilities. Care is often non-negotiable and time-intensive — for instance, because young children need to be supervised at all times. Although people can outsource some care work, for example, to private domestic and childcare workers, markets cannot substitute for many activities, such as the time required to nurture a child or support an elderly parent.[19] And yet, the labour market provides little flexibility to account for the time required for care work. Women often face what is referred to as a 'care penalty' in the labour market, because they cannot commit to rigid full-time hours, and often need part-time or flexible work, making it more difficult for them to compete for 'good' jobs.[20] Women might also be discriminated against by employers, who see them as risky or expensive hires due, for example, the possibility they might take maternity leave, thus passing them over, or investing less in their professional development.[21]

The result of this hostility to care is that women often face poorer labour market outcomes than men. This inequality appears in many forms, such as occupational segregation, where women dominate lower-paying, less secure, and informal jobs, and men are more common in high-skilled, higher-paying positions.[22] It also shows up on the remuneration side: For every rand earned by men from work, women earn only 76 cents.[23] Women are also much more likely to be unemployed, despite improvements in women's labour market participation since 1994. The narrowly-defined unemployment rate for men is 29%, compared to 34% for women.[24] Women also make up the majority of the long-term unemployed.[25]

This structural exclusion and inequality in the labour market directly translates to a higher risk of poverty for women. The proportion of women living in poverty in South Africa is 39.7% (measured at the lower-bound poverty line), compared to 36% for men .[26] The devaluation of care and the systematic impoverishment of caregivers do not just hurt the individual caregiver, but also those who depend on them. Female-headed households face much higher rates of poverty, and the children in these households are twice as likely to experience hunger.[27] This has implications for education, nutrition, health, future earnings, and overall wellbeing, creating a vicious cycle of intergenerational poverty.[28]

5. Care in crisis

On a national scale, this status quo contributes to what feminist scholars call a 'crisis of care'.[29] [30] This crisis occurs when the pressure on caregivers exceeds their ability to cope. For too long, the capacity to care has been taken for granted, treated as a free, unlimited, natural resource that does not require any investment. In reality, care work requires time, physical energy, and financial resources. Exclusion from the labour market and insufficient social support denies caregivers necessary resources, and relegates them to dire poverty. This crisis has devastating material impacts, including the fact that 1,000 children die in South Africa each year from acute malnutrition, with approximately 15,000 hospitalised for malnutrition-related reasons.[31]

When public services are gutted in periods of austerity, especially in areas like state-funded care for older people and persons with disabilities, caregivers become the de facto shock absorbers.[32] They carry the burden, as care work previously provided by the state shifts to households. To see how easily this burden shifts, we can look at the closure of schools during the Covid-19 lockdowns: the duty (which in normal circumstances falls to mainly state-paid educators) to tutor, feed, and care for children moved to parents, often women, when children were sent home, and in most cases without any additional support or resources.[33] Another example is how in food-insecure households, a common coping mechanism employed primarily by women is to reduce their own food consumption so that others can eat, leading to terrible impacts on women's mental wellbeing.[34] The capacity for care cannot be stretched forever; it will eventually reach a breaking point where the caregiver's survival itself is at risk. This highlights the urgent need for social protection for caregivers.

6. Plugging the gaps in our social grant system: The need for a UBI

The South African Constitution guarantees to all the right to social assistance if they don't have enough income to support themselves and their dependents. The vast majority of caregivers, because of the time they have to spend on caregiving work and because this work is not compensated by the labour market, have extremely limited access to income. Despite the fact that care work is necessary for our society and economy, and benefits us all, the state provides almost no social assistance to the majority of caregivers, and what is provided falls far short of meeting their basic needs. This inadequate social safety net traps caregivers and those they care for in poverty and bare survival.

The only social grant that caregivers have access to in South Africa is the Social Relief of Distress (SRD) grant. At R370 per month, this is well below half of the food poverty line (FPL), or the amount of income an adult needs to avoid starvation each

month, if they spend all their income on food. At the same time, the CSG — whose intended beneficiaries are the children themselves — is also well below the FPL, and the cost of feeding a child a basic nutritious diet. However, many caregivers are forced to use the CSG to supplement their own nutritional needs, as well as those of their children. This means that both caregivers and children are falling far short of basic nutritional requirements.

It is critical that we plug the gaps in our social safety net, to ensure that all caregivers have access to enough income to meet their needs and those of their children and other dependents. The best way to do this is through a universal basic income (UBI). In South Africa, UBI refers to a type of social grant provided to all working-age adults, which enables them to meet their basic needs. While UBI is still rare globally, plenty of research has pointed to its potential to improve women's and children's autonomy, health (including mental health), nutrition, long-term financial wellbeing, and educational outcomes. Research on cash transfers (social grants) provided to women in different places, sometimes on behalf of children in their care and sometimes for their own benefit, clearly shows the positive impact that having access to income has on the psychosocial wellbeing, economic participation, and household decision-making powers of unpaid caregivers.

