

ISSUE PAPER

PROMOTING WOMEN'S ECONOMIC EMPOWERMENT: RECOGNIZING AND INVESTING IN THE CARE ECONOMY



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ABSTRACT

Care work is a crucial element for human well-being as well as an essential component for a vibrant, sustainable economy with a productive labour force. Care work ensures the complex and life-sustaining web on which our very existence depends. Women shoulder a disproportionate share of unpaid work around the world, and gender imbalances in the distribution of care work constitute a root cause of women's economic and social disempowerment. This paper aims to identify the policy and programmatic entry points and the key tools involved in transforming the care economy so as to promote gender equality, human development and inclusive and sustainable growth. The proposed framework for action is organized around interventions targeting the recognition, the reduction and redistribution of unpaid care work. Recognition needs to go beyond data collection on and valuation of unpaid work to also entail national-level coordination on the care economy. A crucial intervention towards reduction of unpaid work is public investments in social care service infrastructure and in time-saving physical rural infrastructure. Financing of public investments in the care economy remains a persistent challenge because of the magnitude of resources required and the competing claims for public funds. This paper lays out a detailed blueprint for assessment of costs of and expected returns from social care and time-saving physical infrastructure investments. Such assessments aim to promote policy dialogue on the reprioritization of fiscal spending and provide the rationale for fiscal expansion where necessary. Complementary to infrastructure investments are interventions targeting labour market regulation for work-life balance and non-discrimination to facilitate a redistribution of the care burden from women to men in the domestic sphere. The proposed actions promote multiple development objectives, going beyond Sustainable Development Goal (SDG) 5 (gender equality) to also address SDG 1 (ending all poverty), SDG 3 (healthy lives and promotion of well-being for all at all ages), SDG 4 (inclusive and quality education for all), SDG 8 (creation of decent employment for all and promoting inclusive growth) and SDG 10 (reduction of inequalities).

ACRONYMS AND ABBREVIATIONS

ALMP	active labour market policies
CWP	community works programmes
ECCE	early childhood care and education
ESA	Employment Services Agency (former Yugoslav Republic of Macedonia)
GDP	gross domestic product
HBS	household budget surveys
HHSA	household satellite accounts
HLFS	Household labour force surveys
ILO	International Labour Organization
LIMTIP	Levy Institute Measure of Time and Income Poverty
MENA	Middle East and North Africa
MFSP	Ministry for the Family and Social Policy (Turkey)
NEA	national employment agency
NGO	non-governmental organization
NICS	National Integrated Care System (Uruguay)
NSO	national statistics office
OECD	Organisation for Economic Cooperation and Development
SDG	Sustainable Development Goal
SEWA	Self-Employed Women's Association (India)
SILC	surveys on income and living conditions
SNA	System of National Accounts
TUS	time-use surveys
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNDP	United Nations Development Programme
WEF	World Economic Forum

INTRODUCTION

The care economy entails the production and consumption of goods and services necessary for the physical, social, mental and emotional well-being of care-dependent groups, such as children, the elderly, the ill and people with disabilities, as well as healthy, prime working-age adults. Care-related economic production activities are wide-ranging, including both direct and indirect services and production of goods. Direct care provisioning entails one-to-one relational tasks between the caregiver and the care receiver, such as breastfeeding a baby, helping a child with homework, tending to a bed-bound elderly person or giving emotional support to someone diagnosed with a terminal illness. Such direct provisioning is supported by indirect care activities, which do not entail person-to-person engagement but are nevertheless indispensable components of care provisioning. These include common domestic tasks—for example, cooking, cleaning, washing, shopping and household repairs and maintenance—as well as additional activities in rural areas of less developed regions, such as collecting water and firewood or food processing.¹

Access to care is a crucial element of human well-being as well as an essential component of a vibrant, sustainable economy with a productive labour force. The care economy contributes to short-term economic sustainability through the reproduction of workers on a daily basis so that they remain healthy and continue to contribute to the production of goods and services over their life cycle. The care economy also establishes the basis of long-term economic sustainability through the reproduction of the next generations of workers through the caring labour of current workers. Most importantly, the care economy contributes to social sustainability in that caring labour constitutes the essence of what holds us together as families and friends, as local commu-

Tronto (UNDP 2009; UNDP 2015; UN Women 2015a; UN Women 2016)) calls “a complex, life-sustaining web” on which our very existence depends.

Care work entails both paid and unpaid dimensions. Childcare workers, pre-school and school teachers, health-care professionals and long-term care workers provide care services on a paid basis. Yet the majority of care work is performed on an unpaid basis in the home. The increasing availability of time-use data from around the world confirms statistically a well-known fact about the unpaid care economy: Women bear its disproportionate burden. Moreover, beyond confirming what is already known, these data also uncover the immensity of the number of hours

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