

Transcript

Topic 2: What would a transformative, women's rights-focused care programme look like?

Ceri Hayes

4 Nov 2013 05:56 PM

Many of you have already spoken about development initiatives that focus on or address care from a women's rights perspective. And we'd like to pursue this area of enquiry further during the next twelve hours.

What would be (are) the characteristics and outcomes of transformative, women's rights-focused programmes that address care?

- What would success look like?
- How can we measure success?
- What factors or dimensions of programmes lead to this success?
- In development programmes, what approaches to 'addressing care' have we found problematic, controversial or superficial?
- What have we learned from existing initiatives that promote changes in Care provision from a feminist perspective? And is this learning transferable to other contexts?

Thalia Kidder

4 Nov 2013 06:43 PM

Programmes that address women's 'heavy and unequal' responsibility for care will be most transformational if they are not about care. Being intentionally provocative, this statement is to introduce and explore Oxfam's current approach and hypothesis on 'getting care on the agenda' of more of Oxfam's development programme staff, and funded partners and community organisations.

The hypothesis is that we persuade more development practitioners when our approaches make Care a relevant and compelling issue in wider programmes, through a relatively 'light and easy' analysis. The Rapid Care Analysis was developed for non-experts, to 'open the door' to working on care in programmes where the primary objective is other: enterprise and markets development, climate adaptation, resilience, or food security.

We want a wide range of practitioners to say 'I can do this (address women's care work),' 'I should do this', and 'we can make change' rather than 'this requires a gender expert, it is very complicated, difficult, long-term and expensive.' And we have seen, since March, that care has begun to be discussed beyond those of us who work on

women's rights, with potential to gather more legitimacy, funding and profile. Here's the brief introduction to the Rapid Care Analysis:

"As part of the Innovations In Care Initiative, Oxfam has developed a participatory methodology called Rapid Care Analysis (RCA). This 1-2 day exercise with 12-20 participants aims to assess context-specific patterns of unpaid household work and 'care of people'. RCA exercises have been done in programs in eleven countries by Oxfam GB and Oxfam Canada. Care has long been considered to be the 'natural' responsibility of women, as a result of which the costs of providing care fall disproportionately on women. Oxfam aims to increase the recognition of care work, reduce the drudgery of care work, and redistribute responsibility for care more equitably, as a precondition for achieving women's political, social and economic empowerment, and for overcoming poverty. Designed to easily integrate into existing tools on livelihoods, food, security or vulnerability, RCA makes visible how care responsibility impacts women's time, health or mobility, and identifies practical interventions to help ensure that women can participate fully in and benefit equally from development programs."

At the best, the RCA - and other approaches such as Action Aid's 'Building Economic Alternatives' which we've contributed to - have the following dimensions:

- :- They build a grounded, specific picture of the unequal responsibility for care provision in a particular community - context-specific Recognition of the extent and value of care work.
- :- They identify practical proposals to Reduce the time/labour required for care activities (water & fuel systems, improved equipment for food processing & cooking, childcare and health services have come up in almost every programme analysis so far).
- :- Furthermore, participants come up proposals for men and boys to take on more tasks, and for advocacy so that the State or employers provide more services -Redistribution.

What we've not done so well yet is our 'fourth R' - Representation of carers in decision-making processes. This tends to be seen as an outcome of reducing & redistributing care - that once women have more time, they will be more involved in governance and decision-making spaces. I'd suggest that programmes need to go further - to explicitly promote 'those with significant care responsibility' to represent themselves and their strategic and practical interests in decision-making spaces.

From the RCA, several development programme teams have developed initiatives that expand on the advocacy, evidence-gathering and awareness-raising about care. In three countries, these proposals have already been funded for the coming year. Good progress, however...

Many have critiqued the RCA approach, as we anticipated! The framing of care (as the first paragraph implies) is that it is a societal issue, a public good, not a 'women's issue'. This does help the focus groups to discuss 'care work' more easily, but tends to side-step the fundamental question of WHY the community/society gives disproportionate responsibility for care to women?

