

# WE CARE!

## Feminist responses to the care crises

A report of the WIDE Annual Conference 2009 workshops

<b>Workshops</b> .....	1
• <a href="#">Who talks about what? Notions, definitions and concepts</a> .....	1
• <a href="#">Approaches to care from the feminist perspective of ‘intersectionality’</a> .....	2
• <a href="#">Social and economic sciences: En route for a common theoretical framework</a> .....	4
• <a href="#">Care realities in Eastern Europe and the Commonwealth of Independent States</a> .....	5
• <a href="#">Care realities in Latin and Central America</a> .....	7
• <a href="#">Transnational migration and care chains</a> .....	9
• <a href="#">Linking food sovereignty to household nutrition security</a> .....	10
• <a href="#">Trade liberalisation, agriculture and women’s livelihoods</a> .....	12
• <a href="#">(Re)productive rights</a> .....	13
• <a href="#">Sexuality and development</a> .....	15
• <a href="#">Masculinities and care</a> .....	16
• <a href="#">The financial crisis and its implications to care: Experiences and common action</a> .....	18
• <a href="#">Transnational migration and remittances</a> .....	19
• <a href="#">Conference contributions through the lens of the ‘5-sector model of economy’</a> .....	21

### First round on first day

#### A.1 Who talks about what? Notions, definitions and concepts

*Facilitated by Ulrike Knobloch, Economist, WIDE Switzerland*

The words used to define economic factors, actors and phenomena are crucial determinants and shapers of economic reality. Terminology defines people and puts them in boxes. The key question is: Who creates these definitions? What are the assumptions underpinning these definitions?

Terms such as ‘unpaid work’, ‘care work’, ‘care receiver’, ‘care provider’, ‘care regimes’ and ‘human right to care’ are crucial in economic discussions about the care economy, and it is important to define and challenge these and other notions, definitions and concepts by asking key questions, for example:

- What does voluntary work mean? Is it worthy of payment or not? Is it connected with market-related work or to social/care work? Is it local or international in scope?
- Does ‘informal’ care work mean ‘unpaid’ care work?
- Compared to formal care work, does informal mean ‘without social protection’?
- Does formal work mean that the work is subject to state taxes?

It is still not always obvious when speaking in classical economic language if the term ‘work’ refers to paid as well as unpaid work. However, when we talk about volunteer work and domestic work, the notions of paid and unpaid become more visible.

In general, statistical definitions of terms relevant to care work and the economy cannot always be generalised to all contexts. For example, in some countries the informal sector *is* formal, in the sense that it is an accepted or large part of the market. One can add the concept of market-related versus non-market related to see how it fits in the framework of economic models. It is clear, however, that the normal, generally accepted economic definitions and terms have major limits.

One way around this is to start from another angle, with a reformist approach. This means we define where we want to be and how we will reach that place. For example, when discussing the economic value of work done by women it is important to make their work visible, because care work is often invisible. We can make care work visible through the effective use of statistics. For example, the work done by a maid in a hotel is visible but the work done afterwards at home is invisible. It is not only the actual visibility, but *economic visibility* that is important. In this sense, it is obvious that these issues are rooted in a patriarchal system and in the oppression of women. Putting patriarchy in the equation is fundamental, as ‘common terminology’ must be challenged and understood in the context of power relations.

In engaging in economic analyses related to care, the following are key guidelines:

- Understand that there is not one definition for many terms.
- Try to find definitions from the perspective of where you want to go, rather than where you are starting.
- Acknowledge power relations.
- Make ‘invisible’ work visible through statistics in national accounts, translating them in terms of Gross National Product.
- Design a roadmap to redistribute power and push for redistributive policies.

## **A.2. Approaches to care from the feminist perspective of ‘intersectionality’**

*Facilitated by Patricia Muñoz Cabrera, WIDE Chair, the Netherlands  
(A joint workshop hosted by WIDE Brussels and the Dutch platform)*

Intersectionality examines the ways in which models of oppression within society, such as those based on race/ethnicity, gender, religion, nationality, sexual orientation, class or disability, interrelate to create a system of oppression that reflects the ‘intersection’ of multiple forms of discrimination. Intersectional approaches to the care crisis can facilitate a more systemic and integrated analysis of the problem of women’s exclusion and the role of the state in the current context of budget cuts in the care sector.

Globally, the least well-off do the bulk of care work, and the best-off use their position and power to pass care work off to others. Thus, current perceptions of care are reproducing inequalities of power and privilege. The reality is that many poor women feel they would be better off if someone else did their care work. So it is important to examine how a person can move from one class to another without oppressing another woman, and how to bring poor women into the system without creating the need for other women to take their place in doing care work.

The problems are not just based on North–South feminism, but are also within countries – for instance, between classes. Not all migrant women are the same; not all feminists are the same. Likewise, not all states are the same, thus we need to look at the role of the state and the different types of states based on context, political systems and history.

### **Changing the institutions that define ‘care’, ‘gender’ and ‘family’**

We must radically change the way institutions define ‘care’ and ‘family’ to create a system that is inclusive and cares for the rights and positions of all women. Asking ‘who is responsible for care: women, the state or both?’ reinvokes the belief that women are responsible, and does not create institutional space for other forms of caring and living, such as lesbian/gay couples or communities. We must also be mindful that some care benefits/services, such as part-time work and paid maternity, can reinforce the woman’s social role as primary caretaker.

Intersectionality enables us to see how, for example, transgender or bisexual women are targeted with different forms of violence than heterosexual women. It also enables us to distinguish between gender-based violence and sexual violence. Sexual violence aims to destroy women’s bodies, because they are seen as hyper-sexualised, and sexual violence cuts across genders. Not all gender-based violence is sexual, and not all sexual violence is based on gender. Intersectionality also forces us to see how men are affected by power relations and that power has no gender – we all have good and bad powers. Hyper-masculinity is sometimes vulnerability in disguise.

