

Who Cares for the Child?

Gender and the Care Regime in India

Report of the **UNICEF-ISST** Conference
Surajkund, National Capital Region, India

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Introduction

The international workshop, “Who cares for the child? Gender and the Care Regime in India,” was organised with the objective of facilitating dialogue about gender-sensitive child care policies, programmes, services and practices, bringing together both the pressing and complex age-differentiated care requirements of children as well as the near universal implication of women as care providers in the undervalued arena of care work

Meeting the care needs of society is fundamental to the fulfillment of human rights, especially of women, children and the elderly. The care that children receive from their parents and other family members contributes significantly to their healthy development and growth. Similarly, the well-being of the aged and the elderly as well as the sick depends upon the care they receive from other members of the family and society. Inevitably, however, responsibility for care giving falls on women. This responsibility places a particularly unfair burden on them. Very often, women have no choice in the matter; they are required to perform the role of care givers in addition to everything else they do within and outside the household. In the absence of adequate institutional, family and other support for women, this severely restricts the freedoms women have to pursue many of the things they value and cherish in life.

Contemporary development debates have, by and large, ignored the critical role of care in society. Discussions on globalisation and economic recession, for instance, acknowledge the adverse consequences on women’s employment and family earnings but they seldom trace the subsequent impact on women as care givers. Similarly, discussions

on social protection and security against downside risks have not paid sufficient attention to the consequences of unemployment, ill-health and other unforeseen events on the dimension of care and the additional burden it imposes on women as care givers. This lack of attention paid to care adds to the vulnerability of women in particular. It also compounds their problems of discrimination and unequal treatment in many different ways. For instance, while it is true that men who lose their jobs suffer, the burden on women also increases substantially as they have the additional responsibility of not only running the household with reduced incomes but also of caring for the unemployed male workers.

‘Working’ women in particular face even greater difficulties. In India’s highly informal economy, for instance, women entering the labour force are mostly engaged in irregular forms of work, in the informal sector, where they are denied economic security and social protection. Amongst other things, this leaves women workers without maternity benefits or access to childcare facilities. Combined with unquestioned gendered constructions that childcare is the responsibility of the mother or the woman, these constraints on women also have

an adverse effect on children, highlighting the extent to which the “continuum of care,” for the newborn and young child, binds together mothers’ and children’s rights to care.

In this context, it is clear that at the heart of improving the quality of women’s employment and outcomes for children lies an unmet challenge: the provision of quality childcare services to ensure both the survival and

development of children, and the generation of desirable choices and support for women who need to or wish to engage in paid work, and which enable critical shifts in gender relations. Ensuring quality care for children, then, requires substantive collaboration between family members, communities, institutions and agents of state and market, in ways that give value to care work, as well as to the care provider.

Framing the Debate: Concepts and International Perspectives

CONCEPTUALISING “CARE”

In her introduction, UNICEF India Country Representative, **Karin Hulshof** highlighted the mutually reinforcing nature of the rights of women and children, and the double and/or triple burden(s), which women face while balancing their domestic and reproductive roles with paid employment outside the home. The informalisation and invisible nature of women’s work is an impediment to the realisation of economic and social protection for both women and children, Hulshof argued. In this context, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Convention on the Rights of the Child (CRC) must be used as guiding principles, in a manner that is complementary and establishes linkages between women’s work and child care and protection, to ensure the realisation of rights for both.

Rajni Palriwala elaborated on “Conceptual Concerns in Care,” by delineating four trajectories through which the issue of care has emerged in public debate over the last few years of feminist scholarship and development discourse.

The first trajectory relates to the challenge of **making visible the**

extent and variety of women’s work and its economic and social value. Linked to this trajectory, Palriwala presented a framework for thinking about the care regime, identifying three streams within this trajectory that raise the issue of care in slightly different ways. The first stream is the domestic labour debate, which critiques the male breadwinner model, and focuses on the processes of commodification induced by capitalism which have reified a gender division of labour in which women’s unpaid work (including both direct and indirect care) is devalued. In this context, the family, and women in particular, are identified as the natural providers of care.

The second stream, rooted in feminist discourse in the developing world, points out that of the wide variety of activities in which women are engaged, there is often a seamless flow between work that is deemed “productive” on the one hand, and care work on the other.¹ Not only is much of care work invisible, it is often performed by segments of the population who are undervalued within society.

¹ Although, the recently extended SNA does now count some of this work.

To challenge familial assumptions and the naturalisation of the division of labour, we need to ask some central questions about the approach to be taken to unpaid care work: do we simply recognise care as women’s work and give it value or push for more fundamental changes in the gender division of labour?

Rajni Palriwala

Care practices are not just a matter of individual choice and internal power and gender dynamics in the family, but shaped by state economic and social policy, economic processes, and social stratification.

Rajni Palriwala

A third stream emerging from this links to the broader devaluation of care work in policies aimed at promoting economic growth. Here, discussions around women and work have failed to value the significance of reproductive work, and thereby women's care work, in ensuring profits. All these arguments have expanded the understanding of care as a societal function, emphasising the time that 'care' requires, that it is work, and that often it is not measurable through neat indices or clearly demarcated units.

The second trajectory through which care has emerged has been through feminist critiques of the welfare state and neo-liberalism. Both the latter have implicitly taken women's unpaid work to be "natural," assuming the commodification and defamilialisation of labour and the male worker-citizen, and thereby obscuring the extent to which the state has actually depended on gendered familial work.² While the establishment of the welfare state has enabled women to enter paid work through new opportunities, the extent to which the state depends on women's work has become most evident as the welfare state has retreated from care services. This has placed a greater burden on women, as they enter low paying jobs, while also being forced to provide less direct care attention to their families.

² For example, Esping-Anderson's model of the welfare state, and his understanding of commoditised and defamilialised work, initially excluded most of women's work and was premised on the notion of male citizen workers.

In this context, the notion that underlying every welfare regime is a care regime, that carries with it a set of assumptions regarding care practices and corresponding choices (or lack thereof) for different individuals, has emerged together with notions about the gendered nature of citizenship. Linked to this is the development of the right to institutional child care.

Here, the following questions (identified by Jensen³) for mapping out the care regime gained pertinence: **Who is the carer? Who pays for care? What is the location or site where care takes place? (market, institutions, and families).** These questions are also particularly relevant when thinking about the hierarchy of care, and increased differentiation for possibilities of giving and receiving care across social and economic groups. For example, through their work, paid care givers in India – being amongst the lowest paid of workers and from predominately lower caste and racial groups – increase care possibilities for elite families, often at the expense of caring for their own children and families.

The third trajectory shares a framework with notions of poverty as an "artefact" rather than a social relation. In this framework, the removal of poverty is conceived of without directly confronting the social relations that produce it. The role of social and economic structural inequalities, inequities, and processes, are not factored in.

³ Jensen, Jane. 1997. "Who cares? Gender and welfare regimes." *Social Politics*, Vol. 4, No. 2, pp. 182–187.

In a similar vein, the focus is on the requirements and vulnerabilities of care receivers – i.e. children, elderly, and sick – due to their physiological needs and where the regulation of ‘populations’ is central to modern state systems. The recognition of these groups, and differentiations among them, is based on constructions of their bodily vulnerabilities – thus, the double grey as distinct from the elderly and the chronically ill, as against the old and the ill. Care-givers are trustees, rather than workers, and the full dynamics of the relationship between them and those who need care is obscured.

The fourth and final trajectory draws on all of the above, as well as critiques of contemporary theories of social relations and dichotomies of modern capitalist societies, including the notion of the individualising society. Care is labour, practice, and end-directed action, and involves conflict between care givers and care receivers, and between phases of care. These phases are encapsulated in Joan Tronto’s framework⁴ for conceptualising care: *Caring about* (recognising and thinking about care needs); *Taking care of* (providing the means for care); *Care Giving* (direct physical care work) and *Care Receiving* (response to the care received). Aspects of care related to the first two phases are arguably public roles assumed by the powerful, which presumably rest on a notion of universal morality, whereas

the final two phases happen amongst the less powerful, in local and social spheres. Finally, this trajectory highlights that the care relationship is more than the relationship between the receiver and the giver – it requires both societal and personal resources.

