



2006, which includes detailed research in Asia, Latin America, and sub-Saharan Africa. This work has given us a better understanding of the issues involved, and the policy challenges that governments around the world, particularly in developing countries, are facing in putting their economies on a long-term growth path while at the same time making sure that growth does not happen by destroying human capabilities.

Looking at economic policies through a care lens would mean asking what happens to care-giving and wellbeing in the process of development: does capital accumulation—a necessity for developing countries—facilitate care-giving and enhance human wellbeing? Or does it come at the expense of both?

Policy responses to care responsibilities must focus on the reduction and elimination of economic and social disadvantages that women face due to their disproportionate involvement in unpaid care activities while at the same time ensuring that those who need care (be it young children, those who are ill, or frail elderly persons) are able to access good quality care in a dignified manner.

While responsibility for unpaid care has its rewards (both for the person who performs these tasks and for society more broadly), it also has numerous costs. These costs or “care penalties” come in different forms: **weaker labour market attachment** (foregone jobs, shorter work hours, lower wages), **weaker claims to social security**, and **less time for education, training, leisure and self-care, and political activities**. Five specific areas stand out for policy action:

### **1. Investment in appropriate infrastructure**

The provision of easily accessible drinking water, sanitation and electricity will reduce the time needed for fetching fuel and water – a task that becomes particularly burdensome when caring for a patient with HIV/AIDS. This is a key priority for many low-income countries.

### **2. Provision of social and care services**

Reliable and affordable social care services should be a top priority in all countries. State-led care service provision can have a triple pay-off by: (1) providing good quality care to care-recipients; (2) creating decent service-employment for women (and men), (3) enhancing women’s choices to engage in paid employment. If women are to benefit from new care services arrangements, however, they need to be designed in ways that adapt to women worker’s needs in terms of proximity, opening hours, and costs.

Basic social services such as primary education and health are seamlessly connected to the unpaid care work carried out within households. Decent primary schools and public health services can reduce the care burden that is placed on family members. Public health systems have to be strengthened in countries where under-funding of public services has weakened their ability to attend to the population’s health needs.

### **3. Recognition of unpaid care work in social security**

Leave entitlements (including parental leave) constitute a classical social security response to care responsibilities. They provide both time and money to workers with care responsibilities. As the payments for leaves are usually financed through social

insurance to which the employee must have contributed for a minimum number of years in order to benefit, their relevance for many lower-income developing countries, where labour relations are largely informal, is limited. Extending maternal leave to fathers and providing incentives for men to make use of leave provisions, as undertaken in several developed countries, is nevertheless desirable from a gender equality standpoint, and can constitute an important area of state action in many middle-income developing countries. While parental leaves are a way of supporting family care of young children, long absences from the labour market may also complicate re-entry.

#### **4. Social assistance**

Cash-transfer schemes targeted at “vulnerable” groups have become a popular social assistance instrument in recent years in many developing countries, framed as a measure for reducing poverty and enhancing children’s capabilities. These transfers are often meant to facilitate the care work of mothers by allowing them to purchase essential inputs (such as food or school materials).

Despite their positive effect on poverty, more attention needs to be paid to the socially divisive affects of “targeting” as well as its administrative costs. There are also concerns about the financial sustainability of such programmes, especially when they are dependent on donor funding. From a gender perspective these programmes also run the risk of strengthening the provision of care as something that only mothers should do, thereby exonerating other sectors from responsibility. This last problem could be avoided if payment for care is done in a more gender-neutral form (as in the case of the South African Child Support Grant which is given to the primary carer, rather than mothers