International Journal of Advanced Multidisciplinary Research
ISSN: 3139-3918 (Print), ISSN: 2393-8870 (Online)
www.ijarm.com
(A Peer Reviewed, Referred, Indexed and Open Access Journal)
DOI: 10.22192/ijamr Volume 13, Issue 8-2026

Research Article

DOI: http://dx.doi.org/10.22192/ijamr.2026.13.08.002

Care as Economic Infrastructure: Investing in the Care Economy for Sustainable and Inclusive Growth in India

Sandhya P[1] and Samritha A V[2]

[1]Associate Professor of Economics, Krishna Menon Memorial Government Women's College Kannur, Pallikunnu(P.O), 670004 (Pin), Kerala.

[2]Associate Professor of Economics, Krishna Menon Memorial Government Women's College Kannur, Pallikunnu(P.O), 670004 (Pin), Kerala.

Keywords

Care Economy;
Care Employment;
Gender Equality;
Human Capital;
Sustainable Economic Growth

Abstract

The care economy is increasingly recognized as an important component of inclusive and sustainable economic development through its contribution to employment, human-capital formation, gender equality, and social well-being. This paper examines the structure and developmental significance of India's care economy, with particular emphasis on sectoral composition, gender patterns, employment quality, and the economic potential of care investment. Using secondary data, primarily from the Periodic Labour Force Survey (PLFS) 2023–24 and Time Use Survey (TUS) 2024, the study adopts a descriptive and analytical approach. The findings reveal that women constitute the majority of paid care workers, with particularly high concentration in personal and household services, while significant employment-quality challenges persist across several care occupations. The study argues that investment in accessible care infrastructure and decent care employment can generate jobs, reduce unpaid care constraints, strengthen women's economic participation, enhance human capital, and support inclusive and sustainable economic growth.

1. Introduction

Economic growth is increasingly understood as a multidimensional process that extends beyond increases in national income, industrial output, and technological advancement to encompass human well-being, social infrastructure, decent employment, gender equality, and social inclusion. Within this broader development framework, the care economy has emerged as an essential foundation of sustainable and inclusive growth. It encompasses both paid and unpaid activities that meet the physical, psychological, cognitive, and developmental needs of individuals across the life cycle, including childcare, healthcare, education, eldercare, disability

support, domestic work, and other forms of caregiving (ILO, 2018). Care is therefore not merely a household responsibility or a component of social welfare; it constitutes an important form of social and economic infrastructure that sustains households, reproduces the labour force, develops human capabilities, and enables the wider economy to function. Recent international policy thinking has further strengthened this perspective. The ILO's Resolution concerning Decent Work and the Care Economy, adopted in 2024, recognizes the centrality of care to decent work, gender equality, and sustainable development, while recent ILO assessments emphasize that well-functioning care systems can create employment, strengthen workforce productivity, improve social resilience, and advance gender equality (ILO, 2024; ILO, 2025). Investment in care should therefore be regarded not simply as social expenditure but as productive social investment capable of generating both immediate employment effects and longer-term improvements in human capital and productive capacity.

The economic significance of care is particularly important in India, where the provision of unpaid domestic and caregiving services continues to be highly gendered. The Time Use Survey (TUS) 2024 provides clear evidence of this inequality: among persons aged six years and above who participated in unpaid domestic services, women spent an average of 289 minutes per day, compared with only 88 minutes for men; among those engaged in unpaid caregiving for household members, women spent 137 minutes per day, compared with 75 minutes for men (NSO, 2025). Among the core working-age population of 15–59 years, 41 per cent of women participated in unpaid caregiving compared with 21.4 per cent of men, with female participants devoting about 140 minutes per day to such activities compared with 74 minutes for male participants (NSO, 2025). These disparities demonstrate that unpaid care represents a significant dimension of gender inequality in the allocation of time and economic opportunities. Excessive care responsibilities can constrain women's ability to participate in education, acquire skills, enter and remain in paid employment, and pursue better employment opportunities (UN Women, 2018; UN Women & ActionAid, 2019). At the same time, demographic ageing, increasing longevity, urbanization, migration, changing household structures, and growing demand for childcare, healthcare and long-term care are increasing India's need for organized and accessible care services. Expanding care infrastructure can therefore produce a double dividend: it can directly create employment in labour-intensive care sectors while indirectly expanding women's economic opportunities by reducing and redistributing unpaid care responsibilities.

