A Feminist Care Economy Needs A Gender Data Agenda

Advancing a feminist care economy requires a comprehensive gender data agenda. Building on the work of feminist and development economists and the International Labour Organization (ILO), a comprehensive gender data agenda must encompass all "5Rs of care": recognize, reduce, and redistribute unpaid care work, and reward and represent paid care work. Moreover, as the world endures multiple, intersecting crises of unprecedented proportions—including climate change, ongoing and worsening conflicts, and the COVID-19 pandemic—the resilience of care systems and the care economy is being tested.[1] Gender data is needed to monitor the impacts of such crises on the amount, distribution, and conditions of paid and unpaid care work, and the wellbeing of care providers and recipients.

Building the evidence base across the full spectrum of paid and unpaid care issues will require significant financial investment and political will. Yet, the costs of inaction are even greater. Without gender data, we cannot design accessible and inclusive care policies and systems, which are essential to promote the wellbeing of households and societies, the functioning of the economy, and the achievement of gender equality and the Sustainable Development Goals.

> **"Gender data"** is data that captures information on the different lived experiences of women, men, and gender-diverse people. It includes data that is disaggregated by sex, and reflects gender issues, including roles, relations, and inequalities. It can be both quantitative and qualitative, and collection methods account for stereotypes, social norms, and other factors that may introduce bias.

In some cases, internationally agreed definitions, standards, and methodologies are required to spur data collection on care. Where these already exist, governments must ensure that gender data is actually being collected and used to inform evidence-based policy making. Across all aspects of care, a key priority is to ensure that data is adequately disaggregated by multiple dimensions and characteristics (e.g., gender, age, geography, race, disability, migration status, indigenous status, etc.) to enable intersectional analysis of care work and inequalities. To realize the full potential of gender data for care policy action, government attention and resources must focus across the gender data value chain from production to use.

Ultimately, by collecting, analyzing, and using gender data across all 5Rs of care (plus 'resilience'), governments can build an evidence-based feminist care economy—and drive lasting change for women, girls, and all those who provide and receive care worldwide.

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1. UN Women's *Toolkit on Paid and Unpaid Care Work* recommends that while applying the 5R framework for care, users consider integrating an additional "R" to promote the resilience of care systems in the face of global crises. Our proposed gender data agenda for care adopts this recommendation.

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PRIORITIES FOR A COMPREHENSIVE GENDER DATA AGENDA FOR CARE

Recognize

1. Measure unpaid care work

The amount, quality, and comparability of data on unpaid care work is improving with the adoption of SDG 5.4 on unpaid care and domestic work and with the introduction of new statistical standards for defining and measuring "work" (both paid and unpaid).[2] Despite these improvements, measuring unpaid care work can still be a challenge given the costs and complexities associated with measurement. Organizations like the ILO and the UN Statistics Division are developing newer, lower-cost instruments to more fully measure the time and effort spent on care through household surveys, but implementation will require financial support and political will.[3] Further, the international comparability of time use data is also limited by several factors including differences in population coverage and sampling, data collection methods (e.g., time-use diaries versus stylized questionnaires), and activity classifications.

Governments must:

- **Leverage time- and cost-saving methodologies to collect data in line with SDG commitments.** Since 2000, just 92 countries have collected time use data in line with SDG indicator 5.4.1 on unpaid care and domestic work. By implementing a light time use module, such as the ILO's, within an existing survey such as the LFS, governments can mitigate the costs and challenges associated with traditional time use surveys. International standards bearers such as the ILO, UNSD, and UN Women continue to develop guidance and data collection tools to assist governments in leveraging new methodologies, and bilateral donors earmarking ODA can provide necessary financial support.

- **Disaggregate data to enable intersectional analysis.** While SDG indicator 5.4.1 requires countries to disaggregate data by sex, age, and location (urban/rural), in some contexts capturing differences based on migration status, indigenous status, or other characteristics may be relevant for identifying inequalities in unpaid care work. National statistical offices can identify which characteristics are most relevant for their country's context.