INTERNATIONAL PERSPECTIVES ON “CARE”

In her presentation titled, “A Widening Gap? Competing Welfare Logics and the Social Organisation of Care in Argentina,” Eleonor Faur identified childcare as a constitutive part of a political and social organisation. This arrangement, she argued, is “constantly developing through the intervention of public and private offerings,” with “different shades and outcomes across gender and social class.” Grounding her discussion in the Argentinean context, Faur argued that Argentina lacks both a homogeneous welfare regime and a cohesive care policy. It is characterised instead, by a fragmented, increasingly privatised social policy system with stratified and insufficient coverage, which ultimately serves to reproduce gender and social inequality.

Echoing Palriwala, Faur argued that individual welfare regimes can consolidate corresponding care regimes. In Argentina, like in India, inequality and social and class-based differentiation is embedded in the social fabric of the country. Private or public childcare options are available for middle class families, but remain inaccessible to the poorest of the poor. In this context, Faur

The relational nature of care and care roles has arguably constrained the individualisation of women.

Rajni Palriwala

With 50% of the women engaged in paid employment in Argentina working in the informal sector, inequity has far reaching ramifications for large numbers of people who remain excluded from access to basic social services.

Eleonor Faur

⁴ Tronto, Joan C. 1993. *Moral Boundaries: A Political Argument for an Ethic of Care*. Routledge, New York.

examined the issue of childcare in the context of national labour norms, poverty reduction strategies, and early education schemes and compensatory programmes, highlighting the ways in which inequality influences de-commodification in access to services, and underlies the social organisation of care. Firstly, employment-based care benefits – such as leave and workplace crèches not only cover less than half of the working population, but also segment benefits by gender and scale them by occupational status (i.e. protecting public employees and teachers while leaving informal workers, including those in domestic service, without any kind of benefit). Secondly, the State's educational services for children under 3 are still limited throughout the country. The younger the child, the more families need to resort to family care or to private establishments, thus encumbering the defamilialisation and dematernalisation of childcare, especially for the poorest households. Thirdly, the strategy to establish so-called "Child Development Centers" (which focus on underprivileged households) legitimises a double standard throughout the supply of different kinds of services to different social groups. A more specific argument was made about social assistance and poverty programmes, specifically cash conditional transfer (CCT) and nutrition schemes, in Argentina. In spite of having relatively vast coverage, many CCT programmes fail to reach even 20% of those in need. In Argentina's experience, Faur said, women, as main beneficiaries of

CCTs, are actually not considered as *subjects in their own rights*, with needs and interests according to their class and gender status, but rather, become mere resources for child welfare under CCT programmes, which reinforce and legitimise women's responsibilities for care. Moreover, more broadly, social assistance and poverty programmes in the country are rooted in a paternalistic logic and premised on the notion that women should remain at home, rather than upon efforts to expand care institutions.

Through her presentation, "*Feminist Social Protection: Does it exist and what is it?*" Hania Sholkamy engaged in a theoretical exploration of feminist notions of social protection, stressing the need to consider more closely the role of women as care givers. In this context, her presentation led into a discussion of her experiences engaging with an experimental CCT pilot in an urban slum of Cairo, Egypt. Sholkamy argued that "social protection provides an agenda primarily for reducing vulnerability and risk in low income households with regards to basic consumption and services, and as such, has become an important part of the development discourse." The focus, in this context, is on poverty as exclusion, and exclusion as vulnerability, and the consequences of exclusion as determined by public policies and private practice. Gender, Sholkamy argued, is rarely used as a differentiating lens in the design of social protection policies, and mainstream development paradigms continue to be instrumentalist and rooted in a belief that women are merely

a means to an end, rather than human beings with needs and rights of their own. It is critical, Sholkamy argued, that we depart from this approach and move towards one that is rights-based, thereby arriving at a common understanding of feminist social protection as an agenda which seeks to achieve equality of treatment for all women, including the poor.⁵

In this context, the care economy should be viewed as an “entitlement,” rather than a burden. If we are to work towards ensuring that men and women are brought on par with each other, Sholkamy argued, social protection programmes must be gender differentiated. Departing from Faur, Sholkamy identified CCTs as measures for extending social protection to women to “validate their care responsibilities,” and as instruments of change and mechanisms of feminist social protection, with the potential to fill gender gaps in existing programmes.

Extending her argument further, Sholkamy argued that CCTs which identify women as the sole recipients of cash transfers are designed to empower women in today’s increasingly commoditised world. They have the potential to do this by facilitating increases in women’s agency, and bargaining and decision-making power. Moreover, drawing from the Cairo CCT pilot, Sholkamy highlighted the fact that the basic values (i.e. about the importance

of education) underlying these programmes are typically already shared by those who benefit from them. Acknowledging the persistence of design issues related to the relevance and efficacy of targeting, Sholkamy simultaneously argued that monitoring and accountability systems can address the need for expanded reach. In this context, she concluded, social protection measures aimed at achieving gender justice ultimately become a necessary part of anti-poverty policies in the immediate context. However, they are not necessarily desirable long term strategies and should be phased out as gender equality is attained.

Moving away from a focus on the working poor, **Emiko Ochiai’s** presentation, “Care Diamonds⁶ in East and South East Asia,” highlighted findings of a study focused on care practices amongst middle class families in six East and South East Asian countries.⁷ The question driving the research related to whether, as had been the case in European societies, modernity led to “housewifization,” and high modernity to “dehousewifization,” in the selected countries. With the exception of Japan, the prevalent pattern in the societies examined was broadly consistent with the first hypothesis. Familialistic welfare regimes combined with

⁵ The assumption here is that all poor women are compelled to work for reasons of economic security.

⁶ The Care Diamond comprises of the principal institutions and actors involved in the provision of care – i.e. 1) the family/household; 2) the market; 3) the public sector; 4) civil society; non-profit organisations; community based organisations.

⁷ China, Thailand, Japan, Korea, Singapore and Taiwan.

The role of migration and relocation (a growing factor in the employment market) and its impact on the possibilities of tapping kin networks becomes critical as a factor that can potentially strain networks of family care.

Emiko Ochiai

liberalism prevailed. However, Japan demonstrated a pattern closest to pure familialism. Unlike other East and South East Asian societies which were exposed to the global market and witnessed the marketisation of care, in Japan, the latter has stagnated and the modern family system has become embedded in the country's social fabric.

In each of the countries examined, it was argued, familial norms and values have remained important. Therefore, economic success alone has failed to fundamentally alter and transform gender roles in the region. In spite of this broad trend however, there is notable diversity in female possibilities for care and employment across these societies.⁸

- In China, the state has promoted women's employment together with flexible "role sharing" between spouses,⁹ and informal kin networks, coupled with formal facilities of leave and nursery schools, are important in enabling women to work outside the home.
- In Singapore too, formal day care facilities (also often coupled with familial and paid domestic care help) are quite widely used, with institutional childcare being made available to all families.

⁸ Each of the societies examined were placed into one of three groups identified based on the role of paid work in women's lives.

⁹ However, there has been subsequent advocacy to have women return to their domestic roles.

- In Japan and South Korea, while facilities for older children exist, care provisioning for younger children and infants is weak, and thereby limits the options young mothers have to engage in paid employment.
- In Taiwan, nursery care centers exist but are not widely used, and the lack of care facilities for older children often pushes women to leave work at this later stage.
- In Thailand, public funding for childcare is low and institutional care is relatively inaccessible. Here, family networks are critical for fostering continued high levels of labour force participation amongst women, and notions about the role of the family in providing care persist. For example, it was found that in both China and Thailand, care activities are viewed as part and parcel of a set of broader familial responsibilities.

Policy, institutions, "culture" and family structures and their interplay give rise to particular outcomes in different settings. There is a need, then, for expanded institutional childcare options as well as institutional care provisions for the elderly, especially in countries with "ageing" populations.

