THE POLITICAL ECONOMY OF CARE IN AFRICA

The concept of social reproduction – that is the process that makes it possible for individuals, families, and society itself to continue – provides the framework for this article, which is premised on the existence of a silent and hidden crisis that is affecting the invisible and undervalued realm of the real economy, i.e. the care economy which is a crucial dimension of the process of social reproduction and relies on the unpaid care work performed mainly by women for sustaining families, households and societies on a daily and generational basis.

While care work is located in many different areas of the economy - ranging from the family to paid employment, and is performed on behalf of a wide range of care recipients, this article focuses on ‘unpaid care work’ (Razavi, 2007; Budlender, 2008) that is not considered work within the System of National Accounts (SNA), and includes but is not limited to housework (collection of fuel and water, meal preparation, cleaning, etc.) and care of persons (children and/or the elderly, the sick and the disabled) carried out in homes and communities. Such work is a key component of social investment and is critical to well-being. It also fuels economic growth through the formation of human capital and reproduction of a labour force that is healthy, productive and possess the basic human capabilities. The monetary value of such work would constitute between 10 and 39 per cent of a country’s gross domestic product (GDP) (Budlender, 2008).

In this article, ‘social reproduction’ is defined as a multi-faceted concept that can pertain to a variety of subjects, including the labour force, the social fabric or capital. As underlined by Diane Elson (2009), ‘social reproduction is contested, contradictory and may be unsustainable.’ For instance, the recent history shows that the global food, financial and economic crises have threatened the social reproduction of human beings, as well as the social reproduction of capitalist money in the banking system, together with the social reproduction of capitalist production.

Of note is the social reproduction of primitive capitalist accumulation [1], which also highlights the interconnections between the various aspects of the concept. Thus, the social reproduction (renewal) of primitive capitalist accumulation has taken the contemporary forms of land grabbing, and use of migrant labour by some transnational corporations to address the difficulties – resulting from the crisis of the social reproduction of the labor force - in the availability of local labour force in the extractive sectors of mineral-rich countries like South Africa. In contrast to this type of social reproduction, very little thought and investment has been given by policy makers to addressing the crisis of the care economy, which mainly affects women.

This is the reason why the crisis of social reproduction on which I want to focus is the one that has affected African women for decades, and mirrors structural inequalities at both global and local levels. It is about ‘the systemic crisis of livelihoods and reproduction of the labor force’ (Bernstein, 2003: 220) that started with the famines in the 1970s, and was compounded by the HIV/AIDS pandemic later on. This crisis was described as follows by Kofi Annan (2003): ‘a combination of famine and AIDS is threatening the backbone of Africa – the women who keep African societies going and whose work makes up the economic foundation of rural communities.’

It appears that one of the root causes of the neglect of this enduring crisis by the powers-that-be is
that the primary subjects of the reproduction process are women, who are not paid for their work, although this work is directly productive of value. As Dalla Costa (1995) and others put it, ‘since housework has largely been unwaged and the value of workers’ activities is measured by their wage, then, women, of necessity, have been seen as marginal to the process of social production.’

CHAPTER

I argue that a political economy approach is required for a sound analysis of the current crisis of social reproduction in all its dimensions, in order to identify its root causes and to provide adequate responses.

WHY A POLITICAL ECONOMY APPROACH?

There is need to address the limitations of the current human rights paradigm and practice in recognizing and responding to the dual crises of social reproduction and care. In particular, a political economy approach allows us to understand the link between these crises and relations of power and domination at local and global levels, thereby avoiding to disconnect the problem from its underlying causes and consequences, and to obscure the share of responsibilities and obligations between states and other actors.

In contrast to conventional economics, a political economy approach highlights the interlinkages between the economic, social and political realms, and how power operates through the structured relations of production and reproduction that govern the distribution and use of resources and entitlements within households, communities and society. A political economic approach allows one to de-bunk the myth of the unitary household model, and to make visible the hitherto hidden linkages at different levels with power relations that underpin the global economic order and macroeconomic policies, as well as the intersections with issues of class, race and other variables. The political economy analysis points to three key elements that affect both the depth and prevalence of the crises of care and social reproduction.

