



# The Feminist Ethics of Care: How to Implement it in Spain



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Submission: June 2, 2023; Published: June 21, 2023

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## Abstract

The COVID-19 crisis has dramatically demonstrated the extreme vulnerability of the human being and the importance of care within the framework of a social state. This crisis has also brought pre-existing inequalities to light, showing that it is mainly women who continue to take up the tasks of care as they have always done. Indeed, care work has always been carried out by women and this dedication has contributed to diminishing the exercise of other rights, so it is essential to take on the tasks of care by the family, society and the state in a co-responsible manner. The purpose of this work is to highlight this need and to make proposals to improve the care system.

**Method:** The methodology used is qualitative, based on theoretical discussions, consisting of investigating the context of the feminist ethics of care and the framework of feminist economics, using the most important recent sources and proposals from a feminist perspective and epistemology.

**Findings:** The lack of a constitutional right to care in the Spanish Constitution is affecting other rights of the caregivers, mostly women, and therefore it threatens equality. The proposal of a right to care, and the value of care as the foundation of the social state of the law, could contribute to protecting those rights, adding guarantees for the rightsholders: both those who receive care and those who provide it.

**Keywords:** Care; Ethics of Care; Feminist Economics; Constitutional Reform; Rights and Values

## Introduction

The concept of the ethics of care arose in the eighties after the studies of Carol Gilligan [1] about the development of evolutionary psychology in women and men and the “two” diverse modes of speaking about moral problems, the two divergent sets of “ethics”, that of justice and rights; and, that of care and responsibility. According to Gilligan’s studies (1985: 266), although both sets of ethics are based on equality, the moral aspect of rights focuses on the realization of impartiality, while the ethics of responsibility is centred on the recognition of the differences of need. Both complement each other (1985: 280) without the ethics of care necessarily meaning “dependency or subordination”, and both constitute “two moral perspectives that organize the thought as well as feelings and empower the subject to take different types of action in both public and private life” [2]. Backed by the theory of Victoria Camps [3], outlining a guide of what was understood about care at the beginning of the 21<sup>st</sup>

Century, and with the changes that have occurred in these first two decades, we can establish a feminist ethics of care which must imply co-responsible conciliation. A good example of this is the Royal Decree-Law 6/2019<sup>1</sup>, of March 1, on urgent measures to guarantee equal treatment and opportunities for women and men in employment and occupation, with the purpose of adjusting the duration of maternity and paternity leave to make it equal, given that conciliation and co-responsibility in relationships between women and men undoubtedly poses one of the greatest challenges in our social reality [4].

With the crisis produced by COVID-19, alarms have been raised regarding the need to revalue care, placing caring for people at the centre and calling for solidarity and co-responsibility. However, some feminist voices warn that precautions must be taken when underscoring the importance of care due to the risk that it will continue to fall to women. Even when faced with the clear

<sup>1</sup><https://www.boe.es/boe/dias/2019/03/07/pdfs/BOE-A-2019-3244.pdf>

coincidence between countries governed by women and those that have best managed the health crisis [5], there is a determined effort to explain that the cause for the possible better management should not rest in distinguishing features and that it may due to many other variables. However, it is indeed demonstrable evidence that, due to a particular type of instruction, we are better gifted when it comes to certain essential qualities for caring, such as empathy, communication, and formal and informal management of care work. It is obvious, if we consider that this has been the fundamental occupation of women over centuries. It is not about innate but rather learned qualities, so that in the same way that we have learned them, men could learn them too. Consequently, it could be extended to all of society, or to all societies through education and the reconstruction of the social system that, many years ago, was responsible for attributing roles and qualities to people based on their sex. If you were born a woman, you were assigned to caregiving and if you were born male you were extent from the learning and practice of caregiving, even though it may have been exercised professionally by men. For example, a medical professional “cured”, decided about an intervention or treatment, but did “not care”; this is what the (female) nurse did. With time, the professional environment became more balanced but not entirely: according to the UN report, *Women and COVID-19* [6], the participation of women in international forums for the study and management of measures against the crisis is significantly lower than that of men; therefore, there is an ongoing masculine hold of power. Meanwhile, women continue to assume the load of caring in the home. The COVID-19 health crisis has intensified the gap in caregiving and the balance has decidedly shifted to increase the burden on women.

The collective of carers includes mostly: women in the family who look after the people under their care: children, older people, people with illnesses and dependents – this is the unpaid work –; and external salaried carers – paid work – (mainly women who, at the same time, may have people to care for in their homes).

The crisis has unequally affected women and always in a negative sense. Women have had to assume the greatest burden of caring in the home and moreover without external help, if it had previously existed, since the fear of infection and the necessary precautions provisionally suspended hired care. Meanwhile, and for the same reason, professional carers saw their work interrupted and their incomes reduced.