A number of key themes were raised during the discussions surrounding these presentations. One issue that emerged clearly related to the importance of ensuring that social assistance programmes, CCTs, in particular, are rights based and rooted in

principles of gender justice. A number of other issues related to the design and implementation of CCTs in different environmental contexts were discussed in detail. The importance of being sensitive to the inter-household dynamics that place constraints on women's agency and decision making power, even in instances where they are the sole recipients of cash, was also identified as critical when engaging in policy advocacy or programming. The

experience of Argentina, where it was argued that engagement by (feminist) civil society groups on the issue of institutional care has been weak, and children's groups have failed to draw linkages between children's rights and women's rights, highlights the importance of creating synergies and advocacy platforms in partnership. In this context, the CRC and CEDAW were identified as powerful guiding frameworks and tools for advocacy.

Women, Work and Care

The extent to which time and livelihood options are constrained for women, who struggle to balance paid employment with unpaid work responsibilities, is captured through the following words of a domestic worker, 'Paisa ya Paani?' ('Wages or Water?') a dilemma that is shared by many others like her. In this context, the importance of expanding the notion of care, to include water in the urban context (and water and fuel in the rural context) becomes essential.

Shrayana Bhattacharya

This session focused on the linkages between childcare, social policy and women's employment patterns in the Indian context. Particular emphasis was placed on gender and care as it relates to employment trends, labour laws and implications for care responsibilities. Situated in the context of the largely informal (and home-based) nature of women's work in India, and the lack of social protection and broader rights violations which prevent women's access to childcare support, the presentations in this panel illuminated the role played by childcare in the observed patterns of women's work, and the sectoral segmentation of women's employment. Some central themes raised related to the invisibility and unvalued nature of women's paid and unpaid work and the persistence of the male breadwinner model; balancing responsibilities for paid and unpaid work and the complexities related to support for varying care preferences; the importance of childcare for women and children, as a mechanism for poverty reduction; and the implications of anti-work life balance working cultures. Underlying each of these issues were fundamental questions about how to achieve gender equality, gender justice and, ultimately, the realisation of rights for women and children.

In her presentation, "Understanding work through a Care Lens," **Neetha Pillai** provided an overview of trends in women's employment and labour force participation. In the new opportunities for paid work that have emerged for women, care is a central activity. Yet, in both rural and urban areas, women continue to shoulder the responsibilities for unpaid care work, and on average, spend a significantly larger part of the day on these activities than their male counterparts. of the women engaged in paid employment, those employed in the unorganised sector spend more time on unpaid care work than their counterparts in the organised sector. In this context, it is important to recognise that a considerable portion of women workers in the unorganised sector are home based workers who would normally be combining unpaid care work with paid (or SNA) work.¹⁰

The strong nexus between women's work opportunities

¹⁰ Pillai, Neetha, Center for Women's Development Studies. Understanding Women's Work through a Care Lens. Here, SNA work comprises of activities that are considered to be part of the System of National Accounts (SNA). This is also often broadly defined as comprising of "paid" work.

and care work explains to some degree the phenomenal increase in the number of women domestic workers in India. Home based work and domestic work is preferable for many women, even though it is lower paying, because it enables them to continue fulfilling their care responsibilities. Echoing some of the concerns expressed by Palriwala and Faur, Pillai highlighted the centrality of class and social hierarchies to the issue of care, stressing the fact that the care needs of care workers are often neglected because they are compelled to provide care for middle class families. In this context, she raised important questions, linked to the theoretical questions raised by Palriwala, about how to address the tension between the demand for care on the one hand, and the need for livelihoods on the other: Do we promote policies aimed at giving recognition to women's labour as work, or do we choose to let women take up work at home and ignore the related structural implications?

Many of the concerns raised by Pillai were echoed by **Shrayana Battacharya** in her presentation on "Domestic Workers and Childcare Assistance," where she provided suggestions on possible linkages between wages, working arrangements, and women's reproductive and care responsibilities. Sharing findings from a recent study on domestic work in Delhi's urban economy, she argued that domestic workers account for the largest number of women workers in the city, and are subject to poor wages and a host of other rights violations (i.e. mandatory overtime, no leave

or time off). Reinforcing Pillai's concerns about the time constraints faced by women workers, she argued that norms about the gendered division of labour, which leave women responsible for familial and domestic activities such as childcare, water collection and household maintenance, mean those women must forgo opportunities for more work and higher incomes. In fact, she argued, domestic workers often work in areas where wages are lower simply so that they can ensure that their children will be supervised.

Battacharya also noted that women's earnings are largely contingent on the socio-economic profile of their employers, with options (in terms of the number of tasks women are asked to perform, and their wages) being better in cases where employers are higher up on the socio-economic ladder. Once again, however, familial responsibilities may prevent women from working in higher income areas which would be far from their homes.¹¹

The constraints on the economic and social choices available to poor Women, in the absence of child care options, was also highlighted by **Mirai Chatterjee**, in her presentation on "Childcare for Women Workers in the Informal Economy." Child care services, she argued, can increase women's incomes

¹¹ For care and domestic workers, social networks play an important role in providing care, but women remain hard pressed, not least as maintaining these networks also requires time and investment.

We need alternative care arrangements and new ways of thinking about care which are grounded in local communities and sensitive to their needs. Often, critical early childhood development elements of care, and initiatives aimed at building the capacity of parents (two integral components of the SEWA model) are absent from mainstream crèche facilities which becomes problematic given the importance of ensuring that both parents (male involvement being key) have ownership over programs.

Mirai Chatterjee

significantly¹² and without child care, women cannot emerge from poverty. In fact, Chatterjee said, “childcare is poverty reduction and supports and promotes women’s work.”¹³ Not only does childcare have the potential to increase women’s income, support women’s work, and encourage school going (with long term positive impacts on schooling), but it is an important entry point for organising women workers and building social cohesion and solidarity between communities. Lessons from the Self Employed Women’s Association (SEWA) childcare model, highlight the importance of ensuring that childcare facilities are organised according to women’s realities and work schedules – only then can these services be effective, valuable and widely used by those who most need it.

The centrality of many of the key principles underlying the SEWA childcare model were reaffirmed by discussant **Gayathri Vasudevan** based on her engagement with MAYA Organic and Labournet,¹⁴

and her discussion of the role these organisations played in providing support and security to informal sector workers. Working primarily with construction workers, Vasudevan highlighted the critical importance of childcare facilities for women who work in construction, simultaneously echoing concerns about their invisibility as “hidden workers,” who continue to be viewed merely as “helpers.” Vasudevan spoke about MAYA’s efforts to establish childcare centers for informal sector workers, but highlighted the limitations, in terms of scope, resources and expertise, that the organisation faces. This includes the unwillingness of wider stakeholders to invest in the infrastructure and resources to provide sufficient facilities to workers in the unorganised sector. In this context, Vasudevan stressed the importance of focusing on advocacy aimed at establishing policy guidelines that will ultimately be translated into an operational framework to address the many issues related to care needs and women’s employment.

Moving away from the informal sector, in her presentation “*Waking up to Work and Care: Emerging Policy Framework in the Formal Labour Market*,” **Elizabeth Hill** made an argument that highlighted persisting problems for women workers in India’s formal economy. She argued that even though the formal market comprises a small percentage of the country’s total workforce, it remains important because in the Indian context, even a small proportion leads to large numbers. Moreover, in light of the International Labour Organisation’s (ILO) decent work agenda – aimed at formalising

¹² A recent SEWA study showed an increase by 50% in women’s incomes in two rural cities of Ahmedabad. Chatterjee, Mirai. *Childcare for Women Workers in the Informal Economy*. December 2009.

¹³ It supports both the women who use the service and women who work in childcare centers.