First is the sexual division of labour within the public and private spheres, which is underpinned by gender norms and ideologies that hold women primarily responsible for unpaid work in the households, thus creating inequalities in bargaining power in the household between men and women. Caring professions in the public sphere and labour market that are similar to the ‘feminine’ unpaid care work are also undervalued, while the detachment of unpaid care work within the human rights movement from the broader struggle for social and economic equality has led to its perception as women’s only problem.

The second element is the contemporary global macroeconomic environment. Neoliberal free market policies and the quest for cheap sources of labour and maximum profit have disrupted local economies and dramatically changed labour markets through deregulation, flexibilization and casualization of work. It is in this context that on the one hand, women from developing societies have entered into wage employment on an unprecedented scale. On the other hand, the neoliberal policy environment has also led to their increased workload in the market and at home, and to the feminization of poverty, especially among unskilled and marginalized poor women, who lack access to productive resources and basic capabilities (Erturk, 2009). Such poverty, marginalization and lack of protective mechanisms, make women easy targets for abuse and undermines the prospects for the progressive realization of their rights (Elson, 2002).

The third key element highlighted by the political economy analysis of care is related to the gendered impacts of globalization, which have involved in many instances the ‘privatization of public services and infrastructure that regresses women’s rights by placing greater burden on their labour in the household, as well as the establishment of political and legal systems with limited or no significant participation by women’ (Erturk, 2009: 12).

CURRENT TRENDS AND PROSPECTS IN THE CARE ECONOMY

The time use surveys that have been conducted in Africa during the last decade have provided a strong basis for quantifying unpaid care work, and for providing estimates of its overall magnitude.
and its distribution between men and women. In spite of the recent progress in terms of data collection, the paucity of information about the care economy in Africa and in other regions reflects the policy gap in relation to unpaid care work as well as the absence of a coherent theory of the relationship between the family, the market, and the state (Folbre, 2012).

This is partly due to the fact that most economists and scholars have overlooked the two-way connection between the local and the global, as expressed in the proposition resulting from the work of Smith and Wallerstein on households, which is based on the assumption that global economic processes shape the structure and economic functions of households at a given time. They have specifically underlined the increased importance of households to processes of social reproduction in times of global economic crisis.

In line with the prevailing trend in developing countries (UNRISD, 2010), the results of surveys conducted in a range of African countries, from Guinea (Bardasi and Wodon, 2010 cited by Folbre, 2012), South Africa, Benin, Madagascar, to Mauritius and Ghana (Charmes, 2006 cited by Folbre, 2012) show that adult women and girls work longer hours overall than adult men and boys.

Women’s central contribution to agricultural production, especially for subsistence consumption, accounts for a large part of this pattern in Burkina Faso, Kenya, Nigeria, and Zambia, where women spend substantially more minutes per day than men in agricultural production (Kes and Swaminathan, 2006:18 cited by Folbre, 2012). In their detailed analysis of South African surveys, Floro and Kimatsu (2011, cited by Folbre, 2012) find that women’s domestic responsibilities seemed to hamper their ability to earn income.

THE MARKETIZATION OF CARE

Since 2003, researchers have called for attention to a growing crisis of social reproduction that is most severe among the poorest segments of the populations in developing countries, due to the fiscal crisis of the state and the policy choice for cutbacks in public provisions for social services (Gill and Bakker 2003). These authors have pointed to the dual processes of ‘wider privatization’ of state functions and ‘reprivatization’ of key institutions of social reproduction (education, health and social services) as part of the on-going neoliberal reforms (Gill and Baker 2003).

Those reforms also involve a new framework for resource allocation for social and individual welfare between the state, the family, the market and the voluntary and informal sectors. In this new framework, social life is marketized with the commodification of spheres of society that were previously shielded, and citizens having become responsible for helping themselves.

This marketization of citizenship has resulted in crises and transformations in social reproduction, and has led to worsened human insecurity, with increased struggles for survival among the poorest. In addition to the neoliberal policies aimed at the free movement of capital and deregulation, all these circumstances have required a return to community-based survival strategies (reprivatization) that rely primarily on women’s initiatives and labour (Hunter, 2005).

THE GLOBALIZATION OF CARE

The internationalization of reproductive work has been part of the transnational response to the crisis of care, whereby women from developing countries migrate to provide care services for families in wealthier countries (Parrenas, 2001). It is also important to recognize that the crisis of care has different meanings for different categories of women, and shifted the distribution of caregivers across social classes and national boundaries, including with the growth of markets for care services (Razavi and Staab, 2011).

