DISCUSSION PAPER

PAID CARE WORK AROUND THE GLOBE

A COMPARATIVE ANALYSIS OF 47 COUNTRIES AND TERRITORIES

No. 39, April 2021

MIGNON DUFFY, UNIVERSITY OF MASSACHUSETTS LOWELL
AMY ARMENIA, ROLLINS COLLEGE

UN WOMEN

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SUMMARY

This paper uses harmonized collections of national labor force datasets to compare the size and shape of the paid care sector around the globe. Paid care workers make up three of the four points of the "care diamond" organizing care provision in any national context: markets, the not-for-profit sector, and the state (the fourth point is families/households).* After explaining our definition of paid care – focused on health care, education, child care, and social services – we examine the size and characteristics of the paid care sector, finding enormous variation across countries. We then explore the relationship between the size of the care sector and various measures of need for care, finding very little evidence of relationship. Finally, we explore wages and working conditions for paid care workers in a subset of countries for which data is available.

RESUMEN

En este artículo se utilizan recopilaciones armonizadas de conjuntos de datos sobre la fuerzas de trabajo nacionales con el objeto de comparar el tamaño y la configuración del sector de los cuidados remunerados en todo el mundo. Quienes trabajan de manera remunerada en el sector de los cuidados conforman tres de los cuatro vértices del "diamante de los cuidados" que organiza la provisión de cuidados en todo contexto nacional: el mercado, el sector sin fines de lucro y el Estado (el cuarto vértice son las familias o los hogares).* Luego de explicar la definición de cuidados remunerados —centrada en la atención de la salud, la educación, el cuidado infantil y los servicios sociales— se examinan el tamaño y las características del sector de los cuidados remunerados, donde se encuentran enormes variaciones entre los países. A continuación, se analiza la relación entre el tamaño del sector de los cuidados y las diversas mediciones de las necesidades de cuidados, a partir de lo cual se detectan muy pocas evidencias de relación. Por último, se estudian las condiciones salariales y laborales de quienes trabajan en el sector de los cuidados remunerados en un subconjunto de países para los cuales existen datos disponibles.

RÉSUMÉ

Ce document utilise des collectes harmonisées de données portant sur la main d'œuvre dans différents pays afin de comparer la taille et la forme du secteur de soins rémunérés à l'échelle planétaire. Les prestataires de soins rémunérés représentent trois des quatre points du « diamant de soins » qui organise la fourniture de soins dans les contextes nationaux : les marchés, le secteur à but non lucratif et l'Etat (le quatrième point est les familles/ménages).* Après avoir donné notre définition du travail rémunéré – qui met l'accent sur les soins de santé, l'éducation, les services de garde des enfants et les services sociaux – nous examinons la taille et les caractéristiques du secteur des soins rémunérés, et constatons qu'il existe des différences importantes entre les pays. Nous explorons ensuite le lien entre la taille du secteur de soins et les diverses mesures concernant les besoins de soins, et constatons qu'il existe très peu d'éléments attestant d'une relation entre les deux. Enfin, nous passons en revue les salaires et les conditions de travail des prestataires de soins rémunérés dans un sous-groupe de pays dont les données sont disponibles.

* Razavi, Shahra. 2007. *The Political and Social Economy of Care in a Development Context: Conceptual Issues, Research Questions and Policy Options*. Geneva: UNRISD.

1.
INTRODUCTION

The work of taking care of children, the elderly, the ill and those living with disabilities is one of the fundamental responsibilities of a society. The Universal Declaration of Human Rights includes the rights to medical care, social services, social protection in childhood and in the event of disability (Article 25) and education for all (Article 26).[1] In all nations, the labour of care work is done in part as unpaid work by families, friends and community members and in part as paid labour by workers such as doctors, nurses, teachers, home health aides, nannies and domestic workers. In this paper, we will focus our attention on understanding the size and shape of the paid care sector across national and regional contexts. This analysis provides critical knowledge for those working to ensure the provision of adequate, accessible and quality care around the world and for global efforts towards gender and economic equity.

1.1
Paid and unpaid care

The concept of a "care diamond"[2] is useful for representing the social architecture of the provision of care within a society, with the four points representing families/households, markets, the not-for-profit sector and the state (federal/local). This formulation provides a framework for understanding variation between nations as well as changes in the management of care needs in a society across time. While an enormous amount of care is still provided as unpaid labour, paid care workers represent the labour of the other three corners of this care diamond. An adequately developed paid care sector is important for at least two reasons in the overall social organization of care. First, paid care workers provide expert knowledge and skills that differ from the knowledge and skills of family caregivers. And, second, a strong paid care sector creates choices for families, particularly the women who perform the overwhelming majority of unpaid care. The option to share some of the labour of care with paid workers is an important factor in enabling women to make the choice to enter the paid labour force, become politically active or otherwise exercise their individual rights.