¹⁴ MAYA Organic is a Bangalore-based livelihood development Initiative that helps informal sector micro-entrepreneurs build a network of sustainable enterprises with the objective of creating wealth and building the capabilities of poor informal sector workers and their families. Labournet, an initiative of MAYA, is a social enterprise which aims at improving earning opportunities, working conditions, skills and security for workers in the unorganised sector.

work – standards and conditions of formal sector employment need to be monitored and we need to establish a notion of what a ‘good’ work and family policy should look like. Situated in the context of a theoretical framework for thinking about a supportive care regime for India, Hill’s presentation highlighted attitudes and policies in the (public and private) formal economy, as well as the nature of childcare provisioning in this context. Her presentation identified the need for a social policy framework that provides the possibility of gender equality, and supports women’s rights to work and care, while simultaneously recognising the fact that childcare and reproductive labour are not the sole responsibilities of women.

The work-care regime, Hill argued, is informed by two sets of dynamics: 1) The dominant social and familial values and norms that shape the provision of care; and 2) Institutions of work and care which frame how, where, and when we care (i.e. labour market policies, leave and welfare arrangements, family structures). In this context, Institutions matter; for example, maternity leave and leave policies provide opportunities for workers to be away from work to care for children when required. The price, location and quality of childcare also matters, because it “shapes real choices about how parents care for their kids, when they work, and how much.” In India, there is a mismatch between the work and care preferences of households, and the current work-care regime. Working parents lack adequate support, and the structure of work makes it very challenging to reconcile parenting needs with the demands of paid work.

In spite of growing recognition in the formal labour market of women’s skills as workers, and the more equal integration of men and women into the labour market, the dominant male breadwinner model prevails and emerges most clearly as women begin to have children.

Two models for thinking about how to ensure the relatively equal integration of men and women into the labour market in cases where children are a consideration were discussed: the dual breadwinner-state carer model, in which the state plays a major role in providing childcare, and the dual breadwinner-dual-carer model, wherein child care is assumed to be best located in the home, with men and women participating in work and care on a symmetrical and equitable basis, and paid and unpaid labour being equally distributed.¹⁵ It was argued that the likely emergence of the second approach is what should be considered in the Indian context, as the Indian state is unlikely to emerge as a dominant carer. Important questions must be asked, in this context, about whether policy will shift to provide adequate paid leave and flexibility for working mothers and fathers, and whether the cultural change required in support of a dual breadwinner-dual-carer model in India will materialise. Attitudes towards non-family childcare in India were also raised in the context of this discussion, to highlight the fact that Indian workers overwhelmingly report a preference for informal care

¹⁵ This model relies explicitly on the idea that the labour market is organised in a way that structurally allows for both parents to fulfill their dual responsibilities.

While benefits for working parents in the public sector exist, the private sector is characterised by a schizophrenic approach. In spite of the growing recognition of a robust business case for human resource policies that support women’s continued engagement in the labour force after becoming mothers - with a few exceptions - flexibility in the workplace is viewed as an impediment to the profit motive.

Elizabeth Hill

The challenge then lies in establishing a policy framework within which people have the necessary support, access and freedom to make desirable choices about the conditions and terms of care-giving (receiving) and employment.

Plenary Discussion

arrangements rather than formal paid care outside home. The notion that childcare is a profit making business, associated with risks for quality and for children, may also reinforce this belief and is therefore an issue that should be considered in the context of policy-making.

The session drew to a close with a series of central questions posed by discussants **Preet Rustagi** and **Govind Kelkar** that were subsequently built upon during open discussion. A central question about the nature of care preferences (i.e. what they are), and whether we have a collective or shared vision and understanding of them, was posed to the group, and tied in particular to the debate around institutional care provisioning. It was stressed that the discourse on dual earners and care providers requires an interrogation and exploration of the issue of care provisioning, and in this context, the manner in which care responsibilities should be shared becomes central. This may require a renegotiation of the current care regime which is both embedded in the production

cycle and in a moral economy of care. It was argued that, situating and introducing care in the context of a gender equality agenda requires recognition of the importance of capability development, linked to care of the girl child and the elderly. It also requires recognition of the importance of the dignity of labour, the sharing of care responsibilities, the differential options for care across social, economic groups, and ethnic groups (i.e. indigenous women face additional forms of discrimination), and the varied implications of this for care givers and receivers both.¹⁶ This highlights the importance of caste and class based exclusion raised in earlier discussion, where one participant highlighted the fact that the hierarchical nature of Indian society could mean that some parents will be too conscious of who their children mix with in public care centers, leading to lower levels of utilisation of these services. In this context, the answers to questions about who cares, whether they care, and conditions of care, have already been shaped by dominant cultures, norms and institutions.

¹⁶ The issue of self-care becomes important in this context.

Children and the Care Continuum

The issue of care needs to be looked at also from the perspective of the fundamental needs that children have for quality emotional, cognitive and physical care. Mr Lov Verma, Member-Secretary, National Commission for the Protection of Child Rights, initiated the discussion by highlighting the scale of the problem of child protection in India, arguing that expenditure in this area is abysmally low. He made a strong case for child mapping, which the government plans to undertake at a disaggregated level to facilitate the effective implementation of initiatives like the Right to Education Act. Mr Verma also provided an overview of nine key existing child protection schemes established by the Ministry of Women and Child Development (MWCD), such as the Juvenile Justice programme, Shishu Grah, and the National Child Labour Programme, amongst others. He highlighted the new centrally funded Integrated Child Protection Scheme (ICPS), a joint government and civil society partnership initiative. Mr Verma argued for the need to establish greater levels of convergence to ensure that child protection initiatives are truly beneficial to those in need. This discussion set the tone and context for subsequent presentations related to different dimensions of the care continuum.

In her presentation, "Quality Care in Early Years: Foundations of Human Development," **Adarsh Sharma** made an argument about the importance of care for early childhood development, identifying key elements of this kind of care and how it should be defined. Investment in early childhood, she argued, can result in tremendous returns in terms of human and social capital. In this context, consensus over the critical elements of care for children between 0–6 years must be reached, bearing in mind the existence of critical sub stages of child development along the continuum of care (i.e. ECCE, 0–3 years; Early Childhood Education (ECE) 3–6 years; ECCD etc). Challenging the traditional 0–6 early childhood development framework, Sharma argued for the extension of coverage until the age of eight, stressing that socialisation and psychosocial aspects of development remain particularly critical even beyond the age of six. Establishing appropriate interventions at each sub stage is key, and each of these must consist of a unique combination of nutritional and emotional health components. The existence of any gaps in this regard can lead to cumulative deficits, the effects of which will carry over into the next developmental stage. For example,

Care provisions are foundations for child development and women's development both, and should be viewed as a fundamental right. Emotional care, for example, is critical for women during pregnancy and the post-delivery stage, yet it is rarely available and women are typically expected to resume familial and domestic chores, like water and fuel collection, immediately after childbirth.

Adarsh Sharma

given that the completion of primary school is contingent upon interventions in the first two stages of early childhood development, a focus on inclusive education between the ages of 3–6 years becomes particularly important. Specific mention was made of the Right to Education Bill, and its failure to address the needs of children between the ages of 0–6, thereby leaving out the first ladder of child protection. This is hugely problematic, Sharma argued, and advocacy for an amendment of some sort is critical. The Sixth Pay Commission,¹⁷ which outlines a provision for childcare leave was also discussed, however it was argued that the initiative fails to consider the role of fathers, and will largely benefit the middle class and not the unorganised sector.¹⁸

The realisation of the rights of both women and children must be facilitated through support from both the state and society, with the role of the community being highlighted as key. Advocacy efforts should promote the expansion of relevant schemes to ensure wider reach, especially to the poorest of the poor. The interconnectedness of different aspects of care must also be recognised (i.e. it is widely accepted that if nutrition interventions reach poor families, psychosocial indicators

improve). Today, child survival and development indicators (i.e. infant mortality) in India are dismal, and it is shameful that even poorer countries in the region (i.e. Bangladesh) have better child survival and development indicators. Positive early childhood development experiences have the potential to bridge inequalities, by presenting children living in poverty with increased opportunities to offset disadvantages. Building effective early childhood development strategies and programmes rests significantly on the development of synergies between different dimensions of early care. The provision of education for the caregiver, and the promotion of community development and participation in early childhood care services, will also be critical.