Likewise, a 'rapid' approach runs the risk of practitioners finding 'practical proposals' to reduce the difficulty of care tasks (water & fuel systems, as above) and then stop - not addressing gendered power relations and beliefs that maintain the gendered division of

labour. So recognition of the issue doesn't necessarily mean that beliefs and power have been shifted.

The next strategic question seems to be: (even) if this 'rapid' and practical approach gets people talking about Care, how do we sustain the momentum within communities and development programmes? What are the pathways of change, from the practical steps to the strategic and fundamental? I anticipate that the 'entry points' and pathways for change will be different in various contexts, and I'm looking forward to learning more about this journey.

I smyth
5 Nov 2013 03:53 AM

Thanks Thalia for the post and for posing this fundamental question:

'The next strategic question seems to be: (even) if this 'rapid' and practical approach gets people talking about Care, how do we sustain the momentum within communities and development programmes? What are the pathways of change, from the practical steps to the strategic and fundamental? I anticipate that the 'entry points' and pathways for change will be different in various contexts, and I'm looking forward to learning more about this journey.'

I would add:

how do we change the ideas and the practice that make care unrecognised, unremunerated, undervalued, very labour and time intensive, mostly 'private', mostly performed by women etc. etc. in the communities and programmes we work with and, more importantly, well beyond that?

Other posts are beginning to make suggestions and giving examples of some of the pathways. Here I would just like to say that perhaps a useful step would be that this and other similar debate reach and engage others beyond the mostly (all?) female concerned feminists and 'gender' practitioners.

It would be good to hear more male voices. We are often encouraged to 'engage men'...Why so few men (apart from some usual suspects) engage themselves even at the most basic level of exchanging ideas and suggestions on this topic that must touch them professionally and personally? This is a genuine question and certainly not intended as a challenge.

It would also be good to hear from practitioners and scholars working in different sectors and fields, whether it is social policy or water and sanitation, conflict and humanitarian responses, political participation and governance, in brief all the areas where care, and its characteristics, is at the core of gender inequalities and social arrangements.

Kate Donald
5 Nov 2013 04:42 AM

Hello all - I'm just catching up with the rich and fascinating discussion on these threads.

As a couple of people mentioned in Topic 1, the UN Special Rapporteur on extreme poverty and human rights just presented her annual report to the General Assembly, which this year addresses the topic of unpaid care work, poverty and women's rights. It is available in 6 UN languages, from the links at the top of this page:

<http://www.ohchr.org/EN/Issues/Poverty/Pages/AnnualReports.aspx>

The report contains a number of recommendations for "transformative, women's rights-focused programmes that address care" (as Ceri said). Specifically, it looks at how States should address the unequal distribution of unpaid care work, and especially the heavy unpaid care responsibilities of women living in poverty. The report stresses that action is required in a number of areas - equality legislation, employment regulation, etc. It suggests that policy-makers should look at all relevant policies (e.g. social protection programmes) through a 'care lens'. Does the programme/policy increase or rely on the unpaid care work of women? Does it reinforce gender stereotypes and assumptions that care work is a women's role?

Most of all, the report argues that quality, accessible public service provision and infrastructure are the most crucial interventions to support, reduce and redistribute the care work of women living in poverty. When public services and infrastructure are inadequate or inaccessible, women pay. The amount of unpaid care work they perform, and the time and drudgery it involves, are significantly increased when adequate childcare, elder care or health care services are not accessible to them, or if there is no piped water or energy supply to their community.

I'm on Pacific Time (8 hours behind GMT) but I will log on as early as possible in my morning tomorrow.

