

## Chapter Six: Claiming against the Grain—Mobilisations on Unpaid Care?

### 6.1 An Overview of Policies on Care in India

In previous research carried out for UNRISD on the care economy in India, Palriwala and Neetha (2011) argue that care work in India is framed through an ideology of gendered familialism, namely, an ideology “which reiterates care as a familial and female responsibility and works to devalue and diminish the dimensions of care” (2011: 1049). Moreover, they note that “the care regime is an ad hoc summation of informal, stratified practices...shaped by the institutional context, in particular the economic and social inequalities of work and livelihoods, as well as trends and absences in state economic and social policy” (Palriwala and Neetha 2011: 1049).

Historically, state policy in India has dealt with unpaid care work through piecemeal legislation on maternity benefits and leave, through various child care programmes for childcare, and minimal provisions for health care. The last two have not necessarily helped ameliorate women’s double burdens. Largely, however, the purpose of state intervention has been to facilitate mothers in employment to care for their children through such provisions, thereby enabling women to perform childcare responsibilities, but by no means shifting the burdens of care from women (see Swaminathan 1985).

For the vast majority of women who work in the informal economy (and who are not eligible for maternity benefits), the only means by which to get support during maternity are through various government schemes:

- The Integrated Child Development Scheme (ICDS), one of the world’s largest government programmes aimed at children under six years of age, which, among other things, targets maternal and child nutrition and health,
- The Janani Suraksha Yojana under the National Rural Health Mission, a conditional cash transfer targeted at improving maternal survival.

The Indira Gandhi Matritva Sahayog Yojana (IGMSY), also a conditional cash transfer aimed at compensating for wage loss under certain conditions (Atmavilas 2013).

Another modality of state provision of care has been through a wider policy focus on “Early Childhood Care and Education” (ECCE) which has primarily been routed through the ICDS, one of the world’s largest government programmes targeted at children under six years. The focus of the programme is on providing care for children, rather than on alleviating the burdens that women disproportionately bear, let alone enabling women to work.

Apart from maternity benefits and social protection during the first few months of pregnancy and maternity, there are several other schemes, which purportedly work with the recognition of the double burdens that women, particularly poor working women, bear in performing both productive and reproductive work. The provision of crèche facilities at National Rural Employment Guarantee Act (NREGA) worksites and the Rajiv Gandhi National Crèche Scheme for Children of Working Mothers are examples of programmes that seek to cater to the needs of working mothers. These however, have been woefully inadequate in both reach and implementation.<sup>183</sup>

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<sup>183</sup> See FORCES 2009; FORCES-CWDS report (Sharma et al. 2012).

## **6.2 Mobilisations on Unpaid Care Work**

There has been a longer history of mobilisations on the care burden that women disproportionately bear. In 1988, the *Shram Shakti* report prepared by the National Commission on Self Employed Women and Women in the Informal Sector examined women's work in the informal sector in both urban and rural India. It included a key recommendation on recognising the right of working women to childcare. In response to the findings of the report, in 1989, the Forum for Crèches and Childcare Services (FORCES), a national network of organisations and individuals concerned with issues relating to women working in the unorganised sector and care of their children, was formed to act as a pressure group.<sup>184</sup> It has several members comprising trade unions, women's organisations, NGOs and academics, lawyers, medical doctors and individual members. Organisations such as CWDS and SEWA are founding members of FORCES. SEWA has been, and continues to be involved in the provision of childcare through its childcare cooperatives in several parts of Gujarat (see SEWA website; Balakrishnan 2012), along with several other organisations such as Mobile Crèches, Urmul and Jan Swasthya Sahyog (Chigateri, ISST-UNICEF project 2013). These organisations have also been involved in advocacy efforts in relation to childcare, especially from the perspective of women's well-being and to enable their participation in the labour force.

Recently, the efforts of campaign networks, such as Social Security Now as well as the Alliance for ECCE, have focused on a right to social security.

## **6.3 Mobilisations on Unpaid Care by Groups Mobilising on Domestic Work and Sexual Assault and Rape**

One of our working hypotheses was that policy responses have been uneven across issues. More specifically, we understood that policy responses have tended to focus on some issues (violence against women), with other issues such as women's labour rights and the demands of the unpaid care economy failing to achieve serious policy traction (UNRISD concept note, September 2013: 3). The research locates the advocacy and claims making on unpaid care work in this context, as well as the reasons for the relative absence of policies on the issue.

### **Recognition of unpaid care as an issue**

Most of the groups interviewed for this research recognise the significance of the gendered division of labour and the disproportionate impact this has on women's lives. While there are the groups such as KDWM that do not see unpaid care as an issue, most groups recognise that the unpaid care work that women perform disadvantages them in many ways. Moreover, organisations also invariably begin their consciousness-raising activities with women based on the double burdens that they bear. The understanding that women's unpaid care work subsidises productive relations resonates among some of our interviewees (interview with Kavita Krishnan, 15 May 2014). There are also those who see it as really important to categorise unpaid work not just in terms of unpaid work at home, but also in terms of unpaid work in sectors such as agriculture (interview with Jahnavi Andharia, 27 May 2014). Some interviewees offer a critique of how the unpaid care debate is framed. Nalini Nayak, for instance, argues that it is because unpaid care work is categorised as reproductive rather than productive that the battle is lost even before it is begun. She asks, "so which part of the women's movement talks about care work as being productive work? The minute you call it reproductive work or care, which means [caring for those] below five years and over 70 years, you lose out" (interview, 4 September 2014).

<sup>184</sup> FORCES is a member of the recent alliance that has been formed on Childhood Care and Development.