Building on discussions about early childhood development, **Priya Nanda's** presentation focused on the specific needs of adolescent girls in the context of the care conundrum. Highlighting the lack of knowledge and resources to address these needs, she argued that fundamental constraints to the development of adolescent girls emerge because of neglect, brought on to a large extent by the absence of relevant services. Taking the transition from childhood to adulthood as a point of departure, to highlight the important physiological and psychological bodily changes that both boys and girls undergo, Nanda argued that most young married adolescent girls are not ready for the experience of sex or child bearing and rearing. State level data points to exceedingly low levels of contraceptive use (7%)

¹⁷ This Commission was established in 2006 with the primary objective of revising the salaries of government employees and addressing other employment and remuneration related issues.

¹⁸ This scheme is further limited in its efficacy because it can only be used twice in the lifetime of a given individual.

amongst married girls between the ages of 16–18, with the risk of maternal death being three times higher amongst girls between the age of 16–19 than women in their twenties. However, early initiation into marriage remains common, with almost 50% of girls in India not having received secondary schooling, and 45% of girls having experienced transit growth because of poor nutrition. This, Nanda argued, exemplifies neglect of the adolescent girl child at an early developmental stage.

Neglect is often heightened for girls because of additional cultural and social restrictions on mobility, particularly during the transition to adolescence. In this context, the burden of daily domestic chores and care responsibilities further exacerbates these constraints. Drawing on examples from India and Sub Saharan Africa, Nanda argued that social protection and education initiatives – while intended to benefit boys and girls – continue to be relative weak in addressing the concerns of young adolescent girls. Not only does this imbalance need to be corrected, but programmes need to become more focused on creating safe public spaces for girls, so that their mobility constraints are reduced and they are better placed to access services and attend school. Forced family education programs, educational programmes about reproductive health and nutrition, as well as after school programmes, are also important for ensuring greater educational outcomes for adolescent girls.

The discussion moved on to focus on the role of institutional

care in the context of early childhood and development. Presenting an overview of “*Issues in Institutional Care*,” **Sonykutty George** began by illustrating the challenges children in institutions face through the powerful words of a young 13 year old boy from a children’s home in Tamil Nadu. Following a conversation between George and the boy, the child acknowledged that George had been the first person that he had spoken to for more than five minutes continuously in the eight years that he had lived in the institution. This statement raises serious questions about the design of institutional care services, and highlights the often isolating nature of these spaces for children, who become distanced from society and miss out on critical phases of socialisation and child development. On the other side of the same situation are the enormous demands and burdens faced by care givers in institutions, who are under immense stress and pressure themselves. In this context, it was argued, we must begin to talk about the “multiplications of labour” as opposed to only the division of labour.

Today, across India, there is a notable disconnect between the needs of children on the one hand, and resources on the other, with those between the ages of 0–6 remaining neglected. Linked to this, is a systemic failure vis-a-vis management and programming based on an understanding of the continuum of care. There is lack of clarity in the policy realm, as evidenced through the management of the new Integrated Child Protection

Dominant norms and values that shape perceptions about adolescent girls, such as those related to chastity for example, can also create distance from public spaces, services and legal and social protection measures. The centrality of poverty, as an important contributing variable to low educational enrolment, attendance, and attainment, is also a factor that can adversely affect the development of both girls and boys.

Priya Nanda

Concerns facing the caregiver in an institution are often in conflict with the needs of the child within the care system. The challenge in finding a solution is strongly linked to both the availability of adequate resources to support the needs of both children and caregivers in institutions, as well as to the strategic mobilisation of these resources in a manner that is beneficial to both.

Sonykutty George

Scheme (ICPS), where 80% of the discussion is related to non-institutional care, while 90% of the available resources are committed to institutional care. The policy framework for thinking about the care regime and the continuum of care is fragmented, with individual Ministries each being focused on separate targeted interventions without demonstrated commitment towards convergence.

Another challenge relates to registration, licensing and certification, and the absence of quality control in institutional care settings. There is no benchmarking of providers, training and capacity development. To ensure improvements are made in this regard, it is essential that care providers benefit from training and capacity building that will empower them to function within the system and address more than just the safe custody of the child. The issue of standards for care within institutions was highlighted as a potential 'Catch 22' scenario: Here, while improvements in quality of care are desirable, this kind of change will also arguably create a situation wherein care institutions will be unable to support increased demand due to capacity systemic constraints. In this context, additional demands and stress that would be placed on the caregiver would be hugely problematic. It is essential, then, to consider the establishment of a system which will provide incentives that keep care providers motivated and engaged, as well as opportunities for them to build their capacities in terms of what they do. Here, the gendered division of labour within care institutions (with women primarily responsible

for cleaning, cooking and other domestic activities) would also need to be addressed.

The issue of 'Gatekeeping,' or the appropriate placement of children in care institutions according to their needs and the services available, was also highlighted. In this context, it was argued, care needs to be viewed as a right and children should only be placed in institutions if they are going to get the care they require. Otherwise, support should be provided to the family to ensure that it is able to support children in the home. In this context, 'Gatekeeping' should be viewed as an opportunity to consider the caregiver and provide the necessary support to the family to make sure that the child grows within it. The presentation concluded with an appeal for renewed thinking on institutionalisation in India, and for recognition of the centrality of the social reintegration of the child in this context. It was stressed that in order for care provisioning to be effective, institutional care systems need to be renegotiated to ensure that the needs of children are prioritised and that the needs of the care provider are simultaneously supported to ensure that care-giving can be effective.

Building on the issues of institutional care provisioning highlighted by George, the issue of "Quality care through different models in the urban context" was discussed by **Mridula Bajaj** vis-a-vis community based and civil society initiatives. Bajaj highlighted the importance of looking at the continuum of care in terms of linkages between care

for the mother, for the working mother, and her care needs as well as those of the infant into childhood. Unless these issues are considered comprehensively, and as long as we keep talking about policies primarily with respect to special ministries, she argued, progress will not be made. In this context, the importance of making investments in care options for women and children, and more specifically, in getting these "investments right, at the right time," cannot be underestimated.

Drawing upon the Mobile Crèches center based model and integrated day care approach to childcare, Bajaj highlighted the fact that protection needs to be viewed both in terms of emotional security and physical protection. Childcare models must facilitate bonding between children and care takers, a dimension that is of central importance in the context of the care continuum. The success of the Mobile Crèche model, Bajaj argued, lies not only in giving consideration to the factors above, but also in the interactive nature of childcare centers. Caregivers are trained to provide attention to their children, and maintain synergy with parents, thereby generating a mutual sense of pride and responsibility vis-a-vis care activities. In this context, echoing George, Bajaj argued that care for the child cannot happen without care for caregivers. She concluded by identifying the need for the development of complementary strategies for early care, arguing that the problem with many existing programmes, such as the Integrated Child Development Scheme (ICDS) and the Anganwadi

model, is that targeting is selective and issue specific. The challenge lies in moving away from this tendency, towards a holistic and multidimensional framework for addressing child development. In this context, civil society models can be powerful instruments of knowledge and experience to inform policy makers about what does and does not work.

Many of the community based issues raised by Bajaj were highlighted in a policy context by **Deepika Shrivastava** in her presentation on "Home Based Neonatal Care." Echoing Bajaj's argument about the need for complimentary strategies of care, Shrivastava shared a framework which empowers people to look at the care diamond (or different dimensions of care) along the continuum of care in ways that are most relevant to their local economies and contexts. Like Bajaj, Shrivastava argued in favour of a holistic approach to child development rather than one that is piecemeal and fragmented. She identified the following five sets of young child care behaviours that would need to be considered in this context: home health practices; hygiene practices; infant and young child feeding practices; psychosocial care and support in early learning; and care for girls and women. There are a range of resources required to support these practices, but it was argued that even if resources, quality services and securities established through family and kinship networks of care exist they will not translate into outcomes for the child in the absence of necessary care behaviours. If families cannot supported their individual

Ultimately then, when thinking about what an effective care policy might look like, it is critical to move from a focus on care practices and behaviours to changing norms about the kinds of investments required to support the capacities of caregivers and ensuring that relevant policies and program in existence are gender-sensitive. Thinking around this issue must be situated in the context of the continuum of care, to address the individual needs of the many actors involved in the giving and receiving of care.