### **Caring, feminism and the state: applying the intersectionality lens**

Participants examined their own views about what is a careless state, a caring state, careless feminism and caring feminism.

- **A careless state** privatises care and/or reduces budgets and makes individuals responsible for care. It has no welfare policy, and care work is seen as unskilled.
- **A caring state** acknowledges diversity, is inclusive and helps to finance care, including community-level care. It is centred on human values, and it undertakes gender budgeting. It does not categorise paid and unpaid work but values care work, and recognises care as a universal right.
- **Careless feminism** fails to recognise other inequalities, and uses just one picture of a feminist woman.
- **Caring feminism** recognises genders and differences, and cares about all forms of oppression against everyone, everywhere. It creates a space to reflect on issues from an intersectional perspective, and alliances outside of feminism.

### **A.3. Social and economic sciences: en route for a common theoretical framework**

*Facilitated by Annemarie Sancar, SDC, Switzerland*

In analysing and looking for solutions to the care crises, it is useful to identify the crossroads where social scientists and economists meet. This means examining the links between economic and social scientific processes and methods, and finding shared concepts. It also means determining the types of information which social scientists need from economists, and which economists need from social scientists.

In terms of care crises, it is crucial to take a heterodox view of the economy – to reject mainstream views on economy and take a more social science-oriented perspective. Economic concepts of economy need to be defined in terms of social science.

#### **Finding economic and social crossroads**

Social science and economy come together clearly, for example, in trade agreements, where we talk about access to public services, working conditions, policy space, regulatory environments, and also tariff reduction. In the area of trade agreements we have to ask crucial questions related to social issues. In the context of the financial crisis, we can look at the costs of the lack of care. For example, we can show how poverty produces ill health, and look at the social determinants of health. However, the impact of a lack of care does not show up immediately; positive and negative impacts are seen over a long period of time.

Important tools for both economists and social scientists are indicators which measure well-being. Feminists can develop our own indicators and key questions for well-being that can be used both within economic and social scientific spheres.

Another potential ‘crossroads’ emerges when we consider whether or not to put a value/cost on care work. Another option is to declare care a human right, which involves redefining human rights laws; thus addressing care issues, not only from economic and social points of view, but also from a legal standpoint.

#### **Deconstructing key concepts**

Mainstream economic rationale is able to define the cost of producing a washing machine, but cannot or will not define the cost of using that machine in the context of caring. This is part of the mainstream prioritisation of what is known as ‘homo economicus’: the commodity-producing head of the patriarchal family. People do not act out of economic rationality; they act out of self-interest and, in particular, they function within the care economy.

Social scientists can bring new models to economic discussions. For example, they can dismantle the myth that households headed by a male breadwinner are the most common or important in economic arguments and that women-headed households are not per se

poor. The mainstream economic prioritisation of the patriarchal household in welfare states leads to a discourse focused on an idealised family, which supports a social and cultural backlash against diversity but also a mechanical concept of household.

### **Need for interdisciplinary discourse**

Currently, there is no cross-fertilisation between economics and social sciences, so an important first step is to bring these together to rethink the economy from an interdisciplinary point of view. This can bring in new definitions and relational identities; for example, instead of talking about ‘care recipients’ we can shift the focus to ‘relationships of care’. Social scientists can bring the subject of masculinity and care into the discourse. It can also help to make the invisible work of care and families more visible. This means challenging the mainstream economic concept of care as ‘external’ to economic production into an internal and visible cost.

The current economic and financial crisis discourses are completely dominated by economists, and if you are not advocating for and working from mainstream economic views you are penalised. This is particularly true in universities, which are no longer independent. We must begin to explore who sets the agenda in universities. Who pays for research? Is it a corporate agenda?

### **Recommendations**

- Look within the EU framework to find funding for interdisciplinary research.
- Elaborate new economic theories.
- Find space to rethink the economy from heterodox points of view.
- Define different strategies for gender equality, asking ‘How can we use the neoliberal economic views to push for gender equality and what are the risks doing so?’
- Do cost-benefit analyses, looking at how we can explain care in a more economic way.

## **A.4 Care realities in Eastern Europe and the countries of the Commonwealth of Independent States**

*Organised by the KARAT coalition, facilitated by Michaela Marksova Tominva (KARAT) and Anna Zachorowska-Mazurkiewicz (Feminist Think Tank, Poland)*

Neoclassical and Marxist economics divide labour into productive work for pay and unproductive work which is unpaid and done in and for the household. This dichotomy disadvantages women, who do the bulk of so-called ‘unproductive’, unpaid work. This was illustrated in the 1995 *Human Development Report*, which assessed the sexual division of labour globally. It showed that women did 53 per cent of the total hours of work in the world and men did 47 per cent; and about 75 per cent of men’s work is paid while only about 33 per cent of women’s work is paid.

These figures are particularly interesting when looking at the countries in the Commonwealth of Independent States (CIS) and those in Central and Eastern Europe (CEE). In recent years, the economies in CIS and CEE countries have shifted from

centrally planned systems to transitional economies to the current market system. Some have joined the EU. Under these different systems, women's roles in the market have changed, but their roles in the household have remained the same. Michaela Marksova Tominva presented a case study from the Czech Republic, while Anna Zachorowska-Mazurkiewicz looked specifically at the situation in Poland, although the workshop focused on the whole CEE/CIS region.

### **Communist-era economies and care**

In many CIS countries, during the communist era most women were encouraged to work outside the home, and only those with young children were allowed to stay home. Data show that in Poland almost 70 per cent of women worked outside the home during 1989.<sup>1</sup> Most of this work was full time, and they were also entirely responsible for care work at home. However, child care was free and widely available and, for example, in Poland women who did paid work could take time off to care for sick family members. Men could only do this if they were the family's sole care giver.