Against this background, the present study examines the role of investment in the care economy in promoting sustainable and inclusive economic growth in India, with particular emphasis on employment generation, human-capital development, gender equality, and women's economic participation. The study analyses the size and composition of India's paid care workforce, its sectoral distribution, employment characteristics, and gender disparities, while also examining the economic implications of unpaid care responsibilities. Its central proposition is that strengthening childcare, healthcare, education, eldercare, disability support, domestic and community-based care services can simultaneously expand employment, enhance human capabilities, reduce gender-based constraints on labour-market participation, and improve social well-being. However, expansion of care employment must be accompanied by improvements in wages, working conditions, skills, social protection, and workers' representation, since many paid care occupations remain characterized by informality and decent-work deficits (ILO, 2025; ILO, 2026).

2. Methodology

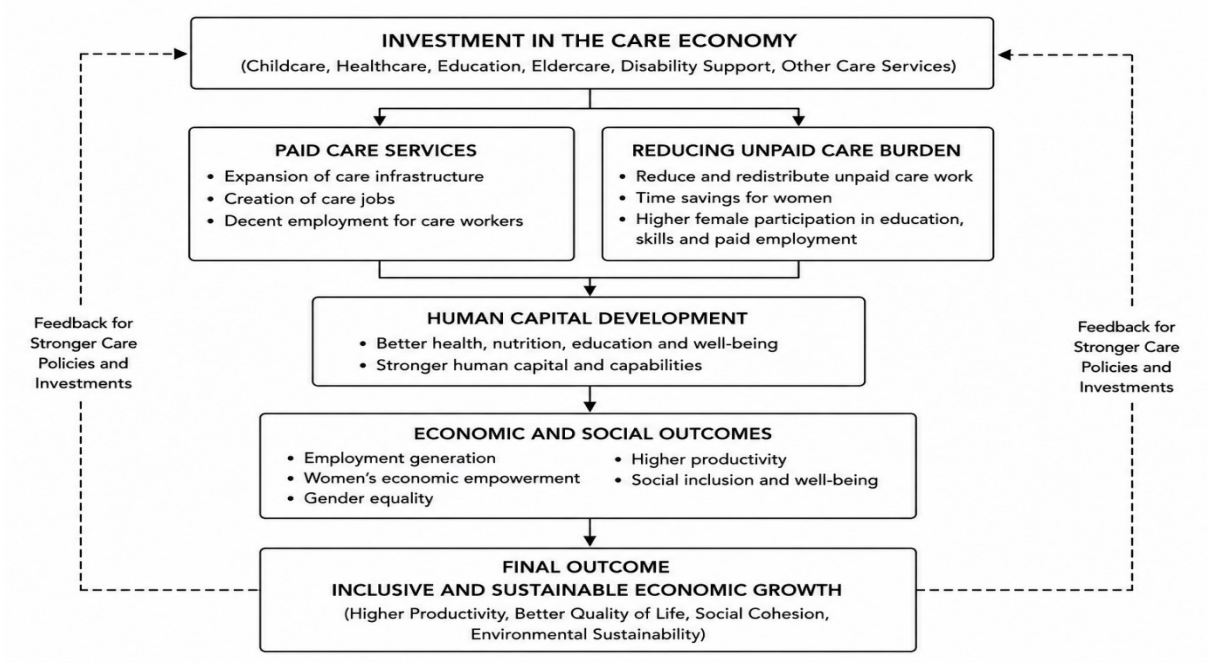
The study adopts a descriptive and analytical research design based exclusively on secondary data drawn from official statistical publications, reports of national and international organizations, and relevant academic literature.