Naomi H

5 Nov 2013 07:21 AM

A fascinating first day – thank you all. I think the questions of what a transformative programme might look like go together with the matter of how to present UCW as a programmatic issue. Thalia writes of framing it as a social as much of an individual good/responsibility or indeed of a women's rights issue. I agree not because I think it is tactically appropriate (although it is that too) but because the capacity of a society to enjoy good quality unpaid care is a core dimension of human wellbeing. Supporting the ability to e.g. care for elderly people, is in the interests of the carer, yes, but also of those being cared for and the wider social good.

Transformative interventions do not need to be framed as women's empowerment if that does not help 'sell' them. In any case, I suspect transformative interventions are more likely to come out of intelligently gendered design of public health infrastructure, education systems, transport & energy systems. For me the aim is not to create a new sub-sector of 'care' programmes, and definitely not to turn care-sensitivity into an expert matter. I feel that what is needed is a more a generalised awareness, an institutionalised acceptance that just as you gender disaggregate programme data (in theory) you also

make an assessment of how UCW is affected. Taking account of UCW is not rocket science, but it does involve rethinking categories and approaches.

Programmes also mean evidence, as Thalia pointed out. Here I have a question: other than measurement of the time involved in UCW, what other kinds of evidence would be useful in making the case for care-sensitive interventions?

Luisa Emilia Reyes
5 Nov 2013 08:19 AM

Hello again. On this topic regarding rights, I will say first that the agenda has required the discussion, at least in Latin America, of the right to care and be cared. This is so because the previous generations of rights do not fully comprehend what is involved in the unpaid (and paid) domestic and care work.

Of course, it is still being discussed, but I find it fascinating to realize that the human rights framework as a whole must be our starting point, but even in this we have to pursue in a more comprehensive transformation. Of course, we can include the agenda by interpreting some rights (to have a family, to water, and so), but also, as has been mostly the case, we have been highlighting for several years the discriminatory effects (and therefore violatory of human rights) of the sexual division of labour, by stereotyping women and men and limiting their full potential in dignity and freedom.

In Mexico, in our experience with gender budgets we have also been stressing the fact that discrimination by omission (by result, in CEDAW's language), should also be acknowledged and repaired. But as I said, it seems that we have had to work under interpretations and now the proposal of a right related to care is under discussion.

In any case, the ECLAC regional meetings have strongly included the agenda of the unpaid and paid domestic and care work in the Quito, Brasilia and Montevideo consensus, and several measures have been agreed by the Latin American and Caribbean countries to acknowledge and value its implications.

This has been a motor for our LA countries to promote time-use surveys and national accounts in this regard. We have been using Mexico's time use surveys (2002 and 2009) and the national account (2011) to train congress officers and officers from the executive branch to elaborate and to approve the budget.

It is my impression that it is difficult still for them to grasp the full implication, but we are promoting their awareness of the possible impacts if they were to integrate these new elements to their governmental management.

Helal Uddin
5 Nov 2013 09:29 AM

Dear all, it's really a fantastic discussion is going on from yesterday. Thank you all and Eldis Communities to organize such discussion on unpaid care work. Thalia and Naomi

mentioned about one component- women rights- of care-sensitive intervention. Along with this one, I would like to share some other components ActionAid Bangladesh have considered to design 'Strengthening Women Collectives' Project implementing in Bangladesh.

1. Women rights-it is key component of the such intervention. It is just starting point and need to empower women and building alliance with other women and women groups. But I agreed with Mona Shepa that it should not be women right intervention. The project is about changing behavior and practices of men and women regarding women roles in unpaid care work.

2. The second component is participation of women in the process from grass-root to national level. Women will have increased participation in social, economic, political issues. It will focus on challenging existing power relation across the sex, social and economic status.

3. the 3rd component is literacy. It is important for women living in poverty and who have no formal education. AAB uses Reflect-Action Circle. The circle is used as literacy and empowerment tool. Beside it supports to increase their conscientisation on the issue of unpaid care work.