- **Capture women's unpaid care responsibilities across their life course.** Restricted sampling means that we know most about the unpaid care work performed by women of 'reproductive age' (15-49) or 'working age' (15-65), but little about girls and older women who are often framed only as recipients of care. This is the responsibility of national statistical offices and other organizations collecting data on unpaid care work, while Public Service Ministries must continue to advocate for data collection across the life course and use that data to inform policy making.

Reduce and Redistribute

2. Track public policies and investments in the care economy, and their social and economic returns

The assumption that households, particularly women and girls, will provide care work for free has contributed to the chronic neglect and under-funding of care systems in many countries. The COVID-19 pandemic shined a light on this reality and the urgent need for increased public policies and investments in the care economy.[4] Not only do public policies and investments help to promote a more equitable redistribution of unpaid care work from women to men, and from households to the state, they also generate important social and economic returns in terms of women's employment outcomes, fiscal revenue, job creation in the care sector, human welfare, and gender equality. Unfortunately, there is currently no internationally agreed definition, standard, or methodology for measuring public care policies and investments or their returns, and few countries have taken it upon themselves to collect this data comprehensively.[5]

Governments and international organizations must:

- **Develop internationally agreed definitions, standards, and methodologies for measuring public policies and investments in the care economy.** International standards bearers including the ILO and UN Women must play a leading role in supporting this work.

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2. With these new standards, we can differentiate between paid and unpaid work, define several types of work, and capture when individuals engage in multiple types of work concurrently. Among other things, with this in place, we will start to understand the extent and ways that unpaid household care work is limiting women from participating in paid work (including both their ability and their desire to do so).

3. Most time use surveys do not collect data on two activities undertaken at the same time, and so often do not measure unpaid care work. With support from Data2X, the ILO produced a new "light" time use module for Labour Force Surveys that capture multi-taskings, and new guidance from the UNSD expert working group on time use includes capturing simultaneity.

4. Examples of public policies and investments in the care economy include: care services (e.g., public healthcare, childcare, early childhood education, long-term care); care-responsive infrastructure (e.g., piped water, electricity, public transit); care-supporting workplace policies (e.g., paid sick leave, flexible working, equal paid parental leave); and social protection benefits related to care (e.g., public pensions, child benefits, disability benefits, old age benefits, cash transfers for carers).

5. In recent years, however, a handful of tools have been developed for this purpose. For example, UN Women and the ILO recently developed a tool to estimate national coverage gaps in care services, public investment costs to eliminate those gaps, and the economic returns of such investments. Likewise, Oxfam's Care Policy Scorecard was developed to assess the extent to which government policies related to care are adopted, budgeted for, and implemented, and whether they have a transformative effect on care. To date, this tool has only been applied in a handful of countries including Canada, the United States, and Kenya.

- **Support governments to track public policies and investments in the care economy, as well as their social and economic returns.** This work can be shepherded by international organizations like the [ILO and UN Women](#) and [Oxfam](#) that have developed data collection tools for this purpose.

- **Ensure the use of data to help set policies and allocate public resources appropriately.** Governments themselves are primarily responsible for this, and national policymakers and Gender Ministries must call for evidence-based care policy action, but advocates can also play a role in holding governments accountable for the public provision of care.

3. Understand the impact of time- and labour-saving equipment and social norms interventions on unpaid care work

Access to certain types of time- and labour-saving equipment can reduce the time and drudgery required for unpaid care activities like cooking, cleaning, and collecting household water and fuel.[6] However, whether this leads to an overall reduction in women's care work, or the more equitable redistribution of care work between women and men, depends on a number of factors including the specific context and type of equipment provided. In particular, patriarchal social norms act as a key barrier to men's participation in care work, which is considered to be low-status feminized work. In some contexts, coupling access to time- and labour-saving equipment with social norms interventions (e.g., education, media, advocacy) [has been found](#) to promote men's participation in unpaid care work. However, more research and data collection is needed to understand this relationship, and to pinpoint which types of equipment and interventions are most impactful within specific contexts.