As a growing number of women and girls - predominantly from the rural areas - are pushed into domestic and care work by the pressing need to supplement family income in the context of the multiple global crises, the availability of their relatively cheap labour enables middle and upper class families, including those in rich countries of the North and Middle-East, to provide market solutions to their care problems.
These care and domestic service workers who cannot afford to pay for care services in the market rely on unpaid family members to care for their dependents left behind, leading to ‘the formation of transnational families who have to solve their own care needs’ (Beneria, 2010, cited in Floro, n.d.:12). In many instances, it is typically girls who are removed from school to care for younger children and domestic chores, at the expense of long-term education and gainful employment opportunities (Floro and Meurs, 2009).

THE CRISIS OF SOCIAL REPRODUCTION

The dominant development policies have failed to acknowledge that gender roles are continually challenged by social and economic changes as well as by political and legal reforms, and that women’s reproductive labour capacity is not infinitely elastic. In particular, policy makers have failed to acknowledge the crisis of care in Africa due to the heightened demand for and burden of women’s reproductive work resulting from the cumulative effects of hunger, HIV/AIDS, cutbacks in government expenditures, economic downturn and crises, and fiscal austerity measures, just to name a few.

Current trends in family structures and gender division of labor, whereby women continue to provide most of the unpaid care work, are exacerbating inequalities in well-being between women and men, as well as the impact of wealth and income inequalities between and among the different categories of women, with far-reaching implications for outcomes among the future generation, including the perpetuation of gender inequalities (Floro, n.d.).

As mentioned earlier, this evolving crisis of care for people is due to growing inequalities within and across societies with respect to access to care and subsistence necessities, and to the priority given to the requirements of market production over those of social reproduction in economic resource allocations (Floro, n.d.). This is in spite of the need to address care through public policy, which is now more urgent than ever in the face of the intensified need for care services in the context of increased women’s time poverty for unpaid care work, age-ing populations, major health crises (especially HIV/AIDS) coupled with recurrent food and economic crises.

Meanwhile, as care giving is essential for human survival, the burden of care work has been shifted back onto families, with women and girls often acting as the ultimate safety net. There are, however, serious limits to how far burdens can be unloaded onto the unpaid care economy without damaging human capabilities and the social fabric (Razavi 2007, UNRISD 2010, Elson 2009). The housewives living in the urban areas of several African countries who participated in the 2008 food riots have called for attention to such limits: indeed, they went in the streets not only to protest against higher food prices, but also to warn about the fact that they were tired and unable to withstand the drain on their capacity to act as stabilisers in the face of the impacts of the economic crisis on their households (Randriamaro, 2012).

And yet, this is a crisis that continues to be ignored, and one which the world continues to dismiss, even as its magnitude requires a global response. The new conditions of reproductive work, along with the changes in family structures and in the global macroeconomic environment require urgent social mobilization and policy actions to overcome the crisis of reproduction. The pre-requisites for achieving this goal include:

• the recognition of the value of unpaid care work, its reduction, and more equitable redistribution between men and women as well as between states, communities and families;
• a re-thinking of the sites of social reproduction, away from the privatized sphere of the family and towards a socialized care system;
• the conscious decision to refuse to have women and vulnerable social groups – such as children, the elders, immigrant workers – pay the price for social reproduction; and,
• the engagement with the development of an alternative economic paradigm that fully integrates unpaid care work and that can ensure adequate social reproduction.

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END NOTES

1. We use the definition provided by Janet Bujra (2004), according to which ‘primitive capitalist accumulation’ refers both to the looting and plunder which preceded colonialism and the forcible separation from land and other means of livelihood of those who become wage labourers for capital.

2. A conception of the household whereby the distribution of tasks and resources within households is based on a single and stable set of preferences that maximizes some common welfare index (see namely Becker 1965). This model also implies that what matters for certain policy initiatives - such as public works schemes or social protection programs - is the amount of income the household receives, not the identity of the individual within the household who is the target of the public program.

REFERENCES


The political economy of care centres on the unpaid work of African women in socially reproducing workers as well as caring for the sick in society. Social mobilization and policy actions to overcome the crisis of reproduction is necessary to address this unpaid work that is vital for the perpetuation of neoliberal capitalism.