Deepika Shrivastava

members to access immunisation for example, children will not be immunised even if services exist.

Against this backdrop, care behaviours are critical for the improvement of child survival and development, and the uniqueness of the framework shared rests on its positioning of care as central to the achievement or the fulfillment of the rights of children, especially young children. In this context, consistent with many of the earlier speakers, Shrivastava argued that investments must be made in the capacity of the caregiver and in families, so that both the latter effectively identify why children are growing and developing well or not. Alluding to Bajaj's presentation, Shrivastava highlighted the importance of looking at what happens in the family in terms of family care; what happens at the community level, and then what happens at the institutional and facility levels along the continuum of care. It was argued that along the continuum of care, there are different concerns relating to different groups (i.e. adolescent girls, socially excluded communities, women, young children etc) and the correct identification of those unique issues has the potential to prevent the perpetuation of intergenerational cycles of multiple deprivations.

In response to the presentations made during this session, discussants **Biraj Patnaik** and **Manisha Priyam** provided comments that synthesised and further expanded these debates. Identifying central issues related to the design and implementation of social protection initiatives

which contain provisions for care, Patnaik highlighted cases (i.e. NREGA and the ICDS) where even in cases where provisions for care centres and crèches exist, they have not been established. The ICDS, he argued, is also characterised by design flaws (with children below the age of three not being provided for). Moreover, CCTs, said Patnaik, are models of social protection which are being given widespread attention. However, it is arguable that in India, these schemes may not be as relevant or effective as they have been elsewhere because CCT conditionalities attached to these schemes are linked to supply side requirements which are particularly challenging to meet in the Indian context.

While other opportunities such as the Right to Education (RTE) Act can be potential instruments for entrenching care elements in policy, it remains to be seen how these provisions will be addressed. Patnaik argued in favour of an important role for social protection initiatives, especially given the fact that – rather than emerging out of poverty – people in India are getting poorer, and poverty can lead to multiple deprivations, especially for children. Echoing earlier sentiments, he stressed the fact that the current approach to social protection in India has been piecemeal, and not linked to fundamental issues of human development and the growth of human capacities. Care, it was argued, has the potential to impact an individual's cognitive and physical ability to be productive in the long term. This highlights the importance of investments in girls and women which can lead to

Ultimately, child-centered and engendered planning must become an agenda for the Planning Commission at the federal level, and filter down to states, and the issue of care must be inserted into emerging policy frameworks in this context.

Plenary Discussion

profound payoffs that transcend mere benefits to society and, in turn, facilitate the development of human capabilities.

Developing the discussion on policy further, Manisha Priyam argued that care needs to be placed at the center of all policies related to social protection and development more broadly. Incorporating the issue of care practices and behaviour change into policy making is central in this context, as is the notion of the complementarity of services. Priyam argued that infrastructure concerns – which are central to the functioning of care and education services – are absent from the debate and there is therefore a need to address this policy gap by engaging with this sector.

The issues raised by both discussants above, tie in to the

broad strands that emerged during open discussion during the session. There was broad consensus amongst participants about the fact that if care is to be viewed as a right, the agency of the care giver, and the responsibility of the state in this context, is paramount. This holds true in the context of both family and non-family care, where the rights of women **not** to be full time care givers must also be considered. Another major issue that emerged related to Institutional failures, and the lack of minimum guarantees or conditions on child protection. In this context, an argument was made in favour of integrating the most vulnerable into poverty planning. The national vision for poverty reduction, it was argued, should attack implementation modalities, and place children at the heart of relevant programmes.

The Care Diamond

The tone for the discussion on the Care Diamond was set by **Rajni Palriwala**. Providing a framework for “Mapping the Care Diamond in India,” she began by highlighting the four areas that have been demarcated when thinking about the care diamond. This includes the family, state, market, and the community or voluntary sector. It was argued that these “locations function with distinct and overlapping logics,” that dynamically constitute each other, thereby “making the possibilities of who will give care to whom, who will receive care and what sort of care.” It was also argued that the quality of care in the context of kinship, voluntary, professional, state supported and market relations, each play an important role in influencing possibilities of giving and receiving care, and in shaping related experiences. Against this backdrop, three paradoxical features of India’s political economy which inform and shape policies on care were identified.

The first paradox pertains to the increasing predominance of informal work, despite the relatively high rates of GDP growth and expansion of the middle class which have fueled livelihood and income inequalities. In this context, poverty and distress continue to be the predominant

forces that drive women into the labor market, rather than a desire for greater independence, and women continue to be concentrated in low scale, low paid work including in the paid care work sector. In shaping the distribution of income, wealth and poverty, these paradoxes influence time availability (for personal care and care relations), flexibility of individuals, and the possibilities of purchase of others time. In this context, employment patterns are clearly critical when considering the preconditions for care, access to resources for care, and the ability and readiness to give care.

The second paradox relates to the elaborate patchwork of social programmes evident in what is a residual welfare regime in India. In this patchwork, Palriwala argued, “we can discern valuations and possibilities of giving and accepting care.” It was also noted that social programmes in India that fall under government jurisdiction have been “piecemeal, haphazard and reactive,” and that while the majority of these programmes fall within the jurisdiction of state governments, the “centralised federalism” of the Indian states can be overriding.

Several central social policy challenges were highlighted. The first is linked to the fact that

the public health and education systems are marked by low funding, poor spread in rural areas, paucity of staff, and substandard facilities. In spite of the expansion in education over the last decade in particular, these features remain. At the same time, policy has encouraged the development of private medical and education institutions which cater to the middle and upper classes without any "redress in the shortfall of the nurses and teachers within public facilities." The second is "exclusive social protection," which is largely directed towards a very small organised or formal sector, and even within that, largely towards the public sector. This feature reinforces the dependency of women on families and men for resources, and families and men on women for care, with public employment being an extremely desirable asset.

The third feature is related to 'regulations in the breach'. Even the few social protection measures which are mandated for the private sector are not monitored. It has been widely demonstrated that laws related to minimum wages, equal remuneration, regulation of hours of work, and maternity benefits do not get implemented. Reinforcing familial assumptions, the state has arguably functioned on the premise that wages should not be pegged at a level where women will neglect their families. Yet, the state has not accounted for the fact that wages are often suboptimal and that care work, is therefore, already neglected as a result.

The fourth issue highlighted is the problem of "rhetorical excess,"

which speaks to the fact that the vast number of social policy and protection schemes that exist, are not even designed to cover all members of groups in need. Many of these schemes are not widely known, lack adequate allocations and coverage, and are poorly implemented. In this context, there is a clear gap between the rhetoric and the ideas advocated on the one hand, and the actual benefits of schemes and rules on the other. Another feature identified is summed up in the notion of "ad hoc workfare" based on the belief that stop gap arrangements are adequate for addressing market and developmental failures. In spite of being unique in its conceptualisation, NREGA still fails to address the issue of gender, work, and care and the provision of adequate crèches. Running through all of these features is the third paradox - the hiatus between the public rhetoric of women's empowerment and the gendered familialism of public policy which reiterates that care is a familial and female responsibility. Despite child welfare being a leitmotif in social policy, a lack of attention to non-familial child care has permeated the perspectives of designated women's programmes. Differential care practices and differential familialism in practice are outcomes of these paradoxes.

Following this discussion, **Vrinda Dutta** made a presentation focused on the "Role of the Private Sector in Programmes for Early Childhood." Setting the tone for her presentation, Dutta highlighted the importance of male engagement with the issue of childcare, by citing an example

The issues of familialism and the gender qualifier together shape the non-recognition of the need and desire many women have to work, the way in which child care responsibilities interfere with this need, and the state repudiation of care as a public responsibility, or of care as work. In this context, it was argued that in order to move ahead, we need to ensure that gender rights and children's rights are realised and that gender rights and the rights of care receivers emerge together organically in policy frameworks surrounding the issue of care.