Women were not generally discouraged to undertake higher education. Now there are more women in university than men. (However, women still had lower-paying and lower-status jobs than men with the same education.) Because there was no free-market system offering products or services, there was little to do outside of work and very little to buy. Problems with the supply of consumer goods put additional burden on women, since they were the ones standing for long hours in line to purchase basic products for the household, or looking for shops in which those products were available. On the other hand, people were not exposed to luxury goods displayed in shop windows, which is common nowadays and influences the sense of relative poverty.

Issues of national identity also had an impact on women's care burden. For example, in Poland, a country that lost its independence for more than 100 years and regained it only after the First World War, national identity has been and remains an important notion. Women have traditionally been seen as the keepers of this identity, and mothers have been seen as the centre of family life and the 'glue' which cements family ties. During the communist era this resulted in a triple burden of paid work, family and household care, and the task of transferring knowledge and educating others about national issues and history.

### **Current systems and transitional challenges**

The transition to free-market systems has not made life easier for most women in CIS and CEE countries. Women find it difficult to enter the market, and they have lost the care-related benefits provided by the communist system. One thing that has not changed is that women still get lower-paying and lower-status jobs than men with the same education.

When the economic system in the Czech Republic, for example, became a free-market system, policymakers implemented measures to keep women at home. But these efforts

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<sup>1</sup>See the full presentation by Anna Zachorowska-Mazurkiewicz with references to all cited data at: <http://widenetwork.wordpress.com/page/2/>.

were unsuccessful, because women were accustomed to paid work. In Georgia, the communist-era care system no longer exists, but the new system is not stable and is market-driven. During communist times, the Church also provided care, and it is important to examine its current role in the economic systems and care economy.

In Poland, going from a socialist to a market system was traumatic. Unemployment particularly affected women, whose participation in the formal labour market dropped from around 70 per cent in the 1980s to less than 50 per cent today. During the transition the state shifted the responsibilities for nursery and kindergarten to municipalities, which severely limited these services, especially in rural areas. State-subsidised child care is relatively affordable, but private childcare can cost at least four to five times more. The communist-era institutional child care system is still in place to some degree in Poland, but is now very limited.

On average, women in Poland work 30 hours or more per week providing care in the household. Poland now receives migrants from the east to do care work, while at the same time Polish citizens are migrating to other countries to procure work, often in the care sector.

The demographic shift which is resulting in older populations is also affecting CIS and CEE countries. Elderly people in these regions are a specific vulnerable group with quite a large number of people living on the edge of poverty. Therefore, their growing numbers will pose a 'care burden' in the near future. Without decent care policies in place to address this, elderly people who do not have access to private care will suffer.

## **A.5 Care realities in Latin and Central America**

*Organised by CONGDE, facilitated by Mayra Moro Coco and Rocío Lleó, Spain*

Latin America is the continent with the highest level of social inequalities – both within the region and within countries. Most countries are considered middle-income and, therefore, are excluded from development policies. And the conditions of women's lives, in particular, are largely ignored in Latin American countries.

There is no welfare state in Latin American countries, so the impact of the current economic crisis is different from that in many other countries. The impact also differs within the region: Mexico, for example, is suffering because its economy is closely linked to the USA's. For other countries the main impact so far has been a large reduction in migrant remittances and in income from export-oriented sectors.

On the whole, the political landscape throughout the region has shifted to the left, and these new governments are questioning the neoliberal model. In addition, the constitutions of Bolivia and Ecuador, for example, both mention the concept of a 'good way of life' (*buen vivir*) – not by having goods or money, but by having good relationships with nature and other human beings.

## **Campaigns and research for social change**

Several civil society alliances in Latin America and Spain are working to promote the introduction of the care economy into the development discourse and to get it on the agenda.

In Peru, the *Comedores Populares* organisations illustrate how community care work organised and done by women has replaced the welfare state. These local organisations are connected to other civil society and women's organisations at regional and national levels, and play a key negotiating role with the state to define the budget for this community service that is paid by the state. Thus women's care and unpaid community work is becoming public policy, and women working in this sector are now political and economic actors.

The Spanish NGO Ayuda en Accion has been working on the awareness-raising campaign 'Move for Equality, it is Justice' (*Muevete por la Igualdad es de Justicia*) for three years. The campaign aims to contribute to gender-equality policies in development and is funded by the Spanish Government. It has a lobbying and advocacy role and a component of development education for Spanish civil society organisations to learn about North–South interdependence, the importance of gender equality in development, and the promotion of women's rights.

The 'Feminisms in the Development Agenda' project launched by the Spanish Development NGO ACSUR – Las Segovias is working with feminist and women's organisations in Central America. The project's main goal is to contribute to women's human rights, the eradication of violence against women, respect for women's economic rights and the promotion of women's political participation. One of the project's main activities is the campaign 'Without Women, it is not Democracy' (*Sin Mujeres no es Democracia*).

INSTRAW has been implementing the project 'Building Networks: Latin American women in global care chains',<sup>2</sup> which aims to formulate proposals that take the care perspective as a central line to development and value care work, collective responsibility and gender equality in care provision. The project includes a study on '*The social organisation of care from a rights-based perspective. Comparative analysis of Bolivia, Chile, Ecuador, Peru and Spain*'. Researchers have concluded that there is a nexus between care, inequality and exclusion, which is created because there is no right to care, and care is outside public debate, and relegated to the private sphere. When care is discussed in the public sphere, carers do not have a voice. Care is the invisible basis of the socioeconomic system.

Feminist organisations in the region can use these examples of successful projects to determine next steps in bringing care and the care economy into the public sphere in Latin America and addressing the rights and needs of women. The workshop also came up with suggested actions, including:

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<sup>2</sup> <http://www.un-instraw.org/en/md/global-care-chains/latin-american-women-in-the-global-care-chains.html>



- Determining the feasibility of calling for a universal right to care: is it possible? Is it pertinent?
- Measuring and quantifying the care economy, for example, using time-use indicators, but understanding that what is useful for Europe may not be useful for Latin America, and vice versa.
- Call for a human paradigm of a ‘good way of living’, as opposed to the current market paradigm of ‘having goods’.