The evidence for providing social assistance to women, to mitigate the crisis of care

Local and international studies have shown that putting income directly into women's pockets enables them to better care for themselves and their children and other dependents, and has a vast array of spillover effects for health and wellbeing. For instance, although inadequate, the CSG has in the past improved women's autonomy in South Africa. A study investigating the impacts of the CSG in a village in the Eastern Cape found that the grant instilled in recipients feelings of 'power' and 'dignity'.[35] The grant enabled them to better care for their children while simultaneously increasing their own independence.[36] Caregivers also felt that the grant reduced their unwanted reliance on others, a reliance that they felt often produces unequal power relations. This is an interesting insight considering public discourse often claims grants increase dependency. This discourse overlooks that without income, caregivers frequently have to depend on others for survival, which can leave them vulnerable to abuse. Grants, however, have proven to empower female recipients and hence reduce their vulnerability to intimate partner violence.[37]

In Latin America, cash transfers have improved women's bargaining power in households, allowing them to oversee and negotiate household expenditure with their partners.[38] This is crucial because, contrary to conventional economic assumptions, households do not always make decisions collectively. When women receive income, they are more likely to spend it on the needs of children and other dependents, as has been shown in various cases (See Box 1). [39]

BOX 1: THE CASE OF UK CHILD BENEFITS[40]

In 1996, the UK changed its child benefits system from a tax credit (which primarily increased the father's take-home pay) to a direct cash transfer, predominantly received by mothers. This change did not increase total household income. Yet, it led to a significant increase in spending on women's and children's clothing relative to men's. This shows that who receives funds influences how they are spent, and that the recipient's position (often based on their gender) is a critical factor in household bargaining and decision-making.

BOX 2: THE CASE OF BRAZIL'S BOLSA FAMÍLIA PROGRAMME

BOLSA FAMÍLIA is a Brazilian programme which directs transfers specifically to women. The programme has resulted in positive effects on the economic independence, physical health, and mental wellbeing of caregivers. The economic effects were driven by greater financial inclusion through owning bank accounts and acquiring ID documents, while mental wellbeing improved due to increased agency and self-esteem. The women in this study also reported finding it dignifying not to have to depend on others and being able to care for their children.

Furthermore, there are many studies that find that when women receive cash, there are stronger positive effects on children's wellbeing compared to when men receive cash.[40] This has led many experts to conclude that women are more likely than men to share their income with the rest of the household (See Box 2).

Indeed, the evidence is clear: cash transfers to caregivers have significant outcomes for women's empowerment. However, this doesn't mean we should make it a requirement for cash transfer recipients to be caregivers, as this can have unintended consequences that actually increase the unfair burden of care on women.

Why do we need a UBI rather than a caregivers' grant?

Given the vulnerabilities of caregivers, and how they are disadvantaged in the labour market, some have suggested that we need a dedicated caregivers' grant in South Africa. However, although all caregivers should have income to meet their basic needs, targeting cash transfers exclusively to caregivers risks corralling women into a caregiving role, and undermining efforts to create a more equitable distribution of care

responsibilities. This will occur if people *only* receive support because they are caregiving, meaning their social value and their rights are tied to their caregiving role.

There are also significant administrative costs and burdens associated with managing and administering grants on behalf of children.[41] The processes of application and collection of grants increase the burden of care. Strenuous and often unnecessary review processes, combined with complicated means-testing, further exacerbate this burden. This is especially true where grants are conditional, such as in Latin America, where caregivers must frequently provide proof of school attendance or clinic visits to maintain eligibility.[42]

Targeting also overlooks the reality that social grants are often pooled at the household level. Evidence shows that the CSG, for example, tends to be used for broader household needs, such as groceries, electricity, and even stokvels (informal savings).[43] Especially when adults in a household don't have income of their own, they are forced to use part of grants intended for children to meet their own needs. While the CSG amounts to only R560, at the time of writing the cost of feeding a child was R937. This weakens the critical role that the CSG plays in guarding against hunger. Of course, it also means that if we don't want children and caregivers to be left behind, the CSG should be pegged, at a minimum, to the value of the UBI, and both should be at least equal to the cost of a basic nutritious basket of food.