“The COVID-19 outbreak has amplified the need for caring labor within the home, not only due to school closures and disruptions in long-term care institutions, but also due to the large number of people contracting the virus and requiring care at home” [7] and the main burden of caregiving has been assumed by women and has had a very negative effect on conciliation, despite

the fallacy of working from home which seemed to promote it, and co-responsibility has been noticeably absent. Benlloch and Aguado’s study [8]<sup>2</sup> on conciliation in lockdown due to the State of Emergency decreed in the COVID-19 pandemic has detected significant problems. Among them, principally that women are working from home and caring at the same time; they are assuming the tasks of caring and simultaneously “facilitating their partners to work externally or from home” as well. The fact that “working from home” did not lighten the load but rather the contrary, the supposed flexibility turned into “a continual demonstration and exercise of responsibility for the benefit of their superiors”. On the other hand, mothers have basically turned into teachers as well, for the most part following up on the academic progress of their sons and daughters of school age. However, in a positive light, in some couples there has been a greater willingness observed on the part of men to take on tasks that they did not usually carry out (laundry, cooking, grocery shopping, sharing playtime with the children). That said, management of the home is still mainly carried out by women. The load of a double or triple workday means they have no choice but stay up late at night or work in the early morning to take advantage of the hours of silence and achieve the concentration that their work requires. Furthermore, it is necessary to add, that the “productivity” of academic works by women has also decreased.

It is vital to recover politics for the people and with a focus on gender; it is vital to recover the sense of co-responsibility because if equality policies are not taken seriously, the victories won by them could slip significantly backwards. As María Ángeles Durán [9] already pointed out, forecasts of future demand for care are especially important because of the urgency of finding alternatives to problems that can be resolved neither by the market, nor homes, nor the State. If a 50% increase on current demand is expected by 2050, it is essential to take this issue seriously. This must be achieved through policies and from the legal framework which provides the guidelines to implement those policies, but also from the economic framework which needs to change its analysis approach, measuring not according to tangible and productive goods (those which count as GDP) but instead according to the needs of care and those who carry it out. This is the key contribution of Feminist Economics.

### Proposals

It is already a need, or rather a social outcry, to analyse the economy from different approaches instead of the traditional focus based on the “homo economicus”. The concept proposed by Adam Smith in *The Wealth of Nations* (1776), of the universal and model rational economic man who seeks to satisfies his desires and search for wealth and utility through minimum cost and effort, would be later completed by Stuart Mill [10] with the

<sup>2</sup>There is another official report made by Empar Aguado, Anna Aguado and Cristina Benlloch, commissioned by the University of Valencia and the Valencian Autonomic Government <https://inclusio.gva.es/va/>, Análisis sociológico desde la perspectiva de género de los efectos de la pandemia sobre la (re)conciliación durante el tiempo de confinamiento, Universitat de València. (ISBN: 978-84-09-26533-6).

search for well-being. In essence, this, the model of human conduct which has been defining economic thought ever since, has proven itself to be insufficient because it cannot be universal nor does it consider other necessary aspects for a complete understanding of economic behaviour.

Feminist economics uses the metaphor of the “spontaneous” generation of the economic man, a species of “mushroom man” who suddenly sprouted up, having experienced neither childhood nor old age [11], having no need of any kind of care; this underscores the fact that for the economists, these aspects never entered into the equation [12]. As Katrine Marçal says, “from Adam Smith’s invisible hand was born an economic man” who took decisions and carried them out to satisfy his own desires of obtaining wealth and utility without considering that for this to happen, the intervention of other people and the performance of other occupations were essential. “Adam Smith only succeeded in answering half of the fundamental question of economics. He didn’t get his dinner only because the tradesmen served their own self-interests through trade. Adam Smith got his dinner because his mother made sure it was on the table every evening” [13]. The work performed by women across History, although necessary for sustaining life, has never counted for the Economy. Paradoxically, the word “economy” comes from the Greek *οίκος* – “house” *υ νέμωμαι* – “administration”: “oikonomos”, administration of the home; and it is women who have taken care of household management, a labour essential to economic development.

According to María Ángeles Durán’s study, *La riqueza invisible del cuidado* [The invisible wealth of care] (2018: 373), “no other activity in the Spanish economy consumes so much work as caregiving. However, it is invisible in National Accounts.” As I previously mentioned, the work of care carried out by women to sustain life – work that does not only impact upon questions of health and well-being but moreover extends to all aspects of coexistence (Durán, 208: 373)- does not count in the economy, therefore economic accounting remains incomplete.