## **Second day, thematic issue 1: Paid and Unpaid Care Work**

### **B.1 Transnational migration and care chains<sup>3</sup>**

*Facilitated by Sarah Schilliger, Sociologist, Switzerland*

It is a challenge for feminist theory and practice to look at power relations in global care chains and their social implications. To begin to examine this area, we must ask:

- Is migration for work a tragedy or a victory? Is the mother’s role being romanticised?
- What does the commercialisation of care work mean for feminists? What does the globalisation of care work mean for families?
- How can we improve the working conditions of domestic care workers globally and locally?

The current definition of care work is limited to household work, but we should make it broader, to include janitors,<sup>4</sup> hotel housekeeping, sex workers etc. We should see it in broader terms and think about the increase in numbers of low-paid care workers.

However, how can we move forward politically with domestic work in the direction of domestic work being based on a human rights framework and protected? In current systems there are power relations that make it difficult to move politically. For instance, in Spain strengthening the rights of domestic workers goes against the interests of middle-income men and women. We need to make visible in our discussion how domestic workers contribute very significantly to the structure and economy of developed countries. Migrant communities, especially women, take up caring. The issue is for the people who buy this care (among them women) and do not want to pay social security costs. This is a fundamental issue we need to address: the fact that someone who gets oppressed oppresses someone else.

Why do we have to employ someone to do the care work? Why are men also not sharing the burden of care work? These fundamental questions still need answers. When we are talking about gender relations, women sometimes benefit from state-subsidised care work, when men are absent – for example, in Russia. Yet when women go into work,

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<sup>3</sup> In this thematic issue there was a second workshop around ‘Decent work and the informal care sector’. No notes are available due to a miscommunication in the reporting team.

<sup>4</sup> A janitor is someone whose job is to look after the cleaning and maintenance of a building, especially a school or office block. This term is largely used in North America and Scotland, and is similar to the term ‘caretaker’.

there can be a backlash in power relations with men, such as more violence against women in South America. In the 1980s, when many men lost their jobs in Africa, they went into the informal sector and pushed women to the margins. Women have gone into migrant care work, and now after the current job losses men go into competition for care work.

Care is not valued, and its burden always falls on people who cannot escape it. Care is hierarchical, so we need to go beyond the existing rights discourses and define new rights, such as a right to care. How do we bring a different conversation to the table? If women are experiencing a backlash from both patriarchy and capitalism, it is a situation in which you are ‘damned if you do, damned if you don’t’. How can we change the rules of the game and discuss new discourses and practices? Care work should be acknowledged as economically valuable. If the state provides care it is more liberating.

## **Second day, thematic issue 2: Women’s Rights and the Right to Food**

### **C.1 Linking food sovereignty to household nutrition security**

*Facilitated by Heike Wach, ProGender, Switzerland*

Ensuring ‘nutrition security’ involves examining the quality of nutrition, problems related to malnutrition, issues of the food needs of different people (sick, healthy, elderly, etc.), and cultural aspects of care and food. At one end of the food chain is that which is produced in the fields; on the other end is what the consumer has on her plate. Nutrition security considers the latter, focusing on the micro and meso<sup>5</sup> levels.

#### **Nutrition security and empowerment**

As a starting point the question was raised about how far women’s empowerment can contribute towards achieving food sovereignty.

The concept of ‘economic literacy’ was introduced, where women develop knowledge and conscience about their contribution to the economy and well-being of their society. Bénédicte Allaert cited an example from Lebanon, where women started to challenge existing gender relations at different levels: in their households, amongst male-dominated cooperatives and eventually at macro-level through political lobbying.

When carers have knowledge about food storage and preparation, it makes them more independent from the food business, yet such knowledge is rarely recognised as a skill or type of ‘capital’. To ensure that actors in development and economy invest in improving the skills and knowledge of rural women, these skills need to be promoted as forms of capital. This means that knowledge should be valorised; however, this should not be in terms of economic

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<sup>5</sup> **Mesoeconomics** is the study of [economic](#) arrangements which are not based either on the [microeconomics](#) of buying and selling/supply and demand, nor on the [macroeconomic](#) reasoning of aggregate totals of demand, but on the importance of under what structures these forces play out, and how to measure these effects.

efficiency, nor should it be linked to femininity or masculinity, which could result in a fixed set of gender roles.

As a first step, women's knowledge concerning nutrition security needs to be made visible, then it is possible to move on to demand a redistribution of power. This knowledge has two aspects. Having knowledge can create a sense of value and self-esteem (as a first step), then it is important to ask how this knowledge can be capitalised and used. We must not get stuck at the first step, and try to find strategies that can enable the redistribution of power.

It is important to look at the lack of value assigned to knowledge (and household work) in the global South and also the North. In the North, a lot of knowledge, for example on food preparation, has been lost. Now scientists are considered the 'experts', and we depend on them for such knowledge. Expertise has been given away to the food industry and others because of the double burden of work within and outside the household. There is simply less time devoted to the household. At the same time, the gender division of labour remains traditional: men have not taken on more household responsibilities. We want to valorise women's knowledge and work, but at the same time we recognise that men continue to successfully refuse to do this work.

Feminist books about nutrition could be a way forward, even though this approach risks reinforcing old stereotypes and should be considered carefully. Women are under pressure to care. For example, in Basel women get fined if their children arrive at school without breakfast. In this context, recipe books function as disciplinary instruments. While the state draws back from social programmes, it increasingly disciplines people with regard to how to treat their children. As a result, women are saddled with guilt. Nevertheless, the system still does not encourage men to take on care work.

