Humans, like all other living creatures, must have their needs attended to whether by themselves or with the collaboration of others. This taking care of human needs begins in the smallest social unit, the family, and extends to neighbourhoods, clans, and ever-widening levels of social organization. It ranges from food, meal preparation, bodily health and hygiene, the cleanliness of one’s living space, to emotional support, physical security and, the provision of many other life needs like physical transport, communication, medicines.

Care services
Some people are more dependent on others, like infants, elders, those with illnesses and disabilities. On the one hand there are some ‘care’ services like midwifery, creches, home nursing, alongside the various domestic services affordable to wealthier people, such as cooking, housecleaning, and other maid services. Much of the poor have always done such caring services themselves, within the family, like childcare, cooking and laundry.

On the other hand, many such care services have also been done commercially. In the Asokan Empire in South Asia, we have record of urban laundry services. Kautilya’s ‘Arthasastra’ even has a list of municipal penalties for laundry service failures.

From the early stages of organized human society gradually some of these caring services have been incorporated into local, national and even international economic systems. Food supply, for example, is a complex, global, industry today.

At the same time, mainly housewives or women partners in a household, have borne the bulk of the burdens of home parenting, food preparation, cleaning, family laundry etc. This is all, unpaid care work. But the larger economic system, the market also provides for some of these services to be given a market value as paid services.
Non-valuation

Given the continued emphasis on the family and household role of women as against the role of men in these same areas of human activity, it has become starkly apparent that women today are expected to voluntarily continue to bear the burden of such ‘unpaid care work’. Much has been studied about the social norms and cultural practices that channel such care work by women into wholesale ‘voluntary’ labour that is unpaid and unvalued.

This non-valuation is very problematic and gravely unjust in the context of some of such care work being industrially organized in various social contexts as commercial services, while those same services are delivered for free by women and men in the household and in extended family and neighbourhood voluntary care networks.

The Women & Media Collective (WMC), with nearly 3 decades of women’s rights and gender justice activism, has engaged in studies of the issue of care work and problems of gender-based exploitation of such socially sectioned voluntary labour, which, in the case of care work, is principally done by women.

Now the Women & Media Collective has put forward to the government and to policymakers in academia and business an evidence-based, carefully argued, set of recommendations that addresses the issue systematically, factoring in both social and national needs.

A briefing paper titled POLICY BRIEF: UNPAID CARE WORK - Recognise, Reduce and Redistribute Unpaid Care Work in Sri Lanka that is now addressed to the government, civil society and the private sector, is informed by work conducted by Women and Media Collective since 2017 on the challenge of unpaid care work. The WMC’s objective was to compile evidence-based research that recognises the context of unpaid care work in Sri Lanka in order to advocate for effective measures to reduce and redistribute the unpaid care burden on women.

The WMC’s 7 page Policy Brief presents its findings in the form of 7 key ‘Policy Issues’ involved in the problem of unpaid care work, and then makes 10 Policy Recommendations.

The ‘Policy Issues’ highlighted in the WMC Brief are:-

1: Unpaid care work and women outside the labour force
2: Gender roles and norms around care work
3: Time-use and time poverty with the burden of unpaid care work
4: Health and wellbeing considerations around unpaid care work
5: Recognition and value of unpaid care work
6: Services and policies available to ease the unpaid care burden
7: Unpaid care work in times of conflict, crisis and emerging challenges
The Policy Brief makes the following Policy Recommendations:

1) Make unpaid care work visible by continuing to conduct time-use surveys at regular intervals. Provide support to the Department of Census and Statistics to measure changes over time through time-use data disaggregated by sex, age, and socio-economic characteristics.

2) Develop such surveys and data to constitute the starting point for assigning monetary value to unpaid care work and the base to monitor the impact of awareness, policies, and investments in unpaid care. Support efforts to calculate the value of the total unpaid care work relative to conventional GDP as a basis of dialogue on care work.

3) Ensure labour force surveys expand on the definition of work to include unpaid care work as well as data on domestic workers where possible.

4) Design public and social policy that recognise women’s contributions through unpaid care work, reduce the workload associated with this work, and redistribute responsibility for care through state programmes and community involvement.

5) Develop effective policies and programmes for support services for primary carers in families. Provide support through infrastructure, affordable care services, respite facilities and respect.

6) Reform laws and policies to facilitate the redistribution of unpaid care work by enabling the understanding of work and family obligations, supporting meaningful paternity leave, promoting flexible working hours and work options, and creating programmes that challenge the tradition of women taking primary responsibility for care work and expand women’s opportunities and choices.

7) Promote gender-responsive budgeting as a method to analyse the unpaid care burden and care needs and ensure that there is adequate budgeting for the implementation of policies and programmes that address unpaid care work across relevant ministries and government institutions.

8) Support improved access to healthcare services, improve the quality of care, improve the skills of public care workers and provide households with more opportunities to make use of public care services rather than relying on women and girls to undertake unpaid care work.

9) Conduct adequate research across multisectoral and intersecting issues to identify and respond to emerging needs and challenges within the topic of unpaid care work and the burden placed on women.

10) Invest in the transformation of gendered norms and expectations around household and economic roles through policy interventions and programmes especially in education, health, employment, media, and social welfare sectors. Invest in campaigning around