Governments and funders must:

- **Fund research and data collection on programmatic interventions involving time- and labour-saving equipment.** More and better data is needed to understand the impact of such interventions on unpaid care work within specific contexts, and bilateral donors, philanthropic foundations, and grantmaking organizations must include dedicated funding to build this evidence base.

- **Make use of available data collection tools to measure changes in the amount and distribution of unpaid care work when such interventions are introduced.** This work can be shepherded by

international organizations like Oxfam and UNICEF that have developed data collection tools for this purpose.

- **Ensure that data is used.** Once collected, governments and international organizations must put data to use to develop context-appropriate policies and programs aimed at reducing and redistributing unpaid care work.

Reward and Represent

4. Document the size and characteristics of the paid care sector, in both the formal and informal economy

The paid care sector encompasses individuals who look after the physical, psychological, emotional, and developmental needs of others within an employment relationship. This includes workers in childcare and early childhood education, domestic work, long-term care, health care, and disability care. Documenting the size and characteristics of the paid care sector is important to ensure decent work for care workers, and to promote the sustainability and retention of this essential workforce.[7] Some countries collect data on different care occupations within national censuses and labour force surveys. However, this data is less often available for low- and middle-ncome countries, and tends to exclude care workers with informal working arrangements and insecure migration status. Moreover, few countries systematically compile and analyze data across different care occupations to generate a full picture of the paid care sector and its characteristics, including wages and working conditions.

Governments must:

- **Collect and analyze data on the size and characteristics of the paid care sector within national censuses and labour force surveys.** National statistical offices must collect this data, with methodological support from international standards bearers like the ILO and financial support from bilateral donors earmarking ODA.

- **Disaggregate data to enable intersectional analysis of the paid care workforce.** National statistical offices can identify which characteristics are most relevant for their country's context, but disaggregation by gender, age, race, and migration status are recommended.

- **Ensure that data is used for policy making.** Once collected, governments must use data to inform policies and labour standards to ensure decent work for all care workers.

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6   Examples of time- and labour-saving equipment include bicycles, wheelbarrows, and clean energy technologies like clean cookstoves or solar-powered lamps, dryers, and water pumps.

7   With the growing demand for care globally, the care sector is a key source for future job growth—projected to add 150 million jobs globally between 2018 and 2030. Despite this potential, paid care work is frequently characterized by low wages, poor working conditions, and limited labour and social protections. In many higher income countries, this work is disproportionately performed by racialized and immigrant women who face some of the most precarious and exploitative working conditions.

Resilence

5. Monitor the impact of crises on paid and unpaid care work

Global crises—including climate change, ongoing and worsening conflicts, and the COVID-19 pandemic— are increasingly understood to impact the amount, distribution, and conditions of paid and unpaid care work that is disproportionately carried out by women and girls globally. For example, conflict-induced resource scarcity increases the time required for activities like household fuel and water collection, while extreme weather events such as hurricanes and wildfires cause widespread injury, disability, and damage to infrastructure, putting additional demands on care services and care workers. However, only limited data is available that specifically measures these impacts due to the unique challenges of data collection in extremely insecure environments, and the difficulty of attributing any changes in care work solely to crises as opposed to other factors. More and better gender data is needed to monitor the impacts of crises on care work, and the wellbeing of care providers and recipients.

Governments must:

- **Conduct rapid gender and/or care analysis during crises, and make this data available for broader analysis and comparison across contexts.** Government agencies and international organizations involved in disaster response can use these tools or design their own.

- **Make use of digital data from social media, mobile phone applications, and other sources.** These technologies can support real-time insights during crises when in-person data collection poses risks, and foster greater participation of women and girls in data collection efforts by enabling them to self-report their perspectives and experiences.

- **Disaggregate data to enable intersectional analysis.** Some groups are more vulnerable and impacted during crises due to their gender, age, location (urban/ rural), disability, or other factors. Those responsible for data collection within government agencies and international organizations can identify which characteristics are most relevant to capture within a specific context.

- **Ensure that data is used for policy making.** Once data is collected, governments must put it to use in order to inform policies, decision making, and the design of relief and recovery efforts that address care work and inequalities.

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