4. Policy advocacy is 4th component of the project. the organized women and other community people will advocate to the local government and national government to address the burden of care taking different interventions and allocating fund. They are also advocated for structural changes.

5. Monitoring and sharing learning-Finally we have set specific indicator for measuring input and achievement. Beside we will document and share best practices with other stakeholders and partners.

AAB designed the project incorporating all this components and implementing the project from last March 2013.

Do anyone can add any more component for a care-sensitive intervention?

Regards

Helal

Thalia Kidder
5 Nov 2013 09:47 AM

A few thoughts on measurement of UCW and measurement of success.

In addition to hours, I wondered whether others have experience of measuring the 'Costs of inadequate care'.

- I believe that these costs would be context-specific, as the definition of inadequate would need to be meaningful in each community/society. For example, the 'normal'

childcare expected in the UK, and the costs of remedial action/support when 'inadequately cared for' children enter school, is different than for young children in Honduras or India. Likewise, the costs of inadequate care for HIV+ people or people with disabilities.

- Costs to carers of inadequate state infrastructure - we've proposed this in Oxfam's Rapid Care Analysis, but we don't have many examples: What is the difference in terms of time, illnesses/physical injury, lost work time etc between families/communities WITH piped domestic water supply and without? With and without electricity? With and without preschool? The Oxfam Germany evaluation of improved, full-efficient stoves programme did this, and found significant differences, not only in time, but respiratory illness (from smoke), burns of small children etc.

Measuring success:

- Redistribution within households of men's and women's time dedicated to care work activities.

On this, we haven't had much discussion of simultaneous activities. In Oxfam we've really struggled to figure out a methodology that will highlight simultaneous activities (otherwise 'time clock' exercises can erase a lot of care work), without being as complex as rigorous, quant time-use studies do. Are there other examples out there?

- Public and private expenditure on infrastructure and services to reduce time/labour on housework/care work.

My hope/hypothesis is that as men are engaged in exercises to make care visible at a local level, that they, as well as women, will be motivated to use household income to purchase equipment/tools/infrastructure to reduce drudgery and time. Underlying this private expenditure would be some shift in beliefs - 'women's time has more than zero value'. 'women's leisure has value', 'the opportunity cost of carrying water or grinding grain by hand is unacceptable'. etc Likewise, progress could be measured by monitoring increases in local/municipal/national expenditure on infrastructure and services reducing/redistributing care work.

- Monitoring beliefs. We've done some work in Oxfam to have focus groups identify local sayings that express norms about men's and women's 'natural roles' regarding care, and/or derogatory sayings about men who do housework. Our idea is that we could challenge these in communications campaigns, and/or promote new sayings that humorously challenge these sayings/beliefs.

Kade Finnoff

5 Nov 2013 10:05 AM

Dear All,

I have been fascinated by the discussion stimulated and coming from a more research (feminist economist) background have been silent so far. However, there are a couple of points I hope are worth raising at this stage about the conceptualization and measurement of care.

Firstly, in response to both Thalia and Naomi, the way economists would characterize your argument is that caring labor is a public good. There are private benefits but wider

community/society level effects that benefit everyone (this is similar to the way we often think about education or healthcare improving human capabilities). As already stressed in the exchanges, this conceptualization is important as it means there is an active role for the state to play in both recognizing and supporting care services (whether they are paid or unpaid).

Much of my research is on conflict-affected states and when states are being built post/during war there may be an opportunity to recognize, measure and support care services as vital public goods. This can also be a time where gender norms have been in flux and an ideal time to challenge norms around gendered responsibilities of care services (and buffer against the backlash or pushback we often see of gender roles returning to 'normal' or more 'traditional' responsibilities).

Secondly, on the conceptualization and measurement of care. This is more a response to Mary Goldsmith (topic 1) on the relation between care work and housework. I have found the work on Nancy Folbre on care useful in framing what we mean by care and how we might think about better measuring care services (paid/unpaid direct/indirect).