The Periodic Labour Force Survey (PLFS) 2023–24, published by the National Statistical Office (NSO), Ministry of Statistics and Programme Implementation (MoSPI), constitutes the principal empirical source for examining the size and composition of India's paid care workforce, including its sectoral and occupational distribution, gender composition, employment status, and other labour-market characteristics. This analysis is complemented by the Time Use Survey (TUS) 2024, which provides nationally representative evidence on the allocation of time to unpaid domestic services and unpaid caregiving and enables an assessment of gender disparities in unpaid care work (NSO, 2025). Relevant evidence is also drawn from publications of the International Labour Organization (ILO), UN Women, OECD, MoSPI, and peer-reviewed academic studies to situate the empirical findings within the wider debates on care, employment, gender equality, and sustainable development. The study employs descriptive statistical techniques, including percentages, ratios, cross-sectoral distributions, occupational classifications, and gender comparisons, supplemented by qualitative policy analysis to assess the structure, employment potential, and developmental significance of India's care economy.

3. Conceptual Framework

The study conceptualizes the care economy as both social infrastructure and productive economic investment. Investment in childcare, healthcare, education, eldercare, disability support, and other care services can influence economic growth through several interconnected channels. First, expansion of care services directly generates employment because care activities are relatively labour-intensive. Second, accessible care services can reduce and redistribute unpaid care responsibilities, particularly those disproportionately undertaken by women, thereby releasing time for education, skill development, labour-force participation, and paid employment. Third, improved access to quality health, education, childcare, and long-term care contributes to the development and preservation of human capital, which can raise labour productivity and productive capacity over time. The economic impact of care investment therefore extends beyond the immediate provision of welfare services to employment creation, women's economic empowerment, human-capital formation, and productivity enhancement (ILO, 2018; UN Women, 2022).

Figure 1: Conceptual Framework



The framework is organized around the ILO's 5R approach to care work: Recognize, Reduce and Redistribute unpaid care work, and Reward and Represent paid care workers (ILO, 2018). Recognition makes unpaid care economically and statistically visible; reduction involves lowering excessive care burdens through infrastructure, technology, and public services; redistribution promotes a more equitable sharing of care responsibilities among women and men and among households, the state, markets, and communities; rewarding care work requires adequate wages, social protection, skills, and decent working conditions; and representation strengthens the voice and bargaining power of paid care workers. These interventions are expected to produce mutually reinforcing outcomes—greater employment generation, improved quality of care employment, reduced gender inequalities in unpaid work, increased female economic participation, stronger human capital, and higher labour productivity. Together, these constitute the principal transmission mechanisms through which a stronger care economy can contribute to inclusive and sustainable economic growth.

4. Discussion - India's Care Workforce

India's care workforce constitutes an important component of the country's labour market and provides services that sustain human well-being and develop human capabilities throughout the life cycle. Paid care work extends across education, healthcare and social work, childcare and early childhood education, domestic services, long-term care, and a range of personal-care occupations. It therefore includes a heterogeneous group of workers ranging from doctors, nurses, teachers, therapists and social workers to Anganwadi workers, ASHAs, childcare providers, domestic workers and personal caregivers. These occupations perform a dual economic function: they directly contribute to health, education and human-capital formation while also supporting the participation of other household members in productive employment. The ILO accordingly recognizes the care economy as encompassing paid and unpaid, direct and indirect care provided through households and public, private and non-profit institutions (ILO, 2018; ILO, 2024).

Table 1. Estimated Care and Non-Care Workforce in India by Sex, 2023–24

Workforce Category	Male (million)	Female (million)	Total (million)	Female Share (%)
Care workforce	15.6	20.4	36.0	56.7
Non-care workforce	391.6	191.7	583.3	32.9
Total workforce	407.2	212.1	619.3	34.2

Source: Authors' estimates based on Periodic Labour Force Survey (PLFS), 2023–24, NSO/MoSPI.
Note: Care workforce estimates should be based on the study's specified industry/occupation classification of care employment.