Most groups recognise the lack of mobilisations on unpaid care work both in terms of their own mobilisations, as well as their knowledge of other mobilisations in the country. An explanation for the difficulties of mobilising on this issue is that the gendered division of labour is deeply internalized and strikes at the heart of familial relationships (see, for instance, interviews with Renu Khanna, 9 September 2014 and Arvind Narrain, 23 July 2014). Vani Subramaniam analyses this in terms of the “moral reluctance” to monetize intimate relationships (interview, 23 August 2014). For the most part, groups try to accommodate the double burdens of women in their own mobilisation efforts by being sensitive to the times at which women were available, and accommodating children during their meetings and other initiatives like rallies and demonstrations.

### Social security and unpaid care work

Our hypothesis on claims making on unpaid care work was that mobilisations on social security, (on ICDS, the right to food campaigns and the right to health campaigns) were the means through which claims on unpaid care could be indirectly met. However, the responses by our interviewees on the relationship between claims making on social security and unpaid care work were mixed. First, while social security forms a core part of mobilisations (particularly those by domestic worker groups), these claims are usually directed at the state in order to deal with “multiple employment relationships” in the context of unorganised work. The idea is to secure workers’ rights in the context of a complex employment relationship, and the claims for social security are not necessarily targeted at alleviating women’s care burdens. However, Jahnavi Andharia argues that ANANDI’s mobilisations on social security (for instance, obtaining ration cards in women’s names), are aimed at visibilising women in the eyes of the state as equal citizens, whether they be single women or women with unpaid care responsibilities (homemakers) (interview, 27 May 2014). Others are more sceptical of arguments that interventions on ICDS, health and the right to food are indirect means of targeting the unpaid care burdens of women. As Vani Subramaniam suggests, “This argument [works] at a stretch, maybe. I am not so sure. I am not sure because I think the mid-day meal definitely has some impact but I do not think it is to do so much with women’s labour” (interview, 23 August 2014).

The possibility of using the right to social security to alleviate unpaid care burdens rang true among some of the interviewees. For instance, while acknowledging the lack of mobilisations on unpaid care work, Renu Khanna suggests, “As life expectancy increases obviously care giving increases and that [will] come on women and so the state has to provide. Obviously you need to factor that into the national health accounts, ... and secondly if you are talking about universal access to health then for ageing older populations you have to provide care” (interview, 9 September 2014).

This argument that social security as a right can and should be used to alleviate women’s unpaid care burdens informs campaign groups such as Social Security Now and Alliance for ECCE that have recently revived their mobilisation efforts. More recent interventions on social security by transgender groups may also complicate how social security in familial relations is itself conceived (interview with Sangama, 15 August 2014).

### Other interventions on unpaid care

Apart from direct or indirect mobilisations on social security as a means to address women’s unpaid care burdens, there are a few instances of direct mobilisations on unpaid care. Mobilisations against the state to implement the crèche provisions

mandated at NREGA sites is one such instance (see interviews with Kavita Krishnan, 15 May 2014; and Jahnvi Andharia, 27 May 2014). In her assessment, Kalyani Menon-Sen argues that although unpaid care has been addressed in an extremely limited way across groups, there was an attempt to articulate a political statement on unpaid care in the early days of Mahila Samakhya: “Originally [it] was the only place where a strong political statement was made. The original project document [recognises] women’s unpaid work and how (a) it supports the economy and (b) it supports the environment and is essential pillar of women’s support” (interview, 31 July 2014).

Moreover, Mahila Samakhya also campaigned on the issue at the household level:

[Our mobilisers would literally go] from house to house ... persuading their members’ husbands saying ... *she works her entire life, you perform the work for 15 days*. Some of the husbands would come along saying ‘we will look after the kids’ but also saying ‘we will to get to look at what the hell they are doing [all day]’. But I remember that it used to be convincing at the level of each household, convincing the *sasurs* [fathers-in-law] and the *saas* [mothers-in-law], their husbands (Kalyani Menon-Sen, interview, 31 July 2014).

Apart from direct interventions at the level of the household, there are other groups too such as AIPWA and SEWA who account for the double burden of women by setting up community kitchens and crèches for workers. However, as Kavita Krishnan notes, “Eventually I think the answer is to build up a movement against the state, I mean, asking the state to provide because it is impossible for persons to provide it on the scale on an organisational or individual level” (interview, 15 May 2014).

On the redistribution of unpaid care work within the family, and not just from women to the state, Gita Menon says that such work is being undertaken more by pro-feminist men, even if their numbers are small “but a big thing has been this issue of sharing uncared work”. But she suggests that the question of how to understand it as “a political demand remains” (interview, 26 July 2014). Others such as Vani Subramaniam also suggest that the difficulty is with how women in “traditional equations look at men only as providers of wealth. He has to earn and he has to [provide]. I think it is a crap way for men to live. I do not think we have engaged with that also enough. I do not think we have dismantled that part of patriarchy at all” (interview, 23 August 2014).

## **6.4 Conclusion**

As is evident, mobilisation on the unpaid care work of women is sparse. While organisations have accommodated the double burden of women in their mobilisations, and engage with the idea of women’s double burdens in their consciousness-raising activities, they have not necessarily mobilised or campaigned on the issue.

Further, while many of them mobilise on the provision of, and access to, social security for women as workers and as citizens, the only direct mobilisation on unpaid care was through their efforts on NREGA.

The question of how to mobilise on unpaid care remains a vexed issue. Childcare provision and community health kitchens seem to provide a way forward for specific mobilisations targeted at the state. Further, mobilisations by pro-feminist men’s groups advocating work-life balance policies for both men and women provide another route for mobilisation on unpaid care targeted at sharing the burden of care among household members, but with the support of the state and employers.