Plenary Discussion

Care interventions should be designed to value and encourage participation by fathers, and in this context, social policy programs should be analysed with respect to whether or not they are “father friendly.”

Rajalakshmi Sriram

of a process initiated by fathers to establish care facilities on the Tata Institute of Social Science (TISS) campus. She pointed out the high care related anxieties that many parents working for multinational companies face because of continuous breakdowns in childcare services. In this context, it was argued that problems in quality persist and key elements of child care are missing from most private sector initiatives, thereby lowering the chances of positive outcomes. These initiatives cover a very wide range in terms of organisation and (in)formality of arrangements. Moreover, it was found that when it comes to the provision of care, family and relative care or support is most desired, especially care by grandparents (it was found that in lower middle class families, grandparents are entirely responsible for care).

Building on this, **Rashmi Singh** made a presentation focused on a public private community partnership model (PCCP), conceived of by the Delhi (National Capital Territory) Government’s Convergence Mission. This model was designed to support the social and economic empowerment of “most vulnerable” groups identified through a survey conducted in partnership with a community based organisation. Another major aspect of the mission was related to ensuring the integrated delivery of services, through a gamut of programmes which ultimately converge on a household level, as opposed to single schemes or programmes. A strong case was made in favour of an integrated service delivery model, without which, it was

argued, the provision of care would be incomplete and fail to match care needs. Within this integrated delivery model, it was found that beyond that which can be provided directly within a center, it is important to link up with the family and to link the family up with other programmes and services through resource mapping. The importance of this process was illustrated through the example of a previous mapping exercise which revealed exceptionally low attendance at day care centers, even where demand for these facilities was high. Subsequent research by the mission then revealed that that crèches were being managed by multiple authorities and departments, without convergence or dialogue. This lack of dialogue, it was argued, is attributable in part to the fact that resource mapping remains weak. Verification and authentication processes currently exclude individuals who cannot prove they have been residing in a given location, and therefore need to be reformed. In this context, it was argued, the role of the mission is to facilitate the establishment of a new method of community verification which departs from the narrow and traditional government verification system.

The issue of engaging fathers as partners in the care process, which underscored much of the discussion, was highlighted by **Rajalakshmi Sriram** in her presentation. Drawing on research about Indian urban middle class fathers, she highlighted the potential that fathers have to be good parents, and the important role that they play in children’s

lives. Apart from factors such as breastfeeding, Sriram argued, there is no biological reason for why women should be better parents. On the contrary, if men are socialised appropriately, they can be equally good at parenting. Identifying examples of men involved in care, Sriram highlighted the fact that this kind of support is largely related to cognitive and educational development, as opposed to direct physical care. She argued that because of persisting gendered norms, when fathers perform care or domestic work, they often want to conceal the fact that they do so. In this context, it was argued that care needs to be conceptualised in a broader manner include, not only physical but also cognitive and affective aspects of care, and to cover the several dimensions of the caring process.

Bringing the various streams discussed together, **Dipa Sinha's** presentation, *"Rights Based Perspectives in Child Care: State Provisions in India,"* highlighted the importance of looking at the Continuum of Care through a rights based lens. In the context of a discussion of the key demands that the Working Group of the Right to Food Campaign and Jan Swasthya Abhiyan have made for children under six, she stressed the importance of advocating for a policy that recognises the rights of women and caregivers (not just mothers), while also ensuring that the conceptual understanding about care provisioning is broadened. Programmes must be guided by the principle of universality and include provisions for monitoring and research mechanisms, data

collection, knowledge generation, and partnership building. Sinha spoke about specific schemes such as the ICDS, Rajiv Gandhi Scheme, and NREGA. The ICDS she argued, has become no more than a "token gesture"; workers are overburdened and poorly paid, coverage and quality are both poor, and political will is lacking. Overall, the programme has failed to adequately address malnutrition and provide comprehensive care for children. Non-implementation, as evidenced through the crèche system, has also been a fundamental problem under NREGA. Some of these gaps should be addressed through the implementation of the Right to Food and Right to Education Acts which convert schemes into entitlements, establishing the principle of universalisation with a shift away from targeted approaches.

The session concluded with an open discussion which highlighted several key strands. The first is related to the need to invest and build up a cadre of professionalised care workers. The importance of investing time and resources in data generation to concerns surrounding care work and provisioning through Census operations and media was also stressed. In this context, research about migratory patterns of care givers (domestic help), who are currently "falling off the map" is critical. Data on other issues such as climate change, the role of the private sector in care, pre-school and nursery provisioning, government schemes (drawing on the ICDS) and nutrition surveillance are required. More

Any program or policy to address early childhood care and development must include at least three dimensions: child health, child development/education and child nutrition. These services should be provided simultaneously, under the same system of care.

Dipa Sinha

specifically, the impact of climate change induced migration on community resources (i.e. because of adverse impacts on livelihood) was highlighted as an area for consideration, with care burdens increasing for women when men migrate for work. The need for monitoring and regulation, with the state taking responsibility for establishing centers in the area, was highlighted as essential. A recommendation for the review of

public policies in terms of the role of fathers vis-a-vis equal partnership and parenting was also put forth. It was also argued that strong linkages between subjectivities and rights need to be made, with public policy bridging both. Finally, an appeal was made for synergy based action which rests on collective partnerships between Non governmental organisations (NGOs), government, and civil society.

Summary Reflections: Policy Issues, Gaps and Opportunities

The two day workshop highlighted the need for care services to support women and children as well as the need for legislative, resource, and policy support to enable quality home-based care, and direct interventions to support women's health and income. This should reduce trade-offs for women in the process of delivering care, and proactively promote male involvement and responsibility, thereby reducing "gendered familialism."

To contextualise the discussions, five broad priorities were identified by AK Shiva Kumar during the closing plenary:

- 1) The need to **give importance to care itself in the public discourse on human development**. In this context, it is important to build a coalition of support for care as social justice, social investment, and to highlight the positive impacts of models that support child care and facilitate positive outcomes.
- 2) The need to give visibility to care work and address the invisibility of women's work more generally. This would entail questioning the measurement, valuation and underlying ideology of gendered familialism which

remains largely unquestioned. This would also require the broadening of the spectrum of care beyond child care, as well as the recognition of difficulties and barriers (which exist at the individual, familial, community and societal levels), that prevent the involvement of fathers and men in the caring process..

- 3) The need to **improve our understanding about who is in charge of care**, who looks after young children when women work, how care is performed and compensated, etc. This entails a move away from the so called 3 Cs (cooking, cleaning and child care) towards a more sophisticated understanding of SNA, extended SNA, and non-SNA.
- 4) The need for **strong programme interventions**, with the principal responsibility identified lying with the state. Basic services must match the needs of women's lives, allowing for flexibility and the establishment of regulatory frameworks to ensure quality, and with consideration of care preferences and the need for community involvement and strong advocacy to facilitate convergence and synergies.

Key policy issues which emerged included the existence of inadequate, poor quality services, which do not match the working hours of parents under ICDS; non-implementation of child care provisions mandated in labour laws and in current work programs like NREGS/NREGA; poorly funded and low coverage of Rajiv Gandhi National Crèches Scheme; low pay and lack of training for mostly female care workers; lost opportunities including the RTE, organised sector workers' Social Security Bill.

Plenary Discussion

5) The need for a **comprehensive care policy** which orients policy makers towards recognising the rights of women as full-time workers and independent citizens, and rights and responsibilities of men to provide care. It was also noted that children, especially older children, should be asked about the kind of support they need and these considerations should be reflected in policy and related discourse.