The impact on providing support to women in their roles as unpaid caregivers is only one of the ways that the strength of the paid care sector is entwined with efforts to promote gender equity. The other, of course, is that paid care provides a critical source of employment for women and is where a disproportionate number of women around the world perform paid labour. The availability of care jobs, the quality of those jobs and the opportunities they provide for upward mobility are therefore key factors in ensuring that women's livelihoods and prospects are strong. Unfortunately, growth in the paid care sector is often fuelled in part by the expansion of low-wage jobs at the most insecure and vulnerable end of the labour market.

Rachel Dwyer has argued that the growth of paid care is in fact an important causal factor in the much discussed job polarization that increasingly characterizes labour markets in modern global economies.[3] In her analysis of job growth in the US labour market

1 UNGA 1948.
2 Razavi 2007.
3 Dwyer 2013. Her analysis complements that of Sassen 1991.

between 1983 and 2007, she finds that care work accounted for 60 per cent of the job growth in the lowest wage quintile—much more than any other occupational group—and for 40 per cent of the job growth in the fourth quintile. She concludes that in addition to factors such as technological change and globalization, an analysis of job polarization must include the particularities of the paid care labour market. Of course, these economic inequalities are also linked to inequalities by race and ethnic origin in addition to gender. Migrant workers and workers representing ethnic minorities are often dramatically over-represented in those jobs that are at the low end of the care workforce, making the polarization in paid care a significant source of inequalities between women as well.[4]

1.2 The focus of the analysis

The development of a strong paid care sector is therefore critical to meeting care needs as well as advancing gender and economic equity. Our goal in this paper is to provide a comparative analysis of the paid care sector across a large number of countries located in different regions of the world and in differing positions in the global economy. This kind of large-scale analysis is a relatively new endeavour for care scholars and is an important part of building a knowledge base from which to formulate robust policy recommendations and action plans for the care economy.[5]

Our analysis will focus on three related questions:

1) How many people work in the paid care sector and who are they?

Because this kind of large-scale quantitative analysis of the paid care sector is an emerging area of scholarship, a basic descriptive mapping of the sector across countries and regions is an important place to start. As part of this analysis, we will explicitly examine the relationship between the size of the paid care sector and economic development, drawing attention to the different positions of various countries in the global economy.

2) What is the occupational structure of the care sector across national and regional contexts?

A more detailed analysis—that moves beyond looking at the overall size of the paid care sector to examine the types of jobs and workers within it—illuminates both the types of care expertise available to a population as well as the levels of job polarization within the sector.

3) To what extent is the size of the care sector a match or mismatch with care needs?

Here we explicitly examine the adequacy of the size of the care sector across countries and regions and the responsiveness of the size of the sector to the magnitude of care needs.

1.3 Definition of paid care

Before describing the data and methods used in this paper, it is important to be clear about what we mean when we talk about paid care. While an increasing number of scholars and policymakers discuss the care sector or the care economy, there is not a universally agreed definition of what types of labour should be included as care work. In this paper, we define care using Duffy, Albelda and Hammonds's definition with the following characteristics:[6]

1. The activity [of the industry] contributes to physical, mental, social and/ or emotional well-being;

2. The primary labour process [in the industry] involves a face-to-face relationship with those cared for;

4 See also Duffy 2005; Nakano Glenn 1992.

5 After this analysis was completed and the paper written, the International Labour Organization (ILO) released a report entitled Care Work and Care Jobs for the Future of Work (ILO 2018), which provides perhaps the most comprehensive analysis of the care economy (both paid and unpaid) to date. We are pleased to see that our work is part of a larger movement to document, analyse and understand this critical sector.

6 Duffy et al. 2013.

3. Those receiving care are members of groups that by normal social standards cannot provide for all of their own care because of age, illness or disability; and

4. Care work builds and maintains human infrastructure that cannot be adequately produced through unpaid work or unsubsidized markets, necessitating public investment.

This definition includes a few notable characteristics. First, while we acknowledge that care may take place in many sectors and jobs, there is a unique importance in the provision of care to dependents, those who are unable to provide for their own care.[7] Second, while we look at industries where the primary labour process includes face-to-face care, we include both nurturant occupations, also called direct care (which involve direct relationship with care recipients) and non-nurturant occupations within the care sector. Non-nurturant jobs (sometimes called indirect care) are those that support caregiving—including cleaning and cooking work in schools, hospitals and private homes, etc.—the exclusion of which from care sector analyses provides a biased understanding of the characteristics and conditions of this work.[8] Finally, this definition suggests that we think of the paid care sector as 'human infrastructure', a formulation that highlights its social value and also suggests a significant role for the state in supporting such activity. In the next section, we will discuss how we operationalize this conceptualization and how we measure our other variables of interest.