The estimates presented in Table 1 reveal a marked gender contrast between care and non-care employment. Of the estimated 36.0 million paid care workers, approximately 20.4 million are women and 15.6 million are men, giving women a 56.7 per cent share of care employment. By comparison, women constitute only 32.9 per cent of the estimated non-care workforce and 34.2 per cent of the total workforce represented in the table. Thus, women are considerably more strongly represented in care employment than in employment outside the care economy. This pattern reflects the broader gender segmentation of care work, in which social norms and the unequal allocation of unpaid household responsibilities have historically associated caregiving with women. The ILO notes that paid and unpaid care continue to be disproportionately undertaken by women and that persistent stereotypes framing care as "women's work" can restrict women's wider economic opportunities (ILO, 2026).

The predominance of women in many care occupations creates important employment opportunities but also raises questions concerning the quality-of-care employment. Care work is highly heterogeneous: professionally regulated occupations such as medicine, nursing and teaching coexist with community-based, domestic and personal-care occupations characterized by very different employment relationships, wages and levels of social protection. In India, domestic workers and some categories of community-based care workers continue to experience significant decent-work deficits. Domestic workers, for example, have historically faced gaps in minimum-wage coverage, working-time regulation and social protection, while workers such as ASHAs occupy an important position in community healthcare without necessarily enjoying employment conditions equivalent to those of regular workers (ILO, 2023; ILO, 2026). Consequently, an expansion of care employment cannot by itself guarantee women's economic empowerment. Employment creation must be accompanied by adequate remuneration, professional recognition, skills and certification, safe working conditions, social protection and opportunities for workers' representation.

At the same time, India's changing demographic and socio-economic structure makes the care workforce a potentially important source of future employment. Population ageing, increasing longevity, urbanization, changing household structures and rising demand for healthcare, childcare, disability support and long-term care are increasing the need for accessible and professionally organized care services. Investment in these services can generate employment across a broad skill spectrum while simultaneously improving human capital and reducing the unpaid care constraints that limit women's labour-market participation. The policy challenge is therefore not simply to increase the number of care workers but to create a skilled, adequately rewarded and protected care workforce. A care-led employment strategy based on the ILO's 5R framework—Recognize, Reduce and Redistribute unpaid care work and Reward and Represent paid care work—can connect employment generation with gender equality and decent work (ILO, 2018; ILO, 2024). Strengthening India's care workforce should consequently be viewed as an investment in employment, human capital, women's economic empowerment and sustainable economic growth, rather than merely as an expansion of social-service expenditure.

5. Sectoral Structure of India’s Paid Care Economy

The sectoral structure of paid care employment reflects the organization and provision of essential care services within the Indian economy. Care workers are primarily engaged in education, health and social work, personal and household services, and other care-related activities, each of which contributes to both social well-being and economic development. Education strengthens knowledge, skills, and future productive capacity, while health and social services protect and enhance physical and social well-being. Personal and household care services meet everyday care needs and can also facilitate the labour-market participation of other household members by reducing their caregiving responsibilities. Care sectors therefore perform a dual economic role: they generate employment directly while simultaneously strengthening human capital and productive capacity. From this perspective, the sectoral composition of care employment is important not only for understanding the structure of India's labour market but also for assessing the contribution of care as essential social infrastructure to inclusive and sustainable development (ILO, 2018; ILO, 2024).

Table 2. Sectoral Distribution of India's Paid Care Workforce by Sex, 2023–24 (%)

Care Sector	Male (%)	Female (%)	Total (%)
Education	57.8	47.3	51.9
Health & Social Work	24.6	22.0	23.2
Personal & Household Services	15.5	29.2	23.3
Other Care Activities	2.1	1.4	1.7
Total	100.0	100.0	100.0

Source: Authors' estimates based on Periodic Labour Force Survey (PLFS), 2023–24, NSO, MoSPI.
Note: Sectoral categories are constructed according to the care-sector classification adopted for the study. Figures may not sum exactly to 100 due to rounding.

