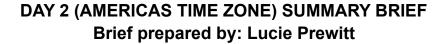
CARE WORK AND THE ECONOMY

Advancing policy solutions with gender-aware macroeconomic models



SESSION 1: Gender Relations in the Labor Market

Instructor: Paula Herrera-Idárraga

Lecture outline:

- A. Labor market as an unfair structure of constraint
 - a. Benería, L., Günseli, B. and Floro, M. (2016). "Labor Market under Globalization" in Gender, Development and Globalization: Economics As If All People Mattered. Routledge. Ch 4.
- B. Contextualizing labor market outcomes
 - a. Firm restructuring and labor flexibility
 - b. Deregulation
 - c. Decline of unions
 - d. Rising informality
- C. A closer look at gender gaps in the labor market:
 - a. Labor force participation
 - b. Unemployment
 - c. Segregation in employment
 - d. Part-time employment
 - e. Informality
 - f. Wage gap
 - g. Intersectionality
 - h. Covid-19
- D. BREAKOUT ROOMS: Select a presenter to prepare one slide on the following discussion questions: Imagine you have the power to close one of the labor market gender gaps (only one!): What gender gap would you close and why? Would your answer change with the context? Why?

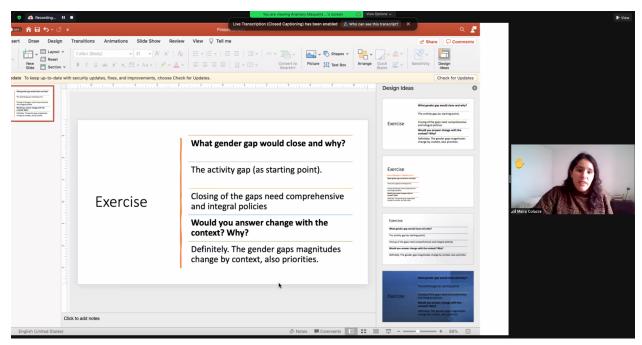
Reminder on Prof's office hours:

- June 28 Monday 5-6 pm (google meet: paulaidarraga@gmail.com)
- July 1 Thursday 5-6 pm (google meet: paulaidarraga@gmail.com)
- And via email: pherrera@javeriana.edu.co

BREAKOUT ROOM DISCUSSION:

Daniel Haim emphasized that context matters--labor force participation rates in the Middle East are vastly different from Austria's. Issues should be addressed on a contextual basis. He adds that closing one gap could assist in closing others.

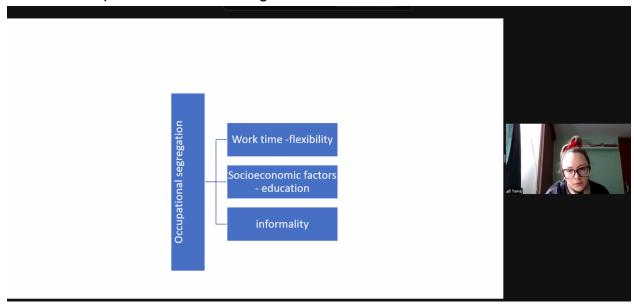
Maira Colacce and **Anamary Linares** presented the following slide and chose the activity gap as a starting point:



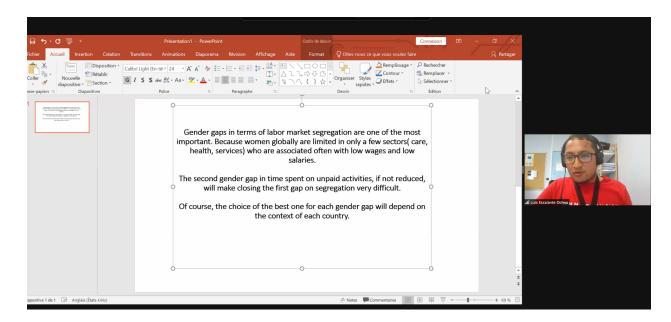
They added that closing a single gap is not realistic, gaps need to be closed together to push for equity in the labor market, and that country context matters in choosing which gap to close.

Tania Barragan spoke about occupational segregation, saying that socioeconomic factors, a desire for flexible and informal employment leads to segregation in labor

markets. She presented the following slide:



Luis Ochoa said that occupational segregation gap should be closed as women are concentrated in few sectors that are associated with lower wages. Time spent on unpaid care must be reduced to solve gaps. He presented the following slide:



SESSION 2: Demographic and Economic Change and the Demand for Care

Instructor: Nancy Folbre

Office hours: Professor Folbre prefers to communicate via email, you can reach her at nancy.folbre@gmail.com

Lecture outline:

- A. Integrating demography and economics
 - a. What is considered productive?
 - Demography and dependency matter for analyzing tradeoffs between the quantity of global population and its quality of life, as well as environmental and ecological constraints
- B. Contours of demographic change
 - a. Trends related to care needs
 - b. Changes in age structure
- C. "Dividends" and disadvantages
 - a. Demographic dividend
 - b. Inverted pyramid
- D. Dependency ratios and social policy
 - a. Drawbacks of dependency ratios
 - b. The Care Diamond
 - c. King et. al reading
 - d. Mason and Lee reading

CLASS-WIDE DISCUSSION:

Busi Sibeko: how do you define and measure indirect care? What does it entail? In areas with high levels of unemployment, how do we think about dependency differently?

Prof. Folbre: In time use surveys, we define direct care as something immediately relational, like feeding/bathing/reading to a child, because this clearly benefits the younger generation. The same goes for performing eldercare activities necessary for daily life. Indirect care would be how much time is spent on cooking/cleaning/washing dishes? Great point on dependency, you could consider dependency on labor income, for example, what percentage is earning market income? National transfer accounts emphasize this, they take the employed population and look at each age cohort to determine how many are earning income, compared to how many are consuming services. All forms of dependency are multidimensional, we can consider other forms of dependency such as physical assistance (for children and elderly).

Busi: How do we frame the multidimensionality of socially productive work?

Prof. Folbre: We must consider an intersectional approach, it's not just about gender and age, but also race, class, and citizenship.

Debora Nunes: We see that in countries with a history of eugenics, these policies relate to abortion rights, long term genetics, and immigration. How do you see intersectionality becoming more important in the field, especially as many indexes do not touch on this?

Prof. Folbre: It is important to document and explain the collective conflict over reproductive rights. The conflict is not just wages versus profits but also who gets the resources they need to raise families, who gets the human rights necessary for successful social reproduction? This is what keeps disempowered groups disempowered.

Daniel Haim: Demographic change that leads to lower reproduction rates may lead us to think newly about migration and care. Neoliberal labor market policies implemented in Austria led to many women immigrating, and they were met with racism or new policies that cut their retirement payments. Where do you get your optimism?

Prof. Folbre: From Anthomy Gramsci "I'm a pessimist because of intelligence, but an optimist because of will." There are persistent forms of collective conflict, and whether we are optimistic or pessimistic shouldn't affect our decisions.

Luiza Nassif Pires: Mentioned statistics in Brazil that show the racist system of care, and how care is about class struggle.

Prof. Folbre: It is interesting to see how collective conflict shapes institutions, we need an intersectional political economy.

Tania Barragan: Asked a question about measures of care quality, and how it is integrated with quantitative research.

Prof. Folbre: We need more qualitative research that is synchronized with quantitative research. Some measures of care quality that we use are child outcomes, child health.