

Dialogue on gender inequality: The politics of care

Summary by Emília Barna

The starting point of the conference organised by the **Friedrich Ebert Foundation** on **3 October 2016** was the idea that care for children, the sick and elderly is an integral part of human life and indispensable for social reproduction. Housework and care are not just issues of work–life balance but prerequisites of taking part in the labour market and of the functioning of the economy. It is not enough to encourage men to take their fair share in these responsibilities, we also need social systems that recognize the importance of care at their full value, and the growing pressure on our societies in relation to care.

In her opening speech, organiser **Eszter Kováts** referred back to some of the conclusions of [the Foundations's 2016 forum on nurses' movements](#) when stating that what happens politically in the field of care points beyond both the policies of particular governments, and whether it is men or women performing these jobs. Care refers both to paid work – childcare, care for the sick, and eldercare – and unpaid care performed at home. The latter is called social reproduction in academic literature, which refers to the work necessary for the reproduction of society in the form of the birth of children, as well as the daily reproduction of the labour force. Care work is therefore a precondition of the functioning of the economy. According to Kováts, it resembles nature and our planet in the sense that political and economic actors often look on it not only as something outside their range, but also as something that is endlessly renewable and therefore endlessly exploitable. After 2008, when the economic crisis was handled in many countries through austerity measures, it became increasingly visible that if the state saves money by extracting resources from the healthcare system and the social sphere, the tasks performed by these will consequently be relegated to families. And when work is assigned to families, it is assigned primarily to women, as in the field of care work labour is still very much unequally distributed.

The forum also looked at the reasons why the sphere of care is in a crisis, as the American philosopher Nancy Fraser [states](#). Fraser writes about the internal contradiction between care and capitalism: on the one hand, the sphere of social reproduction is a precondition of the functioning of capitalism, while on the other, it operates by eliminating its basis at the same time. From this broader point of view, it is insufficient to demand that men also take their part in care work. We rather need to ask questions – and the forum did just that – such as, if we treat care according to its value, then what are the things that need to change in society. What can we, and what should we expect from politics in order that care is treated according to its value? What are the international processes into which care work is embedded, and how is this connected to struggles for gender equality? In connection with this, Silvia Federici states that the emancipation of women in the countries of the core is only possible through the exploitation of those living on the semi-periphery and the periphery. The care chain, moreover, also functions within a country, since it is higher status women that can afford relief from care work duties by employing women of a lower status to perform housework, or to help with eldercare or childcare. Kováts pointed to those people around us that have to care for chronically ill or elderly relatives – we can see, she argued, the low amount of material and

moral recognition they receive, as well as the low level of recognition received by those caring for us in the care system. According to the statistics, the health care and social spheres are the most underpaid fields. [In a related article](#), András Jámbor states that the recognition of professions is also related to the importance assigned to the issues. We need to ask whether achieving change requires us to navigate the system better on an individual level, place pressure on companies, whether it is within the sphere of politics that change can be achieved, or whether we need to interfere in international processes.

Kováts added that the issue of care is one of the most important gender issues, which does not necessarily correspond to the usual ideological fault lines. And though there is a great lack of trust among different societal groups, and they use different languages to talk about the problem, they all agree on its existence. In order for things to move forward, it is necessary for us to form unusual coalitions at times according to the organiser – and the aim of the Foundation was to try and secure a space for this.

The forum consisted of two panels led by **Andrea Pető** (Professor, Department of Gender Studies, Central European University, Budapest).

In her talk, **Petra Ezzeddine** (Department of Anthropology and Department of Gender Studies, Charles University, Prague), gender and migration researcher and activist addressed the relationship between care and globalisation in Central and Eastern Europe. She began by presenting global data, according to which one in every five earning women is a domestic worker, and out of 150 million migrant workers worldwide, 44.3% are women, while among migrant domestic workers, this percentage is 73.4%. 82% of female migrant domestic workers are employed in high income countries (in Europe, primarily the in UK or in France). A particularity of the Czech Republic, Slovakia, Poland or Hungary is that they are receiver and sender countries at the same time. The estimated number of immigrant domestic workers in the Czech Republic is 24 thousand, and 20 thousand work abroad in Austria and Germany; in Slovakia, the total number of domestic workers is 60 thousand, while 25 thousand work abroad, primarily in Austria; more than 40 thousand from Poland work abroad, primarily in Germany and the UK; in Hungary, however (as in Slovenia), the number of domestic workers is very low. A possible explanation is that in relation to other European countries, Hungarian women spend considerably more time – four hours per day on average – on reproductive work.

The globalisation of care work means, primarily, that reproductive work is redistributed among women globally in a way that countries of the “Global North” extract care work from less developed countries, creating so-called *global care chains*. These include children left at home by women taking jobs abroad, who also need care. And although gender equality is increasing to an extent in the countries of the global north, so is inequality among women along lines of class and ethnicity. This is what Zuzana Uhde calls “[distorted emancipation](#),” which at the same time leaves the gender distribution of reproductive work unchanged. All this goes together with the feminisation of migration, as the demand for domestic workers is constantly rising. Transnational motherhood is a side-effect of this phenomenon: 70% of migrant domestic workers have children remaining at home.

