

Care and Agriculture

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1.

As we have heard yesterday, there are tensions between

-valuing care on the one side

and

-liberating women from the confines of caregiving on the other side.

The same can be observed when it comes to food.

The right to adequate food that is enshrined in the Covenant on Economic, Social and Cultural Rights is an expression of the need to be nourished and to nourish adequately. It entails the aspects of availability, accessibility, safety, nutritional quality, and acceptability of food.

What, however, are the links to care? There are several entry points.

2.

Food preparing, food taking and food giving is part of care. We care for others if we cook them a meal.

In recent decades, modernisation, industrialisation and subsidisation of agriculture has made food giving quicker.

In so called 'time poor' modern societies, convenience food and food that is quickly prepared has penetrated the market.

At the same time, commercialisation of agriculture has made food cheaper, with the consequence of a greater part of the income being used for other things, such as education, health care or leisure.

This way, to a certain extent cheaper and quicker food has liberated women from the confines of caregiving. At least in rich societies.

But also in poorer countries, life in cities has become more and more dependent on relatively cheap food that results from industrialised food production. Cheap food alleviates the budget and leaves some money for the provision of other care services. This was made visible by the intensification of the food crisis that we witnessed during the last two years.

And even more: The selling of food to rich countries provides for important money that can be invested in social services, which again liberates from care giving. In so far, market access to rich countries has become a human rights issue.

3.

But there is another side of the coin of cheap and 'fast' food.

On the one hand, nutritional quality is often not adequate. The spread of obesity and other illnesses related to an unbalanced diet can be observed. Moreover, food giving has frequently become a loveless act while the social aspects related to a meal have been neglected.

4.

And there is also the way how food is produced. Many care and care related questions are related with it. It always depends whom you look at.

Liberalisation and the opening of borders has lead to a dualization of the farming sector. While commercialised agriculture has been promoted, smallholder production has been marginalised and has become even more vulnerable.

The highest share of poor people, and above all poor women, still live from small scale agriculture. That is why criticism on the current food production system often focus on these 'losers'.

As the UNRISD trade and gender study of 2004 made clear, the smallholder sector has undergone specific developments in poorer countries worldwide. These are developments that impact significantly on the provision of care.

In poor rural societies, much of the necessary care work is still provided by individuals, mainly by women, while institutional services are weak. This has been exacerbated in recent years by the privatisation of care services, as the provision of care services in remote areas is not profitable.

At the same time, vulnerable smallholder households pursue so-called diversification strategies, in other words earn part of the income elsewhere. Men migrate, whereas women take over the management of the farm, what has already been called 'the feminization of agriculture'.

But women not only stay at home, they are more and more engaged in – and *de facto* forced into - rural employment, such as packaging etc.. These are jobs that are usually very badly paid.

Rural employment has been praised as a way out of poverty for rural women, but the picture is not as clear as that. Even if income increases, workloads increase, too, as care work still has to be done, what may in the consequence lead to a decrease in wellbeing – all depends on how wellbeing is being measured.

Similar dynamics can be observed around 'microcredit schemes' that aim at making entrepreneurs out of rural women.

5.

There is another possibility to look at care, food and agriculture:

While care is about caring for others, agriculture is a lot about caring for nature. There are lots of similarities between both of these 'caring' sectors. In both sectors, productivity cannot be raised indefinitely. And both sectors tend to be neglected, what leads to an exploitation of human and of natural resources. The industrialisation of agriculture contributes actively to this exploitation.

6.

These are some entry points to the relationship between food and care. There are many ambivalences. Much more could be said and looked at, such as the role of women in food processing, the impacts on care of the intermediary market that is controlled by a few multinationals etc.

The relationship between food production, food processing, food taking and giving and care is complex. It has not been thoroughly studied so far, so all approaches will be approximations. The speakers will approach the topics from different angles, from a right to food perspective, from a food sovereignty perspective, or from a land right perspective. There will also be a presentation of a Mongolian case study.

I hope we will be able to structure the complex issue and to translate the analysis into policy action and strategies for empowerment. For this, the two workshops - one on food sovereignty and the other on trade issues - will hopefully give the opportunity.

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