Table 2 indicates that education constitutes the largest segment of India's paid care workforce, accounting for 51.9 per cent, followed by personal and household services (23.3 per cent) and health and social work (23.2 per cent). The sectoral distribution also reveals notable gender differences. Education accounts for 57.8 per cent of male care employment compared with 47.3 per cent of female care employment, whereas women are considerably more concentrated in personal and household services, which represent 29.2 per cent of female care employment compared with 15.5 per cent among men. This pattern suggests that gender segmentation within the care economy is particularly evident in activities closely associated with domestic and personal caregiving. It also indicates that the expansion of care employment may have different implications for men and women depending on the sector in which employment opportunities are created.

The concentration of care employment in education and health and social services highlights the close connection between the care economy and human-capital development. Expansion of these sectors can generate employment while strengthening education, health, capabilities, and long-term productive capacity. Personal and household services are equally important in meeting everyday care needs and supporting the economic participation of other household members, but employment in these activities may be more exposed to informality, employment insecurity, and limited social protection. The developmental potential of the care economy therefore depends not only on expanding the number of care jobs but also on improving their quality and ensuring wider access to affordable and reliable care services. A balanced care-sector strategy that combines service expansion with adequate remuneration, skills development, employment security, and social protection can strengthen the contribution of care employment to human development, gender equality, and inclusive economic growth.

6. Gender Segmentation of Paid Care Employment

Gender remains a central dimension of the organization of care work in India, shaping both the distribution of unpaid responsibilities within households and patterns of participation in paid care employment. Women's disproportionate involvement in unpaid domestic and caregiving activities can influence their entry into occupations such as teaching, nursing, childcare, domestic services, and personal care, where skills traditionally associated with women's household roles are often reproduced in the labour market. This interaction between gender norms and employment patterns contributes to occupational segregation and the feminization of particular segments of the care economy. While care employment provides important opportunities for women's economic participation, their concentration in specific care occupations may also reinforce inequalities in remuneration, employment security, professional recognition, and career progression. Addressing gender segmentation in the care workforce therefore requires not only expanding employment opportunities but also improving the economic valuation, professional status, and working conditions of female-dominated care occupations (ILO, 2018; ILO, 2024).

Women constitute 56.6 per cent of India's estimated paid care workforce, compared with 43.4 per cent for men, indicating a clear feminization of care employment. However, the degree of female concentration varies considerably across sectors. Women account for 51.6 per cent of workers in education and 53.9 per cent in health and social work, while their share rises substantially to 71.0 per cent in personal and household services. The particularly high concentration of women in personal and household care suggests a strong link between gendered patterns of unpaid caregiving and the organization of paid care employment. It also indicates that feminization is most pronounced in activities that closely resemble domestic and caregiving responsibilities traditionally performed by women within households.

The gender concentration of care employment has important implications for women's economic empowerment and labour-market equality. The expansion of care services can create significant employment opportunities for women, strengthen their access to paid work, and enhance economic autonomy. However, these gains may be constrained when women remain concentrated in occupations characterized by lower economic valuation, informality, weaker employment protection, or limited opportunities for career advancement. Promoting gender equality in the care economy therefore requires moving beyond increasing women's numerical participation towards improving the quality and valuation of female-dominated care work. Better remuneration, professional recognition, skills development, social protection, equal opportunities for career progression, and stronger representation of women in supervisory and decision-making positions are essential for transforming the care economy into a more equitable and empowering source of employment.