A UBI would empower caregivers, while not making empowerment conditional on being a caregiver. This indirectly recognises the vital role that caregivers play in the economy, as a UBI implicitly acknowledges that everyone contributes and should thus benefit from the national economy. It establishes survival as a right rather than a reward for participating in the market. Ultimately, by equipping caregivers with the tools to escape poverty, we can achieve the same empowerment effects while increasing the quality of care they provide and the wellbeing of those they care for.

7. Can UBI transform the unequal relations of care?

A UBI can potentially transform the underlying dynamics of care by delinking income from the labour market. It ensures that waged work is not the only way to earn an income. This would have a status elevation effect as it opens up the possibility of caregivers being acknowledged as breadwinners in households, or at least having ownership over some of the household income and thus reducing their dependency on others, often men. In the UK, participants in child benefit and family allowance programmes reported feeling symbolically valued for their work as housewives.[44] A UBI can also elevate the status of care by challenging the perception of care as being undertaken for free or for very low wages. Basic income works especially well in this regard because other forms of social protection, such as job conditionalities or job guarantee programmes, compel people into formal jobs and thus make it harder to provide care. A basic income would help caregivers feel like valued members of society.

An elevated status for care opens up scope for the negotiation of care responsibilities. While some feminist scholars have voiced fears that a basic income could lead to a backlash[45] — with men withdrawing from care work entirely — no evidence of this has emerged from existing cash transfer programmes.[46] Instead, there are examples of the opposite happening. For instance, researchers in Mexico found changes in household dynamics arising from the Progresa cash transfer programme.[47] They found that the total amount of housework decreased for the women collecting the grant on behalf of their children, while it increased for male partners, with the results being even stronger for women who were more financially dependent on their partners prior to receiving the grant. Researchers also found evidence of positive changes in men's attitudes toward housework.[48]

Two theories are advanced to explain this phenomenon, both of which are relevant for basic income.[49] The first is a resource-based theory: having access to one's own income improves decision-making power in the household, allowing for negotiation over both purchases and the division of labour. The second is a time-constraint theory: individual access to income reduces the time women spend in the house as they become more economically active, leaving less time for chores and thus requiring other household members, including men, to step in. The additional income also allows for the outsourcing of certain tasks, reducing the overall burden that falls to unpaid caregivers.

Of course, the outcome is likely to be context-dependent. For instance, while an Eastern Cape study into the CSG found transformative effects on women's wellbeing from the grant, the same study found no change in the gendered division of labour, with most social reproductive labour still performed by women after they received the CSG.[50] We must be cognisant of the fact that attitudes and norms around care work are often deeply ingrained and will take time to shift. In South Africa, many women who receive the CSG on behalf of children do not live with men, and so there may be little scope for the transformation of these dynamics in some cases. Even if increased social protection does not immediately transform the dynamics of care, an elevated status is still important for symbolic valuation.

Finally, all workers, especially those at the lower end of the wage distribution, would benefit from a UBI and the elevated status of care. An adequate UBI increases workers' bargaining power with employers by enabling them to meet their needs outside of work, ensuring they are not forced to accept poor wages and exploitative working conditions for pure survival. This is especially beneficial to informal workers who are not protected by collective bargaining or other statutory labour protections. This link between UBI and bargaining power is one of the main reasons the labour union movement has strongly supported the UBI movement in Southern Africa.[51]

8. UBI should be alongside socialising care

A UBI is a necessary, but not a sufficient, condition for a caring economy. For caregivers, the empowerment impact of a UBI depends on the availability of public care-supporting services.

For example, documented impacts on economic wellbeing, health, and psychosocial wellbeing in Latin America are strongly linked to the institutional support provided by programmes like *Bolsa Família*.[52] Specifically, increases in economic wellbeing through the programme (such as women being more likely to have their own bank accounts) are contingent on other forms of support and access (like banking facilities being easily available). Similarly, the reduction in intimate partner violence — through the access to income that empowers women to leave abusive partners[53] — would be much less common in contexts without well-trained social workers and domestic abuse shelters. More broadly, if a UBI were to come at the expense of funding for public healthcare systems, for instance, women would be forced to shoulder a greater burden of caring for those who are unwell. Similarly, if UBI were to come at the expense of publicly-funded childcare, its empowering effect would be cancelled out.