Folbre makes an important distinction between looking at who is providing care, who is benefiting and the type of labor process that is involved. In particular in this article see table 1 on the typology of care:

<https://www.amherst.edu/media/view/92075/original/measuring+care.pdf>

As Folbre explains in her article and Luisa Emilia Reyes writes in her post, there has been progress made in terms of using national account data to measure care work - though an area where a lot more work needs to be done.

Christina Kwangwari
5 Nov 2013 10:57 AM

Hello everyone,

To respond to Helal' s comment on care sensitive interventions, I would say the Women Rights to Sustainable Livelihoods project being implemented by Action Aid in Ghana and Rwanda is another example of a care sensitive approach, it involves piloting direct interventions such as water harvesting to improve women's access to water for drinking, domestic and agricultural use, woodlots to improve women's access to firewood, multi - purpose trees for firewood and improving soil fertility and child care centres to reduce amount of time spent on child care. The project connects unpaid care work with sustainable agriculture and improving food security.

In this project, 5, 400 women smallholder farmers in Reflect groups organise and lobby for more resources that help them reduce unpaid care work. At the same time, they advocate for access to resources that improve agricultural production and food security. Community involvement and sensitisation, women's leadership, participation in decision making and influencing local and national budgetary allocations is a key area of focus. The project uses the time diary tools to monitor over a three year period increase and decrease of the amount of time women have to spent on unpaid care work such as collection of firewood and water, child care against that which they spent on self-care,

social cultural activities, mass media use, sleeping as well as farming activities. It looks at time use for women farmers on paid work and unpaid work and unpaid care work activities.

In addition, the project uses baseline data on unpaid care work and agriculture production which was collected in 2013 to monitor and analyse changes in time use and agricultural production on a yearly basis. By 2015, the project will be able to demonstrate reductions in time use on unpaid care work and its impact on agricultural production, women's time use for mass media use, social and cultural activities, self-care and resting among other activities. The key questions it raises include how can reduction in hours spent on unpaid care work impact on women's time use? Will it result in investment in self-care, social cultural activities, farming or other economic activities? How does it improve women's enjoyment of their rights?

This rich body of evidence is used to lobby policy makers at local, national, regional and international level to invest more in addressing unpaid care work and also to include it in other development policies. The key targets for advocacy also include the United Nations agencies, donors, the African Union and its supporting bodies, regional communities and national government. Commitment to issues of unpaid care work is required at the highest levels. Political will and commitment together with clear advocacy demands and participation at local and national levels will help achieve meaningful results on addressing issues relating to unpaid care work.

Goretti Muragijemariya
5 Nov 2013 11:46 AM

Hello everybody,

Thank you Christina for sharing. I was also thinking about react on Helal post! Accord me to add on what you ve shared about FLOW project. I was also thinking of our strategies to make care work visible. Yeah, how many daily hours spent on care work by women/wives/girls comparing to how many men hood do. May be community sees as a burden to women. What to do? Who does what? In the project we intend to meet different sectors and people to discuss on how to address such issue of women UCW. Apart from women groups trainings, sensitization and empowerment, we also looked at how to engage government officials and media.

Next week we are going to host a workshop which are invited local government officials that work in sector of women's rights promotion which may be: agriculture, family promotion, national women council, infrastructure (management of water and sanitation), environment (wood, forest, animal feed,..) then media. Why the workshop? Here we will discuss with them on women's contribution in food processing/availability (what they do and how important their contribution is and women care work).

The expected outcome is that decision makers are now able to analyze how women are overloaded while they might be some policy, infrastructures, tools, and behaviors that can support for better life of women.

Yeah, Christina and some of you said about time diaries collection as a tool to analyze how many times to spend on what and by who. Our women smallholder farmers are known as farmers. Their families live from agriculture production! Looking at when she

goes to farm, how many hours she concentrates on farming leads to insufficient production>>> food insecurity, no surplus to sell (no income)! How to have a better life?