Ezzeddine pointed to the fact that in the Czech Republic – as in other East-Central-European countries – the state cut back on welfare services, including childcare support, thus indirectly encouraging women to stay at home with their young children longer. This expectation, however, did not correspond to the economic realities of women and of families. Therefore, parallel to this process, domestic care work became increasingly commodified, primarily through agencies specialising on Philippine women. Ezzeddine illustrated the problematic nature of the marketing used by these companies: “24 hours a day, the Filipina nanny is ready in the next room, willing to help at any time.” Ezzeddine was involved in a campaign drawing attention to the problem, part of which a fake agency was created, parodying the marketing language and involving celebrities. A video was also created as a source of information about the situation of immigrant domestic workers and to certain basic legal and ethical principles in connection with their employment that need to be observed. Besides Czech and English, it is also available in Russian, Vietnamese and Ukrainian languages. Although Ezzeddine made it clear that the ideal situation would involve a strong social policy that would make it unnecessary to hire any paid domestic workers, in the current situation, she struggles for the acknowledgment of domestic work as real work and the legal protection of domestic workers, that is, written contracts, agreed wages, regulated hours of work and rest, health insurance and other social benefits, freedom of mobility and to form and join unions, and to choose their employer. Finally, she drew attention to the increased susceptibility of live-in domestic workers to physical, sexual and psychological violence.

Responding to the questions, Ezzeddine also shared her experience with Czech politicians, who failed to take them seriously when they spoke about care work – from the perspective of politicians, since such work is performed by women, it is unimportant as an issue –, which made them switch strategies. Focusing on the problem of the ageing population, they were more successful in getting their attention.

The second speaker, **Karin Jurczyk** (Head of the Family and Family Policy Department, German Youth Institute, and founder of the Academy of Women, Munich) spoke about the crisis of care and political approaches to this crisis in the context of Germany. According to her, care has always been in crisis, as it practically stems from the “faulty design” of industrial society that care is relegated to the private sphere, and within that, to women, which thus remains an invisible resource. In Germany, up until recently care has been managed in a Fordist reproductive order, in other words, a gendered order where the man is the breadwinner. In other words, a familial type of welfare system. Since the seventies, however, traditional gender-hierarchic division of labour has increasingly changed, and in consequence employment, families, gender relations and state benefits no longer correspond to each other. Care is delegated to public institutions to an extent, as a result of which the familial type of welfare system turns into a semi-familial one, and the crisis of care escalates. It is increasingly true for the current post-Fordist system that there is a lack of correspondence between, on the one hand, the employment of mothers, flexibility, the expectation of mobility, the intensification of work, or the precariousness of the job market, and on the other hand, the demands of childcare, of “responsible parenting” and the increased demands of eldercare. The unequal gendered division of care work has not disappeared (in Germany, women perform

52.4% more care work than men), and due to the tendency of later entry into motherhood, difficulties of childcare and eldercare characteristically culminate at around age 40-55 for women. Part of care work has been institutionalised: the number of day care centres, all-day schools, nursing homes and hospitals is higher than before, yet there is a lack of quality care, care workers are underpaid, and within care work, there exists a distinction between “more valuable” – childcare – and “less valuable” – housework and eldercare. With regard to transnational care chains, Jurczyk also mentions the import of female domestic workers, in particular from Eastern Europe, as well as the export of care demand. The latter means that elderly people often receive care in more easily affordable institutions in Poland or Thailand.

Jurczyk deems change desirable on three levels: on a *structural* level, that is, the level of social security, qualifications, as well as the time management of paid work in everyday life and throughout the individual life course; on a *normative–cultural* level, that is, in the sense of the recognition of care work; lastly, on the level of *communication and representation*, which also includes the quality of the relationship between carers and those cared for. As an example, she presented a campaign that she has been involved in called [Care Macht Mehr](#). The campaign has included a manifesto, a [conference](#), and the declaration of 1 May 2015 as the Day of Invisible Work through spectacular and humorous actions. She considers the political results as modest – these include the increase in care institutions for young children, new laws regarding time off for parents and for eldercare, strikes among day-care and nursery school employees for an improvement of working conditions, the successful wage negotiations of nursery school employees with the support of trade unions, quality checks of homes for the elderly, the extension of domestic services, and an increased attention paid to problems of care as part of the election campaigns of certain political parties. It remains a worrying problem that there is no concept for eldercare – similarly to Hungary, as sociologist Anikó Gregor pointed out in her comment following the talk –, it is only childcare that is on the agenda. In sum, there is a certain amount of success on a normative–cultural level, however, structural change seems a lot more difficult.