Therefore, we must increase investments in the socialising of care alongside a UBI, transferring the responsibility for essential services away from private households and towards the public sphere. This requires increased provision of universal basic services, maternity support, and early childhood development (ECD) centres, more investment in water, waste, and sanitation infrastructure, better state care for older persons, socialised food systems, and labour market policies that better accommodate caregiving responsibilities.[54]

9. Recommendations

Care work in all its forms is gendered and undervalued often to the great detriment of caregivers and those they care for. A UBI would go a long way in supporting caregivers and care work by giving unpaid carers access to their own income, elevating the status of care by partially decoupling income from paid work, and opening up the room for the possibility to negotiate responsibilities within the household between genders. However, whether a UBI is gender-just depends on its design and its integration into a broader framework of support. To achieve these transformative goals, the following recommendations are made for a gender-just UBI:[55]

- **Basic income should be provided as a universal, unconditional guarantee:** UBI should be available to all adults aged 18 to 59 living in South Africa, irrespective of their background, and not conditioned on specific behaviours. All caregivers should have access to basic income support, but access should not be predicated on having caregiving responsibilities (because this can trap people in caregiving roles). Thus, a universal benefit is preferable to a caregiver-specific grant. Social protection provisions have sometimes been accompanied by requirements for people to prove work-seeking status. Along with various other issues — such as ignoring the real drivers of unemployment or being premised on false notions of grants discouraging work[56] — work-seeking conditions on grants do not recognise care as work. Therefore, they would deny full-time caregivers social protection, and also risk pressuring them to reduce care hours to search for work that likely does not exist. Care work is work, and it makes a vital contribution to the economy and to society as a whole. Indeed, it should be recognised and elevated to its rightful position, and one pathway to achieving this is through a universal and unconditional basic income.
- **Basic income should be set at a dignifying level:** UBI should be pegged to objective measures of need. A basic income which provides dignity by allowing people to meet their most basic needs is also more likely to provide them with the security to pursue further economic goals – such as education, job-search, self-employment – which will allow them to escape poverty in the long run. Conversely, social grants like the CSG and SRD, which fall far short of subsistence needs, trap people in intergenerational cycles of poverty and severely limit their capability to reach their potential.
- **The CSG should at least maintain parity with the UBI:** Basic income and the CSG should be at the same, dignified level, which is adequate to meet basic needs. A shortfall in either would force caregivers to forgo some of their own nutritional needs to support those of their children, therefore disadvantaging them compared to non-caregivers. When those with caregiving responsibilities are not compelled by circumstances to use their own grants to meet the needs of family members, they can then invest in their own needs. These could be productive assets that raise their income and benefit the wider family or it could be savings that protect them from future shocks such as illness. When caregivers are empowered in this manner, their overall wellbeing is enhanced, with better mental health and other associated outcomes.
- **Basic income should be a component of a comprehensive social protection floor:** Basic income will not be effective in redressing gender inequity if it displaces spending from other social services. Instead, it should be accompanied by increased investments in the socialising of care, like health and community services, early childhood development, and maternity support, which will ultimately transfer some of the responsibility for social services away from caregivers and into the public sphere. When a society recognises that care is a key component of its social reproduction, then a publicly-funded system of care provision, that addresses a society's various social and care needs, is a valuable and necessary investment. Such a system generates positive outcomes in the lives of those who are direct beneficiaries and may even contribute to the reduction of poverty. It is predominantly women who bear the burden of care in society, so when there is a social protection system that frees them to participate in the labour market, a wider set of social and economic returns potentially accrues to the whole of society.

Endnotes

1 Kasan, J. 2023. Engaging the care economy in the global south: Debates and contestations.Economies of Care Series, No. 1. Institute for Economic Justice.

2 Ibid.

3 Statistics South Africa. 2014. Time Use Survey 2010 [dataset]. DataFirst.

4 Note that this list is not exhaustive as there are inherent difficulties and complexities with survey work especially given that the nature of care work varies so widely. Multitasking is one example of this complexity: people will sometimes group their care work with other tasks. Surveys might not categorise it as care if they don't consider it the primary task. For instance, a survey would likely record a group of women socialising in the afternoon over tea while collectively caring for children as leisure time. Still, these categories give a good picture of what is often meant by care work.

5 Statistics South Africa. 2026. Quarterly Labour Force Survey 2025: Quarter 4 [Dataset], Version 1, DataFirst.

6 Casale, D., Posel, D., & Mosomi, J. 2020. Gender and Work in South Africa.

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11 Hatch, M., & Posel, D. 2018. Who cares for children? A quantitative study of childcare in South Africa. Development Southern Africa, 35, 1–16.

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13 Ibid.

14 Moore, E. 2020. Financing Social Reproduction: Women's Responsibilities in Financing and Undertaking Household Social Reproduction in Multigenerational Households in South Africa. Revue internationale des études du développement, 242, 37-62.

15 Women make up around 85% of the nursing workforce, and around 70% of educators in South Africa . Early education is even more gendered with women making up 84% of pre-primary and primary education (Statistics South Africa. 2026. QLFS: Q4). Women make up around 85% of the nursing workforce according to the Nursing Council of South Africa.

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