From the discussion it is clear that there are a series of gaps, related to the following: the shift towards a “dual breadwinner dual carer” model, away from a dominant “male breadwinner” model; the rights of women workers to child care, whether in formal or unorganised sectors; and the need to provide options for different preferences for care arrangements, and for quality child care services (including ICDS and beyond) with full hours, well-paid workers, training, decent work conditions. Policy gaps also exist when it comes to regulation, registration, and certification (given multiple providers), as well as knowledge about differentiated care preferences and needs.

There are also significant opportunities for the mobilisation of a wider coalition of organisations working with women’s rights, labour rights and

child rights and linking gender, care and labour. Advocacy opportunities vis-a-vis the draft Right to Food Act, which contains clearly articulated demands for crèches and childcare, are also ripe. The Planning Commission Working Group on Women and Children also has the opportunity to play a critical role in shaping and advocating for a care policy. Finally, there is a serious need for documentation at all levels, and these opportunities exist particularly with regard to making a macro-economic case for recognising the value of “care” and for working on a wide variety of approaches and models in this context. Using a rights based approach in this context is essential. Finally, the concept of care, **Dr. Devaki Jain** argued, may inadvertently serve to perpetuate the belief that women are in need of social support and welfare handouts. Therefore, advocacy around a care policy must guard against this. Questions about whether women will receive the kind of support they require were also raised in this context. Ultimately, **Anjali Alexander** argued, the need to reconnect gender, care and labour as three streams was highlighted as a potential platform for advocacy and programme interventions. To ensure that minimum standards of care are in place, the community must become a watchdog in this context and the state must regulate market solutions.

Intersecting Rights: Gender, Care and Labour: Moving Forward

The following key possible steps for action were identified by the group:



Compile a list of rights based success models aimed at resolving tensions between gender, care and women’s work (i.e. who cares for the children and what works?);



Conduct a bottleneck analysis of relevant childcare and social protection schemes and map available childcare options (across the country and globally) to identify components that may influence future planning around care policies and programmes; Develop a strategy for improving and building upon identified models;



Undertake an NSS Study on women and work in relation to care;



Undertake and highlight programme evaluations as a way to spell out relevant issues (i.e. gaps and opportunities) related to care;



Ally with non-traditional partners (including men) to build an advocacy platform for a care policy.

Further Selected Resources

The Political and Social Economy of Care in a Development Context: Conceptual Issues, Research Questions and Policy Options. Shahra, Razavi UNRISD, Gender and Development, June, 2007

Global Perspectives on the Social Organisation of Care in times of crisis: Assessing the Situation. Amala Perez, Orozco, Gender Migration and Development Series, INSTRAW, Working Paper No. 5

The Political and Social Economy of Care, Report of the UNRISD Conference, UNRISD, March 2009

Gender, Labour Markets and Poverty: An Overview, Poverty in Focus, Gender Equality. Naila Kabeer, International Poverty Center, No.13, January 2008

The “Care Diamond”: Social Policy Regime, Care Policies and Programmes in Argentina. Eleonor Faur, UNRISD, Research Report No. 3, December, 2008

Working group on children under six. Strategies for Children under six. Economic and Political Weekly, December 29, 2007

Why Day Care? Mina, Swaminathan
Care to Work? Shrayana
Bhattacharya, Indian Express,
July 2, 2008

Through the Magnifying Glass: Women’s Work and Labour Force Participation in Urban Delhi. Ratna M. Sudarshan & Shrayana Bhattacharya, EPW, No. 48, November 28, 2009

The Care Diamond: State Social Policy and the Market. Rajni Palriwala & N. Neetha

Paid Care Workers – Domestic Workers and Anganwadi Workers. Rajni Palriwala and N. Neetha and *The Political and Social Economy of Care in India? Rajni Palriwala and N. Neetha* These are available on www.unrisd.org

AGENDA

Monday 7th December		
1930-2130	Pre-Meeting Welcome Dinner	All Participants
Tuesday 8th December		
0900-0930	Inaugural: Welcome and Introductions	Ratna Sudarshan, ISST Ramya Subrahmanian, UNICEF
0930-1300	Framing the Debate: Concepts and International Perspectives	
0930-0940	Opening Remarks by Chair	Karin Hulshof, UNICEF Representative, India
0940-1020	<i>Conceptual Concerns in Care</i>	Rajni Palriwala, Delhi School of Economics
1040-1240	Presentations by International Experts	
1040-1120	<i>A Widening Gap? Competing Welfare Logics</i>	Eleonor Faur, UNFPA Argentina
1120-1200	<i>Gender and Care Diamonds in East and South East Asia: Results from a Comparative Study of Childcare in 6 Societies</i>	Emiko Ochiai, Kyoto University
1200-1240	<i>Feminist Social Protection: Does it exist and what is it?</i>	Hania Sholkamy, American University, Cairo
1240-1300	Open Discussion	All Participants
1400-1730	Women, Work and Care	
1400-1410	Opening Remarks by Chair	Ratna Sudarshan, ISST
1410-1430	<i>Understanding Women's Work Through a Care Lens</i>	Neetha N. Pillai, Center for Women's Development Studies
1430-1450	<i>Childcare for Women Workers in the Informal Economy</i>	Mirai Chaterjee, SEWA
1450-1500	Principal Discussant	Gayathri Vasudevan, Labournet
1500-1530	Open Discussion	All Participants
1600-1620	<i>Care for Carers: Domestic Workers and Childcare Assistance</i>	Shrayana Battacharya, ISST Diva Sharma, ISST
1620-1640	<i>Waking up to Work and Care: Emerging Policy Framework in the Formal Labour Market</i>	Elizabeth Hill, University of Sydney
1640-1700	Discussants	Preet Rustagi, IHD Govind Kelkar, IFAD-UNIFEM
1700-1730	Open Discussion	All Participants
Wednesday 9th December		
0900-1230	Children and the Care Continuum	
0900-0910	<i>Unpacking the Care Continuum: Summary and Reflections</i>	Ramya Subrahmanian, UNICEF
0910-0920	Opening Remarks by Chair	Lov Verma, National Commission for the Protection of Child Rights, Government of India
0920-0940	<i>Quality Care in Early Years: Foundations of Human Development</i>	Adarsh Sharma, Ambedkar University, Delhi
0940-1000	<i>The Care Conundrum: A Focus on Adolescent Girls</i>	Priya Nanda, International Center for Research on Women
1020-1040	<i>Issues in Institutional Care</i>	Sonykutty George, UNICEF
1040-1110	Principal Discussants	Biraj Patnaik, Office of the Commissioners of the Supreme Court Disa Sjoblom, Save the Children
1110-1130	<i>Quality Care through different models in the urban context</i>	Mridula Bajaj, Mobile Creches
1130-1150	<i>Home Based Neonatal Care</i>	Deepika Shrivastava, UNICEF
1150-1200	Discussants	Manisha Priyam, LSE
1200-1230	Open Discussion	All Participants

1330-1530	The "Care Diamond"	Chair: Emiko Ochiai, Kyoto University
1330-1350	<i>Mapping the Care Diamond in India</i>	Rajni Palriwala, Delhi School of Economics
1350-1410	<i>Role of the Private Sector in Programs for Early Childhood</i>	Vrinda Dutta, TISS
1410-1430	<i>Institutionalising Child Care: The PPCP Approach</i>	Rashmi Singh, Mission Convergence, GOI
1430-1450	<i>Fathers as Partners in the Care Process</i>	Rajalakshmi Sriram, University of Baroda
1450-1510	<i>Rights-Based Perspective On Child Care: State Provisions in India</i>	Dipa Sinha, Children's Rights Protection Forum
1510-1540	Open Discussion	All Participants
1540-1730	Closing Plenary	
1540-1600	Summary Reflections	AK Shiva Kumar, UNICEF
1615-1720	Closing Remarks	Anjali Alexander, Mobile Creches Devaki Jain, Economist Eleonor Faur, UNFPA Argentina Ratna Sudarshan, ISST Karin Hulshof, UNICEF Rajalakshmi Sriram, University of Baroda Rajni Palriwala, Delhi School of Economics Ramya Subrahmanian, UNICEF
1720-1730	Vote of Thanks	Ramya Subrahmanian, UNICEF

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