If we want a complete vision of the economy, we cannot ignore what half of the population does half of the time [13]. The work of women is taken for granted (or the jobs of caring without considering who carries them out, although we know that they are mostly performed by women, even now); it is “an invisible and indelible structure” [13]. As domestic tasks are cyclical, they do not create tangible goods that can be commercialized and therefore they are not considered an “economic task”. Feminist economics places value on activities that do not produce tangible goods but that are essential to maintaining life, families, and ultimately, the social structure. The idea that life cannot be sustained without them -as the COVID-19 crisis has dramatically proven- must be the foundation and justification for socioeconomic policies. As Kate Bahn, Jennifer Cohen and Yana van der Meulen Rodgers [14] remark, “this crisis points a spotlight on the need for care,

both medical care by paid healthcare personnel as well as care in the home. Yet care work is often undervalued and invisible. The perceived low value of care work — paid and unpaid — and women’s disproportionate responsibility in performing this work is an issue that has garnered long-term attention in the field of feminist economics, with valuable lessons for understanding how women are impacted by COVID-19 and mitigating hardships as countries navigate the related economic fallout”.

According to Women’s Budget Group<sup>3</sup> (2018), “from a political perspective, feminist economics is an economics that focuses on what is needed to produce a gender equal society. It argues that because modern economics is built around the idea of the “economic man”, it is ideologically weighted towards normalizing men’s lives and subsequently ignores the experience of women(...) models which are based on the “economic man” cannot be expected to understand or even notice gender inequalities, let alone create policies to alleviate them. Importantly, traditional economic models also provide an incomplete picture of what affects men’s lives, since men’s existence also depends on unpaid work, on production for direct use and on care, and many men are involved in these activities too. A broader conception of what constitutes “the economy” is clearly needed, with the current system – under mainstream economics – dependent for its continued existence on many activities that lie outside of its scope”. And this new conception of “economy” is the one which is intended to be included in the proposal of constitutional reform in Spain particularly in relation to the economic model and the catalogue of rights.

Among the distinct proposals for revaluing care and making it possible, we will refer to two in particular -the two closest to economics from a feminist perspective in Spain-, one based on a care income and another on a state system of care:

### A care income

From an economic and political perspective, society rests on two foundational pillars: the production of goods which are needed for our subsistence and the production of “ourselves” because we need each other [15]. According to this, the economy should have been organized around what is important to people, instead of this what took place was the “redefining of people so that they adjusted to an idea of the economy” and if “we had truly wanted to preserve love and care in our societies” instead of moving these concepts away from the central idea of the economy “we should have sustained them with money and resources” [13].

Demands have been around for some time for an income to recognize the centrality of reproductive and care work and to remunerate this highly feminized and invisible work, and even more so now in the middle of the economic and health crisis. The commodification of life is not compatible with the activities of “caring” and with the concern to reposition life at the Centre of

<sup>3</sup><https://wbg.org.uk/blog/what-is-feminist-economics/>, Wednesday 10th January 2018

politics, as Giacomo D'Alisa [16] explains, perhaps there is no need to choose but instead to prioritize and search for the necessary balance to attribute value to care.

Care income is not based on an abstract universal human right to a minimum income as the case may be for the universal basic income, but instead on the work of caring which is carried out daily. An income is not being demanded without consideration of the contribution to the production of social value, but rather the share of the social value which is being contributed through the work of "caring" is being reclaimed; work that is generally made invisible so that it can be more easily appropriated. As D'Alisa explains, the objective of the income is remuneration for making a better life possible for society as a whole and for making the system sustainable. The purpose of calling for this income is to "make the material nature of caregiving and reproductive acts and its unfair distribution between the sexes visible". The international campaign for a care income emerges from *Globalwomenstrike.net* which defines itself as: an international grassroots network campaigning for recognition and payment for all caring work, in the home and outside<sup>4</sup>.

Although paying for care, above all when it is your own – the care of loved ones or self-care – is a complex issue because it is often perceived as an individual preference [11], or even as an "act of love" [15], it has been some time since Feminist Economics research began to argue for the revaluation of domestic or care work, not that which is exercised by professionals or paid workers, but rather the unpaid, so-called "reproductive work" [11], insisting on the importance of documenting and quantifying it. It is important to highlight that the concept of "reproductive work" [17]<sup>5</sup> was employed to underline the essential value of this form of unpaid work for the "reproduction of the current and future workforce". Its visibility has repercussions in increasing its value, and meanwhile, serves to analyse the disadvantages that are generated for those who exercise it and balance out the inequalities through policies on conciliation and co-responsibility.