### **Strategies**

Individual problems can be solved collectively. For example, in one residential place where the residents became increasingly busy with their careers, they solved the problem of lack of time for nutrition by hiring a cook together. Women in the global North can collectively question what they are consuming and create direct links from consumers to producers as part of an empowerment strategy. We can also valorise care- and food-related issues, for example, by showing the economic costs of bees disappearing from the ecosystem, or showing the economic value (in money or jobs) of household work.

In the context of development projects, empowerment can enable women to value the care work they provide, which can strengthen their bargaining power and agency. Some possible strategies to achieve this are collective organisation, transforming societies and gender relations outside the household and within the scenario of fair trade. It is important to maintain the link to the macro-level.

Care is becoming a fashionable discussion. We need to be careful with assumptions we make, because we very easily end up reinforcing stereotypes, especially in the field of nutrition. We need to discuss our assumptions, since we do not all have the same concepts or interests. We also run the risk that care will be depoliticised in the same way gender was depoliticised.

## **C.2 Trade liberalisation, agriculture and women's livelihoods**

*Facilitated by Barbara Specht, WIDE, Belgium*

In most economic analyses and, in fact, in most societies, agriculture and care share the characteristic of being largely unrecognised and undervalued. Beyond this fact, the links between agriculture and care are complex and in some contexts unclear.

In developed countries, profit is the key motive for most producers. Agriculture is an extractive industry, and the agricultural (farm) household is not very different from most urban households, which buy food from supermarkets and are not self-sustaining (e.g. they require subsidies). However, there are increasingly examples of organic food, local products and buying seasonally, which are becoming more valued and are associated with healthier lifestyles. In developing countries, food production has to do with sustenance and survival, rather than with profit. Here the link between agricultural work and care is very clear and direct. In the context of larger-scale agriculture done by men for profit, there is no clear link. Many people in developing countries are not only consumers of food, they are producers and consumers together – this is quite different from industrialised countries and shows us that there are different problems and solutions in each context.

### **Links between care, agriculture and trade liberalisation**

Economic growth as a key indicator of success has led many governments to adopt a development paradigm that re-orientates agriculture towards exports, because selling to large markets provides significant revenues which translate into government revenues, corporate revenues etc. This is the primary motivation for many governments to choose an agricultural system that is about selling abroad. Small-scale producers are neglected because they do not sell abroad thus do not make money for governments or economies. As a result, they are not deemed eligible for infrastructure, such as around water, subsidies and support, which are necessary for their success. It is a huge challenge to persuade governments to fulfil human rights and obligations related to food because there are contradictions between food rights and the promotion of economic growth. This is where we are right now in terms of political challenges.

It is important to point out, however, that countries in the global South have largely been pushed into this agricultural system for the benefit of rich countries, while at the same time development funding has been given to poor countries to support programmes and services. There is a dominant and very powerful international economic policy endorsed by the World Trade Organization (WTO) and others, which benefits a small elite, and contributes to the influence of transnational corporations on governments in the South. Feminist organisations and our allies must develop strategies to influence WTO policy, especially the current negotiation round for more free trade.

### **Vision of a caring economy**

What kind of economy do we want – a caring economy or a profit economy? Currently we have a trade system that does not care, and in fact destroys a caring economy. A caring economic and trade system would protect care-related sectors of the economy, removing them from a system that revolves around efficiency, competition and profit. A caring economy will also give preference to security, protection and regulation for the sake of fulfilling human rights and the needs of people. We can have a vision of caring for human beings, including physical good health, which is very different from what large-scale agricultural producers think about when they focus on profit.

For any caring economy, state intervention is vital. We have to ask what kind of trade regulation we need to reach our objectives. However, shaping the trade system has been difficult. Impact assessments are essential, but when they are done the assumptions should be questions. Currently when they are done recommendations always go in the same direction – towards opening markets.

One suggestion is to bring in the notion of time and time poverty, which is hardly ever considered, especially at international level. Also, while conceptualising the links between care and agriculture is important, it is even more crucial to link each concept with practical aspects in the field. This requires time to compare concepts and practices. In the meantime, trade agreements are being decided right now. So we need to find a way to relate trade agreements to the realities of women's lives right now.

## **Second day, thematic issue 3: Body Politics, Sexual Rights and Gender Justice**

### **D.1 (Re)productive rights**

*Facilitated by Jivka Marinova, GERT, Bulgaria*

The UN International Conference on Population and Development (ICPD) Programme of Action is an important instrument for feminists in lobbying for women's sexual and reproductive health and rights, including abortion. However, there is a massive difference between what is written in the document and what is really happening in countries around the world.

State policies and support for sexual and reproductive health and rights differ widely across countries and regions. In the USA, for example, while the Bush government gave money to anti-abortion causes, the political balance appears to be shifting in favour of women's rights. However, in many countries, the current economic climate is leading to major cuts in funding for sexual and reproductive health services, which affects and is interlinked with violations of women's sexual and reproductive rights. For instance, Italy has seen both changes in the right to abortion and cuts in public spending on sexual and reproductive health. In Switzerland, abortion is free of charge up to the 12th week of pregnancy, but the government is trying to change this because of a lack of public funds – apparently giving birth costs less than abortion. Abortion pills are deemed too expensive

in many countries. In Italy people rely on the male condom because it is the only contraceptive that is free of charge; this protects men's bodies, but not necessarily women's. And there has been little research on, interest in and funding for producing a contraceptive that is safe and comfortable and protects women.

A conservative, religious and social backlash has taken place against reproductive rights. For example, in some countries the Church is lobbying to introduce a law giving physicians the right to oppose an abortion on moral grounds. In France, social stigma related to abortion serves to limit access to it and create obstacles for many women. In Germany, abortion is legal, but women are not adequately informed about it. Abortion is largely illegal in Ireland and Portugal, forcing women to travel overseas for an abortion, which is commonly known as 'abortion tourism'.