7. Job Quality and Decent Work Challenges in Care Employment

The developmental contribution of India's care economy depends not only on the number of jobs it generates but also on the quality and sustainability of care employment. The care workforce is highly heterogeneous, ranging from professionally regulated occupations such as doctors, nurses and teachers to Anganwadi workers, ASHAs, domestic workers, home-based caregivers and personal-care workers, with substantial differences in earnings, contractual security, working hours, social protection, skills recognition and opportunities for career advancement. These disparities are particularly significant in domestic, household and community-based care, where informal and non-standard employment arrangements remain important. Since women are disproportionately represented in many care occupations, deficits in job quality can reinforce existing gender inequalities in income and employment security. Recent ILO assessments identify low pay, inadequate social protection, long working hours, limited opportunities for skills development and occupational safety risks among the major decent-work challenges facing care workers globally (ILO, 2024; ILO, 2025). In India, recent initiatives concerning domestic and migrant care workers have similarly emphasized fair wages, social protection, skills recognition, professionalization and stronger mechanisms for worker representation (ILO, 2026).

Improving employment quality is therefore essential not only for workers' welfare but also for ensuring the quality, continuity and reliability of care services. A skilled, adequately remunerated and protected workforce is better positioned to remain in care occupations, develop specialized competencies and respond effectively to growing and increasingly diverse care needs. Policy should consequently move beyond expanding the numerical supply of care workers towards creating decent, skilled and professionally recognized care employment. This requires appropriate wage standards, formal employment arrangements where applicable, occupational safety, comprehensive social protection, continuous skill development, recognition of qualifications and prior learning, opportunities for career progression, and effective worker representation. The ILO's 2024 Resolution on

Decent Work and the Care Economy and its 2024–30 implementation framework reinforce this integrated approach, linking high-quality care provision with decent working conditions and gender equality (ILO, 2024). Strengthening these dimensions can enable the expansion of India's care economy to generate better jobs while simultaneously improving the accessibility and quality of care services.

8. Care Investment as a Driver of Inclusive and Sustainable Growth

Investment in the care economy can generate economic and social returns through several mutually reinforcing channels. Care-intensive sectors such as healthcare, education, childcare, eldercare, disability support and long-term care have considerable employment-generating potential because service provision depends substantially on human labour. Expansion of these services can therefore create direct employment across different occupational and skill categories while simultaneously strengthening human capabilities through improvements in health, education and well-being. Recent ILO evidence reinforces the employment potential of such investment, estimating that closing gaps in universal childcare and long-term care could generate nearly 300 million decent jobs globally by 2035, with women expected to account for a substantial majority of these opportunities (ILO, 2025). Care investment should therefore be understood as a form of productive social investment, capable of combining immediate employment creation with longer-term improvements in human capital, productivity and social resilience (ILO, 2024; ILO, 2025).

A particularly important transmission channel operates through women's economic participation. India's Time Use Survey 2024 confirms the continuing gender imbalance in unpaid domestic and caregiving responsibilities, which can restrict women's available time for education, skill development, entrepreneurship and paid employment (NSO, 2025). Expanding affordable and accessible childcare, eldercare and other support services can reduce these constraints and facilitate greater participation of women in the labour market. Investment in care can therefore produce a double employment dividend: it creates jobs directly through the expansion of care services while indirectly supporting employment by reducing care-related barriers to women's economic participation. The economic effects may extend further through demand for construction, pharmaceuticals, medical equipment, transportation, food services, digital technologies and other inputs associated with expanding care infrastructure. Increased earnings among care workers can also support household consumption. However, the scale of these indirect and induced effects depends on financing arrangements, domestic supply linkages and the structure of the economy and should therefore be empirically assessed rather than assumed. UN Women and ILO investment frameworks similarly emphasize the need to evaluate the employment, social and fiscal returns of care investment alongside the costs of closing care-service gaps (UN Women & ILO, 2021; UN Women, 2024).

