THE RIGHT TO CARE

Justice is a well-established principle by which societies and the actions of individuals are measured. But what about care? ***Stephan Meyer***, ***Tamara Shefer***, ***Thenjiwe Meyiwa*** and ***Vasu Reddy*** report on why care matters, based in part on a forthcoming book titled *Care in Context: Transnational gender perspectives*.

Care has been gaining considerable attention over the last three decades as an important concept of concern to researchers, activists and policy makers. Even though care is vital to our survival and development, it was long taken for granted. Such disregard arises from the hidden interest to perpetuate the uneven distribution of the giving and receiving of quality care. As a result, women and girls and people who already suffer economic discrimination remain locked into disproportional degrees of caregiving. In turn, men and boys, and people who are economically advantaged, are locked out of it. While many – including the World Bank – emphasise the ways in which this obstructs women's capacity to participate in education, economic, political and social life, a big silence hangs over how this reproduces forms of masculinity that are damaging to both females and males.

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Understanding the concept of care

Originally associated with maternal thinking and feminist ethics, care has since gained broader currency. The initial distinction – men think in terms of justice and autonomy, women in terms of care and interdependencies – is giving way to more sophisticated understandings of the ways in which care is gendered. A nuanced understanding of the social construction of masculinities and femininities shows that an orientation towards care is not a so-called women's morality. On the contrary, caring is an option, and arguably also a right and a duty, open to all, irrespective of their biological sex and their social gender. In addition, care and justice are no longer seen as opposites. Instead, as Joan Tronto of the University of Minnesota argues, there is a growing awareness that care must be democratised and at the same time, democracies must become more oriented towards allowing people to give and receive quality care.

Transdisciplinary collaboration is broadening and deepening our understanding of three interrelated aspects of care: care as an attitude (expressed in the notion to care about someone or something); care as a practice (as expressed in the notion of caring for someone or something), and care as a value (as captured in the concept of an ethics of care).

Care as a research topic

Important innovations characterise current research on care. Firstly, comparative studies cover an increasing variety of countries. Thus, the United Nations Research Institute for Social Development's (UNRISD) project, Political and Social Economy of Care, covers unequally resourced and established welfare regimes such as South Africa and Switzerland, and Tanzania and Japan. Secondly, the relations between social policy, welfare and care are becoming clearer, as evident in a further study associated with UNRISD, involving political scientist Shireen Hassim. Finally, there is an accumulation of empirical data on care, for example, on the unequal distribution of unpaid care work, as in a study on time-use surveys led by economist Debbie Budlender.

The Care in Context project

With its fine-grained qualitative analyses that use the care diamond (page 23) as a starting point, the Care in Context project builds on these studies, culminating in a volume, *Global variations in the political and social economy of care*. Focusing on South Africa and Switzerland, it brings together different care worlds. It also seeks to shed light on the questions posed by authors Shahra Razavi and Silke Staab: to what extent and in which ways are solutions to universal existential questions worlds apart? At the same time, as the subtitle, *transnational gender perspectives*, emphasises, the project underscores the need to develop an improved picture of the ways in which local, national and global care regimes relate to each other.

THE CARE DIAMOND: WHO IS ACTIVE IN THE CARE FIELD?

- Families, households and personal relations, which extend to friends and community members as embraced in the concept, philosophy and practice of *ubuntu.*
- States and their welfare instruments, which include cash transfers (such as child support grants and pensions) and services (such as public care centres for dependants and social work interventions).
- Markets, which cover companies offering financial products (such as pensions and medical aid) and services (such as hospitals, childcare facilities and home-based care) as well as individual care workers who sell their services on the labour market.
- Not-for-profit organisations, which include voluntary unpaid care but also extends to so-called volunteers who are (under-) compensated for care work done in lieu of other sources of income.

Based on Razavi UNRISD 2007

Source: Razavi, UNRISD (2007)

The combination of theoretical and conceptual reflection, policy analyses, examination of care models, and narratives of care offer evidence of the sometimes catastrophic, sometimes subtle consequences when care is neglected. At the same time it gives insight into heroic commitments across communities to care. Some of the findings include:

1. **Care crises take different forms and are widespread.** They may impact countries as diverse as South Africa and Switzerland in different ways and for different reasons, such as health pandemics or ageing populations. Such crises emerge when burdens of care exceed capacities. One form of such capacity overload is when people who are themselves largely in need of care, such as the ill and the elderly, have to care beyond their means for other dependants.
2. **Care greatly shapes and is shaped by inequalities.** Gender is one such inequality. Alternative masculinities are emerging that empower men and boys to care more than before. However, women and girls are still more likely to engage in hands-on care for others, a point that the image on the project publication cover seeks to evoke. This effect of gender can be amplified or diluted by other categories of difference and inequality, such as sexuality, class, and migrant status.
3. **Care and injustice interconnect in diverse ways.** Care deficits are rightly condemned for the injustices they entail. On the other side, power is not only exerted through the underprovision of care; power can also be exercised through care itself to determine the wellbeing or lack thereof of caregivers and care recipients.
4. **The care diamond is a useful starting point for analyses and policy planning.** It plots a broad spectrum of contributors to care regimes and is amenable to adaptation.

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The impact of care on policy

Greater focus on care is emerging on the policy front, both nationally and globally. Speaking at the HSRC, Minister of Science and Technology, Derek Hanekom, declared, 'Our vision of a developmental state is of a state that is both capable and caring'. Phumzile Mlambo-Ngcuka, UN Under-Secretary-General and UN Women Executive Director, meanwhile stresses the imperative to care on a global scale in her foreword to *Care in Context*: 'Governments, the private sector, international organisations and civil society must work together and take concerted action to recognise, reduce and redistribute care work, so that all people can fully enjoy their human rights and benefit equally from development'. Some countries are already turning these words into reality with influential policy guidelines or special government bodies overseeing care, such as the United Kingdom's Ministry of State for Care and its Support and the Care Quality Commission.

POLICY IMPERATIVES THAT CAN BE INFERRED FROM THE PROJECT

1. **Reduce care burdens.** The material preconditions (e.g. infrastructure and access to resources) that are necessary and that ease the provision of quality care have to be met.

2. **Distribute care fairly.** Inequalities in the distribution of care penalties and care benefits that erode social cohesion must be eradicated.

3. **Empower everyone to give and receive quality care.** The exercise of power through care deficits should be contained through, for example, care leaves, without care in itself thereby becoming a new instrument of coercion.

4. **Enable a diversified care mix.** Different circumstances at different times mean that people need a variety of types of care to be provided in households by states, markets, and not-for-profit organisations. This also means that policy should limit the displacement of state responsibility onto families, friends and households and curb the colonisation of care by markets.

Putting care in the public spotlight

The book, *Care in Context,* seeks to revitalise public discussion on critical questions related to care, such as the kind of care arrangements we ultimately want, through fanning vigorous public debate about the fundamental right to give and receive quality care. ■

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