Population policies which aim to restrict the right to bodily integrity and choice also take different forms in different regions. For example, in some African countries women have been sterilised after giving birth to three children. While in Asia people are fighting for the right to have more than one child and facing penalties if they do have more than one.

In many countries, the concept of sexual health is accepted, but sexual rights are not. For example, in Switzerland people under the age of 16 are forbidden from having sex and need a permit from the police to buy contraceptives. And in Sweden lesbians wishing to have children or embryo implantation have to travel abroad – for example, to Denmark – another form of 'health tourism'. This could lead to a market for eggs, whereby people sell their eggs for money, which already exists in the USA.

### **What needs to be done?**

The right to abortion could be linked to the right to vote as another step in the evolution of women's rights. For example, women have the right to vote in Lebanon but no right to abortion. So we must ask, what does it mean when a country ratifies the human rights declaration but does not allow women to choose to have an abortion? It is also important to push for more and better contraceptive choices for women, so that abortion is not the only choice.

### **Recommendations**

1. Lobby the medical profession to make more (acceptable) contraceptive choices for women available, and to increase research and funding for safer contraceptives (such as female condoms).
2. Critically assess new reproductive technologies from ethical points of view and reject technological advancements that lead to pre-selection of racial, gender and genetic features.
3. Get the right to have a child on political agendas and consider critically the emerging market of eggs and 'birth/health tourism' in the context of South–North and East–West power relationships as well as part of class and race issues.
4. Clarify definitions of new concepts around reproductive rights and definitions of care.

## **D. 2 Sexuality and development**

*Facilitated by Conchita Garcia, WO=MEN, the Netherlands*

Sexuality can be many things: desire, pleasure, self-expression, intimacy, fertility, power, health, care, commercial and personal. It is more than just sexual orientation and differs across and within cultures and societies. It is not just physical – a great deal is happening in the brain during sexual experiences and experiences of one's sexuality. Overall, sexuality remains taboo, and most people, including feminists, censor and restrict ourselves when it comes to expressing our sexuality and sexual needs and desires or discussing them in public. Sexuality is also rarely addressed directly in development policies and programmes, except in the context of some health interventions and, for example, in terms of female genital mutilation (FGM). Overall, development policy and practice remains a male, Eurocentric and – crucial to this discussion – a heteronormative domain.

### **Heteronormativity, development policy and care**

Heteronormativity is evident in social and development policies and provisions throughout the world, which focus exclusively on nuclear families. Non-heterosexual couples and families are denied social and caring support as well as legal protection. In some sense, they are also denied the right to give care in many countries, where homosexual couples do not have the right to have children.

Considering care through a non-heteronormative lens can provide an interesting analysis of definitions, gender roles and expectations. How do lesbian and gay couples deal with caring and care responsibilities, and how are these perceived in development policies? Are lesbians and gay men part of the care discussion at all? And what about elderly lesbians and gays, many of whom do not have children: who will meet their care needs? Non-heterosexuals are largely invisible in the care discourse, and efforts are required to put their needs on the agenda.

Within feminist and development work, it is also vital to question our own motivations and beliefs: are we working from a heteronormative perspective or are we open to sexual diversity? And how can we integrate these issues into policies? One strategy might be simply to repeat that gay couples have rights! It is important to communicate the realities of people's lives and sexuality and to challenge the dominant heteronormative discourse.

### **Sexuality, development and sex work**

Another crucial issue related to sexuality, development and care relates to commercial sex work. Is a sex worker a care-giver? Does giving pleasure in exchange for money constitute care? Sex workers often talk about not only physical but also spiritual and psychological relations to their sexual partners. Can we talk about care when talking about commercialism? To advance the discourse on care we need to determine if sexuality is care or not, in the same way we have to address if, for example, cooking is a

form of caring. It helps to remember that, in fact, sexuality and sexual expression can be self-care – it does not have to involve giving care to someone else.

### **The way forward**

Development needs to be approached from a perspective of equality when it relates to sexual orientation and sexuality; this will create a more humanitarian development environment. In addressing sexuality and care issues in development, several steps are crucial:

- listening to different people's diverse needs;
- ensuring basic rights for all;
- building the capacity and understanding of development workers in the global North;
- recognising and overcoming heteronormativity; and
- moving the dialogue beyond sexual and reproductive health to include the diversity of sexuality issues that affect people's lives.

### **D.3 Masculinities and care**

*Facilitated by Marcela de la Pena Valdivia and Patrick Govers from Le Monde selon les Femmes, Belgium*

Men's organisations have emerged in the last 30 years and play a role in the debates around gender equality. As such, it is important to understand the differences between concepts such as *masculinity* (men's social practices), *masculinism* (anti-feminist) and the *patriarchal system*, where the system and the social practices allow men to dominate, oppress and exploit women. The notion of intersectionality holds that the classical models of oppression within society, such as those based on race/ethnicity, gender, religion, nationality, sexual orientation, class, species or disability, do not act independently of one another; instead, these forms of oppression interrelate to create a system of oppression that reflects the 'intersection' of multiple forms of discrimination.

#### **A brief history of masculinities, fatherhood and care**

- Before the 1970s: the socio-biological and the psychoanalytical perspective became dominant as well as the concept of the complementary sexual roles of men and women and the introduction of Jung's archetype of collective unconscious anima/animus. There are mainly two perspectives: one integrating the Freudian vision (the theory of castration and the Oedipus complex): in this perspective being a man is in opposition to being a woman; the masculine identity and its construction means rejecting the feminine; in the Jungian perspective the construction of masculinity means accepting the feminine part (anima) as each man has it in him.
- 1970s: this decade called for the second wave of feminism and the development of masculinity studies, with two main perspectives: the materialistic, looking at power relations, and the post-modern (where there is a plurality of masculinities according to social class, race, sexuality and age).