For India, the economic case for strengthening the care economy consequently extends beyond meeting growing demand for care services. A stronger care system can simultaneously expand employment opportunities, reduce gender-related constraints on labour-force participation, strengthen human capital and support improvements in productivity and well-being. Recent ILO work in India specifically identifies increased care-sector investment, accessible and affordable services, improved care infrastructure, skilled and certified workers and decent working conditions as key priorities for generating quality employment (ILO, 2026). Realizing these gains requires care to be treated as an integral component of social and economic infrastructure, supported by adequate investment, professionalization, decent wages, employment security and social protection. The economic significance of care investment therefore lies not simply in increasing expenditure on social services, but in its capacity to connect employment generation, women's economic

empowerment, human-capital formation and productive capacity, thereby strengthening the foundations of inclusive and sustainable economic growth (ILO, 2024; ILO, 2025).

9. Policy Priorities for Strengthening India's Care Economy

Strengthening India's care economy requires a comprehensive policy framework that recognizes care as an essential component of social and economic infrastructure. India's changing demographic structure, rising demand for childcare and eldercare, expansion of health and education services, and persistent gender inequalities in unpaid care make the development of an effective care system increasingly important. Policy should therefore move beyond fragmented welfare interventions towards an integrated approach that expands affordable care services, creates decent employment, reduces gender inequalities in unpaid care, and incorporates care investment into mainstream development planning.

9.1 Expanding Accessible and Affordable Care Infrastructure

Public investment should be strengthened across childcare, healthcare, education, eldercare, disability support and community-based care services. Existing institutions such as Anganwadi centres, primary healthcare facilities and community-based services can be strengthened alongside the development of childcare and long-term-care facilities responsive to emerging demographic needs. Particular attention should be given to rural areas, low-income households and regions with inadequate access to formal care services. Investment in care infrastructure should be treated as productive social investment because it can simultaneously generate employment, improve human capabilities and support labour-force participation.

9.2 Professionalizing Care Work and Ensuring Decent Employment

Expansion of care services must be accompanied by improvements in the quality and professional status of care employment. Adequate remuneration, employment security, safe working conditions, reasonable working hours and access to social protection are particularly important for domestic workers, community-based workers and others in informal or vulnerable employment. Greater investment in skill development, standardized training, certification and recognition of prior learning can improve service quality and create clearer career pathways. Professionalization can also enhance the social and economic recognition of care occupations and attract a more skilled workforce.

9.3 Reducing and Redistributing Unpaid Care Responsibilities

Addressing the unequal distribution of unpaid care work should be a central objective of care policy. Affordable childcare, eldercare, disability support and community-based services can reduce excessive household care burdens and expand women's opportunities for education, employment, entrepreneurship and skill development. Workplace measures such as parental leave, flexible work arrangements and childcare support can further facilitate the reconciliation of paid employment and family responsibilities. Policies should also encourage greater participation of men in household and caregiving activities so that care becomes a more equitably shared responsibility among households, the state, employers and communities.

9.4 Building an Integrated and Accountable Care System

India requires stronger coordination across the different institutions involved in care provision. Central and state governments, local governments, private providers, cooperatives,

civil-society organizations and community-based institutions can play complementary roles within an integrated care system. Public-private and community partnerships may help expand childcare, eldercare, rehabilitation and home-based services, particularly where public provision is insufficient. However, such partnerships should operate within clear regulatory and quality-assurance frameworks that protect affordability, accessibility, service standards and workers' rights. Stronger coordination between health, education, labour, social protection and women-and-child-development policies would also reduce fragmentation in care provision.

9.5 Mainstreaming Care in Employment, Budgeting and Development Policy

Care should be explicitly incorporated into national and state development strategies, employment policies, social-protection systems and public budgeting. Care-sensitive budgeting can help identify service gaps, estimate investment requirements and assess the employment and gender implications of public expenditure. Better measurement of paid and unpaid care work, regular gender-disaggregated labour-market statistics and improved data on wages, working conditions and social-security coverage are also necessary for evidence-based policy design. Mainstreaming care in development planning would shift its treatment from a predominantly private household responsibility towards a strategic area of public policy and investment. Such an approach can enable India to respond to growing care needs while advancing decent employment, women's economic empowerment, human-capital development, productivity and inclusive and sustainable economic growth.