Here WE WNT TO SHOW TO POLICY MAKERS THAT ONCE THE INEQUAL TIME TO CARE WORKS BY FAMILY MEMBER IS WELL ADRESSED, PAID WORK WILL BE FOCUSED ON AND GDP WILL INCREASE== POVERTY ENDS!!!!!!

For our case we have lots of widows in our communities due to genocide. In the project coverage of 2400 women, 746 (31%)are widows! The project calls upon these policy makers, media to work on the reduction of their burden by instauring mechanisms that support them.

Thank you a lot for the discussion and skills/experience sharing.

Anesu Makina
5 Nov 2013 01:04 PM

Hallo everyone,

Thank you for great discussion points. I don't know if this has been covered (and its a questions):

How would we strike the balance between enabling women to be empowered and do care work (in this care, caring for sick or elderly) versus empowering them to care better?

Let me give an example, if there is a relative who has AIDS and needs constant care, (very common in Sub Sahara Africa), one sometimes struggles to do their day job and care (burden of care). There were suggestions such as vegetable gardens which enable the care giver to work from home and generate an income that way ie empower them to care better. This in my opinion entrenches the problem that womens income generating work is secondary to care duties.

But there could be other ways of empowering women at the same time giving them the option to care still although I don't have any examples in mind.

Ceri Hayes
5 Nov 2013 01:31 PM

Thanks for all the fantastic posts to question two – we're so enjoying this debate and do hope you're finding it useful too.

We're going to move on to focus on question three in a moment. As before, you are most welcome to continue posting on the first two threads until the end of the event.

In the meantime here's a very rapid round-up of some of the points emerging in response to the question 'what would be (are) the characteristics and outcomes of transformative, women's rights-focused programmes that address Care?':

- We need to 'get care on the agenda' of development programmes that do not have care as the primary objective – practical tools such as Oxfam's RCA (Rapid Care

Analysis) and Actionaid's 'Building Economic Alternatives' can provide helpful entry points, but do not address gendered power relations underpinning unequal care burden. At the same time, women's rights work needs to focus on care and campaign on the issue, building on good examples such as the work around gender budgeting (we'd like to focus on more good examples of this in thread three)

- Care needs to be framed as a social and public good. States should apply a 'care lens' to relevant public policy and ensure quality, accessible public services. Progress has been made in finding ways to measure care (and inadequate care), but more needs to be done to underline need for the state to play a more active role.
- Factors that might help us move towards transformative care programmes include popular campaigning on this issue and measuring the costs of inadequate care (Thalia), recasting care as a social good (Marzia), using human rights instruments to advance a progressive care agenda (Luisa), engaging with those frequently absent in debates on care, particularly men and those working in different sectors (Ines) and educating public officials (Christina and Goretti).

Kasia Staszewska

6 Nov 2013 01:00 AM

Just couple of lines to add to the discussion about the success form policy and advocacy perspective:

-If new post 2015 framework recognize care as a human right and collective responsibility issue and, even better, supports it with relevant targets and indicators – that would be a significant step forward in terms of recognition and agenda setting for the next decade. There is already work taking place in this regard

- UCW is often measured but not always systematically and/or data is not applied any further. If huge body of evidence reflecting on time and engagement with UCW could be brought to light and included in the key indicators guiding policy making and resource allocation – that would be a success.

- And finally if we could build on the momentum first in the World Bank (WDR 2011) and recently in IMF (recent paper on Women Work and the Economy) and push the BWI to at least practice what they preach in their official notes and report – this by no mean would be a revolution (gender equality as smart economics) but still would be big (stopping race to the bottom as far as investments are concerned)

For a transformative change we need much more but these could also be parts of critical path.

Tahmina Huq

6 Nov 2013 03:09 AM

To recognize care work and collective responsibility by state it is very important to identify some model countries which practices to measuring unpaid care work systematically in their state mechanism. It could be one of prior condition for donation

and fund allocation for development programme. At the same time things should taken into consideration that state must pay benefit in return of care work.