- Late 1970s: the emergence of the notion of the ‘new father’, one with a closer relationship between the man and the child. The cultural representation of the father has changed to one showing emotions but there is still a big gap between representations and behaviours.
- 1980s: the pro-feminist movements<sup>6</sup> start collaborating with the feminists to transform the traditional masculinities and the patriarchal relationships of domination (men’s violent behaviour towards women, pornography, sexual discrimination, unequal gender power).
- 1990s: the paternity crisis begins. The nuclear family, single-parent family and heteronormativity are questioned more and more.
- From 2000: there is an expansion of the masculinist movement as being anti-feminist, plus the mythopoetic men’s movement<sup>7</sup> as a social movement that includes a number of philosophies and organisations that seek to support men, change the male gender role and improve men’s rights in regard to marriage and access to children and as victims of domestic violence. Major movements within the men’s movement include men’s liberation, masculinism, men’s health, the mythopoetic men’s movement, pro-feminism, anti-sexism, men’s/fathers’ rights and organisations supporting male victims of rape.

### **Studying the paternity question from a gender perspective**

The essential father perspective claims that the gender differences in parenthood are universal and biological, that fathers are essential to the positive development of children and that positive fathering is most likely to occur within the context of heterosexual marriage. The materialistic perspective looks to fatherhood as a power institution; looking at care work in the families, it asks who is doing what of the care? Men are taking nowadays more care of the affective side of child care, but women need to take care of the household still. There is an unequal share of the domestic work mainly due to a resistance to change. A study has shown that women’s workload is nearly the same during the week and the weekend, while men’s workload is lower at the weekend.

### **Recommendations**

We need to change cultural prejudices, have more men involved in care and working in the care economy, and redefine the notion of masculinity by including nurturing capabilities. Public policies should provide free care services, create financial incentives, and find ways to reconcile private and public life through parental leave. An egalitarian ethic in terms of political engagement (social and economical justice) should be applied

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<sup>6</sup> Pro-feminist men see the current model of manhood as [oppressive](#) to all: women, children, and men. They feel that men as a class do not take responsibility for their behaviors and assert that men need to take responsibility for their own behaviours and attitudes and work to change those of other men.

<sup>7</sup> The Mythopoetic men’s movement is based on spiritual perspectives derived from [psychoanalysis](#), and especially the work of [Carl Jung](#), [Joseph Campbell](#), and the poet [Robert Bly](#). There is an emphasis on ‘elder honouring’, ‘reclaiming’ fathers, and ‘unleashing the wild man within’, but with an emphasis on the impact of fatherlessness on men’s [psychological development](#) which is related to their criticism of ‘soft’ men – the victims of militant feminism and single motherhood.

for women as well as for men. This means that pro-feminist men have to help women in countering the traditional space of masculine power in synergy with the feminist movements.

The men's movement needs to collaborate with feminist movements. Projects should include a clear statement about structural injustices. Change is possible through individual and collective change and through a political engagement of women in men's power structures.

## **Last day, last round of workshops<sup>8</sup>**

### **E.1 The financial crisis and its implications to care: Sharing experiences and planning common action**

*Facilitated by Silke Steinhilber, Researcher and Consultant, Germany*

The impact of the current economic crisis on the care economy and the care burden is more obvious in the global North than South due to a number of factors. More developed states in the North have more highly privatised public services, such as education and health. Also due to demographic changes, especially of populations ageing and fertility declining, care requirements are increasing and shifting for families. In both the North and South, however, the care economy functions as a back-up to the monetary/formal economy: when this economy fails, the care economy has to pick up the 'burden'.

Despite the different signs of crisis in the North and South, economists and policymakers measure the health of an economy in the same way – by tracking gross domestic product (GDP). The fall of GDP, therefore, indicates a crisis. GDP, however, cannot measure the impact of a crisis on people and how they cope, nor the activities that lead to human well-being.

To measure the crisis beyond GDP we need to analyse indicators of human development, such as those found in the Human Development Index (HDI) created by UNDP. In 1995, a gender component was added to the index to indicate women's participation in education, politics and the economy. This gender equality indicator showed and still shows that benefits of development are not shared equally between men and women.

Ultimately, it is a political choice to support the banking and financial systems rather than supporting care. Our aim is a growth in care, rather than a growth in profits for the private sector; we want social protection and social services.

### **Recommendations**

Thus, to change the terms of the debate we must look for alternative ways of thinking,

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<sup>8</sup> There is no report for the workshop 'State budget, public expenditures, fiscal policies and aid policies'.

and of analysing and measuring the impacts of the crisis. Key issues to take into account are:

- the need to redefine the role of the state;
- the link between gender equality and racism in terms of the impact of the crisis;
- which instruments do we have? Governments are committed to implementing CEDAW, for example, but where is the money for this?;
- policy coherence between trade and development agreements;
- how do all these alternative discourses reach the public? We need more mobilisation around these issues.

As a short-term response, we can propose tracking stimulus packages based on indicators and look at how they are affecting men and women differently. We can also introduce our own indicators. The EU is asking civil society organisations to measure the impact of the crisis, which could be an opportunity for women's organisations to influence at European level.

As a long-term response, we should call for structural change, but we must define an alternative model. If one of the solutions proposed to solve the crisis of the conventional economy is job creation, we have to reflect on what kind of employment we want to create. We need to get closer to the environmental movement and question the whole idea of work. In this sense, we should call not for more jobs, but for a redistribution of socially necessary jobs, not based on the over-consumption model. We should call for a redistribution of jobs, shortening the working day, for sustainable lives, and without losing salary.

We must also build alliances. Who are our allies and in which cases? Our allies are not always those we expect.

We must also mobilise and raise awareness to make the care crisis visible for society and governments. In doing so, we should not forget that there are different audiences and different timeframes. Politicians love to measure – what is measured is treasured – so we should use the right indicators to measure the gendered impact of the care crisis. We can also use the language of money: what about a care tax for enterprises and employers? In the long term we must shift popular discourse to an alternative discourse; for that we need to work with the media and introduce other voices in debates, campaigns, education etc.