10. Conclusion

The care economy is an important foundation of inclusive and sustainable economic development, contributing to employment generation, human-capital formation, gender equality, and social well-being. India's care workforce is strongly gendered, with women forming the majority of paid care workers, particularly in personal and household services, while many care occupations continue to face challenges related to informality, low remuneration, limited social protection, and inadequate professional recognition. At the same time, the unequal burden of unpaid care work restricts women's economic participation. Growing demand for childcare, healthcare, eldercare, and other care services therefore presents both a social challenge and an economic opportunity. Recognizing care as productive social and economic infrastructure, rather than merely as welfare expenditure, can help India generate decent employment, strengthen women's economic participation, improve human capital and productivity, and promote more inclusive and sustainable economic growth.

References

Addati, L., Cattaneo, U., Esquivel, V., &Valarino, I. (2018). Care work and care jobs for the future of decent work. International Labour Office.

Hirway, I., & Jose, S. (2011). Understanding women's work using time-use statistics: The experience of India. Feminist Economics, 17(4), 67–92.

International Institute for Human Development, & International Labour Organization. (2024). The state of India's care economy.

International Institute for Population Sciences, & ICF. (2021). National Family Health Survey (NFHS-5), 2019–21: India report. International Institute for Population Sciences.

International Labour Organization. (2018). Women and men in the informal economy: A statistical picture (3rd ed.).

International Labour Organization. (2019). A quantum leap for gender equality: For a better future of work for all.

International Labour Organization. (2023). World employment and social outlook 2023: The value of essential work.

International Labour Organization. (2024a). Centering reward and representation for domestic workers in the care economy.

International Labour Organization. (2024b). Resolution concerning decent work and the care economy. International Labour Conference, 112th Session.

International Labour Organization. (2025a). Advancing decent work and the care economy: An essential component of social development.

International Labour Organization. (2025b). Employment-intensive investments for advancing decent work in the care economy.

International Labour Organization. (2026a). Building resilient societies starts with strengthening the care economy. ILO Decent Work Team for South Asia and Country Office for India.

International Labour Organization. (2026b). Fifteen years of advancing decent work for domestic workers in India.

Mehta, A. K., & Pratap, S. (2020). Struggling for survival in urban spaces: Women's paid and unpaid work in selected Indian slums. In D. Joshi & C. Brassard (Eds.), *Urban spaces and gender in Asia* (pp. 35–47). Springer.

Ministry of Statistics and Programme Implementation. (2024). Periodic Labour Force Survey (PLFS): Annual report, July 2023–June 2024. Government of India.

National Statistical Office. (2025). Time use in India, 2024. Ministry of Statistics and Programme Implementation, Government of India.

Organisation for Economic Co-operation and Development. (2023). The care economy and economic resilience.

United Nations Development Programme. (2022). Human development report 2021/2022.

UN Women. (2018). Promoting women's economic empowerment: Recognizing and investing in the care economy.

UN Women. (2022a). A toolkit on paid and unpaid care work: From 3Rs to 5Rs.

UN Women. (2022b). Progress on the Sustainable Development Goals: The gender snapshot 2022.

UN Women, & ActionAid Association. (2019). Addressing women's unpaid work in India: Informing policy and practice from a Global South perspective.

World Bank. (2024). World development report 2024: The middle-income trap. World Bank. https://doi.org/10.1596/978-1-4648-2078-6

Access this Article in Online

Website: www.ijarm.com

Subject: Development Economics

Quick Response Code

DOI:10.22192/ijamr.2026.13.08.002

How to cite this article:
Sandhya P and Samritha A V. (2026). Care as Economic Infrastructure: Investing in the Care Economy for Sustainable and Inclusive Growth in India. Int. J. Adv. Multidiscip. Res. 13(8): 11-21.
DOI: http://dx.doi.org/10.22192/ijamr.2026.13.08.002