The second half of the forum consisted of a roundtable discussion with the participation of **Anett Csordás** (activist, “Lépjünk, hogy léphessenek!” public benefit organisation, and full-time mother caring for her disabled child), **Andrea Gyarmati** (sociologist, specialised in social and childcare) **Anita Halász** (Department of Public Policy and Management, Budapest Corvinus University, responsible for the new Family Studies MA specialisation, specialised in early childhood education and care), and **Ágnes Básthy** (sociologist specialised in culture, cultural organiser), led by Andrea Pető.

Anett Csordás explained that her association uses the method of community organising, through which parents are trained and motivated to engage in grassroots organising. They look for problems and solutions on a local level, but also address national issues such as that of care allowance. In Hungary, relatives performing care at home receive a care allowance, the monthly amount of which is currently net HUF 31 000 (EUR 100), and HUF 51 000 (EUR 165) in the severe category – the latter, together with augmented family allowance, is still only HUF 73 000 (EUR 236). If there is no partner with a salary – which is often the case –, this is the amount on which two people have to make a living. The amount of the allowance

is extremely low even in comparison with neighbouring countries, as well as in relation to the monthly cost of disabled people cared for within state care institutions (net HUF 97 000, EUR 314). Home care is not recognised as employment, therefore the carer is entitled free healthcare only during the period when they are receivers of the allowance, even though carers are at a heightened risk of health problems – partly because it is hard physical work. In the case of an illness, the carer is entitled to substitution by law, however, this is not possible in practice, since there is no service provider to perform this task. When the association turned towards the state with these problems, the standard response was that within a family, care was an obligation. As Csordás explained, in public discourse we usually place great emphasis on the protection of life – for instance, we celebrate spectacular operations that result in the saving of a foetus. On the other hand, the humane care for that saved, but often disabled child is no longer provided, and not present as a similarly highly supported goal.

Andrea Gyarmati focused on the role of the state, the system of social care, and emphasised the role of demographic changes, as well as the necessity to reflect on these when speaking of questions of care. Hungarian society is an ageing society with a decrease in childbirths, and half of children being born outside of marriages, while social policies are constantly becoming stricter. She spoke of the limits of eldercare: at the moment, it is approximately 50 thousand people that have the right to domestic care, and this right is given on the basis of a strict needs assessment. Institutional care is only available to 1-2% of those elderly people who need it. A further serious problem is the strong increase in the number and ratio of people living with dementia in Hungary, while state support has not only not increased, rather decreased – this is what Gyarmati named as the neuralgic point of eldercare. 80-90% of elderly people receive informal care – *if* they receive it. It is not true that if the state moves out of a territory, family can fulfil the same role – Gyarmati’s own research shows, for example, that since the 1989-1990 turn, grandparents are less and less involved in caring for their grandchildren, which has various reasons and various effects, including negative effects on the parents (particularly the mother) as well as the children.

Anita Halász referred to international research when stating that usually a close connection can be demonstrated between the processual quality indicators and the structural quality indicators (working conditions, infrastructural facilities) of childcare, that is the latter have an impact on the development of children. She emphasised that public policy attention – quantitative research – is also needed in connection with the Hungarian system. She also drew attention to the strong interlinkedness of education policy, social policy, and the healthcare system, which should be taken into consideration.

Ágnes Báthly focused on the cultural aspects of care, that is, on the cultural patterns normalising, and making invisible, the economic system. Socialisation for women involves qualities – a servile attitude – that are well-suited to the care sector. She emphasised how it is not by accident that on the level of political rhetoric, on the conservative side, the reference to a “female principium” has recently become fashionable – this rhetoric is accompanied by state austerity measures, while tasks related to care are relegated to the private sphere. This connection between rhetoric and cultural representations on the one

hand, and economy on the other, can also be seen on a transnational level, since in western countries a similar rhetoric is not present to the same extent.

The discussion also reflected on the question of policies being ideologically informed, and, more generally, the relationship with politics. Gyarmati emphasised the need for evidence-based development of social services and policy. Halász similarly drew attention to the role of aspects of effectiveness and measurability, along with the importance of international examples. In response to a critique voiced by Anikó Gregor – one of the main organisers of the Gender Studies MA specialisation at ELTE –, according to which this approach is no less ideological, as it reflects the ideology of neoliberalism, Halász explained that even though she agrees with the critique of neoliberalism, she would not wish to argue for a total rejection of quantification. She also added that the opposition of the MA specialisations of ELTE and Corvinus in the media is very harmful, since the two programmes are in part overlapping, and in part potentially serve as valuable complements to each other. According to Csordás, engaging in politics is an obligation for us, and it needs to be done with the inclusion of those concerned, that is, those performing care work, according to the principle of “nothing about us without us.” Although her association does not participate in party politics, they do approach politicians and take every opportunity, including media publicity, to inform the public about their situation.