### **E.3 Transnational migration and remittances**

*Facilitated by Annemarie Sancar, Swiss Agency for Cooperation and Development, Switzerland*

Remittances are payments sent by migrants to people in their home region, which can differ widely based on how they are earned, sent and used. Countries in which citizens receive remittances have become more dependent on them in the last 15 years. Remittances have become recognised as a vital part of the economies of many developing

countries, and in fact are higher than the amount received through formal development aid. The current financial crisis, however, is leading to a cut in remittances, which is and will have varying effects on developing countries.

### **Gender and remittances**

It is difficult to generalise as to whether women or men send more remittances. In the Philippines, men send two times more than women overall, but individually women send more. In Georgia women individually also send more money back home. One reason for this is that migrant women from Georgia usually live in the family they work for and do not have to buy their own food, whereas men tend to spend money on living in foreign countries.

In US studies it was found that Mexican men send remittances, for instance, to help rebuild the church in a village, but the way women spend their remittances is not as well documented. In the Philippines remittances are used for middle-class consumption, and the migrant decides what is bought. Women allocate remittances for education, for children, clothes, washing machines etc. Sometimes money is invested in housing. In Georgia, remittances are not spent on healthcare, but they are spent on new clothes and improving day-to-day living through immediate consumption. This might also have cultural reasons, in that being ill in Georgia is a sign of weakness and decreases social status.

### **Challenges for migrants**

Generally, the amount individuals send as remittances is enough to sustain a family but is not enough to enable the family to grow economically or invest. Sometimes states withdraw funding for social services on the basis that remittances will cover them. For illegal migrants, their costs are going up but their income is not, and they do not have the freedom to travel home and back. In Switzerland migrants now need to pay a tax on their income, even though they do not have rights in the Swiss care system.

### **Potential avenues for change**

Feminists should also look at the companies that broker the transactions; they are making a profit from remittances and thus from poor people's efforts to support each other.

We should develop political strategies to take care of migrant care workers. What is the possibility of creating a transnational welfare regime? Goods and labour are shared in the current economic system, but the countries are not sharing caring regimes with each other for migrants. A fund could be set up for global insurance, like a transnational welfare regime with political action/implementation at the national level.

A feminist framework should not approach migration from a nationalist framework, which is how migration is approached by governments. The feminist challenge is to break up nationalist policies and to look at it from a transnational perspective that is care-oriented and rights based. We need national governments' support to ensure that migrant women, illegal or legal, get decent work and generally better conditions to organise their

lives as migrants and labour force – also needing care and social welfare in order to recover as such and for the market to function!

## **E.4 Conference contributions through the lens of the ‘five-sector model of economy’**

*Facilitated by Eva Klawatsch-Treitl, WIDE, Austria*

The ‘five-sector model’ is a tool for understanding economic systems which goes beyond the prevailing view that the private, for-profit sector is the primary actor in the economy. It illustrates how economic activities take place in five distinct sectors – the:

- household;
- non-profit;
- for-profit;
- public; and
- criminal sectors.

Because the five-sector model integrates the household into an economic model, it also integrates the primary source and location of care work, making care work visible within economic thinking. While we are most familiar with the rationale of the for-profit sector – profit maximisation – the five-sector model shows us that all sectors are motivated by a unique rationale and logic. For example, while the household sector is seen as having only emotion as a rationale, within the household, people make rational decisions about providing nutrition, care, preservation etc. This can be shown using the five-sector model.

### **History and the five-sector model**

Historically, the household was the centre of material and social production and reproduction. There were cottage industries and manufacturing enterprises, often in the form of guilds, where the woman or man of the house was responsible for the people working there. The for-profit sector emerged out of the household sector as more and more work was done outside the home.

The non-profit sector boomed in the 19<sup>th</sup> century in the form of trade unions and altruistic organisations, such as Church groups. Non-profits helped people in the household but also demanded regulatory action from the state or the public sector. The non-profit sector was very important in urging the state to take on economic functions, such as regulating working hours.

Another key sector is the illegal and criminal sector. The illegal sector involves the black market, such as women selling items on the street. It is work that is allowed, but there is no legal protection or social support associated with it. The illegal sector is also called the ‘informal economy’, but it is important to label it ‘illegal’ to illustrate the conditions in which women have to work. The criminal sector involves illegal activities, such as trafficking in people, drugs and weapons.

There are interrelations between all of the sectors. For instance, in the for-profit sector, people work for money ‘under the table’; this is an example of how corruption exists in every sector and between the sectors. It also demonstrates the way that dualistic thinking – such as formal versus informal – is not very useful and can be overcome using this new model.

### **Next steps and opportunities: lobbying the public sector**

The model enables us to look at care work done in the non-profit, public and household sectors. Through this, some analysts can see the need for NGOs to lobby the public sector for more services, funding and support. It also illuminates the fact that, while the non-profit sector originally evolved to provide services where the public sector could or would not, now public-sector funds and duties are going to the private sector (i.e. the privatisation of services such as health care and education). An important step might be for the non-profit sector to ‘rebrand’ itself as the sector which provides. Using the five-sector model, we can map the things that the public sector provides to all of the other sectors – namely, laws and public goods. This kind of analysis enables us to see how important the public sector is in the lives of women. Non-profit organisations have a crucial role to play in making sure that the public sector continues to provide social security, not just security in the form of police and military.

The important question to ask is: what kind of public sector do women need to exercise and uphold our rights and reduce our care burden? The model can be a starting point for this thinking.

### **Improving the five-sector model**

There were suggestions for improving the model further. For example, the diagram’s circles could overlap to reflect the fact that each sector affects the others. And perhaps the model could indicate power structures among the sectors, indicating who makes decisions about each of the sectors, how independent each sector is etc.

Overall, the five-sector model is a valuable tool for increasing economic literacy and understanding economic systems from a feminist perspective.