Shameem S
6 Nov 2013 07:16 AM

Care work should be recognised by all the stakeholders involved. As pointed out already, it is seen as a mere responsibility of women to recognise and work towards realisation of women's rights. The patriarchal norms, cultural mindset reinforce the care work.

Advocacy efforts should include women to be part of it, aiming for women to directly represent in different forums. This will change the power dynamics within the household too. Many a times, women who are articulative in public sphere, get confined back to 'being a typical and dutiful' women, slipping back in to traditional roles. This is possible with care sensitive programming which includes the following

Capacity building: It is important to build the capacities of women, specially around political empowerment while we also build capacities of men in understanding the right politics. Building knowledge base of women is critical in building a critical mass to advocate for exclusive space for themselves, in introducing/implementing the care sensitive policies/welfare schemes, additional creation of infrastructures for women, increased mobility and building care sensitive livelihoods apart from establishing their identity. We are also building the human resources from within women so that they aspire for higher positions, representing in decision making bodies not compromising on their comfort at the same time.

Building alternates: introduction of supportive structures, groups to reduce their care work practically. For example, child care centre in markets.

Cadre building: building collectives of women not only allows them to discuss about themselves but also strengthen their identity in areas relevant to them beyond the confinements.

Engagement: Engagement with community, specially men in sensitization would help in advancing the recognition of care work. Engagement should also be with state (from local, national and international level), civil society, academia, media should be part of project intervention strategy. The ownership of the initiative by the entire community will lead to equal responsibilities in realising rights as they involve whole heartedly. Caution should be exercised while engaging with private sectors as they tend to push their interests forward using women as tools. It becomes demand driven rather than need driven.

Documentation: Evidence based documentation of activities at grassroot level with case studies is an effective tool in promotion of policies at macro level. Time dairies recorded by women and men over a period of time and resultant analysis is one such example.

Thanks and warmth

Shameem

Rachma
6 Nov 2013 10:05 AM

Actually we are lil bit worry about addressing care from women's rights perspective. Because it could limit our space and gains some "kind of rejection" especially from government which still dominated by patriarchy people. Yet women's right approach will only address the rights of care provider. It will missed the important issue on QUALITY OF CARE that included the rights of children, elderly, people with disability as care receivers. Thus, human rights approach would be probably the better approach (than only the women's rights) that have a more broaden space of opportunity in getting care into development agenda...

Sophia R
6 Nov 2013 10:43 AM

Lots of really interesting points brought up! As I joined late, I have limited time to read through everything, but want to make a few points.

In response to Thalia and the critiques of RCA- Why does there have to be separation of care work as either a societal issue OR a women's issue? Is it not both a societal issue and a women's simultaneously? I think one way to advance the conversation about care is to not present it as an either or, but as both/and – that opens up room for us examine how important care work is for a society's ability to function and thrive, while also connecting to issues of women's rights, empowerment, etc. This also, for me, addresses how we engage more men and include male voices (as ismyth brought up) and also generally how we talk about women's rights in more arenas.

Yet, to also include men in this process (both of the process of change and of redistribution of tasks) there has to be a conversation about men's work hours. In places where men are day laborers or travel long distances for work every day, and/or doing hard physical labor, it's going to be very hard for men to take on more care duties. If we want to transform things, what is the role of creating space so men actually participate, and what does that require?

Also, just something I am thinking about, if women are paid for the exact type for work that they would normally do unpaid and they are content doing that work, (i.e. child care, cooking, etc) is this reinforcing gender stereotypes?? Can success be determined by women simply getting paid more (or at all) for the same tasks? It is about empowerment and women making decision about their own lives? About choice? About recognition of tasks? What is the defining factor or factors for success?? For me, it's most important that poor and marginalized women are included in these conversations and definitions.