### A state care system

Recent public policies, from the legal framework (especially those focused on conciliation, co-responsibility, flexibilization of schedules, equality of opportunities) have been consolidating a different mode of attending to the needs of care; a more supportive and co-responsible way. The abovementioned *Royal Decree-Law 6/2019 of March 1, on urgent measures to guarantee equal treatment and opportunities for women and men in employment*

and *occupation* constitutes an important step forward towards effective equality by allowing, among other measures, the alignment of maternity and paternity leave, but it is only one of the manifestations of what a state system of care could be.

The COVID-19 health and social crisis has brought to light not only the vulnerability of people but also the fragility of the care system: of minors under the care of working mothers who have not been able to attend to their professional obligations in equal conditions; of the care professionals who have not been able to exercise care due to the lockdown and have had to leave people in need unattended; of the medical and nursing staff who have been overstretched with no resources; and of the most fragile sectors in the crisis such as care homes and centres for older people, and funding for people with disabilities –in spite of the provisions of the Dependency Act– [18], in essence, it is a weak network of care.

The working group "Cuidados y Covid-19"<sup>6</sup> (*Care and Covid-19*) emerged with the purpose of developing the constitution of a state care system, starting off from a plan with a threefold objective: institutional commitment, generating a social debate, and responding to emergency situations [19-20].

Emergency measures that have arisen in the covid crisis span four large areas: those related to home working, the care of daughters and sons, the care of older people and dependents, and those related to guaranteeing employment in dignified conditions, creating public employment in the area of care (dependents, care homes, pre-school education from 0-3 years, and domiciliary care).

The specific policies that need to be developed in order to guarantee a universal right to care are linked to three areas: the reorganization of the system of care services, the reformulation and expansion of the provisions and the professionalization of informal care (non-professional carers). Ultimately, the "lighthouse policies" that should guide the orientation of the new model are essentially focused on a specific regulatory framework: the "Ley de cuidados y sostenibilidad de la vida" (*Care and Sustainability of Life Act*) and the "Ley de tiempos" (*Time Act*). The first would have as its main objective the identification of essential services and activities for the sustainability of life, and the second, setting criteria to dissolve the gender-based division of work and to regulate the distribution and different uses of time (i.e. essential, work, childcare, caregiving and civic). This proposal from the regulatory framework will constitute the foundation for a transition to an economic model designed to sustain life. The

<sup>4</sup>[https://globalwomenstrike.net/\(june, 2020\)](https://globalwomenstrike.net/(june, 2020))

<sup>5</sup>It is interesting to revise the different terms for Women's work elaborated by Paddy Quick. 2018. Unpaid, Reproductive, Caring Labor? The Production of labor Power? Theoretical and Practical Implications of Terms Used for Women's Work, *Review of Radical Political Economics*, Volume 40, No. 3, Summer 2008, 308-314

<sup>6</sup>Towards a state care system. Group "Care and Covid-19, 2020. Herrero, Morillas, Pérez Orozco, Castro, Campillo, Medialdea, R. Palop, Gómez, Rodríguez, Simó, Meyer, García, López Barceló, Haizea Miguela y Alonso.

This group is mainly formed by the most representative Economists (experts in the field of Feminist Economics) in Spain.

counterpoint for sustaining the economy will be in individual and collective responsibility to assume the functions and responsibilities of the people with whom we relate, and in the final instance, the responsibility of the State. In Spain, the Government has also been working on this, displaying measures included in the *Recovery, Transformation and Resilience Plan*, particularly in Part VIII: *The new care economy and employment policies (LEVER POLICY VIII)*<sup>7</sup>. And in September 2021, the Ministry of Equality has started to work specifically on the White Paper of the right to care in order to establish the foundation for the creation and development of the right to care[21-25].

### Conclusion

We find ourselves at a threshold, a threshold between two historical periods and two eras, marked by the pandemic and the deep crisis in which it has left us, but at the same time it is a turning point that must serve to introduce changes in the economic, political and social model, within the framework of a new right which comprises those new models. The starting point must be marked by two goals: the revaluation of care work and co-responsibility in the family and in society so that (non-professional) care does not continue to fall only to women, affecting their rights. In order to achieve this, two main strategies are needed: the economy needs to embrace a new approach from feminist economics; and, public policies must aim towards the consolidation of a public care system and the revaluation of care in the family, social and state contexts, each one assuming their share of the responsibility.

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<sup>7</sup>[https://www.lamoncloa.gob.es/temas/fondos-recuperacion/Documents/05052021-Executive\\_Summary\\_Recovery\\_Plan.pdf](https://www.lamoncloa.gob.es/temas/fondos-recuperacion/Documents/05052021-Executive_Summary_Recovery_Plan.pdf)



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DOI: [10.19080/ASM.2023.08.555747](https://doi.org/10.19080/ASM.2023.08.555747)

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